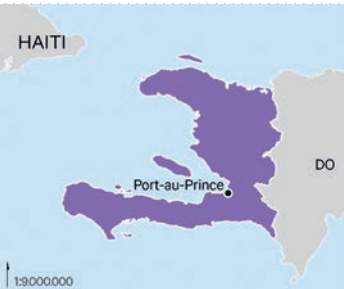




Haiti



General data

POPULATION, 2024
831,087

SURFACE KM², 2022
27,750

PHYSICIANS/1000 INH, 2021
N/A

NURSES/1000 INH, 2021-2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
166

GDP PER CAPITA (US\$), 2023
1,705.78

HEALTH EXPENDITURE PER CAPITA (US\$), 2021
57.88

UNIVERSAL HEALTH COVERAGE, 2021
54



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

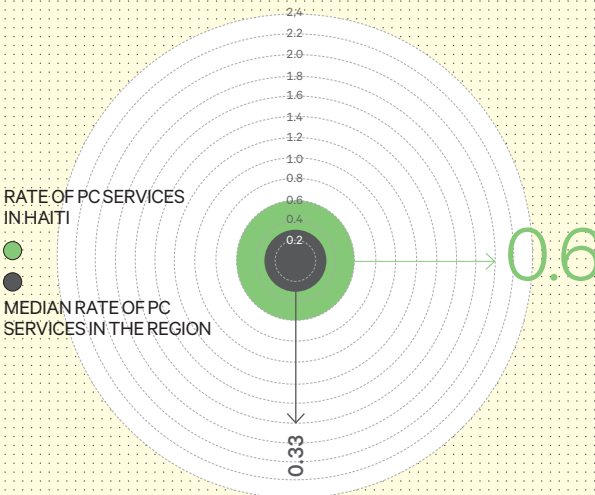
- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC



(F) Provision of PC (Specialized Services)



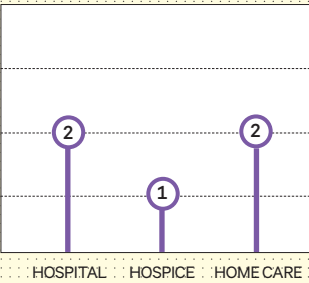
Haiti in the context of the region



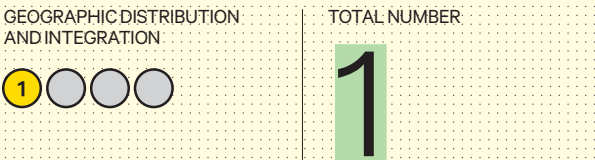
Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

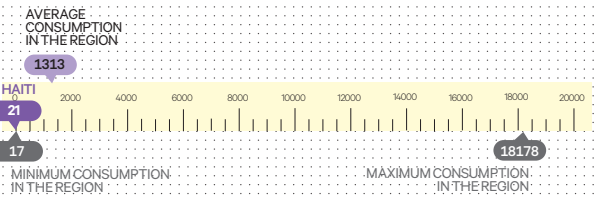


Haiti

(D) Use of essential medicines



Haiti 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



(C) Research

PC-related research articles



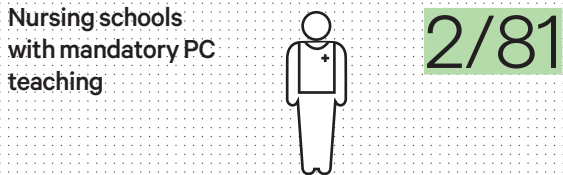
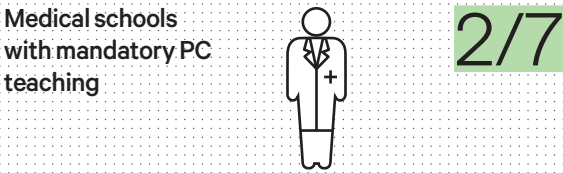
Existence of PC congresses or scientific meetings



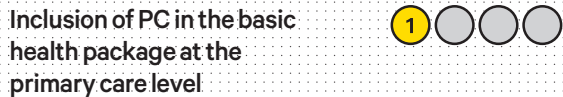
Consultants: Pascale Yola Gas-sant, Regine Roche.
National Association: -

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).

(E) Education & Training



(B) Policies



(A) Empowerment of people and communities



Ind1	Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	2 Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.	In Haiti, PC is still in its early stages and primarily focused on cancer patients, with limited integration into primary and secondary care. However, efforts have been made by pioneers such as the HUM Oncology Center, while the HUEH Pain Unit has been working to expand PC into communities. Several organizations advocate for PC patients and their caregivers. The Groupe de Support Contre le Cancer (GSCC) promotes cancer care and provides support to cancer patients. The Fondation Haïtienne Anti Cancer Infantile (FHACI) focuses on childhood cancer support. The Haitian Society of Training and Management of Pain (SOHAD) trains healthcare professionals in pain management and PC, collaborates with the Ministry of Health, and works to raise awareness.
	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.	In Haiti, there is no national policy or official guideline on advance directives or ACP. PC efforts are conducted without a structured framework, and there is no legislation supporting trusted third parties or advance directives. Patient autonomy is applied on a case-by-case basis, at the discretion of caregivers or healthcare facilities, without any legal obligation.
Ind3	3.1. There is a current national PC plan, program, policy, or strategy.	1 Do not know or does not exist.	Haiti does not have a national PC plan, program, policy, or strategy with a defined implementation framework. While some health institutions provide PC, services operate without a structured national approach. Two public hospitals under the Ministry of Public Health and Population (MSPP) offer limited PC, depending on resources and team commitment. The University Hospital of Mirebalais (HUM) follows a mixed model, relying on local, regional, and international collaboration. Saint Damien Hospital (HSD), a private nonprofit, integrates PC into pediatric oncology but lacks national support. Although PC is mentioned in the national plan for childhood cancer, no strategy or concrete actions have been developed, and the plan itself has not been implemented. No indicators have been defined to measure progress, making it difficult to assess needs and impact. Discussions with the Ministry of Health are ongoing, but PC remains a low priority.
	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.	1 Not known or does not exist.	
Ind4	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. In Haiti, the health system faces multiple challenges, including limited service availability, insufficient human resources, and reduced state funding. The country's UHC (strategies primarily focus on primary healthcare services and emergency care. There is no clear evidence that PC is included as a priority service at the primary care level within the national health system. Additionally, no official documents have been found to confirm its inclusion in UHC priority services.
Ind5	5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	1 There is no authority defined. Haiti does not have a national authority within the Ministry of Health responsible for PC. There is no official document or formal structure ensuring national coordination, and no institutional framework, dedicated budget, or personnel assigned to support it. While Douleur Sans Frontière is recognized by the Ministry of Health, PC efforts remain unstandardized and operate independently. Local initiatives function without national oversight, relying on hospital-based structures in four hospitals, but there is no centralized coordination or guidance at the national level.
	5.2. The national authority has concrete functions, budget and staff.	1 Does not have concrete functions or resources (budget, staff, etc.).

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.

Haiti occasionally organizes conferences on PC, providing opportunities to update knowledge, strengthen understanding, and facilitate professional exchanges on challenges and locally adapted solutions. Two scientific congresses have been held exclusively on PC: Palliative Care Awareness Days (2017) and Ethics in PC (2018). Additionally, PC topics are sometimes included in other congresses or presented on an ad hoc basis. These events help raise awareness and contribute to the development of PC in Haiti, though they remain infrequent and not part of a structured national initiative.

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.

Several scientific publications have addressed PC in Haiti, focusing on the challenges and initiatives in this field. However, the number of published articles remains limited, with notable contributions appearing in the Haitian scientific journal RHCA.

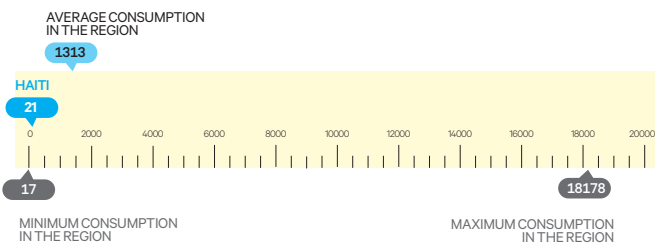
Ind8

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



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.



Poor: Between 0% to 10%.

Non-opioid pain medications are available in over 70% of primary care facilities, but accessibility remains limited as patients must purchase them independently, creating a significant barrier. While some medications from the WHO Model List of Essential Medicines have been included in the national essential medicines list, their availability is inconsistent due to frequent stock-outs. Opioid pain medications (Level 3) are not available at the primary care level, and access is even more restricted in rural areas. Many essential PC medicines remain unavailable or difficult to obtain, particularly outside urban centres.

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%.

Immediate-release oral morphine (liquid or tablet) is not available at the primary care level. Opioid availability is critically low, with only 10-30% of urban hospitals having access to these medications, reflecting a serious gap in pain management and PC. Access is even more restricted in rural areas. Several factors contribute to this limited availability, including a lack of health-care provider training, negative perceptions of opioid use, and strict regulatory policies.

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.

2/7

0/7

2/81

0/81



In Haiti, PC education in undergraduate curricula is limited. Out of seven medical faculties and 81 nursing schools, only two institutions—the **State University of Haiti** and the **University of Notre Dame of Haiti**—offer mandatory courses in PC through both their medical and nursing faculties. No medical or nursing schools offer PC as an optional course, leaving many graduating health professionals without formal training in pain management, psychosocial support, and end-of-life care. This gap in education contributes to limited expertise in PC across the healthcare system.

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.

There is not an official specialization process in palliative medicine for physicians recognized by the competent authority. The lack of local specialization limits the development of PC as a structured discipline, forcing those interested to train abroad to obtain a certificate or university degree. To address this gap, the State University of Haiti offers a third-cycle university diploma in pain management, which includes a module on PC.

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.



No or minimal provision of palliative care specialized services or teams exist in the country.



Ad hoc/ in some parts of the country.



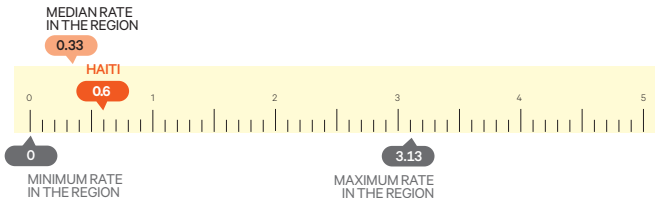
Not at all.



Ad hoc/ in some parts of the country.

Haiti does not have a comprehensive system of specialized PC services with nationwide geographic reach or integration across different service platforms. Most services are concentrated in Port-au-Prince, with only three facilities in the capital and one outside it. While a few non-medical hospices accept PC patients, their staff lack specialized training. Four hospitals and two pain and PC clinics have dedicated PC teams and reserved beds, but geographic disparities limit access. The State University Hospital of Haiti operates a mobile PC and pain clinic, offering outpatient services, home care, and follow-ups. However, PC is not systematically integrated across hospitals, and the absence of a national framework further restricts access, particularly in rural areas.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



5
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.

1

PPC
TEAMS

Haiti has a very limited system of specialized PC services for children, with no nationwide geographic reach or structured delivery across different platforms. **Only one Pediatric hospital, Saint Damien Hospital, provides PC primarily for oncology patients**, while other facilities offering PC treat both children and adults without specialized Pediatric resources. Children with non-oncology chronic illnesses have very limited access to appropriate PC, leaving them particularly vulnerable and underserved.