AM

Dominica

General data

POPULATION, 2024
66,205

SURFACE KM², 2022
750

PHYSICIANS/1000 INH, 2021
N/A

NURSES/1000 INH, 2021-2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
98

GDP PER CAPITA (US$), 2023
9,833.00

HEALTH EXPENDITURE PER CAPITA (US$), 2021
482.43

UNIVERSAL HEALTH COVERAGE, 2021
49

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
Ⓑ POLICIES
Ⓒ RESEARCH
Ⓓ USE OF ESSENTIAL MEDICINES
Ⓔ EDUCATION AND TRAINING
Ⓕ PROVISION OF PC

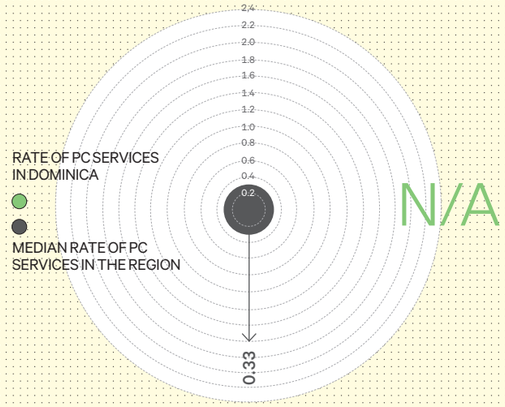
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

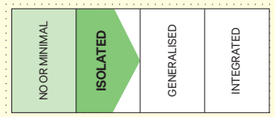
Total number of Specialized PC services: **N/A**

Rate of PC services per 100,000 inhabitants: –

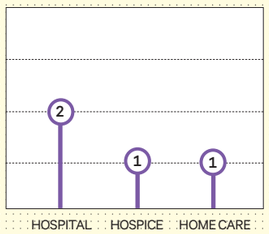
Dominica in the context of the region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1 ○ ○ ○

TOTAL NUMBER: 0

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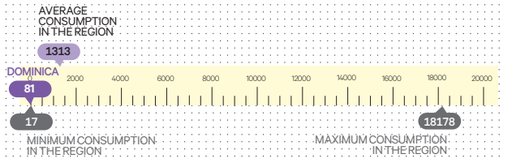
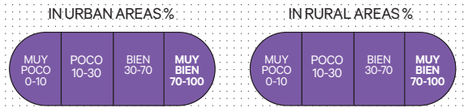
Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **81** S-DDD/MILL INHABITANTS/DAY

Dominica in the context of the region



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level

Ⓒ Research

PC-related research articles: 2 ○ ○

Existence of PC congresses or scientific meetings: 1 ○ ○ ○

Consultants: Priscilla Prevost.
National Association: -

Data collected: November 2024-June 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching: 0/2

Nursing schools with mandatory PC teaching: 0/2

Recognition of PC specialty: 1 ○ ○ ○

Ⓑ Policies

National PC plan or strategy: 1 ○ ○ ○

Responsible authority for PC in the Ministry of Health: 1 ○ ○ ○

Inclusion of PC in the basic health package at the primary care level: 1 ○ ○ ○

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: ○ ○ 3 ○

Advanced care planning-related policies: 1 ○ ○ ○

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People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

The Dominica Cancer Society Inc. is a nonprofit organization that promotes cancer prevention and care, while the Dominica Diabetes Association supports individuals living with diabetes and their families through education and advocacy. Both organizations operate jointly, sharing office space and administrative support, with financial assistance from the government. Additionally, the Dominica Council on Aging advocates for seniors and provides social support to the elderly. Although Dominica lacks a formal PC association, these groups actively support and advocate for the needs of patients requiring PC, their caregivers, and disease survivors.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

1

There is no national policy or guideline on advance care planning.

Policies

Ind 3

3.1. There is a current national PC plan, program , policy, or strategy.

1

Do not know or does not exist.

3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

Dominica currently does not have a formal national PC plan, policy, or strategy. A program developed by the former Head of Oncology at Princess Margaret Hospital, was never adopted. The 137-page document aimed to provide pain relief, psychological and spiritual support, and family assistance while affirming dignity in end-of-life care. However, it remains unendorsed by the Ministry of Health. While there is no standalone national PC framework, the "Strategic Plan for Health: Investing in Health – Building a Safe Future" (Vol. 1) outlines a general healthcare structure through which PC can be integrated. The existing PC document requires review, formalization, and political will to ensure it addresses all life-threatening illnesses, not just cancer. Currently, PC is not structured within a dedicated national policy.

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Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no coordinating entity.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.).

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Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

Ind 7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.

1

Minimal or nonexistent number of articles published on the subject in that country.

The document produced by Dr. Malaker, former Head of Oncology at Princess Margaret Hospital, could be referenced; however, there is no evidence that it has been peer-reviewed or published.

Medicines

Ind 8

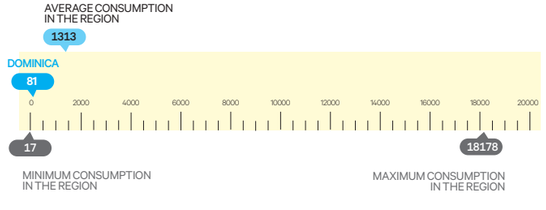
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day.

81

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



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Medicines

Ind 9

9.1. 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.

4

Very good: Between 70% to 100%.

9.2. 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.

4

Very good: Between 70% to 100%.

In Dominica, non-opioid and non-steroidal pain medications such as co-codamol, naproxen, diclofenac, and paracetamol are available at all primary care clinics, including those in rural areas, and are accessible to nurses and doctors managing patients with pain-related conditions. The Primary Health Care system is structured across seven health districts with 52 and two community hospitals. Each district is staffed with a District Medical Officer, Family Nurse Practitioner, Public Health Nurse, pharmacist, dentist, environmental health officer, and nurses. Health centres operate 24/7, ensuring nurse coverage for every 300–600 people and a doctor or nurse practitioner on call for every 3,000–6,000 people. Codeine, tramadol, morphine, oxycodone, and pethidine are available, but opioids for cancer patients require a prescription from an oncologist and are dispensed at the hospital pharmacy.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

In Dominica, immediate-release oral morphine (liquid or tablet) should be available at Type III health centers, where each of the seven centers has a pharmacist. All medicines, including opioids, are free at Primary Health Care centers or clinics.

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Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)

0/2

11.2. The proportion of medical schools with OPTIONAL teaching in PC.

0/2

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).

0/2

11.4. The proportion of nursing schools with OPTIONAL teaching in PC.

0/2

In Dominica, there are two medical schools and two nursing schools. PC is not a standalone compulsory subject in the medical or nursing curricula but is integrated into general medical and nursing management, including cancer care and elderly care at All Saints University.

Ind 12

Existence of an official specialization process in palliative medicine for physicians, recognised by the competent authority in the country.

1

There is no process on specialization for palliative care physicians.

Dominica does not have an official specialization process in palliative medicine for physicians recognized by the competent authority. Physicians interested in specializing in this field must pursue training opportunities abroad.

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Provision of PC / Specialized Services

Ind 13

13.1. There is a system of Specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.

2

Isolated provision: Exists but only in some geographic areas.

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.

2

Ad hoc/ in some parts of the country.

13.3. Free-standing HOSPICES (including hospices with inpatient beds).

1

Not at all.

13.4. HOME CARE teams (Specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

1

Not at all.

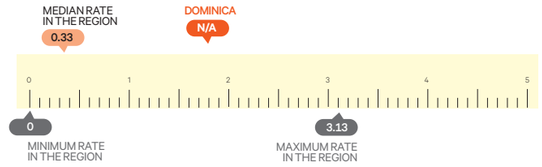
13.5. Total number of Specialized PC services or teams in the country.

N/A

← SPECIALIZED PALLIATIVE CARE SERVICES

Dominica does not have a formal system of specialized PC services or teams, but PC is integrated into the primary care model. Primary care clinics are distributed nationwide, and oncology patients receive follow-up care as needed. When patients can no longer travel, District Medical Officers and Nurses provide home-based care. Community health workers with basic training assist in patient care, and private nurses and doctors offer home health services on a fee-for-service basis, with one organization employing 20 staff members covering the entire country. The Dominica Council on Aging Inc., a nonprofit NGO, coordinates programs for the elderly, addressing their physical, social, and emotional needs. The "Yes We Care" social protection program provides support for the sick, physically challenged, and elderly. However, there are no specialized PC doctors or nurses, and services are delivered through general healthcare rather than a structured PC network.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind 14

14.1. There is a system of Specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.

1

No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Number of pediatric Specialized PC services or teams in the country.

0

PPC TEAMS

Dominica does not have a formal system of specialized PC services or teams for children, but care is provided through existing healthcare services. Children requiring PC are primarily managed at the pediatric unit of the main hospital in the capital. Pediatricians and nurses oversee care, while children with cancer receive follow-ups with an oncologist. After hospital discharge, the Primary Health Care team takes over, offering care and support to families and caregivers. Follow-up oncology appointments occur at the hospital's outpatient clinic. Primary care nurses are equally qualified as hospital nurses, ensuring continuity of care across service levels.