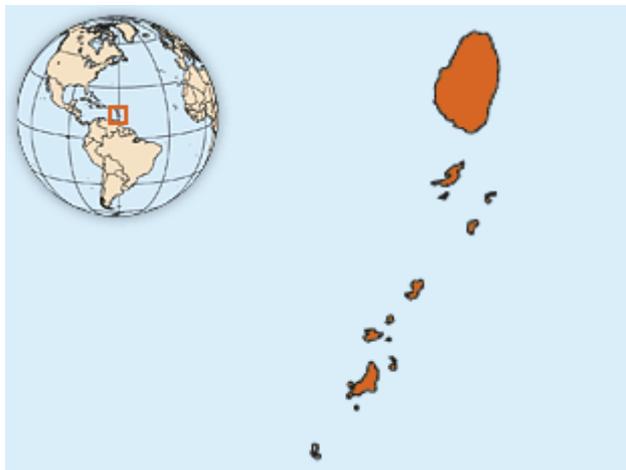


Saint Vincent and the Grenadines



<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)	98
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	71.3 (Male) 75.2 (Female) 73.2 (Both sexes)
Population (in thousands) total (2015)	109.5
% Population under 15 (2015)	24.5
% Population over 60 (2015)	10.9
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)	97
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	8.63
Private expenditure on health as a percentage of total expenditure on health (2014)	49.19
General government expenditure on health as a percentage of total government expenditure (2014)	14.82
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)	10.3 [8.0-13.0]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	16.6 [13.6-20.2]
Maternal mortality ratio (per 100 000 live births) (2015)	45 [34 - 63]
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.cdo>

HEALTH SITUATION

Saint Vincent and the Grenadines, a multi-island state, focuses on addressing the health challenges in order to advance the national health agenda and the sustainable development goals (SDGs).

The major disease burden is non-communicable diseases (NCDs) with malignant neoplasms, cardiovascular diseases, diabetes and respiratory diseases being the leading causes of morbidity and mortality. Cost-effective interventions such as Salt Reduction Projects using Social Marketing Approach are being implemented.

Schizophrenia and schizophrenia with substance abuse are the main admission diagnoses for mental disorders. A mental health policy was developed to guide the quality and type of services to be offered.

Maternal mortality ranged from zero to two deaths annually over the years 2012-2016 with infant mortality rate around 16.0 per 1000 live births. In order to prevent and reduce deaths, review meetings including annual national maternal perinatal audits are conducted to discuss challenges and define necessary interventions.

The country has adopted the global mandate of elimination of HIV, TB, hepatitis B infection and mother to child transmission of HIV and syphilis. While dengue is endemic, chikungunya and Zika introductory epidemics occurred in 2014 and 2016 respectively and there were four confirmed cases of Guillain-Barre syndrome associated with Zika. The strategy of integrated management of vector borne diseases is being implemented to ensure prevention and control.

HEALTH POLICIES AND SYSTEMS

The National Economic and Social Development Plan (NESDP), 2013-2025 of St. Vincent and the Grenadines articulates the policy framework for access to good quality and affordable health care critical to sustaining national growth and development. There is an Inter-Ministerial Committee on Health which focuses on health in all policies. The Ministry of Health, Wellness and the Environment (MOHWE), is responsible for health policy formulation and service delivery and has initiated reforms to achieve the NESDP's strategic goals, and outcomes which are in sync with the sustainable development goals. Policy documents and action plans such as health and wellness promotion, NCD, mental health, and human resources for health were and are being developed to complement the NESDP.

The Minister of Health has responsibility for policy with the Permanent Secretary and Chief Medical Officer as administrative and technical heads, respectively. Health services are provided through a network of facilities comprising thirty-nine health centres, three polyclinics, one 211-bed public hospital and five smaller district hospitals, private clinics and one 12-bed private hospital.

The Framework Convention on Tobacco Control (FCTC) was ratified and the draft Tobacco Control Act was developed and awaiting finalization and approval. The country has achieved over 50% of the core capacities for the International Health Regulations (IHR) with the most challenging for fulfilment being chemical events and radiation emergencies.

COOPERATION FOR HEALTH

Being cognizant of the leading causes of morbidity and mortality, the Government approved a National Health and Wellness advisory Commission for health matters. The multisectoral commission includes public and private health sector, NGOs and community organizations.

In keeping with the National Strategic and Action Plan for NCDs (2016-2020), the Healthy Village, Healthy Island Project was launched to promote healthy and active communities and improved quality of life for persons living with chronic diseases through the application of the life course approach. The project was developed and implemented as a partnership with civil society organizations and the private sector.

The ministry enjoys extensive bonds of solidarity with regional entities such as PAHO/WHO, CARICOM, PANCAP, OECS, CARPHA and countries such as Taiwan, Venezuela and Cuba, international development partners such as the European Union, the Global Fund, World Bank, USA President's Emergency Plan for AIDS Relief and the World Paediatric Project. They provided vital support in the national thrust towards universal access to health care. The country is recognized as a centre of excellence and hub for paediatric care in the OECS through the work of the World Paediatric Project.

The government has upgraded some health facilities including the Milton Cato Memorial Hospital, Mental Health Rehabilitation Centre, as part of the 10th European Development Fund Modernization of the Health Sector Project; and two rural hospitals as part of the PAHO SMART Hospital Project.

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) 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</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 2.2 Develop and or strengthen antimicrobial resistance surveillance 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 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</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 4.2 Improve access to comprehensive quality centered intervention for adolescent health and health of older persons 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 5.2 Strengthen capacity to address health emergencies and environmental threats and risks 5.3 Strengthen capacity to address disaster management and risks</p>

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