World Health Organization

Country Cooperation Strategy *at a glance*

Suriname

http:// www.who.int/countries/en/

WHO region	Americas
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2010)	3
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	89
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	74.7 (Female) 68.6 (Male) 71.6 (Both sexes)
Population (in thousands) total (2015)	543
% Population under 15 (2015)	26.8
% Population over 60 (2015)	10.2
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)	15.54
Literacy rate among adults aged >= 15 years (%) (2007-2012)	95
Gender Inequality Index rank (2014)	100
Human Development Index rank (2014)	103
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.69
Private expenditure on health as a percentage of total expenditure on health (2014)	48.30
General government expenditure on health as a percentage of total government expenditure (2014)	11.84
Physicians density (per 1000 population) (2013)	0.8
Nursing and midwifery personnel density (per 1000 population)	1.6
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	11.5 [6.8-15.9]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	21.3 [10.8-42.4]
Maternal mortality ratio (per 100 000 live births) (2015)	155 [110 - 220]
Births attended by skilled health personnel (%) (2013)	85
Public health and environment	
Population using improved drinking water sources (%) (2015)	94.8 (Total) 98.1 (Urban) 88.4 (Rural)
Population using improved sanitation facilities (%) (2015)	61.4 (Rural) 79.2 (Total) 88.4 (Urban)

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Over the past decade, Suriname has made significant strides in reducing infectious disease related morbidity and mortality. However, each year Suriname loses 170 000 productive life-years due to ill-health and premature death. “Communicable diseases, maternal, neonatal, and nutritional disorders”, “Non-communicable diseases” and “Injuries” account for 27%, 58%, and 15% respectively. Non-communicable diseases pose a major challenge for the containment of cost in the health system. Suriname has yet to reach global targets for maternal and infant mortality and also faces a significant burden of disease from road traffic injury and depressive disorders and suicide. Inflation and an economic crisis have further put pressure on the health system and efforts are under way to further contain cost and optimize health service delivery. A recent assessment of health equity reports inequities in health status and prevalence of risk factors across ethnic, geographic, gender and socio-economic status. Non-communicable diseases including stroke, ischemic heart disease and diabetes, mental health issues including suicide, HIV, road traffic injuries and preterm birth complications are among the largest contributors to the burden of disease. Key risk factors are an unhealthy diet, insufficient physical activity, use of tobacco and alcohol, high blood pressure, domestic violence, incomplete vaccination coverage, low maternal age and low antenatal care service uptake. Efforts are under way to mainstream the 2030 agenda for sustainable development within the ministry of health in Suriname.

HEALTH POLICIES AND SYSTEMS

The CCS for 2012-2016 emphasizes three key strategic areas which include reducing the burden of disease, addressing social determinants of health and strengthening of health system and services through primary health care. The Ministry of Health has identified two key policy areas in its Development Plan for 2017-2021. These are the Prevention and reduction of morbidity and mortality and availability and accessibility of quality health care for the whole population. Health tops the national agenda and is a pillar of the constitution and social protection in context of the current economic crisis. Suriname has a fragmented but coordinated health system that covers the urban, coastal and interior regions of the country. A dedicated primary health service exists both for the population in the interior (Medical Mission) as well as the urban-coastal area (RGD). Implementation of projects and programs takes place through the Ministry of Health’s Bureau of Public Health (BOG). Five hospitals serve the population, three of which are located in the capital. A landmark tobacco law was passed in 2013. A comprehensive healthcare law that guarantees access for those under 16 and over 60 was passed in 2014 while the working population is insured through employers’ health insurance programs. However, under the current policies and epidemiologic trends, costs are projected to outrun government expenditure and new models of healthcare financing as well as an emphasis on primary care and health promotion are needed.

COOPERATION FOR HEALTH

In order to reduce exposure to the risk factors that cause non-communicable disease and address social determinants of health the government of Suriname has embraced a Health in All Policies approach. A set of intersectoral policy proposals were prepared by working groups that contained participants from all ministries. These policy proposals were designed to address key social determinants of disease and leverage the 2030 Sustainable Development Agenda for concerted action on health. An intersectoral body of participants from all key sectors across government, non-governmental organizations and the private sector voted 12 most promising options to move to negotiation and implementation. The proposals have now been submitted for approval by the council of ministers. As part of an effort to coordinate monitoring and evaluation across sectors, a monitoring strategy is being implemented that will pave the way for linking data from service, administrative and survey sources into an early health information system. Several ministries including Regional Development, Agriculture and Trade and Industry have included budget lines for intersectoral collaboration on health issues in their budgets for 2017 under the HiAP approach. The health sector cooperates with PAHO as well as relevant UN agencies such as UNFPA, UNICEF and UNDP.

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WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012–2017)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Reducing the Burden of Disease	• Reducing the burden of NCDs • Strengthening community-based mental health • Reducing communicable disease burden • Enhancing family health over the life course • Reducing violence and injuries
STRATEGIC PRIORITY 2: Strengthening health systems and services based on primary health care approach	• Strengthening health planning • Strengthening health services • Optimizing health financing • Enhancing human resources for health • Increasing the production and use of strategic health information
STRATEGIC PRIORITY 3: Addressing Social Determinants of Health	• Strengthening national response to environmental health threats • Strengthening capacity and coordination to address workers' health • Improving the management of emergencies and disasters • Advancing on social determinants of health
STRATEGIC PRIORITY 4: Mainstreaming the 2030 Agenda for Sustainable Development within the Ministry of Health's Policies, Strategies and Plans	• Integrating the 2030 Agenda for Sustainable Development within the Ministry of Health's Policies, Strategies and Plans • Mapping the Ministry of Health's Policies, Strategies and Plans to SDGs • Strengthening the Ministry of Health's role in monitoring and achieving health-related SDG targets