

Grenada



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) ()	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	96
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	73.6 (Both sexes) 76.1 (Female) 71.2 (Male)
Population (in thousands) total (2015)	106.8
% Population under 15 (2015)	26.5
% Population over 60 (2015)	10.2
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) ()	
Gender Inequality Index rank (2014)	...
Human Development Index rank (2014)	79
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	6.10
Private expenditure on health as a percentage of total expenditure on health (2014)	53.63
General government expenditure on health as a percentage of total government expenditure (2014)	9.21
Physicians density (per 1000 population) ()	
Nursing and midwifery personnel density (per 1000 population) ()	
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	8.3 [6.4-10.5]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	16.0 [13.5-19.0]
Maternal mortality ratio (per 100 000 live births) (2015)	27 [19 - 42]
Births attended by skilled health personnel (%) (2014)	99.0
Public health and environment	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) ()	

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.ccc>

HEALTH SITUATION

Grenada, Carriacou and Petit Martinique are a tri-island state in the southernmost region of the Caribbean with its economy dependent on tourism and agriculture to a lesser extent. The population is aging with those aged 60 years and over being 14%.

Non communicable diseases are responsible for most deaths with the leading causes of morbidity and mortality being malignant neoplasms, endocrine and metabolic diseases and cerebrovascular diseases. The PAHO/WHO STEPS 2011 revealed that 61.3% of respondents had 1 or 2 risk factors and, 35% had 3 to 5 risk factors for NCDs. Many persons (58.7%) were overweight while 25.2% were obese. Health programmes are being strengthened to address these challenges.

Vector borne diseases such as dengue and chikungunya have been responsible for epidemics in the country from 2010 to 2016. Other communicable diseases of significance are respiratory infection, diarrheal disease and HIV infection. Vaccination coverage for administered antigens is 95%-100 % and the country has maintained elimination of poliomyelitis, measles and rubella.

The infant and under 5 year old mortality rates are influenced by the neonatal deaths that mostly occur in the early neonatal period. Deaths are due to prematurity and other conditions originating in the perinatal period.

Capacity building, policies and other interventions are being implemented to prevent morbidity and mortality and attain the SDGs.

HEALTH POLICIES AND SYSTEMS

Health leadership and governance are guided by health policies and legislation. The government of Grenada finances health through general taxation. A new financing mechanism, national health insurance is presently being considered by the Government of Grenada. The Health Sector Strategic plan 2015-24, sought to address the social determinants of Health, sustainable development goals among other issues. Since 2013, the following policies were developed: Mental Health, Adolescent Health, Sexual Reproduction Health, Chronic Non Communicable Disease, Pharmaceutical, Food Safety Policy and Nutrition.

The Ministry of Health is responsible for health service delivery and policy formulation and regulations. Health care is provided through thirty six (36) primary care facilities within 3 mile radius of communities throughout the country. There are also three (3) acute care hospitals and a Psychiatric Hospital and services are also offered through the private health sector. The services are preventative, curative and rehabilitative and are also delivered through outreach and home visits.

The WHO framework convention of tobacco control (FCTC) has been ratified and the relevant legislation is awaiting approval. Grenada continues to work towards building and achieving the core capacity requirements for the International Health Regulations (IHR) with full implementation of by 2018. The major core competence to be fulfilled are the areas of chemical and radiation emergencies.

COOPERATION FOR HEALTH

Grenada has a meaningful relationship with the PAHO/WHO through its Biennial Work Program (BWP) that has contributed to overall health improvement. The Health sector is also a beneficiary of funding from the EU towards the strengthening of Primary Health care and Caribbean Development Bank Basic Need Program (BNTF). CARPHA also provides assistance in the area of epidemiological surveillance, laboratory diagnoses, pharmaceutical testing, and capacity building. The current GF Grant provides treatment and laboratory support, builds capacity of both government and civil society organizations in the areas of surveillance, care and achieving elimination of mother-to-child transmission of HIV and syphilis.

Other important initiatives are the Cuba-Venezuela Miracle Eye Mission, Children's Health Organization Relief and Educational Services (CHORES) which provide Pediatric Medical assistance, Rotary Club Annual Eye program and Bilateral arrangements with the Governments of China and Cuba, providing professional training in Medicine and other health related areas. There is also a memorandum of understanding with the St. George's University for the training of nurses, doctors and other health related workers. Limited financial assistance is also provided to purchase medical equipment. National Stakeholders and Diaspora continue to fully engage in supporting the health agenda. Grenada has signed all the necessary health agreements contributing to the Global Health Agenda and is working feverishly to ensure they are implemented.



WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2024)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Strengthening health system with universal access and coverage through improved governance and sustainable financing</p>	<p>1.1 Develop and implement an improved and sustainable governance and health financing mechanism (National health insurance development)</p> <p>1.2 Strengthen universal health coverage/access to essential health services and products</p> <p>1.3 Improve Primary Health Care (PHC) with definition of service packages, aligning human resources accordingly</p>
<p>STRATEGIC PRIORITY 2: Reducing communicable diseases by eliminating HIV/STIs, tuberculosis, hepatitis B, and maintaining polio, measles, and rubella elimination</p>	<p>2.1 Implement strategies to advance the elimination of HIV/STIs, tuberculosis, hepatitis B and maintain elimination of poliomyelitis, measles, and rubella</p> <p>2.2 Develop and or strengthen antimicrobial resistance surveillance</p> <p>2.3 Strengthen capacity for integrated management of vector borne diseases including source reduction</p>
<p>STRATEGIC PRIORITY 3: Reducing risk factors and improving quality of care of NCDs including mental health and substance abuse</p>	<p>3.1 Integrate mental health and substance abuse in PHC including a focus on the child and adolescent and reducing risk factors and reinforcing protective factors</p> <p>3.2 Improve management and reduction of risk factors for NCDs</p> <p>3.3 Promote nutrition and link with NCDs, Baby Friendly Hospital initiative (BFHI) and food security</p> <p>3.4 Prevent disability and strengthen program for rehabilitation</p>
<p>STRATEGIC PRIORITY 4: Achieving optimum Family Health throughout the Life Course</p>	<p>4.1 Reduce preventable maternal, and child morbidity and mortality</p> <p>4.2 Improve access to comprehensive quality centered intervention for adolescent health and health of older persons</p> <p>4.3 Develop and or strengthen approaches to and programmes for men</p>
<p>STRATEGIC PRIORITY 5: Strengthening health emergencies and disaster management and reducing environmental threats and risks</p>	<p>5.1 Strengthen capacity to address Climate change and health impacts</p> <p>5.2 Strengthen capacity to address health emergencies and environmental threats and risks</p> <p>5.3 Strengthen capacity to address disaster management and risks</p>

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