World Health Organization

Country Cooperation Strategy at a glance

Sint Maarten

WHO region	
World Bank income group	
Child health	
Infants exclusively breastfed for the first six months of life (%) (2011-2012)	n.a.
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	n.a.
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	n.a.
Population (in thousands) total (2015)	38,247
% Population under 15 (2015)	21.2%
% Population over 60 (2015)	9.7%
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)	n.a.
Literacy rate among adults aged >= 15 years (%) (2007-2012)	n.a.
Gender Inequality Index rank (2014)	n.a.
Human Development Index rank (2014)	n.a.
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	2%
Private expenditure on health as a percentage of total expenditure on health (2014)	n.a.
General government expenditure on health as a percentage of total government expenditure (2014)	8.8%
Physicians density (per 1000 population) (2015)	0.58
Nursing and midwifery personnel density (per 1000 population) (2015)	0.60
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	n.a.
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	n.a.
Maternal mortality ratio (per 100 000 live births) (2015)	n.a.
Births attended by skilled health personnel (%) (2013)	n.a.
Public health and environment	
Population using improved drinking water sources (%) (2015)	n.a.
Population using improved sanitation facilities (%) (2015)	n.a.

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Sint Maarten is subject to accelerated demographic and epidemiological changes. The increase in the elderly adult population and the number of people that develop chronic non-communicable diseases, in addition to existing vector-borne diseases is increasing demand for health resources and opportune response. There has been a steady increase in the elderly population in Sint Maarten, doubling in the last 10 years, and the 50–60 age bracket represents 22% of the population.

An upward trend has been noted in non-communicable diseases (NCD), led by high blood pressure (10.7%) followed by diabetes mellitus (5.3%) and asthma (2.6%). Ischemic Heart disease was the leading cause of death for both 2010 and 2012, accounting for 1 in 4 deaths. Diabetes Mellitus is ranked second with 28 deaths (16%) an increase of +22% in the number of deaths compared to 2010. Malignant neoplasm mortality increased by over +71% between 2010 and 2012.

Two studies conducted on obesity in children revealed that 1/3 of children age 0-4 was overweight, 45% of them obese or severely overweight (2009). For the 12-18 age group, 40% of children were found to be overweight, 54% of them obese (2010), mainly the result of nutritional behavior and lack of physical activity.

Infectious diseases continue to present challenges among the population, particularly vector borne diseases. There were 173 Dengue fever cases reported in 2010, 22 in 2011, 38 in 2012 and 316 in 2013. There were no Autochthonous Malaria cases reported during the 2010–2013 period.

No native cases of Rubella, Congenital Rubella, Measles or Cholera were reported from 2010 to 2013. Salmonellosis was the main reported enteric disease, with 11 cases over the 4-year period.

Since 2008, there has been an overall downward trend in the number of new HIV cases reported. From 1986 to 2011, a total number of 681 HIV infections were reported and 56.4% of them were among males. In 2011, there were 18 new cases of HIV reported, 4 of which were diagnosed as AIDS.

The total population with different forms of disabilities in Sint Maarten amounts to 3,843 people (11.4%). Visual impairment was the main cause, with a total number of 2,370 (61.7% of disabled), followed by multiple disabilities 1,112 (28.9%), physical disability 170 (4.4%), and intellectual/mental disability 61 (1.6%). Blindness was present in a small proportion with only 0.8%.

HEALTH POLICIES AND SYSTEMS

The goal of National Health Reform is to build a single National Health Insurance program, and is being led by the Public Health Ministry (Min VSA), currently in its early stages. The health care system is privately managed, although the responsibility for securing quality health care and developing legislation, guidelines, and policy falls under the auspice of the Min VSA.

The Social and Health Insurance (SZV) administers/manages the national health and social insurance schemes, including general old-age insurance, widowers and orphans insurance, accident insurance, sickness benefits insurance, severance pay insurance, and general insurance for exceptional medical expenses (long-term). An estimated 30% of the population is uninsured, and 10% of the population has private health insurance.

Health care delivery in Sint Maarten operates through primary and secondary health services, through private health care professionals, NGOs, and governmental health care organizations. The primary setting consists of organizations and individual groups such as General Practitioners/ Family Physicians, District Nursing, Dental Care, Paramedical Care and other Health Care Professionals, and other governmental, NGO, and ambulatory services. Secondary health care consists of clinical and outpatient care provided by the St. Maarten Medical Center (SMMC), the White and Yellow Cross, and the Mental Health Foundation.

The SMMC is a private non-subsidized medical center offering outpatient care (emergency, radiology, dialysis, and specialist consultation) and inpatient care with medical, pediatric, and surgical wards. The Yellow Cross provides care for the elderly through nursing home care, geriatric, rehabilitation, a residence for the disabled, and the Baby Clinic offers maternal and child health services. The facility works with a network system of private practice physicians.

The Sint Maarten Ambulance Department plays a key role in Public Health service coverage, with five ambulances, two fully equipped for mass casualty with trailers that are equipped to handle 50 patients, and three rapid-response vehicles.

Access to health facilities and services are adequate. Nonetheless, due to the lack of specialized care in certain areas, overseas transfers are required occasionally. The SZV has established official cooperation with organizations abroad in order to facilitate logistics services within countries of referrals.

COOPERATION FOR HEALTH

Technical cooperation between 2012 and 2015 included: (i) Reducing the social, economic and sanitary burden of communicable diseases placing emphasis on prevention and control of vector-borne diseases, Influenza, Measles, Rubella, and Congenital Rubella Syndrome, fighting HIV/AIDS and Tuberculosis and improving the response to STDs. (ii) Prevention of NCDs and risk factors, particularly unhealthy diets and inactivity, consumption of tobacco, alcohol and drugs and mental health. (iii) Capacity building to improve financing of universal coverage. (iv) Strengthening health information systems, epidemiological surveillance and the use of the tenth classification of illnesses. (v) Strengthening alert and response systems for outbreaks and national and international public health emergencies, including plans and strategies for prevention and control of epidemics such as Ebola. (vi) Strengthening of food safety inspection, surveillance, and response.

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WHO COUNTRY COOPERATION STRATEGIC AGENDA (2015–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Reducing the burden of communicable diseases	• Improve detection and control through effective reporting, a data collection system, and research. • Develop, improve, and strengthen protocols and guidelines for surveillance and management of vector-borne and other prioritized communicable diseases. • Standardize care on Sexual Transmitted diseases (STDs) including HIV/AIDS. • Develop and implement guidelines for waste management, potable water, and recreational water use. • Develop Human Resource assessment and competency.
STRATEGIC PRIORITY 2: Reducing the burden of non-communicable diseases	• Promote healthy behavior, risk factor prevention, early detection and adequate treatment of main NCDs (diabetes, hypertension, other cardiovascular diseases, and cancer), and establish a National Prevention Plan for management and control of NCDs. • Develop protocols and guidelines NCDs and risk factors, and introduce appropriate reporting systems. • Strengthen the Ministry of Health, Social Development & Labor's (Min VSA) ability to collect and use information for decision-making and development of policies for prevention. • Improve early detection and treatment of major mental disorders with emphasis on primary health care, and support the implementation of the Mental Health Plan. • Develop a national strategy to prevent and treat childhood obesity. • Advocate and implement the support of tobacco cessation.
STRATEGIC PRIORITY 3: Promoting health at crucial stages of life and tackling social determinants of health	• Develop a National Plan to promote health throughout the lifecycle with emphasis on the productive age group, teens, elderly, disabled and sexual and reproductive health, including family planning with emphasis on teen pregnancy prevention. • Conduct research to identify health needs among vulnerable groups, and analyse associated risks, consequently developing a risk intervention plan for all population groups.
STRATEGIC PRIORITY 4: Strengthening of Governance and Health System Development	• Support Min VSA by developing agreements and legislation/regulations for equality, efficiency, and quality in health service delivery. • Establish Care Model-oriented intervention towards preventive services, community interventions, and strengthening of primary care. • Develop the Health Information System (HIS) and an integrated monitoring plan to obtain evidence-based public health information, health surveillance, management, and financing for decision-making. • Develop and implement the National Health Strategic Plan for the Ministry of Public Health, Social Development, and Labor. • Strengthen the SZV capacity to ensure accessible and affordable quality health care. • Support Min VSA in defining criteria for a comprehensive health package. • Coordinating current 'Manpower Planning' to strengthen competencies of health care providers and officials.
STRATEGIC PRIORITY 5: Emergencies and disasters preparedness, surveillance, and response	• Support and improve institutional capacities for rapid response, emphasizing, control, and community surveillance at the primary level as well as increasing national laboratory capacity. • Develop contingency plans to respond effectively to hurricane risks and other natural and man-made disasters. • Develop an inter-institutional and inter-sectorial food safety plan.