

Suriname



<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 (%) (2010)	2.8
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	91
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	74.7 (Female) 68.6 (Male) 71.6 (Both sexes)
Population (in thousands) total (2015)	543
% Population under 15 (2015)	26.8
% Population over 60 (2015)	10.2
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	15.54
Literacy rate among adults aged >= 15 years (%) (2007-2012)	95
Gender Inequality Index rank (2014)	100
Human Development Index rank (2014)	103
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.69
Private expenditure on health as a percentage of total expenditure on health (2014)	48.30
General government expenditure on health as a percentage of total government expenditure (2014)	11.84
Physicians density (per 1000 population) (2013)	0.8
Nursing and midwifery personnel density (per 1000 population) (2013)	1.6
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	10.6 [4.6-23.5]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	20.0 [9.7-41.1]
Maternal mortality ratio (per 100 000 live births) (2015)	155 [110 - 220]
Births attended by skilled health personnel (%) (2010)	90.0
Public health and environment	
Population using safely managed sanitation services (%) (2015)	94.8 (Total) 98.1 (Urban) 88.4 (Rural)
Population using safely managed drinking water services (%) (2015)	79.2 (Total) 88.4 (Urban) 61.4 (Rural)

Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Over the past decade, Suriname has made significant strides in reducing infectious disease related morbidity and mortality. However, each year Suriname loses 170 000 productive life-years due to ill-health and premature death. “Communicable diseases, maternal, neonatal, and nutritional disorders”, “Non-communicable diseases” and “Injuries” account for 27%, 58%, and 15% respectively. Non-communicable diseases pose a major challenge for the containment of cost in the health system. Suriname has yet to reach global targets for maternal and infant mortality and also faces a significant burden of disease from road traffic injury and depressive disorders and suicide. Inflation and an economic crisis have further put pressure on the health system and efforts are under way to further contain cost and optimize health service delivery. A recent assessment of health equity reports inequities in health status and prevalence of risk factors across ethnic, geographic, gender and socio-economic status. Non-communicable diseases including stroke, ischemic heart disease and diabetes, mental health issues including suicide, HIV, road traffic injuries and preterm birth complications are among the largest contributors to the burden of disease. Key risk factors are an unhealthy diet, insufficient physical activity, use of tobacco and alcohol, high blood pressure, domestic violence, incomplete vaccination, young maternal age and low antenatal care service uptake. Efforts are under way to mainstream the 2030 agenda for sustainable development within the ministry of health in Suriname and mapping the health and health related indicators in the national health policies and strategy plans.

HEALTH POLICIES AND SYSTEMS

The CCS for 2012-2016+ emphasizes three key strategic areas which include reducing the burden of disease, addressing social determinants of health and strengthening of health system and services through primary health care. The Ministry of Health has identified two key policy areas in its Development Plan for 2017-2021. These are the Prevention and reduction of morbidity and mortality and availability and accessibility of quality health care for the whole population. Health tops the national agenda and is a pillar of the constitution and social protection in context of the current economic stagnation. Suriname has gone through important policy reforms in the last years to advance in the direction of Universal Health. In 2014 the Basic Health Care Insurance Act came into effect with the aim of providing health insurance coverage for the population under 16 and 60 years old and intended to improve access to services across all levels of care, while the working population is insured through employers’ health insurance programs. In 2016, due to financial difficulties shown by private insurance companies that managed part of the insurance scheme, the management of this entire public scheme was transferred to the State Health Insurance Foundation (SZF), currently covering around 75% of the population.

Suriname has a fragmented but coordinated health system that covers the urban, coastal and interior regions of the country. A dedicated primary health service exists both for the population in the interior (Medical Mission) as well as the urban-coastal area (RGD). Implementation of projects and public health programs including health trend monitoring takes place through the Ministry of Health’s Bureau of Public Health (BOG). Five hospitals serve the population, three of which are located in the capital. A landmark tobacco law was passed in 2013, while the working population is insured through employers’ health insurance programs. However, under the current policies and epidemiologic trends, costs are projected to outrun government expenditure and new models of healthcare financing as well as an emphasis on primary care and health promotion is being developed.

COOPERATION FOR HEALTH

In addressing the social determinants of health, health inequities and SDG2030 health agenda the government of Suriname has embraced a ‘Health in All Policies Approach’. A set of intersectoral policy proposals were prepared by working groups that included participants from all ministries. An intersectoral body of participants from all key sectors across government, non-governmental organizations and the private sector advanced 12 policies and approved by council of ministers for implementation. Several ministries including Regional Development, Agriculture and Trade and Industry have included budget lines for intersectoral collaboration on health issues. The health sector cooperates with PAHO/WHO as well as relevant UN agencies such as UNFPA, UNICEF, UNDP, FAO as well as the Inter-American Development Bank (IDB), USAID, Agence Française De Development (AFD), The Global Fund. Suriname also participate and collaborates in CARICOM and UNASUR.subregional political platform for south to south technical cooperation. .

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012–2016+)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Reducing the Burden of Disease	<ul style="list-style-type: none"> • Reducing the burden of NCDs • Strengthening community-based mental health • Reducing communicable disease burden • Enhancing family health over the life course • Reducing violence and injuries
STRATEGIC PRIORITY 2: Strengthening health systems and services based on primary health care approach	<ul style="list-style-type: none"> • Strengthening health planning • Strengthening health services • Optimizing health financing • Enhancing human resources for health • Increasing the production and use of strategic health information
STRATEGIC PRIORITY 3: Addressing Social Determinants of Health	<ul style="list-style-type: none"> • Strengthening national response to environmental health threats • Strengthening capacity and coordination to address workers' health • Improving the management of emergencies and disasters • Advancing on social determinants of health
STRATEGIC PRIORITY 4: Mainstreaming the 2030 Agenda for Sustainable Development within the Ministry of Health's Policies, Strategies and Plans	<ul style="list-style-type: none"> • Integrating the 2030 Agenda for Sustainable Development within the Ministry of Health's Policies, Strategies and Plans • Mapping the Ministry of Health's Policies, Strategies and Plans to SDGs • Strengthening the Ministry of Health's role in monitoring and achieving health and health-related SDG targets

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