COUNTRY REPORTS

AM

Trinidad and Tobago

General data

POPULATION, 2024
1,368,333

SURFACE KM², 2022
5,130

PHYSICIANS/1000 INH, 2021
3.41

NURSES/1000 INH, 2021-2022
N/A

Socioeconomic data

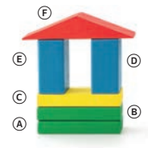
COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2023
72

GDP PER CAPITA (US$), 2023
20,016.15

HEALTH EXPENDITURE PER CAPITA (US$), 2021
1,125.40

UNIVERSAL HEALTH COVERAGE, 2021
75



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

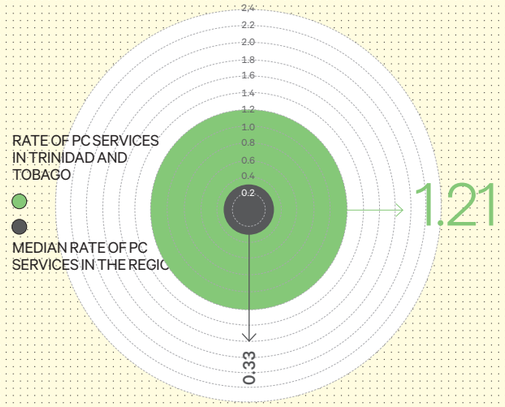
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

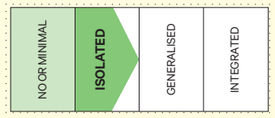
Total number of Specialized PC services: **16**

Rate of PC services per 100,000 inhabitants: **1.21**

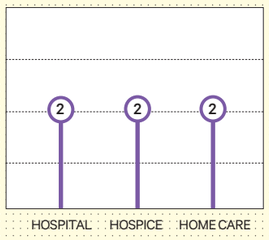
Trinidad and Tobago in the context of the region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

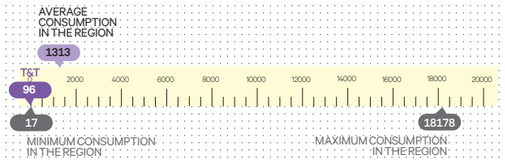
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

TOTAL NUMBER: 1

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **96** S-DDD/MILL INHABITANTS/DAY

Trinidad and Tobago 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: 4

Consultants: Chelsea Garcia, Karen Cox, Nicholas Jennings, Stacey Chamely.

National Association: Palliative Care Society of Trinidad and Tobago.

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: 1/1

Nursing schools with mandatory PC teaching: 1/1

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: 4

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.

4

Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).

In Trinidad and Tobago, six associations represent, advocate, and promote the rights of patients and caregivers. LivHealth, a privately funded community palliative service, cares for up to 400 patients at home with a 24/7 multidisciplinary team and trains palliative caregivers. The LivHealth Charitable Foundation, a NGO, provides community palliative and hospice care to financially disadvantaged adults and children, serving about 40 patients annually. The Living Water Community, also an NGO, operates two inpatient facilities: The Living Water Hospice (12 beds) and Mercy Home (11 beds). In partnership with the government, the Palliative Society of Trinidad and Tobago runs the Caura Palliative Inpatient Unit (12 beds) and offers annual caregiver training. Vitas House, part of The Trinidad and Tobago Cancer Society, provides palliative care for cancer patients in a 12-bed facility. Promise House, a new pediatric palliative care house, supports children undergoing cancer therapy.

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.

In Trinidad and Tobago, there is no national policy or guideline on advance care planning.

Policies

Ind 3

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

1

Do not know or does not exist.

There is no existence. The National Strategic Plan for the Prevention and Control of NCDs 2017-2021 references PC in a single line.

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.

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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.

The T&T Ministry of Health website lists PC as a component of the National Oncology Program (NOP), which includes "care and pain management when treatment is no longer an option" as part of its mandate. The NOP is primarily tertiary care, and while it is provided as an extension of primary care services in the Eastern Region, it is not listed as part of the government's national services as a priority for primary care.

Ind 5

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

1

There is no coordinating entity.

The Chief Medical Officer of Health (CMO) is the national authority for all clinical health care provided by the Ministry of Health in T&T. The CMO heads the Clinical Division of the Ministry of Health's Executive Management Team. The CMO initiated discussions that led to the submission of a draft national PC policy by the Palliative Care Society in 2018. Still, no further progress has been made with this document or with coordinating functions (scientific or technical). There is no dedicated staff or budget focused on the provision of PC 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.).

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Research

Ind 6

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

4

At least one national conference specifically dedicated to palliative care every 3 years.

In 2011, the Palliative Care Society of Trinidad and Tobago (PCSTT) began hosting annual in-person PC conferences in collaboration with the T&T Medical Association. From 2019 onwards, these have been held virtually. PC conferences are now held every other year.

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.

In the last five years, there have been six (6) articles published in peer-reviewed journals (not all indexed) with at least one local author. Although over the past 5 to 10 years there has been a greater number of publications specifically focusing on PC, these tend to be the work of only a handful of local professionals. Medically related peer-reviewed publications, even those addressing issues of chronic conditions, do not concentrate on or mention palliative care.

Medicines

Ind 8

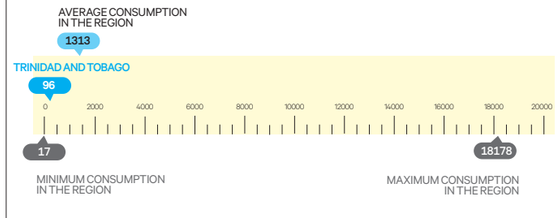
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

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

96

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.

3

Good: Between 30% to 70%.

According to the Ministry of Health Pharmacy Division's list of registered drugs, the national health formulary stocks most of the essential medicines, except for methadone, cyclizine, and hyoscine hydrobromide. Currently, only two morphine preparations exist—SR tablets (30?mg and 60?mg) and liquid morphine (10?mg/5?ml), both of which are sometimes in sporadic supply. These medicines are available to all nationals accessing the public health system. Many essential medicines are also distributed free of charge through private primary care practitioners (serving both urban and rural communities) under the Government's Chronic Disease Assistance Program (CDAP). CDAP, introduced in 2003 to reduce pharmacy burden and patient wait times in public health institutions, provides access to medications such as acetylsalicylic acid, prednisolone (tablets and oral suspension), fluoxetine, amitriptyline, diclofenac, and ibuprofen.

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).

1

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).

1

Poor: Between 0% to 10%.

Generally, immediate release morphine is not available at the primary care level. Of the ninety-eight (98) primary care facilities, only the District Health Facilities in each RHA stock immediate release morphine. There are three (3-4) DHAs in each region of Trinidad and only one (1) in Tobago. These DHAs serve both rural and urban populations.

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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)

1/1

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

0/1

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

1/3

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

0/3

The University of the West Indies (UWI) is the only medical school in Trinidad and Tobago offering compulsory courses in PC for medical and nursing students. For undergraduates, PC education includes a two-hour lecture on ethics in PC during their second year and a four-hour lecture with a day at the PC unit during their fourth year. The BSc in Nursing program includes a module on Nursing Care of Older Adults in the third year, covering care for terminally ill older adults at home or in institutions, PC and end-of-life care, loss, death, and dying concepts, and coping strategies for patients and families.

Ind 12

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

1

There is no process on specialization for palliative care physicians.

Trinidad and Tobago has no opportunity to specialise in PC at any local higher education institution. Individuals with PC qualifications have earned them through recognised international agencies or organisations. Despite this Specialized expertise, many professionals in the PC field do not receive additional compensation for their vital contributions. LivHealth offers two residency slots over three years for informal training in community PC, led by a Palliative and Hospice Consultant. This training covers all the international PC curricula of formal residencies and fellowships. Yet, it is not formally recognised since PC is not a national specialty, and there are no national training opportunities for physicians and nurses. This highlights the need for local institutions to offer formal PC specialization programs and appropriate compensation for professionals to ensure comprehensive and accessible PC services in the country.

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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.

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.

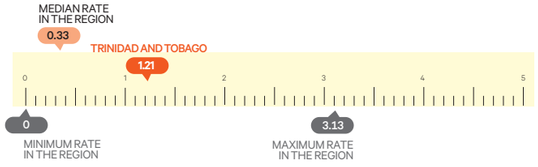
13.5. Total number of Specialized PC services or teams in the country.

16

SPECIALIZED PALLIATIVE CARE SERVICES

In Trinidad and Tobago, public PC services are delivered through Regional Health Authorities (RHAs) and NGOs. The Eastern RHA offers home-based and telehealth oncology/PC services (2 services). The North Central RHA manages five services at the Caura PC Unit, founded in 2014 by the Palliative Care Society of Trinidad and Tobago, including adult inpatient, outpatient, and telehealth care, plus pediatric hospital consults and telehealth. The South West RHA oversees the Cancer Centre South, recently opened, providing adult inpatient, outpatient, and telehealth services (3 services). NGO-run inpatient services include Vitas House Hospice (Trinidad and Tobago Cancer Society) and Living Water Hospice and Mercy Home (Living Water Community), now outsourced to LivHealth. LivHealth also offers private community-based PC, telehealth, and hospital consultations (3 services), filling critical gaps in access to care.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



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.

2

Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

14.2. Number of pediatric Specialized PC services or teams in the country.

1

PPC TEAMS

There is one Pediatric PC consultant in the country, Dr. Elizabeth Persad, since 2022. She does not have a specialized team attached but draws on staff from the adult PC staff to assist in her work. Services provided include an in-person consulting service at hospitals within the North Central Regional Health Authority, telehealth support for outpatients, and consulting advice to other colleagues and services across the country. Despite not having a dedicated team, a high level of care is provided for complex cases in the hospital, in ambulatory care, and at home, inclusive of complex symptom management using infusions at the end of life.