

St. Kitts and Nevis



General data

POPULATION, 2024
46,843

SURFACE KM², 2022
260

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
58

GDP PER CAPITA (US\$), 2023
22,573.67

HEALTH EXPENDITURE PER CAPITA (US\$), 2021
1,114.37

UNIVERSAL HEALTH COVERAGE, 2021
79



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

LEVEL OF DEVELOPMENT

- 1 EMERGING
- 2 PROGRESSING
- 3 ESTABLISHED
- 4 ADVANCED

(F) Provision of PC (Specialized Services)

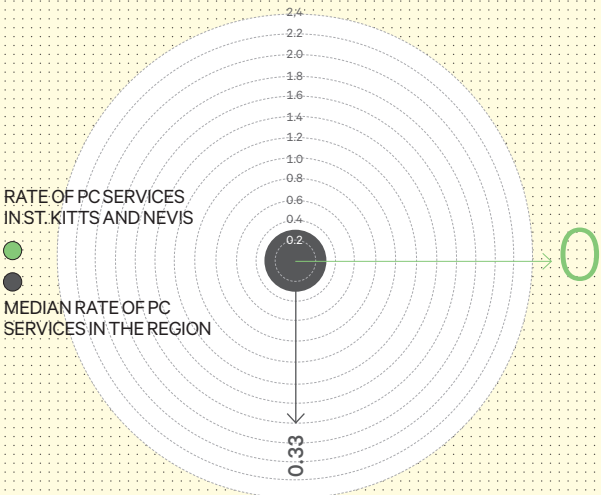
Total number of Specialized PC services

0

Rate of PC services per 100,000 inhabitants

0

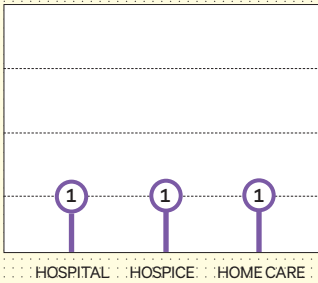
St. Kitts and Nevis in the context of the region



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

(D) Use of essential medicines

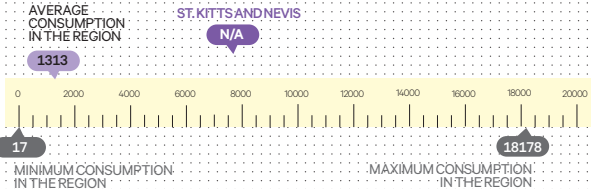


Opioids consumption (excluding methadone)

N/A

S-DDD/MILL INHABITANTS/DAY

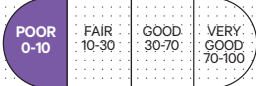
St. Kitts and Nevis in the context of the region



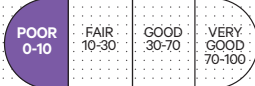
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

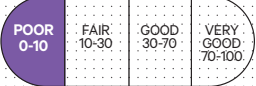


IN RURAL AREAS %

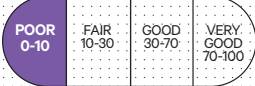


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



(C) Research

PC-related research articles

1

Existence of PC congresses or scientific meetings

1



Consultants: -
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

Medical schools with mandatory PC teaching



0/5

Nursing schools with mandatory PC teaching



0/1

Recognition of PC specialty

1

(B) 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

(A) Empowerment of people and communities

Groups promoting the rights of PC patients

1

Advanced care planning-related policies

1

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St. Kitts and Nevis

People & Communities

Ind1	Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	1 Only isolated activity can be detected.	There are no groups in Saint Kitts and Nevis specifically dedicated to promoting the rights of patients in need of PC, their care-givers, or disease survivors. While the Essence of Hope Breast Cancer Foundation (a local NGO) supports breast cancer patients and aspires to establish a hospice facility for terminally ill cancer patients, its advocacy is disease-specific and not focused on PC. Similarly, the St. Kitts and Nevis NCD Alliance works on non-communicable disease prevention and patient support but does not exclusively advocate for PC. No civil society organization in the country has a primary mandate to advance PC rights or services for all patients and caregivers.
	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.	There is no national policy or guideline on advance directives or ACP in Saint Kitts and Nevis. Recent health sector policy documents, including the WHO Country Cooperation Strategy, the UN Country Implementation Plan, and the National Social Protection Strategy, do not reference any frameworks, legislation, or official guidelines addressing advance directives or ACP for life-sustaining treatment or end-of-life care. Available reports focus on broader health system strengthening, social protection, and support for vulnerable populations, but make no mention of formal mechanisms for documenting or respecting patient wishes regarding future medical care.
Ind3	3.1. There is a current national PC plan, program , policy, or strategy.	1 Do not know or does not exist.	Saint Kitts and Nevis does not have a current national PC plan, program , policy, or strategy with a defined implementation framework. Recent government health sector initiatives and policy documents emphasize areas such as universal health insurance, hospital modernization, and mental health reform, but make no reference to a dedicated or structured national framework for PC. PC is not mentioned as a priority within these reforms, nor is it integrated into non-communicable disease control, cancer care, or primary health care strategies. Additionally, there are no national indicators or measurable targets established to monitor or evaluate PC services, access, or quality.
	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.	

Policies

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St. Kitts and Nevis

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 referenced as part of the government’s vision for UHC in Saint Kitts and Nevis, with the Prime Minister and official policy documents stating the intention to provide “the full continuum of essential health services including health promotion, preventive services, treatment, rehabilitative and palliative services.” However, there is no evidence that PC is specifically included as a defined priority service at the primary care level within the national health system’s current service packages or operational frameworks.
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.	1 There is no coordinating entity. 1 Does not have concrete functions or resources (budget, staff, etc.).	There is no national authority, unit, branch, or department within the Ministry of Health in Saint Kitts and Nevis specifically responsible for PC with concrete functions, budget, and staff. While the Ministry of Health oversees general health services and non-communicable disease control, official documents and international assessments do not identify any dedicated governmental body or designated staff tasked with the development, coordination, or oversight of PC policy or services.

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Research

Ind6

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



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

There is no evidence of national congresses or scientific meetings specifically focused on PC in Saint Kitts and Nevis. Health sector news and updates highlight infrastructure improvements, service expansions, and public health initiatives, but do not mention any national-level events or conferences dedicated to PC.

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.

There is no evidence of peer-reviewed articles focusing on PC research published in the past five years with at least one author from Saint Kitts and Nevis.

Medicines

Ind8

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

N/A

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St. Kitts and Nevis

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.



Poor: Between 0% to 10%.

There is currently no specific published data on the availability of essential medicines for pain and PC at the primary care level in Saint Kitts and Nevis. While the country follows the OECS Essential Medicines List, which includes these medicines in accordance with WHO recommendations, regional and international reports do not provide quantitative figures or detailed survey results for their presence in primary care facilities.

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%.

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 is included in the national essential medicines list and is reported by PAHO to be generally available within the public health sector of Saint Kitts and Nevis. However, literature and global/regional reviews suggest that actual access at the primary care level may be inconsistent due to regulatory, supply chain, and training barriers. The WHO Global Health Observatory also notes that PC is not fully integrated into the public health system, which further limits the routine availability of opioids such as morphine at the primary level. These challenges suggest that, despite its official availability, immediate-release oral morphine may not be reliably accessible to patients needing pain relief in community settings. Regulatory limitations, health worker training gaps, and weak PC system integration all contribute to this inconsistency. In short, although morphine is formally listed and technically available, consistent patient-level access at the primary care level remains uncertain and is likely limited in practice.

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St. Kitts and Nevis

Education & Training

Ind11

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

0/5



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

0/5

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

0/1

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

0/1

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 no formal specialization in palliative medicine available in Saint Kitts and Nevis. No local training pathways or certification programs are reported in the literature.

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St. Kitts and Nevis

Provision of PC / Specialized Services

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.



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

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.



Not at all.

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



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.

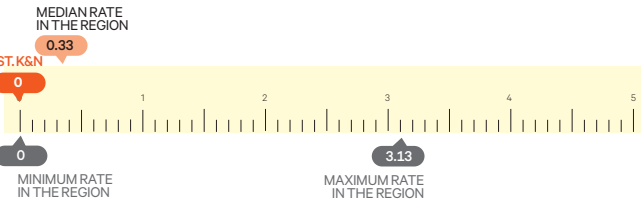


Not at all.

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

Saint Kitts and Nevis has no public facilities or comprehensive specialist PC services, and there are no recognized PC specialists in the country. PC is primarily delivered by general health-care staff in hospitals or through informal home care, without the structure or specialization found in developed systems. While some private providers offer home and elderly care services delivered by registered nurses, these are not specialized PC teams. There is no coordinated system with geographic reach or delivery across multiple platforms.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



← 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.



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

There is no system of specialized PC services or teams for children in Saint Kitts and Nevis with geographic reach or delivery through different service platforms. Pediatric palliative care, where available, is provided by general healthcare staff rather than through multidisciplinary or specialized teams, and there are no free-standing Pediatric hospices or dedicated inpatient units for children.