



General data

POPULATION, 2024
634,431

SURFACE KM², 2022
163,820

PHYSICIANS/1000 INH, 2021
1.48

NURSES/1000 INH, 2021-2022
2.95

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
114

GDP PER CAPITA (US\$), 2023
5,494.07

HEALTH EXPENDITURE PER CAPITA (US\$), 2021
298.93

UNIVERSAL HEALTH COVERAGE, 2021
63



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



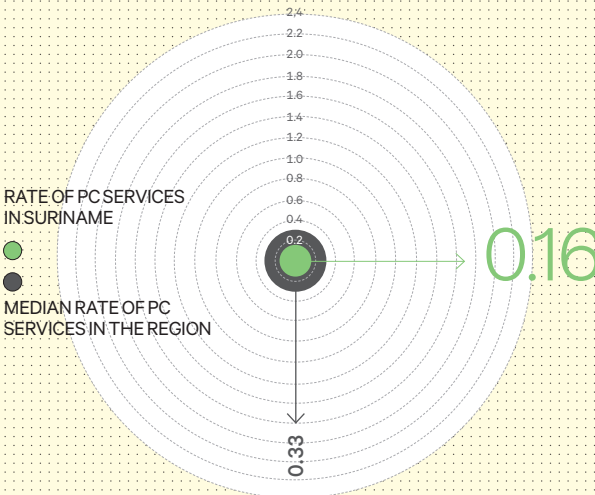
Suriname

⑥ Provision of PC (Specialized Services)

Total number
of Specialized
PC services
1

Rate of PC services
per 100,000 inhabitants
0.16

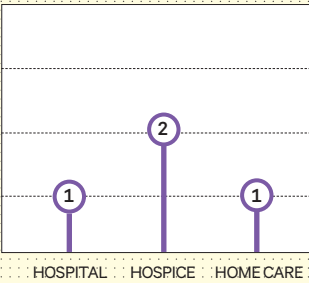
Suriname in the context of the region



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

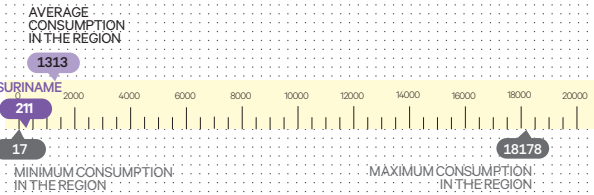


Suriname

④ Use of essential medicines

Opiods
consumption
(excluding
methadone)
211
S-DDD/MILL INHABITANTS/DAY

Suriname 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
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).

⑤ Education & Training

Medical schools
with mandatory PC
teaching
0/2



Nursing schools
with mandatory PC
teaching
0/2



Recognition of PC specialty
1

② Policies

National PC plan
or strategy
3

Responsible authority
for PC in the Ministry of
Health
1

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
2

Advanced care
planning-related
policies
1

AM

Suriname

People & Communities

Ind1

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



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

In Suriname, there is at least one NGO—Hospice The Horizon—dedicated to PC promotion, as recognized in the International IAHPC Global Directory. This hospice provides care and support to terminally ill patients and their families without regard to background or status. However, there is no widely documented evidence of broader civil society organizations or patient advocacy groups specifically focused on promoting the rights of patients needing PC, their caregivers, or disease survivors. Hospice The Horizon’s work demonstrates a community-based, non-governmental effort to deliver PC and hospice care.

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 national policy or guideline specifically addressing advance directives or ACP in Suriname in the reviewed official documents. The Ministry of Health’s National Action Plan for the Prevention and Control of NCDs and the National Cancer Control Plan both emphasize integrated care, PC, and a comprehensive approach to health services, but neither document explicitly mentions advance directives or formalized ACP processes.

Policies

Ind3

- 3.1. There is a current national PC plan, program , policy, or strategy.
- 3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.



Actualized in last 5 years, but not actively evaluated or audited.



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

Suriname does not currently have a stand-alone national PC plan, program , policy, or strategy with a defined implementation framework. However, PC is recognized as a core component within the National Cancer Control Plan 2019–2028, which outlines a comprehensive approach to cancer management including prevention, early detection, diagnosis, treatment, and PC. The plan establishes indicators and strategies to monitor and evaluate PC progress, but these are integrated into the broader cancer control framework rather than forming a distinct, dedicated PC strategy. As such, while PC is acknowledged as essential within the national health system, it is not addressed through a separate, fully developed PC policy or implementation plan.

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Suriname

Policies

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



The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.

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 explicitly included as a priority service for UHC at the primary care level within Suriname’s national health system. While the Biennial Work Plan (2024–2025) by PAHO Suriname emphasizes the advanced implementation of UHC and health system strengthening, and recent reforms have sought to expand access to comprehensive, integrated, and quality health services, major policy documents—including the Basic Health Care Insurance Act and key health sector assessments—do not specifically recognize PC as a core or priority service for UHC.

Ind5

- 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.



There is no coordinating entity.



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

There is no dedicated national authority—such as a unit, branch, or department—within the Ministry of Health or the government specifically responsible for palliative care in Suriname. According to the National Cancer Control Plan Suriname 2019–2028 and the Biennial Work Plan (2024–2025) by PAHO Suriname, PC is managed within broader NCD and cancer control programs, but there is no mention of a specialized directorate, office, or team for PC at the national level. Policy efforts and funding for PC integrated under these broader frameworks, with no evidence of a specific budget line, dedicated personnel, or defined set of functions for PC established in official documentation.

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Suriname

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 are currently no reliable or official sources confirming the existence of a regularly scheduled national congress or scientific meeting specifically dedicated to PC in Suriname. No official documentation from the Ministry of Health or recognized national medical associations references such a national-level event.

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

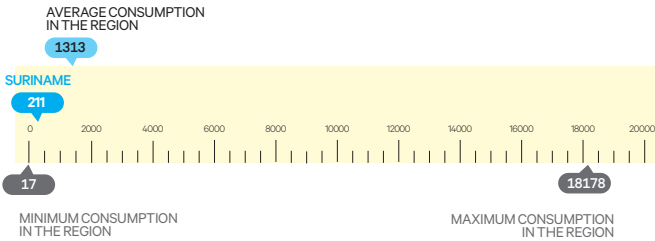
Ind8

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



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Suriname

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.

2

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.

2

Fair: Between 10% to 30%.

Many pain and PC medicines recommended by the WHO Model List for primary health care are listed in Suriname’s National Essential Medicines List, as confirmed by the official PAHO database. This encompasses essential opioid and non-opioid analgesics, along with several key adjuvant and symptomatic treatments. However, inclusion on the national list does not ensure these medicines are consistently available at primary health care facilities throughout the country. The 2022 “Equitable Access to Essential Medicines for Noncommunicable Diseases in the Caribbean” report highlights that frequent stock-outs and supply chain issues can significantly hinder the reliable availability of these essential medicines in practice.

Ind10

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).

2

Fair: Between 10% to 30%.

According to Suriname’s National EML, immediate-release oral morphine is authorized for primary care use, available as both liquid and tablet formulations. However, despite its inclusion, stock-outs and supply chain issues frequently limit reliable availability at health facilities, as noted in the 2022 Equitable Access to Essential Medicines for Noncommunicable Diseases in the Caribbean report. The National Cancer Control Plan also points to limited PC knowledge among health professionals, leading to under-prescription of opioids and persistent fears of addiction. Patients face additional barriers, including stigma around opioid use and regulatory constraints such as restrictive refill policies and tight prescription controls. These systemic and cultural challenges together undermine effective pain management, especially at the primary care level, where accessibility is most needed. While national policies authorize essential pain medicines, real-world access remains inconsistent and hindered by both supply and demand-side obstacles.

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Suriname

Education & Training

Ind11

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

0/2



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

0/2

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 official, government-recognized specialization process in palliative medicine for physicians in Suriname. Palliative care training is available only as continuing education modules, not as a formal medical specialty.

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Suriname

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).



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.

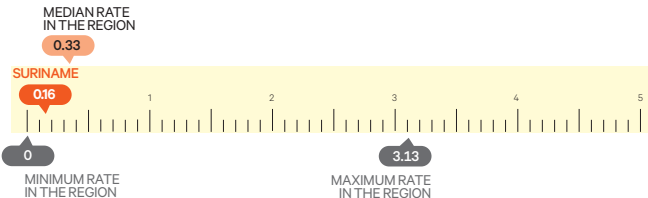


Not at all.

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

Suriname has very limited specialized PC services. There are no official, multidisciplinary PC teams or dedicated PC units with beds in public or private hospitals, and PC is not integrated as a formal part of the national health system. Most PC is provided by general health staff or through fragmented civil society initiatives. **The only recognized specialized PC service is Hospice The Horizon**, a free-standing hospice in Paramaribo operated by the Surizorg Foundation, which offers inpatient hospice and PC for terminally ill patients. There is no evidence of additional free-standing hospices or specialized home care teams for PC at the community or primary health care level. Private providers like Nana's Family Care Suriname offer home-based care with PC elements, but do not meet the criteria for formal specialized PC teams.

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.



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

Suriname does not have a system of specialized PC services or teams for children with geographic reach or delivery through multiple service platforms. The national policy documents do not mention Pediatric PC as a focus area, nor are there references to specialized Pediatric PC teams, hospital units, or community-based services for children. The only specialized PC service identified in Suriname is Hospice The Horizon, which provides inpatient care for terminally ill patients but does not specifically offer Pediatric PC or a multidisciplinary team for children.