

Bahamas



The Commonwealth of the Bahamas is an archipelago of approximately 700 islands and 2,400 cays and rocks spread out in the Atlantic Ocean near the southeast coast of Florida and the northeast tip of Cuba. The country has a total land area of 13,878 km². The main islands are Great Bahama and New Providence (where Nassau, the capital, is located). The country gained its independence from the United Kingdom in 1973, and it is a parliamentary democracy based on the Westminster model. The Queen of England is the head of state, and she is represented by a Governor General. The country is divided politically into a central district, called New Providence, and 32 local districts.

The per capita gross domestic product (GDP) of the Bahamas was US\$ 20,312 in 2009, one of the highest in the Region. Tourism and financial services are the sectors that contribute the most to the GDP.

Health care is financed from general tax revenue, health insurance, and direct payments. In 2009, total health expenditure represented 7.2% of GDP (US\$ 1,558 per capita). In 2008, public spending was equivalent to 3.4% of GDP (US\$ 771 per capita). Private expenditure was 52.3% of the total health expenditure.

Between 1980 and 2008, life expectancy for men increased from 64.3 to 71.0 years, and from 72.1 to 76.7 for women. The country has allocated substantial resources to addressing the social determinants of health, and it has also sought to make high-quality health care accessible to the entire population.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

The population's income has increased, although its distribution continues to be unequal. The Gini coefficient of income distribution was 44% in 2009.

In 2001, poverty was 9.3%, and 5.1% of households had annual incomes below an even lower threshold, of just US\$ 2,863 per person.

In 2005, literacy among adults was 95.8% (95.0% for men and 96.7% for women). School attendance is compulsory from age 5 to 16, and public primary and secondary education is free and universal. During the 2006–2007 school year, enrollment was 97.2%. Spending on education represented 18% of public spending and 4.8% of GDP.

THE ENVIRONMENT AND HUMAN SECURITY

In 2009, 93.6% of the population had access to a water supply through house connections and other acceptable piped means. The population without access to piped water (6.4%) relied on wells, rain barrels, and other sources.

Most dwellings (81%) had flush toilets connected to a cesspit or septic tank, and 13% were connected to the sewerage system. Of the rest, 4.5% used pit latrines and 1.1% had no sanitary facilities.

The Department of Environmental Health Services is responsible for disposing of solid waste in designated

Selected basic indicators, Bahamas, 2001–2010.

Indicator	Value
Population 2010 (thousands)	353.7
Poverty rate (%) (2001)	9.3
Literacy rate (%) (2005)	95.8
Life expectancy at birth (years) (2010)	75.4
General mortality rate (per 1,000 population) (2008)	5.5
Infant mortality rate (per 1,000 live births) (2008)	17.9
Maternal mortality rate (per 100,000 live births)	..
Physicians per 1,000 population (2002)	1.7
Hospital beds per 1,000 population (2010)	3.1
DPT3 immunization coverage (%) (2010)	99.0
Births attended by trained personnel (%) (2009)	99.0

landfills, although some rural communities dispose of their refuse in open dumps.

With multilateral financial assistance, traffic safety is being addressed through initiatives to improve roads.

Food safety is monitored through slaughterhouse inspections, sampling and testing of imported canned products at ports of entry, and inspections of food establishments. Bahamian law requires that any person involved in food production, storage, transportation, or handling be properly certified.

The Role of the Public Hospitals Authority

The Ministry of Health is responsible for health policy and planning, regulation and surveillance, preparation and implementation of national programs, and health services delivery.

The Public Hospitals Authority was created in 1998 to take over development and management of the three government hospitals: Princess Margaret Hospital, Sandilands Rehabilitation Center, and Rand Memorial Hospital. It is governed by a council, which answers to the Minister of Health, and it has a managing director who serves as chief of operations and reports to the council.

The Authority has been empowered to purchase, rent, acquire, maintain, and dispose of land or properties. The Authority has also been responsible for planning and managing shared services, including the National Medical Emergency Services, the Bahamas National Drug Enforcement Authority, and the Bureau of Materials Management (which is charged with procuring disposable surgical supplies). Finally, responsibility for the administration of community clinics on Great Bahama has been assumed by the Public Hospitals Authority.

HEALTH CONDITIONS AND TRENDS

In 2008, 94% of pregnant women received prenatal care, with an average of 6.5 consultations. There were three maternal deaths, and the prevalence of low birthweight was 11.6%. Infant mortality was 17.9 per 1,000 live births.

Data on dengue, malaria, and yellow fever show that none of these diseases is endemic. During 2006–2009, vector control programs focused on controlling and eradicating *Aedes aegypti* and anopheles mosquitoes. A total of 19 imported cases of malaria, none of them fatal, were reported in 2006. One case of dengue was reported in 2008.

No cases of poliomyelitis, diphtheria, measles, or neonatal tetanus were noted during the 2006–2008 period, and only one case of *Haemophilus influenzae* meningitis was reported in 2006. These successes are attributed to vaccination coverage of over 95%.

In 2007, the prevalence of HIV infection in blood donors was 0.4%, and the percentage of persons being treated for sexually transmitted infections was 3.9%, down from 5.3% in 2006. The incidence of AIDS has been declining since 1997, and differences between men and women in incidence rates have narrowed.

New cases of tuberculosis ranged between 49 and 64 per year over the 2006–2008 period. In 2006 there were 17 deaths from the disease, but in 2008 the number fell to 7. The rate of tuberculosis-HIV co-infection was 50% in 2006, but in 2008 it was down to 35%.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The health system consists of a public sector and a private, for-profit sector. The system's most important institutions

are the Ministry of Health, the Department of Public Health, and the Public Hospitals Authority.

The public system (which has 87% of the hospital beds) is responsible for providing most of the care to the population. The public-system network includes 95 clinics and 3 hospitals. Preventive and primary health care services are provided at clinics overseen by the Department of Public Health (except in Great Bahama), while tertiary care is provided in training hospitals under the Public Hospitals Authority.

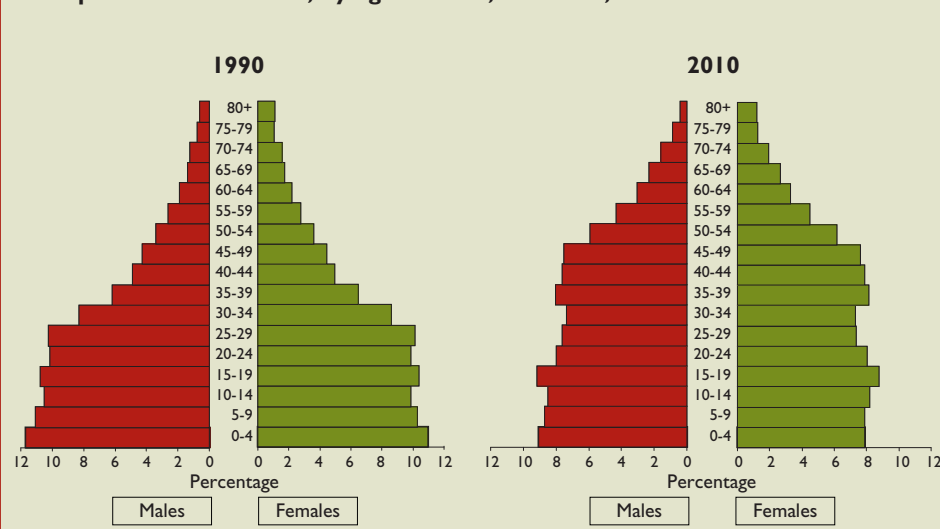
According to the Living Conditions Survey conducted in 2006, 36.2% of the population had private health insurance, costing a mean of US\$ 160 per person a month. In 2010, total public and private hospital capacity was 1,054 beds, or 3 beds per 1,000 population.

The main private hospital service provider is located in Nassau, and it offers primary, secondary, and tertiary care. Nassau also has a 12-bed establishment, with 3 of the beds for coronary care and 4 of them for telemetry patients. The country also has 291 private clinics or physician's offices that individuals can access directly.

The Ministry of Health is responsible for pharmaceutical regulation and oversight, and the National Drug Enforcement Authority is in charge of registering pharmaceutical distributors and the medicines that they provide. The national drug formulary lists approximately 1,051 products.

The purpose of the National Prescription Drug Plan has been to carry out strategies to combat chronic diseases, improve access to prescription drugs, and reduce the cost of those drugs. Coverage is provided to pensioners over 65 years of age, disabled persons, children and teens under 18, and full-time students under the age of 25. Eleven diseases are covered: arthritis, asthma, cancer (breast and prostate), diabetes, depression, glaucoma, hypercholesterolemia, ischemic heart disease, hypertension, and psychosis.

Population distribution, by age and sex, Bahamas, 1990 and 2010.



KNOWLEDGE, TECHNOLOGY, AND INFORMATION

Telephone subscriptions rose from 47.9 per 100 inhabitants in 2000 to 142.7 in 2009, presumably because of increased use of cell phones. Progress in access to the Internet, however, has been slow. In 2009, only 33.9% of the inhabitants reported that they used it.

MAIN CHALLENGES AND PROSPECTS

Between 2006 and 2008, unemployment rose from 7.6% to 8.7%, and in 2009 the world economic crisis helped to boost the figure to 14.2% for the country overall. That same year, unemployment was highest among adults under the age of 25 (32%), but in rural communities it was lower (9%) than the national average.

According to the Household Expenditure Survey 2004, the poorest families reported less illness (7%) than the national average (12%), but this group was more affected by intentional and accidental injuries. Injuries from traffic accidents were two times greater in this group than in the general population. Cost and lack of time were mentioned as barriers preventing access to services in the poorest population (3% and 8%, respectively), more than in the general population (1% and 1.4%, respectively). Rural residents reported having less illness in the weeks prior to the survey.

Food-borne diseases and gastroenteritis continue to pose challenges. In 2007, the incidence was 464 per 100,000 population. In 2004, the Ministry of Health assumed responsibility for training and certifying food handlers, and 21,670 people were trained in 2009.

The Bahamas is vulnerable to climate change. In 2007, it was predicted that a one-meter rise in sea level would affect 11% of the country's territorial mass. Rising temperatures, in turn, will damage the coral reefs that harbor many species of fish and other organisms. In addition, it is expected that tropical cyclones will increase in number and intensity.

Mortality in children aged 5 to 14 years was 33.5 per 100,000. The main cause was injuries. A survey on the prevalence of recreational drug use found that some in this group began to drink alcoholic beverages and use marijuana when they were very young: at the age of 11, alcohol consumption prevalence was 28.9% and for marijuana, the prevalence was 4.7%.

In those 15 to 24 years old, injuries dominated the morbidity and mortality profile. In the group aged 25 to 44, a total of 330 deaths were reported; specific mortality in men was 414.1 per 100,000, and in women, 215.3 per 100,000.

The leading causes of death in men were HIV/AIDS, assaults, land motor vehicle accidents, cirrhosis and other chronic diseases of the liver, and accidental drowning. In women, the leading causes were HIV/AIDS, breast cancer, hypertensive disease, pulmonary heart disease, and diseases of the musculoskeletal system.

In the population aged 45 to 64, chronic diseases predominated, with 510 reported deaths (796.9 per 100,000) in 2007. Specific mortality in men (1,059 per 100,000) was almost double the rate for women (599.5 per 100,000). The leading causes in men were HIV/AIDS, hypertensive disease, ischemic heart disease, cerebrovascular disease, and diabetes. The primary causes in women were breast cancer, HIV/AIDS, hypertensive disease, cerebrovascular disease, and cirrhosis and other chronic diseases of the liver.

In the over-65 age group, the most frequent causes of mortality were hypertension, ischemic heart disease, cerebrovascular disease, diabetes, and prostate cancer.

In order to meet the Millennium Development Goal (MDG) targets for reducing infant and child mortality, it will be necessary to strengthen the referral system, improve the clinical and cultural competency of service providers, and promote education on health and well-being.

Along with holding on to progress already achieved, there are other challenges to address. Of particular importance are the increase in unintentional and intentional injuries (homicides) and chronic diseases influenced by lifestyle, the health sector's limited ability to protect the immigrant population, and the fragmentation of services. These problems pose challenges for the sustainability of the health system, which makes it all the more important to address them.