

Grenada



Grenada is made up of the islands of Grenada, Carriacou, and Petit Martinique, plus several islets. It is located in the far south of the Windward Islands, approximately 160 km north of Venezuela and 145 km southwest of Barbados. The total surface area is 344 km². It has a Westminster-style parliamentary system of government and belongs to the Commonwealth of Nations. Queen Elizabeth II is Head of State, and is represented in Grenada by a Governor-General. Its political-administrative subdivisions include six parishes plus the islands of Carriacou and Petit Martinique; the capital is Saint George's.

Grenada's per capita gross national income was US\$ 5,392 in 2009, a slight drop from 2006. The global economic crisis caused a major recession in 2009 and 2010, the collapse of several financial institutions, and a crisis in several sectors; living conditions of many families were affected. The country is still recovering from the devastating effects of two major hurricanes in 2004 and 2005.

Between 2006 and 2010, public spending was mainly aimed at helping the population to stabilize living conditions and at avoiding an increase in poverty as a result of the economic losses from natural disasters and the economic crisis. This effort made it possible to reduce extreme poverty and income inequality. Health overall improved in the country, as manifested by increased life expectancy at birth, reduced general and child mortality, and the near elimination of maternal mortality. The vaccination rate stayed high, and access to and use of health services rose.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

According to a poverty assessment survey undertaken in 2007 and 2008, the percentage of poor had risen 5.6% since 1998, but the percentage of the extremely poor had declined considerably, from 12.9% in 1998 to 2.4% in 2008.

Between 2006 and 2010, public spending was aimed mainly at helping the populace to stabilize living conditions and avoid a rise in poverty as a result of the large 2004 and 2005 hurricanes.

In 2005, the adult literacy rate was 97%. Primary education was universal; enrollment among children 5 to 9 years old was 93.8% and in children 10 to 14 years old the rate was 97.2%.

THE ENVIRONMENT AND HUMAN SECURITY

In 2010, nearly all households (98%) had access both to drinking water and garbage collection services.

After the devastation caused by Hurricanes Ivan and Emily in 2004 and 2005, a national disaster preparedness plan was developed. The process involved consultations with all health sector stakeholders and training for health personnel in care for mass-casualty victims and general response to emergency situations.

Selected basic indicators, Grenada, 2005–2010.

Indicator	Value
Population 2010 (thousands)	111.8
Poverty rate (%) (2008)	37.7
Literacy rate (%) (2005)	97.0
Life expectancy at birth (years) (2009)	70.0
General mortality rate (per 1,000 population) (2009)	7.0
Infant mortality rate (per 1,000 live births) (2010)	12.1
Maternal mortality rate (per 100,000 live births) (2010)	0
Physicians per 1,000 population (2010)	1.0
Hospital beds per 1,000 population (2009)	2.4
DPT3 immunization coverage (%) (2009)	99.4
Births attended by trained personnel (%) (2009)	100.0

International cooperation has been key in the reconstruction that the country had to face after the hurricanes.

From 2006 to 2010, people worked intensely to reverse the devastating loss of housing caused by Hurricanes Ivan and Emily. Grenada's Agency for Reconstruction and Development and several donor countries funded housing reconstruction and provided technical cooperation in a number of areas. By the end of 2010, housing investment had surpassed US\$ 110 million.

Climate change is a critical issue and the Government enacted legislation and policies to manage the environmental risks associated with it.

HEALTH CONDITIONS AND TRENDS

From 2006 to 2010, the country made progress in maternal and child health. Births in hospital or maternity centers accounted for 99% of the total during this period and trained staff attended all deliveries.

Extensive vaccination coverage was maintained, reaching 99.4% of the populace in 2009 for DPT3 vaccination and 100% for the MMR vaccine. As a result, no cases of vaccine-preventable disease were recorded between 2005 and 2010.

Crude mortality was 7.2 deaths per 1,000 population in 2006 and 7.0 in 2009. The infant mortality rate declined from 14.0 per 1,000 live births in 2006 to 12.1 in 2010. There was one maternal death during this period.

Between 2007 and 2009, the 10 main causes of death in Grenada were due to noncommunicable diseases. The most frequent were: malignant neoplasms, endocrine

Restructuring Grenada's Ministry of Health

The country's health sector was restructured during the reporting period. Until 2008, the health system's management and operations had come under the portfolio of the Ministry of Health, Social Security, and the Environment. That year, the Ministry of Health was created to deal exclusively with health matters, and the remaining portfolios were reassigned to other ministries.

In addition, the National AIDS Secretariat, which had been within the Office of the Prime Minister, was transferred to the Ministry of Health.

Currently the Ministry of Health is responsible for the overall management of the health sector. It performs its managerial role through a centralized administration at headquarters, and is charged with formulating, planning, programming, and regulating health policies.

Having all health issues under the Ministry of Health's aegis constitutes major progress for designing and implementing policies and regulating the country's health sector.

and metabolic disease, ischemic heart disease, and cerebrovascular disease.

Grenada participated in the STEPS Survey on risk factors for chronic diseases in 2010. Notable among the results of the survey were the high consumption of tobacco and alcohol, low physical activity, and chronic human papillomavirus and hepatitis infections.

The prevalence of HIV/AIDS in Grenada is 0.57%.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

A policy and preliminary plan concerning mental health was developed and the mental health law was amended in 2006.

Protecting women against all forms of violence is a national priority. The Ministry of Social Development's domestic violence unit, created in 2003, was strengthened in this period by relevant legislation including a law against domestic violence, amendments to the penal code, and laws on child protection and adoption.

Expenditures on pharmaceutical products and medical supplies increased almost US\$ 736,000 between 2006 and 2010. The General Hospital's technological capacity improved in 2010 with the installation of a new ophthalmic surgery system and new surgical and imaging equipment.

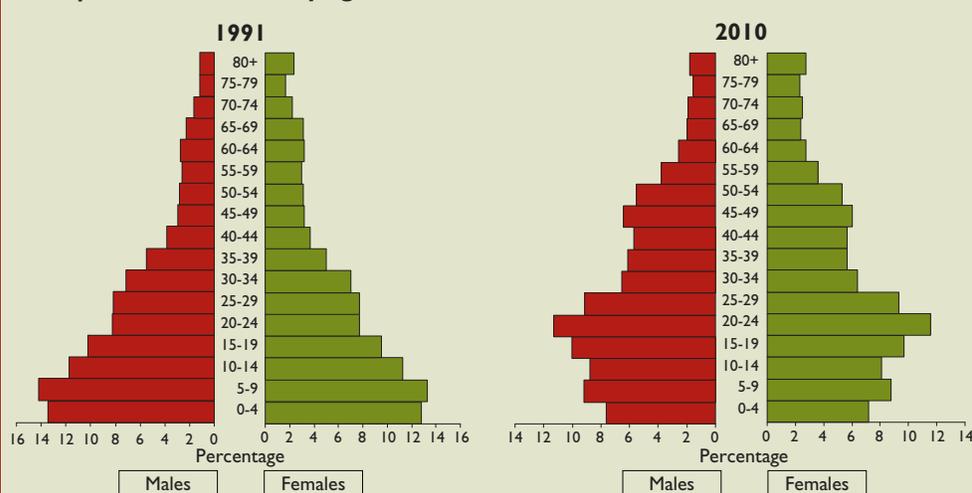
Between 2003 and 2010, the Government steadily added health workers in the public sector, increasing the ratio of nurses from 1 per 467 inhabitants in 2003 to 1 per 314 in 2010. Likewise, the number of physicians increased from 1 per 1,769 inhabitants in 2003 to 1 per 1,016 in 2010. Between 2006 and 2010, the Government facilitated continuing education and in-service training for health workers.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The Ministry of Health, with the assistance of PAHO/WHO, analyzed its health information systems in 2008 and drew up a strategy to develop a comprehensive system that would centralize data through networks. Since then, the Ministry of Health has undertaken a program to computerize and strengthen the health information system.

The Environmental Health Department (Public Health) investigates food safety, water quality, and waste management problems, and monitors, assesses, and controls the spread of infectious diseases. It also investigates and controls hazardous materials, among other items.

Population structure, by age and sex, Grenada, 1991 and 2010.



MAIN CHALLENGES AND PROSPECTS

According to a 2007/2008 country poverty assessment, the unemployment rate was 24.9%, mainly affecting people from age 15 to 24, who represented 42% of all of the unemployed. Many people in this age group worked in construction and lost their jobs because of this sector's notable slump in the wake of the country's economic crisis.

With regard to sanitation, serious challenges remain. Only 8.2% of the population had access to residential public sewerage services; 53.1% had access to septic tanks, 36.3% to latrines, and 2.4% to no toilet facilities at all. Latrines were used by 66.6% of the poor.

The country must confront the serious challenge of preparing some of its infrastructure for rising sea levels in Carriacou, Petite Martinique, and some coastal areas on the island of Grenada.

Noncommunicable diseases also are a significant problem. They accounted for some 65% of deaths each year from 2006 to 2010. The most common disorders in 2010 were related to cardiovascular diseases (37%), hypertension (26%), diabetes (21%), and other noncommunicable diseases (16%). Preventing these diseases and promoting good health are among the main challenges Grenada faces.

A mental health policy has been in place since 2006, but mental health care is not still integrated effectively into primary health care.

Health as a percentage of total public-sector expenditures declined from 11.8% in 2006 to 10.1% in

2008, but rose again to 11.4% in 2009. This corresponds to between 3.1% and 3.5% of the gross domestic product (GDP), and falls short of the 6% necessary to fuel the health agenda. The budget shortfall was evident in such areas as primary health care and specialist services.

In 2010, the Government withdrew the annual subsidy to hospital service and closed the account that allowed hospitals to procure goods and services. Each hospital then functioned as an individual cost center in budget estimates, as had been done in the past.

Despite the increase in numbers of health workers over the period, shortages of nutritionists, social workers, rehabilitation personnel, and mental health workers remained.

Between 2006 and 2010, important gaps were detected in data collection and processing in the health system, among them inconsistent and incomplete data. The government did not have data from private health facilities at its disposal. Technological and connectivity limitations between hospitals, health centers, and pharmacies impede the transfer of information and data to the Ministry of Health's health information unit.

Communicable diseases continue to be a cause for concern in Grenada. In addition, the adolescent birth rate remains high and the number of people affected by injuries and violence continues to increase.

Health sector reforms must include an overall evaluation of primary health care and the creation of more solid partnerships in health and other sectors.