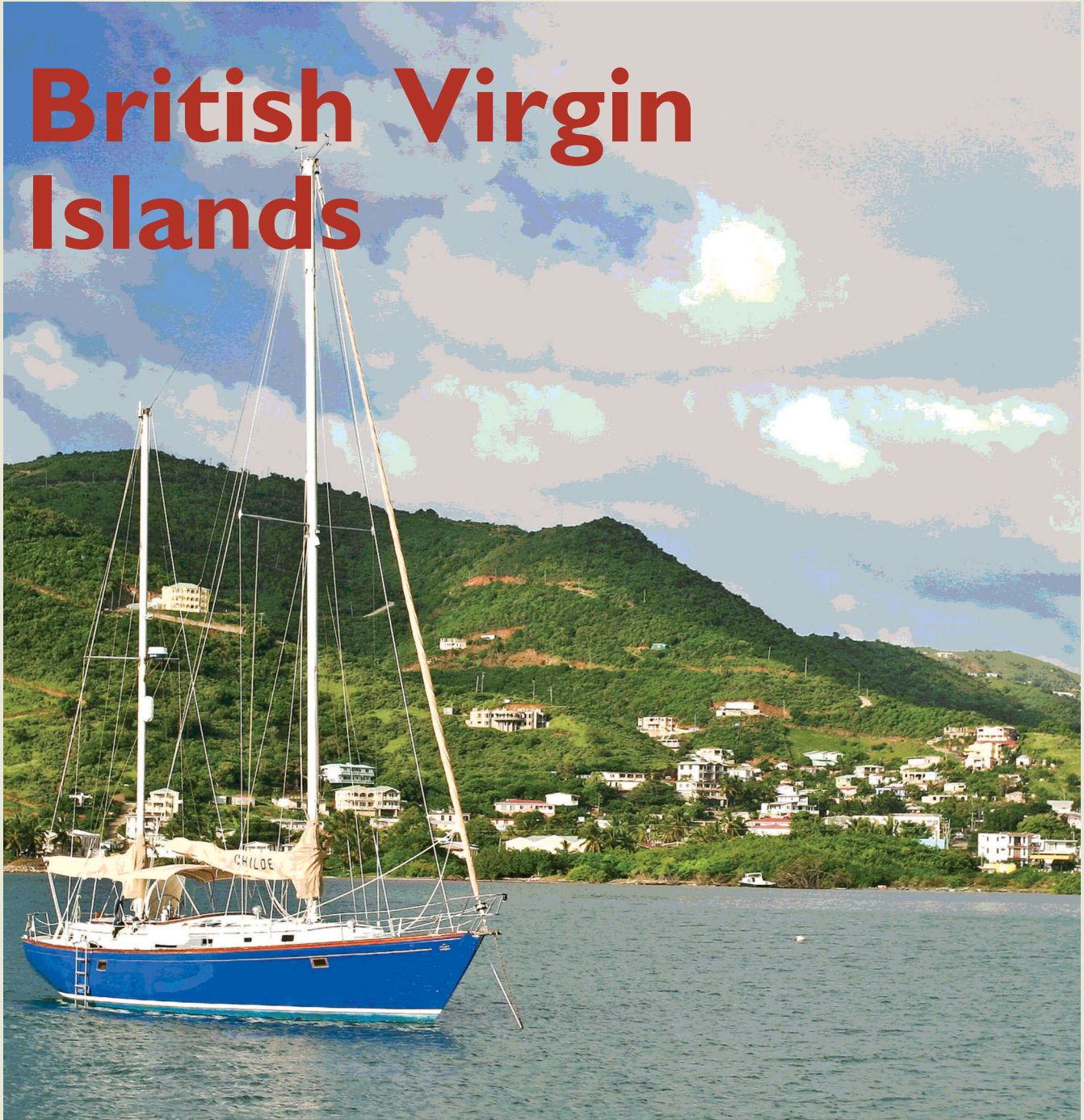


# British Virgin Islands



The British Virgin Islands is a British Overseas Territory; it is located in the northeastern Caribbean to the east of Puerto Rico and the U.S. Virgin Islands. Part of the Virgin Islands archipelago, the territory covers a land area of 153.6 km<sup>2</sup>, which comprises some 50 islands (around 15 of them inhabited), cays, and islets. Queen Elizabeth II is the Head of State and is represented by the Governor, who appoints the Premier as the head of Government. The House of Assembly is the democratically elected legislative body. The capital is Road Town, located on Tortola, the largest island; 80% of the population lives in the capital.

The British Virgin Islands is relatively affluent, with annual per capita gross national income of US\$ 30,300 in 2009. In 2006 and 2007, the territory's economy grew at a steady pace thanks to rising tourism and the development of the financial services sector. However, the global economic crisis led to negative growth in 2008 and 2009. While the situation turned around in 2010, and positive growth was restored, the economy has yet to return to its 2006 level.

The main health achievements in the territory are lower mortality and longer life expectancy. The health status of the population has improved since primary health care was introduced as the model for the health system. Under this model, services are accessible, and a wide range of programs are offered.

## MAIN ACHIEVEMENTS

### HEALTH DETERMINANTS AND INEQUALITIES

The workforce has grown in recent years. Unemployment remained low and relatively stable (approximately 3%) in the period 2006–2009.

In 2003 (the year with the latest available information), 22% of the population was living in poverty. The extreme poverty line for adults was US\$ 1,700 per year and the poverty line, US\$ 6,300.

Education is free, and the literacy rate in the population over the age of 15 was 97.7% in 2010. The territory boasts 100% enrollment at the primary level.

### THE ENVIRONMENT AND HUMAN SECURITY

Fresh water sources are scarce in the British Virgin Islands, except for a few seasonal streams and springs in Tortola. Most of the territory's water supply comes from wells and rain water catchments. Desalination plants supplement the water supply system.

Most refuse (90%) is incinerated, and the rest is buried or recycled. Refuse collection operations sort most heavy metals for recycling, while ash and construction debris are buried. Air pollution in the territory is considered minimal.

A major operation in the period 2006–2010 was the mangrove rehabilitation project of the Department of Conservation and Fisheries under the Ministry of Natural Resources and Labour. Notwithstanding, there has generally been little forestry management or reforestation activity in the territory.

### Selected basic indicators, British Virgin Islands, 2003–2010.

Indicator	Value
Population 2010 (thousands)	25.0
Poverty rate (%) (2003)	22.0
Literacy rate (%) (2010)	97.7
Life expectancy at birth (years) (2010)	77.5
General mortality rate (per 1,000 population) (2010)	3.5
Infant mortality rate (per 1,000 live births) (2010)	6.7
Maternal mortality rate (per 100,000 live births)	...
Physicians per 1,000 population (2010)	1.9
Hospital beds per 1,000 population (2010)	2.1
DPT3 immunization coverage (%) (2009)	91.0
Births attended by trained personnel (%) (2010)	100.0

In 2009, the Cabinet approved the creation of the National Climate Change Committee (NCCC) as the coordinating body for handling problems related to this issue. In 2010, it issued a national report on climate change that identified the main risks and the adaptation strategies to address them.

### HEALTH CONDITIONS AND TRENDS

Maternal and child health improved in the British Virgin Islands. Between 2006 and 2010, infant mortality fell from 26.7 to 6.7 deaths per 1,000 live births, and no maternal deaths were reported. The territory has a program in place for the prevention of mother-to-child transmission of HIV. Low birthweight was reduced, and the immunization program was effective.

DPT-HepB-Hib coverage also improved (91% in 2009). Measles, mumps, and rubella vaccination coverage increased to 92.5%. In 2009, the chickenpox vaccine was added to the schedule. No cases of any of the diseases covered by the vaccination schedule were reported.

A national survey in 2009 showed that only a small percentage of the population smoked on a daily basis (3.1%) and that 28% of the population had never consumed alcohol in their life.

### HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The Ministry of Health and Social Development adopted a strategic plan for the period 2008–2011 with the following priorities: strengthening leadership, governance,



### Management of Chronic, Noncommunicable Diseases and Nutritional Disorders

*In May 2010, the first Territorial Summit on Chronic Noncommunicable Diseases was held in the British Virgin Islands, highlighting the importance of developing policies and programs for the prevention and control of these diseases and their risk factors.*

*Chronic, noncommunicable diseases are a major cause of morbidity and mortality in the British Virgin Islands. In 2010, they represented four of the five leading causes of death. That year, the leading cause of death was coronary heart disease. In 2006, malignant neoplasms were the leading cause of death. The most common cancers in 2009 were colon, prostate, and breast cancer. Diabetes was the fourth leading cause of death, with hypertension also a frequent cause in both 2006 and 2010.*

*The nutrition and eating habits of children are another cause for concern in the territory. Some 2.8% of students are underweight, while 36% are overweight and 17.7% are obese.*

and management of the health sector; improving the quality of services and increasing access; and ensuring the hygiene, security, and health of communities. Quality improvement activities were begun and audits and user satisfaction surveys conducted.

The Mental Health Ordinance (1986) was reviewed, and a community approach to mental health service delivery was adopted. In 2006, a tobacco control law was enacted.

The public health system is financed primarily through government allocations, fees for services, and the social security system. Primary health care is the strategy for service delivery; care is provided at 10 health centers and 2 health posts that offer a wide range of services. The territory has a single hospital, and there is a growing private sector that provides outpatient and inpatient services.

One hundred percent of deliveries were attended by trained health personnel—that is, universal coverage. Cesarean deliveries accounted for 34.5% of births.

## MAJOR CHALLENGES AND PROSPECTS

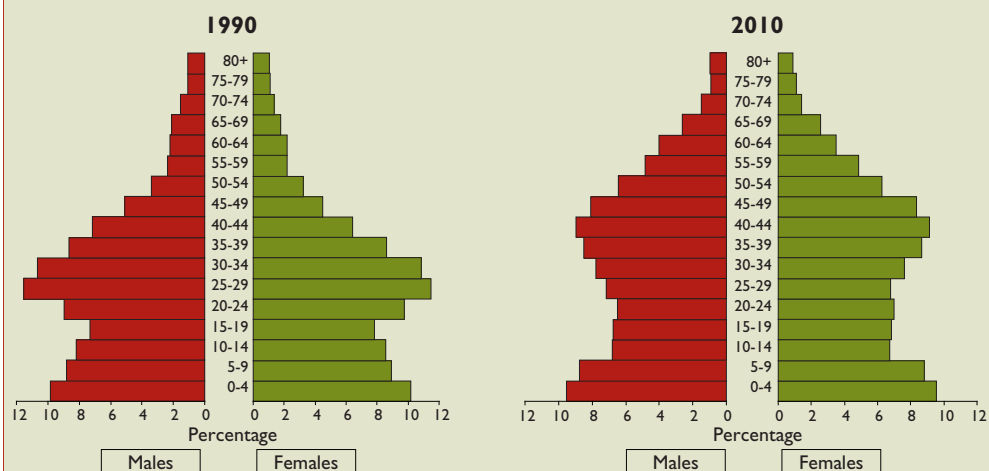
The British Virgin Islands' location puts it in the path of hurricanes and tropical storms, making them vulnerable to damage from winds, floods, and mudslides. The territory is also at risk of earthquakes. In the period 2006–2010, there were 47 events involving hazardous substances and oil spills. Hurricane Omar devastated the islands in 2008, seriously eroding slopes and causing potential harm to coral reefs. In 2010, the territory received some of the heaviest rains ever recorded, resulting in over US\$ 10 million in infrastructure damage. That same year, Hurricane Otto brought heavy rainfall to the islands.

Climate change is a serious environmental concern, since its main effects will most likely include rising sea levels, changes in precipitation profiles, and ever-stronger hurricanes.

Dengue is endemic in the territory; 106 cases were reported between 2007 and 2010. There were 46 cases of chickenpox in 2010. That same year, the tuberculosis incidence rate was 3.4 per 100,000 population; all the cases were imported. In December 2009, there was an outbreak of influenza A(H1N1). Of the 59 suspected cases, 25 were laboratory-confirmed, but there were no deaths.

As of December 2010, 97 HIV/AIDS cases had been reported and 36 AIDS-related deaths (19 women and 17 men). The primary mode of transmission was heterosexual sex (approximately 75%), the incidence rate was 23.7 per 100,000 population, and the male to female ratio was 1.3:1. Of the 61 persons living with

Population structure, by age and sex, British Virgin Islands, 1990 and 2010.



AIDS, 28 were receiving care and treatment in the territory in 2010. Antiretroviral treatment was available through the public health system for a fee.

Chronic diseases pose a major challenge, since they constitute a major morbidity and mortality burden. In 2010, these diseases represented four out of the five leading causes of death, which were, in rank order, coronary heart disease, drowning, malignant neoplasms, diabetes mellitus, and hypertension.

Diabetes and hypertension are the most common causes of morbidity in the adult population. Only 7.6% of the population eats at least five servings of fruit or vegetables on average per day. Almost one-third of the population is sedentary, and three-quarters (74.7%) is overweight; 35.5% of the population is obese.

According to a 2009 school-based survey, at least one-third of adolescents reported having consumed alcoholic beverages in the 30 days prior to the survey. A worrisome fact is that in 2009, 15.7% of adolescents had considered suicide. Furthermore, 35.7% of this group had had sex, 76% before their 14th birthday. The adolescent pregnancy rate increased to 11.15%.

The number of crimes committed annually increased from 1,501 in 2006 to 1,796 in 2010. Illegal drugs were involved in some of the crimes during that period (392 cases).

The British Virgin Islands does not have national health insurance, but the government is exploring the potential introduction of such a system. In December

2010, the Cabinet approved the establishment of a new division of the Social Security Board to administer the proposed health insurance system.

Since the territory is an archipelago, delivering primary care to the different islands has met with some transportation problems.

Modern equipment is available for the diagnosis and treatment of common illnesses. However, it is imported, and maintenance and repairs must be done outside the territory. Patients whose conditions require more sophisticated equipment must be referred to facilities abroad. The territory has no health technology assessment program.

In 2010, the territory had 19.0 physicians, 52.1 nurses, and 1.8 dentists per 10,000 population. Health worker retention is a continuing challenge, since staff turnover is high.

An important item on the unfinished health agenda is the need to address the high prevalence of chronic, noncommunicable diseases, as well as overweight and obesity. New challenges, such as emerging diseases, must also be dealt with.

Reform of the health system must continue, strengthening the role of the Ministry of Health, reinforcing the legal framework for health care delivery, modernizing infrastructure, improving environmental health and solid waste management, promoting human resources development, and reducing the potential impact of natural hazards and risks.