

Saint Kitts and Nevis



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

WHO region	Americas
World Bank income group	High-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)	97
Demographic and socioeconomic statistics	
Life expectancy at birth (years) ()	
Population (in thousands) total (2015)	55.6
% Population under 15 (2015)	25.1
% Population over 60 (2015)	13.3
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)	77
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.08
Private expenditure on health as a percentage of total expenditure on health (2014)	57.79
General government expenditure on health as a percentage of total government expenditure (2014)	6.89
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)	5.9 [3.8-8.9]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	9.3 [6.4-13.5]
Maternal mortality ratio (per 100 000 live births) ()	
Births attended by skilled health personnel (%) (2014)	100.0
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.cco>

HEALTH SITUATION

The Federation of Saint Kitts and Nevis, located in the Leeward Islands, has made strides in health having increasing life expectancy at birth, low maternal mortality ratio and decline in mortality from communicable diseases. The population is ageing with those 65 years and over accounting for 7.5%.

Non-communicable diseases (NCDs) are the main causes of mortality and morbidity. The leading causes of death are malignant neoplasms, cerebrovascular diseases, diabetes mellitus, ischemic heart disease and intentional injuries. Programs and policies for NCDs and those with disabilities are being strengthened with special emphases on obesity and overweight since the 2011 Global School Health Survey revealed that 32.5% of adolescents were overweight and 14.4% obese. Integrating mental health into primary health care is priority of the Ministry of Health and a mental health day-treatment centre was constructed to support the offered services.

The neonatal mortality rate of 22.2 per 1000 Live Births is higher than the set target but is mainly due to early neonatal deaths which contributed to high infant and under-five mortality rates. Capacity building, technical guidelines and interventions are being implemented to address the challenges and advance achievement of sustainable development goals.

With dengue being endemic and chikungunya and Zika viruses introduced in 2014 and 2016 respectively, the priority programmes of integrated management for vector-borne diseases are being strengthened.

HEALTH POLICIES AND SYSTEMS

Health leadership and governance are guided by health policies and legislation. Financing of the health sector is challenging and the new financing mechanism being considered is a national health insurance scheme.

The Ministry of Health is organized into three programs: The Office of Policy Development and Information Management, Community-based Health Services, and Institution-based Health Services. There are two public hospitals, seventeen public health centres and private facilities that provide health care to the population in both islands. The government is currently working on a Registry for persons with disability and also development of a policy and plan. To guide the NCD programme, a Non-Communicable Disease Plan of Action and a National Food and Nutrition Security policy are in the final stages of development.

The country has a National Social Protection Strategy, 2012-2017, which include addressing the social determinants of health. This system of social protection which includes social security and safety net programmes are complementary to universal access to health care services and should ensure equity and support sustainable development.

Progress has been made under the International Health Regulation (IHR), with core capacities 12 and 13, response to chemical, biological and radiological nuclear events not fully addressed. Discussions are ongoing. The Framework Convention for Tobacco Control was ratified by the country and discussions have started regarding drafting relevant legislations.

COOPERATION FOR HEALTH

Cooperation in health and for health is emphasized and encouraged by the Government and will facilitate implementation of the National health strategic plan and the 2030 agenda for the sustainable development.

The relationship with PAHO/WHO actualized through the Biennial Work Programme (BWP) is particularly contributory to systems development and overall health improvement. Benefits were also derived from membership of regional health institutions including CARPHA in the areas of surveillance, testing of pharmaceuticals, and capacity building.

Other important initiatives include the Cuba-Venezuela Miracle Eye Mission, the Pan Caribbean Partnership against HIV/AIDS (PANCAP), the Global Fund and the USA President's Emergency Plan for AIDS Relief (PEPFAR). The current GF Grant provides treatment and laboratory support, builds capacity in the areas of surveillance, and achieving elimination of mother-to-child transmission of HIV and syphilis.

Nationally, private-public partnerships continued to be cultivated. Social Security made annual donations of USD 100,000 toward equipment procurement. Service organizations such as Paediatric Assistance League, Free Masons, Red Cross, Rotary, Lions and Kiwanis also made tangible contributions. Faith-based organizations assisted in health promotion activities. Several US-based charities such as Global Link, Global Faith Alliance, World Paediatric Project and Healing the Children, in conjunction with local partners, supply equipment and supplies, and either arrange hospital admissions in the USA or care-provider missions to the Federation.



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 (National health insurance development)</p> <p>1.2 Strengthen universal health coverage and 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 centred 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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