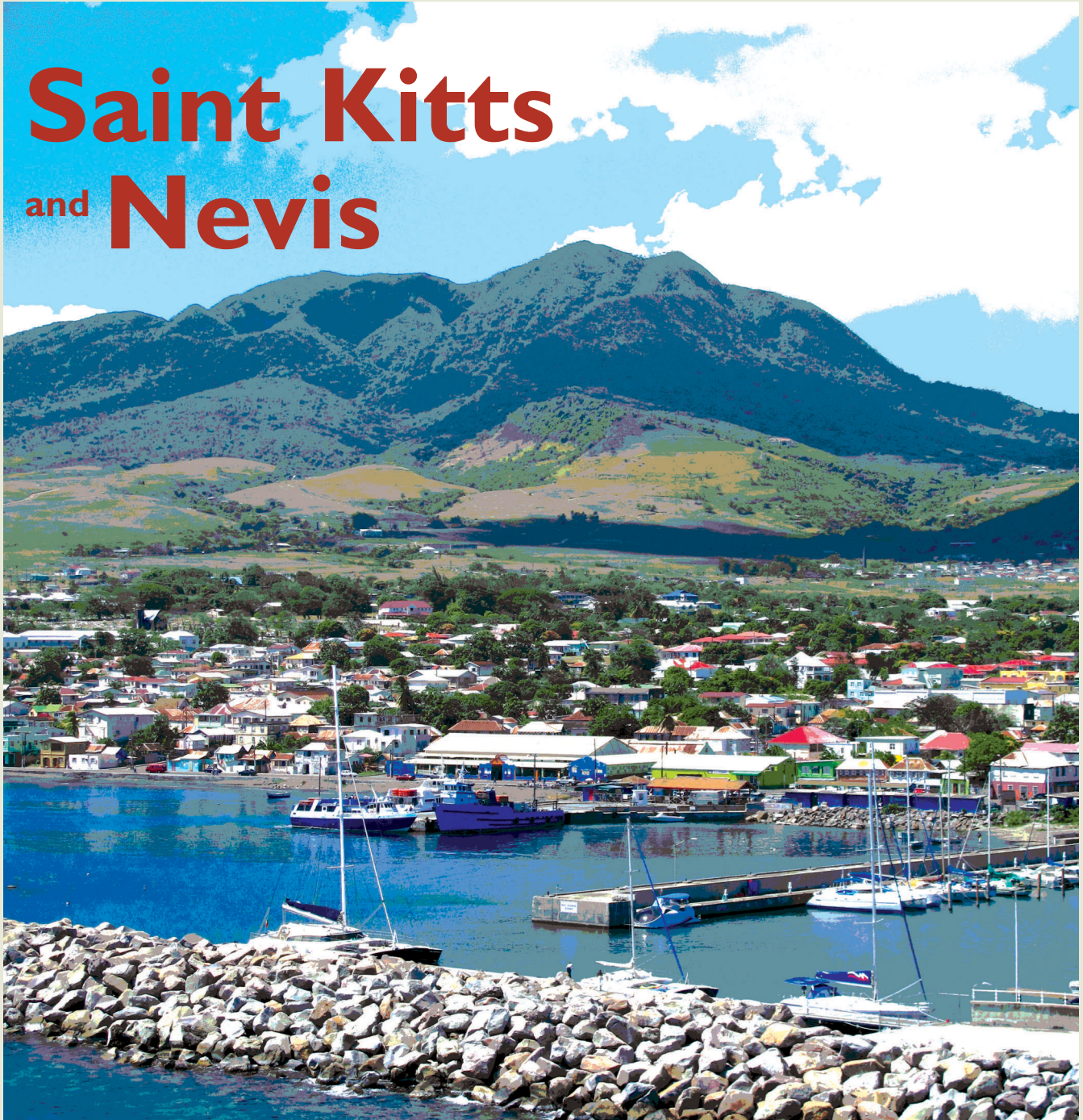


Saint Kitts and Nevis



The islands of Saint Kitts and Nevis are located in the northern part of the Leeward Islands in the eastern Caribbean. The country gained its independence from the United Kingdom in 1983, and it is a member of the Commonwealth of Nations and the Organization of Eastern Caribbean States (OECS). The land mass of Saint Kitts is 176.12 km² and that of Nevis is 93.2 km². The islands are volcanic, and are separated by a channel that measures 3 km at the closest point. The capital is Basseterre and the islands' administrative divisions include 14 parishes: 9 are on Saint Kitts and 5 on Nevis.

Selected basic indicators, Saint Kitts and Nevis, 2008–2010

Indicator	Value
Population 2010 (thousands)	52.0
Poverty rate (%) (2008)	21.8
Literacy rate (%) (2010)	97.0
Life expectancy at birth (years) (2010)	74.4
Crude mortality rate (per 1,000 population) (2010)	7.5
Infant mortality rate (per 1,000 live births) (2010)	13.6
Maternal mortality rate (per 100,000 live births)	...
Physicians per 1,000 population (2010)	1.3
Hospital beds per 1,000 population (2009)	6.0
DPT3 immunization coverage (%) (2010)	98.0
Births attended by trained personnel (%) (2010)	100.0

Saint Kitts and Nevis is an upper-middle-income country whose health conditions foster human development. The improvements in its health-related indicators represent an achievement in terms of the Millennium Development Goals. Life expectancy is high and infant mortality low; all births are attended by trained personnel.

Several factors have contributed to the improved health status of the population. The country has embraced the primary health care approach, adopting participation, health promotion, and intersectoral collaboration strategies. The population has unimpeded access to public health services ranging from prevention to palliative care.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Reducing poverty was a government priority during the 2006–2012 period. Approximately 20% of the gross domestic product (GDP) has been allocated to social security, health, and education programs, including several social welfare programs for poor and vulnerable populations. In 2008, nearly half the population aged 62 and over was receiving a social security pension.

Poverty has been moving steadily downward since 2000. In 2008, the population considered poor accounted for 21.8% of the total population. During that same period, extreme poverty fell from 11% to 1.4% in Saint Kitts and from 17% to 0% in Nevis. The total unemployment rate was 5.1% in 2007, with higher figures (14.3%) in the poorest population quintile; unemployment was higher in Saint Kitts (6.3%) than in Nevis (1.5%).

In 2009, 38% of children under age 2 were enrolled in official preschool programs, and 76% of children aged 3–5 were enrolled in primary school. The net enrollment in primary schools was 89%. The literacy rate in people over the age of 15 was 97%.

THE ENVIRONMENT AND HUMAN SECURITY

Over 99% of the population has access to water sources and improved sanitation facilities; 83.5% of the population has water piped into their home and 9.7% to their yard. There is a company that handles solid waste disposal on the two islands.

Since Saint Kitts and Nevis is exposed to hurricanes, disaster preparedness plans have been drawn up. Members of the Ministry of Health's first response team, as well as nurses, physicians, and staff from the disaster management department, the Red Cross, and defense forces, have received training in disaster management.

HEALTH CONDITIONS AND TRENDS

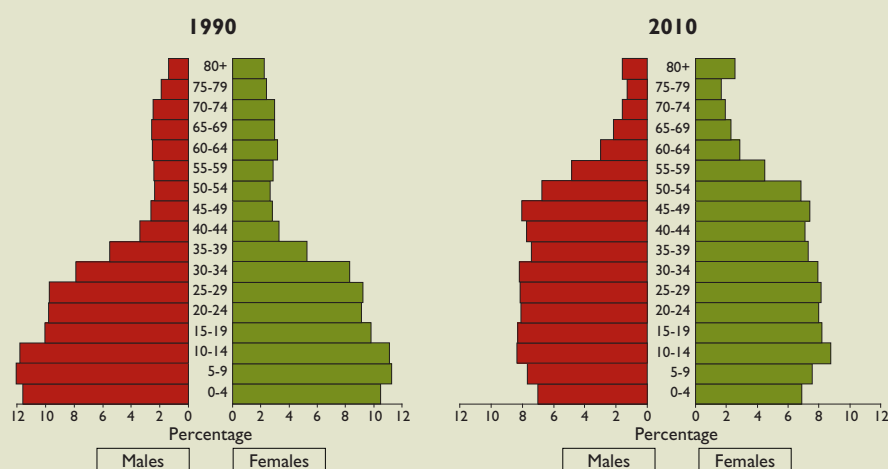
In the period 2006–2010, there was universal delivery coverage, with births attended by a trained health professional. There were three maternal deaths during the period, and infant mortality ranged from a high of 20.3 per 1,000 live births in 2007 to a low of 11.3 in 2008, and with 13.6 in 2010.

National Strategic Health Plan for 2008–2012

The National Strategic Health Plan is a Ministry of Health initiative grounded in the government's commitment to the idea that good health is a determinant in achieving the highest levels of personal well-being and national productivity.

The vision that inspires the work of the Ministry is summarized in the slogan, "People first, quality always." The Ministry's mission is to organize and develop its resources to ensure healthy population development.

The Plan, which is organized at the national level, covers seven priorities: reducing chronic, noncommunicable diseases and promoting good nutrition and physical activity; promoting family health; developing health systems with a primary care approach; improving mental health and reducing psychotropic substance abuse; preventing and controlling HIV/AIDS and sexually-transmitted infections; protecting the environment; and developing human resources for health.

Population structure, by age and sex, Saint Kitts and Nevis, 1990 and 2010.

Dengue is endemic in Saint Kitts and Nevis. Between 2006 and 2010, 122 cases were reported, 100 of them during an outbreak in 2008. There were no indigenous cases of malaria, but three imported cases were diagnosed between 2007 and 2009. HIV case numbers dropped by 22% in 2006–2010 in comparison with 2001–2005, declining from 73 to 57 cases. There was a marked reduction in tuberculosis mortality, which fell from 2.8 per 100,000 population in 2006 to 0.6 in 2009. Tuberculosis prevalence was 11 per 100,000 population, with an incidence of 9.2 per 100,000.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

Annual per capita health expenditure averaged US\$ 370, accounting for roughly 8% of total public expenditure during the period 2006–2010. Total health expenditure rose by 32.8% from 2006 to 2009. The national budget contributed over 92% of the health sector's financial resources during the 2006–2010 period. Community and institutional health services receive a similar share of the Ministry of Health budget. Human resource costs account for about 70% of total health expenditure.

Physician availability increased from 11.8 per 10,000 population in 2004 to 13.0 in 2010. There are two dentists per 10,000 inhabitants.

Because Saint Kitts and Nevis is a small economy, all medical products, vaccines, and new technologies are imported. Some 90% of the medicines used in the public

sector are obtained through the Organization of Eastern Caribbean States' Pharmaceutical Procurement Service.

Saint Kitts and Nevis has embraced the primary health care approach in health system governance and development as the most appropriate way to strengthen the delivery of health services that meet the population's needs and demands. The country has also adopted health promotion strategies to prevent and control the chronic disease burden.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

There is no official health or public health research agenda. However, the country has worked to bolster its research capacity. Between 2006 and 2010, the WHO Survey on Chronic Disease Risk Factors (WHO STEPwise approach, 2008) and the Global Youth Tobacco Survey (2010) were conducted.

MAIN CHALLENGES AND PROSPECTS

There are still gender inequalities to overcome; households headed by women are more likely to be poor than are other groups. Despite the substantial pension outlays, poverty among the elderly remains a cause for concern.

Although the country is relatively stable economically, it is vulnerable to external forces and natural disasters, as demonstrated by the impact of the global economic crisis that began in 2008 and the hurricanes that have ravaged the Caribbean in recent years.

Soil erosion has become a problem since the collapse of the sugar industry in 2005. The industry used ceramic pipes to divert heavy rain runoff to the sugarcane fields. The cessation of this activity is causing more sediment to flow to the sea through residential areas and the main roads.

Hurricanes Omar and Earl struck the country in 2008 and 2010, respectively. Omar's impact on the balance of payments was estimated at US\$ 19 million, nearly 3.5% of the country's GDP.

Chronic, noncommunicable diseases are still among the leading causes of morbidity, disability, and death. The

leading causes of morbidity in adults are overweight, high blood cholesterol levels, hypertension, diabetes, schizophrenia, depression, and the use of psychoactive substances. Between 2007 and 2008, 15.7% of all people surveyed were suffering from a chronic disease (12.3% of the men and 18.6% of the women). Diabetes prevalence was 20% in 2010. The prevalence of hypertension in the adult population was 34.5% in 2008, with higher rates in men (38.2%) than in women (31.9%).

The relatively high level of noncommunicable diseases, mental illness, and external causes of injury and death places a high demand on the sector's current resources. Unhealthy lifestyles imply a high risk of mortality and morbidity in Saint Kitts and Nevis. The main health challenges consist of mobilizing resources and adopting effective health promotion strategies to foster changes in lifestyle to prevent and control the burden of chronic diseases.

The average annual deaths from cancer rose from 44 in 2002–2005 to 63 in 2006–2009, a 43% increase attributed to the rise in prostate and breast cancer.

Interpersonal violence is a growing public health problem. There were 103 homicides during the period

2006–2010 compared to 42 in 2001–2005, or a 160% increase. Of those deaths, 96 were men and 7 women.

Several laws authorize the Ministry of Health, Social Services, Community Development, Culture, and Gender Affairs to exercise governance. However, many of them are outdated and have therefore been under review with an eye to their amendment.

Between 2005 and 2010, the steady decline in the number of qualified nurses continued, with figures falling from 38 nurses per 10,000 population in 2005 to 32 in 2010. This downward trend is due largely to emigration.

Although efforts have been under way to increase knowledge production in the health sector, there is no official public health research agenda.

The primary health care approach in governance and health system development must be strengthened to meet the population's needs and demands in health. Health promotion strategies must also be strengthened.

Maintaining and improving health system performance requires continued universal coverage and access, adequate financing, and quality improvement in the health system, as well as maximum use of preventive and primary care services and efforts to ensure the highest degree of satisfaction among users and health care providers.