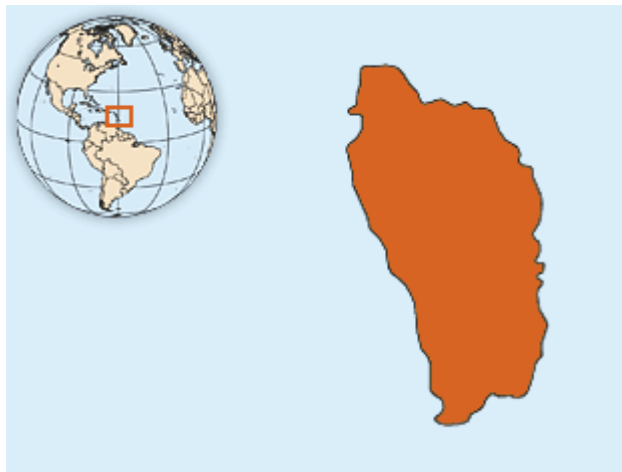


Dominica



<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)	99
Demographic and socioeconomic statistics	
Life expectancy at birth (years) ()	
Population (in thousands) total (2015)	72.7
% 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)	94
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.49
Private expenditure on health as a percentage of total expenditure on health (2014)	31.31
General government expenditure on health as a percentage of total government expenditure (2014)	10.47
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)	24.0 [18.2-31.1]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	34.0 [27.1-42.5]
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 Commonwealth of Dominica, the most northerly of the Windward Islands, lies in the path of annual hurricanes thereby increasing vulnerability to natural hazards. Great strides have been made in health however the country bears a significant burden from non-communicable diseases (NCDs) with heart disease, stroke, cancer, diabetes and chronic respiratory diseases being the leading causes of mortality and disability. The population is ageing with approximately 13% being older than 60 years. Infant mortality rates are around 20 per 1000 live births with most deaths occurring in the early neonatal period (extreme prematurity). Immunization rates are usually over 95% for administered vaccines and elimination of poliomyelitis, measles and rubella is sustained.

The Global School Health Survey (GSHS) 2009 revealed that many adolescents and children admitted to alcohol and other substance misuse, and having suicidal thoughts while 23% of adolescents were overweight and 10% obese. Persons with substance abuse related disorders represent over 50% of clients admitted to the Inpatient care facility. The mental health programme needs strengthening to address the challenges of children, and adolescents.

Vector borne diseases are of major public health significance with dengue epidemics occurring in 2010 and 2013 and introductory outbreaks of Chikungunya and Zika from 2013 to 2016. The integrated management programme for vector-borne diseases is being implemented to address the challenges.

HEALTH POLICIES AND SYSTEMS

Health services are primarily government operated and financed. The key responsibilities of the Ministry of Health and Environment (MOHE) include health policy and planning, regulation and monitoring, implementation of health programmes, including environmental health services. Health services are delivered through a network of facilities including fifty-two health clinics, two district hospitals and one multi-disciplinary hospital.

Health services are being reformed to address the epidemiological and demographic changes such as ageing population and the increase of NCDs and obesity. In order to address the challenges and ensure achievement of the objectives of the National health strategic plan and the SDGs many initiatives and policies were developed and implemented such as NCD Plan of Action, Adolescent and Youth Health Policy and Plan of Action, Food and Nutrition Policy and Plan of Action, national policy and plan of action on healthy and active ageing and review and updating of the Maternal and Child Health manual and procedures.

Dominica has achieved 100% ratification of WHO Framework Convention of Tobacco Control and discussions have started re the tobacco control legislation. Of the thirteen core competencies of the International Health Regulations (2005), Dominica has attained 80-100% of six of them. The competencies that present the greatest challenges are human resources, laboratory support, and chemical and radiation emergencies with achievement of less than 50% implementation.

COOPERATION FOR HEALTH

Health leadership and governance are guided by health policies which allow for cooperation for health. PAHO/WHO continues to be the main counterpart for health, mainly through the Biennial Work Programme (BWP) with targeted support in technical areas and capacity building for staff. The Organization demonstrated its strength in the area of disaster management for example, following the passage of Tropical Storm Ericka which ravaged the island. The University of the West Indies and PAHO are providing technical assistance in designing a National Health Insurance Scheme.

With the assistance of the European Union (EU) and PAHO, the MOHE implemented initiatives such as regular technical updates and capacity building in neonatal resuscitation and basic life support, in order to reduce maternal and neonatal morbidity and deaths.

An assessment of climate change and health vulnerability and adaptation was undertaken in 2015 with assistance from the World Meteorological Organization and PAHO.

A new general hospital is being built with assistance from the Government of the Republic of China. Other important initiatives included the Cuba-Venezuela Miracle Eye Mission, Rotary International- VOSH eye missions, the Pan Caribbean Partnership against HIV/AIDS (PANCAP) and the USA President's Emergency Plan for AIDS Relief (PEPFAR).

The Government also partners with the Ross University School of Medicine, private sector organizations, and service clubs, Pharmacies, NGO and Faith Based Organizations to deliver the national and global health agenda.

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 centered 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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