

Turks and Caicos Islands



The Turks and Caicos Islands is one of the United Kingdom's Overseas Territories. The territory is located in the North Atlantic, immediately southeast of the Bahamas and 145 km north of Hispaniola. The territory is an archipelago, with 7 large inhabited islands, 33 uninhabited islands, and many small cays. The government system is parliamentary, based on the Westminster model. The Governor represents the Queen of England, heads the government, chairs the cabinet, and supervises the legislative council. The capital is Cockburn Town. The territory's political-administrative divisions consist of six districts (two in the Turks Islands group and four in the Caicos Islands group).

The economy of the Turks and Caicos Islands is based mainly on tourism, offshore financial services, and fishing. The territory had a per capita gross domestic product (GDP) of US\$ 22,412 in 2009. Economic conditions deteriorated slightly between 2008 and 2009, in part due to the global recession, which affected tourism and trade worldwide.

The country's growth and population structure reflect the importance of immigration, especially in the reproductive-age group, who contribute to the economy but also generate new demands for health services.

Health care is provided through a series of public health clinics located on all the main (inhabited) islands, two hospitals (run by the Government of the Turks and Caicos Islands), and private clinics, which provide services for a fee.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

The per capita GDP rose 11.6% from 2006 to 2008, going from US\$ 21,742 to US\$ 24,273. However, the figure for 2009 was 7.7% lower, at US\$ 22,412. Unemployment fell from 31.1% in 2006 to 26.1% in 2008.

There has been substantial immigration by refugees and job seekers coming from neighboring Haiti and the Dominican Republic. Reflecting the effect of that immigration flow, non-nationals made up 67% of the territory's resident population in 2008.

THE ENVIRONMENT AND HUMAN SECURITY

Annual precipitation in the Turks and Caicos Islands is too low to meet the population's needs for water, so a substantial portion of the drinking water distributed and consumed on the most populated islands is produced through reverse osmosis. More than two-thirds of households collect rainwater for personal use.

Domestic wastewater is collected mainly in septic tanks and catchment basins, with a relatively limited use of pit latrines. There are 75 wastewater treatment plants serving the hotel industry.

In 2008, the Turks and Caicos Islands was affected by two disastrous storms (Tropical Storm Hanna and Hurricane Ike). After Hurricane Ike, public services such as electricity and water were knocked out for an extended period. Some 95% of the buildings were damaged, with

Selected basic indicators, Turks and Caicos Islands, 2008–2010.

Indicator	Value
Population 2010 (thousands)	34.5
Poverty rate (%)	...
Literacy rate (%)	...
Life expectancy at birth (years) (2010)	75.6
General mortality rate (per 1,000 population) (2008)	1.5
Infant mortality rate (per 1,000 live births)	...
Maternal mortality rate (per 100,000 live births)	...
Physicians per 1,000 population (2009)	1.1
Hospital beds per 1,000 population (2009)	1.4
DPT3 immunization coverage (%) (2009)	100
Births attended by trained personnel (%) (2009)	100

the islands of Grand Turk, Salt Cay, and South Caicos hit especially hard. More than 700 people lost their homes. Damages were estimated at US\$ 213.6 million, with a per capita impact of US\$ 6,120.

HEALTH CONDITIONS AND TRENDS

Life expectancy rose between 2001 and 2008. For men, it went from 71.2 to 73.1 years, and for women, it climbed from 75.5 to 77.8 years.

During the 2006–2010 period, at-risk pregnancies declined. Over that same 2006–2010 timeframe, there were 21 deaths in the age group of 0 to 4 years old. Of these 21, 17 were in children under 1 year old, and 4 were among those from 1 to 4 years old.

Mortality from AIDS has fallen. Antiretroviral treatment was introduced in 2005; in 2010, 23.4% of the people known to be living with HIV were being treated with antiretroviral medications.

The crude mortality rate ranged from a high of 3.3 deaths per 1,000 population in 2007 to a low of 1.5 per 1,000 in 2008, an artifact of small populations.

During the 2006–2010 period, the leading causes of death were chronic, noncommunicable disorders (hypertension, diabetes, heart diseases, and injuries) and HIV/AIDS.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The health sector reform taking place in the territory has influenced the way in which most services (some primary and secondary care, and all tertiary care) are provided to

the legal residents of the Turks and Caicos Islands. This includes services at two new hospital facilities, which are managed partly by the Government of the Turks and Caicos Islands and which are financed by the Government and by contributions from employees and private-sector employers, via the recently established National Health Insurance Plan (NHIP). The intent of the reform is to ensure equitable access to health for all legal residents of the territory.

The Government of the Turks and Caicos Islands implemented the National Health Insurance Plan in 2009, to provide all registrants with access to health care. Contributions to the Plan are a fixed percentage of income for employees. There are special rates for employers, self-employed individuals, and small businesses. Exemptions or dispensations are also considered for indigent and dependent persons and other special populations. Nominal copayments are transacted at each point of service, including at private pharmacies.

Population growth has led to increased health costs, which went from US\$ 27.2 million in 2006 to US\$ 70.4 million in 2008 (30% of government spending). More than half of the 2008 health spending was allocated to the Treatment Abroad Programme. Those costs for services that are not available locally climbed steeply between 2006 and 2008, from US\$ 12.6 million to US\$ 40.1 million.

The numbers of clinical personnel positions have increased in response to the larger population. There are 10.8 physicians, 30.3 nurses, and 1.8 dentists per 10,000 population. These ratios are relatively similar to those of other Caribbean countries, but the number of personnel is still insufficient to provide care for the entire population

The Turks and Caicos Islands Restructures Its Health Services to Meet Demand

The Turks and Caicos Islands has restructured its health services to meet the increasing demand for additional and more expensive services for the rapidly growing population.

The introduction of the National Health Insurance Plan (NHIP) is part of this effort. The plan is financed in part by government contributions and in part by employer and employee contributions. The self-employed also contribute to it.

Another strategy involved commissioning InterHealth Canada, a global health care management firm, to handle operations of the new hospital centers on Grand Turk and Providenciales in 2010.

These new establishments provide improved emergency and hospitalization care, imaging and lab support, and specialized services in general surgery, as well as in pediatrics, obstetrics/gynecology, internal medicine, and traumatology. Visiting specialists will include neurologists, otorhinolaryngologists, and gastroenterologists. These services should reduce the need for residents to travel abroad to access this care and will decrease expenses associated with the Treatment Abroad Programme.

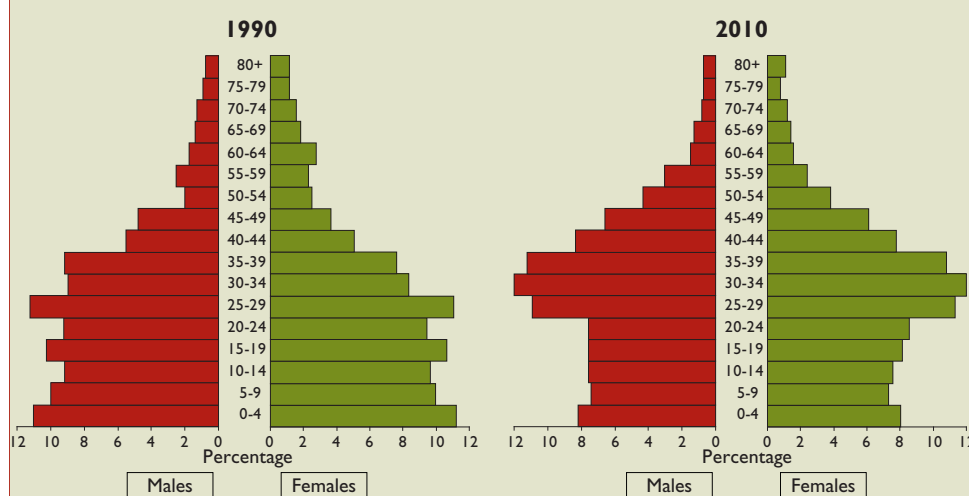
The clients of these services are the people enrolled in the National Health Insurance Plan.

scattered across the various islands. Turnover is high among contracted health personnel, with most of those persons leaving the territory after a two- or three-year stay. In response, the Government has introduced incentives to encourage its citizens to return to work in the public sector. These inducements have included scholarships for tertiary and other specialized training.

In 2006, the Government undertook a Health Care Renewal Strategy (HCRS). The aims were to extend State-

funded health care to all residents of the Turks and Caicos Islands and carry out the recommendations of the Health Sector Development Strategy, which was developed in 2000 with the support of the Department for International Development (DFID) of the United Kingdom. The goal is to provide more cost-effective service by reducing unnecessary expenses and containing health care costs, while improving cost recovery and generating alternative or supplementary financing, but without sacrificing quality of care.

Population structure, by age and sex, Turks and Caicos Islands, 1990 and 2010.



The two new hospital centers, which are on the islands of Grand Turk and Providenciales, offer a comprehensive range of care. This helps reduce the need for patients to travel overseas to have access to such services, which in turn reduces the expenses incurred by the Treatment Abroad Programme.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The Ministry of Health's National Epidemiology and Research Unit (NERU) was created as an independent unit to support and improve the delivery of health services. With that objective, NERU is in charge of bolstering disease surveillance; strengthening the capacity of the Ministry to respond more effectively to disease outbreaks; and leading and conducting surveillance activities and research to generate health information that will be the basis for health policy and decision-making, and evidence-based health interventions.

NERU prepares and disseminates epidemiological and surveillance reports and conducts essential research projects, especially in the area of child health. The research findings are disseminated at the local and regional levels, and there are also plans to hold an annual data dissemination workshop and conference to bring together local stakeholders with regional and international colleagues and partners to facilitate and encourage the sharing and exchange of knowledge. The findings would be used to support evidence-based health decision-making in the Turks and Caicos Islands.

MAIN CHALLENGES AND PROSPECTS

The flow of immigrants from neighboring countries who come in search of political asylum or better living

conditions is a priority challenge for the territory, because of the impact on population growth. The influx of people in their reproductive years (25 to 44) caused the dependency ratio to drop from 48% in 2001 to 32.5% in 2008.

The influx of immigrants, either as workers or illegal foreigners, has shifted the health scenario, creating greater demands for health services, especially maternal and reproductive health and pediatric care.

Solid waste management is another priority challenge throughout the territory. Currently plans are being carried out to address this issue, starting with Grand Turk and Providenciales.

The Turks and Caicos Islands is vulnerable to tropical storms, such as Tropical Storm Hanna and Hurricane Ike in 2008. These events have an inevitable effect on the territory's health and economy, as dwellings and other buildings are left destroyed in their aftermath. To face this challenge, in 2009 the National Health Emergency Management Unit was established. Its main goal is to coordinate the activities planned for preparedness, monitoring, mitigation, and response to threats and disasters that can impact public health.

The incidence of cancer rose from 15 cases in 2000 to 26 cases in 2008. The most common types were prostate, breast, uterus, cervix, and colorectal.

A review carried out in 2008 found that injuries were the most frequent reason for emergency room visits (18.8%).

Chronic, noncommunicable diseases pose a major health challenge. Hypertension and diabetes were the most common noncommunicable diseases in 2010, with rates of 34.2 and 11 per 10,000 population, respectively, after steady increases from 2001 through 2009. About half the cases of both diseases occurred in people 45–64 years old.