



General data

POPULATION, 2024
10,825,703

SURFACE KM², 2022
214,970

PHYSICIANS/1000 INH, 2021
N/A

NURSES/1000 INH, 2021-2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2023
89

GDP PER CAPITA (US\$), 2023
20,765.35

HEALTH EXPENDITURE PER CAPITA (US\$), 2021
470.57

UNIVERSAL HEALTH COVERAGE, 2021
76



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT



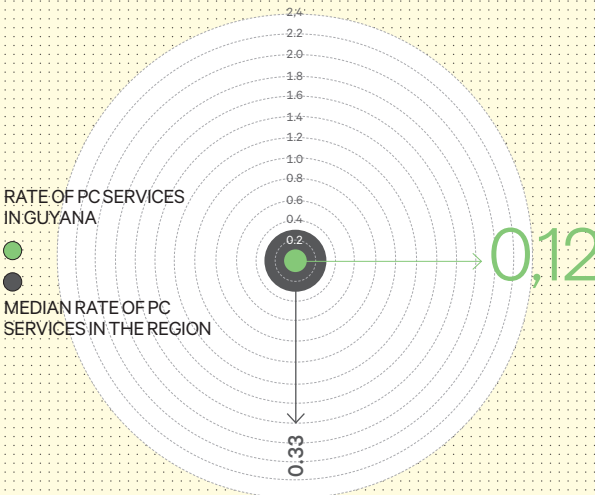
Guyana

⑥ Provision of PC (Specialized Services)

Total number of Specialized PC services
1

Rate of PC services per 100,000 inhabitants
0,12

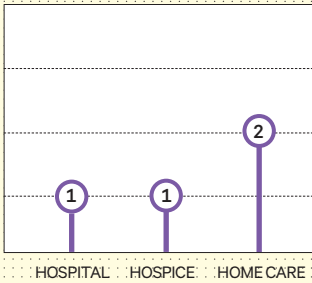
Guyana in the context of the region



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

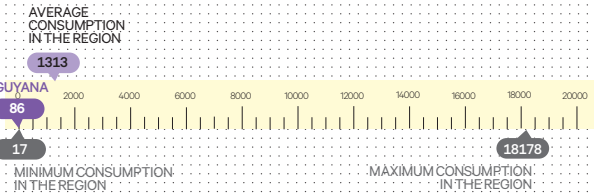


Guyana

④ Use of essential medicines

Opiods consumption (excluding methadone)
86
S-DDD/MILL INHABITANTS/DAY

Guyana 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



③ Research

PC-related research articles
1

Existence of PC congresses or scientific meetings
2



Consultants: Bibi Salim, Sheba Thomas, Tessauna Bollers.
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).

⑤ Education & Training

Medical schools with mandatory PC teaching
0/4

Nursing schools with mandatory PC teaching
1/4

Recognition of PC specialty
1

② Policies

National PC plan or strategy
1

Responsible authority for PC in the Ministry of Health
3

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

① Empowerment of people and communities

Groups promoting the rights of PC patients
3

Advanced care planning-related policies
1

Ind1	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.	In Guyana, community organizations and nonprofits play a crucial role in advocating for patients requiring PC, their caregivers, and disease survivors. These groups, including religious and volunteer organizations, provide essential home-based care and emotional support, particularly in underserved areas with limited healthcare resources. A key organization is the Beacon Foundation, an NGO with a strong partnership with the Ministry of Public Health. Since 1989, it has offered domiciliary PC exclusively to cancer patients. The Beacon Foundation Hospice serves as a vital support system for patients and their families, delivering comprehensive care. However, its services do not extend to all regions, leaving gaps in access, particularly for non-cancer patients and those in remote areas.
	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.	Guyana does not have a comprehensive national policy on ACP, advance directives, or the use of life-sustaining treatment. However, the Medical Practitioners (Code of Conduct and Standards of Practice) Regulations 2008, published in the Official Gazette No. 22, serves as a legally binding framework that outlines patient rights. It mandates that patients receive adequate information regarding their treatment, have the right to accept or refuse care, and make informed healthcare decisions. The Medical Council of Guyana reinforces the duty of medical practitioners to respect patient autonomy, dignity, and end-of-life choices. Despite these legal provisions, there are no explicit national policies on living wills, formal advance directives, or surrogate decision-making frameworks. Most end-of-life decisions are made by family members in the absence of structured guidelines.
Ind3	3.1. There is a current national PC plan, program, policy, or strategy.	1 Do not know or does not exist.	Guyana lacks a dedicated national PC policy, program, or strategy with a defined implementation framework. While Health Vision 2020 emphasized inclusive healthcare and acknowledged the need to expand PC services, it did not establish a structured plan. The healthcare system remains primarily focused on acute and primary care, leaving PC services limited and largely urban-centered. Recognizing the growing demand for PC, the government has made commitments to improve access, particularly for patients with chronic and terminal illnesses. The draft National Cancer Control Plan includes PC—though only for cancer patients. It outlines indicators to monitor and evaluate progress, but these remain unimplemented as the plan is yet to be published or executed. International and non-governmental collaborations, including with the World Health Organization (WHO), continue to support capacity-building efforts. These may help drive future policy development.
	3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.	1 Not known or does not exist neither standalone nor is included in another national plan.	

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	2 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	opment. Further integration of PC is anticipated as healthcare infrastructure and funding improve.
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.	PC services are not available within primary healthcare in the public health system, nor are they integrated into the UHC framework of the national health system.
Ind 5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	3 There is no coordinating entity. 1 Does not have concrete functions or resources (budget, staff, etc.).	PC falls under the purview of the Ministry of Health's Disease Control – Non-Communicable Diseases Program , within the Chronic Diseases subprogram. However, this department lacks a dedicated policy, structured framework, or specialized unit for PC.

AM

Guyana

Research

Ind6

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



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

In 2024, a conference was held in Guyana with a focus on cancer, during which a presentation on PC was made. While PC is gaining increasing attention, with local and regional organizations working to expand access and improve standards, dedicated scientific congresses or national meetings specifically focused on PC remain limited.

Ind7

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.



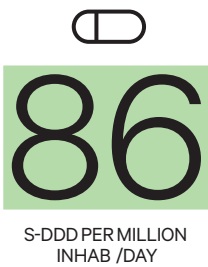
Indicates a minimal or non-existent number of articles published on the subject in that country.

In low-resource settings like Guyana, PC research faces significant challenges, including limited funding, inadequate specialized research infrastructure, and a shortage of trained researchers in hospice and end-of-life care. Studies in PC require robust support structures, which are often underdeveloped in environments where clinical demands take precedence over research activities.

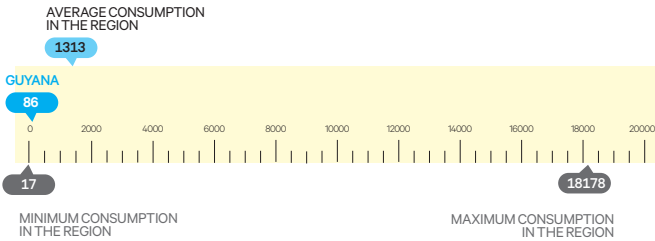
Ind8

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.



COUNTRY VS REGION



Medicines

AM

Guyana

Medicines

Ind9

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.



Fair: Between 10% to 30%.

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.



Fair: Between 10% to 30%.

In Guyana, medicines are dispensed free of charge to patients in the public sector, while in the private sector, patients are required to pay out-of-pocket or through health insurance co-pays. A national social insurance scheme subsidizes medicines up to 80% of the cost. Approximately 80% of PC medicines are included in the Essential Medicines List of Guyana (2020–2022). However, the availability of pain and PC medications at primary care facilities is not well-documented in publicly accessible or granular statistics. Reports indicate systemic challenges in healthcare infrastructure. While over 80% of hospitals in Guyana are reported to maintain a continuous supply of essential medicines, the availability of pain and PC medications at primary care facilities in both urban and rural areas remains unclear and is not well-documented in global databases or specific country assessments.

Ind10

10.1. 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%.

10.2. 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%.

In Guyana, only sustained-release morphine is available through the Medication Distribution Center. Specific data on the percentage of primary healthcare facilities that stock immediate-release oral morphine (liquid or tablets) is not explicitly available in current resources.

Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

0/4

0/4

1/4

0/4



There are currently four certified medical schools in Guyana, though some offshore institutions operate without accreditation from the Ministry of Education or Health. None of the accredited schools include PC in their curriculum. PC education in nursing is still evolving, with compulsory courses not widely implemented. However, St. Joseph Mercy Hospital School of Nursing stands out, offering a dedicated three-month mandatory course. In other institutions, such as the University of Guyana’s School of Nursing, the National Nursing School, and GreenHeart Medical University, PC is integrated into broader subjects like community health, elderly care, and chronic disease management, rather than taught as a standalone module.

Ind12

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



There is no process on specialization for palliative care physicians.

Guyana currently lacks a formally recognized national specialization process in palliative medicine for physicians. Training opportunities are limited and primarily facilitated through international partnerships with PC associations in neighboring Caribbean countries and international organizations. These collaborations offer workshops and educational resources to healthcare professionals, including nurses, doctors, and social workers.

Ind13

- 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.
- 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.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 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.
- 13.5. Total number of Specialized PC services or teams in the country.



Isolated provision: Exists but only in some geographic areas



Not at all.



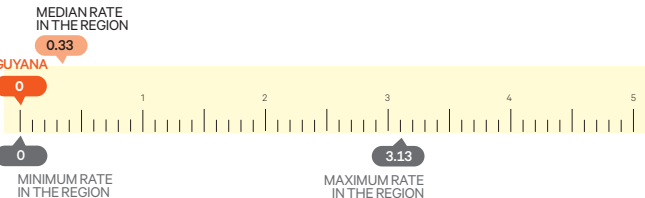
Not at all



Ad hoc/ in some parts of the country.

PC services in Guyana are limited and primarily supported by a single team: the Beacon Foundation, which serves five regions of the country. It provides domiciliary hospice care for terminally ill cancer patients via a mobile team of four registered nurses, only one of whom is specifically trained in PC. Their schedules are demanding, involving travel across regions to deliver welfare support and pain medication at least once per month, and more often based on patient need. The Beacon Foundation collaborates with the Georgetown Public Hospital Corporation and other local healthcare providers to ensure access to essential medicines and clinical support. In recent years, the Ministry of Public Health has supported the Foundation, offering medications when available. Despite its limited reach, the Beacon Foundation represents the core of PC delivery in Guyana, filling a critical gap in home-based care for terminally ill patients.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



1
← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

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



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

0

PPC TEAMS

Currently, there are no specialized PC services or teams dedicated to children in Guyana.