

# Saint Vincent and the Grenadines



Saint Vincent and the Grenadines is a Lesser Antilles nation in the Eastern Caribbean. It consists of 32 islands, islets, and cays covering an area of 345 km<sup>2</sup>. The country gained its independence from the United Kingdom in 1979, becoming part of the Commonwealth of Nations. Queen Elizabeth II is the Head of State, represented in the country by the Governor-General. Saint Vincent and the Grenadines has a parliamentary government based on the Westminster model. Its capital is Kingstown, and the country is divided politically and administratively into six parishes. Five parishes are on the island of Saint Vincent and the sixth is made up of islands of the Grenadines.

Saint Vincent and the Grenadines, with a gross national income (GNI) per capita of US\$ 5,130 in 2009, has an economy based on agriculture, construction, and other activities. In 2010, economic activity fell by 1.8% following the contraction of 2007–2009. This downturn is attributed to the global financial crisis and has in turn led to a decline in several of the country's leading economic sectors (e.g., agriculture, construction, and transportation).

The country's main health achievements during the period 2006–2010 include a new salt water treatment system and the construction of a modern, well-equipped hospital, along with the opening of polyclinics.

## MAIN ACHIEVEMENTS

### HEALTH DETERMINANTS AND INEQUALITIES

Despite the economic crisis and consequent liquidity problems during the 2006–2010 period, the government managed to lower poverty rates and increase access to education. It launched several social security programs that improved the socioeconomic situation of families and individuals alike. Funding was approved and allocated for social policies targeting vulnerable populations, including the poor, the elderly, the unemployed, people with HIV/AIDS, and women and children at risk.

Eradicating poverty was a priority in 2006–2010. The Gini coefficient of income fell from 0.56 in 1996 to 0.4 in 2007/2008, and the population living in poverty, from 37.5% to 30.2% over the same period.

In 2009, the government introduced a universal education policy. Higher education enrollment rose from 1,289 in 2006 to 1,867 in 2010. In 2010, during the Tenth Regional Conference on Women of Latin America and the Caribbean, the country became a signatory to the Quito Consensus, with the goal of increasing gender equality and promoting the empowerment of women.

### THE ENVIRONMENT AND HUMAN SECURITY

Almost the entire population of the country (98%) had access to safe drinking water in 2010. Moreover, 11.6% had household connections to the public sewerage system, while 56.6% had a septic tank, and 30.3%, a pit latrine. Between 2006 and 2010, a desalination plant was built to

#### Selected basic indicators, Saint Vincent and the Grenadines, 2008–2010.

Indicator	Value
Population 2009 (thousands)	101.0
Poverty rate (%) (2008)	30.2
Literacy rate (%) (2010)	84
Life expectancy at birth (years) (2010)	73.9
General mortality rate (per 1,000 population) (2009)	7.7
Infant mortality rate (per 1,000 live births) (2010)	16.8
Maternal mortality rate (per 100,000 live births)	...
Physicians per 1,000 population (2009)	0.6
Hospital beds per 1,000 population (2010)	2.6
DPT3 immunization coverage (2010)	100.0
Births attended by trained personnel (%) (2010)	98.3

provide drinking water to Bequia, one of the islands in the Grenadines.

The government completed a greenhouse gas inventory and conducted vulnerability and adaptation assessments of the coastal area and the tourism, agriculture, water, and health sectors.

As part of its obligations under the Montreal Protocol on Substances that Deplete the Ozone Layer, the government is implementing an environmental management plan designed to gradually eliminate hydrochlorofluorocarbons from Saint Vincent and the Grenadines.

In 2006, the government enacted a law making seat belt use mandatory for all drivers and front-seat passengers, and helmet use mandatory for all motorcyclists.

### HEALTH CONDITIONS AND TRENDS

In 2010, diphtheria, pertussis, and tetanus (DPT) and polio vaccination coverage was 100%; measles, mumps, and rubella (MMR) coverage was 99.7%; and tuberculosis coverage (BCG) was 91.0%. The only vaccine-preventable disease reported during the period was chickenpox, with annual case numbers falling from 1,619 in 2001–2005 to just 620 in 2006–2010.

Overall, infectious and communicable diseases declined. In 2006, only two cases of dengue were reported; in the period 2007–2009, 10 to 20 cases were reported annually, and in 2010 there were 218 confirmed cases. Two imported cases of malaria were

### Better Access to Health Care with the Creation of Polyclinics

The Stubbs Health Centre was upgraded and reopened in 2010 as a polyclinic, the first of its kind in Saint Vincent. It is located in a district accessible to several communities on the windward side of the island.

The polyclinic provides routine prenatal care, postnatal care, infant care, family planning services, and specialized care in general medicine, pediatrics, psychiatry, and dentistry. It also operates as a maternity center and offers HIV counseling and testing and some other diagnostic services.

The polyclinic will serve as a coordinating center to promote well-being, increase health promotion, and support the fight against HIV and noncommunicable diseases.

Two more polyclinics will be built, one in the community of Mesopotamia in central Saint Vincent and the other in the town of Clare Valley on the leeward side of the island.

also reported during the period, one in 2008 and the other in 2010.

HIV prevalence remained relatively low (around 1% of the population) in 2006–2010. A 37% reduction in reported cases of HIV was observed between 2005 and 2008, along with a 40% reduction in AIDS-related deaths.

### HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The National Insurance Services provided social security to all citizens who were subscribers in Saint Vincent and

the Grenadines. This contributory system provides subsidies to cover disease, pregnancy, disability, unemployment, funeral expenses, and survivors' benefits.

Health care in the public sector is financed through a pooled national fund and a fee-for-services system. Health expenditure represents 3% to 4% of the gross domestic product (GDP).

During the period 2006–2010, 250 nurses were licensed by the General Nursing Council, a 58.8% increase over the previous five-year period.

Primary health care is provided at 39 health centers in the country's nine health districts. Secondary care is provided mainly at the Milton Cato Memorial Hospital. The breakdown of causes for hospitalization in 2006–2010 was as follows: obstetric (32%), medical (28.7%), surgical (23.6%), and pediatric (15.3%).

The Mental Health Rehabilitation Program continued to pursue the goal of integrating mental health services into primary health care.

### KNOWLEDGE, TECHNOLOGY, AND INFORMATION

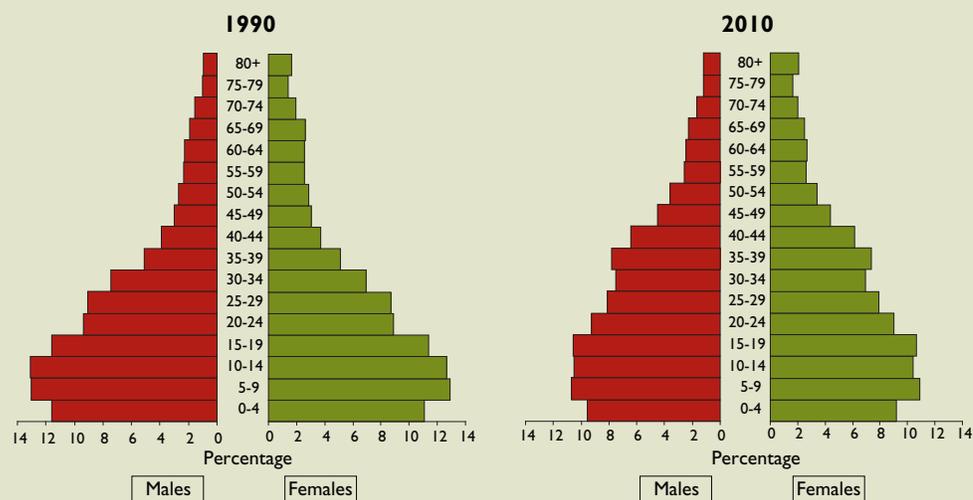
In 2006, work began on a system to create networks that would link hospitals and health centers to the Health Information Unit.

### MAIN CHALLENGES AND PROSPECTS

The country is located in the path of seasonal hurricanes. Hurricane Dean (2007) inflicted damages that cost over US\$ 800,000 and Hurricane Omar (2008), US\$ 2.07 million. Hurricane Tomás (2010) resulted in one death and material damage of US\$ 50.7 million.

Maternal and child health was a priority in the period 2006–2010. Twenty percent of mothers are adolescents under the age of 19. The leading causes of maternal morbidity were gestational diabetes, hypertension, urinary tract infection, kidney infection, and Rh incompatibility.

Population structure, by age and sex, Saint Vincent and the Grenadines, 1990 and 2010.



The incidence of leptospirosis jumped from 49 to 90 cases per 100,000 population. In 2010, the incidence of tuberculosis was 14.9 per 100,000 population. Twenty cases of pandemic flu caused by the influenza A(H1N1) virus were reported in 2009.

Chronic, noncommunicable diseases increased between 2006 and 2009, and were responsible for 74% of all deaths. Malignant neoplasms were the leading cause of death in men, with the most frequent type being prostate cancer (54%), followed by skin cancer (10%). Breast cancer was the leading cause of death in women (49%), followed by cervical cancer (15%) and skin cancer (15%).

Between 2006 and 2009, ischemic heart disease was responsible for 14.5% of the deaths from chronic, noncommunicable diseases. Other major causes of death were hypertension, injuries, and violence.

In 2010, the most common causes of hospitalization for mental disorders were schizophrenia (63% of the total), psychoactive substance use with schizophrenia (20.8%), and drug-induced psychosis (16.2%).

Consultations for noncommunicable diseases rose by 10.4%, with hypertension, diabetes-associated hypertension, and diabetes the main reasons.

Between 2008 and 2010, 86% of children had normal weight-for-age, 10% were obese, and 4% suffered from moderate malnutrition.

In 2010, 2,332 disabled people were identified with the following types of disabilities: physical and motor (34%); cognitive (22.6%); mental (16.9%); visual (11.8%); multiple disabilities (9.5%); and hearing (5.2%).

In the period 2009–2010, 1,080 traffic accidents were recorded, with eight deaths.

The country has no specialists in cardiology, oncology, or endocrinology. People who needed urgent care in disasters were referred to another Caribbean island (especially Barbados).

Among the challenges the country must consider for the future are the population's vulnerability to economic crises, the aging of the population, adolescent psychoactive substance use, and growing violence and crime. It is essential to strengthen health promotion among young people, encouraging the adoption of healthy lifestyles and practices, and to carry out interventions to reverse negative trends. This will require effort on the part of the private and public sectors, together with steadfast political will and economic commitment.