Preliminary report

AZERBAIJAN

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Indicator #1. Existence of groups dedicated to promote the rights of patients in need of palliative care, their caregivers, and disease survivors

Please select the checkbox (□) most appropriate for your country context.

Component	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
Existence of groups dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors	✓ Only isolated activity can be detected	Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted	□ Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas	Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)

Evidence:

Source:
-ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019, Openevidence (AI tool)

Definitions

Associations or groups dedicated to representing, advocating for and promoting the rights of patients and caregivers who receive palliative care. They legally exercise the representation, participation, defence, advice and consultation of users in their scope of action. This includes associations of family members in paediatric palliative care.

Key data sources

Key informant interviews with stakeholders in MoH and/or national palliative care association.

1012.

Clark, J., Barnes, A., & Gardiner, C. (2018). Reframing global palliative care advocacy for the sustainable development goal era: a qualitative study of the views of international palliative care experts. Journal of Pain and Symptom Management, 56(3), 363-370.

Indicator #2. Existence of national policy or guideline addressing advance care planning of medical decisions for use of life-sustaining treatment or end-of-life care

Please select the checkbox (□) most appropriate for your country context.

Component	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply)	✓ There is no national policy or guideline on advance care planning	There is/are national policies or guidelines on **surrogate decision-makers**	There is/are national policies or guidelines on **living wills** and/or on advanced directives	There is a national policy on **advance care planning**

Evidence:

No evidence found at all.

Source:
-ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019, Openevidence (AI tool)

Definitions

To engage actively in decisions, people affected by serious or life-threatening illnesses should have at an early stage the opportunity to: (i) receive transparent information about life-sustaining treatment and palliative care; and (ii) express in advance their values and preferences about life-sustaining treatment and the care they will receive. The process of advanced care planning process should also engage family members.

A **surrogate decision maker**, also known as a health care proxy or as agents, is a **person** designed as an advocate for incompetent patients. If a patient is unable to make decisions for themselves about personal care, some agent must make decisions for them.

A **living will**—also known as an **advance directive**—is a legal **document** that specifies the type of medical care that an individual does or does not want in the event they are unable to communicate their wishes.

Advance care planning is the **process** of planning for your future health care. It relates to health care you would or would not like to receive if you were to become seriously ill or injured and are unable to communicate your preferences or make decisions. This often relates to the care you receive at the end of your life. Advance care planning gives you the opportunity to think about, discuss and record your preferences for the type of care you would receive and the outcomes you would consider acceptable. Ideally, advance care planning will result in your preferences being documented in a plan known as an

Key data sources

Official source at the Ministry of Health

References

Rietjens, J. A., Sudore, R. L., Connolly, M., van Delden, J. J., Drickamer, M. A., Droger, M., ... & European Association for Palliative Care. (2017). Definition and recommendations for advance care planning: an international consensus supported by the European Association for Palliative Care. *The Lancet Oncology*, *18*(9), e543-e551.

Indicators #3. Existence of a current national palliative care plan, programme, policy, or strategy with a defined implementation framework

Please select the checkbox (□) most appropriate for your country's context.

Attributes	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
1. There is a current national palliative care plan, programme, policy, or strategy ***Note:*** *A national plan/ programme/ policy/ strategy can be part of the national strategy or a standalone strategy.*	✔ Not known or Does not exist	Developed over 5 years ago	Actualized in last 5 years, but not actively evaluated or audited	Actualized in last 5 years, and actively evaluated or audited
2. The national palliative care plan (or programme or strategy or legislation) is a standalone	✔ Not known or does not exist neither standalone nor is included in another national plan	A national palliative care plan is in preparation.	There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV	Yes, there is a standalone national palliative care plan **AND** there is national palliative care law/legislation/ government decrees on PC
3. **There are indicators in the national plan to monitor and evaluate progress, with measurable targets.**	✔ Not known or does not exist	□ The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented	□ The indicators exist, but have not been updated (implemented out of the determined period)	The Indicators to monitor and evaluate progress are currently implemented

(1) According with the technical document released by WHO, interventions focused on quality of care would be integrated within PC efforts

(2) ***Concerning strategies, it is to note that some countries are decentralized (such as federate states), meaning that policies and laws vary across the country, leading to high variability between regions. If this is the case, a narrative would be meaningful for the country assessment.***

Evidence:

No evidence found except for contradictory data in EAPC Atlas 2019

Source:
-ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019, Openevidence (AI tool)

Definitions

National plan or programme or strategy refers to regulatory and official publications that are applicable to the whole country (these could be in the form of laws or other official government documents). These publications are usually endorsed by the national health authority.

With this indicator we refer here to any official government document(s) that includes information on palliative care. The following three non-exclusive options are possible:

National Palliative Care Law or any other specific legislation or governmental decrees relating to certain features of PC include, but are not limited to regulation of provision, organization, accessibility, information, transport, dependency, family allowance, etc. In some of the legislation, there is a reference to PC as a human right, or where the inclusion of PC education for medical students is required by law.

Palliative Care Stand-alone national programme is defined as a specific plan or program separate from other national health plans that usually contains norms and standards for the development of PC, regulations relating to its service

Key data sources

- Official source at the Ministry of Health
- key informants
- e-search of grey academic literature

References

Clelland, D., van Steijn, D., Whitelaw, S., Connor, S., Centeno, C., & Clark, D. (2020). Palliative care in public policy: results from a global survey. Palliative Medicine Reports, 1(1), 183-190.

Indicators #4. Inclusion of palliative care in the list of health services provided in a package of priority services for Universal Health Coverage at the national health system.

Please select the checkbox (□) most appropriate for your country context.

Attributes	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
Palliative care services are included in the list of priority services for Universal Health Coverage in the national health system	✓ Not at all	□ Decree or law to include palliative care in the list of health services provided at the primary care level in preparation	Included in the essential list of services recognized by a government decree or law but not in the General Health Law	□ Palliative care is included in the list of health services provided at the primary care level in the General Health Law

Evidence:

No evidence found

Source:
- ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019,Openevidence (AI tool)

Definitions

National health systems design, approve and implement a basic package of basic healthcare services for Universal Health Coverage. This package has as its goal the completion of SDG3.8, through which all persons should be able to have access to quality essential health services without facing financial hardship. For this study, there should be explicit mention of PC services at the primary health care level in the package of priority services for UHC.

The inclusion of Palliative care in the list of health services provided at the primary care level is usually regulated through national health laws or other governmental decrees. In them, countries establish a catalogue of services that stipulates those that should be available and provided at the primary care level in the country. One of those services included in the list should be palliative care.

Aimed at assessing only the inclusion of palliative care in the list of services provided at the primary care level, but not its implementation. The inclusion of the specific palliative care term in the list is compulsory in order to answer “yes” to tick the box for Level 2, 3 or 4 in this indicator.

Key data sources

• Official source at the Ministry of Health • key informants • e-search of grey academic literature

References

World Health Organization. (2019). *Declaration of Astana: Global Conference on Primary Health Care: Astana, Kazakhstan, 25 and 26 October 2018* (No. WHO/HIS/SDS/2018.61). World Health Organization.
Clelland, D., van Steijn, D., Whitelaw, S., Connor, S., Centeno, C., & Clark, D. (2020). Palliative care in public policy: results from a global survey. *Palliative Medicine Reports*, *1*(1), 183-190.

Indicators #5. Existence of national authority (labelled as unit, branch, department) in the Ministry of Health (or equivalent) responsible for palliative care*

Please select the checkbox (☐) most appropriate for your country's context.

Attributes	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
1. Is there a national authority for palliative care within the government or the Ministry of Health?	✓ There is no authority defined.	☐ The authority for palliative care is defined but only at the political level (without a coordinating entity defined)	☐ There is a coordinating entity but has an incomplete structure (lack of scientific or technical section)	The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical)
2. The national authority has concrete functions, budget and staff	✓ Does not have concrete functions or resources (budget, staff, etc.)	☐ There are concrete functions but do not have a budget or staff	☐ There are concrete functions and staff, but do not have a budget	There are concrete functions, staff and budget

*National authority should represent the interdisciplinarity of palliative care

Evidence:

No evidence found.

Source:

- ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019,Openevidence (AI tool)

Definitions

The national authority responsible for palliative care policy can be organized in different ways in different countries. The basic principle is that one person in the political structure of the ministry has the highest assigned responsibility (**political authority**: a director or deputy director general, for example). In addition, in some countries one or more health technicians who are part of the ministry staff are assigned the **technical tasks** of palliative care management or evaluation. In addition, it is common for the coordinating department to appoint one or more palliative care professionals to carry out **scientific advisory tasks**.

Disaggregated by the roles that the national authority undertakes in relation to palliative care services and activities, that are: • coordination, • monitoring and evaluation • implementation of national policy/strategy • budget holders • provide scientific or technical advice

Key data sources

Official source at the Ministry of Health.

References

Palliative Care integration in national health systems in Europe. In Arias-Casais, N., Garralda, E., Rhee, J. Y., Lima, L., Pons-Izquierdo, J. J., Clark, D., ... & Centeno, C. (2019). EAPC Atlas of Palliative Care in Europe 2019.

Indicator #6. Existence of congresses or scientific meetings at the national level specifically related to palliative care

Please select the checkbox (□) most appropriate for your country's context.

Component	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
1. Existence of congresses or scientific meetings at the national level specifically related to palliative care	There are no national congresses or scientific meetings related to palliative care	Only sporadic or non-periodical conferences or meetings related to palliative care take place	□ At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years (and no national conference specifically dedicated to palliative care)	✓ At least one national conference specifically dedicated to palliative care **every year, with multidisciplinary attendance (nurses, psychologists, chaplains), accessible for professionals from remote areas, and pediatric topics included**

Evidence:

No evidence found but "a seminar on "Development of palliative care in Azerbaijan" held in PHRC: On August 22, 2016 the Public Health and Reforms Center (PHRC) of the Ministry of Health held a seminar dedicated to "Prospects for the development of palliative care in Azerbaijan". The main goal of the seminar was to inform event participants about the current status and human/technical resources for providing services in the field of palliative care in Azerbaijan, discuss the ways to establish these services and potential opportunities.

Source:
- https://isim.az/en/news-view/929-A-seminar-on-Development-of-palliative-care-in-Azerbaijan-was-held-in-PHRC
- ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019,Openevidence (AI tool)

Definitions

Research progress may be shown in a country by hosting diverse research activities such as a national congress/scientific meeting (within a country)

Key data sources

Key informant interviews with stakeholders in national palliative care association (and any documentation of the program, report from the congress).

Indicator #7. Palliative care research on the country estimated by peer-reviewed articles

Please select the checkbox (□) most appropriate for your country context.

Question	Response
1. Estimation of the level of peer-reviewed articles focusing on palliative care research published in any language in the past 5 years with at least one author from the country	✔ Very Low: Indicates a minimal or nonexistent number of articles published on the subject in that country. □ Low: Reflects a limited number of articles published. □ High: Represents a considerable amount of articles published. □ Very High: Denotes an extensive number of articles published on the subject.

Note: The estimation of the consultant will be completed with the data obtained from the electronic databases of articles

Evidence:

The only paper to be cited is: Ehrlich BS, Movsisyan N, Batmunkh T, et al. Barriers to the Early Integration of Palliative Care in Pediatric Oncology in 11 Eurasian Countries. Cancer. 2020;126(22):4984-4993.

Sources:

- ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019,Openevidence (AI tool)
-Pubmed
- https://pubmed.ncbi.nlm.nih.gov/32813913/

Definitions

The articles can include reporting results of quantitative, qualitative or mixed-methods research on prevalence, incidence, symptoms, or pain relief, including palliative care and pain (as terms). Also the prevention or relief of physical, psychological, social or spiritual suffering associated with serious illness, or systematic reviews of such studies, having the keyword or search term "palliative care" or "hospice" in PubMed, CINHAL and Embase.

Key data sources

Scientific databases; PubMed; CINHAL, Embase

References

Rhee, J. Y., Garralda, E., Torrado, C., Blanco, S., Ayala, I., Namisango, E., ... & Centeno, C. (2017). Publications on palliative care development can be used as an indicator of palliative care development in Africa. *Journal of Palliative Medicine*, *20*(12), 1372-1377.

Indicator #7.1. Inclusion of palliative care topics in National Research calls

Please select the checkbox (☐) most appropriate for your country's context.

Component	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
1. Inclusion of palliative care topics in national research calls	✓ There are no national research calls at all	☐ Although there are national research calls, no PC topics are ever included	☐ They do exist national research calls that do include palliative care topics (either scarce or more frequent)	☐ There is a palliative care-specific national research call (independently of the origin of funds, whether private or public origins)*

*It is desirable to point out whether PC-related national calls are from public or private funds and to mention the institutions behind.

Evidence:

No evidence found.

Sources:
-National consultants
- ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019,Openevidence (AI tool)

Definitions

Research progress may be shown in a country by hosting national research calls where Palliative Care is either a common topic or even the main reason for the call. Such is the case, for example, for The National Palliative Care Research Center (NPCRC), in the United States of America.

Key data sources

Key informant interviews with stakeholders in national palliative care association (and any documentation of the research calls).

Indicator #8. Reported annual opioid consumption – excluding methadone – in oral morphine equivalence (OME) per capita

Question	Response
1. Reported annual opioid consumption – excluding methadone – in oral morphine equivalence (OME) per capita	[**0,9**] **Opioid consumption milligram/capita/year Oral** [ ] **Not known**

Evidence:

0,9 mg/capita/year (approx., year 2020.) 0,4 mg /capita/year (EAPC Atlas 2019)
30 defined daily doses per million inhabitants per day (2022)
Average consumption of narcotic drugs (excluding preparations in Schedule III and methadone) and average consumption of buprenorphine,b 2020–2022 (https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2022/Narcotic_Drugs_Technical_Publication_2022.pdf)

Source:
-https://waltherglobalpalliativecare.iu.edu/essential-medicines/country/azerbaijan.html
-United Nations. International Narcotics Control Board. Narcotic Drugs/Stupéfiants(Estupefacientes 2023

Definitions

Annual opioid consumption = represents the amount of opioids distributed legally in a country for medical use to health care institutions and programmes that are licensed to dispense to patients, such as hospitals, nursing homes, pharmacies, hospices, and palliative care programmes.

By opioids included: morphine, fentanyl, hydromorphone, buprenorphine, oxycodone and pethidine.

Key data sources

International Narcotics Control Board (INCB).

Walther Global Palliative Care & Supportive Oncology, University of Indiana. Available: at https://walthercenter.iu.edu/essential-medicines/global-data.html

References

Ju, C., Wei, L., Man, K. K., Wang, Z., Ma, T. T., Chan, A. Y., ... & Lau, W. C. (2022). Global, regional, and national trends in opioid analgesic consumption from 2015 to 2019: a longitudinal study. *The Lancet Public Health*, *7*(4), e335-e346.

Jayawardana, S., Forman, R., Johnston-Webber, C., Campbell, A., Berterame, S., de Joncheere, C., ... & Mossialos, E. (2021). Global consumption of prescription opioid analgesics between 2009-2019: a country-level observational study. *EClinicalMedicine*, *42*, 101198.

Indicator #9. Availability of essential medicines for pain and palliative care in the country at the primary level

Question	Response
1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines	✓ Poor: Between 0% to 10% ☐ Fair: Between 10% to 30% ☐ Good: Between 30% to 70% Very good: Between 70% to 100%
2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines	✓ Poor: Between 0% to 10% ☐ Fair: Between 10% to 30% ☐ Good: Between 30% to 70% ☐ Very good: Between 70% to 100%

Note 1: This question requires the consultant's estimation after informed enquiries. Note : This list of essential medicines as defined in the WHO model are: acetylsalicylic acid, ibuprofen, paracetamol (acetaminophen), codeine, fentanyl, morphine (Therapeutic alternatives: - hydromorphone - oxycodone), methadone, amitriptyline, cyclizine, dexamethasone, diazepam, docusate sodium, fluoxetine, haloperidol, hyoscine butylbromide, hyoscine hydrobromide, lactulose, loperamide, metoclopramide, midazolam, ondansetron (Therapeutic alternatives: - dolasetron - granisetron - palonosetron - tropisetron).

Evidence:
Access to pain and palliative care medications in Azerbaijan is limited, with significant barriers related to opioid availability.

Source:
- Lynch T, Clark D, Centeno C, et al. Barriers to the Development of Palliative Care in the Countries of Central and Eastern Europe and the Commonwealth of Independent States. Journal of Pain and Symptom Management. 2009;37(3):305-15

Definitions

General availability for medicine is accessible at the primary care level. The official WHO Model List of Essential Medicines for pain and palliative care (both children and adults) is considered.

Pain and palliative care medicines include:
- availability of non-opioids and non-steroidal anti-inflammatory medicines (NSAIDs) included in the official WHO Model List of Essential Medicines for pain and palliative care (children and adults)
- availability of other strong opioids in the official WHO Model List of Essential Medicines for pain and palliative care (children and adults)
- availability of medicines for pain and palliative care included in the official WHO Model List of Essential Medicines (children and adults), for other common symptoms in palliative care

Key data sources

Facility surveys such as the service availability and readiness assessment (SARA), service provision assessment (SPA), service delivery indicator surveys (SDI), harmonized health facility assessments (HHFA) and other stand alone in-country assessments and/or logistic management information systems (LMIS).

Other data sources: Ministry of health or Country expert in its national health benefits package

References

Web Annex A. World Health Organization Model List of Essential Medicines – 23rd List, 2023. In: The selection and use of essential medicines 2023: Executive summary of the report of the 24th WHO Expert Committee on the Selection and Use of Essential Medicines, 24 – 28 April 2023. Geneva: World Health Organization; 2023 (WHO/MHP/HPS/EML/2023.02).

De Lima, L., Krakauer, E. L., Lorenz, K., Praill, D., Macdonald, N., & Doyle, D. (2007). Ensuring palliative medicine availability: the development of the IAHPC list of essential medicines for palliative care. Journal of pain and symptom

Indicator #10. General availability of immediate-release oral morphine (liquid or tablet) at the primary level*

Question	Response
1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet)	✔ Poor: Between 0% to 10% ☐ Fair: Between 10% to 30% ☐ Good: Between 30% to 70% ☐ Very good: 70% to 100%
2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet)	✔ Poor: Between 0% to 10% ☐ Fair: Between 10% to 30% ☐ Good: Between 30% to 70% ☐ Very good: 70% to 100%

Note: This question requires the consultant's estimation after informed enquiries.

**The reason why immediate-release oral morphine is the drug of choice to the indicator relates to safety reasons, accessibility, affordability, easy use and control. Morphine is a potent opioid analgesic that is highly effective and scientifically supported, included in WHO essential medicines list, and conceived as default drug for pain and other symptoms in severe cancer. It has also traditionally seen as a key metric to assess and compare the state of palliative care across different countries.*

Evidence:

Access to pain and palliative care medications in Azerbaijan is limited, with significant barriers related to opioid availability.

Source:

- Lynch T, Clark D, Centeno C, et al. Barriers to the Development of Palliative Care in the Countries of Central and Eastern Europe and the Commonwealth of Independent States. Journal of Pain and Symptom Management. 2009;37(3):305-15

Definitions

Refers to immediate-release oral morphine (liquid and tablet) available in primary health facilities.

Key data sources

Facility surveys such as the service availability and readiness assessment (SARA), service provision assessment (SPA), service delivery indicator surveys (SDI), harmonized health facility assessments (HHFA) and other stand alone in-country assessments and/or logistic management information systems (LMIS).

References

De Lima, L., Krakauer, E. L., Lorenz, K., Praill, D., Macdonald, N., & Doyle, D. (2007). Ensuring palliative medicine availability: the development of the IAHPC list of essential medicines for palliative care. Journal of pain and symptom management, 33(5), 521 526.

Question	Response
1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations	✓ Poor: Between 0% to 10% ☐ Fair: Between 10% to 30% ☐ Good: Between 30% to 70% ☐ Very good: 70% to 100%
2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations	✓ Poor: Between 0% to 10% ☐ Fair: Between 10% to 30% ☐ Good: Between 30% to 70% ☐ Very good: 70% to 100%

Note: This question requires the consultant's estimation after informed enquiries.

Evidence:

Access to pain and palliative care medications in Azerbaijan is limited, with significant barriers related to opioid availability.

Source:

- Lynch T, Clark D, Centeno C, et al. Barriers to the Development of Palliative Care in the Countries of Central and Eastern Europe and the Commonwealth of Independent States. Journal of Pain and Symptom Management. 2009;37(3):305-15

Definitions

Normally by different opioids we refer to the six different strong opioids such as morphine, fentanyl, hydromorphone, buprenorphine, and oxycodone. The diverse formulations would be transdermal (via patches), injectable (intravenous, subcutaneous or peridural), anal (via suppositories), and oral; and the speed of action could be immediate-release and sustained-release.

Key data sources

Facility surveys such as the service availability and readiness assessment (SARA), service provision assessment (SPA), service delivery indicator surveys (SDI), harmonized health facility assessments (HHFA) and other stand alone in-country assessments and/or logistic management information systems (LMIS).

References

De Lima, L., Krakauer, E. L., Lorenz, K., Praill, D., Macdonald, N., & Doyle, D. (2007). Ensuring palliative medicine availability: the development of the IAHPC list of essential medicines for palliative care. Journal of pain and symptom management, 33(5), 521 526.

Question	Response
1. The proportion of medical schools with <u>COMPULSORY</u> teaching in palliative care (with or without other optional teaching) over the total number of medical schools in the country *Note: If the answer to this question were 25/30, it would be interpreted as 25 being the number of schools teaching palliative care as compulsory and 30 being the total number of medical schools in the country.*	1/2
2. The proportion of medical schools with <u>OPTIONAL</u> teaching in palliative care (without compulsory teaching) over the total number of medical schools in the country *Note: If the answer to this question were 25/30, it would be interpreted as 25 being the number of schools teaching palliative care as optional and 30 being the total number of medical schools in the country.*	1/2
3. The proportion of nursing schools with <u>COMPULSORY</u> teaching in palliative care (with or without other optional teaching) over the total number of nursing schools in the country *Note: If the answer to this question were 25/30, it would be interpreted as 25 being the number of schools teaching palliative care as compulsory and 30 being the total number of nursing schools in the country.*	2/7
4. The proportion of nursing schools with OPTIONAL teaching in palliative care (without compulsory teaching) over the total number of nursing schools in the country *Note: If the answer to this question were 25/30, it would be interpreted as 25 being the number of schools teaching palliative care as optional and 30 being the total number of nursing schools in the country.*	5/7
5. Number of full professors in palliative in the country?	0
6. Does it exist legislation/regulations concerning palliative care education? **Note:** If yes, please do include a reference to the text in the justification as a narrative to justify the answer	No

Evidence: There is a lack of comprehensive palliative care education and training programs in nursing schools in Azerbaijan. According to the EAPC Atlas 2019, 2 nursing school teaches PC mandatory and another 5 teaches in combination with other disciplines **Source:** - ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019,Openevidence (AI tool) -EAPC Atlas of palliative care in Europe 2019 -Carrasco JM, Lynch TJ, Garralda E, et al. Palliative Care Medical Education in European Universities: A Descriptive Study and Numerical Scoring System Proposal for Assessing Educational Development. Journal of Pain and Symptom Management. 2015;50(4):516-23.e2.	

Definitions

Formal training in palliative care is taught to future physicians and nurses (either as compulsory or as optional). Formal training means a substantial number of hours.

A full professor refers to an individual with the highest level of official accreditation as a teacher, granted by an academic institution and recognized by the Ministry of Education or equivalent authority. Countries may have different names for it.

Key data sources

Ministry of Higher Education
Official source at the Ministry of Health
Key informant (survey)

References

Carrasco, J. M., Lynch, T. J., Garralda, E., Woitha, K., Elsner, F., Filbet, M., ... & Centeno, C. (2015). Palliative care medical education in European universities: a descriptive study and numerical scoring system proposal for assessing educational development. *Journal of pain and symptom management*, *50*(4), 516-523.

Noguera A, Bolognesi D, Garralda E, Beccaro M, Kotlinska-Lemieszek A, Furst CJ, Ellershaw J, Elsner F, Csikos A, Filbet M, Biasco G, Centeno C. How Do Experienced Professors Teach Palliative Medicine in European Universities? A Cross-Case Analysis of Eight Undergraduate Educational Programs. J Palliat Med. 2018 Nov;21(11):1621-1626.

Indicator #12. Specialization in palliative medicine for physicians

Please select the checkbox (□) most appropriate for your country context.

Component	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
1. Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.	✓ There is no process on specialization for palliative care physicians	□ There is no process on specialization for palliative care physicians but exists other type of professional training diplomas **without official and national recognition** (i.e., advanced training courses or masters in some universities of institutions)	□ There is no process on specialization for palliative care physicians but exists other kind of diplomas with **official recognition** (i.e., certification of the professional category or of the job position of palliative care physician)	palliative medicine is a **speciality or subspeciality** (another denomination equivalent) recognized by competent national authorities

Evidence:

However, it was deemed as a Special Field of Competence, a Certified course taught by the Ministry of Health's Advanced Postgraduate Training Institute for Physicians named after A.Aliyev (EAPC Atlas 2019)

Source:

- ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019,Openevidence (AI tool)
-EAPC Atlas of palliative care in Europe 2019

Definitions

By specialization in Palliative Medicine is understood here as the set of conditions for obtaining the maximum level of professional training in Palliative Medicine and official certification that is valid within the entire country.

Any specialty, subspecialty, or other terms indicative of an official certification for full-time palliative care physicians were included in this working definition. Denomination equivalent to subspeciality can be special area of competence or other advanced training accreditation diploma (please indicate) with official and/or national recognition.

References

Centeno, C., Bolognesi, D., & Biasco, G. (2015). Comparative analysis of specialization in palliative medicine processes within the World Health Organization European region. *Journal of pain and symptom management*, *49*(5), 861-870.

Indicators #13. Number of specialized palliative care services or teams (overall) in the country per population*

Please select the checkbox (□) most appropriate for your country context. (*supplemental information to indicators 13*)

Attributes	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
1. There is a system of specialized palliative care services or teams in the country that has a geographic reach and is delivered through different service delivery platforms	✓ □ No or minimal provision of palliative care specialized services or teams exist in the country	Isolated provision: Exists but only in some geographic areas	Generalized provision: Exists in many parts of the country but with some gaps	Integrated provision: Specialized palliative care services or teams are systematically provided
2. Are available in hospitals (public or private), such as hospital palliative care teams (consultation teams), and palliative care units (with beds), to name a few examples	✓ □ Not at all	Ad hoc/ in some parts of the country	□ In a growing number of private hospitals	Are part of most/all hospitals in some form
3. Free-standing hospices (including hospices with inpatient beds)	✓ □ Not at all	Ad hoc/ in some parts of the country	Found in many parts of the country	□ Strong presence of free-standing hospices in all parts of the country
4. Home care teams (specialized in palliative care) are available in the community (or at the primary health care level), as independent services or linked with hospitals or hospices	✓ □ Not at all	Ad hoc/ in some parts of the country	□ Found in many parts of the country	Strong presence of home care teams in all parts of the country

5. Please enter the total number of specialized palliative care services or teams in the country	1
Evidence: 1 (0,01/100000 inh.) 1 home PC team **Source:** -ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019,Openevidence (AI tool) -EAPC Atlas of palliative care in Europe 2019 https://www.researchgate.net/publication/325637900_Palliative_care_and_hospice_services_outside_of_Azerb	1 service (0,01 services per 100000 inh)

Definitions

Specialized palliative care (PC) **services or teams** refer to health care services/teams whose main activity is the provision of palliative care. These services/teams often provide care for patients with complex needs or severe suffering and, therefore, require staff with specialized training.

For the purpose of this comparative study, within a service, if there are teams identified with distinct functions (such as some teams dedicated to Home Care and others to Hospital Care), these teams are counted as separate services.

If a service's staff performs different roles, like attending to both home and hospital care, it is regarded as a single service.

The staff generally includes at least one doctor and one nurse with training in palliative care, though in some areas, a specialized PC service/team may be run only by a nurse with advanced or specialized training in palliative care. These services/teams include, but are not limited to, free-standing hospices, hospices that are a part of public or private hospitals, any kind of other hospices or home care teams, hospital palliative care teams (consultation teams), palliative care units (with beds), inpatient units in hospices, etc.

***By population we refer to the total number of inhabitants of a given country, and not to population in need**

Key data sources

- national palliative care directory
- district or national databases (of health facilities) available where health services registration is mandatory
- key informant survey
- official source at the Ministry of Health

References

White paper on standards and norms for hospice and palliative care in Europe: Part 1: Available from: https://www.researchgate.net/publication/279547069_White_paper_on_standards_and_norms_for_hospice_and_palliative_care_in_Europe_Part_1 [accessed Oct 08 2018].)

Indicators #14. Number of specialized palliative care services or teams for children in the country per population

Please select the checkbox (□) most appropriate for your country's context. (*supplemental information to indicators 14*)

Attributes	Level 1 Emerging	Level 2 Progressing	Level 3 Established	Level 4 Advanced
1. There is a system of specialized palliative care services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms	✔ No or minimal provision of palliative care specialized services or teams for children exists in country	Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas	□ Generalized provision: palliative care specialized services or teams for children exist in many parts of the country but with some gaps	Integrated provision: Specialized palliative care services or teams for children are systematically provided
2. Are available in hospitals (public or private), such as hospital palliative care teams (consultation teams), and palliative care units (with beds), to name a few examples	✔ Not at all	Ad hoc/ in some parts of the country	□ In a growing number of private hospitals	□ Are part of most/all hospitals in some form
3. Free-standing hospices (including hospices with inpatient beds)	✔ Not at all	Ad hoc/ in some parts of the country	□ Found in many parts of the country	□ Strong presence of free-standing hospices in all parts of the country
4. Home care teams (specialized in palliative care) are available in the community (or at the primary health care level), as independent services or linked with hospitals or hospices	✔ Not at all	Ad hoc/ in some parts of the country	□ Found in many parts of the country	Strong presence of home care teams in all parts of the country
5. Please enter the total number of pediatric specialized palliative care services or teams in the country			**0**	
Evidence: None **Source:** -ATLANTES reseachers: PERPLEXITY, EAPC Atlas of Palliative Care in Europe 2019,Openevidence (AI tool) -https://global.stjude.org/content/dam/global/en-us/documents/adapt-reports/eurasia/en/Azerbaijan-ADAPT-Country-Report-English.pdf -Barriers to the early integration of palliative care in pediatric oncology in 11 Eurasian countries. Cancer 2020; 126(22): 4984-4993.				

Definitions

Specialized **palliative care services or teams for children** refers to health care services/teams whose main activity is the provision of palliative care for children. These services/teams often provide care for children with complex needs or severe suffering and, therefore, require staff with specialized training.

For the purpose of this comparative study, within a service, if there are teams identified with distinct functions (such as some teams dedicated to Home Care and others to Hospital Care), these teams are counted as separate services.

If a service's staff performs different roles, like attending to both home and hospital care, it is regarded as a single service.

The staff generally includes at least one doctor and one nurse with training in palliative care, though in some areas, a specialized PC service/team may be run only by a nurse with advanced or specialized training in palliative care. These services/teams include, but are not limited to, free-standing hospices, hospices that are a part of public or private hospitals, any kind of other hospices or home care teams, hospital palliative care teams (consultation teams), palliative care units (with beds), inpatient units in hospices, etc.

Key data sources

- national palliative care directory
- district or national databases (of health facilities) available where health services registration is mandatory
- key informant survey
- official source at the Ministry of Health

References

White paper on standards and norms for hospice and palliative care in Europe: Part 1: Available from: https://www.researchgate.net/publication/279547069_White_paper_on_standards_and_norms_for_hospice_and_palliative_care_in_Europe_Part_1 [accessed Oct 08 2018].)