INTRODUCTION

Part of the Virgin Islands archipelago, the British Virgin Islands are located in the northeastern Caribbean Sea and comprise some 50 islands, cays, and islets. The territory has a total land area of 153.6 km² (59.3 mi²), spread out over 3,445 km² (1,330 mi²) of ocean. The four largest islands are Tortola (55.7 km²/21.5 mi²), Anegada (39.4 km²/15.2 mi²), Virgin Gorda (22 km²/8.5 mi²), and Jost Van Dyke (8.3 km²/3.2 mi²).

The British Virgin Islands' terrain is predominantly hilly, except for Anegada, which is a flat coral island. The territory has an extensive road network. While no public transportation system exists, there is a private for-hire system and a high rate of private vehicle ownership. Transportation between the islands is mainly by ferry, although limited air transport is also available.
The British Virgin Islands lies within the path of hurricanes and tropical storms and is vulnerable to wind damage, flooding, and landslides. The territory also is at risk for earthquakes.

The British Virgin Islands is an overseas territory of the United Kingdom, and Queen Elizabeth II serves as its head of state. The Governor, her representative, is responsible for external affairs, defense and internal security, the civil service, and administration of the courts. Since 1967, the territory has held responsibility for its own internal affairs. There is no local system of government. The territory participates in subregional and regional bodies, and is an associate member of the Organization of Eastern Caribbean States and the Caribbean Community.

The currency used in the British Virgin Islands is the United States dollar. The economy is highly dependent on tourism and financial services. Upwards of 500,000 tourists visit the territory each year. More than 500,000 international businesses are registered in the territory. During 2006 and 2007, the economy experienced sustained growth, owing to increases in the tourism and financial services sectors. However, the effects of the global economic crisis eventually began to be felt, resulting in negative growth in both 2008 and 2009. Estimates pointed to positive growth in 2010. Per capita gross domestic product decreased from US$ 34,865 in 2006 to US$ 30,341 in 2009 (1).

The British Virgin Islands’ 1980 census put the territory's population at 10,985, nearly evenly split between males (51.1%) and females. Data from the 1991 population census show that the population grew by 5,123, to 16,108. This growth included a natural increase (births minus deaths) of 1,969 and a net immigration of 3,154. Between 1980 and 1991 foreign workers, sometimes accompanied by their dependents, flooded to the British Virgin Islands, drawn by an increased demand for labor that the local population was unable to meet. This spike in job opportunities was mainly driven by a sharp uptick in activity in the tourism, construction, and financial services sectors. Of the 16,939 persons in the labor force in 2006, 60.6% were foreigners, a figure that rose to 67.8% in 2008, with 19,098 persons employed. The number of foreign workers may well have been higher, given that 14.0% of the employed in 2006 and 8.1% in 2008 did not list their place of birth.

The population increased 82.2% between 1990 and 2010. In that decade, 80% of population growth was due to immigration, with natural growth accounting only for 20%. In 2010, the age and sex structure of the territory’s population (under 30,000 inhabitants) reflected the mixed influence of immigration and natural growth, with a shape like a contracting population: the economically active population (15–64 years old) accounted for 67.2% of the total, while the age group 30–49 years old represented 31.0%. The groups older than 50 years presented a pyramidal shape, reflecting the aging and lower death rates among the adult population (in relation to 1990). The size of younger age groups decreased (contraction), reflecting the decrease in birth rate in recent decades and the diminished effect of immigration on children and younger population groups (see Figure 1).

In 2010, the population under 15 years of age was 25%, while those age 65 and older accounted for 5.97%. Total births increased between 2006 and 2010, with 262 live births in 2006 and 299 in 2010. The crude birth rate increased from 9.78 per 1,000 population in 2006 to 11.18 in 2010. In 2010, overall life expectancy at birth was 80.18 years (78.56 for men and 82.42 years for women). The levels of this indicator were somewhat lower than in 2006 (81.8 years for the overall population, 81.39 years for males, and 83.19 years for females). The total fertility rate presented a slight increase from 1.22 births per woman in 2006 to 1.51 in 2009 (see Table 1 for greater detail on health and demographic indicators for the British Virgin Islands) (2).

The telecommunications and connectivity situation in the British Virgin Islands has improved during the reporting period. In 2010, there were 39 Internet users per 100 population; there were no published data for 2006. Fixed phone telephone lines increased from 20.64 per 100 population in 2006 to 21.62 in 2010, and cell phone subscriptions increased from 91.96 per 100 population in 2007 to 105.41 in 2010 (3).
concomitant increase in life expectancy. The British Virgin Islands also has succeeded in addressing some communicable diseases through an expanded program on immunization and improved sanitation. In addition, an improvement in the availability of drugs has helped decrease morbidity and mortality due to communicable diseases. Antiretroviral therapy has greatly reduced HIV/AIDS-related mortality rates.

Since adopting the primary health care model in the late 1970s, the health of the population has improved. Health services are accessible and a wide range of programs are available. The territory has made significant strides in terms of public education and collaboration with other sectors and groups. Changes were made in the health care system to facilitate the separation of functions. The British Virgin Islands Health Services Authority was responsible for health care delivery while the Ministry of Health carried out its steering functions. Management systems were strengthened and there was increased focus on the quality of clinical care.

HEALTH DETERMINANTS AND INEQUALITIES

The territory’s labor force grew from 16,751 in 2006 to 19,713 in 2009. In the period 2006–2010, slightly

![Figure 1. Population structure, by age and sex, British Virgin Islands, 1990 and 2010.](image)

Source: Data provided by the British Virgin Islands.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>2006</td>
<td>2007</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
</tr>
<tr>
<td>Total births</td>
<td>264</td>
<td>283</td>
<td>313</td>
<td>325</td>
<td>nd</td>
</tr>
<tr>
<td>Live births</td>
<td>262</td>
<td>279</td>
<td>308</td>
<td>323</td>
<td>302</td>
</tr>
<tr>
<td>Crude birth rate (per 1,000 population)</td>
<td>9.78</td>
<td>10.14</td>
<td>10.92</td>
<td>11.18</td>
<td>10.12</td>
</tr>
<tr>
<td>Total fertility rate (births per woman)</td>
<td>1.22</td>
<td>1.32</td>
<td>1.45</td>
<td>1.51</td>
<td>nd</td>
</tr>
<tr>
<td>Teen births (as % of all deliveries)</td>
<td>9.09</td>
<td>9.54</td>
<td>11.18</td>
<td>11.15</td>
<td>nd</td>
</tr>
<tr>
<td>Total deaths</td>
<td>79</td>
<td>104</td>
<td>100</td>
<td>109</td>
<td>104</td>
</tr>
<tr>
<td>Crude death rate (per 1,000 population)</td>
<td>2.95</td>
<td>3.78</td>
<td>3.54</td>
<td>3.77</td>
<td>3.52</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>81.88</td>
<td>79.32</td>
<td>78.92</td>
<td>nd</td>
<td>80.18</td>
</tr>
</tbody>
</table>

Source: Reference (2).
nd = no data available.
more women were employed than men. In 2009, the labor force was comprised of 9,363 men and 9,457 women. Unemployment was low over the period 2006–2009, remaining steady at approximately 3%. During that same period, 47,758 work permits were issued. Foreigners dominated the labor market due to insufficient local supply.

The last formal poverty assessment was conducted in 2003. The indigence line for an adult was US$ 1,700 and the poverty line was US$ 6,300 per year. According to the above-cited poverty assessment, the poor accounted for approximately 22% of the population.

Access to primary and secondary education is free and in keeping with Millennium Development Goal (MDG) 2: achieve universal primary education. School attendance is compulsory from 5 to 16 years of age and enrollment at the primary level was 100% in both 2006 and 2007. Attendance in public schools is free for legal residents; illegal immigrants, including children, are processed for repatriation to their countries of birth. Higher education is free to residents at the local community college. In 2010, the literacy rate among the population 15 years and older was 97.7% (97.4% for males and 98.1% for females).

The 2009 global assessment of progress towards the MDGs noted that, although no explicit gender policy was in place, the territory’s Office of Gender Affairs advocates on behalf of gender issues (4). The same report added that there was a high level of female participation in the labor force and that men earned 1.13 times more than women. In addition, the report pointed to the underachievement of boys as an area of concern.

**THE ENVIRONMENT AND HUMAN SECURITY**

**ACCESS TO CLEAN WATER AND SANITATION**

The British Virgin Islands has limited natural fresh water resources, except for a few seasonal streams and springs on Tortola. Most of the territory’s water supply comes from wells and rainwater catchments. Desalination plants amplify the water system. Dwellings are required to have cisterns to collect water. Approximately 95% of the population has access to safe drinking water. Bottled water is produced locally and imported. Use of improved sanitation facilities was 100%.

**SOLID WASTE**

On average, 117 tons of waste were generated daily in the territory in the reporting period. The estimated per capita amount of waste generated each day was 8.42 pounds. Most waste (90%) is incinerated and the remainder is either buried or recycled. Trash collection operations sort most heavy metals for recycling purposes, while ash and construction wastes are buried.

**DEFORESTATION AND SOIL DEGRADATION**

There was little forestation or reforestation activity in the territory, aside from a mangrove rehabilitation project carried out by the Conservation and Fisheries Department of the Ministry of Natural Resources and Labor.

**AIR POLLUTION**

Air pollution in the territory was considered minimal.

**VIOLENCE**

The level of crime in the territory was relatively low but increasing.

**DISASTERS**

The territory was swept by Hurricane Omar in 2008, causing severe hillside erosion and potentially damaging coral reefs. In 2010, the territory
experienced some of the heaviest downpours ever recorded, resulting in more than US$ 10 million in damage to infrastructure. In 2010, Hurricane Otto dumped well over 16 inches of rain on the islands. In fact, October 2010 was the wettest on record for the British Virgin Islands, with more than 26.5 inches of rain (5). During 2006–2010, there were 47 events related to hazardous substances and oil spills.

**Climate Change**

The British Virgin Islands is categorized as a Small Island Developing State (SIDS). The most likely major impacts of climate change include rising sea levels, changes in rainfall patterns, and a shift to stronger hurricanes. In 2009, the Cabinet approved the establishment of the National Climate Change Committee (NCCC) as the coordinating mechanism for addressing climate change. A national climate change green paper was prepared in 2010, which identified the major hazards of climate change and adaptation strategies to address them.

**Health Conditions and Trends**

**Health Problems of Specific Population Groups**

**Maternal and Reproductive Health**

The Ministry of Health was successful in addressing MDG 5 (improve maternal health). Pre- and postnatal care and family planning were delivered by skilled health care workers. All deliveries were conducted by trained health workers at the Peebles Hospital in Road Town. In 2009, birth by cesarean section accounted for 34.5% of all births, higher than WHO’s recommended rate of no higher than 15%. A program for the prevention of mother-to-child HIV transmission (PMTCT) is in place. During the reporting period, there was one recorded case of mother-to-child transmission and both mother and child died.

**Infants and Children (under 5 years old and 5–9 years old)**

Children under age 5 comprised 9.5% of the population and 5–9-year-olds represented 8% of the population. In 2006–2010, there were a total of 1,474 births. Low-birthweight infants accounted for 7.63% of births in 2006 and for 6.81% in 2007. The Expanded Program on Immunization (EPI) was effective. In 2009, coverage against DPT-HepB-Hib was 91%, representing an improvement on the corresponding figures for 2007 and 2008. Immunization coverage against measles, mumps, and rubella (MMR) was 92.5% in 2009, up from 76.5 in 2008. Table 2 provides additional information on immunization coverage in the British Virgin Islands. Acute respiratory infections and gastroenteritis were the leading causes of illness among children under age 5 (6).

**Adolescents (10–19 years old)**

During the reporting period, the rate of teenage pregnancy increased from 9.09% in 2006 to 11.15% in 2009. The 2009 Global School-based Student Health Survey (GSHS) was conducted among students aged 13–15 years (7). The survey showed that approximately one-third of students had had at least one alcoholic drink in the 30 days prior to the survey. Of concern was the finding that 15.7% of the students interviewed had seriously considered attempting suicide over the previous year, and that 12.5% had actually attempted suicide. According to

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT/HepB/Hib</td>
<td>77</td>
<td>80.6</td>
<td>91</td>
<td>93</td>
</tr>
<tr>
<td>Polio</td>
<td>82</td>
<td>79.6</td>
<td>92</td>
<td>94</td>
</tr>
<tr>
<td>BCG</td>
<td>81</td>
<td>89.7</td>
<td>96.4</td>
<td>100</td>
</tr>
<tr>
<td>MMR</td>
<td>88</td>
<td>76.5</td>
<td>92.5</td>
<td>98</td>
</tr>
</tbody>
</table>

*Source: Reference (6).*
the survey data, 35.7% had engaged in sexual intercourse; 76.0% had sexual intercourse for the first time before age 14 years. The majority (71.6%) reported having used a condom the last time they had sexual intercourse.

**Adults (20–64 years old)**

No data were available for the age cohort 20–24 years old.

Adults aged 25–64 years made up 54.4% of the population in 2010. Among the adult population, diabetes and hypertension were the most common morbidities. Most diabetics used oral medication to control the disease. The three deaths due to cancer of the colon occurred in this age group.

**The Elderly (65 years old and older)**

People age 65 and older accounted for 5.8% of the population in 2010. In 2009, all deaths from prostate cancer and five deaths from colon cancer occurred in this age group.

**The Family**

Family planning services were offered at the health centers, where several contraceptive methods are available. Health centers also offered Pap tests for a fee.

**Mortality**

The crude death rate fluctuated from 2.95 per 1,000 population in 2006, to 3.86 in 2008, and to 3.52 in 2010. A total of 496 deaths were recorded between 2006 and 2010. The territory made progress with respect to MDG 4 (reducing child mortality). The infant mortality rate also fluctuated. It was 26.72 per 1,000 live births in 2006; 25.09 in 2007; 22.73 in 2008; 6.19 in 2009; and 6.7 in 2010. The mortality rate in children under 5 years old was 34.35 per 1,000 live births in 2006 and 13.4 in 2010 (8). Given the small numerators and denominators associated with the infant mortality rate, any interpretation thereof should be done with caution, since small increases or decreases can result in major swings. No maternal deaths were reported over the 2006–2010 period.

In 2010, the leading causes of death included coronary heart disease (8 males and 6 females), drowning (11 males and 3 females), malignant neoplasms (9 males and 4 females), diabetes mellitus (6 males and 4 females), and hypertension (4 males and 2 females). That same year, the leading causes were, in rank order, malignant neoplasms, hypertension, diabetes mellitus, drowning, and gunshot wounds. Fewer than 1% (0.96%) of death certificate diagnoses were ill-defined in 2009. Table 3 presents a comparison of leading causes of death between 2006 and 2010.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Total</th>
<th>Rank</th>
<th>Cause</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Malignant neoplasms</td>
<td>18</td>
<td>1</td>
<td>Coronary heart disease(a)</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>Hypertension</td>
<td>11</td>
<td>1</td>
<td>Drowning(a)</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Diabetes mellitus</td>
<td>7</td>
<td>2</td>
<td>Malignant neoplasms</td>
<td>13</td>
</tr>
<tr>
<td>4</td>
<td>Drowning</td>
<td>6</td>
<td>3</td>
<td>Diabetes mellitus</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Gunshot wounds</td>
<td>3</td>
<td>4</td>
<td>Hypertension</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td></td>
<td></td>
<td>57</td>
</tr>
</tbody>
</table>

\(a\) Coronary heart disease and drowning were the first leading causes of death in 2010.
MORBIDITY

Communicable Diseases

Vector-borne Diseases

Dengue fever, the main vector-borne disease in the British Virgin Islands, is endemic in the territory. Between 2007 and 2010, a total of 106 cases of dengue fever were reported. One case of imported malaria was diagnosed during the period 2006–2010.

Vaccine-preventable Diseases

There were no cases of diseases that are protected in the immunization schedule. There were 46 cases of chickenpox (varicella) in 2008–2010. The chickenpox vaccine was included in the territory’s vaccination schedule as of 2009 and administered to children 1 year old and older.

Zoonoses

There were no reported cases of zoonoses during the reporting period.

HIV/AIDS and Other Sexually-transmitted Infections

The first case of HIV/AIDS was reported in the territory in June 1985. As of December 2010, 97 cases of HIV/AIDS had been reported, 61 persons were living with HIV (30 females and 31 males), and 36 AIDS-related deaths (19 females and 17 males) had occurred, including one infant born with HIV. Nine new cases of the disease were reported in 2008; 9 in 2009; and 11 in 2010. Those infected ranged in age from 19 to 49 years. The modes of HIV transmission were mainly heterosexual (approximately 75%) and homosexual (15%) men (9). The incidence rate was 23.69 per 100,000 population, and the male:female ratio was 1.3:1. Twenty-eight of the 61 persons known to be living with HIV were accessing care and treatment on-island. Antiretroviral therapy was available through the public health system for a fee, with the Ministry of Health providing assistance to those unable to pay for this medication.

Over the reporting period, the territory made progress with respect to MDG 6 (combat HIV/AIDS, malaria, and other diseases). Several initiatives focused on HIV/AIDS such as the British Virgin Islands Labor Code (No. 4 of 2010), which addresses issues of discrimination in the workplace, such as requiring persons to have an HIV test before being considered for employment.

Tuberculosis

The tuberculosis incidence rate was 3.4 per 100,000 population in 2010. There was one case confirmed in 2008; five in 2009; and eight in 2010. All were said to be imported. There was one reported case of TB-HIV co-infection in 2009.

Emerging Diseases

In December 2009, an outbreak of influenza A(H1N1) occurred in the British Virgin Islands. Out of a total of 59 suspected cases, 25 were laboratory-confirmed. The youngest person with a confirmed case was 5 years old and the oldest, 52 years. Most of the cases (18) occurred among persons 20 years old and older. There were no A(H1N1) fatalities.

Chronic, Noncommunicable Diseases

Chronic diseases were major causes of morbidity and mortality. In 2010, such diseases accounted for four of the five leading causes of death. The first Territorial Summit on Chronic Non-communicable Diseases for the Virgin Islands was held in May 2010. The goal of the Summit was to raise awareness among Cabinet members and other stakeholders about the chronic disease situation in the territory, and to focus attention on the need for policies and programs to prevent and control these diseases and their risk factors.

Cardiovascular Diseases

In 2010, the leading cause of death was coronary heart disease, while myocardial infarction represented the fifth leading cause of death in 2009.
Malignant Neoplasms

Malignant neoplasms constituted the leading cause of death in 2006 (13 males and 5 females) and the third leading cause in 2010 (9 males and 4 females). The most frequent cancer sites in 2009 were colon (8), prostate (6), and breast (3). Fifteen of the 26 cancer cases in 2009 occurred in the population age 65 and older. In 2006 and 2007, hospital admissions for malignant neoplasms were due to cancers of the breast (17), cervix uteri (7), and prostate (6). Most hospital admissions due to malignant neoplasms were for breast cancer in the 45–64 years age group (58%) and for prostate cancer among the population aged 65 and older (57%).

Diabetes

Diabetes was the fourth leading cause of death in both 2006 (3 men and 4 women) and 2010 (6 males and 4 females). Diabetes is a major contributor to end-stage renal disease in the British Virgin Islands. The number of dialysis treatments increased from 2,771 in 2006 to 4,783 in 2010.

Hypertension

Hypertension was the second leading cause of death in 2006 (4 men and 7 women) and the fifth in 2010 (4 men and 2 women).

Nutritional Diseases

According to the Millennium Development Goals Report 2008 (4), nutrition and eating habits, particularly those of children, are of concern in the territory, given the increasing incidence of chronic disease conditions associated with diet and lifestyle. The Global School-based Student Health Survey (GSHS)\(^1\) revealed that 2.8% of students were underweight (4.0% boys and 1.9% girls), 36% were overweight (35.8% boys and 37.8% girls), and 17.7% were obese (17.5 boys and 17.9% girls).

Accidents and Violence

The Royal Virgin Islands Police Force reported 7,113 road traffic accidents in 2006–2010, resulting in eight fatalities. The number of accidents declined from 1,504 in 2008, to 1,392 in 2009, and 1,361 in 2010. There were 20 homicides during the same period, eight of which occurred in 2008; one in 2009; and another in 2010. Drugs were involved in 392 crimes in the period 2006–2010. The number of crime incidents increased from 1,501 in 2006 to 1,796 in 2010.

The GSHS survey showed that 35% of students had been involved in a physical fight one or more times in the 12 months prior to the survey, and that 17.2% of students had been bullied on one or more days in the 30 days prior to the survey.

Mental Disorders

In 2007, 320 persons accessed the outpatient mental health services (56% were female and 20% were aged 17 years and younger). The main diagnoses included schizophrenia and related disorders (30%) and mood (affective) disorders (27%). Of the 79 admissions in 2007, 41% were female. The diagnoses on discharge from the general hospital were primarily from three diagnostic groups: mental and behavioral disorders due to psychoactive drug use (32%); schizophrenia and related disorders (24%); and mood (affective) disorders (24%). In 2008 and 2009, there were 83 and 58 psychiatric unit admissions, respectively (10).

Risk and Protection Factors

The British Virgin Islands conducted a national STEPS (STEPwise Approach to Surveillance) survey in 2009 among adults 25–64 years of age (11). According to the survey data, the level of tobacco use was low, with only 3.1% smoking tobacco daily. Approximately 28% of persons surveyed were lifetime abstainers from alcohol (men 17.7% and women 40.3%). The vast majority

\(^1\) Overweight = > + 1 SD from median for BMI for age and sex; underweight = < -2 SD from median for BMI for age and sex; and obese = > +2 SD from median for BMI for age and sex.
of responders (92.4%) ate less than five servings of fruit and/or vegetables on average per day. Almost one-third of persons had low levels of physical activity. The survey revealed that 74.7% of the survey population was overweight and 35.5% obese. In addition, approximately 46% had three or more risk factors for chronic disease.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

Health Policies

In 2005, the British Virgin Islands Health Services Authority was established with responsibility for managing the delivery of public health care services. Service-level agreements between the Ministry of Health and Social Development and the Authority provide a framework for action in health, determining the range and levels of health care services.

Although no mental health policy or plan was in place during the reporting period, the authorities worked on revising the territory’s 1986 Mental Health Ordinance. The community-based approach was used for the delivery of mental health services. Approximately 3% of the national health budget was directed to mental health services in 2007.

The Health System’s Stewardship Role

The Ministry of Health and Social Development exercises the steering role in health, which includes the formulation of national health policies, setting standards and guidelines, monitoring and evaluation of health care delivery system performance, and regulation of the health sector.

The Ministry of Health and Social Development crafted a strategic plan for the period 2008–2011 (12). Critical strategic priorities were identified including: strengthening the leadership, governance, and management of the health sector; enhancing the quality and accessibility of personal health services; and ensuring clean, safe, and healthy communities.

The Health System’s Performance

Several activities meant to improve quality and customer interaction were initiated by the Authority. These included the development of a service charter and a patients’ bill of rights and responsibilities. Clinical audits and customer satisfaction surveys were conducted.

There is no national health insurance program in the British Virgin Islands, but the Government is investigating the feasibility of introducing such insurance. To that end, the Health Economics Unit of the University of the West Indies, St. Augustine Campus, conducted a situation assessment in 2010 (13). In December of that year, the Cabinet approved the establishment of a new division of the Social Security Board to manage the health insurance system.

The Social Security Board currently manages a compulsory insurance plan to which employers, employees, and self-employed persons contribute. The benefits include medical leave, maternity leave, workman’s compensation, and disability insurance. The Government is the largest employer and its employees have access to health insurance. Some private companies also provide insurance coverage for their employees.

Health Legislation

Much of the territory’s health legislation is outdated, but efforts have been made in recent years to enact or revise legislation. The Medical Act (2000) was revised to provide for a Dental Council and an Allied Health Professionals Council. The Tobacco Products Control Act was passed in 2006. This law banned smoking in public places and included provisions governing the promotion, distribution, and use of tobacco products.

Health Expenditures and Financing

Public health care is financed mainly through government allocations, fees collected for services,
and the social security system. According to 2011 data from the Ministry of Health, government spending on health increased from US$ 35.3 million in 2007, to US$ 38.7 million in 2008, to US$ 41.6 million in 2009. Costs increased 18% between 2007 and 2009, but only increased 9.5% between 2007 and 2008 and 7.8% between 2008 and 2009. Private health expenditure is estimated to be somewhere around 44% of total health expenditure, which is estimated at US$ 77.6 million in 2009. Funds were allocated to the Health Services Authority for the delivery of health services. The annual report of the Authority for 2008–2009 underscored the challenges of high costs of delivering service and low income which resulted in a deficit (14). A fee-for-service model is instituted with some exempt groups, such as persons over age 65; health workers; and immigration, customs, and police officers.

**THE HEALTH SERVICES**

Primary health care is the strategy used to deliver services. Health services are provided through a network of 10 health centers and two health posts. These facilities are situated on the four main islands of the territory. They offer a wide range of services including maternal and child health, dental care, environmental health, and school health. The 52-bed Peebles Hospital is the only public hospital in the territory and offers inpatient and outpatient care. Services include surgery, obstetrics and gynecology, pediatrics, and internal medicine. There is also an eight-bed hemodialysis unit. There is a growing private sector which provides ambulatory and inpatient services. The territory also has an eight-bed private hospital that is dedicated to plastic surgery.

The territory’s multi-island nature poses some transportation-related problems in the delivery of health care. Another issue is the level of service to be provided to small communities. Tertiary care services are accessed from institutions in Puerto Rico, the United States of America, and other Caribbean countries. The British Virgin Islands Health Services Authority has a line item in the budget for financing overseas medical care. There is a health care agreement with the United Kingdom, which provides for the referral of four persons each year for care in that country. Some nationals access care in other countries for diagnosis and treatment.

The country participates in the Organization of Eastern Caribbean States Pharmaceutical Procurement System (OECS/PPS) and benefits from bulk purchasing by that agency. Vaccines are purchased through the Pan American Health Organization’s Revolving Fund for Vaccine Procurement. Some antiretroviral drugs are provided by donors.

There is no medical technology assessment program in the territory. Modern medical equipment is available for the diagnosis and management of common illnesses. All types of medical equipment are imported. Most major equipment maintenance and repairs are provided through service contracts with overseas providers.

Health technology available at the medical imaging unit of the territory’s main hospital includes a CAT scan machine acquired in 2006. Modern technology, including ultrasound machines, is available. Persons requiring more sophisticated technology were referred overseas.

**KNOWLEDGE, TECHNOLOGY, INFORMATION, AND HUMAN RESOURCE MANAGEMENT**

**SCIENTIFIC PRODUCTION IN HEALTH**

While data are collected from several sources, the territory lacks a health information system that can ensure that data are collected, collated, and disseminated on a timely basis. No health research agenda is in place, but research such as the STEPS survey and the GSHS was undertaken during the period under review.

**HUMAN RESOURCES**

The retention of health care personnel continued to be a challenge. There was high staff turnover, with
health personnel migrating out of the British Virgin Islands to places such as the United States of America and the United Kingdom. Health care workers from the Caribbean and further afield were recruited to take their place. A human resource strategy for the wider public service was developed in 2010 and addressed issues such as succession planning.

In 2010, the number of physicians was 19.0 per 10,000 population and the number of nurses and dentists, 52.1 and 1.8, respectively; there were 36 doctors, 125 nurses, and 3 dentists employed in the public sector. There was a slight increase over the figures in 2005 when there were 29 doctors, 121 nurses, and 2 dentists (Table 4) (15).

With no training institutions available for health professionals in the British Virgin Islands during the reporting period, doctors and nurses were trained abroad. In-service training programs were made available locally and overseas.

HEALTH AND INTERNATIONAL COOPERATION

The British Virgin Islands, as have other British overseas territories in the Caribbean, has sometimes been excluded from projects because of its territory status. However, some agencies provided funding—mainly in the area of HIV/AIDS.

The Pan Caribbean Partnership against HIV/AIDS (PANCAP) included the British Virgin Islands in its Caribbean Regional Strategic Framework (CRSF) against HIV/AIDS 2008–2010. Two projects were developed to support the strengthening and achievements of the CRSF. The European Commission funded a project, Strengthening the Integration of British and Dutch Overseas Countries and Territories (OCTs) in the Regional Response to HIV/AIDS through PANCAP, and the United Kingdom’s Department of International Development (DFID) supported the building of local capacity to address HIV/AIDS.

SYNTHESIS AND PROSPECTS

The British Virgin Islands made several gains in health, including its successful immunization program. There is, however, an unfinished health agenda. The high prevalence of chronic, noncommunicable diseases must be addressed through evidence-based strategies that can reduce the burden of these diseases and their complications. Overweight and obesity, which are issues of concern among adolescents, must be targeted through health promotion activities aimed at this population and even at younger age groups. New challenges, such as the emerging diseases, also need to be addressed.

In addition, the reform of the health care system must continue by strengthening the Ministry of Health’s steering role, bolstering the legal framework, modernizing the health services infrastructure throughout the territory, improving environmental health and solid waste management, enhancing human resource development, and reducing the potential impact of threats and hazards.

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
</tr>
<tr>
<td>Doctors</td>
</tr>
<tr>
<td>Nurses</td>
</tr>
<tr>
<td>Dentists</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

*Source: Reference (15).*
REFERENCES