BARBADOS HEALTH REPORT 2024

Prepared by the:

Planning & Research Unit

Ministry of Health & Wellness Barbados

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ACKNOWLEDGEMENTS

The Barbados Health Report 2024 has been compiled by the Planning and Research Unit, Ministry of Health and Wellness (MHW). We gratefully acknowledge the invaluable assistance of the many professionals who contributed to the preparation of this report. These include the Senior Medical Officers of Health; the Chief and Deputy Chief Environmental Health Officers; the Senior Health Promotion Officer; the Director of the Barbados Drug Service (BDS); and the Executive Chairman and Management Team of the Queen Elizabeth Hospital (QEH).

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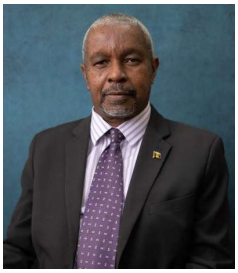
We sincerely thank our many partners in non-governmental organisations (NGOs) and the private sector for their collaboration and support. Finally, we extend our gratitude to all staff of the MHW for their technical expertise and guidance, which ensured the successful completion of this report.



Foreword

As Chief Medical Officer, it is my privilege to present the Barbados Health Report 2024, prepared by the Ministry of Health and Wellness (MHW). This annual publication provides a comprehensive review of the health status of our nation for the year 2024. It is intended to serve as both an informative reference for policymakers, healthcare practitioners, and partners, and as a valuable resource for the Barbadian public.

The report provides an analysis of key health indicators, including maternal and child health, communicable and non-communicable diseases, mental health, and wider determinants of health such as nutrition, physical activity, and the environment. These indicators allow us to assess the progress we have made, while also identifying areas that require targeted interventions to improve health outcomes.

The Ministry of Health and Wellness remains committed to advancing a healthcare system that emphasises prevention, wellness, and sustainable behaviour change. The Barbados Health Report 2024 is therefore designed not only as a snapshot of the current health landscape but also as a strategic tool to support evidence-based decision-making and guide future health policies.

I wish to extend my gratitude to the many healthcare professionals, public and private sector partners, non-governmental organisations, and members of the wider community whose contributions and commitment have made this report possible. Together, through collaboration and shared responsibility, we can continue to build a healthier Barbados.

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Acronyms and Abbreviations

AA-HA	Adolescent Action for the Health of Adolescents
ACEP	Alternative Care of the Elderly Programme
ACGDC	The Albert Cecil Graham Development Centre
AED	Accident and Emergency Department
AIDS	Acquired Immune Deficiency Syndrome
ARB	Angiotensin II Receptor Blockers
ART	Antiretroviral Therapy
BCC	Barbados Community College
BDS	Barbados Drug Service
BDSPHL	Best-dos Santos Public Health Laboratory
BFPA	Barbados Family Planning Association
BIBA	Barbados International Business Association
BNR	Barbados National Registry
BWA	Barbados Water Authority
CARPA	Caribbean Public Health Agency
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
CNO	Community Nutrition Officer
CT	Chlamydia
CVD	Cardio Vascular Disease
DTHSSC	David Thompson Health & Social Services Centre
EMTCT	Elimination of the Mother-to-Child Transmission
ENT	Ear Nose and Throat
GDP	Gross Domestic Product
GH	Geriatric Hospital
GIS	Geographical Information System
H1N1	Influenza Swine Flu/ Hemagglutinin 1 Neuraminidase 1
HCTZ	hydrochlorothiazide
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
IAEA	International Atomic Energy Agency
ICU	Intensive Care Unit
IMR	Infant Mortality Rate
LRU	Ladymeade Reference Unit
MAFS	Ministry of Agriculture and Food Security
MHW	Ministry of Health and Wellness
MMR1	Measles, Mumps, Rubella Vaccine
MSM	Men who have Sex with Men
NCD	Non-Communicable Diseases
NG	Gonorrhoea
NGO	Non-Governmental Organization
NNC	National Nutrition Centre
PAHO	Pan American Health Organization
PH	Psychiatric Hospital
PLHIV	Persons living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPP	Private Participating Pharmacies
QEH	Queen Elizabeth Hospital
SPDH	St. Philip District Hospital
SSB	Sugar-Sweetened Beverages
STI	Sexually Transmitted Infection
TB	Tuberculosis
THE	Total Health Expenditure
TLC	Transplant Links Community
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
USAID	United States Agency for International Development
UWI	University of the West Indies
WHO	World Health Organization
WSPC	Winston Scott Polyclinic

INTRODUCTION

To achieve Universal Health Coverage (UHC), health services must be available, affordable, comprehensive, and of high quality. Barbados has reaffirmed its commitment to the World Health Organization's goal of achieving UHC, ensuring that every resident has equitable access to essential health services without financial hardship. Despite ongoing global and domestic

challenges, the Ministry of Health and Wellness (MHW) remains steadfast in its mission to "ensure healthy lives and promote well-being for all at all ages."

Healthcare in Barbados is free at the point of delivery and financed through the government's consolidated fund. This publicly funded model continues to support the development of the nation's human capital, reflected in strong health indicators such as high life expectancy, excellent maternal and child survival rates, declining infectious disease burdens, broad access to essential medicines, and trained midwives and doctors present at every delivery.

The MHW has also upheld its commitment to protecting the health of migrants, aligning with regional and international agreements. Medical services are provided to all residents and non-nationals in genuine emergencies, for prenatal care, immunisation, public health interventions, and STI/HIV treatment. The Medical Aid Scheme further ensures access to medical services not available locally.

The year began with an emphasis on public education and community engagement. In February, the Ministry led a health awareness drive at Agrofest, where thousands of visitors benefitted from information on dengue prevention, food safety and hand hygiene in an interactive and family-friendly setting. This laid the groundwork for even broader public involvement on World Health Day in April, when a national Wellness Fair brought together health professionals, schools, families and volunteers. Free screenings were offered for vision, blood pressure, prostate and breast health, alongside immunisation services for children and fitness and healthy cooking demonstrations for all ages. These events served not only to promote early detection but also to empower Barbadians with practical tools for healthier living.

A major highlight of 2024 was the launch of a mobile clinic initiative to bring essential services directly into communities. The service became operational by March, with fourteen outreach clinics delivering immunisations, health checks and wellness counselling to hundreds of Barbadians in its first month. These mobile clinics reduced barriers to care, especially for families with young children, and provided a trusted local presence for education, screening and referral. Their impact has been felt both in improved vaccine uptake and in early identification of health concerns that might otherwise have gone unaddressed.

The Ministry also advanced its long-standing commitment to combatting non-communicable diseases. With NCDs remaining the leading cause of morbidity and mortality in Barbados, a comprehensive strategic plan for 2024 to 2030 was rolled out to drive decisive action. The plan targets modifiable risk factors such as poor diet, physical inactivity and harmful substance use, while also strengthening support for those already living with chronic conditions. The aim is to reduce new cases by half, a target that is very ambitious, and will be pursued through improved health education, healthier school and workplace environments, stronger self-management tools and expanded screening opportunities. Development of a National Nutrition Policy also began in 2024 to complement this strategy by encouraging sustainable lifestyle changes and ensuring healthier food options are accessible and affordable.

Mental health received unprecedented attention during the year. Recognising the profound social and economic effects of untreated mental illness, the Ministry launched a dedicated mental health hotline, “Lifeline Barbados” to provide timely, confidential emotional support and crisis intervention services. The hotline operates on a 24-hour basis, including holidays. Alongside this initiative, the Ministry collaborated with the Ministry of Education to deliver mental health literacy workshops in schools and among teachers. These sessions have helped to reduce stigma, build awareness of early warning signs, and ensure that young people, parents and educators are better equipped to respond to emotional and psychological challenges. By promoting understanding and timely intervention, these measures mark an important shift towards treating mental health as an integral part of overall well-being.

Climate resilience remained a priority in 2024, reflecting the reality that health systems must be prepared to respond to environmental change and extreme weather events. Barbados advanced work on water safety and food safety plans as part of a broader approach to safeguard public health against climate-related threats. By integrating these measures into a One Health framework, the country is ensuring that environmental, agricultural and human health systems work together to mitigate risks and protect vulnerable populations.

System strengthening was another key achievement. Investments continued in upgrading primary care facilities and enhancing diagnostic and laboratory services. A significant milestone was the formal recognition of the Best-Dos Santos Public Health Laboratory as a World Health

Organization National Influenza Centre, cementing its role as a regional hub for surveillance, research and early warning systems. These developments improve the nation's ability to monitor disease trends, identify emerging threats quickly and mount effective responses.

The progress made in 2024 was driven by the combined efforts of many partners, including government bodies, non-governmental organisations and international allies. Support from organisations such as the Pan American Health Organization, Caribbean Public Health Agency, and the World Health Organization brought vital technical guidance, funding and resources that were key to delivering health programmes successfully.

HEALTH IN THE CONTEXT OF DEVELOPMENT

Economic Determinants

The economic environment in which the health system operates provides important context for understanding developments in 2024. Barbados, classified as a high-income country, has a service-based economy in which tourism continues to play a central role. Between 2022 and 2024, the country experienced steady economic and social change. Real GDP growth rose to 16.3 per cent in 2022 as the economy rebounded from the pandemic, slowed to 4.2 per cent in 2023, and was estimated at around 4.0 per cent in 2024 as shown in Table 1.

Inflation fell steadily, from 4.3 per cent in 2022 to 3.2 per cent in 2023, before reaching 1.4 per cent in 2024. These trends indicated a reduction in price pressures, with positive effects on the cost of living and household purchasing power. The unemployment rate moved from 8.4 per cent in 2022 to 8.3 per cent in 2023 and declined again to 7.1 per cent in 2024, reflecting gradual improvement in labour market conditions.

Government's health expenditure as a share of total spending was 11.0 per cent in 2022, before declining to 8.0 per cent in 2023 and rising slightly to 8.5 per cent in 2024. This indicator remains an important measure of the government's commitment to health within the broader context of fiscal priorities.

Nominal GDP grew from 12,514.6 million BBD in 2022 to 13,441.5 million BBD in 2023, with an estimated 14,334.5 million BBD in 2024. GDP per capita followed a similar path, rising from 46,582 BBD in 2022 to 50,257 BBD in 2023, and reaching an estimated 54,144 BBD in 2024.

Table 1: Selected Economic and Demographic Indicators, Barbados 2022-2024

Indicator	2022	2023e	2024 e
Real GDP Growth (%)	16.30	4.20	4.00
Inflation (%)	4.30	3.20	1.40
Unemployment (%)	8.40	8.30	7.10
Nominal GDP (BBD million)	12514.60	13441.50	14334.50
Gross International Reserves (Months of Import Cover) %	112.00	109.00	103.00
Health Expenditure (% of Gov. Spending)	11.00	8.00	8.50

Source: Central Bank Annual Report 2024

Demographics

Barbados' total estimated mid-year population declined steadily over the period, falling from 270,594 in 2021 to 268,659 in 2022, and further to 267,456 in 2023 as seen in Table 2. By 2024, the population reached 264,748. Women of reproductive age (15- 44 years) also showed a downward trend, moving from 56,829 in 2021 to 55,789 in 2024.

Live births decreased over the period, from 2,290 in 2021 to 2,154 in 2022. A modest increase to 2,243 births was recorded in 2023, before a further decline to 1,955 in 2024. The birth rate per 1,000 population reflected this pattern, moving from 8.5 in 2021 to 8.0 in 2022, rising again to 8.4 in 2023, and dropping to 7.4 in 2024. Similarly, the fertility rate per 1,000 women aged 15- 44 years declined from 1.3 in 2021 to 1.0 in 2022, rose to 1.2 in 2023, and rose to 1.3 in 2024.

Deaths occurring during the year increased from 3,149 in 2021 to 3,317 in 2022, remained relatively stable at 3,300 in 2023, and then decreased to 2,724 in 2024. The death rate per 1,000 population followed this trend, rising from 11.6 in 2021 to 12.3 in both 2022 and 2023, before falling to 10.3 in 2024.

The stillbirth rate per 1,000 total births moved from 6.1 in 2021 to 6.5 in 2022, peaking at 8.0 in 2023 before falling to 4.5 in 2024. Infant deaths varied, with the infant mortality rate at 10.9 per 1,000 live births in 2021, increasing to 18.1 in 2022, declining sharply to 7.6 in 2023, and rising again to 9.9 in 2024. Neonatal deaths showed a similar fluctuation, with the rate moving from 7.0 in 2021 to 13.5 in 2022, dropping to 6.7 in 2023, and rising again to 8.0 in 2024.

Perinatal deaths increased from 10.9 per 1,000 live births in 2021 to 14.8 in 2022, before declining to 12.9 in 2023 and 10.8 in 2024. Deaths in children under five years also showed changes, with the mortality rate per 1,000 live births moving from 12.2 in 2021 to 19.0 in 2022, dropping to 8.9 in 2023, and rising to 10.4 in 2024.

Maternal deaths remained low throughout the period, with three deaths recorded in 2021 and 2022, increasing slightly to four deaths in 2023, before declining to two in 2024. The maternal death ratio per 100,000 live births increased from 131.0 in 2021 to 139.3 in 2022 and 178.3 in 2023, but then decreased to 99.5 in 2024, marking the lowest level in the four-year period.

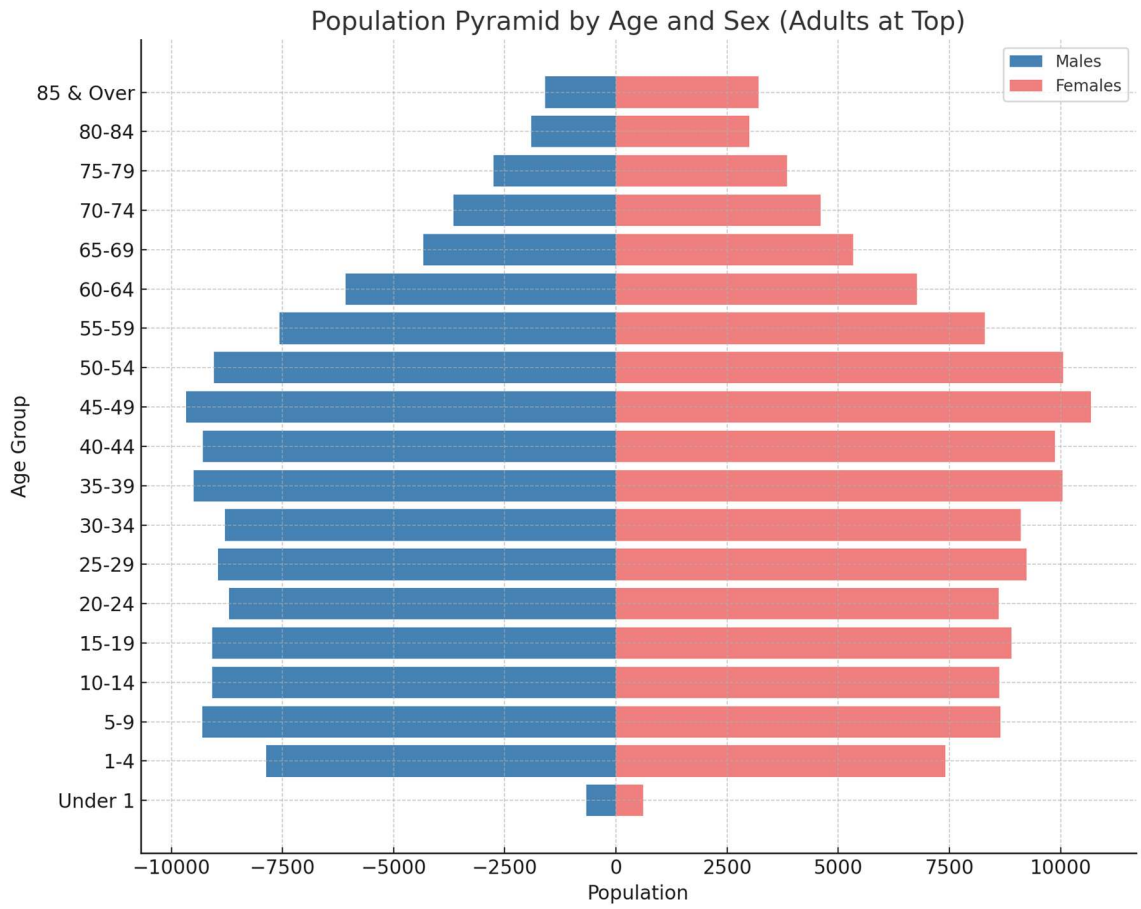
Table 2: Basic demographic information for 2021-2024

Indicators	2021	2022	2023	2024
Total estimated mid-year population (1)	270,594	268,659	267,456	264,748
Population under 1 year	2,208	1,667	2,211	1,273
1 - 4 years	14,653	15,122	15,618	15,272
5 - 14 years	36,347	36,192	35,871	35,664
15 - 19 years	18,333	18,255	18,093	17,989
20 - 44 years	93,895	93,495	92,665	92,136
45 - 64 years	69,480	69,185	68,569	68,178
65 years and over	34,890	34,742	34,429	34,238
Women 15 -44 years	56,829	56,592	56,061	55,789
Live Births	2,290	2,154	2,243	1,955
Birth rate (per 1,000 population)	8.5	8.0	8.4	7.4
Fertility rate (live birth per 1,000 women 15-44 yrs)	1.3	1.0	1.2	1.3
Deaths occurring during the year	3,149	3,317	3,300	2,724
Death rate (per 1,000 population)	11.6	12.3	12.3	10.3
Stillbirths	14	14	16	9
Stillbirth rate (per 1,000 total births)	6.1	6.5	7.1	4.6
Natural increase	-859	-1,163	-1,057	-769
Natural increase rate (per 1,000 population)	-3.2	-4.3	-3.9	-2.9
Infant deaths	25	39	17	20
Infant death rate (per 1,000 live births)	10.9	18.1	7.6	10.2
Perinatal deaths	25	32	29	22
Perinatal death rate (per 1,000 live births)	10.9	14.8	12.9	11.2
Neonatal deaths	16	29	15	16
Neonatal death rate (per 1, 000 live births)	7	13.5	6.7	8.2
Deaths in children 1-4 years	3	1	3	1
Age specific death rate in children 1-4 years (per 1000 population)	0.2	0.1	0.2	0.1
Deaths in children < 5 years	28.0	41	20	21

Age specific mortality rate in children < 5 years (per 1000 population)	**1.6**	**2.4**	**1.1**	**1.3**
Mortality Rate in children < 5 years (per 1000 live births)	**12.2**	**19.0**	**8.9**	**10.7**
Maternal deaths	**3**	**3**	**4**	**2**
Maternal death rate (per 1,000 live births)	**1.3**	**1.4**	**1.7**	**1.0**
Maternal death ratio (per 100,000 live births)	**131.0**	**139.3**	**178.3**	**102.3**

Source: Barbados Statistical Service & Records Department Planning and Research Unit

Figure 1: Barbados population pyramid 2024



Source: Barbados Statistical Service

The 2024 population pyramid of Barbados showed a narrowing base, reflecting low birth rates, and a widening at the older age groups, highlighting the country's ageing population with females outnumbering males in the older age groups as seen in Figure 1.

Table 3: Age and gender population distribution in 2024

5 Year	Sex		
Age-Group	Both Sexes	Males	Females
All Ages	264,748	127,869	136,879
Under 1	1,273	661	612
1 - 4.	15,272	7,869	7,403
5 - 9.	17,962	9,308	8,654
10 - 14.	17,702	9,079	8,623
15 - 19.	17,989	9,086	8,903
20 - 24.	17,320	8,710	8,610
25 - 29.	18,193	8,953	9,240
30 - 34.	17,904	8,796	9,108
35 - 39.	19,552	9,501	10,050
40 - 44.	19,167	9,289	9,878
45 - 49.	20,357	9,673	10,684
50 - 54.	19,104	9,047	10,057
55 - 59.	15,868	7,566	8,301
60 - 64.	12,849	6,081	6,768
65 - 69.	9,668	4,336	5,331
70 - 74.	8,266	3,657	4,609
75 - 79.	6,603	2,752	3,851
80 - 84.	4,903	1,909	2,994
85 & Over	4,798	1,596	3,203

Source: Barbados Statistical Service

The population data for 2024 shows a total estimated mid-year population of 264,748, with females (136,879) outnumbering males (127,869), as shown in Table 3. Among the age groups, persons aged 45–49 years accounted for the largest segment with 20,357 individuals, followed by those aged 35–39 years with 19,552 persons. Approximately 13% of the population is aged 65 years and older. Coupled with a declining birth rate, this indicates a shifting age structure, with a growing proportion of elderly individuals and potential implications for healthcare demand, social services, and workforce sustainability.

The gender distribution showed that females outnumbered males in nearly all age categories. This difference became more pronounced at older ages, reflecting longer female life expectancy and a greater proportion of women surviving into the advanced age groups.

HEALTH CONDITIONS AND TRENDS

Infants and Children (0- 4 years)

In 2024, infants and children under five years represented 6.26 per cent of the total population as seen in Table 3. There were 21 deaths in this age group, comprising 20 infant deaths and one death in children aged 1- 4 years as seen in Table 2. Infant mortality increased slightly, with the rate rising to 9.9 per 1,000 live births compared with 7.6 in 2023. Neonatal mortality stood at 16 deaths (8.0 per 1,000 live births), while perinatal mortality declined to 22 deaths (10.8 per 1,000 births). The age-specific death rate in children aged 1- 4 years remained very low at 0.1 per 1,000 population.

Children (5- 14 years)

Children aged 5-14 years accounted for 13.47 per cent of the population in 2024 as seen in Table 2. Mortality in this group remained low, with four deaths compared to 17 in 2023 as seen in Table 3. These included one death from assault (homicide) and one from malignant neoplasms as seen in Appendix I, Table 43. There were 128 teenage deliveries in 2024 as seen in Appendix II, Table 44, a decrease from 2023 which recorded 157 teenage deliveries. There were 34 teenage abortions reported in 2024 , with 17 recorded in 2023 as seen in Appendix III, Table 46.

Adolescents and Youth (15- 24 years)

Adolescents and young adults aged 15- 24 years represented 13.28 per cent of the population in 2024 as seen in Table 3. There were 22 deaths in this age group, lower than the 30 recorded in 2022 as seen in Appendix I, Table 43. The causes of death included seven deaths from assault, two from motor vehicle accidents, one from drowning, and the remainder from non-communicable diseases such as respiratory and nervous system disorders.

Reproductive health trends showed a decline in both births and terminations. In 2024, there were 562 deliveries to females aged 15- 24 years, down from 649 in 2023 as seen in Appendix II,

Table 45. Of these, 131 births were to teenagers under 20 years, representing 7.2 per cent of all births, a decrease from 157 (7.6 per cent) in 2023. Terminations of pregnancy in this age group also decreased, from 96 in 2023 to 79 in 2024. Among teenagers aged 15- 19 years, terminations increased from 17 in 2023 to 32 in 2024, while among women aged 20- 24 years, they declined to 47, compared with 79 in 2023 as seen in Appendix III, Table 47.

Adults (25–64 years)

Adults aged 25- 64 years represented 52.08 per cent of the total population in 2024 as seen in Table 3. Mortality in this group continues to reflect the burden of non-communicable diseases (NCDs). Among those aged 25- 44 years, there were 139 deaths, including 11 from breast cancer, six from motor vehicle accidents, and 15 from assault. Among those aged 45- 64 years, 479 deaths were reported, with leading causes including 170 from ischaemic heart disease, 218 from cerebrovascular disease, 212 from pulmonary heart disease, 117 from hypertensive disease, and 214 from diabetes mellitus as seen in Appendix 1, Table 43.

Fertility among women aged 15- 44 years decreased, with the total fertility ratio declining to 1.0 live birth per woman in 2024 as seen in Table 2. Reproductive health data also showed a drop in terminations. Women aged 25-29 years continued to account for the highest number of births, with 500 births in 2024 compared with 517 in 2023 as seen in Appendix II, Table 45. Among women aged 30-34 years, births declined from 464 to 398 in 2024, while terminations among those aged 35- 39 years fell to 20 in 2024, compared with 33 in 2023. Nine terminations were reported among women aged 40 years and older, down from 20 in 2023 as seen in Appendix III, Table 47.

Older Adults (65 years and over)

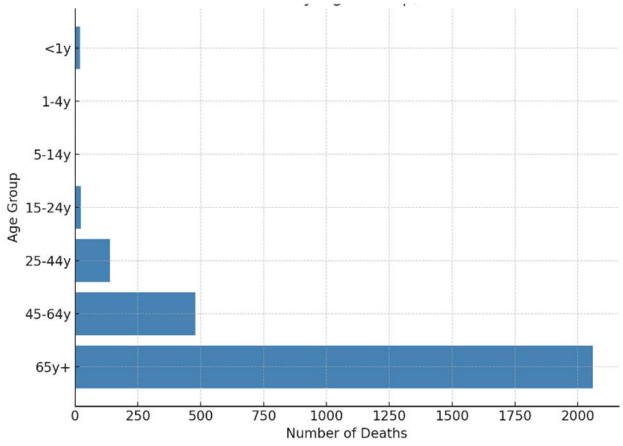
Persons aged 65 years and older represented 12.93 per cent of the population in 2024, as seen in Table III and bore the greatest mortality burden. A total of 2,059 deaths were recorded, down from 2,507 in 2023. The leading causes included 214 deaths from diabetes mellitus, 218 from cerebrovascular disease, 212 from pulmonary heart disease, 170 from ischaemic heart disease,

and 127 from diseases of the urinary system. Cancers were also significant, with 116 deaths from malignant neoplasm of the prostate and 72 from breast cancer. Respiratory diseases contributed substantially, with 180 deaths from acute respiratory infections and 110 from other respiratory conditions as seen in Appendix I, Table 43.

Morbidity data on Non-Communicable Diseases (NCDs) among the 65 and older population at the Queen Elizabeth Hospital showed a general decline from 2020 to 2024 as seen in Appendix IV, Table 48. Diabetes mellitus accounted for the highest burden with 1,569 cases over the five-year period, followed by hypertension with 1,457 cases. Ischaemic heart disease and cerebrovascular disease (stroke) recorded lower totals of 349 and 329 cases respectively. Females consistently outnumbered males in both diabetes and hypertension, while the distribution was more balanced in ischaemic heart disease and stroke.

The majority of deaths in 2024 occurred in the elderly population, with 2,059 deaths (75.6%) recorded among persons 65 years and older as seen in Figure 2. In contrast, children under 5 years accounted for only 21 deaths in total. This age distribution underscores the significant health burden of ageing and chronic diseases in Barbados.

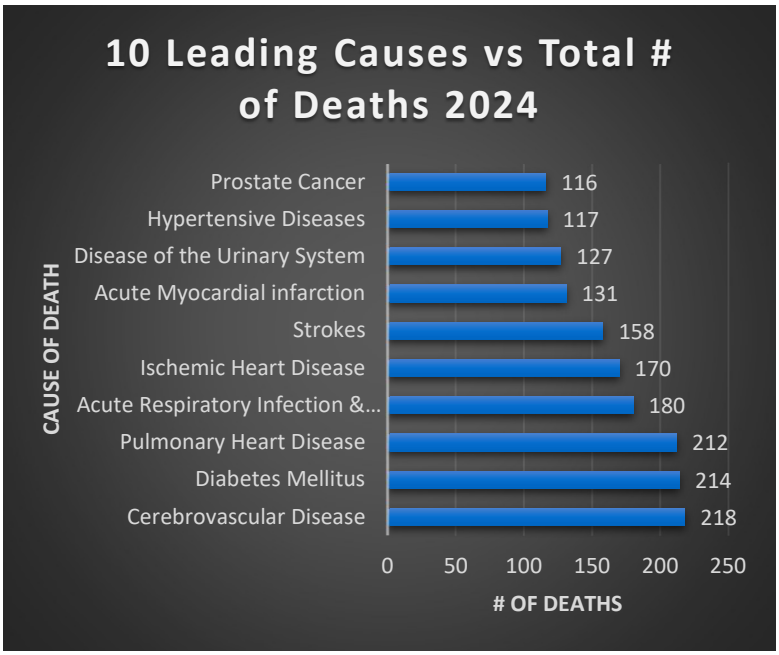
Figure 2: Deaths by Age Group, 2024



In 2024, non-communicable diseases (NCDs) remained the leading causes of mortality, as illustrated in Figure 3. Cerebrovascular diseases (218 deaths), diabetes mellitus (214 deaths), pulmonary heart disease (212 deaths), acute respiratory infections (180 deaths), and ischaemic

heart disease (170 deaths) were the top five causes. Together, these highlight the dual challenge of managing NCDs alongside acute infectious conditions.

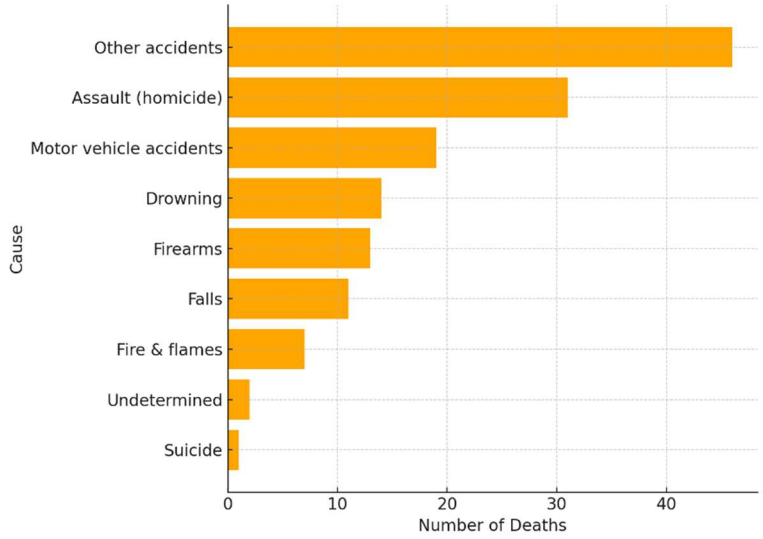
Figure 3: Top 10 Causes of Death, 2024



External Causes of Death

External causes represented a smaller but important proportion of mortality. Assault/homicide (31 deaths), motor vehicle accidents (19 deaths), and other accidents (46 deaths) were the most prominent contributors as seen in Figure 4. Though smaller in scale compared to NCDs, these deaths disproportionately affect younger age groups, reflecting the ongoing impact of violence and injuries on public health.

Figure 4: External Causes of Death, 2024



NCDs accounted for nearly half of all deaths (49%), followed by other causes at 46%, and external causes at 5%. This distribution reaffirms that while trauma and accidents remain a public health concern, the overwhelming driver of mortality continues to be chronic non-communicable conditions.

ORGANISATION AND REGULATION OF THE HEALTH SYSTEM

Health System Organisation

The Ministry of Health and Wellness is the executing agency for the delivery of health care in the public sector. Leadership is provided by the Minister, vested with authority through the Health Services Act Cap 44 of the Laws of Barbados. The Minister has overall responsibility for formulating health policies; setting strategic directions, norms and standards; enforcing regulations and providing leadership for the sector.

The Permanent Secretary is the administrative head of the Ministry, functioning as the Chief Executive and Accounting Officer, and is responsible for the proper functioning of all sections of the Ministry. The Chief Medical Officer (CMO) is responsible for all technical and professional functions of the health sector. In this regard, the CMO has statutory responsibilities,

which are wide-ranging and include oversight of the practice of health care professionals, as well as the standards of clinical practice throughout the sector.

The overarching objectives of the MHW are to promote health, provide comprehensive health care and ensure that environmental concerns are considered in all aspects of national development.

Composition of Health Care Services

The health services are organised into the following programme areas:

- Primary Health Care is delivered from the nine polyclinics and two satellite clinics that are strategically located along the major road networks within each catchment area. Based on the primary health care approach, the polyclinics provide a range of preventive and curative services, these include maternal and child health, immunisation, family planning, dental care, general practice (GP), nutrition counselling and environmental health.
- Acute, Secondary, Tertiary and Emergency Care are delivered at the Queen Elizabeth Hospital (QEH). Additionally, the Medical Aid Scheme facilitates access to services that are not available in the country, and this is facilitated by the QEH.
- Mental Health Care is delivered at the Psychiatric Hospital, the QEH and nine polyclinics provide community mental health services. In addition there is a well established community based programme.
- Care for the Elderly is provided through the Geriatric Hospital (GH) and three District Hospitals that provide long-term in-patient care for the elderly. This care includes the Alternative Care of the Elderly Programme; a partnership arrangement between the MHW and private sector providers of long-term care for the elderly.

- Care for persons with disabilities is provided at the Albert Cecil Graham Development Centre and the Elayne Scantlebury Centre. These facilities offer assessments and rehabilitation services tailored to individuals with disabilities.
- Pharmaceutical Services are provided by the Barbados Drug Service (BDS), which is responsible for the annual production of the Barbados National Drug Formulary, and the procurement and distribution of the drugs listed in the formulary.
- Laboratory Services – provided by the Best Dos Santos Public Health Laboratory (BDSPHL), which officially opened in January 2018. The facility is an amalgamation of the Public Health Laboratory, the Leptospira Laboratory and the Ladymeade Reference Unit (LRU) Laboratory, with bio-safety level three capacity, improved lab safety and the capability for an enhanced range and quality of tests. The period under review saw the BDSPHL enhance its ability in the area of molecular testing.
- Environmental Health Services - The Environmental Health Department's role is to reduce morbidity and mortality of diseases related to the environment. Environmental Health Services are delivered through the Environmental Sanitation Unit, the Animal Control Centre, the Vector Control Unit, and the Polyclinic Environmental Health Department.
- Health Promotion Unit – This programme promotes the adoption of a healthy lifestyle and wellness among the population. The Health Promotion Unit, therefore, functions in a supportive role in the various programmatic areas.

Regulatory Services

The MHW continued to perform the dual role of provider of health care services and regulator of the sector. The Medical Council, the Nursing Council, the Pharmacy Council, the Dental Council and the Paramedical Professional Council were each responsible for setting the standards for professional conduct and registration of physicians, dentists, nurses, pharmacists, and allied health professionals respectively.

During the period, the Drug inspectorate maintained the inspection and licensing programme for pharmacies (public and private) and drug manufacturing plants in keeping with the requirements of the Health Services Act. Similarly, the Environmental Health Officers maintained the inspection and licensing programme for hotels, restaurants, funeral homes, bakeries, supermarkets and hairdressers, in keeping with the requirements set out in the respective regulations of the Health Services Act.

The Advisory and Inspection Committee comprising a Public Health Nurse, an Environmental Health Officer, a Nutrition Officer, and a Drug Inspector was responsible for the inspection, licensing and periodic monitoring of the operations of nursing homes and senior citizens' homes. The Senior Laboratory Technologist similarly headed a team responsible for licensing and providing oversight of the activities of private and public medical laboratories.

The MHW remained focused on creating a transparent and accountable approach to health service delivery, improved health service performance, and enhanced system capacity within the current environment. The Ministry is also committed to improving access to services in line with its health reform agenda.

Health System Strengthening

In 2024, the Ministry of Health and Wellness continued to advance its mission to strengthen the health system and enhance the quality of care available to the people of Barbados. Key areas of focus included prudent financial management, health workforce management and development, planned infrastructure upgrades, and the modernisation of medical equipment and IT equipment. Strategic partnerships, strengthened by continued philanthropic support, were instrumental in driving improvements, resulting in tangible benefits for patients and the broader community.

Health Sector Expenditure

For the 2024–2025 financial year, the Ministry of Health and Wellness was allocated BBD 353.4 million to operate the health sector as seen in Table 4. The distribution of funds reflects shifts in priority areas over the three-year period. Direction and Policy Formulation Services, which rose

to 22.7% of the budget in 2023–2024, declined to 6.9% in 2024–2025. Primary Health Care showed a steady upward trend, increasing from 10% in 2022–2023 to 16.6% in 2024–2025, indicating greater emphasis on preventative care.

Hospital Services, while still the largest expenditure item, fell from 52% in 2022–2023 to 46.6% in 2024–2025. Funding for the Care of the Elderly remained constant at 11%, highlighting stability in this priority. Meanwhile, allocations for the Pharmaceutical Programme (7%) and the HIV/AIDS Prevention and Control Project (2%) were unchanged throughout the period.

Environmental Health Services showed changes, rising to 8% in 2022–2023 before declining to 1% in 2023–2024. Covid-19 related funding, absent in 2023–2024, re-emerged in 2024–2025 at 7.5%, reflecting the ongoing need for pandemic preparedness and response capacity.

Table 4: Ministry of Health and Wellness budgetary allocations for financial periods Actual Expenditure 2022-2023, 2023-2034 and Approved Estimates 2024-2025

Programme Area	2022–2023 Actual (BBD$)	%	2023–2024 Actual (BBD$)	%	2024–2025 Approved (BBD$)	%
Direction & Policy Formulation	20,484,712	5.9%	87,605,247	22.7%	24,217,085	6.9%
Primary Health Care Services	48,083,253	13.7%	50,117,046	13.0%	58,669,535	16.6%
Hospital Services	183,340,358	52.4%	168,592,563	43.6%	164,782,892	46.6%
Care of the Disabled	2,583,356	0.7%	1,269,283	0.3%	3,656,512	1.0%
Pharmaceutical Programme	23,773,269	6.8%	27,490,497	7.1%	24,261,252	6.9%
Care of the Elderly	33,137,594	9.5%	39,083,957	10.1%	39,801,171	11.3%
HIV/AIDS Prevention & Control	4,318,231	1.2%	8,753,361	2.3%	6,544,367	1.9%
Covid-19 Prevention & Control	31,812,348	9.1%	1,997	0.0%	26,343,082	7.5%
Environmental Health Services	2,449,248	0.7%	3,504,405	0.9%	5,147,018	1.5%
Total	**349,982,369**	100%	**386,418,357**	100%	**353,422,914**	100%

Human Resources for Health

Managing healthcare workers is critical to the effective delivery of health services. In Barbados, medical training is primarily provided through the University of the West Indies (UWI) for doctors, while nurses and other allied health professionals are trained at the Barbados Community College (BCC). Statutory councils, such as the Barbados Medical Council, Nursing Council of Barbados, Dental Council, Pharmacy Council, and the Paramedical Professionals Council, oversee professional regulation, ensuring compliance with professional standards.

In September 2024, the Ministry of Health and Wellness (MHW) initiated the preparation of the National Strategic Plan for Nursing, 2025–2035. A committee was established to coordinate this work, with the aim of creating a national framework to strengthen the nursing profession and align it with evolving health priorities and population needs. Additionally, a Nurse Practitioner programme launched in October 2024 with Chamberlain University aims to enhance healthcare delivery by integrating advanced practitioners into primary and tertiary care.

Current workforce densities, as seen in Table 5, show significant variation across professions. Doctors are available at a ratio of 25.57 per 10,000 population, equating to approximately one doctor for every 391 people. Nurses represent the largest cadre, with 111.54 per 10,000 population, or 1 nurse per 90 people. Other professions are more limited: psychologists (2.34 per 10,000), physiotherapists (2.27 per 10,000), and pharmacists (11.86 per 10,000). Some specialised groups are critically scarce, with occupational therapists at only 0.60 per 10,000 (around 16,547 people per therapist), dietitians at one per 66,187 people, and dental technicians at one per 52,950. These figures highlight significant imbalances and gaps in the availability of specialised health professionals. Also, the need to have developmental training for allied health professionals.

Table 5: Human Resources for 2024

Category	Number of Workers	Density per 10,000	Population per Worker
Doctors	677	25.57	391.06
Nurses	2953	111.54	89.65
Psychologists	62	2.34	4270.13
Occupational Therapist	16	0.6	16546.75
Dental Technician	5	0.19	52949.6
Dental Practitioner	86	3.25	3078.47
Dental Hygienists	20	0.76	13237.4
Diagnostic Radiographers	37	1.4	7155.35
Dietitian	4	0.15	66187
Nutritionist	9	0.34	29416.44
Paramedics	18	0.68	14708.22
Emergency Medical Technician	91	3.44	2909.32
Medical laboratory Technologist	96	3.63	2757.79
Environmental Health Assistant	63	2.38	4202.35
Environmental Health Officer	63	2.38	4202.35
Pharmacists	314	11.86	843.15
Physiotherapists	60	2.27	4412.47
Speech and Language therapists	9	0.34	29416.44
Optometrists	20	0.76	13237.4

Additionally, in collaboration with the Pan American Health Organization, the MHW conducted a Health Labour Market Analysis in 2024. Preliminary findings indicated that, current non-financial incentives for healthcare workers in Barbados are broadly comparable to those offered

across the region. The analysis further noted that salaries for Ministry of Health and Wellness staff are aligned with those in other local sectors.

Infrastructure Upgrades

Queen Elizabeth Hospital

The wider hospital modernisation programme advanced in 2024, with plans announced to refurbish all 24 wards. Upgrades prioritise fire safety, installation of medical gas at every bedside, improved ward layouts for greater efficiency, and the replacement of porous materials with durable finishes such as stainless steel. Work also began on the installation of a 500-kW solar photovoltaic system, expected to reduce electricity costs by about BDS 30,000 per month.

The hospital also advanced a large-scale digital transformation programme valued at $130 million. This aimed to transition fully to electronic medical records, expand telehealth, enhance data security, and provide patients with access to test results via mobile devices.

Additionally, the Government of Barbados secured funding from the European Investment Bank for the financing of interventions aimed at strengthening health emergency response. The Project was executed over a 3-year period, which commenced on June 14, 2021, and expired on June 14, 2024. The Government of Barbados requested the project to be extended for an additional three years to support the implementation of four projects at the Queen Elizabeth Hospital (QEH). UNOPS is the procurement and project management agency.

The four projects identified for funding under the EIB Loan Contract include:

1. Identification of a Waste Management Solution for the QEH;
2. Refurbishment of the Carpenter's Workshop and the Morgue Ventilation & Extraction System, inclusive of negative pressure for the autopsy area;
3. Procurement of general surgical and other equipment for the Lions' Eye Care Centre; and
4. Procurement of IT equipment for the QEH Health Information System.

Other Health Facilities Upgrades

In 2024, the Technical Management Services (TMS) Department undertook a number of key infrastructure upgrades across health facilities to enhance service delivery and improve working conditions for staff. These works included:

- Renovations and additional construction to facilitate the reopening of the Pharmacy Department at the St. Philip District Hospital.
- Construction of staff quarters at the St. Lucy District Hospital.
- Renovation and reopening of the Laundry Department at the St. Philip District Hospital.
- Upgrading of backup fuel storage capacity across three institutions through the installation of new fuel storage tanks for generators.
- Renovation and reopening of Dental Departments at the St. Philip Polyclinic and the Eunice Gibson Polyclinic.
- Installation of a fresh air intake system at the Branford Taitt Polyclinic.
- Renovations to the St. Thomas Out-patient Clinic

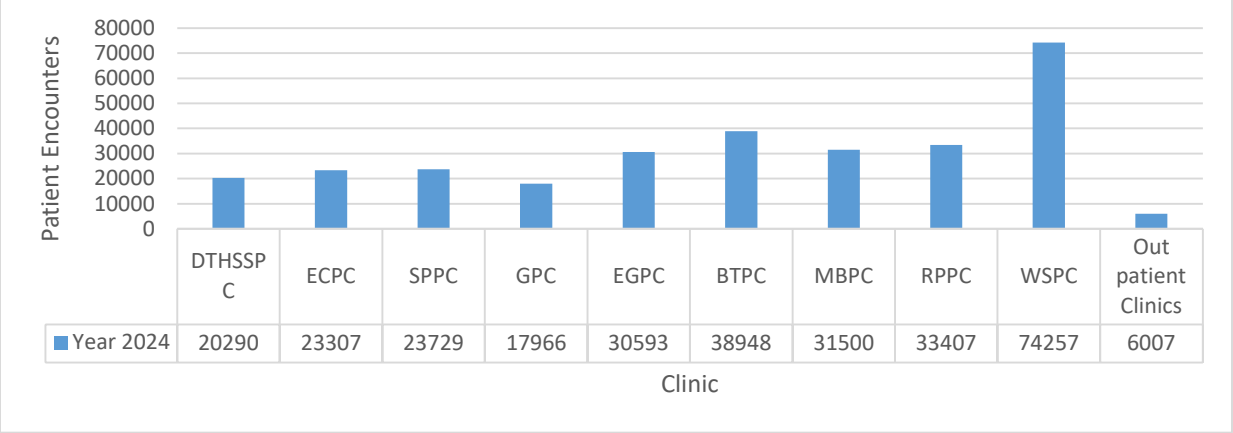
COVERAGE AND PERFORMANCE OF HEALTH SERVICES

Primary Care Services (Polyclinics)

Family Health

The public of Barbados may access primary health care services across the island at nine polyclinics and two satellite clinics. These clinics serviced over 300,000 encounters (visits) for the year 2024.

Figure 5: Patient encounters by clinic



As shown in Figure 5, the majority of patient encounters occurred at the Winston Scott Polyclinic, which operates a 24-hour service. The 24-Hour Clinic accounted for 49% (36,280) of the patient encounters at the WSPC. The Branford Taitt Polyclinic recorded the second-highest number of encounters, followed by the Randal Phillips Polyclinic. Together, these facilities offered a wide range of services, including general practice, reproductive and child health, wound care, women's health, podiatry, physiotherapy, dental care, and nutrition counselling.

The General Practice (GP) service remained a cornerstone of care, managing patients with non-communicable diseases (NCDs) while also addressing routine needs such as the issuing of back-to-school certificates. Demand continued to rise for Community Mental Health, Speech Therapy, and Physiotherapy services, reflecting growing community health needs. Conversely, dental health services remained the most affected, with persistent challenges in meeting patient demand.

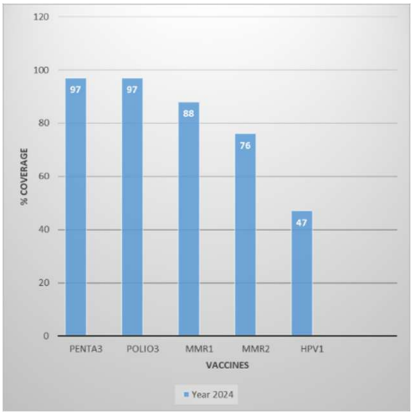
In 2024, access to School Eye Clinic Services was expanded beyond the Winston Scott Polyclinic to include three additional sites, Branford Taitt, Eunice Gibson, and Randal Phillips Polyclinics. This initiative reflects the Ministry's commitment to screening and early detection as key strategies for timely health interventions. This Eye Screening Service currently targets children ages 3-5 years, prior to school entry and ages 10-12 years as they transition to secondary school. The School Eye Clinic Programme recorded 3,511 visits in 2024, combining both new (1,310) and returning (2,201) patients. Attendance peaked in February with 402 cases, while September had

the lowest at 183 cases, reflecting variations in demand across the school year as shown in Appendix V, Table 49.

Expanded Programme on Immunisation

The MHW continued to offer immunisations against vaccine-preventable diseases to both children and adults in Barbados. No confirmed cases of measles, mumps, rubella, polio, tetanus or pertussis were recorded for 2024.

Figure 6: Vaccine Coverage 2024



Penta – diphtheria, tetanus, pertussis, hepatitis B, haemophilus influenza type B; MMR – measles, mumps, rubella

As shown in Figure 6, the vaccine coverage of primary vaccines in 2024 ranged between 76 to 97 percent showing some improvement in achieving the required 95% coverage target. The vaccination coverage in 2024 can be described as dichotomous since for Polio3 and Penta3 there was marked improvement and continued reversal of the declining trend that was seen from 2019 through 2021, with a coverage of 97% surpassing the 95% target, however, for MMR1 and MMR2 the coverages remain below the 95% target.

A change in guidance and a new policy for Human Papillomavirus (HPV) was approved on November 7, 2022, for a one-dose administration only being required for the 11+ cohort. However, the coverage in 2024 of the first dose of the HPV vaccine was similar to the coverage in 2022 and 2023 at 47%.

Measles

In 2024, coverage for MMR1 was 88% and MMR2 dropped to 76%. As seen in previous years, the second MMR dose never reached the required 95% coverage. At this age, children are away from home at pre-school and school, and most mothers are back to work, making immunisation activities less convenient for parents than it was in the child's first year of life. This has led to a number of children defaulting from this vaccine. The 2023 and 2024 coverages for MMR1 and MMR2 were comparable, and the ongoing challenges to routine immunisation programmes resulting from the effects of the COVID-19 pandemic remain relevant.

The Region of the Americas lost its measles free certification in 2018 due to the circulation of measles in Venezuela. Barbados still holds its accreditation as a measles-free country and has ensured the sustainability of this certification by implementing interventions to:

1. Maintain high quality, elimination-standard surveillance and ensure timely and effective outbreak response measures to any measles or rubella virus importation.
2. Achieve high population immunisation coverage against measles and rubella (>95%) in all districts.
3. Improve the quality of vaccination data collection and analysis.

Oral Health

In 2024, 4,025 children aged 4 to 18 accessed services, as outlined in Table 6. Among these visits, there were 774 extractions and 1841 fillings, with temporary, amalgam, composite and glass ionomer materials used to depend on the treatment needs. Preventive maintenance remained a priority, evidenced by 2,234 scaling and fluoride treatments and 171 sealants applied to help protect teeth from decay. Treatment completion for children reached 1,359 cases, reflecting a strong emphasis on ensuring continuity of care and follow-up.

Adult services also remained active, with 2,459 patients seen during the year. Extractions accounted for 2,345 cases and there were 271 restorative or other treatments, including root canal procedures and emergency visits. These numbers reflect a continued demand for dental services

among adults, particularly for urgent care and tooth removal, while also highlighting the need for further focus on preventive approaches to reduce the burden of disease.

Table 6: Summary of Dental Services for 2024

	Children Under 18 Years			Adults 18+		
	Attendance	**Extractions**	**Total Fillings**	**Attendance**	**Extractions**	**RX**
Jan	371	43	162	276	273	31
Feb	316	60	131	319	324	36
Mar	374	65	161	172	135	25
April	324	67	129	223	211	19
May	466	82	202	241	236	30
June	309	97	158	183	163	28
July	363	96	163	239	226	33
Aug	336	67	177	191	168	24
Sep	370	78	158	165	178	13
Oct	390	59	211	222	237	13
Nov	348	39	147	181	159	17
Dec	58	21	42	47	35	2
TOTAL	**4025**	**774**	**1841**	**2459**	**2345**	**271**

Mobile Clinic

The mobile clinic offered screening programmes and services at both community-based venues and corporate businesses island wide. The following statistical summary outlines utilisation patterns by gender, age group, visit type, and percentage distribution.

Table 7: Mobile Clinic Statistics for July - December 2024

Visits By Age and Gender	%	<5	<15	<20	<35	<45	<65	65 and over	TOTAL
%		0	0	0.82	17.22	20.69	47.19	14.07	
Male	**42.02**	**0**	**0**	**9**	**93**	**121**	**318**	**125**	**666**
n1: First Ever Visit	95.95	0	0	9	90	116	301	123	639
n2: First Visit This Year	0.15	0	0	0	0	0	1	0	1
r: Repeat Visit	3.9	0	0	0	3	5	16	2	26
Female	**57.98**	**0**	**0**	**4**	**180**	**207**	**430**	**98**	**919**
n1: First Ever Visit	95.87	0	0	4	173	198	410	96	881
n2: First Visit This Year	0	0	0	0	0	0	0	0	0
r: Repeat Visit	4.13	0	0	0	7	9	20	2	38
TOTAL	**100**	**0**	**0**	**13**	**273**	**328**	**748**	**223**	**1585**

Between July and December 2024, the Mobile Clinic recorded 1,585 visits, with females representing the majority at 919 visits (58%) and males accounting for 666 visits (42%) as seen in Table 7. Among males, most attendees were under 65 years, with 318 (48%) in this category, while 125 (19%) were over 65 years. Smaller proportions included 121 (18%) under 45 years, 93 (14%) under 35 years, and 9 (1%) under 20 years. The vast majority of male visits (96%) were first-time consultations, while only 4% were repeat visits. Female attendance reflected similar trends. Nearly half of all female visitors, 430 (47%), were under 65 years, followed by 207 (23%) under 45 years, and 180 (20%) under 35 years. A total of 98 (11%) were aged over 65, and only 4 (0.4%) were under 20. Like the male group, most female visits were first-time consultations (96%), while repeat visits accounted for just 4%.

Screening Examinations

During the period of July 1, 2024- December 2024, there were 495 female breast examinations conducted as well as one male breast examination as seen in Table 8. There were 350 Prostate Specific Antigen (PSA) tests done. There were 695 Human Immunodeficiency Virus (HIV) tests completed. Of that amount, 286 were males and 409 were females. There were 696 Venereal Disease Research Laboratory (VDRL) tests conducted. Of that amount, 292 were males and 404 were females. Overall, 862 tests were performed, including routine bloods, cholesterol, and HbA1c. Of these, 364 were conducted for males and 498 for females. Please see the table below

which represents the percentage of screening conducted, derived from the overall attendance of both males and females, which were 666 and 919 respectively.

Table 8: Mobile Clinic Service July- December 2024

Services	Breast Exams	PSA	HIV Test	VDRL	Special Investigations	Totals:
Males	1	350	286	292	364	1293
Females	495	-	409	404	498	1806
Totals:	496	350	695	696	862	3099

Nutrition

During the 2024 calendar year, the National Nutrition Centre (NNC) provided nutrition services at nine (9) polyclinics and the surrounding catchment areas. Technical support continued to be provided to the District Hospitals, School Meals Department, Ministry of Education Technological and Vocational Training (METVT), Barbados Prison Service, and Government Industrial Schools.

Nutrition Counselling

Community Nutrition Officers provided nutrition counselling services within the polyclinics during the reporting period. Nutrition counselling services for the year totalled two thousand, two hundred and thirty-two (2232). Table 9 below provides a breakdown of these services.

Table 9: Nutrition Counselling Services

Disease/Condition	Total

DM	246
DM/HTN	129
DM/HTN/HCL	95
DM/Obese/OWT	65
DM/HTN/Obese	124
DM/Obese/HCL	35
DM/HTN/Obese/HCL	136
DM/HCL	56
HTN	89
HTN/HCL	116
HTN/HCL/Obese	114
HTN/Obese/OWT	108
HCL	82
HCL/Obese	43
Obese/OWT	152
Other	497
0 – 5 years Underweight	66
0 – 5 years Obese/OWT	15
0 – 5 years Other	7
5 – 19 years Underweight	14
5 – 19 Obese/OWT	36
5-19 Other	7
Total	2232

Key:

DM	**Diabetes Mellitus**
HTN	**Hypertension**
HCL	**Hypercholesterolemia**
OWT	**Overweight**

Nutrition Policy and Legislation

During the year, the National Nutrition Centre continued work towards the development of a National Nutrition Policy. In addition to such, the department supported the Ministry of Education Technological and Vocational Training with initiatives directed at the implementation of the Barbados School Nutrition Policy. Technical support was also provided for legislation directed at the elimination of industrially produced trans-fatty acids; sugar sweetened beverage taxation, front-of-package labelling, and the Barbados STOP Obesity Acceleration Roadmap.

The National Nutrition Centre facilitated over one hundred outreach and capacity building activities. These included technical support for health-related initiatives such as health fairs, and nutrition presentations. The National Nutrition Centre facilitated students in obtaining nutrition-related professional experience, and mentorship opportunities. This was provided for students from the University of the West Indies, University of the Southern Caribbean, and McGill University.

During the 2024 calendar year, the National Nutrition Centre provided nutrition services within the polyclinic setting and offered technical nutrition support to several agencies. Plans are currently directed at strengthening current programming, re-establishing the 0-5 nutrition surveillance programme, and supporting policy and legislative initiatives directed at enhancing the public's access to nutritious food.

Non-Communicable Diseases

Non-Communicable Diseases dominated the national health landscape, driving eight of the ten leading causes of death and underscoring the urgent need for sustained prevention and control measures. The Ministry of Health and Wellness (MHW) maintained a strategic focus on reducing modifiable risk factors such as poor diet, physical inactivity, tobacco use, and harmful alcohol consumption. Progress was achieved through strengthened policy, expanded community programmes, and enhanced surveillance data from the Barbados National Registry (BNR).

Policy and Institutional Actions

The NCD Unit played a central role in advancing a whole-of-society response. Key developments included:

- Ongoing implementation of the Barbados School Nutrition Policy to combat childhood obesity.
- Expansion of the National NCD Commission's activities under the theme "A Healthier Barbados, A Healthier Me," with increased media engagement, influencer partnerships, and workplace wellness initiatives.

- Continued emphasis on multi-sectoral collaboration across health, education, economics, and legislation.
- In 2024, progress was made on regulations to eliminate trans-fats from the national food supply by the end of 2025.

Community Engagement and Campaigns

- Trans Fats Communication Campaign (May–July 2024): Social media, radio, and television outreach highlighted health risks and alternatives, supported by four NCD Champions (influencers).
- National Forum for NGOs on NCDs: Strengthened stakeholder alignment under the National NCD Strategic Plan 2023–2028.
- National Sneaker Day (27 September 2024): 71 organisations, nine schools, and 32 individuals participated, addressing low physical activity levels (90% of women and 60% of men not meeting recommendations).
- Get Fit Friday 2.0 Crop-Over Edition: Integrated cultural activities with wellness promotion.

National NCD Commission Activities

The National NCD Commission (NNCDC) increased its visibility under the theme *"A Healthier Barbados, A Healthier Me"* through a series of public awareness and capacity-building initiatives:

- Polo Shirt Design Competition engaging 40 students, with a prize-giving ceremony scheduled for June 2024.
- Launch of the Trans Fats Communication Campaign (May–July 2024), using social media, radio, and television to highlight the dangers of trans fatty acids and promote healthier alternatives.
- Engagement of four NCD Champions (influencers) from May 2024 to amplify campaign messaging, which boosted social media growth and engagement.

- Media and NCD Health Sensitisation Workshop held in May 2024 with 72% media participation, covering interpretation of statistics, human rights in prevention, and workplace wellness.
- Insertion of NCD narratives into existing radio, television, and digital/print media throughout May 2024.
- Hosting of the inaugural National Forum for NGOs on NCDs under the theme *"Building Blocks for Better Barbados"*, aligning stakeholder actions with the National NCD Strategic Plan 2023–2028.
- Delivery of the *Sagicor in the Community* initiative, which provided NCD screenings (cholesterol, blood pressure, BMI, weight) and HIV/STI testing, supported by Public Health Nurses, the Surveillance Team, and the National Nutrition Centre.

Surveillance Data published in 2024: Cardiovascular Disease and Cancer

The Barbados National Registry (BNR) continued to monitor cardiovascular disease and cancer trends.

Heart Attacks (AMI)

In 2022, Barbados recorded 556 cases of acute myocardial infarction (AMI). Of these, 201 resulted in hospital admissions, a figure that remained below pre-pandemic levels. Hypertension (65%) and diabetes (47%) were the most common risk factors identified among patients. At discharge, 96% of individuals were prescribed aspirin, reflecting adherence to clinical guidelines, though statin prescriptions fell to 73%, signalling a decline in optimal secondary prevention measures.

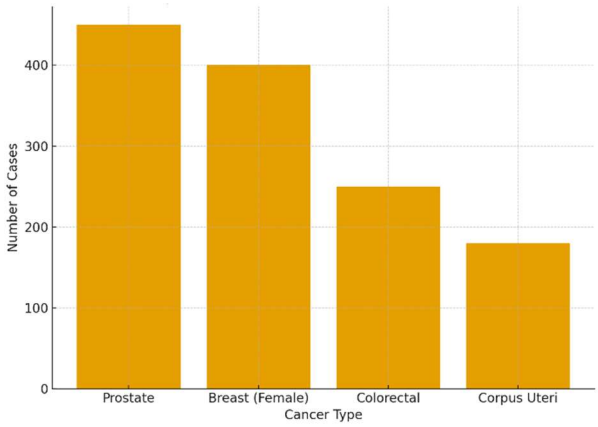
Strokes

In 2022, a total of 765 strokes were recorded in Barbados, marking a return to pre-pandemic levels. More than 80% of these were classified as ischaemic strokes. Hypertension (73%) and diabetes (36%) were the most common risk factors among patients. Encouragingly, the 28-day case fatality rate declined from 28% in 2021 to 22% in 2022, suggesting some improvement in acute stroke management and survival outcomes.

Cancers

The analysis of cancer trends in Barbados over the past eight years confirmed that prostate, female breast, colorectal, and corpus uteri cancers consistently accounted for the largest share of diagnoses, as shown in Figure 7. Prostate cancer remained the leading cancer among men, with the highest concentration of cases occurring in the 65- 69 age group. Female breast cancer was the most common cancer among women, with incidence rising steadily with age and peaking in older age groups. Colorectal cancer affected both men and women and has remained the third most common cancer overall, though in 2020 female cases briefly surpassed those of men. Corpus uteri cancer, while lower in absolute numbers, persisted as the fourth leading cancer among women, demonstrating a stable burden on the health system.

Figure 7:Top Four Cancers in Barbados



Barbados Diabetes Foundation Polyclinic Patient Activity (January- December 2024)

Barbados Diabetes Foundation continued its wider mandate through the Maria Holder Diabetes Centre for the Caribbean. The Centre is dedicated to the prevention, management, and education of diabetes within the Barbadian community. It provided medical care, nutritional counselling, and lifestyle management programmes aimed at improving the quality of life for individuals living with diabetes.

In 2024, a total of 2,625 public patients were seen at the Barbados Diabetes Foundation Polyclinic. Monthly attendance ranged between 189 and 246, with the highest recorded in September (246)

and the lowest in December (189) as seen in Table 10. Referrals for the year totalled 378, consisting of 307 new referrals and 71 re-referrals. New referrals accounted for the majority of cases while re-referrals reflected ongoing patient management.

Referral activity was most evident in the middle of the year. July recorded the highest number with 51 referrals, including 45 new patients. May followed with 45 referrals, of which 40 were new cases. April and June each recorded 10 re-referrals, showing steady follow-up activity. The lowest referral numbers were recorded in October (24) and November (18).

Table 10: Polyclinic Patient Activity: Barbados Diabetes Foundation, 2024

Month	Public Patients	Total Referrals	Re-referrals	New Referrals
January	206	29	3	26
February	196	27	3	24
March	214	33	3	30
April	225	29	10	19
May	223	45	5	40
June	204	36	10	26
July	217	51	6	45
August	242	32	6	26
September	246	32	8	24
October	237	24	4	20
November	206	18	6	12
December	189	22	7	15
Total	**2,625**	**378**	**71**	**307**

Health Promotion

During the period under review, the Health Promotion Unit continued to facilitate activities to empower individuals and communities to make positive health choices, towards improving their overall wellbeing. In the area of disease prevention, the Health Promotion Unit continued to carry out interventions to reduce the risk of diseases or to help manage existing conditions.

In the month of March, the HPU facilitated a public awareness campaign with an online media house. The activities included the production and dissemination of videos to educate the public on mosquito control, signs, symptoms, treatment of symptoms, and about the vector control products and products to treat symptoms.

A similar campaign was also launched to assist the public with preventing rodent harbouring, and preventing diseases caused by rodents. To support this initiative, the HPU collaborated with an online media house to produce a similar video series, which included information on rodent control, preventing the spread of illness and the use of appropriate products. The HPU collaborated with the UWI Medical Students Association which resulted in the production of educational material for print.

As the situations arose, the HPU also created educational materials and public service announcements on the West Nile Virus, the Oropouche Virus and the seasonal influenza.

With a rise in cases of Gonorrhoea in the island, the HPU coordinated the scripting editing and airing of Public Service Announcements to increase awareness of Sexually Transmitted Infections and to give guidance on prevention. The Barbados Government Information Service assisted in disseminating this information.

Antimicrobial Resistance

The HPU supported the Barbados Drug Service with a multi-media public education campaign. The activities included the use of television, print, social media, and online media to increase awareness about AMR. The HPU also supported the distribution of promotion items to polyclinic clients and staff as incentives for returning unused medication to the pharmacy.

Risk Communication for T-20 Cricket World Cup Activities

The Health Promotion Unit (HPU) attended meetings as a member of the Caribbean Public Health Agency's Regional Health Communicators Network to discuss anticipated public health issues. Following the creation of the Regional Risk Communication Plan, the specific public health concerns were addressed by the creation of health promotion materials and messages for the T-20 Cricket matches. The HPU's focus areas included Sexually Transmitted Diseases, hand hygiene, heat-related illness and mosquito prevention, management of NCDs, safe use of alcohol, and food safety.

Community Outreach

The Health Promotion Unit collaborated with the Barbados Red Cross Society to host a Men's Health event on in commemoration of World Cancer Day. The event was designed to address the poor health seeking behaviour of Barbadian men when compared with women. The main aim of the proposed event was to encourage men to get tested for prostate cancer. Opportunities were also provided for men to get various health checks, health education, and grooming information while enjoying a relaxing and wholesome environment. With the voluntary services of two medical practitioners, two nurses and medical laboratory team, over 200 men using both Prostate Specific Antigen (PSA) and Digital Rectal Examination were tested.

Mental Health

In 2024, work continued on revising the 1985 Mental Health Act CAP 45, updating the Mental Health Policy, and developing a Mental Health Plan with its Implementation Framework, supported by technical assistance from the Pan American Health Organization (PAHO). These initiatives are guided by a human rights-based approach and emphasise community-based mental health care, with the aim of modernising service delivery, reducing stigma, expanding access, encouraging timely health seeking behaviours, and advocating for the rights of persons living with mental illness.

Psychiatric Hospital

Patient Population by Bed Capacity and Gender

A total bed capacity of 534 was maintained by the Hospital throughout 2024, distributed across the seven (7) key service groups, as shown in Table 11. Bed distribution remained unchanged during the year, with psychogeriatric services accounting for the largest proportion at 48% and the Rehab (Internal- Quarter-way House) service comprising the smallest share at 2%. A notable change during the period was the operational separation of the Forensic Unit. This restructuring marked a return to the Unit's original layout and was implemented to improve safety, address security concerns and support compliance with recommended nurse-to-patient ratios for forensic psychiatric care.

Table 11: Inpatient Population by Bed Count and Gender 2024

BED COUNT	% OF TOTAL BED COUNT	TOTALS	MALE	FEMALE
Acute Care	13%	71	26	45
Forensic	15%	80	80	
Intellectual Disability	10%	54	46	8
Rehab Internal	2%	12	12	
Child and Adolescent Mental Health	3%	16	8	8
Medical Units	9%	46	26	20
Psycho-Geriatric	48%	255	165	90
TOTALS		**534**	**363**	**171**

In-Patient Population by Gender and Bed Capacity

The average occupancy during January to December 2024 was 87%, a decrease from the 93% experienced in 2023. Inpatient numbers were 471, (341 males and 130 females), representing a marginal increase in males from 70% in 2023 to 72%, and a corresponding decrease in female occupancy from 30% in 2023 to 28% in 2024.

Admissions Unit

During the year, the Unit recorded 2,199 presentations: 879 females and 1,320 males as seen in Table 12. Of these, 816 (37.1%) resulted in admissions and 1,383 (62.9%) were assessed but not admitted. Compared with 2023, admissions increased slightly by 2.1% while cases seen but not admitted declined by 13.5%. Those not admitted were typically managed within the Unit and either referred to external agencies such as QEH or given follow-up appointments with outpatient services.

Emergency Orders remained the most common admission pathway, with 516 cases (347 males and 169 females). Voluntary admissions to adult services followed with 166 cases, while 75 children and adolescents were admitted, representing 9.2% of total admissions and marking a small rise from 2023. Medically Recommended admissions decreased significantly to 59 cases, down 30% from the previous year.

Table 12: Assessment Unit Presentations 2024

CATEGORY	FEMALE	MALE	TOTAL
Emergency Order	169	347	**516**
Vol. 1	64	102	**166**
Vol. 2	31	44	**75**
MR	25	34	**59**
Seen Not Admitted	590	793	**1383**
TOTAL	**879**	**1320**	**2199**

Discharges and Deaths

Overall discharges gradually increased from 903 in 2022, 919 in 2023 and 945 in 2024, reflecting improvements in discharge planning and a strengthening of recovery and patient reintegration efforts. The highest number of discharges occurred jointly among individuals aged 66 and over and the 31-35 age groups, with 110 discharges (70 males, 40 females) and (68 males, 42 females), respectively. This was closely followed by the 41- 45 age group with 102, the 21-25 age group with 99 and the 36- 40 age group with 97 as seen in Table 13. A substantial number of discharges among these working-age groups reflects the continued burden of mental health challenges in this demographic and underscores the need for strong reintegration, community follow-up care and psychosocial support including employment, housing and welfare assistance. Total inpatient deaths recorded for 2024 was 25, similar to the 23 deaths recorded in 2023.

Table 12: Patient Discharges by Age Group 2024

AGE GROUP	TOTAL
≤ 10	**11**
11 – 15	**57**
16 – 20	**70**
21 – 25	**99**
26 – 30	**73**
31 – 35	**110**
36 – 40	**97**
41 – 45	**102**
46 – 50	**62**
51 – 55	**61**
56 – 60	**34**
61 – 65	**58**
66+	**110**
Not Stated	**1**
TOTAL	**945**

Mental Health Diagnoses

In 2024 Schizophrenia was the most prevalent diagnosis among discharged patients, accounting for 353 cases or 34.51% of mental health disorders. This trend reaffirms Schizophrenia as the most dominant clinical presentation particularly across the 25 to 70+ age groups, as was the case in 2022 and 2023. The second most frequently recorded diagnosis was Psychotic Disorders with 133 discharges, which was most prevalent in patients 20-24 years old. This was followed by Schizoaffective Disorder (80 cases), Intellectual Disability (70 cases), Bipolar Disorder (68 cases), Suicide Risk/Attempts (49 cases) and Conduct Disorder (48 cases), seen only in adolescents and children. This highlighted behavioural management challenges in younger patients (<10 to 19 years). Behavioural issues 32 cases, Major Depressive Disorder - 30 cases, and Neurocognitive Disorders/Dementia - 26 cases, also featured prominently among discharge diagnoses.

Out-patients' Clinic (OPC)

During 2024, the OPC recorded 10,286 attendances (5,422 males and 4,864 females), representing a 9.3% decrease when compared to the 11,341 attendances in 2023 as seen in Table 13. Correspondingly, there was an 11.45% decrease in the number of patients who attended clinic from 7,820 in 2023 to 6,895 in 2024. Attendances by males continued to exceeded females with 5,422 and 4,864 attendances, respectively. Revisits were 3,361 (1,877 males, 1484 females), 1st visits for the month were 6,455 (3,298 males, 3157 females).

Table 13: Out-Patient Clinic Attendances & Visits 2024

Age Category	New		1st Visit For Year		1st Visit For Month		Revisit		Total		Overall Total
	M*	**F**	**M***	**F**	**M***	**F**	**M***	**F**	**M***	**F**	
18 - 25	53	50	15	5	483	416	294	234	845	705	1550
26 - 35	36	46	28	22	753	560	455	317	1272	945	2217
36 - 45	22	22	28	16	786	553	482	321	1318	912	2230
46 - 55	9	14	19	7	461	514	250	201	739	736	1475
56 - 65	8	12	13	13	511	592	243	265	775	882	1657
66 - 75	6	3	7	7	243	450	142	136	398	596	994
>75	3	4	0	2	61	72	11	10	75	88	163
Sub-Totals	**137**	**151**	**110**	**72**	**3298**	**3157**	**1877**	**1484**	**5422**	**4864**	**10286**
Totals	**288**		**182**		**6455**		**3361**		**10286**		

Child and Adolescent Mental Health Services (CAMHS)

Child and adolescent mental health services are delivered through in-patient care at the Thrive Family Centre and a daily outpatient clinic at the Branford Taitt Polyclinic. Overall clinic attendances increased by 29.95% from 728 in 2023 to 946 in 2024. Of the 345 clients seen, 196 were known clients and 149 were new clients referred from multiple sources: schools, the

Government Industrial School (GIS), Juvenile Liaison Scheme (JLS), the polyclinics, private practitioners, and Children's Homes.

The greatest proportion of attendances were children in the 11 - 17 age group (722 clients), and males overall represented the higher proportion with 57.61% (545) and females 42.39% (401). It was noted that of the 217 new referrals, only 149 clients kept their appointments, while 70 clients failed to attend after their initial assessment.

Community Mental Health Services (CMHS)

A new operating structure of the CMHS was implemented in July 2024, with the Consultant Psychiatrist Community assuming administrative responsibility for their Teams, including Community Mental Health Nurses (CMHNs), Psychologists and Social Workers. Clinical services were also expanded to include psychology and social work, services that were in high demand by clients. Standard Operating Procedures (SOPs) and Policies were developed and rolled out in December 2024 to standardise and regulate the community mental health practice and service provisions to ensure consistent governance and the delivery of the highest standard of care to clients. Staff were re-organised under three teams to deliver services in 18 catchment areas, an increase from the previous 16 areas. This increase facilitated better distribution of clients and caseloads among the Teams.

The Community Mental Health Services (CMHS) operate as an extension of the hospital's outpatient network, providing psychosocial support, medication management, crisis intervention, psychoeducation and mental health awareness and follow-up care to clients within their communities. The multidisciplinary team functions across the public health polyclinic system, in residential settings and in public spaces to promote client autonomy.

In 2024, CMHS recorded 22,264 client encounters across all service categories, representing a 3.15 per cent increase compared to 21,585 in 2023 as seen in Table 14. Females (11,443) continued to access services more than males (10,821), particularly for home visits and mental health clinic visits, while males were more frequent users of the follow-up clinic.

Home visits remained an essential part of care, with 6,695 visits conducted, a slight 2.26 per cent decrease from 2023. New referrals (59) were relatively low, suggesting improved clinic accessibility, while revisit activity (1,500) remained stable, showing the continued value of home-based interventions in providing continuity of care.

Clinics showed growth, with 3,806 visits recorded in 2024, a 4.42 per cent increase compared to 2023. Females accounted for the majority of visits (2,852 compared with 954 males). Although new referrals declined, first attendances for the year and first-of-the-month attendances increased, suggesting improved integration of CMHS with primary health care and referral networks.

Prison clinics registered a decline, with 384 visits in 2024 compared to 578 in 2023, a 33.56 per cent decrease. Male clients accounted for the majority of visits, consistent with the demographic profile of the prison.

Referrals fell by 30.85 per cent, from 645 in 2023 to 446 in 2024. This reduction reflected the CMHS's expanded capacity to manage psychosocial needs internally following the inclusion of psychologists and social workers in the team.

Table 14: CMHS combined service activity, 2024

Service area	Male	Female	Total	% change from 2023
Home visits	3,044	3,651	6,695	-2.26%
Mental health clinics	954	2,852	3,806	4.42%
Prison clinics	339	45	384	-33.56%
Referrals (internal)	95	87	182	-
Referrals (external)	77	187	264	-
Total referrals	172	274	446	-30.85%
Overall encounters	10,821	11,443	22,264	3.15%

Mental Health Action Plans

In 2024, the hospital implemented five action plans: Suicide Prevention, Psychological First Aid, Workplace Mental Health Wellness, Anti-stigma Campaign, and Perinatal Mental Health. Each plan was coordinated by designated programme leads, supported by the expansion of the Community Mental Health Team with three psychologists and two social workers. Monitoring and evaluation frameworks were established with monthly reporting.

The Suicide Prevention campaign was launched in September 2024 with a webinar and health fair to raise awareness and provide support. Psychological First Aid training was developed to strengthen disaster and recovery response, with 158 participants trained through the Barbados Red Cross, including public service staff, labour representatives, and hospital employees.

The Workplace Mental Health Wellness programme was launched in October 2024 to coincide with World Mental Health Day and emphasised the importance of mental health in professional settings.

The Anti-stigma "Check-my-Bias" campaign was rolled out in May–June 2024 using radio, TV, social media, and public outreach initiatives. Partnerships with the Ministry of Health and Wellness, the Government Information Service, media organisations, and community leaders supported wide-scale sensitisation, while billboards and educational sessions extended the campaign's reach.

The Perinatal Mental Health programme, scheduled for official launch in May 2025, advanced its preparatory work during 2024. This included a situational analysis of services, training of 119 primary health care workers, and a stakeholder workshop in October 2024. Meetings were also held with the Barbados Drug Service and private pharmacists to review treatment guidelines for perinatal mental health disorders.

Psychology Services

Psychology services were delivered in 2024 by a team comprising two Clinical Psychologists, four Counselling Psychologists, and one Senior Clinical Psychologist. The addition of four Counselling Psychologists in June 2024, each assigned to community mental health teams and specialised services such as the Thrive Family Centre and CAMHC, significantly expanded service capacity.

At the start of the year, 319 clients were on the waiting list for services. By June 2024, this was reduced to fewer than 50, with most awaiting standardised assessments. The department continued to manage high referral volumes, with many clients presenting with self-harm behaviours or suicidal ideation requiring urgent intervention.

In 2024, a total of 591 referrals were received, of which 31% were children and 69% adults. In total, 743 clients were seen during the year; 77% (572) were community-based and 23% (171) were in-patients. Services provided included 34 assessments, 1,928 individual, family, or couples therapy sessions, 36 group sessions, 297 telehealth sessions, 137 consultations, seven outreach activities, and four crisis interventions. Table 15 shows the staffing growth and client referrals between 2017 and 2024, reflecting a steady increase in service utilisation over the years.

Table 15: Psychology Services, Number of Referrals and Staff, 2017 – 2024

PERIOD	2024	2023	2022	2021	2020	2019	2018	2017
Number of Staff	3 (Jan-Jun) 7 (Jul-Dec)	3	3	3	4	4	4	4
Total Number of Clients	591	598	552	491	470	545	369	345
Total Number of Children Clients	184	226	212	176	193	238	145	174
Total Number of Adult Clients	407	372	340	315	277	307	224	171

Lifeline Barbados

The Ministry of Health and Wellness, in partnership with the PAHO, officially launched Lifeline Barbados in February 2024. The service was established to provide around-the-clock support for individuals experiencing mental health challenges, including anxiety, depression, suicidal ideation, and wider social issues. Its introduction reflected a national commitment to improving access to mental health services and creating safe spaces for timely intervention.

Between February and December 2024, the helpline received a total of 4,383 calls, highlighting both the need for and the uptake of this service. The month of July 2024 recorded the highest call volume, with 610 calls, underscoring peak periods of demand. Calls were categorised into several areas including anxiety and depression, suicidal ideation, homicidal ideation, substance abuse, social issues, referrals, wrong numbers, general complaints, general queries, need to vent, nuisance calls, and guidance/other.

Care of the Disabled

Elayne Scantlebury Centre

The Elayne Scantlebury Centre continued to provide long-term residential care for up to twenty-four (24) residents, with twenty (20) accommodated at the end of 2024. Since its relocation to the Psychiatric Hospital, Black Rock, in February 2020, the Centre has remained under the supervision of the Consultant Geriatrician and is supported by routine assessments through the District Hospital and polyclinic system.

The resident population presented with a range of cognitive and physical Thedysfunctions, including intellectual disabilities, cerebral palsy, Down syndrome and hydrocephalus. Many clients were also diagnosed on the autism spectrum, with associated hyperactivity, communication difficulties and perception limitations. Table 16 summarises the diagnoses of residents across 2023 and 2024. Mental sub-normality remained the most common condition, with 18 cases reported consistently across both years. Epilepsy showed a small decline, from four cases in 2023 to three in 2024, while the number of residents with behavioural problems increased from three to four. Cerebral palsy and Down syndrome each declined slightly, from two cases to one.

Table 16: Diagnoses related to disabilities of patients at the Elayne Scantlebury Centre, 2023–2024

Diagnosis	2023	2024
Cerebral Palsy	2	1
Down Syndrome	2	1
Autism	3	3
Hydrocephalus	1	1
Mental Sub-normality	18	18
Talipes Equinovarus	1	1
Epilepsy	4	3
Psychoses	3	3
Childhood Meningitis	2	2
Dementia	1	1
Cataract	1	1
Glaucoma	1	1
Visual Impairment	2	2
Self-Mutilation	1	1
Behavioural Problems	3	4

In addition to disabilities, residents faced a high burden of non-communicable diseases (NCDs) and medical conditions. Table 17 shows that cases of diabetes rose sharply from four in 2023 to eleven in 2024, while hypertension increased from two to seven. Chronic kidney disease, which affected just one resident in 2023, was reported in six cases in 2024. Skin and fungal conditions such as folliculitis, tinea corporis and tinea cruris also became more frequent. In contrast, infectious diseases such as MRSA, Klebsiella pneumoniae, pneumonia and COVID-19, which were present in earlier years, were not recorded in 2024, reflecting improved infection prevention and control.

Table 17: Number of Patients with Medical Illnesses and NCDs, 2023–2024

Medical Illness / NCD	2023	2024
Diabetes	4	11
Hypertension	2	7
High Cholesterol	2	1
Chronic Kidney Disease	1	6
Ulcers	1	4
Tinea Capitis	1	1
Tinea Pedis	4	3
Tinea Corporis	–	1
Tinea Cruris	–	1
Folliculitis	–	5
Rhabdomyolysis	1	0
Enteritis	10	4
Urinary Tract Infections	2	1
Upper Respiratory Infections	55	4
Rhinitis	15	25
Pneumonia	1	–
Ear, Nose, Throat Infections	4	4
Conjunctivitis	18	7
Dermatitis	4	3
Gingivitis	3	2
MRSA	5	–
Klebsiella Pneumoniae	2	–
COVID-19	24	–
Accidents	5	5

There was improvement in infectious disease control but there was a continued rising burden of chronic illnesses, particularly diabetes and kidney disease. Access to specialist services, such as dental care, remained a challenge, though outsourcing measures under review for 2025 are expected to improve access.

Albert Cecil Graham Development Centre (ACGDC)

The Albert Cecil Graham Development Centre continued to operate as the island's primary hub for developmental assessment and treatment. A total of 1,065 patients were medically reviewed during 2024, of which 172 were new referrals. As Table 18 shows, the majority of these new patients (60%) were between one and four years old, highlighting the Centre's crucial role in early childhood intervention. Boys continued to outnumber girls, with a ratio of 1.8 to 1.

Table 18: Age Distribution of New Patients, 2024

Age Group	Male	Female	Total	% of New Patients
<1 year	1	2	3	1.70%
1–4 years	64	39	103	59.90%
5–8 years	38	17	55	32.00%
9–12 years	8	3	11	6.40%
13–16 years	0	0	0	0.00%
17+ years	0	0	0	0.00%
Total	111	61	172	100%

Service areas expanded across disciplines. The Speech-Language Pathology Department recorded 1,100 scheduled appointments, of which 859 were attended. While this was a marked increase compared with 2023, attendance challenges persisted, with 87 cancellations and 146 no-shows as seen in Table 19.

Table 19: Speech-Language Pathology Services, 2022–2024

Year	Total Appointments	Sessions Attended	Cancellations	No Shows	Rescheduled
2022	759	619	70	70	0
2023	732	559	65	107	1
2024	1,100	859	87	146	7

Physiotherapy services managed 242 children in 2024, delivering 1,459 therapy sessions and completing 133 wheelchair repairs. Therapy sessions remained consistently high, and wheelchair repairs increased each year. The department also completed 133 wheelchair repairs and adjustments, ensuring that children remained mobile and safe in their homes, schools, and community settings. The annual intensive wheelchair clinic, supplemented by weekly clinics, allowed for a reduction in waiting lists and faster access to essential mobility aids.

Occupational therapy evaluated 121 children, delivering nearly 600 appointments, most commonly for autism spectrum disorder, ADHD and developmental delays. Psychology services managed 235 clients, completing over 90% of psychometric assessments and providing therapy, while the Social Work Unit handled 135 referrals, most involving young children aged 0–7 years.

The Audiology Department recorded its busiest year in three years, with 301 children seen in 2024 compared with 226 in 2023 and 177 in 2022. The majority of children were in the 0-15 age range, and males accounted for more than two-thirds of patients. The most common conditions included impacted earwax, abnormal impedance, and otitis media, while 10% of children presented with hearing loss and a further 11% with middle-ear problems.

Twenty-three patients were seen during the annual Cochlear Implant Audiology Mission, carried out in partnership with overseas specialists. In total, 5.6% of cases required amplification support and 3.6% involved cochlear implant follow-up. While the department successfully met growing demand, 15% of children could not be conditioned for testing, underscoring the ongoing need for improved paediatric testing strategies.

In summary, the data highlight the Centre’s expanding caseload, particularly among younger children, alongside increasing demand for speech, audiology, physiotherapy, and psychology services. Despite these resource pressures, ACGDC has continued to deliver multidisciplinary care

Care of the Elderly

Long-term care is delivered through in-patient hospital services at the three institutions, namely St. Michael District (Geriatric) Hospital, St. Philip District Hospital and St. Lucy District Hospital.

Together, the district hospitals have a capacity of 411 beds as seen in Table 20. On-going repairs of three wards at the St. Philip District Hospital, and the designation of one ward at the St. Michael District Hospital for isolation purposes have resulted in a slightly reduced occupancy. There were 241 referrals for long-term care, and a total of 144 admissions were made to the District Hospitals.

Table 20 : District Hospitals Utilisation

District Hospitals	St. Michael		St. Philip		St. Lucy	Total
	M	**F**	**M**	**F**	**M**	
Number of beds	278		39	58	36	**411**
Number of admissions	79	40	1	9	15	**144**
In-patient service days	87,315		35,279		11,577	**134,171**
Percentage Occupancy	81.60%		99.00%		89%	**89.87%**
Bed turnover rates	0.4		0.1		0.5	**0.33**
Number of deaths	32	21	6	7	14	**80**
Number of transfers to QEH	18	12	8	4	8	**50**
Number of discharges	8	7	0	0	4	**19**
Number of referrals to AED	10	5	7	5	14	**41**
Number of persons under 65	7	7	6	17	0	**37**

Non-Communicable Disease (NCD) continued to characterise the disease profile of clients in the District Hospitals, with 31% diagnosed as diabetics and 40% hypertensive as seen in Table 21. The high number of clients with NCDs was a reflection of the prevalence of these diseases in the wider society. This reinforced the need for greater focus to be placed on preventative services since the presence of NCDs in this vulnerable population results in complications that can be debilitating and negatively impact on their quality of life.

Table 21: District Hospitals morbidity report

District Hospitals	St. Michael		St. Philip		St. Lucy	
	M	F	M	F	M	Total
No. diabetics	41	45	14	14	16	**130**
No. hypertensive	58	53	16	20	18	**165**
No. ulcers	21	23	15	10	8	**77**
No. falls	7	7	12	11	13	**50**
No. infections*	113	114	80	84	31	**422**

***One client may have multiple infections**

Forty-one clients were referred to the Accident and Emergency Department QEH, while 50 admissions were made from the District Hospitals to the QEH for acute care services. Included in the 19 discharges from the District Hospital were transfers of medically stable clients to the Alternative Care of the Elderly Programme (ACEP).

The ACEP programme was developed to meet the growing demand for institutionalised care and provides for clients requiring less complex medical and nursing care. Through this model, the Government provides funding for the care of elderly persons who are transferred by the Ministry to private nursing homes, or who may be admitted directly from the community. During the month of March 2024 provision for the number of clients in this programme was increased by 48%, from 135 to 200. By the end of 2024, one hundred and sixty-three clients were enrolled in the ACEP programme.

HIV and Other Sexually Transmitted Infections

HIV remains a public health concern in Barbados, with approximately 1.0% of the adult population living with the disease as of the end of 2024[1]. Since the emergence of the epidemic in 1984, health authorities responded swiftly with efforts to prevent transmission, detect new HIV/AIDS cases, and provide care for individuals affected by the virus.

Table 22 reflects the cumulative figures from the outset of the epidemic in Barbados, with 4,947 HIV cases and 2,219 HIV deaths. In 2024, 105 persons were newly diagnosed, with the highest grouping of 37.1% noted in the 20-29 age band. The median age for HIV diagnosis in Barbados in 2024 was 34.6 years as seen in Table 23.

Table 22: Cumulative number of HIV cases, AIDS cases, and deaths among HIV persons by sex, 1984 – 2024

Sex	HIV Cases	AIDS Cases	HIV Deaths
Male	3148 (63.6)	1979 (66.7)	1555(70.1)
Female	1799 (36.4)	986 (33.3)	664 (29.9)
Total	**4,947**	**2,965**	**2,219**

[1] Source: UNAIDS Spectrum Country Estimates 2025

Table 23: HIV Cases by age group and sex, 2024

Age Group	Male	Female	Total	
			n	%
10 - 19	7	0	7	6.7%
20 - 29	26	13	39	37.1%
30 - 39	10	6	16	15.2%
40 - 49	11	10	21	20.0%
50 - 59	8	7	15	14.3%
60 - 69	5	2	7	6.7%
70+	0	0	0	0.0%
Total	67	38	105	100%
Median Age (years) at HIV diagnosis	31.0	41.1	34.6	

Source: Surveillance Database 2025

HIV Transmission in Barbados

In Barbados, HIV is transmitted primarily through sexual contact. The country maintains rigorous screening protocols for blood donations and blood products, effectively eliminating transmission via transfusion. Vertical transmission from mother to child is rare, with rates consistently below 2% due to a successful prevention of mother to child transmission programme. Notably, there have been no documented cases of HIV transmission through needle-sharing among injecting drug users. Populations at higher risk for acquiring HIV remain a concern: a 2017 study reported an HIV prevalence of 11.8% among men who have sex with men (MSM), and the prevalence among female sex workers is also believed to be higher than in the general population.

Combination HIV Prevention

The prevention programme aimed to reduce individuals' risk of transmission of HIV and STIs through education, distribution of condoms, provision of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) and testing for HIV and STIs. HIV testing is also a major aspect of the prevention programme, as it facilitates the entry of persons living with HIV (PLHIV) into all services provided by the HIV/STI programme. Priority populations who are at higher risk of

HIV include men and men who have sex with men, sex workers and transgendered individuals. Health promotion and education efforts targeted at reducing the spread of HIV, STIs and viral hepatitis are ongoing. In 2024, thirty-one (31) persons-initiated PrEP while a total of seventy (107) persons received PrEP at least once. The majority of those on PrEP in 2024 were male (87%) as seen in Table 24.

Table 24: Number of persons receiving PrEP at least once in 2024 by sex

Age Group	Males	Females	Total	Number of people initiating PrEP in 2024
<15	0	0	0	0
15-19	2	1	3	3
20-24	8	1	9	5
25-49	78	10	88	21
50+	5	2	7	2
Total	93	14	107	31

Source: PrEP Database 2025

ARV Treatment Coverage

At the end of 2024, there were 1,666 persons retained in HIV care. Of these, 1,592 were on ARVs resulting in an ARV coverage of 95.6% at the end of 2024. In accordance with WHO guidance to transition persons from efavirenz based regimens to dolutegravir based regimens, 79.4% of persons on treatment are now on dolutegravir based regimens.

The UNAIDS 95-95-95 Targets

In concert with many countries, Barbados has committed to achieving the UNAIDS 95-95-95 targets by 2025. These targets state that by the end of 2025, 95% of PLHIV will know their status, 95% of those diagnosed with HIV infection will receive treatment and 95% of all people receiving ART will be virally suppressed.

At the end of 2024[2], the 95-95-95 clinical cascade reflected an attainment of 98.7% of PLHIV aware of their HIV status, 59.9% of those diagnosed with HIV receiving treatment and 83.2% of those on treatment with antiretroviral regimens, having their viral load fully suppressed.

Barbados has made remarkable progress on the first pillar of the 95-95-95 targets, with 98.7% of people living with HIV (PLHIV) aware of their status, exceeding the 95% goal. However, there are gaps in the second and third pillars, which may be related to challenges in linkage to care, retention in care and treatment adherence. To close these gaps, targeted interventions to improve treatment uptake and retention are required. These are often human resource intensive and as such, additional attention is needed to human resources assigned to psychosocial care and support which can improve linkage, retention and treatment adherence and the monitoring of ART effectiveness.

STIs in Barbados

Sexually Transmitted Infections (STIs) carry a significant disease burden in Barbados, especially among young persons. The main STIs of interest, from the point of view of disease surveillance, are Chlamydia, Gonorrhoea and Syphilis (including congenital syphilis).

In 2024, the Best Dos Santos Public Health Laboratory (BDSPHL) performed Chlamydia trachomatis (CT) and Neisseria gonorrhoea (NG) testing on 7,720 urine samples. There were 308 positive NG cases resulting in a 4.0% positivity rate while the 885 positive cases for CT resulted in an 11.5% positivity rate. Compared to 2023, there were increased numbers of positive samples for both CT and NG in 2024. The positivity rates (proportion of samples which tested positive) for both CT and NG increased in 2024 versus 2023 (11.5% vs 10.5%), and (4.0% vs 3.1%).

In 2024, the median age of NG cases was 23 years, with most cases occurring between the ages of 15 and 29 years (72%), with the highest number of cases in the 20-24 age group (36.4%). The rates of CT were highest among the 20-24 age group in 2024 (35.6%) and 2023 (37.3%) respectively. The median age of CT cases in 2024 was also 23 years. A greater proportion of females (66%; 65%) tested positive for CT in 2024 and 2023 compared with males (32%; 32%).

[2] 2024 treatment data is preliminary data

Slightly more females than males tested positive for NG in 2024 (50.6%; 46.1%), while an almost equal proportion of females and males tested positive for NG in 2023 (48.9%;49.3%).

Table 25 shows the annual number of tests conducted for syphilis as well as the percentage of results determined to be positive for syphilis. In 2024 there were 357 positives of 12,731 tests performed resulting in a positivity rate of 2.8%.

Table 25: Syphilis laboratory tests per year, 2018 - 2024

Year	2018	2019	2020	2021	2022	2023	2024
≤1:4	151	156	157	102	115	116	104
≥1:4	181	215	129	106	105	169	253
Total Reactive (Positive)	332	371	286	208	220	285	357
Total TPPA tests	869	823	567	387	752	334	486
Total Non reactive	537	452	281	179	532	213	253
Total Reactive (Positive)	332	371	286	208	220	285	357
Total Reactive (Positive)%	3.1%	2.8%	2.7%	2.8%	2.1%	2.6%	2.8%[3]
Total No per year of VDRL/ RPR tests	10,635	13,141	10,719	7,375	10,642	11,158	12,731

Source: BDSPHL 2024

It should be noted that positive syphilis test results are deduplicated to reflect the actual number of syphilis cases per year. Rates are based on the proportion of positive tests versus the number of tests performed. It should also be appreciated that during a course of treatment individuals commonly have more than one test performed, and positive test results will remain. Titres of greater than 1:4 are used as a proxy for new syphilis cases while the process of deduplication is carried out. Positivity rates have ranged from 2.1% to 2.8% over the past five (5) years with an average rate of 2.6%. In 2024 there was an increase noted in the number of new syphilis cases as

[3] Persons identified through unique identifiers, who have a reactive syphilis test and had no prior TPPA test by year 2018, would have a confirmatory TPPA test done. If person identified through their unique identifiers is shown to have had a TPPA test done before, they are not retested.

can be seen in Table 26. Preliminary figures showed that there were 117 new cases in 2024 compared with 68 new cases in 2023.

Table 26: Breakdown of new syphilis cases and treatment follow-ups, 2016 - 2024

Year	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
New Cases	129	129	108	127	68	62	58	68	117	866
Treatment f/u (old/existing cases)	41	51	66	75	48	36	36	87	124	564
Misc[4]	0	28	7	13	13	8	11	14	12	106
Total	170	208	181	215	129	106	105	169	253	1536

Source: Syphilis Database 2024

Chlamydia (CT) Positives 2020–2024

The number of positive chlamydia cases in Barbados showed fluctuations across the five-year period 2020–2024. Female cases remained consistently higher than male cases, reflecting both greater testing uptake among women and underlying epidemiological trends. In 2024, there were 588 female positives compared with 280 male positives, while 17 cases were recorded with sex not stated.

The overall number of positives rose steadily from 597 in 2020 to 885 in 2024, an increase of nearly 48 percent. The total number of tests administered followed a similar upward trend, moving from 4,744 in 2020 to 7,720 in 2024. Despite this increase in testing, the positivity rate remained relatively stable, fluctuating between 10.5 and 12.6 percent. This stability suggests a persistent burden of infection, particularly among young women, and highlights the need for continued screening, health promotion, and targeted interventions for at-risk populations.

Gonorrhoea (NG) Positives 2020–2024

Gonorrhoea case numbers were lower than chlamydia across all years, though they also showed upward movement from 2020 to 2024. In 2020, there were 134 positives, compared with 308 cases in 2024 as seen in Table 27. Male positives increased from 49 in 2020 to 142 in 2024, while female

[4] Comprises of syphilis tests with for lab quality testing, insufficient samples and confirmatory TPPA tests only (e.g. private sector))

positives rose from 80 to 156 over the same period. Ten cases in 2024 were recorded with sex not stated.

Table 27: Number of positives for NG and CT test, 2024

Age Group	NG Female	NG Male	NG Unknown	NG Total	CT Female	CT Male	CT Unknown	CT Total
14 and under	1	0	0	1	13	0	0	13
15-19	31	19	1	51	128	23	1	152
20-24	56	56	0	112	217	97	1	315
25-29	27	29	0	56	114	70	1	185
30-34	23	17	0	40	50	45	0	95
35-39	8	4	0	12	22	19	0	41
40-44	1	4	0	5	11	10	0	21
45-49	1	2	0	3	9	3	0	12
50-54	1	1	0	2	2	3	0	5
55-59	1	2	0	3	1	0	0	1
60+	1	1	0	2	2	0	0	2
Unknown	5	7	9	21	19	10	14	43
Total	156	142	10	308	588	280	17	885
Median Age	23	24	19	23	23	25	20	23

The growth in gonorrhoea cases corresponded with an increase in testing, from 4,744 tests in 2020 to 7,720 in 2024 as seen in Table 28. The positivity rate climbed from 2.8 percent in 2020 to 4.0 percent in 2024, showing a gradual rise in transmission despite greater availability of diagnostic services. These results suggest that gonorrhoea remains a significant and possibly re-emerging public health challenge, underscoring the importance of treatment adherence, partner notification, and antimicrobial resistance surveillance.

Table 28: Percentage positive CT cases by age group and sex, 2020-2024

	2020	2021	2022	2023	2024
Male (CT)	148	25	138	246	280
Female (CT)	439	104	437	512	588
Not Stated (CT)	10	2	12	24	17
Total (CT)	597	131	587	782	885
Total Tests (CT)	4744	1152	4934	7452	7720
% Positive (CT)	12.6	11.4	11.9	10.5	11.5
Male (NG)	49	7	38	115	142
Female (NG)	80	13	69	114	156
Not Stated (NG)	5	1	3	4	10
Total (NG)	134	21	110	233	308
Total Tests (NG)	4744	1152	4934	7452	7720
% Positive Test	2.8	1.8	2.2	3.1	4.0

Actions being taken to address STIs include the strengthening of surveillance mechanisms, increasing community engagement and increasing health promotion efforts to promote awareness of STI prevention and treatment.

Surveillance of New and Emerging Communicable Diseases

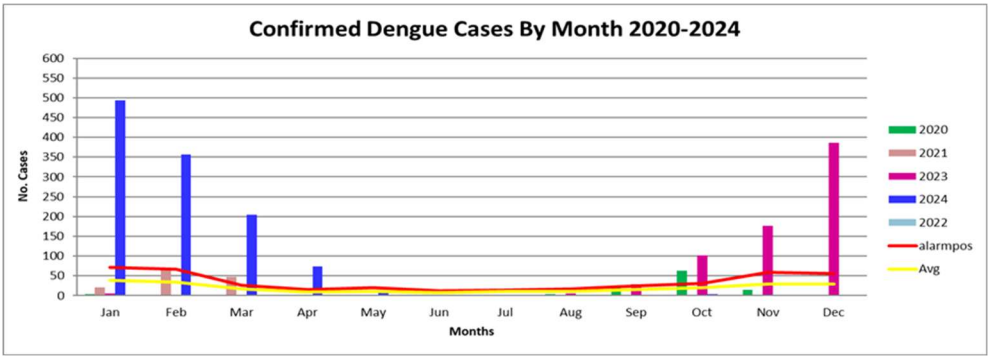
Arboviral Diseases

A Dengue Virus outbreak ran from October 2023 to April 2024 fuelled by the re-emergence of a previously known viral serotype of Dengue virus type 2. From laboratory data up to Epi Week (EW) 50 (week ending Dec 15, 2024) the number of monthly confirmed dengue cases remained below the alert threshold from May to the end of 2024 as seen in Figure 8. Suspected cases numbered 3,756 up to EW 50 for 2024 compared to the 2,286 reported in 2023. Out of these

suspected cases, total confirmed cases up to EW 50 in 2024 were 1,144, due mainly to the 1,053 cases recorded in the first three months of the year during the outbreak, compared to 591 cases in 2023.

Dengue fever is endemic in Barbados which means that cases can occur throughout the year once conditions are favourable. According to historical patterns, higher numbers are expected in the earlier and latter parts of the year.

Figure 8: Confirmed Dengue cases by month



Source: Ministry of Health and Wellness

Chikungunya surveillance

This disease was introduced to Barbados in 2014 when there were 139 confirmed and 1,851 suspected cases. The two following years saw only 4 confirmed cases and decreased numbers of suspected cases. One (1) Chikungunya case was confirmed for 2019. In 2020, there were thirty-three (33) confirmed cases and one hundred and one (101) suspected cases while in 2022, 167 cases of 'viral illnesses' were investigated for the presence of the virus, although no positive results were obtained from these analyses. In 2023, similarly, no positive Chikungunya cases were recorded from 116. However, Thirteen (13) Chikungunya cases were diagnosed for the year 2024.

Zika Surveillance

Up until the end of 2024, there were no probable or confirmed cases from laboratory testing. There have been no new reported suspected or confirmed cases of Zika *Congenital Syndrome* since 2016.

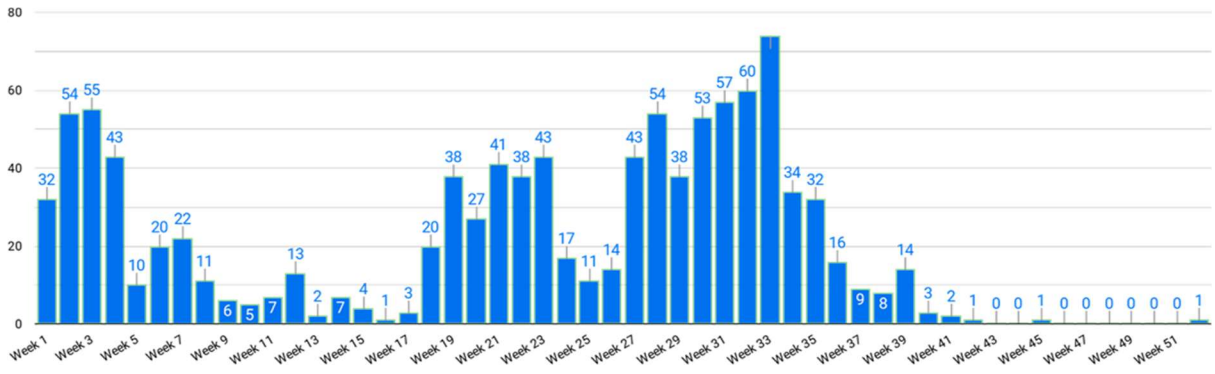
Oropouche Virus Disease

In November 2024, the first two laboratory confirmed cases of Oropouche Virus disease were diagnosed in Barbados. The virus is transmitted by biting midges (sandflies) and some species of Culex mosquitoes. Oropouche Virus Disease was first recognised in Trinidad and Tobago in the 1950s and had been causing seasonal cycles of disease in mainly South American countries until recently. In May 2024, an outbreak of the disease was reported in Cuba with laboratory confirmed cases but no attributable deaths. Since the diagnosis of those two local cases, no further positives were identified from testing of Dengue negative samples, according to protocol, at the Best Dos Santos Public Health Laboratory. That testing protocol had been in place from June 2024, and no earlier cases had been identified.

Respiratory Diseases

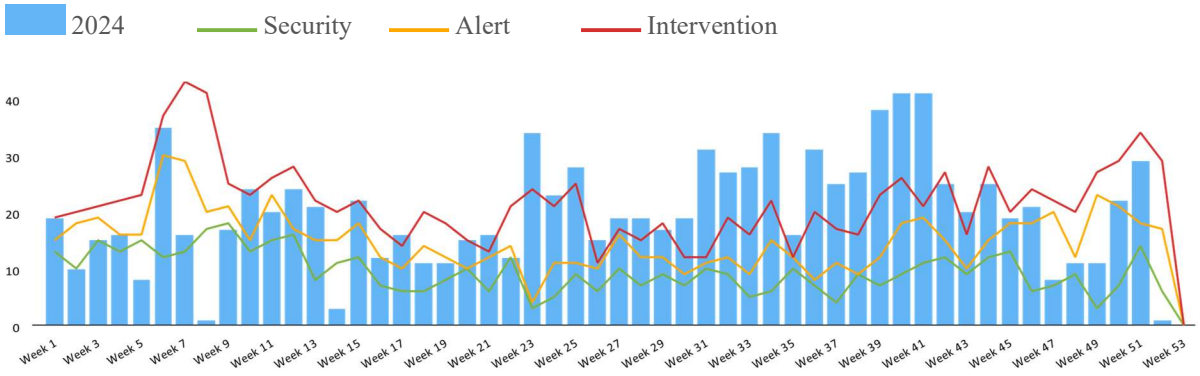
Although no longer global emergency, the COVID-19 pandemic continued over 2024 and mini surges of cases, especially among institutionalised persons, were seen from time to time against a background of sporadic cases. Up to December 2024, the cumulative total of laboratory confirmed cases was 111, 586 from 818, 534 tests as seen in Figure 9. Total deaths recorded due to COVID-19 infection rose to 657.

Figure 9: COVID-19 cases diagnosed in Barbados for week 1 - week 52, 2024



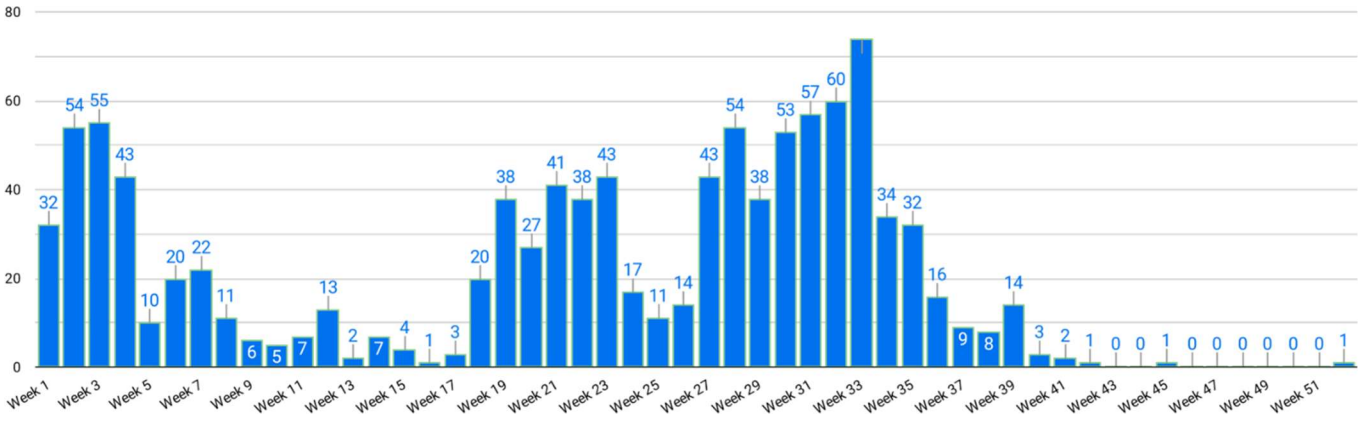
During the year, syndromic surveillance also tracked other respiratory diseases, along with syndromes linked to vector-borne diseases and injuries, as shown in Figure 10. Levels of respiratory infection remained above alert levels for most of the latter half of the year.

Figure 10: Fever and Respiratory cases diagnosed in adults in Barbados for week 1 - week 52, 2024



Although clinically diagnosed cases of respiratory infection were noted to have increased, laboratory testing for influenza and other respiratory viruses was relatively low. However, from tests performed in the last three months of the year, COVID-19 cases were minimal (Figure 11), and relatively more cases of influenza (AH1N1) and rhinovirus were identified.

Figure 11: Covid-19 cases in Barbados for week 1 - week 52, 2024



There were no cases of Tuberculosis (TB) diagnosed in 2024. One female in the 25- 44-year age group was the only case for 2023. Two cases of TB were confirmed in 2022. All cases had an infection in the lungs only, were domiciled in Barbados, and none were drug-resistant.

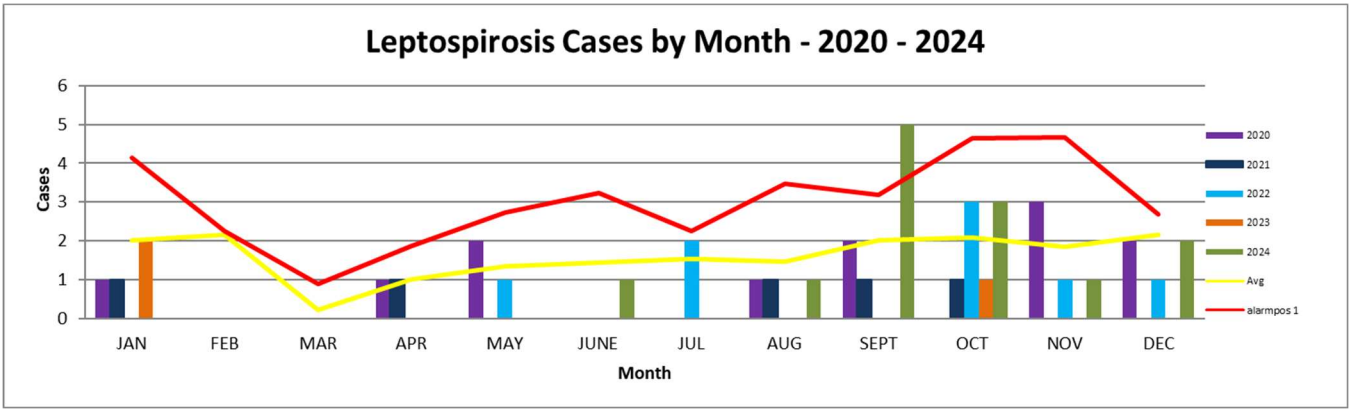
Leptospirosis and other rodent vector disease surveillance

Leptospirosis is a vector-borne disease of rodents, which most often occurs in the rainy seasons and may present as a fever with jaundice. There were thirteen (13) confirmed cases in 2024 after three (3) confirmed cases for 2023 with no recorded attributable deaths. Eight of the 13 from 2024 occurred between September and October during one of the traditional increased incidence periods for the year. Eight cases were diagnosed in 2022. Five Leptospirosis cases had been confirmed in 2021, after the twelve (12) confirmed for 2020 as shown in Figure 12 below.

Seven cases of Hanta virus were confirmed by laboratory testing in 2024 while three were diagnosed in 2023.

Public education was focused on helping persons to discourage rodent proliferation by decreasing breeding sites and food sources as well as reducing exposure to rodent droppings by using appropriate personal protective equipment while gardening or cleaning animal houses.

Figure 12: Leptospirosis cases 2020-2024



Source: Surveillance Unit, Ministry of Health and Wellness,

Gastroenteritis Surveillance

Vomiting and diarrhoea can occur throughout the year and are associated with bacterial or viral agents. Gastroenteritis outbreaks, in Barbados, tend to be viral or may be related to contamination of foodstuffs. Salmonella or Campylobacter bacteria were the main organisms identified. Cases of viral gastroenteritis were infrequently detected, and when identified, were primarily due to rotavirus or norovirus. As shown in Figure 13 below, there was a marked increase in gastroenteritis symptoms in older children and adults from late April to early August 2024 likely associated with the many festivals and mass gathering events of that period. Pathogens identified for this period were mainly Salmonella, Campylobacter and the occasional Norovirus as per Figure 14 below. Reports in children under five years did not cross the threshold for this time period.

Figure 13: Gastroenteritis in 5 years and older by Epidemiological Week, 2024

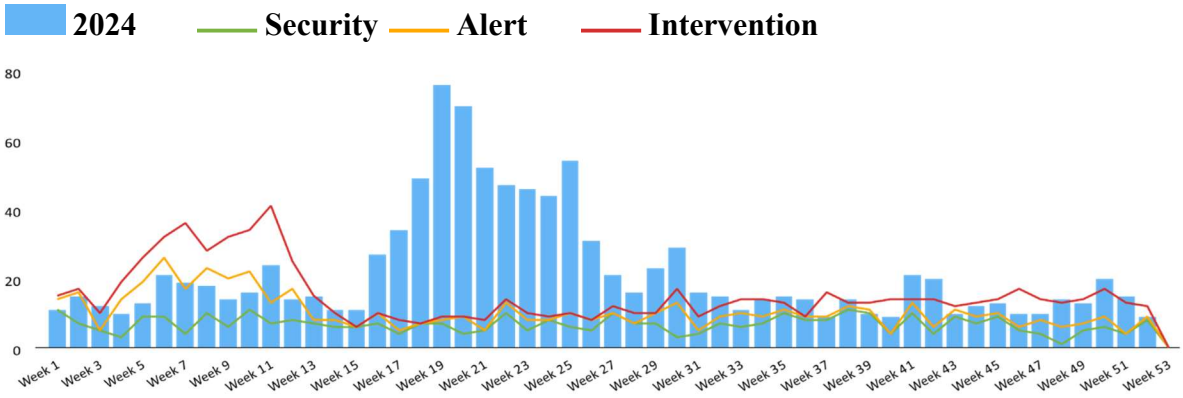
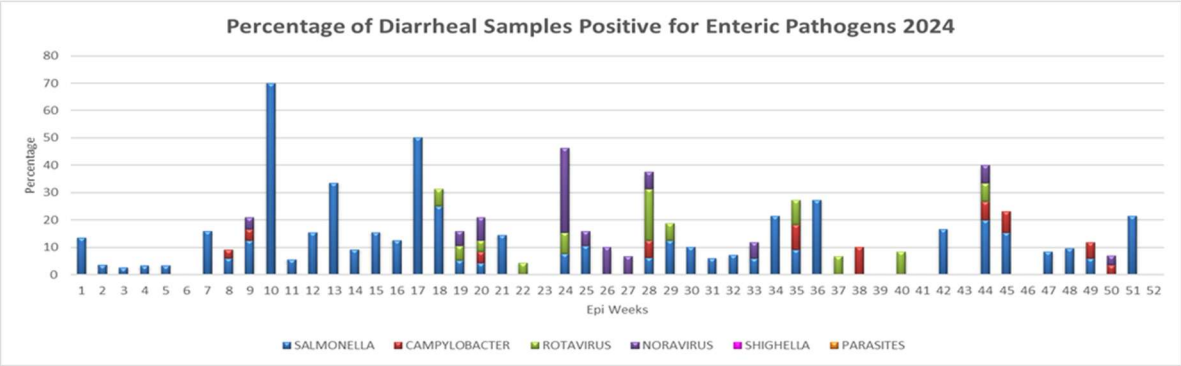


Figure 14: Isolates from Gastroenteritis cases 2024



Source: Surveillance Unit, Ministry of Health and Wellness

In a broader developmental context, the MHW has key roles to fulfil in ensuring the sustained development of Barbados' tourism industry. The Ministry continued to support the thrust of a regional CARPHA Tourism and Health project that encouraged local hotels to report the numbers of clients displaying syndromes representing gastrointestinal and respiratory illness. Fortunately, with the new integrated public health lab, the MHW has significant capacity for testing. The competition for testing modalities and tardy or absent notification of illness by practitioners are challenges to monitoring sickness and disease.

The MHW continued to invest in robust infection prevention control at the QEH, Psychiatric Hospital and all other institutions. It also continued to roll out aspects of the updated draft 2023-2028 Anti-Microbial Plan to support these initiatives.

The Barbados Drug Service

The BDS is responsible for medication management and the procurement of pharmaceuticals. Its mandate includes ensuring that all pharmaceuticals used on the island are safe, effective, and appropriately managed. Its key responsibilities include:

- The Barbados National Drug Formulary
- The Supply and Inventory Service
- The Special Benefit Service (SBS)
- The BDS Pharmacy Service

- The Drug Inspectorate
- The Drug Information Centre
- Pharmacovigilance; and
- Administration and Financial Management

Special Benefits Service

The Special Benefits Service provides medication to qualifying beneficiaries free of cost through private sector pharmacies, called the Private Participating Pharmacies (PPP) under the programme. The cost of prescriptions filled in PPP are reimbursed to the pharmacies by the BDS while the patient pays the beneficiary fee (formerly known as the dispensing fee). The Special Benefit Service provides drugs and related items listed in the Barbados National Drug formulary free of cost at point of service to the following beneficiaries:

1. Person 65 years of age and over;
2. Children under 16 years of age; and
3. Persons who receive prescribed formulary drugs for the treatment of hypertension, diabetes, cancer, glaucoma asthma and/or epilepsy.

There was a change in the pricing structure for prescriptions filled in the PPP and reimbursed by the BDS. The PPP sited economic challenges with the previous pricing structure which had been in use since 2011, after some negotiation, a pricing structure was approved and became effective on April 1, 2024. The increase in pricing bands was also implemented in the government sector. The changes in pricing bands are shown in Table 29.

Table 29: Change in Beneficiary Fee

Present Beneficiary Fee	Beneficiary Fee from April 1, 2024
$5.00 minus the Cost of the Formulary Drug	$7.00 minus the Cost of the Formulary Drug
$5.00	$7.00
$7.00	$10.00
$12.00	$14.00
Over $40 – 30% of the Cost of the Formulary Drug	Over $40 – 30% of the Cost of the Formulary Drug

The change in fees will not increase government's expenditure as the fee is paid by the patient, it will result in an increase in revenue from patients visiting the government pharmacies who are required to pay for their prescriptions.

In the 2024 calendar year, four new pharmacies were added to the Special Benefit Service, and two pharmacies ceased their operations. One hundred and eight (108) Private Participating Pharmacies provided services to the Barbados Drug Service. Five hundred and fifty-two thousand eight hundred and seventy-three prescriptions (552,873) were dispensed by the Private Participating Pharmacies (PPPs) under the SBS programme at a cost of seven million, seven hundred and two thousand, and fifty-three dollars and ninety-nine cents ($7,702,053.99) as seen in Table 30. This represented a monthly average of forty-six thousand, and seventy-three (46,073) prescriptions at a cost of six hundred and forty-one thousand, eight hundred and thirty-seven dollars and eighty-three cents ($641,837.83). The average cost per prescription was thirteen dollars and ninety-three cents ($13.93).

In the 2023 calendar year, five hundred and ninety-one thousand and fifteen (591,015) were dispensed at a cost of seven million, five hundred and eight thousand, nine hundred and three dollars and five cents ($7,508,903.05). The number of prescriptions dispensed in the 2024 calendar year at PPPs under the SBS programme declined by 6.45 per cent and the cost of the prescriptions

dispensed increased by 2.57 per cent when compared to the 2023 calendar year. There was a 9.59 per cent increase in the average cost of prescriptions dispensed over the same period.

Table 30: Total Volume and Cost of Prescriptions Dispensed in the Private Sectors for the Years 2020-2021, 2022, 2023 and 2024.

Year	Private Sector			
	Rx's	%	Expenditure ($)	%
2020-21	660,473	-2.10%	5,995,892	
2022	749,163	13.40%	7,505,212	25.17%
2023	591,015	-21.10%	7,508,903	0.05%
2024	552,873	-6.45%	7,702,054	2.57%

The BDS Pharmacy Service

The BDS Pharmacy Service comprises 14 pharmacies located in nine polyclinics, two outpatient clinics and two district hospitals. The St. Thomas Out-patient Clinic Pharmacy has been closed since May 2022 and the St. Philip District Hospital Pharmacy reopened in August 2024 after being closed in November of 2022. Therefore, for the calendar year 2024, thirteen (13) pharmacies were in operation under the BDS Pharmacy Service.

The PHARMS pharmacy management system was replaced by the MedData pharmacy management system in all BDS pharmacies, Psychiatric Hospital Pharmacy and Barbados Prison Service Pharmacy during the calendar year 2024. MedData was implemented in the pharmacies in a phased approach and resulted in improvements in patient records management, treatment, and pharmaceutical health care and safety.

During the year 2024, nine hundred and thirty-two thousand, nine hundred and eighteen (932,918) prescriptions were dispensed in the BDS Pharmacy Service at a cost of nine million, twenty-four thousand, two hundred and one dollars and nine cents ($9,024,201.09). The pharmacy at the Psychiatric Hospital is not a BDS Pharmacy; however, its drug budget comes from the BDS drug

allocations. Effective April 1, 2023, prescriptions for the Psychiatric Community Clinics were filled at the polyclinic pharmacies and the out-patient clinic pharmacies as opposed to the Psychiatric Hospital Pharmacy.

The Psychiatric Hospital Pharmacy dispensed sixty-four thousand, four hundred and thirty-four (64,434) prescriptions at a cost of six hundred and ninety-nine thousand, one hundred and twelve dollars and ten cents ($699,112.10). The total number of prescriptions dispensed through the BDS pharmacies, and the Psychiatric Hospital Pharmacy for the calendar year 2024 were ninety-seven thousand, three hundred and fifty-two (97,352) prescriptions at a cost of nine million, seven hundred and twenty-three thousand, three hundred and thirteen dollars and nineteen cents ($9,723,313.19).

Statistical Data for the BDS Pharmacies and the Psychiatric Hospital

In 2024, the Winston Scott Polyclinic Pharmacy recorded the highest prescription activity, filling 126,346 prescriptions as seen in Table 32. This represented 12.7% of the national prescription volume and accounted for 11% of the total prescription cost, valued at $1.07 million.

Maurice Byer and Randal Phillips Polyclinic Pharmacies followed closely, filling 112,453 (11.3%) and 103,808 (10.4%) prescriptions respectively. Their prescription costs represented 11.6% and 10.4% of the national total. Edgar Cochrane, St Philip, and Eunice Gibson Polyclinics each filled just over 99,000 to 101,700 prescriptions, representing 9.9% to 10.2% of national totals.

Branford Taitt Polyclinic Pharmacy dispensed 81,439 prescriptions (8.2%), while Frederick Miller, David Thompson Health and Social Service Centre, and the Psychiatric Hospital Pharmacies accounted for 7.8%, 7.1%, and 6.5% of national volume respectively.

The Geriatric Hospital Pharmacy filled 32,077 prescriptions (3.2%), while smaller outpatient facilities such as St Joseph and St Andrew recorded 12,661 (1.3%) and 9,546 (1.0%) prescriptions respectively. Their contribution to overall costs was 1.1% and 0.8%.

The St Philip District recorded the smallest activity, with 3,689 prescriptions (0.4%), representing just 0.2% of the total cost for 2024.

Table 31: Pharmacy Codes

Code	Pharmacy Name	Code	Pharmacy Name
AND	St. Andrew Out-Patients Clinic Pharmacy	**RAP**	Randal Phillips Polyclinic Pharmacy
BLR	Branford Taitt Polyclinic Pharmacy	**SIX**	St. Philip Polyclinic Pharmacy
EDC	Edgar Cochrane Polyclinic Pharmacy	**SPH**	St. Philip District Hospital Pharmacy
GER	Geriatric Hospital Pharmacy	**SWS**	Winston Scott Polyclinic Pharmacy
GLE	Frederick "Freddie" Miller Polyclinic Pharmacy	**THO**	St. Thomas Out-Patients Clinic Pharmacy
JON	David Thompson Health & Social Services Centre Pharmacy	**WAR**	Eunice Gibson Polyclinic Pharmacy
JOS	St. Joseph Out-Patients Clinic Pharmacy	**PSY**	Psychiatric Hospital Pharmacy
MBY	Maurice Byer Polyclinic Pharmacy		

Table 32: Prescription Count & Expenditure for Pharmacies for 2023 and 2024

Pharmacy	2024		2023	
	RX COUNT	EXPENDITURE ($)	RX COUNT	EXPENDITURE ($)
AND	9,546	82,375.46	11,933	90,404.03
BLR	81,439	794,499.08	90,416	849,141.92
EDC	101,699	979,337.52	98,727	893,734.28
GER	32,077	430,267.84	34,912	600,154.20
GLE	78,079	789,759.04	82,493	800,108.05
JON	71,026	665,007.18	73,839	589,425.08
JOS	12,661	102,806.26	12,384	92,341.28
MBY	112,453	1,123,591.08	113,636	985,409.87
RAP	103,808	1,011,093.08	113,930	1,048,972.39
SIX	101,033	1,010,803.24	105,068	930,166.94
SPH*	3689	21,660.85	0	0
SWS	126,346	1,073,359.01	144,084	1,101,459.58
THO*	0	0	0	0
WAR	99,062	939,641.46	99,915	881,210.67
Total	**932,918**	**9,024,201.09**	**981,337**	**8,862,528.29**
PSY	64,434	699,112.10	75,282	822,586.94
Total	**997,352**	**9,723,313.19**	**1,056,619**	**9,685,115.23**

Pharmacovigilance

Pharmacovigilance, as defined by the World Health Organization (WHO), is the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine/vaccine related problem. During the year 2024, the BDS received 40 reports. The reports are shown in Table 33. Four percent of the events reported were classified as serious according to the WHO causality assessment criteria. The other reports were classified as non-serious and included medication ineffective, urinary tract infections and gastrointestinal effects.

Table 33: Pharmacovigilance Reports

Reporter	2024 Count
Physician	13
Pharmacist	7
Other/ professionals	11
Consumers/Non-health professionals	3
Unknown skill	6

The Drug Information Centre

The Information Centre processes Category B drug application and relays drug approvals. Category B drugs are not full formulary items; they are made available to patients who need medicines which are not on the national formulary to manage their disease conditions. Category B applications are now processed in MedData.

There were (2,948) two thousand nine hundred and forty-eight Category B requests for the year January to December 2024. The BDS spent nine hundred and forty thousand, one hundred and thirteen dollars and thirty-nine cents ($940,113.39) to satisfy these requests for 2024 compared to eight hundred and seventy-two thousand and forty-five dollars and thirty cents ($872,045.30) in the 2023 financial year.

The Drug Inspectorate

The Drug Inspectorate Department provides the quality assurance linkages between the BDS, the Ministry of Health and Wellness and the public. The Drug Inspectorate ensures private pharmacies are inspected and licensed annually. The Drug Inspectorate Report for the year January to December 31, 2024, is seen in Table 35. The main aim of the inspectorate department is to carry out its regulatory functions, ensuring the quality, safety and efficacy of the drugs on the market. The drug inspectorate collaborated with the customs department and the post office to ensure that illegal drug imports were prevented from entering our market. The inspectorate oversees the inspection of pharmacies and pharmaceutical warehouses for the Barbados Pharmacy Council to ensure that pharmacies and pharmaceutical warehouses are regulated and stay within the ambit of the Pharmacy Act. The issuing of import and export licenses, and the overseeing of the safe disposal of drugs were among the many other activities undertaken by the drug inspectorate. A summary of the activities undertaken during the calendar year 2024 can be found in Table 34.

Table 34: Report of the Drug Inspectorate for the year January to December 31, 2024

Drug Inspectorate Report 2024	
Psychotropic Drug Import Authorizations:	105
Psychotropic Drug Export Authorizations:	50
Narcotic Import Authorizations:	133
Narcotic Export Authorizations:	109
Non-Schedule Import/Export Authorizations:	94
Non-Schedule Export Authorizations	24
Personal Import Authorizations:	213
Pharmacy Premises Inspections:	108

Therapeutic licenses:	342
Certificates of Analysis:	197
Free Sale Certificates:	28
Applications for Inclusions:	5
Presentations: Advisory and Inspection Committee, (Medication Handling and Disposal in the Nursing Home) **Meeting with Stakeholders: NCSA, BMCLA, CARPHA MQCSD, Customs and Excise department, PAHO, EU Delegation** **Submission of samples: CARPHA MQCSD for the Post market Surveillance Program along with routine sample submissions** **Visitations: DHL, FedEx, GAIA, for inspection of imported products.**	

The Establishment of the National Regulatory Authority

The Government of Barbados is establishing an independent National Regulatory Authority (NRA) for pharmaceuticals and related products. This initiative involves transforming the Regulatory Section of the Barbados Drug Service into the Barbados Drug Regulatory Authority (BDRA). The NRA will be responsible for safeguarding public health by ensuring that all medical products imported, manufactured, stored, and distributed in Barbados meets standards of safety, efficacy, and quality. A draft bill for the establishment of the BDRA has been prepared and upon its enactment, the regulatory functions will be separated from the Barbados Drug Service and integrated into the new autonomous authority.

Best-Dos Santos Public Health Laboratory (BDSPHL)

The Laboratory serves as the island's only public health laboratory providing routine testing services to all polyclinics and some private clinics. Additionally, the laboratory offers reference laboratory services to private laboratories, as well as services for other regional laboratories, clinics and programmes. The Laboratory has four main Departments: the Serology Department, the Clinical Microbiology Department (including TB, Enterics and Parasitology), Molecular Diagnostics and Immunology Department and the Environmental Department (water, food and air testing).

BDSPHL provides specialised testing which includes sequencing for influenza, dengue, and COVID-19. Information on these viruses is uploaded to WHO global databases which contributes to the monitoring of potential changes of these viruses with other international sequencing data. BDSPHL in collaboration with PAHO and Malbran Institute, Argentina, provides AMR proficiency testing panel to 5 OECS countries. The BDSPHL analyses the results and provides feedback and reports to the islands. The Laboratory continued to improve its services in areas such as AMR testing and introduced additional genotyping capabilities for the Carbapenemase-producing bacteria.

The Laboratory was designated as a National Influenza Center by the World Health Organization at the officially ceremony which took place in April 2024. The laboratory plays a critical role in confirming several respiratory viruses including influenza- and its various subtypes, COVID, RSV, rhinovirus among several others. In June 2024 a new testing platform was introduced which can identify/ screen for 24 targets (viral and bacterial) from a single sample/ test The laboratory also has capacity to detect and confirm several arboviruses including dengue, chikungunya, zika, oropouche virus and Mayaro viruses.

The laboratory processed in excess of 200,000 tests in 2023 (the Serology department processed 29,407 tests, the Microbiology department processed 115,721, the molecular & Immunology departments processed 38,775 tests and the Environmental and Water department processed 23,590 tests). The outline of the services provided for the past five years is represented in Appendix VI Tables 50-53.

In 2024, the Best-Dos Santos Public Health Laboratory provided services to several vital public health programmes across the Ministry of Health and Wellness. These programmes included screening of pregnant mothers who attended the Maternal and Child Health clinics, STI screening, screening for respiratory viruses, HbA1c, for diabetic patient monitoring, food outbreak investigations, and screening for antimicrobial resistance.

The Serology Department also continues to play a pivotal role in antibody testing for arboviruses and leptospirosis. The laboratory continues to play a significant role in the testing of potable, marine, recreational and wastewater across the island to ensure the drinking and bathing waters are safe for residents and visitors. It also supports other sectors, including hotels with water testing for compliance.

Overall, general laboratory services saw a downward trend in demand for testing services in 2024. The laboratory will continue to develop its services to meet the changing needs of clients and seek to improve access to the necessary laboratory diagnostics in line with public health requirements.

Environmental Health

Food Safety

The Ministry of Health and Wellness's (MHW) food safety goal was to ensure that only wholesome food reaches the population, thereby reducing the burden of food-borne illnesses. Food safety refers to the handling, storing and preparation of food in a manner that prevents foodborne illness. Food Safety breaches can result in major public health events and as such, the MHW as the competent authority and enforcement agency for food safety has the greatest synergies of competencies, qualified staff and skill sets to respond to human health issues that may arise from food safety breaches in Barbados.

The Environmental Health Department's comprehensive food safety programme included the inspection and monitoring of food service establishments according to the Health Services Act 1969. In addition, the application of the principles of good manufacturing practices, Hazard Analysis and Critical Control Point (HACCP) practices were emphasised. The department also insisted on an appropriate level of food safety training for food service managers and food service employees as required. Food Hygiene training was conducted at various food establishments as well as within the Ministry of Health Training Unit. Three hundred and ninety (390) food handlers were trained in 2023 and nine hundred and thirty-one (931) in 2024. The Caribbean Public Health Agency (CARPHA) assisted with the training for food handlers in 2024 for Cricket

World Cup. The Environmental Health Department in collaboration with the PAHO conducted training for Environmental Health Officers.

During the years 2023 and 2024, the Environmental Health Department continued to ensure that wholesome foods were served during the Crop-Over season through education and their physical presence at locations. Food businesses and food products were inspected throughout the year to ensure that food fit for human consumption reached consumers.

The Environmental Health Department continued to collaborate with the Ministry of Agriculture and Food Security regarding the development of updated legislation. The Food and Agricultural Organisation (FAO) conducted an evaluation of the food safety system in Barbados using their assessment tool. Some of the strengths identified included the qualifications of the officers and the ASYCUDA Customs management system used for imports. A number of gaps and deficiencies were identified which included the absence of a risk based legislative framework, insufficient sharing of information among competent authorities and the lack of a formal one health approach to food safety. The draft legislation is currently under review.

Vector Control

The control and prevention of arbovirus diseases such as Dengue fever, Zika and Chikungunya continued with the adaptation of an Integrated Mosquito Vector Management Programme. Emphasis was placed on source reduction by removing containers that had the potential to breed mosquitoes, fogging to destroy adult mosquitoes and the use of biological larvicides as well as growth inhibitors for the treatment of larvae. The programme continued to involve other government agencies, the private sector, civil society and communities to effectively manage the environment to break the transmission of mosquito borne diseases such as Dengue fever, chikungunya and the Zika.

The Ovi trap programme continued to provide monitoring at the points of entry to detect the presence of the *Aedes aegypti* mosquito and other species. An Ovi trap is a tool used to measure the circulation of Aedes mosquito in relation to time and location. In addition, the department

used the IN2Care traps around governmental healthcare institutions to target the larval and adult stages of the mosquito.

The mosquito house index remained below five (considered the threshold for **low risk** of mosquito-borne disease transmission such as dengue, chikungunya, or Zika). The mosquito house index is calculated as the percentage of the houses inspected in a defined area, which are found, with aquatic stages of mosquitoes. It is used as a measure for establishing the possibility of a mosquito outbreak.

The Vector Control Unit had a structured inspection and rodent-baiting plan at all government buildings, healthcare institutions, schools, and farms as well as at the sea and airport. The Ministry of Health and Wellness continued a distribution service for rodenticide from the Vector Control Unit and the Environmental Health offices in the polyclinics as well as during community outreach programmes.

The insectary, funded by the United States Agency for International Development (USAID) as part of the Zika Airs Project (ZAP) continued to facilitate entomological surveillance and insecticide resistance testing.

Training was conducted by CARPHA in the use of Geographical Information System (GIS) in its mosquito and rodent control programmes. GIS is used to map the locations of mosquito-borne diseases, mosquito larvae breeding, Ovi traps, wetlands and rodent bait stations. The data gathered was used to determine areas for fogging and monitoring mosquito population density.

Climate Change and Health

The Climate Change and Health programme of the MHW aimed to develop appropriate adaptation and build a climate-resilient health care system. It also aimed to include climate change adaption strategies into the routine work of the Environmental Health Department (EHD) to minimise the impacts of vector, water and airborne diseases risks associated with climate phenomena. The SMART Hospitals standard for health care facilities developed through PAHO represents one of the green resilient targets Barbados' health systems is aiming to achieve.

One of the key steps for implementing this initiative is training technical staff in the use of the SMART Hospital toolkit. The comprehensive assessment is intended to identify vulnerabilities within healthcare facilities and operations, which can be compromised by the impacts of severe weather events or climate variability. The development of climate and disaster resilience in healthcare facilities is a critical component of the development of the Ministry's Health National Adaptation Plans (HNAP). The HNAP was intended to be an important chapter in an overall National Adaptation Plan (NAP) for Barbados, which seeks to compile all critical services and sectors' plans for climate change.

In addition, the MHW was selected as the sitting Chair for the interregional Climate and Health Advisory Group (CHAG) coordinated under the PAHO's EU/CARIFORUM Climate Change and Health Project. These responsibilities maintained the ministry's climate change and health programme presence at national regional and international levels in the interest of building capacity towards climate resilience.

The following strategies are considered implementable in the short-term as it relates to becoming climate resilient:

1. The development of an Early Warning and Communication System for water quality.
2. Development of an effective water quality surveillance system and wastewater reuse licensing and monitoring programme.
3. The upgrade of the Environmental Health Department to mainstream climate change adaption and resilience-building into its work plans and strategic goals.
4. The continuation of mosquito species monitoring in the Graeme Hall swamp and the development of policies and programmes to promote the ecological protection of the site in compliance with the Ramsar Agreement signed in 2006.

International Health Regulations

Under the International Health Regulations (IHR 2005), Member States are requested to maintain public health measures and response capacity at designated airports, ports and ground crossings.

This protects the health of travellers and the population, keeps ports, airports and ground crossings operating, and ensures ships, aircraft and ground transportation are in sanitary condition so that no unnecessary health-based restrictions are placed on international traffic and trade. Today's high traffic at airports, ports and ground crossings can play a key role in the international spread of diseases through persons, conveyances and goods.

The MHW continued to strengthen the Port Health programme to ensure that Barbados complied with the International Health Regulations, 2005, to protect the local population and visitors from diseases or health risks associated with travel and trade. Infection Prevention and Control Training was conducted for all stakeholders at the ports of entry.

Water Quality

Potable water is monitored to identify and manage waterborne disease hazards and risks to protect the public's health. Water is sampled for testing for chlorine residual and the presence of pathogenic bacteria. The WHO guideline for potable water quality is applied to ensure that Barbados' water meets the required standards. The WHO guideline for drinking water indicates that the main parameters, pseudomonas, total coliform, enterococci and faecal coliform must all be detectable at <1 mg/l for the sample to be deemed satisfactory or potable. A residual concentration of free chlorine greater than or equal to 0.5 mg/litre is adequate.

Additionally, it should be note that the Water Reuse Act, first introduced in 2023, became fully operational, supporting the safe reuse of treated wastewater for a range of non-potable uses.

Waste Management

Illegal dumping of waste was a significant challenge with an increase in unlawful dumping sites being identified, due to the non-collection of refuse within a specified time. This issue impacted communities with an increase in rodent and mosquito infestation.

The MHW continued its collaboration with its stakeholders to regulate the coconut vending sector. The disposal of coconut shells continued to be problematic although the tipping fee

charged for waste disposal was discontinued. The MHW continued to facilitate training sessions for coconut venders on best practices in handling coconuts as a food product, as well as the procedure for disposing of the coconut shells.

Port Health Services

Environmental Health Officers stationed at the points of entry continued to inspect foods imported into Barbados. Foods that were fit for human consumption were released, while foods that were unfit for human consumption were destroyed as seen in Table 35.

Table 35: Quantity of Imported Food Inspected and Condemned at Points of Entry

Food Inspected	2023	2024
Wholesome Food Released (Kg)	123,936,631	131,811,208
Food Condemned (kg)	132,866	64,596
Total Food Imported Inspected (kg)	124,096,497	131,875,804

Boarding of Vessels and Disease Surveillance

Boarding and clearance of vessels at points of entry remain a key component of the Port Health Service's disease surveillance activities. A total of 1,736 vessels in 2023 and 1,953 vessels in 2024 were granted free pratique as seen in Table 36.

Table 36: Type of Vessels granted Free Pratique 2021-2022

Vessels	***2023***	***2024***
Cruise Vessels	*373*	*433*
Cargo	*676*	*736*

Oil & Gas Tankers	*127*	*174*
Yachts (Bridgetown)	*241*	*183*
Yachts (Port St. Charles)	*265*	*339*
Fishing Boats (Bridgetown Port)	*18*	*55*
Fishing Boats (Port St. Charles)	*12*	*1*
Tug and Barge	*13*	*22*
Others	*11*	*10*
Totals	***1736***	***1953***

Ship Sanitation Inspection

The Ship Sanitation Control/Exemption Certificate inspection programme continued with the inspection of vessels requiring certification. This programme audits conditions on board ships in relation to food safety, medical facilities, and integrated pest management and hospitality services to ensure compliance with international standards. Table 37 below summarises the activities of this inspection programme.

Table 37: Ship Sanitation Inspections

YEAR	Cargo	Cruise Vessels	Yacht	Oil & Gas Tankers	Other Vessels	Total No. Vessels
2023	19	12	1	8	7	47
2024	20	13	4	5	4	46

INSTITUTIONAL HEALTH SERVICES

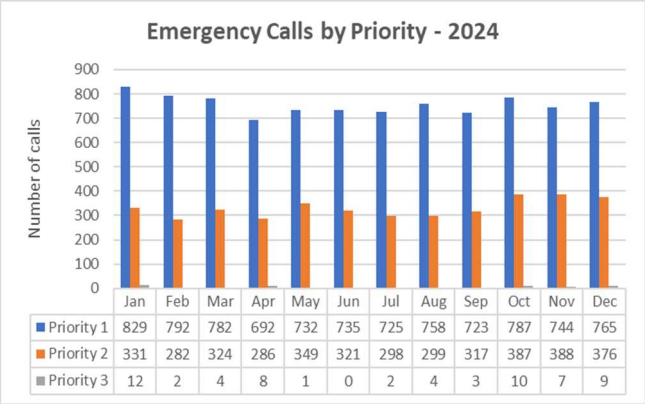
Queen Elizabeth Hospital

Prehospital Services

The Emergency Ambulance Service (EAS) continued to play a critical role in prehospital care and responding to urgent medical needs across the island. In 2024, the service received 13,084 emergency calls, responding to road traffic accidents, injury-related interpersonal violence incidents, and medical emergencies, providing timely and high-quality medical care to patients across communities in every parish. Sixty-nine percent of calls received *(Priority 1)* required an immediate response, while thirty percent *(Priority 2)* an emergent response, and the remaining one percent *(Priority 3)* requiring non-urgent and/or inter-facility transportation as seen in Figure 16 and 17. The EAS expanded its fleet to twelve vehicles following the generous donation of two ambulances from the Maria Holder Memorial Trust. This initiative among other capacity building efforts of the QEH includes the recruitment of additional Emergency Medical Technicians (EMTs), procurement of prehospital equipment, enhanced clinical capabilities and strengthened response readiness for mass casualty incidents and natural disasters during the review period. Additionally, a fourth cohort of EMTs (8) commenced training in Paramedic Science at the Barbados Community College to increase the number of Paramedics on staff while ensuring that continued professional development remains a key focus within the service. The EAS remains committed to advancing prehospital emergency care through a well-trained workforce, efficient response strategies, and a deep sense of duty to the communities in Barbados.

EAS Emergency Calls by Priority and Location

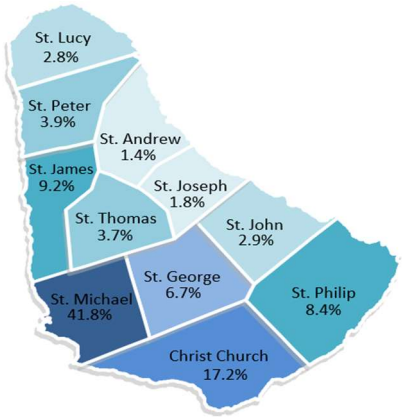
Figure 15: Emergency Calls by Priority



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Priority 1	829	792	782	692	732	735	725	758	723	787	744	765
Priority 2	331	282	324	286	349	321	298	299	317	387	388	376
Priority 3	12	2	4	8	1	0	2	4	3	10	7	9

Data source: Emergency Ambulance Service

Figure 16: Emergency Calls by Location



Call Distribution [%] by Parish - 2024

Emergency Services

The Accident and Emergency Department (AED) at the Queen Elizabeth Hospital managed a total of 25,942 patient visits, with 7,131 admissions, representing 56.1% of the hospital's total admissions (excluding neonates) in 2024. Medical emergencies accounted for approximately 85% of visits, while trauma-related cases including motor vehicle accidents, interpersonal violence, and falls comprised the remaining 15%. Comparative analysis with 2023 (25,782 visits and 6,832 admissions) reflects a marginal increase in departmental utilisation. However, patient acuity levels remained consistent with previously reported data, indicating a sustained demand for high-level emergency clinical interventions. Patients attending the AED were triaged and categorised into the following groups:

- Life-threatening conditions requiring immediate intervention;
- Urgent, non-life-threatening conditions;
- Non-urgent medical issues requiring hospital-based care;
- Non-urgent conditions suitable for management in alternative care settings; and
- Patients returning for scheduled follow-up reviews.

Improving waiting times, optimising patient flow, and enhancing the quality and efficiency of emergency care continue to be strategic obligations for the institution. These efforts are essential

to alleviating system bottlenecks, ensuring appropriate resource allocation, and improving overall patient satisfaction within the emergency department.

Inpatient Services

In 2024, the Queen Elizabeth Hospital's leading inpatient services Medicine, Obstetrics, Gynaecology, Surgery, and Paediatrics continued to be the main drivers of hospital admissions. Together, these departments accounted for 73% of all patient admissions for the year. A total of 14,554 patients were admitted during this period, representing an 8% decrease from 2023, which recorded 15,689 admissions as seen in Table 38. The average length of stay, including time spent in intensive care units, was 7.9 days, remaining relatively unchanged when compared to 7.8 days reported in the previous year. Bed occupancy across the hospital averaged approximately 70% in 2024, up from 67% in 2023. These figures reflect the hospital's continued role in meeting the acute care needs of the population while maintaining consistent operational efficiency and quality service delivery.

Table 38: Bed Utilisation Rates 2022 - 2024

	Admissions	*Patient Days*	*Average Length of Stay (ALOS) days*	*Bed Occupancy Rate (%)*
2022	*14,643*	*115,249*	*7.8*	*62.7*
2023	*15,689*	*122,437*	*7.7*	*66.8*
2024	*14,554*	*118,058*	*7.9*	*69.9*

Data source: Medical Records Department

Outpatient Services

Outpatient Services Department at Queen Elizabeth Hospital recorded a total of 115,674 patient visits, comprising both new and returning cases. The department continued to provide comprehensive care across a wide range of medical specialties. The leading outpatient services for the year were Medicine, Obstetrics, Ophthalmology, Surgery, and Orthopaedics. Patient visits reflected a 40% increase compared to previously reported annual figures of 82,562 indicating growing demand and greater utilisation of outpatient services as seen in Table 39. Enhancing appointment scheduling, improving the efficiency of clinic operations, and ensuring a positive

experience for all patients remain key priorities for the continued advancement of outpatient care at the QEH.

Table 39: Outpatient Utilisation 2022 - 2024

Top 5 Outpatient Services	Number of Outpatient Visits		
	2022	**2023**	**2024**
Obstetrics	10,682	8,530	10,197
Ophthalmology	19,825	20,460	30,220
Medicine	15,004	10,730	15,106
Surgery	10,251	11,390	15,678
Radiotherapy	8,555	-	-
Orthopaedics	-	7,625	9,823
Total Outpatient Visits	109,936	82,562	115,674

Data source: Medical Records Department

Surgical Services

The Department of Surgery provided essential surgical services *(elective and emergency)* for residents and visitors to Barbados, as well as patient referrals from other Caribbean nations. In 2024, a total of 4,954 elective surgeries were scheduled, showing a small but positive increase over the figure recorded (4,848) in 2023 as seen in Table 40. While seventy-three percent of these surgeries were successfully completed, the hospital is aware that same-day cancellations recorded at twenty-seven percent remain a concern for many patients. To improve the patient experience, QEH is improving pre-surgery assessments to ensure patients are well-prepared, reducing the number of surgeries cancelled for non-clinical reasons, and improving the scheduling processes so the service can be provided in an effective and efficient manner. The department and its dedicated team of surgeons, nurses, and support staff remain committed to delivering safe, timely, and high-quality surgical care to every patient.

Table 40: Elective Surgical Cases by Sub-specialties - 2024

Surgical Specialties	Cases Scheduled	Cases Performed	Cases Cancelled
Ophthalmology	962	807	155
Neurosurgery	85	52	33
Ear Nose & Throat	653	443	210
Obstetrics/Gynaecology	922	476	446
Orthopaedics	714	607	107
Plastics	14	133	14
Urology	191	145	46
Cardiothoracic	192	141	51
General Surgery	1055	812	243
Dentals	33	22	11
Total	4954	3638	1316

Data source: Nursing Services

Radiotherapy

The Department of Radiotherapy, located within the Clara Brathwaite Center for Nuclear Medicine and Oncology at the Queen Elizabeth Hospital (QEH), continued to deliver comprehensive cancer care services through its multidisciplinary team. The department provided radiotherapy, chemotherapy for solid tumours, nuclear medicine diagnostics, as well as palliative and terminal care for patients requiring cancer management.

In 2024, the most frequently treated malignancies were breast, prostate, and colorectal cancers as seen in Table 41. Other commonly managed conditions included cervical and endometrial cancers, head and neck cancers, and haematological malignancies. Radiotherapy referrals were made as appropriate to ensure patients received timely and effective treatment interventions. Chemotherapy remained available for key cancer types, including breast, colon, head and neck, and ovarian cancers, with treatments administered using standard regimens and protocols.

The department also continued the use of nuclear scans with the hybrid Gamma Camera Unit, which played a key role in diagnostic imaging and screening processes. Access to Specially Authorized Drugs (SADs), approved by the QEH Drugs and Therapeutic Committee, supported the treatment of complex and advanced cancers, enhancing the scope and responsiveness of available care options.

Central to the department's approach was a continued emphasis on patient and caregiver engagement. Ensuring that individuals are informed and actively involved in decisions about their treatment remains a core principle guiding service delivery. The integration of technical expertise with compassionate, patient-centred care continues to define the department's contribution to oncology services at the QEH.

Table 41: Pattern of Malignant Referrals - 2024

Site	Male	Female	Totals
Breast	3	116	119
Colon	41	37	78
Stomach	1	1	2
Oesophagus	5	0	5
Other Digestive Organs	12	15	27
Rectum	11	10	21
Thyroid	6	25	31
Cervix	0	17	17
Endometrium	0	46	46
Prostate	45	0	45
Head and Neck	13	3	16
Blood and Lymph	1	0	1
Lung	8	2	10

Other Endocrine Organs	1	4	5
Urinary Organs	2	4	6
Brain and CNS	1	3	4
Skin	3	3	6
Bone	1	2	3
Ovary	0	9	9
Unknown Primary	2	1	3
All Others	16	11	27
Totals	172	311	481

Data source: Department of Radiotherapy

Rehabilitation Services

The Physiotherapy Unit, operating under the Department of Rehabilitation, continued to deliver essential inpatient and outpatient rehabilitation services that support the continuum of care across the Queen Elizabeth Hospital (QEH), the polyclinics, and the St. Lucy District Hospital. Throughout the review period, the unit remained committed to supporting patients recovering from illness or injury by providing structured rehabilitation across multiple care settings. A total of 6,321 patients received physiotherapy services, accounting for 20,274 patient visits and the administration of 85,928 units of care as seen in Table 42. Services were delivered across key rehabilitation areas including cardiopulmonary, neuromedical, orthopaedic, and amputee care, as well as staff wellness interventions designed to support employee health and resilience.

Table 42: Physiotherapy Unit Utilisation by Service – 2024

Physiotherapy Services	No. of Patients	No. of Patient Visits	Units of Care
Cardiopulmonary	1560	4680	11,700
Neurological/Medical	2228	6684	31188
Orthopaedics/Surgical	1524	6804	27216
Amputee Clinic	839	1678	13424
Staff Wellness Centre	170	428	2400
Total	6,321	20,274	85,928

Data source: Rehabilitation Department

Infection Prevention and Control

In 2024, the Infection Prevention and Control (IPC) Department maintained a critical role in supporting the Queen Elizabeth Hospital's operational and clinical safety objectives. The department's efforts were instrumental in ensuring compliance with infection prevention standards across all departments, contributing significantly to the reduction of Healthcare Associated Infections (HAIs). IPC interventions directly support patient safety, reduce avoidable extensions in hospital length of stay, and mitigate financial burdens associated with HAIs. The department continued to implement structured surveillance, prevention, and control programmes to monitor infection trends and enhance internal quality improvement targeting both hospital and community-acquired infections. During the reporting period, a total of 44 incidents of staff exposure to blood borne pathogens were recorded. Of these, 43 (98%) were due to accidental needle stick injuries and one (2%) due to exposure to blood and/or body fluids. Notably, there were no recorded injuries resulting from the handling of medical instruments, and no adverse health outcomes were reported from these incidents. These figures highlight the effectiveness of current IPC protocols, post-exposure management systems, and training efforts in safeguarding staff. The IPC Department remains a key enabler of clinical excellence, risk mitigation, and cost containment, and its continued strengthening is vital to the hospital's strategic goals.

Achievements

Pathology Laboratory Accreditation

The Pathology Laboratory on summary evaluation of system conformity standards achieved a significant milestone by successfully meeting all the requirements set forth by the Jamaica National Agency for Accreditation (JANAAC). Following the assessment and review process, the laboratory was officially awarded its certificate of accreditation. This accreditation affirms the laboratory's adherence to internationally recognised standards for quality, competence, and operational excellence in the provision of diagnostic pathology services. It underscores the QEH's ongoing commitment to maintaining the highest levels of accuracy, reliability, and patient safety in laboratory testing, which are critical components in the delivery of comprehensive

healthcare services. JANAAC's accreditation compliance not only enhances the laboratory's reputation for excellence but also strengthens the hospital's overall service quality, contributing to improved clinical decision-making and patient outcomes.

Advancement in Neonatal Nursing Care Practice

The Queen Elizabeth Hospital achieved notable progress in the advancement of neonatal nursing care during the reporting period. Nurses assigned to the Neonatal Intensive Care Unit (NICU) successfully completed the Council of International Neonatal Nurses training programme. This specialised training emphasised the critical areas of research, quality improvement, and the implementation of enhanced safety protocols, all directed toward elevating the standard of care provided to premature and critically ill infants. QEH's commitment to regional capacity building and knowledge sharing was demonstrated as the hospital prepared in 2024 to host nurses from St. Vincent, St. Kitts, and Dominica in January 2025 for clinical attachment within the NICU. These nurses will benefit from specialised clinical exposure in a structured skills enhancement programme designed to strengthen their clinical competencies in advanced neonatal care practices. Upon completion of their attachment, these healthcare professionals are expected to return to their respective countries equipped to either improve existing Neonatal Intensive Care Units or contribute to the establishment of new services, thereby supporting the overall enhancement of neonatal care delivery across the Eastern Caribbean. These initiatives reflect the QEH's dedication to promoting excellence in neonatal healthcare delivery, fostering a culture of continuous professional development, and extending its impact beyond Barbados to positively influence neonatal outcomes throughout the region.

Enhancement of Diagnostic Imaging Capacity

QEH significantly strengthened its diagnostic imaging capabilities with the installation of a state-of-the-art 128-Slice Computed Tomography (CT) scanner. This advanced imaging technology was successfully integrated into the hospital's technical infrastructure, ensuring seamless operational functionality and immediate availability to clinical teams. The installation of the 128-slice CT scanner has notably enhanced the diagnostic capacity of the Accident and Emergency

Department, enabling faster, more detailed imaging for critically ill and trauma patients. This advancement supports improved clinical decision making, expedites diagnosis, and contributes to better patient outcomes.

APPENDIX I

Table 43: Mortality Data 2024

Code	Gender	<1y	1-4y	5-14y	15-24y	25-44y	45-64y	65y+	TOTAL
0	*Symptoms, signs and ill-defined conditions*								
	Male	0	0	0	0	2	7	9	18
	Female	0	0	0	0	0	1	10	11
Total (0.00)		**0**	**0**	**0**	**0**	**2**	**8**	**19**	**29**
1.01	*intestinal Infectious diseases*								
	Male	0	0	0	0	0	1	4	5
	Female	0	0	0	0	0	0	3	3
Total (0.01)		**0**	**0**	**0**	**0**	**0**	**1**	**7**	**8**
1.02	*Tuberculosis*								
	Male	0	0	0	0	0	0	1	1
	Female	0	0	0	0	0	0	1	1
Total (0.03)		**0**	**0**	**0**	**0**	**0**	**0**	**2**	**2**
1.03	*Certain vector-borne diseases and rabies*								
	Male	0	0	0	0	0	1	2	3
	Female	0	0	0	1	0	0	1	2
Total (0.03)		**0**	**0**	**0**	**1**	**0**	**1**	**3**	**5**
1.04	*Certain diseases preventable by immunization*								
	Male	0	0	0	0	0	0	0	0
	Female	0	0	0	0	0	0	0	0
Total (1.04)		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
1.05	*Meningitis*								
	Male	0	0	0	0	0	**1**	**1**	2
	Female	0	0	0	0	0	0	0	0
Total (0.05)		**0**	**0**	**0**	**0**	**0**	**1**	**1**	**2**
1.06	*Septicemia, except neonatal*								
	Male	0	0	0	0	0	1	8	9
	Female	0	0	0	0	2	0	4	6
Total (1.06)		**0**	**0**	**0**	**0**	**2**	**1**	**12**	**15**
1.07	*HIV disease (AIDS)*								
	Male	0	0	0	0	1	1	1	3
	Female	0	0	0	1	3	0	0	4
Total (1.07)		**0**	**0**	**0**	**1**	**4**	**1**	**1**	**7**
1.08	*Acute respiratory infection*								

	Male	1	0	0	0	1	5	79	86
	Female	0	0	0	0	0	6	88	94
Total (1.08)		**1**	**0**	**0**	**0**	**1**	**11**	**167**	**180**
1.09	*Other infectious and parasitic diseases*								
	Male	0	0	0	0	2	3	5	10
	Female	0	1	0	0	3	3	5	12
Total (1.09)		**0**	**1**	**0**	**0**	**5**	**6**	**10**	**22**
2.01	*Malignant neoplasm of stomach*								
	Male	0	0	0	0	1	3	7	11
	Female	0	0	0	0	1	2	7	10
Total (2.01)		**0**	**0**	**0**	**0**	**2**	**5**	**14**	**21**
2.02	*Malignant neoplasm of colon and rectosigmoid junction*								
	Male	0	0	0	0	0	19	26	45
	Female	0	0	0	0	2	10	25	37
Total (2.02)		**0**	**0**	**0**	**0**	**2**	**29**	**51**	**82**
2.03	*Malignant neoplasm of digestive organs and peritoneum, except stomach and colon*								
	Male	0	0	0	0	0	15	35	50
	Female	0	0	0	0	0	20	15	35
Total (2.03)		**0**	**0**	**0**	**0**	**0**	**35**	**50**	**85**
2.04	*Malignant neoplasm of trachea, bronchus and lung*								
	Male	0	0	0	0	0	5	4	9
	Female	0	0	0	0	1	2	8	11
Total (2.04)		**0**	**0**	**0**	**0**	**1**	**7**	**12**	**20**
2.05	*Malignant neoplasm of respiratory and intrathoracic organs, except trachea, bronchus and lung*								
	Male	0	0	0	0	0	3	4	7
	Female	0	0	0	0	0	0	0	0
Total (2.05)		**0**	**0**	**0**	**0**	**0**	**3**	**4**	**7**
2.06	*Malignant neoplasm of breast*								
	Male	0	0	0	0	0	0	1	1
	Female	0	0	0	0	11	35	25	71
Total (2.06)		**0**	**0**	**0**	**0**	**11**	**35**	**26**	**72**
2.07	*Malignant neoplasm of cervix uteri*								
	Female	0	0	0	0	3	2	4	9
Total (2.07)									

2.08	*Malignant neoplasm of other and unspecified parts of uterus*								
	Female	0	0	0	0	0	12	33	45
Total (2.08)									
2.1	*Malignant neoplasm of prostate*								
	Male	0	0	0	0	0	10	106	116
Total (2.10)									
2.11	*Malignant neoplasm of bladder &other genitourinary organs*								
	Male	0	0	0	0	0	4	14	18
	Female	0	0	0	0	1	6	27	34
Total (2.11)		**0**	**0**	**0**	**0**	**1**	**10**	**41**	**52**
2.12	*Leukemia*								
	Male	0	0	0	0	0	1	5	6
	Female	0	0	0	0	0	1	7	8
Total (2.12)		**0**	**0**	**0**	**0**	**0**	**2**	**12**	**14**
2.13	*Malignant neoplasm of lymphoid, other hematopoietic and related tissue*								
	Male	0	0	0	0	2	5	15	22
	Female	0	0	0	0	1	2	11	14
Total (2.13)		**0**	**0**	**0**	**0**	**3**	**7**	**26**	**36**
2.14	*Malignant neoplasm of other and unspecified sites*								
	Male	0	0	0	0	1	11	23	35
	Female	0	0	1	0	1	13	25	40
Total (2.14)		**0**	**0**	**1**	**0**	**2**	**24**	**48**	**75**
2.15	*Carcinoma in situ, benign neoplasms and neoplasms of uncertain or unknown behaviour*								
	Male	0	0	0	0	0	1	8	9
	Female	0	0	0	0	2	1	6	9
Total (2.15)		**0**	**0**	**0**	**0**	**2**	**2**	**14**	**18**
3.01	*Acute rheumatic fever and chronic rheumatic heart diseases*								
	Male	0	0	0	0	0	0	1	1
	Female	0	0	0	0	0	0	0	0
Total (3.01)		**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
3.02	*Hypertensive diseases*								
	Male	0	0	0	0	1	15	40	56
	Female	0	0	0	0	0	4	57	61
Total (3.02)		**0**	**0**	**0**	**0**	**1**	**19**	**97**	**117**
3.03	*Ischemic heart diseases*								

	Male	0	0	0	0	4	20	65	89
	Female	0	0	0	0	2	10	69	81
Total (3.03)		**0**	**0**	**0**	**0**	**6**	**30**	**134**	**170**
3.04	*Pulmonary heart disease, diseases of pulmonary circulation and other forms of heart disease*								
	Male	0	0	0	2	8	23	62	95
	Female	0	0	0	0	5	20	92	117
Total (3.04)		**0**	**0**	**0**	**2**	**13**	**43**	**154**	**212**
3.07	*Cerebrovascular diseases*								
	Male	0	0	0	0	6	22	80	108
	Female	0	0	0	1	2	13	94	110
Total (3.07)		**0**	**0**	**0**	**1**	**8**	**35**	**174**	**218**
3.09	*All other diseases of the circulatory system*								
	Male	0	0	0	0	0	4	10	14
	Female	0	0	0	0	0	3	13	16
Total (3.09)		**0**	**0**	**0**	**0**	**0**	**7**	**23**	**30**
4.02	*Fetus and Newborn affected by obstetric complications, birth trauma*								
	Male	0	0	0	0	0	0	0	0
	Female	0	0	0	0	0	0	0	0
Total (4.02)		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
4.03	*Slow fetal growth, fetal malnutrition and immaturity*								
	Male	0	0	0	0	0	0	0	0
	Female	0	0	0	0	0	0	0	0
Total (4.04)		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
4.04	*Respiratory disorders specific to the perinatal period*								
	Male	7	0	0	0	0	0	0	7
	Female	1	0	0	0	0	0	0	1
Total (4.04)		**8**	**0**	**0**	**0**	**0**	**0**	**0**	**8**
4.05	*Bacterial sepsis of newborn*								
	Male	0	0	0	0	0	0	0	0
	Female	0	0	0	0	0	0	0	0
Total (4.05)		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
4.06	*Remainder of certain conditions originating in the perinatal period*								
	Male	3	0	0	0	0	0	0	3
	Female	2	0	0	0	0	0	0	2
Total (4.06)		5	0	0	0	0	0	0	5

4.07	*Injury, Poisoning and certain other consequences of External Causes*								
	Male	0	0	0	1	9	12	30	52
	Female	0	0	0	0	5	1	16	22
Total (4.07)		0	0	0	1	14	13	46	74
5.01	*Motor Vehicle Traffic Accidents*								
	Male	0	0	0	2	4	7	5	18
	Female	0	0	0	0	1	0	0	1
Total (5.01)		**0**	**0**	**0**	**2**	**5**	**7**	**5**	**19**
5.03	*Falls*								
	Male	0	0	0	0	0	1	2	3
	Female	0	0	0	0	0	0	8	8
Total (5.03)		**0**	**0**	**0**	**0**	**0**	**1**	**10**	**11**
5.04	*Accidents caused by firearms discharge*								
	Male	0	0	0	2	9	2	0	13
	Female	0	0	0	0	0	0	0	0
Total (5.03)		**0**	**0**	**0**	**2**	**9**	**2**	**0**	**13**
5.05	*Accidental drowning and submersion*								
	Male	0	0	0	1	5	4	3	13
	Female	0	0	0	0	0	1	0	1
Total (5.03)		**0**	**0**	**0**	**1**	**5**	**5**	**3**	**14**
5.08	*Exposure to smoke, fire & flames*								
	Male	0	0	0	0	0	2	4	6
	Female	0	0	0	0	0	1	0	1
Total (5.08)		**0**	**0**	**0**	**0**	**0**	**3**	**4**	**7**
5.09	*Accidental poisoning by and exposure to noxious substances*								
	Male	0	0	0	0	0	1	0	1
	Female	0	0	0	0	0	0	0	0
Total (5.09)		**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**
5.1	*All other accidents*								
	Male	0	0	0	0	3	6	15	24
	Female	0	0	0	0	0	2	20	22
Total (5.10)		**0**	**0**	**0**	**0**	**3**	**8**	**35**	**46**
5.11	*Intentional self-harm(suicide)*								
	Male	0	0	0	0	1	0	0	1
	Female	0	0	0	0	0	0	0	0

Total (5.10)		**0**	**0**	**0**	**0**	**1**	**0**	**0**	**1**
5.12	*Assault (homicide)*								
	Male	0	0	0	6	15	7	1	29
	Female	0	0	0	1	0	1	0	2
Total (5.12)		**0**	**0**	**0**	**7**	**15**	**8**	**1**	**31**
5.13	*Events of undetermined intent*								
	Male	0	0	0	0	0	1	1	2
	Female	0	0	0	0	0	0	0	0
Total (5.13)		**0**	**0**	**0**	**0**	**0**	**1**	**1**	**2**
6.01	*Diabetes mellitus*								
	Male	0	0	0	0	3	15	81	99
	Female	0	0	0	0	2	6	107	115
Total (6.01)		**0**	**0**	**0**	**0**	**5**	**21**	**188**	**214**
6.02	*Nutritional deficiencies and anaemias*								
	Male	0	0	0	0	0	0	3	3
	Female	0	0	0	0	1	0	1	2
Total (6.02)		**0**	**0**	**0**	**0**	**1**	**0**	**4**	**5**
6.03	*Mental and behavioural disorders*								
	Male	0	0	0	0	0	0	4	4
	Female	0	0	0	0	0	0	19	19
Total (6.03)		**0**	**0**	**0**	**0**	**0**	**0**	**23**	**23**
6.04	*Diseases of the nervous system, except meningitis*								
	Male	0	0	0	0	0	0	12	12
	Female	0	0	0	1	3	6	15	25
Total (6.04)		**0**	**0**	**0**	**1**	**3**	**6**	**27**	**37**
6.05	*Chronic lower respiratory diseases*								
	Male	0	0	1	0	1	2	13	17
	Female	0	0	2	0	0	0	7	9
Total (6.05)		**0**	**0**	**3**	**0**	**1**	**2**	**20**	**26**
6.06	*Remainder of diseases of the respiratory system*								
	Male	0	0	0	0	3	9	50	62
	Female	0	0	0	0	2	5	41	48
Total (6.06)		**0**	**0**	**0**	**0**	**5**	**14**	**91**	**110**
6.07	*Appendicitis, hernia of abdominal cavity and intestinal obstruction*								
	Male	0	0	0	0	0	1	6	7
	Female	0	0	0	0	0	0	7	7

Total (6.07)		**0**	**0**	**0**	**0**	**0**	**1**	**13**	**14**
6.08	*Cirrhosis and certain other chronic diseases of liver*								
	Male	0	0	0	0	1	10	4	15
	Female	0	0	0	0	2	7	6	15
Total (6.08)		**0**	**0**	**0**	**0**	**3**	**17**	**10**	**30**
6.09	*All other diseases of the digestive system*								
	Male	0	0	0	0	2	6	7	15
	Female	0	0	0	0	0	3	10	13
Total (6.09)		**0**	**0**	**0**	**0**	**2**	**9**	**17**	**28**
6.1	*Diseases of the urinary system*								
	Male	0	0	0	0	2	9	60	71
	Female	0	0	0	0	2	10	44	56
Total (6.10)		**0**	**0**	**0**	**0**	**4**	**19**	**104**	**127**
6.11	*Hyperplasia of prostate*								
	Male	0	0	0	0	0	1	11	12
Total (6.11)		**0**	**0**	**0**	**0**	**0**	**1**	**11**	**12**
6.12	*Pregnancy, childbirth and the puerperium*								
	Female	0	0	0	1	1	0	0	2
Total (6.12)		**0**	**0**	**0**	**1**	**1**	**0**	**0**	**2**
6.13	*Congenital malformations, deformations and chromosomal abnormaliti*								
	Male	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**2**
	Female	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**4**
Total (6.13)		**6**	**0**	**0**	**0**	**0**	**0**	**0**	**6**
6.15	*Remainder of all other diseases*								
	Male	0	0	0	3	1	0	111	115
	Female	0	0	0	1	0	0	109	110
Total (6.15)		0	0	0	4	1	0	220	225
GRAND TOTAL		20	1	4	22	139	479	2059	2724

APPENDIX 11

Table 44: QEH - Teenage Deliveries 2020-2024

Years	*No. Teenage Deliveries (%)*	*Total Deliveries*
2022	*144 (7.4)*	*1933*
2023	*157 (7.6)*	*2071*
2024	*131 (7.2)*	*1811*

Table 45: Number of Deliveries by Age of Mothers -QEH 2020-2024

Age Group in Years	**2022**	**2023**	**2024**
< 15	1	3	1
15 – 19	143	154	130
20 -24	441	495	432
25 -29	513	517	500
30 -34	439	464	398
35 – 39	293	323	259
40+	103	115	91
Total	1933	2071	1811

APPENDIX III

Table 46: Number of teenage abortions 2020-2024

Years	No. Teenage Abortions (%)	Total Abortions
2022	21 (10.3)	204
2023	17 (7.2)	236
2024	34 (19.0)	179

Data source: Medical Records Department

Table 47: Termination of Pregnancies at the Queen Elizabeth Hospital 2022 - 2024

Age Group in Years	2022	2023	2024
< 15	1	0	2
15 – 19	20	17	32
20 -24	47	79	47
25 -29	47	46	37
30 -34	44	41	32
35 – 39	30	33	20
40+	15	20	9
Total	204	236	179

Data source: Medical Records Department

APPENDIX IV

Table 48: NCD Report 65 plus

Year	Diabetes Mellitus (M)	Diabetes Mellitus (F)	Diabetes Total	Hypertension (M)	Hypertension (F)	Hypertension Total	Ischaemic Heart Disease (M)	Ischaemic Heart Disease (F)	IHD Total	Stroke (M)	Stroke (F)	Stroke Total
2020	218	230	448	194	225	419	52	58	110	52	48	100
2021	259	277	536	218	259	477	35	31	66	46	44	90
2022	133	118	251	113	134	247	36	38	74	38	26	64
2023	103	111	214	84	117	201	32	26	58	22	27	49
2024	63	57	120	68	45	113	18	23	41	17	9	26
Totals	776	793	1,569	677	780	1,457	173	176	349	175	154	329

APPENDIX V

Table 49: School's Eye Clinic Statistics-2024

Month	NEW		OLD		TOTALS		GRAND	SPEC'S	REF.	Replace	Repair	ALLERGY
	M	**F**	**M**	**F**	**M**	**F**	**TOTALS**					
January	59	72	38	76	97	148	245	102	102	21	2	7
February	100	59	123	120	223	179	402	114	114	14	1	18
March	48	52	104	106	152	158	310	91	91	15	2	97
April	47	96	77	137	124	233	357	116	116	24	1	135
May	41	49	114	111	155	160	315	129	129	15	2	74
June	38	71	78	111	116	182	298	143	143	15	2	93
July	50	48	84	99	133	147	280	88	88	9	1	79
August	44	50	79	118	123	168	291	61	61	15	2	126
September	10	16	59	98	69	114	183	86	86	33	2	82
October	76	81	79	97	146	179	325	109	109	28	1	121
November	50	77	78	104	128	181	309	106	106	24	1	120
December	38	38	48	72	86	110	196	75	75	24	0	52
TOTAL	**601**	**709**	**961**	**1249**	**1552**	**1959**	**3511**	**1220**	**1220**	**237**	**17**	**1004**

APPENDIX VI

Table 50: Number of tests performed in Serology Department

	2019	2020	2021	2022	2023	2024
	Number of Tests	Number of tests	Number of tests	Number of tests	Number of tests	Number of tests
Chikungunya	227	594	365	0	174	326
Dengue Fever	768	1190	1100	310	1692	1758
Hanta Virus	507	513	134	44	432	486
HbA1c	6536	5303	4841	4954	8169	11194
Herpes Simplex Virus	1132	1097	620	342	954	2246
IFA	232	171	0	0	0	0
Leptospirosis	247	362	251	192	242	242
Parvovirus B19	83	268	16	0	168	159
Rhuematoid Factor (RF)	160	82	75	88	82	138
Syphilis (RPR)	14007	11169	7216	10659	10214	12859
Zika	79	90	285	0	0	0
TOTAL	23978	20839	14903	16589	22127	29407

Table 51:Number of tests performed in Microbiology Department

	2019	2020	2021	2022	2023	2024
Swabs (Genitals, Wounds, Eyes, Ears, Nose, Throat)	96745	69783	87564	94752	109494	71853
Stools (Occult blood, Noro & Rotavirus, OCP, C. difficile, E.coli 0157,Staph. Aureus	11204	13165	12587	11620	22575	10548
Salmonella Serotyping	10800	8550	9785	6787	5542	4060

Shigella Serotyping	224	280	148	56	87	8
Campy Identification	1258	1369	555	1258	253	66
AMR Testing	3717	13608	5607	16191	33795	26372
Malaria	120	201	76	92	24	8
TB	358	454	302	494	561	1546
Fungal Testing	56	120	90	81	56	1200
FIT Test						60
TOTAL	124402	107530	116624	131331	172387	115721

Table 52: Number of tests performed in Molecular Diagnostics & Immunology Department

	2019	2020	2021	2022	2023	2024
CD4	1785	0	0	1860	2990	1997
Viral Load	2808	1695	2135	2028	3194	3192
DNA PCR	107	57	23	86	76	67
CT/NG	6550	5472	1239	4968	7547	8193
Human Papillomavirus	805	197	132	99	525	581
Drug Resistance	2	0	0	30	74	279
Dengue	229	672	764	224	2115	3434
Chikungunya	229	672	452	224	2115	3435
Zika	229	672	452	224	2115	3434
Cytomegalovirus	121	192	69	30	182	209
Epstein Barr Virus	120	200	49	5	173	218
Influenza Requested	327	236	8	568	3556	270
Influenza Surveillance				16384		2284
Herpes Simplex Virus	109	155	40	48	206	200
Adeno Virus	79	92	48	22	142	205
Monkey Pox	-	-	-	22	7	20
COVID 19	0	70996	407094	313175	25207	6300
RSV	0	0	0	0	2019	2236
Parechovirus	0	0	0	0	117	314
Oropouche Virus	-	-	-	-	-	390

Varicella Zoster Virus	-	-	-	-	-	198
Yellow Fever	-	-	-	-	-	30
Toxoplasmosis	-	-	-	-	-	91
Mayaro Virus	-	-	-	-	-	378
Enterovirus	-	-	-	-	-	308
Human Rhinovirus	-	-	-	-	-	142
Rubella	-	-	-	-	-	5
Measles	-	-	-	-	-	35
Respiratory Panel	-	-	-	-	-	330
Total	13500	81308	412505	339997	52360	38775

Table 53: Number of tests performed in Serology Department

Environmental Department	*2019*	*2020*	*2021*	*2022*	*2023*	*2024*
	Number of Test	*Number of Test*	*Number of tests*	*Number of tests*	*Number of tests*	*Number of tests*
Water Quality	*15126*	*10220*	*9527*	*13006*	*15960*	*15985*
Air Quality	*540*	*664*	*632*	*664*	*1548*	*2945*
Food Micro	*657*	*1665*	*872*	*744*	*2942*	*4256*
Legionella Test	*565*	*677*	*277*	*316*	*188*	*404*
Total	*16888*	*13226*	*11,308*	*14683*	*20638*	*23590*

APPENDIX VII- General Health Statistics

Queen Elizabeth Hospital

Table 54: AED Visits by Patient Acuity – 2023 - 2024

Category	Description	Details	2023	2024
1	Patients with life-threatening conditions	Patients requiring emergency intervention	1.50%	1.20%
2	Patients with urgent but not life-threatening conditions	Patients need urgent care and treatment; (often hospitalisation, can become category 1 if not seen promptly)	8.70%	10.80%
3	Patients with non-urgent medical conditions but require treatment at the hospital	Require diagnostics/services not provided at other public facilities	60.90%	65.90%
4	Patients with non-urgent conditions who can been seen in alternative care settings	Not considered a high priority (therefore you may have to wait for extended periods of service)	23.70%	19.60%
5	Patients seen previously and have scheduled reviews	Not necessarily a high priority but require follow up	5.20%	2.50%

Data source: Accident and Emergency Department – Canadian Triage Acuity Scale

Table 55: Out-patient Clinic Utilisation – 2024

Out-patient Attendances	*7238*
New Patient Referrals	*481*
New Patient Consultations	*332*
Patient Admissions; Chemotherapy	*75*

Patients Admissions: General	*53*
Chemotherapy Admissions IV	*1001*
Injections Intramuscular	*113*
Injections Subcutaneous	*449*
IV Administrations	*277*
IV Hydrations	*18*
Oral Medications	*9*
Dressings	*6*
Chest and Abdominal Aspirations	*36*
Catheterizations	*0*
Blood Transfusions	*16*

Data source: Department of Radiotherapy

Table 56: Malignant Referrals by Country - 2024

Country	*No. of Referrals*
Barbados	*478*
Dominica	*1*
Grenada	*1*
United Kingdom	*1*
Total	*481*

Data source: Department of Radiotherapy

Table 57: Radiotherapy Treatments – 2024

Treatment	*Frequency*
Patients Treated on Cobalt Unit	*21*
Treatment Sessions on Cobalt Unit	*195*
Radiation fields treated on Cobalt Unit	*460*
Brachytherapy Insertions	*6*
External Beam treatment Planning Localization CTs	*46*
Brachytherapy treatment Planning Localization CTs	*6*

Data source: Department of Radiotherapy

Table 58: Deaths by Service

MONTH	MEDICINE	SURGERY	ENT	ORTHOPAEDIC	GYNAECOLOGY	RADIOTHERAPHY	PAEDIATRIC MEDICAL	PAEDIATRIC SURGICAL	NURSERY (N)	NURSERY (S)	TOTAL DEATHS	STILLBIRTHS	NEONATES	INFANTS	MATERNAL	UNDER 24HRS	HOSPITAL DAYS	AVERAGE STAY
JAN	59	18	1	4	0	5	0	0	2	0	89	1	2	2	0	18	1207	13.6
FEB	47	12	0	1	0	6	0	0	2	0	68	0	2	2	0	13	1138	16.7
MAR	46	10	0	3	1	5	1	0	3	0	69	0	3	3	0	15	1351	19.6
APR	47	24	0	2	0	4	0	0	2	0	79	2	2	2	0	10	1675	21.2
MAY	55	22	3	4	0	5	0	0	1	0	90	0	1	1	1	13	1629	18.1
JUN	62	20	1	3	1	5	0	0	1	1	94	0	2	2	0	13	1657	17.6
JUL	67	15	0	2	0	6	0	0	2	0	92	1	2	2	1	17	1427	15.5
AUG	66	21	0	2	1	4	0	0	1	0	95	1	1	1	0	16	1456	15.3
SEP	68	18	1	1	1	5	1	0	2	0	97	1	2	2	0	19	1790	18.5
OCT	59	33	0	3	2	4	1	0	3	0	105	0	4	4	0	18	2106	20.1
NOV	49	20	0	1	2	2	0	1	1	0	76	0	1	1	0	11	1203	15.8
DEC	64	12	0	2	1	2	0	0	2	0	83	2	2	2	0	13	1377	16.6
TOTAL	689	225	6	28	9	53	3	1	22	1	1037	8	24	24	2	176	18016	17.4

Table 59: Barbados Family Planning Association 2024

	DATA	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
	ORAL	1	0	0	0	0	0	0	0	0	1	4	1	7
NEW CLIENTS	**IUCD**	0	2	0	0	0	0	0	0	0	0	0	0	2
	CONDOM	0	0	0	0	0	7	0	0	0	1	0	0	8
	INJECTION	3	1	3	5	2	0	0	4	0	2	8	1	29
	OTHER	0	1	0	0	1	0	0	1	0	1	0	0	4
	MEDICAL SERVICES	96	102	103	94	87	97	81	81	109	79	75	57	1061
	NEW CLIENT TOTAL	100	106	106	99	90	104	81	86	109	84	87	59	1,111
	OLD CLIENT TOTAL	505	518	504	478	541	481	502	445	478	478	432	420	5,782
	TOTAL ATTENDANCE	605	624	610	577	631	585	583	531	587	562	519	479	6,893
	AGE GROUP <19	19	10	11	10	10	20	13	9	8	10	10	10	140
	20-24	21	22	31	24	17	25	15	19	20	22	11	15	242
	25-29	23	11	19	24	16	16	15	12	21	17	24	14	212
	30-34	11	24	13	9	12	14	10	8	23	8	13	6	151
	35-39	9	5	8	8	10	8	10	9	5	11	10	5	98
	40-44	4	11	7	9	12	6	10	8	5	5	6	1	84
	45+	13	23	17	15	13	15	8	21	27	0	13	8	173
	NO. RESPONSES	0	0	0	0	0	0	0	0	0	0	0	0	0
LIVING CHILDREN	**NONE**	6	3	5	14	7	11	0	7	7	5	5	0	70
	ONE	4	5	9	10	6	5	1	5	5	5	5	3	63
	TWO	1	3	3	5	2	2	0	1	7	1	2	0	27
	THREE	2	1	0	4	1	0	0	3	2	1	0	0	14
	FOUR	1	1	0	2	0	2	0	3	1	0	1	0	11
	FIVE	0	0	0	0	0	0	0	1	0	0	0	0	1
	SIX	0	0	0	0	0	0	0	0	1	0	0	0	1
	NO. RESPONSE	86	93	89	64	74	84	80	66	86	72	74	56	924

Male & Female NEW & OLD	TOTAL	100	106	106	99	90	104	81	86	109	84	87	59	1,111
	MINOR PROCEDURES	0	0	0	0	0	0	0	0	1	0	0	0	1
	CIRCUMCISION	0	0	0	1	1	0	0	0	0	0	0	0	2
	PROSTATE CHECKS	1	10	2	4	10	4	16	11	16	2	2	2	80
	HERNIA REPAIRS	1	1	3	1	2	1	1	2	1	0	1	2	16
	VASCETOMIES	1	1	1	1	1	0	0	1	0	1	1	0	8
	MEDICAL SERVICES	77	97	71	65	96	79	72	74	71	94	76	65	937
NEW OLD	MALES TOTAL	80	109	77	72	109	84	89	87	89	97	80	69	1,042
	DATA	BARBADOS FAMILY PLANNING ASSOCIATION YEAR 2024												
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
	PAPS SMEAR	38	58	45	29	44	37	34	48	34	33	42	9	451
	COLPOSCOPY	2	0	2	1	1	3	1	2	1	1	2	1	17
	CRYO SURGERIES	1	0	0	1	1		1	2	1	2	1	0	10
	PIPELLES	1	1	0	0	0	3	1	1	1	1	0	0	9
	LOOP CONE BIOPSY	0	0	0	0	1	0	0	0	0	0	0	0	1
	BARTHOLINS	1	1	0	0	0	0	0	0	0	0	0	0	2
	ULTRASOUNDS	3	0	0	0	0	0	0	0	0	0	0	0	3
	POLYPECTOMY	0	2	1	0	0	1	1	0	1	0	0	0	6
	VULVA BIOPSY	0	0	0	0	0	0	0	0	0	1	0	0	1
	SEBACEOUS Cyst -	0	0	1	0	0	0	0	0	0	0	0	1	2
	HPV/DNA	0	0	0	0	13	2	6	6	6	0	9	3	45
	ENDOMETRIAL SAMPLING	0	0	0	0	1	0	0	0	0	0	0	0	1
	HERNIA REPAIR	0	0	1	0	1	1	0	0	0	0	1	0	4
	MASTECTOMY	0	0	0	0	0	0	0	0	0	1	0	0	1
	FEMALE TOTAL	46	62	50	31	61	47	44	59	44	38	55	14	551

GLOSSARY/DEFINITIONS

Age-Specific Death Rate – The total number of deaths occurring in a specific age group of the population in a year per estimated population of the same age group in the same year. The age-specific death rate measures the risk of death among persons in a specific age group.

Crude Birth Rate – The number of live births per year per 1,000 mid-year population. The crude birth rate indicates the magnitude of the fertility level.

Crude Death Rate – The total number of deaths due to all causes occurring in a year per 1,000 mid-year population. The crude death rate is a measure of the frequency at which deaths from all causes are occurring in the population during a specific period.

Infant Mortality Rate – The infant mortality rate measures the risk of death occurring during infancy. i.e. The probability.

Life Expectancy at Birth – The number of years a newborn baby is expected to live, given the prevailing mortality conditions in the population.

Maternal Mortality Ratio – The total number of female deaths due to complications of pregnancy, childbirth and the puerperium in a year per total number of live births in the same year. The maternal mortality ratio measures the risk of women dying from maternal causes.

Natural Increase Rate – The rate of natural increase refers to the difference between the number of live births and the number of deaths occurring in a year, divided by the mid-year population of that year, multiple by 1000.

Neonatal Death Rate – The number of infant deaths occurring before the 28th day of life per total live birth occurring during a given year. The neonatal death rate measures the risk of an infant dying within 28 days of birth.

Perinatal Death Rate – The number of perinatal deaths occurring in a year per total number of live births and stillbirths occurring in the same year. The number of perinatal deaths is equal to the sum of the stillbirths and the number of infant deaths that occur under one week of age. The

perinatal death rate is a measure of the risk of death occurring either during pregnancy after the 28th week of gestation or within one week after delivery.

Still Birth Rate – The number of stillbirths occurring in a year per total number of live births and stillbirths occurring in the same year. A stillbirth is a foetal death that occurs after the 28th week of gestation.

Total Fertility Rate – The expected average number of children that would be born to a woman in her lifetime, if she were to pass through her childbearing years experiencing the age-specific fertility rates prevailing in a given year/period for a given country. It is calculated as the sum of age-specific fertility rates (referring to women ages 15-49 years) times the sum of data given in year age groups.

PPP – Private Participating Pharmacies