AM

Jamaica

General data

POPULATION, 2024
2,839,175

SURFACE KM², 2022
10,990

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
117

GDP PER CAPITA (US$), 2023
6,839.73

HEALTH EXPENDITURE PER CAPITA (US$), 2021
372.45

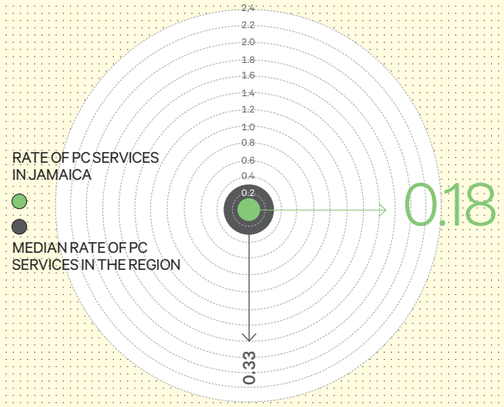
UNIVERSAL HEALTH COVERAGE, 2021
74

Ⓕ Provision of PC (Specialized Services)

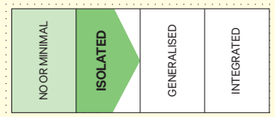
Total number of Specialized PC services: **5**

Rate of PC services per 100,000 inhabitants: **0.18**

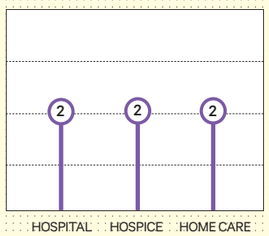
Jamaica in the context of the region



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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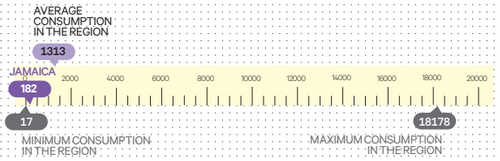
Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **182** S-DDD/MILL INHABITANTS/DAY

Jamaica 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: 2

Consultants: Dingle Spence, Patrick Jason Toppin.

National Association: Palliative Care Association of Jamaica.

Data collected: November 2024-June 2025

Report validated by consultants: Yes

Endorsed by National PC Association: No

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/3**

Nursing schools with mandatory PC teaching: **0/14**

Recognition of PC specialty: 2

Ⓑ 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: 2

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.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

The Palliative Care Association of Jamaica plays an advocacy role but has been inactive since the pandemic. Additionally, an office under the Chief Medical Officer is responsible for developing PC programs in primary care. Despite these efforts, resources remain limited and do not adequately meet the growing demand for PC services. While advocates exist, the lack of widespread resources continues to hinder access to quality PC across the country.

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.

Jamaica does not have a national policy or guideline on advance directives or ACP. There are no specific laws, policies, or regulations governing these issues at a national level. Instead, decisions regarding ACP are handled on an individual basis, leading to significant variation in practices between hospitals and healthcare providers.

Policies

Ind 3

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

1

Do not know or does not exist.

Jamaica does not currently have a national PC plan, program , or policy. While the Ministry of Health has expressed intentions to expand PC capacity, particularly in community-based settings, there is no structured national implementation plan. Although PC is included in the national cancer control plan, there is no defined national strategy for its broader implementation.

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

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

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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.

PC services are not explicitly included as a priority service for UHC at the primary care level in Jamaica. While the Ministry of Health has shown interest in expanding PC, particularly in community-based settings, there is no structured national implementation plan.

Ind 5

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

1

There is no authority defined.

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.

2

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

The Jamaica Cancer Care Research Institute (JACCRI) is the only organization that has hosted scientific meetings specifically focused on PC, though these events do not follow a regular schedule. Additionally, various other conferences have occasionally included aspects of PC within their broader discussions.

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.

2

Reflects a limited number of articles published.

Only a few articles on PC have been published from Jamaica and the English-speaking Caribbean.

Medicines

Ind 8

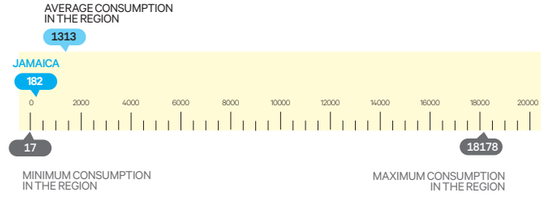
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

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

182

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.

3

Good: Between 30% to 70%.

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.

2

Fair: Between 10% to 30%.

In Jamaica, pain and PC medications from the WHO Model List of Essential Medicines are available in selected government pharmacies across both urban and rural areas. However, availability may vary, and there is no comprehensive data on access in all rural areas. Medications accessible at the primary care level include NSAIDs, acetaminophen, immediate and sustained-release morphine, injectable morphine, fentanyl patches, injectable fentanyl, and limited immediate-release oxycodone. Additionally, other essential medications for symptom control in PC are generally available.

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).

2

Fair: Between 10% to 30%.

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

1

Poor: Between 0% to 10%.

Oral morphine is available at selected government pharmacies, but access varies across different areas. While both urban and rural areas have access to pain and PC medications, there is no comprehensive data on the exact percentage of primary care facilities providing immediate-release oral morphine. Essential PC medications, such as sustained-release morphine and injectable morphine, are generally available. Patients in rural areas often need to travel longer distances to reach a government dispensary, which may limit their access compared to those in urban areas.

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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)

1/3

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

0/3

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

0/14

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

0/14

In Jamaica, the proportion of medical and nursing schools with formal PC education in their undergraduate curricula is low. Only one medical school, the University of the West Indies (UWI), Mona Campus, includes compulsory PC education. Fourth-year medical students receive three hours of formal PC training, but no additional courses are offered. Additionally, a 2016 study by the Pan American Health Organization identified 14 nursing schools in Jamaica offering nursing programs, but there is no evidence that PC is integrated into their curricula.

Ind 12

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

2

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).

Jamaica does not currently have an official specialization process in palliative medicine for physicians recognized by the competent authority. Although there is no formal training pathway to become a recognized PC physician, the Ministry of Health is working on developing one. A Diploma in Palliative Medicine for postgraduate medical and nursing professionals is expected to launch in September 2025 through the Department of Anesthetics and Intensive Care at the University of the West Indies (UWI), Mona Campus.

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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

Jamaica has a limited system of specialized PC services, with restricted geographic reach and minimal availability across different service platforms. PC is primarily concentrated in Kingston and St. Andrew, with services available at Hope Institute Hospital, Kingston Public Hospital, the University Hospital of the West Indies, and the Consie Walters Cancer Hospice. Hope Institute Hospital is the only hospital with dedicated palliative care beds, while Consie Walters Cancer Care Hospice in Kingston is the only dedicated hospice, with a capacity of eight beds. Hope Hospice in Montego Bay provides some PC services outside the capital. An office under the Chief Medical Officer oversees PC program development in primary care, but resources remain insufficient. Few private physicians provide ad hoc home care, though most lack specialized PC training.

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).

2

Ad hoc/ in some parts of the country.

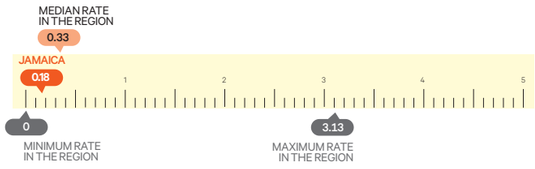
13.4. HOME CARE teams (Specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

2

Ad hoc/ in some parts of the country.

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

RATE OF SPECIALIZED PC SERVICES/100,000 INH



5 ← SPECIALIZED PALLIATIVE CARE SERVICES

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