

Sao Tome and Principe



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

WHO region	Africa
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2013)	193
% Population under 15 (2013)	41.6
% Population over 60 (2013)	4.7
Life expectancy at birth (2013)	65 (Male) 67 (Both sexes) 69 (Female)
Neonatal mortality rate per 1000 live births (2013)	19 [11-33]
Under-five mortality rate per 1000 live births (2013)	51 [33-80]
Maternal mortality ratio per 100 000 live births (2013)	210 [110-410]
% DTP3 Immunization coverage among 1-year-olds (2013)	97
% Births attended by skilled health workers (2009)	80.6
Density of physicians per 1000 population (2004)	0.491
Density of nurses and midwives per 1000 population (2004)	1.867
Total expenditure on health as % of GDP (2013)	6.9
General government expenditure on health as % of total government expenditure (2013)	5.6
Private expenditure on health as % of total expenditure on health (2013)	71.2
Adult (15+) literacy rate total (2010)	89.2
Population using improved drinking-water sources (%) (2012)	99 (Urban) 94 (Rural) 97 (Total)
Population using improved sanitation facilities (%) (2012)	23 (Rural) 34 (Total) 41 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender Inequality Index rank out of 148 countries	
Human Development Index rank out of 186 countries (2012)	144

Sources of data:
Global Health Observatory April 2015
<http://apps.who.int/gho/data/node.coo>

HEALTH SITUATION

The epidemiological profile of Sao Tome and Principe is still dominated by a number of preventable diseases such as acute respiratory illnesses, diarrhoeal diseases and malaria, persistent foci of some neglected tropical diseases (schistosomiasis and loiasis) and the emergence of noncommunicable diseases (high blood pressure, diabetes and cancer). These diseases are linked to the environment and the habits and behaviour of the population. According to the third national report on progress towards the Millennium Development Goals (2014), infant mortality fell from 61/1000 live births in 1991 to 30.2/1000 in 2012 (almost achieving the target of 29/1000 in 2015). Measles immunization coverage was 68.9% in 2000 and 92.5% in 2010. The incidence of malaria has declined steeply, from 400 cases per 1000 of population in 2006 to 50 cases per 1000 in 2013. The prevalence of HIV/AIDS in the general population has increased from 1% in 2001 to 1.5% in 2011, despite a reversal of the trend in pregnant women, from 0.5% in 2011 to 0% in 2012.

The biggest challenge is health sector reform, with the following objectives:

- Guaranteeing individual and collective health security;
- Promoting universal coverage, gender equality and human rights associated with health;
- Treating key social determinants as essential components in improving public health;
- Strengthening good health sector governance;
- Expanding expertise, science and technology;
- Reducing the burden of communicable and noncommunicable diseases through prevention, management, surveillance and implementation of the International Health Regulations.

HEALTH POLICIES AND SYSTEMS

As a technical cooperation agency, WHO has helped Sao Tome and Principe to develop sectoral policies, strategies and plans, with the result that the country has the relevant strategy documents, namely the National Health Policy, the National Health Development Plan, the Health Map, the National Medicines and Inputs Policy, the National AIDS Control Strategic Plan for the period 2011-2015, the National Tuberculosis Control Strategic Plan for the period 2013-2017, the National Malaria Strategic Plan 2012-2016, the National Pharmaceutical Policy (2011) and the Pharmaceutical Sector Master Plan for the period 2014-2018.

Anxious to preserve the achievements to date, the health authorities are concerned about the financing of the health sector. Accordingly, an awareness-raising meeting has been held with development partners to explore various financing models. The national health accounts exercise has been conducted in the same spirit. The next step will be a consultation to take stock of health financing, as a result of which the best approach to achieve universal health coverage, will be selected.

COOPERATION FOR HEALTH

In the programming of our CCS for the current biennium, resources were distributed according to national priorities, the reference document being the National Health Development Plan. This Plan specifies seven areas in which the following results have been identified: investment in health to reduce poverty; strengthening of individual and global health security; promotion of universal coverage; gender equality and fundamental rights associated with health; action on the social determinants of health; health system strengthening and equitable access; research, science and technology; and strengthening of governance.

Sao Tome and Principe has few development partners, yet most health sector financing comes from external contributions and is not always targeted at priority areas. This is something of a handicap in terms of sectoral financing, when set against national aspirations in the area of health.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008–2013)

Strategic Priorities	Country Cooperation Strategy Outcome
STRATEGIC PRIORITY 1: Health sector reform and institutional capacity-building at the central and peripheral levels	<ul style="list-style-type: none"> • Institutional strengthening and organization of the health sector • Strengthening the development of policies and plans
STRATEGIC PRIORITY 2: Strengthening of partnership, coordination and resource mobilization	<ul style="list-style-type: none"> • Establishing coordination mechanisms
STRATEGIC PRIORITY 3: Strengthening control of communicable diseases	<ul style="list-style-type: none"> • Consolidating malaria results • Strengthening HIV/AIDS and tuberculosis control • Controlling neglected diseases • Promoting water quality and environmental sanitation
STRATEGIC PRIORITY 4: Strengthening control of chronic noncommunicable diseases	<ul style="list-style-type: none"> • Implementing the noncommunicable diseases programme
STRATEGIC PRIORITY 5: Promotion of healthy lifestyles	<ul style="list-style-type: none"> • Promoting healthy lifestyles
STRATEGIC PRIORITY 6: Strengthening of sexual and reproductive health	<ul style="list-style-type: none"> • Promoting and implementing the road map for the accelerated reduction of maternal and neonatal deaths • Strengthening the health and well-being of children, adolescents and young people
STRATEGIC PRIORITY 7: Epidemic and emergency alert and response	<ul style="list-style-type: none"> • Responsiveness, prevention and rapid response to epidemics and emergencies

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