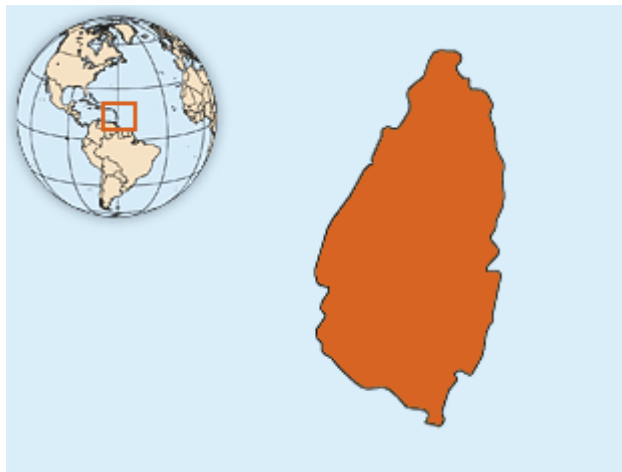


Saint Lucia



<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 (%) (1)	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	95
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	72.6 (Male) 75.2 (Both sexes) 77.9 (Female)
Population (in thousands) total (2015)	185
% Population under 15 (2015)	23.1
% Population over 60 (2015)	12.5
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (1)	
Literacy rate among adults aged >= 15 years (%) (1)	
Gender Inequality Index rank (2014)	...
Human Development Index rank (2014)	89
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	6.72
Private expenditure on health as a percentage of total expenditure on health (2014)	46.43
General government expenditure on health as a percentage of total government expenditure (2014)	11.47
Physicians density (per 1000 population) (2009)	0.103 0.103
Nursing and midwifery personnel density (per 1000 population) (1)	
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	9.2 [7.3-11.7]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	13.3 [10.9-16.4]
Maternal mortality ratio (per 100 000 live births) (2015)	48 [32 - 72]
Births attended by skilled health personnel (%) (2012)	98.7
Public health and environment	
Population using safely managed sanitation services (%) (1)	
Population using safely managed drinking water services (%) (1)	

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

HEALTH SITUATION

Saint Lucia is a Windward Island with its economy mainly dependent on tourism, (65 % of GDP) and, banana production. The country is experiencing both an aging population and has disease profile showing increase burden of chronic non-communicable diseases (CNCDs) and to a lesser extent new and emerging communicable diseases. A snapshot of health across the life course highlights less than 5 year old mortality rate (10.9-16.4 per 1000 Live Births) influenced by neonatal deaths, increasing premature mortality, and decreasing fertility rate. Vector borne diseases have increased with dengue outbreaks in 2011 and 2013 and outbreaks of Chikungunya and Zika in 2014 and 2016 respectively. The leading causes of mortality are malignant neoplasms, heart diseases, cerebrovascular diseases and diabetes mellitus.

The sustainable development goals (SDGs) are achievable and the country has been working towards designing a Universal Health Coverage (UHC) Strategy as well as financing strategy and policy, which would give the population access to an Essential Package of Health Services that, would advance the achievement of the national health strategic plan and the SDGs. While significant strides have been made in designing this framework for Universal Access to health, one of the key factors which have stymied its implementation is the uncertainty of adequate financing.

HEALTH POLICIES AND SYSTEMS

A National Health Sector Policy was developed which addresses four main policy imperatives: investment in health, tackling health challenges, strengthening people centered health systems and creating resilient communities. Policies have been completed for CNCDs, mental health, and nutrition. A Health Financing Strategy and Policy was also developed with funding from the European Union.

The Health system is a mixture of private and public with Government being the main provider of services through 36 health facilities and 2 main hospitals easily accessible to the population. Training of health workers is being done to ensure appropriate skill mix to deliver services. Due to financial constraint employment of these health workers pose challenges.

Saint Lucia has made progress under the International Health Regulation (IHR), fulfilling 11 of 13 core capacities. Core capacities 12 and 13, response to chemical, biological and radiological nuclear events (CBRN) have not been achieved. A draft CBRN plan was developed and with technical support from PAHO, the plan will be finalized and implemented.

Article 6 of the Framework Convention for Tobacco Control promoting tobacco product taxation to decrease availability and Article 11, addressing the individual labelling of tobacco and tobacco products, have been implemented by the country. Work has already commenced on putting legislation in place for Article 8, which addresses 'smoke free' spaces.

COOPERATION FOR HEALTH

Saint Lucia, to support the national health sector policy and agenda, sustainable development and global health agenda, has relied on different cooperation strategies to effectively respond to its health needs. The country is a member of the Organization of the Eastern Caribbean States and its Pharmaceutical Procurement Service (OECS PPS) which purchases pharmaceuticals and supplies in bulk to take advantage of lower prices.

PAHO/WHO has continued to provide technical cooperation through its Biennial Working Plan and other specially funded projects.

In 2012 a financial agreement was signed with the European Development Fund to implement 'Project Support to the Saint Lucia Health Sector'. The project has provided and still provides support for capacity building, staff training and legislative frameworks to support the implementation of the UHC.

World Bank has a significant partner in providing financing for infrastructure in terms of building Wellness Centres to meet the requirements under the Disaster Vulnerability Resilience Project. Through the years, the Global fund (GF) and PEPFAR have supported the programme of HIV/AIDS. The current GF Grant provides treatment and laboratory support, builds capacity of both government and civil society organizations in the areas of surveillance, care and achieving elimination of mother-to-child transmission of HIV and syphilis.



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 Prevention of 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 centred intervention for a 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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