

Montserrat



Montserrat is an overseas territory of the United Kingdom located at the northern tip of the Leeward Islands in the Eastern Caribbean, 43 km from Antigua and 70 km from Guadeloupe. Volcanic in origin, it covers 102 km² and has three mountainous regions. The Soufrière Hills volcano (914 m), active since 1995, has caused severe ecological damage and a mass population exodus. The southern part of the island, including the capital city of Plymouth, is now virtually uninhabited. Brades is the temporary seat of government. The island is vulnerable to hurricanes and earthquakes. Of the three parishes, only Saint Peter has an established population, since the other two are within the volcano exclusion zone.

Selected basic indicators, Montserrat, 2007–2011.

Indicator	Value
Population 2010 (thousands)	4.9
Poverty rate (%) (2011)	36.0
Literacy rate (%)	...
Life expectancy at birth (years) (2010)	72.9
General mortality rate (per 1,000 population) (2008)	8.7
Infant mortality rate (per 1,000 live births) (2007)	23.2
Maternal mortality rate (per 100,000 live births) (2009)	0.0
Physicians per 1,000 population (2010)	1.2
Hospital beds per 1,000 population (2009)	6.0
DPT3 immunization coverage (%) (2009)	100.0
Births attended by trained personnel (%) (2009)	100.0

The island of Montserrat became a British colony in 1632 and is currently an internally governed overseas territory of the United Kingdom. Its government is responsible for foreign affairs, defense, domestic security, public services, and extraterritorial financial services.

Montserrat made great strides in the area of health during 2006–2010. High vaccination rates have made for low morbidity and mortality from vaccine-preventable diseases. Maternal and child mortality rates are also low. Pregnant women are seen in prenatal clinics by staff trained in obstetric care who also attend deliveries.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Montserrat has a small and open economy. It has few natural resources to rely on. The economy grew between 2006 and 2008, but the world economic crisis caused a downturn in 2009 and 2010. Inflation was under 5% throughout the 2006–2010 period. The proportion of population below the poverty line was 36.0% in 2011. In 2006 there were 3,006 people in the workforce, and the unemployment rate was 13.7%. Primary school enrollment was 99.3% in 2006 and 96.2% in 2007.

THE ENVIRONMENT AND HUMAN SECURITY

In 2010, the entire population had access to drinking water sources and improved sanitation facilities. Solid waste is eliminated safely throughout the territory. Household solid waste is collected and disposed of by private contractors.

HEALTH CONDITIONS AND TRENDS

The territory has been successful in the area of maternal health. All pregnant women received prenatal care and all deliveries were attended by trained professionals. All pregnant women were screened for HIV and other sexually transmitted infections during the period from 2007 to 2010. Between 2006 and 2009 there were no maternal deaths. A total of 281 live births were reported in 2006–2010. One infant death was reported in 2006 and another one in 2007.

There were no cases of malaria between 2006 and 2010, and only two cases of dengue. There have been no cases of rubella or measles in the last 25 years.

Ten people were found to be seropositive for HIV in the 2006–2010 period, and HIV incidence declined from 0.43 in 2006 to 0.2 in 2010. One case of tuberculosis, the only one during the period, was diagnosed in 2007.

Life After the Volcanic Eruption

The Government of Montserrat prepared the Sustainable Development Plan for 2008–2010, which establishes two pillars for realizing the vision of “A Healthy Montserrat.” The Plan’s first objective is to see that the population is prosperous and viable, and the second objective is to ensure that the health care system is comprehensive and accessible.

Accordingly, the Ministry of Health and Community Services has launched a series of initiatives to examine and improve the quality of health services. The improvements, which can already be seen, include greater opportunities for training and a thorough review of policies and levels of action for delivering care.

Additional improvements are being considered under the Strategic Development Plan of the Ministry of Health and Community Services and the Project for Health Sector Support for 2011–2014, a collaborative effort between the governments of Montserrat and the United Kingdom. These improvements include strengthening community programs with prevention activities and better management of chronic, noncommunicable diseases, as well as increased attention to the needs of the elderly. The project will also provide support for strengthening the legal framework within which health care is provided.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

In 2006, the budget for health was US\$ 5.24 million. This amount increased to US\$ 5.88 million in 2007 and US\$ 5.96 million in 2008. The percentage of the total budget allocated to health was 16.2% in 2008.

The territory has no national health insurance program. For the most part, the inhabitants of Montserrat pay for their own health care. However, some groups are exempt from paying, including children, pregnant women, students, the poor, and prisoners.

Montserrat participates in the Pharmaceutical Procurement Service of the Organization of Eastern Caribbean States. Medicines are subsidized in the public sector, and many inhabitants receive them at no cost.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The health monitoring system was updated by the Caribbean Epidemiology Center (CAREC) in 2008, so that it now reports timely data on all diseases under surveillance in the Caribbean.

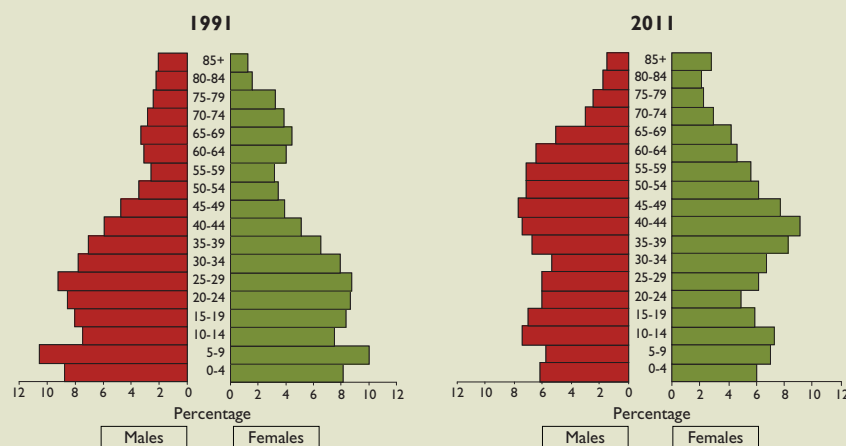
Research and scientific output from 2006 to 2010 included participation in the Global School-based Student Health Survey (2008) and a survey of knowledge, attitudes, beliefs, and practices regarding HIV among the students graduating from the Montserrat High School (2006 and 2007).

MAIN CHALLENGES AND PROSPECTS

Despite development policies during the recent period, poverty continues to be a serious challenge. Poverty is most prevalent in children under 15 (45.0% of their age group), and 25.0% of the heads of household are poor. In addition, inadequate housing remains a problem for some of the population.

Montserrat is vulnerable to several types of natural disasters. Although the most serious threat is volcanic activity, the territory is also susceptible to cyclonic winds

Population structure, by age and sex, Montserrat, 1991 and 2011.



and storm surges associated with hurricanes, as well as earthquakes. In addition, it has environmental health problems as a result of volcanic ash, which are subject to surveillance.

The continuous threat posed by the Soufrière Hills volcano, which began to erupt in 1995, has effectively limited the possibility of economic growth, since it is difficult to maintain the population and the economy at acceptable levels. The population resides in the northern part of the island, which is considered safe. Volcanic activity has deforested most of the mountains and the southern part of the island. Erosion is a cause for concern in places where slopes have been cleared for cultivation.

The main causes of mortality during the 2006–2010 period were chronic, noncommunicable diseases: diabetes (46 deaths), ischemic cardiopathy (33), hypertensive disease (20), and cerebrovascular disease (17). There were 24 deaths due to malignant neoplasms; 5 of these deaths were due to prostate cancer and 5 to breast cancer.

Diabetes was the leading cause of hospitalization between 2006 and 2010, with a total of 307 admissions. This disease was also the main cause of mortality, with 46 deaths. Hypertension was the second leading cause of hospitalization, accounting for 276 admissions.

The Global School-based Student Health Survey revealed that approximately one-third of all students have been physically attacked at least once.

Montserrat passed legislation on mental health treatment in 2006 and a draft mental health plan in 2002, but it does not have a mental health policy. There is no psychiatric hospital, and mental health services are community-based. The mental health service unit consists

of two specialized mental health nurses and an invited psychiatric consultant.

In 2008, one-third of schoolchildren between the ages of 13 and 15 had consumed at least one alcoholic beverage a day during the month prior to the survey, and 28% of the schoolchildren stated that they had been drunk at least once in their life. During the 12 months before the survey, 16.4% (8.3% of boys and 23.9% of girls) had considered suicide.

Thanks to its small population, the territory has an effective primary health care system, but the secondary and tertiary health care establishments are still inadequate. One of the objectives of the Sustainable Development Plan for 2008–2020 is to guarantee access to affordable secondary and tertiary health care by 2020. Currently, when patients require tertiary health care or specialized diagnostic tests, they are sent abroad. From 2006 to 2010, a total of 58 patients were referred to facilities outside the territory.

The shortage or lack of health professionals creates serious problems for the health sector. Because the population is so small, there is not enough work for health personnel to keep their skills up to date, and there is not a large enough pool of health workers to replace employees who leave.

Montserrat does not have a formal health research program, and various factors in the health sector constrain

the generation of information. The territory lacks a strategic health information plan to coordinate the production, analysis, dissemination, and use of data.

Building on the success that has been achieved so far, Montserrat continues to improve the health status of its population. While progress has been made in communicable diseases, more emphasis needs to be placed on chronic diseases such as diabetes and hypertension, and measures are needed to address the associated risk factors (smoking, lack of physical activity, and obesity). In line with the foregoing, it should be kept in mind that the population of Montserrat is aging, which has consequences for health services delivery and entails the added cost of treating chronic diseases and the need for support systems for the elderly.

Several factors can be expected to increase health costs, including the use of new technology, the improvement of health facilities, and the adoption of incentives to attract and retain health professionals. In addition, one of the stated objectives is to improve access to secondary and specialized health care services. Finally, strategies are needed to mobilize funds for the health sector and improve efficiency. A shift in focus to health promotion and collaboration will be important for improving the health of the Montserrat people.