

## Barbados, Member States and Associate Members of the Organization of Eastern Caribbean States



Seven countries in the eastern Caribbean are included in the cooperation strategy: Antigua and Barbuda, Barbados, the Commonwealth of Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and the three overseas Territories of the United Kingdom of Great Britain and Northern Ireland (United Kingdom): Anguilla, British Virgin Islands and Montserrat. Barbados is a regional hub for transport and hosts most regional offices of development partners. All are in the upper middle or higher income groups. Other shared characteristics include democratic government systems based on the United Kingdom model, membership of regional alliances, and a stable social and political environment. Economic growth is underpinned by tourism, construction, and financial services. However, they also have high levels of public debt and economic vulnerability. They are generally not eligible for development assistance because of their high human development indices. Inequities exist with high poverty levels in rural areas. Traditional exports (sugar and bananas) have been adversely affected by changing conditions of trade. Unemployment is generally high. The region is prone to natural disasters - hurricanes, volcanic eruptions and earthquakes.

### HEALTH & DEVELOPMENT

**The countries and territories share important health gains but also face new challenges** and demands on health services due to demographic and epidemiological transition and changing lifestyles and behaviours. Significant gains in child health have been made through high coverage immunization programmes. The main source of health financing is public sector; user fees have been introduced for some services. National health insurance schemes have not been widely implemented.

**Increasing human resources and leadership capacity are critical** to address the health challenges facing the eastern Caribbean countries and territories. Weaknesses at the Ministry of Health (MoH) level have been identified in 10 of 11 essential public health functions, with quality assurance and public health research particularly deficient. Health services suffer from insufficient personnel, inadequate quality of the workforce and difficulties in retention of trained staff. Information systems are weak (deficiencies in collection and quality of data and its use for analysis and decision-making).

**Noncommunicable diseases are the leading causes of morbidity and mortality** and place a growing economic burden on the health sector. Cardiovascular disease, stroke, diabetes, hypertension and cancers are the main causes. Prevalence of diabetes has greatly increased; from being the fifth cause of death in 1995 it climbed to second place in 2000. Leading sites for mortality from cancer are prostate, digestive organs and peritoneum, female breast and stomach. Little data exists on mental health disorders.

**Lifestyle-related factors are major risks to health**, particularly unhealthy diets, physical inactivity, obesity, tobacco and alcohol use, unsafe sexual practices, violence and accidents, and under-use of preventive health and wellness services and facilities. Obesity in children shows a systematic increase. High rates of teenage pregnancy, increasing HIV/AIDS prevalence, violence and substance abuse are major problems. Physical abuse is common; the Caribbean Adolescent Health Survey (2000) in six countries found that 11% of females and 9% of males had experienced sexual abuse. Among men, traffic accidents are the first cause of death in 15-24 year-olds and homicide/assault is the third cause of death in 25-44 year-olds. Important health and social costs are incurred by morbidity, disability and mortality due to avoidable injuries.

**The communicable disease agenda is unfinished.** HIV/AIDS was the eighth cause of death in 1995 and 2000. Dengue and dengue haemorrhagic fever have increased due to high mosquito levels. Vector control is problematic, being intimately linked to inadequate sewage facilities and solid waste management.

**Environmental health is increasingly important.** Inadequate wastewater disposal in low-income areas, poor solid waste management, increased pollution of coastal waters and poor water quality management represent critical environmental health threats. Foodborne diseases, although under-reported, show increasing incidence due to the proliferation of food preparation sources and poor habits of food handlers.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Participation in regional structures including the Caribbean Community (CARICOM), the Association of Caribbean State (ACS) and the Organization of Eastern Caribbean States (OECS)</li> <li>• Role of health in development recognized by CARICOM Governments: the Nassau Declaration 2001 stated that “the health of the Region is the wealth of the Region”; the Caribbean Charter for Health Promotion</li> <li>• CARICOM countries' leading role in polio and measles eradication</li> <li>• Commitment to Millennium Development Goals (MDGs); some MDGs already achieved.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to strengthen leadership at MoH level, health system infrastructure, information systems, intersectoral cooperation</li> <li>• Human resource development and management, quality of services, retention of qualified staff</li> <li>• High prevalence of lifestyle-related risk factors, inadequate health promotion interventions, poor use of preventive health services</li> <li>• Increasing demands due to ageing population, higher morbidity, increasing financial burden of health care</li> <li>• Inequities in health service provision</li> <li>• Rising morbidity and mortality due to preventable injuries and environmental factors</li> <li>• Lack of comprehensive and strategic health plans addressing natural and man-made disasters.</li> </ul>

## PARTNERS

With increasing prosperity, development aid to the countries and territories has fallen since its peak in the early 1980s, presently around 4% of the gross domestic product (GDP). Traditional bilateral partners for the health sector, i.e. Canada, France, Germany, the Netherlands, the United Kingdom of Great Britain and Northern Ireland and the United States of America, now provide assistance at the subregional level, focusing on HIV/AIDS, except for post-disaster humanitarian aid.

The main multilateral partners - the Caribbean Development Bank, the European Union, the InterAmerican Bank and the World Bank provide support at both levels. The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) supports HIV/AIDS care and treatment. United Nations (UN) agencies are involved in several health-related programmes (FAO, UNDP, UNFPA, UNICEF and UNIFEM).

The independent countries all have bilateral agreements with Cuba for technical and human resources support, equipment and supplies, and clinical referral services.

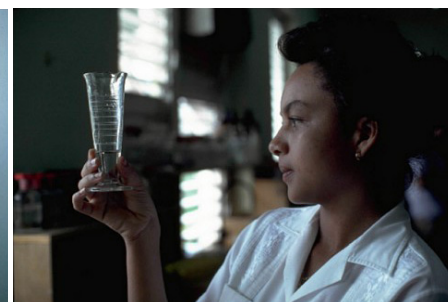
New bilateral partners include China and Nigeria, which provide project-specific financial and technical assistance.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Multiple mechanisms exist for aid coordination through the Ministry of Finance and the UN Subregional Team.</li> <li>• Membership of international organizations encourages new bilateral partnerships</li> <li>• Membership of subregional groupings allows participation in joint partnership agreements and resource mobilization arrangements: Pan Caribbean Partnership Against HIV/AIDS (PANCAP), Caribbean Forum of African, Caribbean and Pacific States (CARI-FORUM), Caribbean Forum for Development (CFD).</li> </ul>	<ul style="list-style-type: none"> <li>• Need for increasing development partner investment in health; expansion to priority areas other than HIV/AIDS, institutional strengthening, integrated systems for monitoring and evaluation</li> <li>• Suboptimal communication between partners; duplication of efforts</li> <li>• Coordination of programme delivery increasingly involving non-government counterparts.</li> </ul>

## PAHO/WHO STRATEGIC AGENDA (2006-2009)

The PAHO/WHO strategic agenda addresses individual and collective needs of the countries and territories, their health and development challenges, collective agreements for joint action, and the Organizational strategy for greater country focus. Five strategic directions have been delineated.

- **Enabling the health systems to ensure equitable access and improve quality of services.** Health planning; health financing systems; health information systems; steering role of MoH; equitable access to quality health services.
- **Strengthening public health leadership.** Building competencies for public health leadership; public health policy, legislation, regulation and registration; promoting intersectoral action to attain health goals; communication and advocacy; reduction of health inequities.
- **Reducing preventable mortality, avoidable morbidity, and disability in priority health areas.** Diabetes, cardiovascular diseases and cancer; nutritional disorders including obesity and deficiencies; mental disorders and rehabilitation; HIV/AIDS and other sexually transmitted infections; vaccine-preventable diseases; road traffic injuries; violence, suicides and homicides; child health; youth health; health and ageing.
- **Reducing vulnerability and threats to health arising from environmental and economic causes, including natural and other hazards.** Disaster management; basic sanitation and environmental management; dengue; food and waterborne diseases; environmental protection; International Health Regulations implementation.
- **Enabling optimal use of global, regional, and subregional collective agreements for national health development.** Stakeholder involvement; building alliances and partnerships; analysis of international agreements; analysis of options for investment in health; international cooperation in health.



## ADDITIONAL INFORMATION

PAHO/WHO country office web site <http://www.cpc.paho.org/>

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