



General data

POPULATION, 2024
100,616

SURFACE KM², 2022
390

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
76

GDP PER CAPITA (US\$), 2023
10,520.44

HEALTH EXPENDITURE PER CAPITA (US\$), 2021
448.31

UNIVERSAL HEALTH COVERAGE, 2021
69



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

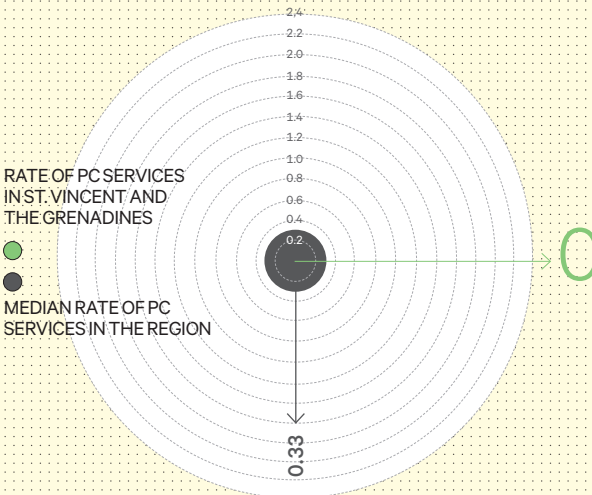
St. Vincent and the Grenadines

Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services
0

Rate of PC services per 100,000 inhabitants
0

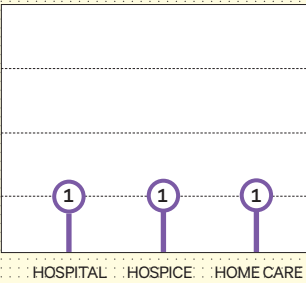
St. Vincent and the Grenadines in the context of the region



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

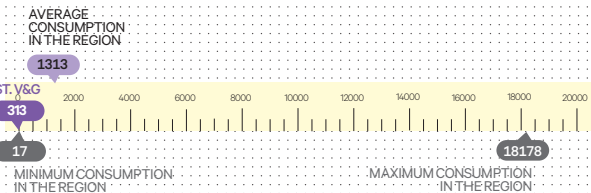


St. Vincent and the Grenadines

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone)
313
S-DDD/MILL INHABITANTS/DAY

St. Vincent and the Grenadines 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

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).

Ⓔ Education & Training

Medical schools with mandatory PC teaching
0/5



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
1



Advanced care planning-related policies
1

1

AM

St. Vincent and the Grenadines

People & Communities

Ind1

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



Only isolated activity can be detected.

There are currently no groups in Saint Vincent and the Grenadines specifically dedicated to promoting the rights of patients in need of PC, caregivers, or survivors. Some NGOs, such as the Planned Parenthood Association (PPA) and others, provide supportive care primarily for people living with HIV/AIDS, which includes elements of PC or home-based care. However, their focus is not on comprehensive PC or advocacy for all patients with life-limiting illnesses. Broader initiatives for elderly care and protection involve stakeholder engagement, but there are no dedicated PC advocacy organizations for the wider population. Most advocacy and service activities related to PC needs are limited in scope and not focused on PC as a distinct field.

Ind2

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



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

There is no evidence of a specific national policy or guideline on ACP for life-sustaining treatment or end-of-life care in Saint Vincent and the Grenadines in the available sources. The National Action Plan for NCDs (2017–2025) references comprehensive care but does not address advance care planning or end-of-life guidelines.

Policies

Ind3

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



Do not know or does not exist.

Saint Vincent and the Grenadines does not have a current national PC plan, program, policy, or strategy with a defined implementation framework. The country's principal health policy document, the National Action Plan for the Prevention and Control of NCDs 2017–2025, addresses comprehensive care for chronic diseases but does not include PC as a specific component, section, or objective. There are no measurable targets, indicators, or structured activities related to PC within this plan, nor is PC explicitly integrated into national cancer or HIV policies.

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



Not known or does not exist neither standalone nor is included in another national plan.

AM

St. Vincent and the Grenadines

Policies

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



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.



Not at all.

PC services are not included in the list of priority services for UHC at the primary care level in the national health system of Saint Vincent and the Grenadines. The National Action Plan for NCDs (2017–2025), the 2023 National Health Policy draft, and the 2014 UHC Strategy Consultation Report all emphasize the need for specialized services such as oncology and chronic disease management, but do not explicitly identify or integrate PC as an essential or priority service. While comprehensive care for chronic illness is discussed, there is no indication that PC is formally included or planned as part of the UHC service package at the primary care level.

Ind5

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



There is no coordinating entity.

There is no national authority—such as a unit, branch, or department—within the Ministry of Health or government of Saint Vincent and the Grenadines specifically responsible for palliative care. The National Action Plan for the Prevention and Control of NCDs 2017–2025, which guides health system priorities, does not mention any dedicated office or official tasked with palliative care oversight, coordination, or delivery. The Ministry of Health, Wellness and the Environment oversees general health and NCD management, but palliative care is not assigned to any specific entity or personnel. There is also no reference to a budget, staff, or defined functions for palliative care within the Ministry or in national health policy documents.

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



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

AM

St. Vincent and the Grenadines

Research

Ind6

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.

There is no evidence of any national congresses or scientific meetings specifically dedicated to PC in Saint Vincent and the Grenadines.

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.

1

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

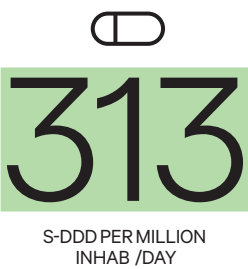
No articles found in PubMed with inclusion criteria.

Medicines

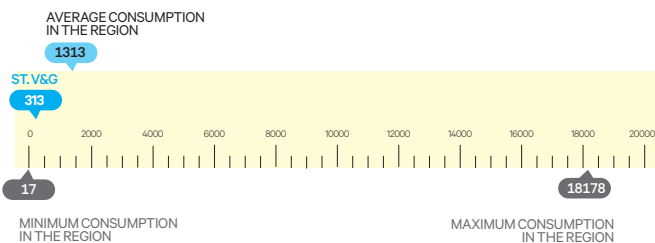
Ind8

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



AM

St. Vincent and the Grenadines

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.

1

Poor: Between 0% to 10%.

Essential medicines for pain and PC in Saint Vincent and the Grenadines are technically available through regional procurement mechanisms such as the OECS Pharmaceutical Procurement Service (PPS) and the PAHO Strategic Fund, which support access to quality-assured medicines. However, access at the primary care level remains limited. While some pain relief medicines (e.g., morphine, pethidine) are present in the country, there is no systematic assurance of their consistent availability at primary care facilities, particularly for PC. The national health strategy aims to improve access and rational use of essential medicines, but there is no publicly available, formal national list of essential medicines specifying those for PC. Thus, while mechanisms exist to supply these medicines, actual accessibility for patients at the primary care level remains inconsistent.

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.

1

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).

1

Poor: Between 0% to 10%.

Immediate-release oral morphine (liquid or tablet) is not generally available at the primary care level in Saint Vincent and the Grenadines. Although the country participates in regional procurement systems like the OECS Pharmaceutical Procurement Service and the PAHO Strategic Fund, which support access to essential pain and PC medicines, there is no evidence that immediate-release oral morphine is routinely stocked or dispensed in primary-level public facilities. National documents and regional assessments consistently indicate that opioid access is often limited or inconsistent, especially outside of hospital settings. While morphine appears on regional essential medicines lists, its practical availability in community health settings is not well documented. Factors such as unclear distribution mechanisms, limited provider training, and restricted prescription frameworks contribute to unreliable access. As a result, despite being technically accessible through regional supply systems, immediate-release oral morphine remains inconsistently available to patients at the primary care level, particularly in rural or underserved areas.

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%.

AM

St. Vincent and the Grenadines

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).

0/2

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

0/2

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 evidence of a formal specialization in palliative medicine offered in Saint Vincent and the Grenadines.

AM

St. Vincent and the Grenadines

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.

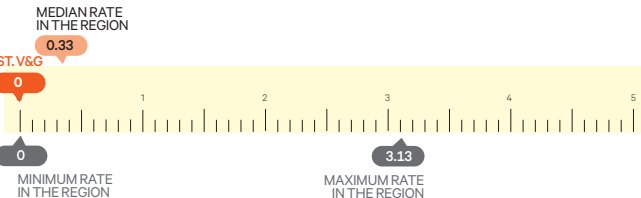


Not at all.

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

There is no system of specialized PC services or teams in Saint Vincent and the Grenadines that offers geographic reach or is delivered through multiple service platforms. According to Macpherson CC et al, 2014, the country had three PC specialists and one public health facility providing some level of PC. However, these services were not organized as formal, multi-disciplinary teams or integrated into a coordinated national network. Instead, PC remains limited, with care typically delivered by general health professionals in a fragmented manner. No dedicated hospital PC units, consultation teams, or specialized community or home-based PC services exist, and there is no evidence of a structured system spanning hospitals, primary care, and community settings.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



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.



Based on available information, Saint Vincent and the Grenadines does not have a specialized Pediatric PC system with geographic reach delivered through multiple service platforms. While the country hosts the regional Eastern Caribbean hub of World Pediatrics, focusing on Pediatric surgical care and training, there is no evidence of dedicated Pediatric PC teams or integrated services for children across hospitals, hospices, or community settings.