

Antigua and Barbuda



<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)	99
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	78.6 (Female) 74.1 (Male) 76.4 (Both sexes)
Population (in thousands) total (2015)	91.8
% Population under 15 (2015)	24.2
% Population over 60 (2015)	10.8
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	99
Gender Inequality Index rank (2014)	...
Human Development Index rank (2014)	58
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.54
Private expenditure on health as a percentage of total expenditure on health (2014)	31.71
General government expenditure on health as a percentage of total government expenditure (2014)	18.08
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)	3.8 [2.5-5.6]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	8.5 [6.3-11.4]
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

Antigua and Barbuda, a tri-island state located in the middle of the Leeward Islands, is advancing the national vision of attaining optimal health for the population. The country is undergoing epidemiological transition with non-communicable diseases accounting for 85% of deaths, and most patient visits to primary health care facilities, and an ageing population (12% over 60 years). The three leading causes of death were cancer, heart disease, and diabetes. The government is implementing cost effective prevention activities focusing on obesity, exercise, and reduction in tobacco and alcohol use.

Communicable diseases, including HIV/AIDS, accidental and intentional injuries are among the ten leading causes of mortality.

About 70 % of infant deaths occur during the neonatal period with main causes being birth asphyxia, prematurity, and injuries. Major focus is on reducing the neonatal deaths to meet the SDGs.

From 2011 to 2016 Antigua and Barbuda experienced increased cases of Vector borne diseases of dengue, chikungunya and Zika. Implementation is continuing of the integrated management strategy for control and prevention of vector-borne diseases.

A major challenge is to attract and retain health workers with the needed competencies to provide the required services

HEALTH POLICIES AND SYSTEMS

The health systems in Antigua and Barbuda are mainly financed and operated by Government. Health services are delivered at primary, secondary, and tertiary levels and at the primary level, there is a network of 25 public health clinics with clinics located within 3.2 km of every major community. Secondary and tertiary health services are provided at the Mount St. John's Medical Centre, a 186-bed facility in Antigua, commissioned in 2009. There is one clinic and a hospital in Barbuda. There are private health facilities including laboratory services. Improvement of infrastructure with expansion and construction of health centers is ongoing.

The Ministry of Health has implemented a non-communicable disease policy and action plan, mental health policy, National Policy on Aging and established a private public partnership (PPP) with the Cancer Centre of the Eastern Caribbean for provision of quality and affordable health care and cancer treatment.

In order to fulfil the core capacities of the International health regulations (IHR), the country is developing a new quarantine act, to support ports of entry, (core capacity 9) and obtained membership with the International Atomic Energy Agency that will enable the response of the health system to radiation emergencies (core capacity 13). The Framework Convention on Tobacco Control is being prepared and expected to be approved by Parliament in 2017.

COOPERATION FOR HEALTH

International, non-governmental and national agencies provide cooperation in health in Antigua and Barbuda through grants, loans and technical cooperation. PAHO/WHO continues to provide technical cooperation through its Biennial Working Plan and other specially funded projects. Cooperation and collaboration for health include international agencies such as United Kingdom's Department for International Development Organization (DFID), the Clinton Foundation HIV/AIDS Initiative, Joint United Nations Program on HIV/AIDS, United States Agency for International Development, United States Centres for Disease Control and Prevention (CDC), the United Nations Assessment for Assistance Program, regional health institutions, and the International Labour Organization.

The Global fund (GF) and President's Emergency Program for AIDS Relief (US), (PEPFAR), have supported the programme of HIV/AIDS with the current GF Grant providing building capacity, treatment and laboratory support, surveillance, and achieving elimination of mother-to-child transmission of HIV and syphilis.

Collaboration exists with the Food and Agriculture Agency (FAO) project for Zero Hunger by 2030. There is strong partnership between Ministry of Health, other government agencies, NGOs, Faith-based organization, civil society (including Red Cross, special interest groups and service clubs) of working together to implement policies to achieve the health agenda. Despite advances in inter-sectoral collaboration for programmes such as HIV/AIDS, Mental Health, Environmental Health, Health Promotion, Nutrition and Violence Prevention, more collaboration is needed at the community level.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2024)

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

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