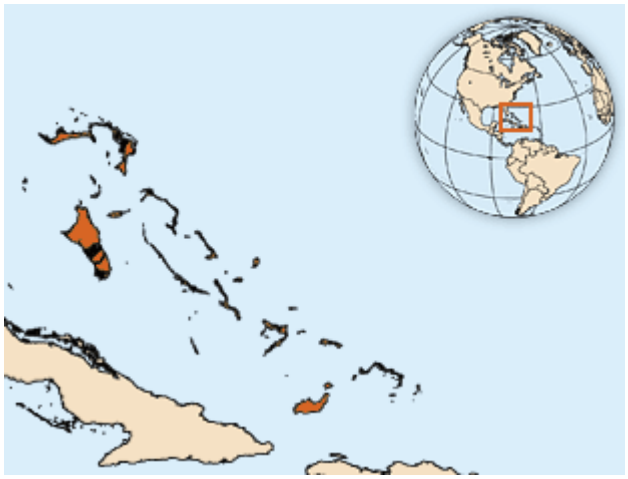
World Health Organization

Country Cooperation Strategy at a glance

Bahamas



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

WHO region	Americas
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%)	22.4[-]
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	95
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	79.1 (Female) 72.9 (Male) 78.1 (Both sexes)
Population (in thousands) total (2015)	388
% Population under 15 (2015)	20.9
% Population over 60 (2015)	12.5
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2013)	12.5[2]
Literacy rate among adults aged >= 15 years (%) (2003)	95.5[3]
Gender Inequality Index rank (2014)	58
Human Development Index rank (2014)	55
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	7.74
Private expenditure on health as a percentage of total expenditure on health (2014)	54.14
General government expenditure on health as a percentage of total government expenditure (2014)	14.78
Physicians density (per 1000 population) (2008)	2.72
Nursing and midwifery personnel density (per 1000 population) (2008)	3.99
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	6.9 [4.8-9.6]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	12.1 [9.1-15.9]
Maternal mortality ratio (per 100 000 live births) (2015)	80 [53 - 124]
Births attended by skilled health personnel (%) (2013)	98.0[4]
Public health and environment	
Population using improved drinking water sources (%) (2015)	98.4 (Total) 98.4 (Urban) 98.4 (Rural)
Population using improved sanitation facilities (%) (2015)	92.0 (Total) 92.0 (Urban) 92.0 (Rural)

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

HEALTH SITUATION

The Commonwealth of the Bahamas is an archipelago of 700 islands and 2,400 cays with a total area of 13,900 km2 situated in the Caribbean Sea, off the southern coast of The United States of America. 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 total population is approximately 388,000, the majority (70%) of whom live on New Providence, the site of the capital, Nassau, and the seat of Government. Census data shows that between 2000 and 2010, rates in live births declined, life expectancy increased, and population growth was mainly fuelled by an influx of migrants, the majority of whom were of Haitian origin. The World Bank shows the per capita gross domestic product (GDP) was $22,817 USD for 2015. Tourism and financial services are the main economic drivers.

The health status of Bahamians shows some improvements but also emergence of disturbing disease trends. Between 2009 and 2015 Communicable Diseases (CDs) mortality rates per 100,000 population decreased by 32% (from 93.6 to 63.8); and tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) incidences declined by 37% (from 13.8 to 8.7), and, 43% (from 92.3 to 52.7), respectively. Vaccine preventable diseases are now quite rare due to the high performance of the national immunization programme. The vector control programme functions effectively, and occasional outbreaks of vector borne diseases are usually quickly brought under control. Non-communicable diseases (NCDs), however, have become the leading causes of death, with similar rates occurring in men and women. In 2010, The Bahamas Health Information and Research Unit annual health statistics showed disease specific death rates per 100,000 for heart disease, malignant neoplasm, external causes (injuries) and diabetes as 140.3, 106.7, 66.0 and 28.7, respectively. Homicides and motor vehicular accidents are the usual external causes of deaths. A 2012 STEPS survey conducted among persons 25 to 64 years of age showed a high prevalence of risk factors for NCDs: 79.6% of respondents were overweight (80.4% of women and 78.9% of men) and 49.2 % were obese (50.7% of women and 47.7% of men). Furthermore, a 2011 survey among school children showed similar high prevalence of overweight and obesity and alcohol use was reported by secondary school respondents.

The country experiences periodic weather related natural disasters, usually hurricanes. No lives were lost during hurricanes Mathew in 2016 and Joachim in 2015, although a few health facilities were damaged. The country has national plans to meet its requirements under the International Health Regulations (2005) and to prepare and respond to disasters and health emergencies.

HEALTH POLICIES AND SYSTEMS

The Government of the Bahamas, in collaboration with the Inter-American Development Bank (IDB), has prepared a "National Development Plan - Vision 2040 (NDP)" through multi-stakeholders engagement and public consultations. In the NDP, health goals and strategies have been aligned with United Nations Sustainable Development Goals (SDG) and rest on five priorities, namely: governance, human capital, poverty and discrimination, the environment, and the economy. The Ministry of Health (MOH) has a National Health Services Strategic Plan for the period 2010 to 2020 (NHSS) whose priorities include: inter-sectoral action, provision of people-centred health services, improved use of information for decision making, strengthened workforce, optimal use of technological and material resources, improved leadership and governance and sustainability. Available disease specific national plans address HIV/AIDS and Non-Communicable Diseases, among others. Public health care services are delivered through 28 health centres, 68 clinics and 3 hospitals that cover the entire country. A public Rehabilitation Centre provides psychiatric, geriatric and substance abuse services. Two private hospitals, a specialized cell therapy centre and private physicians' medical offices and several clinics operate in the private sector. Health is currently financed through a mixture of government allocated budget, direct out of pocket expenditure and private health insurance payments. A National Health Insurance (NHI) programme is to be established following parliamentary approval of a National Health Insurance Act in August 2016. The NHI should reduce out of pocket expenditure and increase equitable access to health care. In 2016, the country made an 18 million US dollar investment to strengthen and integrate Health Information Management Systems. Tobacco Control legislation has been prepared (pending enactment) and other fiscal and legislative policies are being considered to reduce the burden of NCDs.

COOPERATION FOR HEALTH

The Pan American Health Organization and the World Health Organization are the primary United Nations agencies Cooperating with The Bahamas on health. The Bahamas is a member of the Caribbean Community (CARICOM) through which it cooperates on health with the Caribbean Public Health Agency. Since 2011, The Bahamas received funds through the United States President's Emergency Plan for AIDS Relied (PEPFAR) to manage HIV/AIDS strategic information, laboratory testing and prevention programmes. The MOH has established a Healthy Bahamas Coalition made up of a number of state and non-state stakeholders and Civil Society Organizations (CSOs) and international agencies to foster multi-sectoral collaboration to address Non-Communicable Diseases. To advance the Health in All policies and all of government approaches to health, there are on-going efforts to strengthen cooperation for health among multiple state sectors including The Office of the Prime Minister and Ministries of Agriculture; Education; Environment and Housing; Finance; Office of the Attorney General; Social Services and Community Development; Works and Urban Development; Youth Sports and Culture. The Bahamas is a member of the International Atomic Energy Agency (IAEA) community through which its legislative agenda and capacity for detection and response to radionuclear events are being strengthened. Additionally, the MOH collaborates with IDB through the Ministry of Social Services on the health conditionalities of its RISE programme. The MOH also collaborates with the Food and Agriculture Organization (FAO) in the development and finalization of its food, nutrition and security policy.

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Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1:	Since NCDs are the leading causes of morbidity and mortality in The Bahamas, they are the highest strategic priority for cooperation. Priorities include: (1) implementation and monitoring of the impact of the national NCD strategic plan; (2) survey of population nutritional status and development and implementation of a national nutritional policy; (3) fostering multi-sectoral collaboration through engagement with the Healthy Bahamas Coalition; (4) development of legislative and fiscal policies to reduce risk-factors for NCDs; (5) utilization of results from surveys to target interventions to reduce childhood obesity; (6) development of a plan of action to reduce violence and injuries with a particular focus on youths and adolescents and vehicular related injuries and deaths; and (7) promotion, evaluation and use of standardized protocols to detect and treat persons with mental health conditions. NCDs priorities align with SDG 2 – component on improved nutrition (Target - end all forms of malnutrition); SDG 3 - Good health and well-being (Targets - reduced NCD mortality and promotion of mental health and well-being); SDG 11 – Safe, resilient and sustainable cities and settlements (Targets - urban planning, active living and road safety).
STRATEGIC PRIORITY 2:	The Bahamian authorities are strongly commitment to transforming and improving health care services through targeted investments, improved infrastructure, increased efficiencies, better regulatory oversight and stronger governance. Cooperation will continue in Health Systems Strengthening (HHS) for (1) the "roll out" of the National Health Insurance Programme (in the areas of finance, impact evaluation, strengthened technical competencies, enhanced performance evaluation and deployment of human resources, orientation of health care providers and insurers); (2) leveraging improved Health Information Management Systems to increase use of health data for surveillance, planning, evaluation and improvement of programmes; (3) development and implementation of policies for people-centred integrated health services (e.g., promoting use of health data to guide service quality improvement, expanding and strengthening services to include disease prevention, screening and services for mental health, the old and disabled, linking patients to facilities at all levels of the health care system to improve the continuum of care and reduce patient loss to follow-up); (4) greater use of e-health and telemedicine approaches to improve service access); (5) strengthen national health care regulation capacity for pharmaceuticals/diagnostics and medical products; and (6) accessing the PAHO revolving and strategic funds for procurement of quality controlled, affordable vaccines, pharmaceuticals and diagnostics. These priorities align with SDG 1 - No Poverty (Targets - social protection, access to basic services and pro-poor and gender sensitive development strategy); SDG 3 - Good health and well-being (Targets - Universal Access (UA) to reproductive health care services, Universal Health Coverage (UHC) and financial protection); SDG 9 - Industry, Innovation and infrastructure (Targets - resilient infrastructure and strengthened and expanded use of Information, Communication and Technology); SDG 16 – Components on accountable and inclusive institutions; SDG 17 – Partnership for sustainable development (Targets - resource mobilization from development funds and other diverse sources).
STRATEGIC PRIORITY 3:	Technical Cooperation continues to address social determinants of health. Strong programmes are already in place for women, maternal, new-born and child health but better health data use is needed to monitor trends, improve quality and document impact. For adolescents, preventive and screening interventions are needed that target risk-factors for NCDs, violence, injuries, mental health and substance use. Action is proposed to improve the health-seeking behaviour of adult men and women, especially the former, to encourage greater use of screening and preventive services. Considering trends in population dynamics, health needs related to ageing and migration will be addressed. Migrant health issues intersect with equity and human rights (e.g., greater access to services, reduction in poverty, reduction in linguistic barriers to service delivery, improved environmental and sanitation conditions). Environmental health cooperation priorities are vector and rodent control and solid waste disposal. A significant cross-cutting need is to enhanced capacity for health promotion and education, as current capacity is insufficient to meet demands. Technical cooperation on social determinants of health will align with SDG 5 – Gender equity and empowerment of women and girls (Targets of sexual and reproductive health and reproductive rights); SDG 6 – Clean water and sanitation (Targets of preventing disease); SDG 10 - Reduced inequalities (Targets of social and economic empowerment of all, equity, and social protection).
STRATEGIC PRIORITY 4:	Cooperation on Communicable Diseases (CDs) aims to: (1) increase the number of persons on HIV/AIDS anti-retroviral treatment, document programme impact for reducing mother to child HIV/AIDS/syphilis transmission, strengthen HIV/AIDS/Tuberculosis programmes linkages, access key populations to target HIV prevention; (2) reduce occurrence of vector-borne disease, strengthen clinical management and surveillance, build capacity for insecticide resistance testing and arboviruses laboratory diagnosis; (3) maintain immunization programme, address under-immunized groups; (4) implement a national multi-sectoral strategic antimicrobial resistance plan. Actions align with SDG1 - Access to services; SDG 3 - Good health and well-being (Targets - ending epidemics of AIDS/ tuberculosis/other CDs and reduce maternal and infant mortality); SDG 5 – Gender equity and empowerment of women and girls (Targets of sexual and reproductive health and reproductive rights); SDG 6 – component on sanitation (with targets of preventing disease).

1. Ministry of Health. Primary Health Care reports.
2. Bahamas Household Expenditure Survey (2013)
3. United Nations Development Programme
4. dp.org/en/countries/profiles/BHShttp://hdr.undp.org/en/countries/profiles/BHS
5. Perinatal information system. Public Hospitals Authority.