

# Saint Lucia



Saint Lucia is an island nation in the Caribbean Sea, located between the islands of Martinique and Saint Vincent and the Grenadines. The island has a land mass of 616 km<sup>2</sup> with very mountainous terrain. The most striking natural landmarks are Mount Gimie and the Pitons, which are twin peaks outside the town of Soufrière. Saint Lucia gained its independence from the United Kingdom in 1979 and is a member of the Commonwealth of Nations and the Organization of Eastern Caribbean States (OECS). The government is a parliamentary democracy, based on the Westminster model. The capital city is Castries, and there are 11 administrative districts.

Despite its small population (166,000 in 2010) and size, Saint Lucia has experienced considerable economic success. Between 2005 and 2010, its gross domestic product (GDP) at constant prices soared from US\$ 496,481,000 to US\$ 907,296,280. Tourism is the sector that contributed the most to this boom, with hotel revenues accounting for US\$ 67.3 million in 2005 and US\$ 75 million in 2010. The agricultural sector contributed US\$ 16.7 million in 2005 and US\$ 31.5 million in 2010.

Although the global economic crisis had an impact, the country's economic situation improved thanks to a policy designed to achieve growth, promote social solidarity, and create the capacity to recover from external shocks that was adopted in 2010 in the wake of Hurricane Tomás. Poverty increased from 25.1% to 28.8% between 1995 and 2006, but extreme poverty decreased from 7.1% to 1.6% during the same period.

Significant among the health achievements in the period 2006–2010 were the strategies adopted for implementing surveillance, prevention, and control of chronic, noncommunicable diseases, which constitute a major public health problem in Saint Lucia.

## MAIN ACHIEVEMENTS

### HEALTH DETERMINANTS AND INEQUALITIES

The period 1995–2006 saw a steady decline in economic inequalities, reflected by the reduction in the Gini coefficient from 0.50 to 0.42 between the beginning and end of the period. Young adults with children aged 0 to 14 years accounted for 39% of the population living below the poverty line, while people over the age of 65 accounted for 7%. In 2006, 28.8% of the country was living in poverty, which was concentrated in the rural population, where figures exceeded 35%.

In 2010, 92% of young children attended day-care and preschool centers and 96.7% of children aged 5–11 were enrolled in primary school. High school enrollment stood at 95.8%. More women than men had university education (5.7% vs. 4.4%).

In 2010, the workforce reached the figure of 68,000. That year, unemployment was 20.6% (24.2% in men and 28.2% in women). Unemployment in young people aged 15–29 climbed from 24.1% in 2001 to 33% in 2010. In 2007, since the average age of farmers was 55, the Government instituted the practice of hiring unemployed

### Selected basic indicators, Saint Lucia, 2006–2010.

Indicator	Value
Population 2010 (thousands)	165.6
Poverty rate (%) (2006)	28.8
Literacy rate (%)	...
Life expectancy at birth (years) (2010)	76.7
General mortality rate (per 1,000 population) (2008)	5.6
Infant mortality rate (per 1,000 live births) (2008)	13.9
Maternal mortality rate (per 100,000 live births)	...
Physicians per 1,000 population (2009)	0.8
Hospital beds per 1,000 population (2009)	1.5
DPT3 immunization coverage (%) (2010)	97
Births attended by trained personnel (%) (2008)	100.0

young people and acquiring arable land to lease to them. Crop production increased from 63,495 to 80,259 metric tons between 2005 and 2009, which led to a reduction in food imports.

The country is on the way to achieving the 2015 Millennium Development Goals in universal primary education and infant mortality. Poverty has fallen and education has become more accessible. Access to improved water and sanitation and efforts to achieve nutritional and food security are beginning to materialize.

### THE ENVIRONMENT AND HUMAN SECURITY

The population has access to drinking water of satisfactory quality: 80% receives its water through household connections, 8.5% through outdoor connections, 4.4% from public standpipes, and 7.1% from sources such as tanker trucks and private cisterns. The majority (92.5%) has access to some type of sanitation facility, whether a sewerage system (6.6%), septic tank (62.8%), or pit latrine (23.1%). Two sanitary landfills receive waste from 88% of households; the remaining households dispose of waste by composting, dumping, or burning it. In 2010, treatment plants were installed in communities where the water supply had been contaminated.

The issues of climate change, energy security, and sustainable development occupy an important place on the policy agenda. In 2009, three photovoltaic units and a wind turbine were installed to generate power. The country eliminated imports of products containing chlorofluorocarbons earlier than expected.

### Saint Lucia's Hemodialysis Program

*In response to the need to make health care more accessible and reduce mortality associated with end-stage renal failure, in 2010 the Government opened a hemodialysis center at St. Jude Hospital in Vieux Fort.*

*Two facilities, Victoria Hospital and St. Jude Hospital, will be able to provide dialysis for 48 patients per day, at an annual cost of around US\$ 1.2 million. This service will be available to all and subsidized by the Government (at 70% of the market price), so that patients pay only US\$ 55 per session.*

*In 2007, 85 people received dialysis. The majority of them were between the ages of 41 and 60.*

*Etiological analysis of the 105 cases of stage 4 and 5 renal failure in 2007 revealed that 98 cases (93.3%) were due to noncommunicable diseases.*

In 2008, the first stage of a survey on the foodborne disease burden (especially diarrheal diseases) was completed, with the purpose of identifying the causative factors and microorganisms involved. The results will be used to develop protocols for treating people sickened by these diseases.

### HEALTH CONDITIONS AND TRENDS

Infant mortality fell from 25.8 to 13.9 deaths per 1,000 live births in the period 2006–2008. There were 33 stillborn infants in 2005, 50 in 2006, and this figure dropped to 10 in 2009. The percentage of low-birth-weight babies was 10.9% in 2010.

Total mortality declined between 2006 (6.2 per 1,000 population) and 2008 (5.6 per 1,000). In 2007, the number of

deaths (952) and mortality rate (5.6 per 1,000 population) reached their lowest values. Noncommunicable diseases were responsible for 71% of all deaths from defined causes in 2008.

The number of workplace accidents fell from 158 in 2006 to 84 in 2010; the greatest number of accidents occurred in the 30–39-year age group.

No cases of vaccine-preventable diseases were reported in the period 2006–2010.

In 2010 a program for the surveillance of non-communicable diseases was launched that improved coding capacity.

A shelter for abused children with a comprehensive family program, a new residence for older persons, and a national center for mental well-being were built.

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

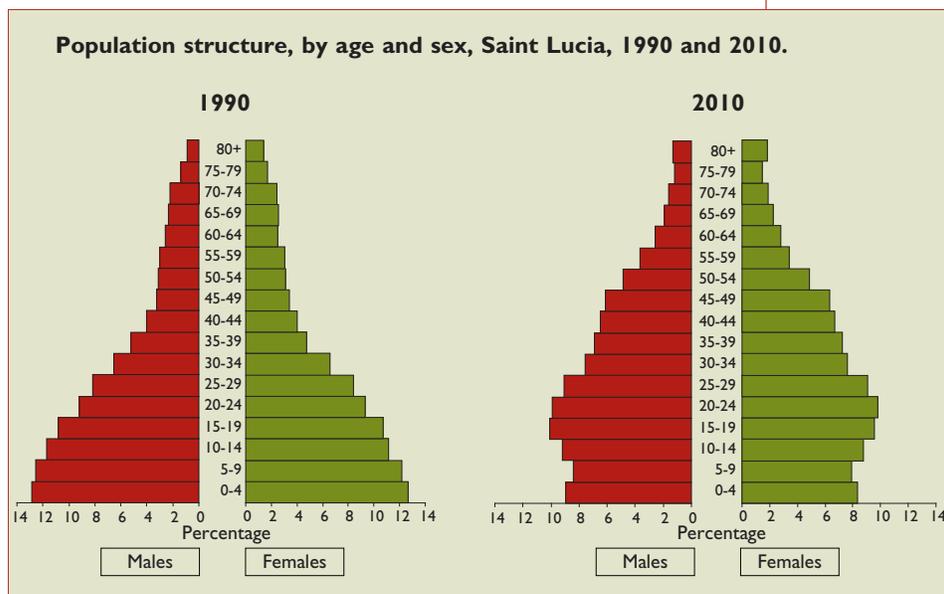
In order to achieve equity in the delivery and use of services, work has been done on developing a universal coverage model to provide access to key health promotion, disease prevention, treatment, and rehabilitation interventions. The focus on noncommunicable diseases presents a challenge, as health promotion efforts must be more visible and comprehensive.

The Accelerated Health System Project was designed to support implementation of the National Strategic Plan for Health. It addresses aspects of restructuring the Ministry of Health, revitalizing the primary care system, making more dynamic use of health promotion strategies, and creating an information system for evidence-based planning

Between 2006 and 2010, the health infrastructure was bolstered, new programs were launched, access to services was facilitated, and broad vaccination coverage was achieved, all of which contributed to a reduction in maternal and child mortality.

The health services are financed through a pooled fund (public budget), donations, direct payments, and insurance plans. Public health expenditure increased from US\$ 19.9 million in the period 2005–2006 to US\$ 26.7 million in 2010.

In 2010, the National Insurance Scheme had 49,000 subscribers (72.6% of the workforce). This enterprise receives



premiums from economically active people, to whom it provides health, disability, maternity, and workplace accident insurance, as well as death benefits. The company pays a premium to the Ministry of Health to cover hospitalization expenses.

The health system has three tiers: primary, secondary, and tertiary care. Each year, 80,000 people receive primary care services, and 9,000 access secondary care and hospital services. The public system covers 50% of primary care and 90% of secondary care at three hospitals: Victoria (160 beds), St. Jude's (currently 70 beds, with 90 planned), and Tapion (private, 30 beds). There is universal coverage of delivery care by trained personnel; some 13% to 15% of births are by cesarean section.

### **KNOWLEDGE, TECHNOLOGY, AND INFORMATION**

In 2010, 86.4% of households had television, 75% access to cable TV, and 38.6% to a computer, although only 26.5% had an Internet connection.

The health information system has been under implementation since 2006. This system includes the National Drug Information Network, the Environmental Statistics Information System, the National Health Information System, an electronic health registry, and a patient registry system.

### **MAIN CHALLENGES AND PROSPECTS**

The country is prone to natural disasters, chief among them hurricanes. In 2010, Hurricane Tomás killed 7 people and injured 36. The total damages and losses came to US\$ 336.2 million.

Between 1996 and 2007, the land area devoted to agriculture shrank from 51,326 to 30,204 acres, a decline attributed to a lack of interest and of access to arable lands.

Three cases of maternal death were reported between 2006 and 2007. In 2009, births among adolescents accounted for 15.7% of total births. Although the health care network provides high prenatal care and delivery coverage, reproductive health education and safe motherhood strategies need to be strengthened.

Leptospirosis cases jumped from 4 to 17 between 2009 and 2010, and one male died of the disease. Schistosomiasis incidence ranged from 5 to 10 cases between 2006 and 2010.

Between 2010 and 2011, 9,313 people with disabilities were reported; 31.6% of them had visual impairments, 12.1% hearing impairments, and 56.2% another type of physical disability.

Between 2006 and 2010, 256 new cases of HIV were reported, 158 of them in the 25–49-year age group. A strategic plan was drafted to reduce the spread of HIV/AIDS in the population and mitigate its impact. Three groups are considered at risk: men who have sex with men, sex workers, and pregnant women.

There were 72 cases of tuberculosis between 2006 and 2010. In 2009, mortality from this disease stood at 2.9 per 100,000 population; prevalence was 27 per 100,000, and incidence 14 per 100,000. In 2010, 9 new smear-positive cases were reported.

A total of 2,185 traffic accidents were reported, in which 118 people lost their lives. Between 2005 and 2007, 112 murders were committed, and between 2005 and 2008, there were 21 suicide attempts. Between 2009 and 2010 (within a 12-month period) 153 murders, 220 kidnappings, 124 shooting incidents, and 120 cases of rape were reported.

The health sector continues to suffer from a shortage of health professionals, particularly for nursing and specialized services, and at referral hospitals and community health services.

Obtaining timely, relevant information is still an obstacle to improving and expanding the health information system.