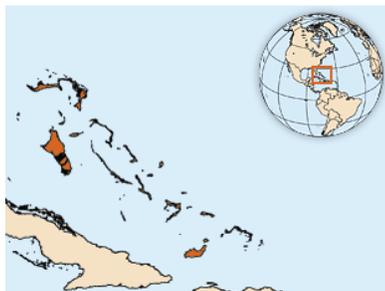




BAHAMAS



<http://www.who.int/countries>

The Commonwealth of the Bahamas is an independent, English-speaking country. It is an archipelago consisting of 700 islands and 2,400 cays with a land area of 5,358 sq. miles. The country achieved its independence from the United Kingdom in 1973 and its system of government is a parliamentary democracy based on the Westminster Model. The population is currently estimated at 347,000 persons, 70% of whom reside in the capital city of Nassau. The Bahamas has the third highest per capita GDP in the Americas and has achieved a high level of social development as reflected in generally favorable social indicators. Extreme disparities as evidenced by a GINI Coefficient, estimated at 0.57, continue to persist as a major challenge. Tourism and tourism-related commerce together with financial services constitute the major pillars of the economy.

HEALTH & DEVELOPMENT

Significant improvements have occurred in the health status of the population of The Bahamas over the last decade as evidenced by the following: **Overall mortality has declined and life expectancy at birth has increased** from 66 years in 1970 to 73.9 in 2008; **The Infant Mortality Rate has decreased** from 38 per 1,000 live births in 1970 to 17.6 in 2008; **No cases of HIV infected newborns have been documented** during the period 2002-2007; **HIV/AIDS has fallen to being the fourth leading cause of death** after being the leading cause of mortality for almost 5 years; **Vaccine preventable diseases have declined** to negligible levels over the period, 1994-2003; and **Effective containment of local outbreaks** of malaria and strengthening of the epidemiological surveillance system. In spite of these notable successes, challenges do continue to exist on some fronts.

The population is aging. Today, about 9% of the population is over 60 years of age. This segment of the population is expected to double in size, reaching 18% by 2030. The demographic dynamic is complex and is characterized by concurrent urbanization, immigration and tourism. In 1950, the average life expectancy in The Bahamas was 61 years for women and 58 years for men. Today, life expectancy has climbed to 78 and 72 years, respectively.

Aging of the population together with rapid changes in lifestyles and behaviors have led to the emergence of Chronic Non-communicable Diseases [CNCDs] as the leading cause of morbidity and mortality. CNCDs now account for nearly 45% of all deaths in The Bahamas and represent five of the ten leading causes of death among individuals, aged 45 years and older. Population surveys of living conditions and other studies have indicated rapidly increasing prevalence of obesity, hypertension and diabetes. The magnitude of the CNCD burden as well as its associated costs is negatively impacting health system sustainability and services provision. Nearly half of all public hospital beds are occupied by persons suffering from chronic non-communicable diseases.

Health Systems and Services: Even though investment in health care in The Bahamas has increased substantially [7.6% of the GDP- 2006] with significant inflows from both the public and private sectors, challenges still persist in relation to quality of care and access. Improved co-ordination and management, deeper integration of services together with an enhanced regulatory environment have been recognized as areas from further strengthening. Given the archipelagic disposition of the Bahamas, eHealth has also been identified as a key intervention for health services strengthening and achieving equity.

Environmental hazards are a major threat to The Bahamas. The geographic and archipelagic disposition of the Bahamas predisposes it to the devastating effects of climate change and natural hazards. Additionally, man-made hazards, which have the potential to undermine the economy, are increasing.

Economic downturn. Although the Bahamian economy, as the rest of the world, had been severely affected by the global economic crisis of 2008, which resulted in a contraction of the per capita GDP and increased unemployment, social investment [especially health] was protected and, rather, increased.

Total population (2011) ¹	347 000
% Population under 15 (2011) ¹	22
Population distribution % urban (2011) ¹	84
Life expectancy at birth (2011) ¹	
Total	75
Male	72
Female	78
Infant mortality rate per 1000 live births (2011) ¹	14
Under-5 mortality rate per 1000 live births (2011) ¹	16
Maternal mortality ratio per 100 000 live births(2010) ¹	47
Total expenditure on health as % of GDP (2010) ¹	7.5
General government expenditure on health as % of total government expenditure (2011) ¹	15.2
Human Development Index rank out of 186 countries (2012) ²	49
Gender inequality index rank out of 148 countries (2012) ²	53
% population with sustainable access to improved drinking water(2011) ¹	96
% population with sustainable with access to improved sanitation(2010) ¹	100

Source

1. World Health Statistics 2013

2. UNDP Human Development Report 2013

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Participation in regional structures, including CARICOM • The Bahamas is actively seeking to expand and diversify its international alliances for development • Social protection schemes have been developed • Health is a priority for Government investment. • The existence of a strong and equitable partnership between the Ministry of Health and PAHO/WHO • The ratification of a number of international conventions such as the WHO FCTC 	<ul style="list-style-type: none"> • Weak inter-sectoral action for promoting, protecting and improving the health of the population. • Limited] capacity, inadequate distribution and perennial migration of human resources for health. • Fragmentation of the health services, both in its organization and delivery. • Inadequate distribution of the health budget and unclear prospects for its sustainability.

PARTNERS

The United States President's Emergency Plan For AIDS Relief [PEPFAR] will contribute significant financial resources to HIV/AIDS prevention and control activities as well as strengthening of the National HIV Program. The Joint United Nations Program on HIV/AIDS [UNAIDS] will also be contributing financial resources via PAHO to strengthen efforts in the areas of Universal Access and Gender Mainstreaming in relation to HIV/AIDS. Given this context, PAHO will therefore continue to discharge its role as leader in the health sector for HIV. The Aga Khan Foundation has been contracted by the Ministry of Health to support the process of implementing some aspects of the NHSSP, such as: Human Resources for Health, Health Information Systems, Models of Care and Health Infrastructure. PAHO will continue mobilizing technical resources in order to give support and complement the efforts of other actors. IADB is providing financial support to implement a short term project aimed to strengthen the MOH's capacities for planning and measuring performance by supporting the development of a Health Planning Unit.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Health is regarded as a priority by the Government as indicated by the relatively high budgetary allocations. Country's active participation in PAHO and WHO Governing Bodies Membership in international organizations and sub-regional bodies allows participation in joint partnership agreements and resource mobilization arrangements. 	<ul style="list-style-type: none"> Reduced opportunities for mobilizing external financial resources for health due to the country's classification as High-Income. Reduced opportunities for building networks with international partners, due to a lack of their physical presence in the country. Very high transactional costs related to the execution of technical programs and projects.

PAHO/WHO STRATEGIC AGENDA

PAHO/WHO's technical cooperation strategy in The Bahamas is well aligned with the national priorities and policies for health in the Bahamas.

Health Systems and Services Strengthening.

Mobilize technical capacities and facilitate the sharing of international experiences in order to contribute to:

- The development of a more integrated people-centered health system and the implementation of services and programs delivered throughout the lifecycle.
- The enhancement of governance capacities as well as health financing mechanisms, health information systems, models of health care services based on primary health care, human resources structures, and management of supplies.

Health Promotion and Disease Prevention.

- Facilitate inter-sectoral action for planning and implementing policies, programs and services that will improve the social and economic conditions that affect health.
- Mobilize technical capacity in order to strengthen inter-sectoral capacity for implementing population-based disease prevention and health promotion strategies, with special emphasis on Non-Communicable diseases,

Health and the Environment.

- Continue supporting health sector preparedness and response to protect the public from infectious and environmental threats, and to mitigate the impact from natural and other disasters.

The following strategic approaches will be applied to ensure a successful implementation of the CCS:

- Fostering and strengthening partnerships in order to extend the reach of PAHO/WHO's technical cooperation
- Mobilizing experts to address critical health issues
- Building national capacity for improving Essential Public Health Functions and Performance, with particular emphasis on strategic planning, monitoring and evaluation, strengthening health information systems and utilizing data for public health decision making at all levels.
- Facilitating technical cooperation among countries to address key health issues
- Promoting the use of innovative technologies, where appropriate
- Promote and support public health research, as necessary.

ADDITIONAL INFORMATION

WHO country page
Country office web site

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The brief is available online at <http://www.who.int/countryfocus>
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