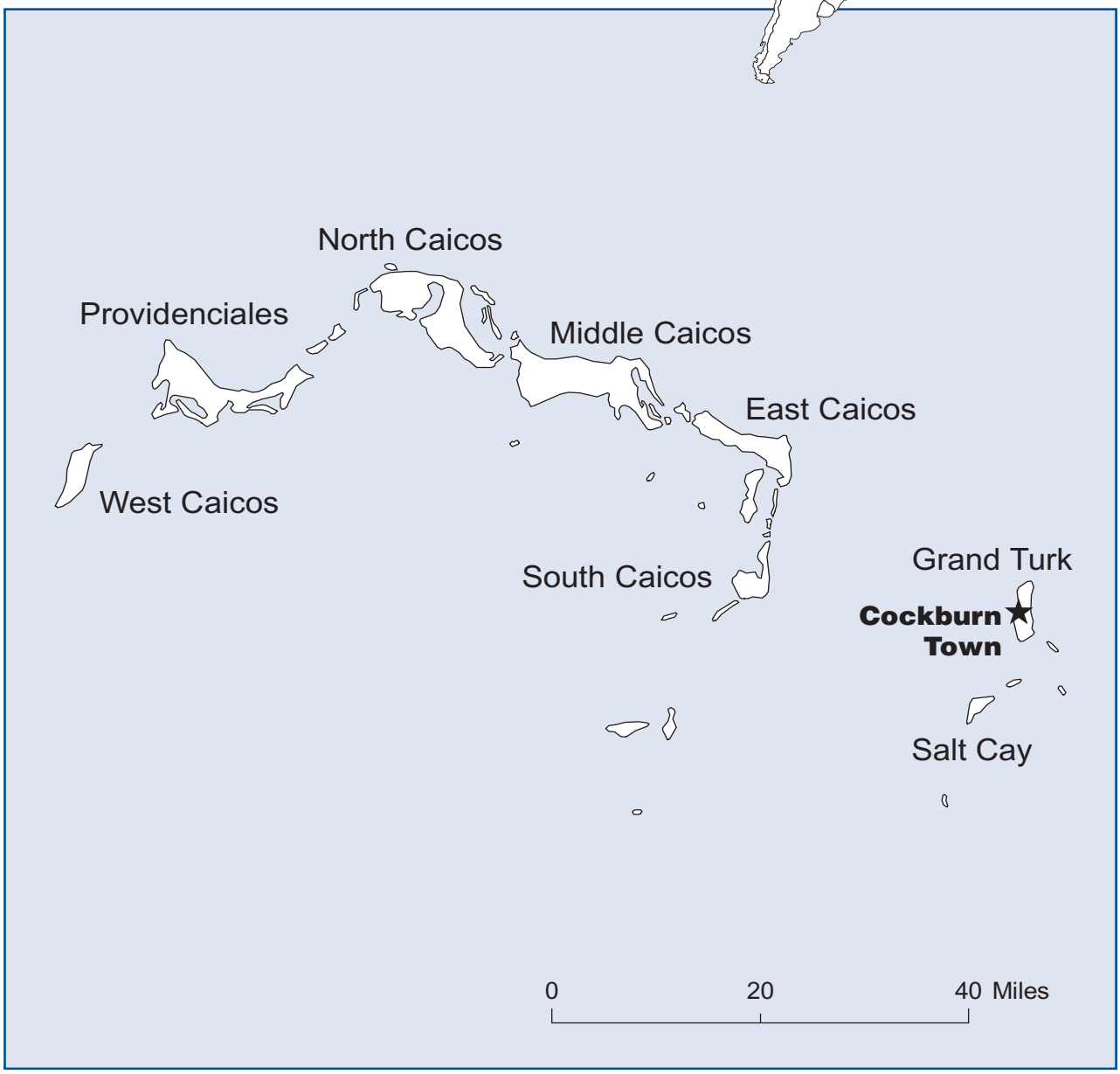
TURKS AND CAICOS ISLANDS



Sources: Second Administrative Level Boundaries Dataset (SALB), a dataset that forms part of the United Nations Geographic Database, available at: http://www.who.int/whosis/database/gis/salb/salb_home.htm, and the Digital Chart of the World (DCW) located at: http://www.maproom.psu.edu/dcw. The boundaries and names shown here are intended for illustration purposes only, and do not imply official endorsement or acceptance by the Pan American Health Organization.

The Turks and Caicos Islands is one of the United Kingdom Overseas Territories in the West Indies. The territory is an archipelago consisting of seven large inhabited islands and many smaller cays as part of a total of 40 islands and cays. The Turks group includes Grand Turk, Salt Cay, and various smaller cays. The Caicos group includes South Caicos, East Caicos, Middle Caicos, North Caicos, Providenciales, West Caicos, Pine Cay, and Parrot Cay.

GENERAL CONTEXT AND HEALTH DETERMINANTS

The total landmass of the territory is 430 km^2. The archipelago is located to the southeast of the Bahamas and north of Hispaniola. Because of the Turks and Caicos' geographic layout, communication and transportation are important issues. Air transportation between the main islands of Grand Turk, Providenciales, North Caicos, Middle Caicos, South Caicos, and Salt Cay is regular but costly. There is a ferry system between Grand Turk and Salt Cay and between Middle Caicos and North Caicos. Small boats also provide inter-island services. The telecommunication links through telephone and electronic mail greatly facilitate the communication process.

Social, Political, and Economic Determinants

Cockburn Town, on Grand Turk, is the capital and the seat of government. The Governor represents the Queen of England; the Premier, appointed by the Governor, is the head of government. The legislature consists of a unicameral Legislative Council. Government ministries are directed by a minister (political) and a permanent secretary (administrative). Quasi-governmental institutions are often managed through an executive management team led by a general manager or director.

According to the Turks and Caicos Department of Economic Planning and Statistics, the estimated population of the territory in 2005 was 30,602. It was evenly distributed between males and females and mainly concentrated on the island of Providenciales, the commercial and business center, which had 22,296 residents, compared to 13,021 in 2001. Grand Turk had a population of 5,186 in 2005. Parrot Cay, which up to 1999 was uninhabited, had a population of 60 persons in 2005 due to the construction of a luxury hotel, which in turn provided employment and prompted the need for housing and related facilities. Figure 1 shows the population distribution of the Turks and Caicos Islands, by age and sex, for 1990 and 2005.

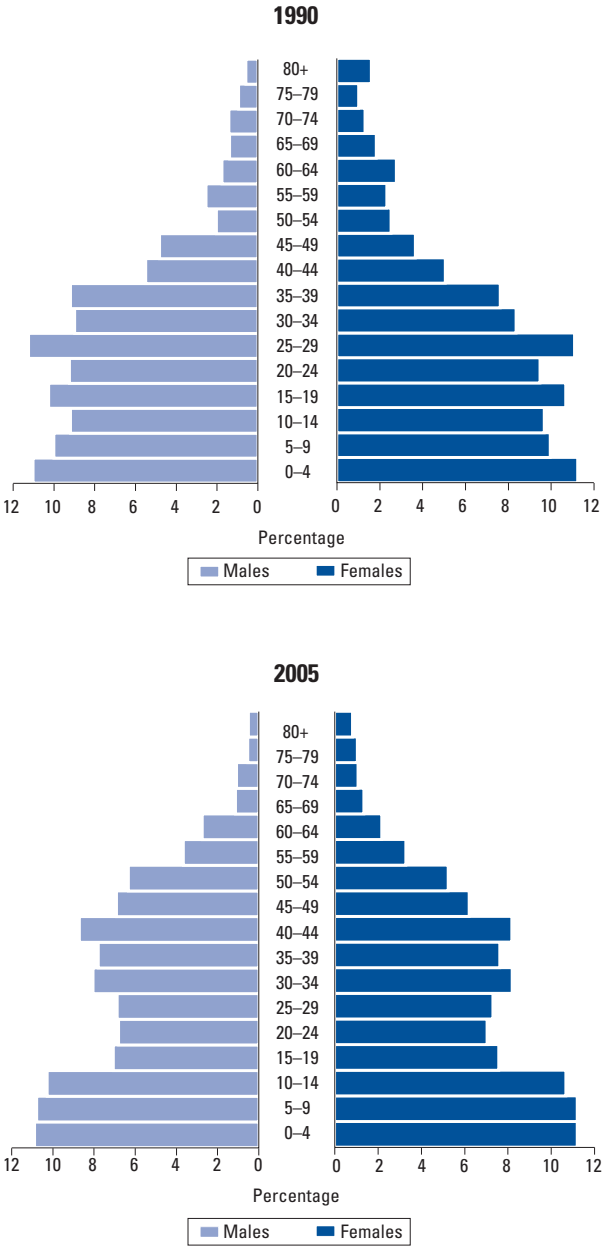
The term "Belonger status" refers to any person who was born in the Turks and Caicos or who was born outside the islands but has at least one parent who was born in Turks and Caicos. It also includes those who are born outside the islands but are adopted by someone with Belonger status and those granted residency status by the territories' Governor. Belongers accounted for 37.4% of the population in 2005, which represents a 2.6% increase over 2004.

Those who do not meet Belonger requirements (i.e., are not citizens by parentage or birth or through naturalization) are called non-Belongers. The population is comprised mainly of non-Belongers who accounted for approximately 62.6% of the total population in 2005, representing a 17.2% increase over 2004. The growth in the non-Belonger population is due mainly to immigration by non-nationals to the islands for employment purposes. Non-Belongers with illegal immigration status pose a significant challenge for the health system—particularly as regards the prevention and control of communicable diseases—since they usually seek to avoid using government health services for fear of possible deportation.

The five principal activities, which together contributed approximately 75% to the GDP, were hotels and restaurants; construction; transport, storage, and communications; real estate, renting, and other business activities; and financial intermediation. Tourism was the mainstay of economic growth, followed by fishing and offshore financial services. Although tourism is beneficial to the country, it also has brought numerous social challenges related to drug trafficking, substance abuse, and illegal immigration.

Over the last few decades, the archipelago has experienced a rapid economic growth of 9% per annum. This growth has been fuelled by large inflows of foreign capital, labor, and entrepreneurial skills. Following a 7.4% fall in 2002, output of hotels and restaurants surged to 15.5% in 2005 as tourist arrivals increased by about the same rate. Tourists' expenditures are more evident in the value-added growth of restaurant activity, which was 23.7% in 2004 and another 15.0% in 2005. The output of the financial intermediation sector leaped to 24.4% in 2004 and another 18.8% in 2005, reflecting an increased demand for financial services. As businesses and households took advantage of favorable lending terms, loans and advances to clients reached nearly US$ 400 million in 2005.

FIGURE 1. Population structure, by age and sex, Turks and Caicos Islands, 1990 and 2005.



Since 2003, positive per capita GDP growth rates have been recorded. These continued through 2005, when there was a 5.5% growth over 2004 in current market prices and 2.3% in constant (2000) market prices. This was equivalent to US$ 18,636 and US$ 15,683, per capita in current and constant (2000) market prices, respectively. This economic growth placed increasing demands on the government to expand both the public health infrastructure and health services, mainly to provide for those who cannot afford private health care services.

Three industries—hotels and restaurants, public administration and defense, and construction—accounted for 41.4% of the employed population. In 2005, 81% of the employed population was in the private sector compared to 11% in the government sector; 8% are self-employed.

There was a decrease in the unemployed labor force from 2004 (9.9%) to 2005 (8.0%). Though still relatively high, the rate was reflective of and consistent with the slight economic upturn that occurred in 2004 (11.4% growth) and 2005 (14%).

The literacy rate in 2001 was estimated at 97.5%. Education for all children of school age is mandatory and free in public schools. In the school year 2005–2006, there were 82% males and 80.3% females, with an overall enrollment of 81.1%. These rates declined from those of the 2004–2005 school year, in which overall primary school enrollment was 83.4% (males 83.8% and female 83.0%). During this time, the gender gap in primary school enrollment rates is apparent, with rates for females being slightly lower than those of their male counterparts. Gender parity in secondary enrollment showed a male-female ratio of 100:97 for the 2005–2006 school year; it had been 100:92 for 2004–2005.

It is important to note that there has been an overall increase in secondary enrollment over the years. In contrast to primary and secondary education, female enrollment in tertiary education surpassed that of men. The gender gap was clearly reversed at the tertiary level when the male-female ratio was 100:206 in 2002 and 100:302 in 2003.

In 2001, most households had private catchments of water (68%) or water piped into their dwellings (22%). In 2001, there were more households with water-closet cesspit/septic tanks (68%) compared to 1999 (56%). Fewer households had pit latrines in 2001 (28%) than in 1999 (34%). However, as the number of households increased during the 1999–2001 period, the percentage of households without sanitation facilities grew (from 1.3% in 1999 to 4% in 2001).

The Turks and Caicos Islands face a variety of environmental inadequacies as regards solid waste disposal, liquid waste management, water quality control, food safety, and institutional hygiene. Solid waste management remains a major challenge on Providenciales, as does pest infestation in areas of the islands where garbage collection systems are poor. The proper inspection of imported food presents difficulties for port health services due to the lack of a port health officer. This situation has led to food inspections being conducted once foodstuffs already have been stored in warehouses or placed on the shelves of retail establishments. In many instances, contaminated or expired food items have been seized from these facilities and destroyed. On occasion, however, this action occurred too late to prevent consumers from purchasing these items. Generally speaking, food handlers

have not received training in proper hygiene and food handling techniques.

Demographics, Mortality, and Morbidity

In 2004–2005, there were more births of females than of males, when compared to other years when this trend was reversed. Census data for 2001 estimated life expectancy at 77.5 years. Of the 318 births which occurred in 2005, about 85% (270) were registered. In 2000–2002, the leading causes of death from defined causes and the corresponding number of deaths were: hypertensive diseases (25); HIV/AIDS (16); accidental drowning and submersion (the majority of deaths were due to illegal immigrants entering on sloops) (11); and diabetes (8). There were 213 deaths from defined causes during the 2001–2005 period. The crude death rate was higher in 2005 for males (2.10) than for females (1.37). There were no maternal deaths during the 2001–2005 period. In 2001, the age-specific fertility rate for the population aged 30–34 was 7.2 births per 1,000 population; the total fertility rate was 3.1 for females of childbearing age (15–45 years).

HEALTH OF POPULATION GROUPS

Children under 5 Years Old

The Primary Health Care Annual Report for 2005 indicated that the majority of infants seen at 3 months were partially breast-fed—that is, mostly being given formula with some breast-feeding. Of the 1,563 children seen in child health services in 2005, 68 were overweight and two were below normal weight.

During the 2001–2005 period, there were 1,255 live births. Thirteen deaths occurred in the age group of 0–4 years. Of these, 7 deaths (5 boys and 2 girls) were under age 1. Asphyxia and slow fetal growth were the major contributors to death. There were two deaths due to HIV/AIDS in the under-1 age group. Intestinal infections and acute respiratory infections accounted for 59% of hospital discharge diagnoses for infants.

There were 6 deaths (3 boys and 3 girls) in the 1–4 age group. Causes of death were HIV/AIDS and external causes. Intestinal and acute respiratory infections and external causes accounted for 47.7% of hospital discharge diagnoses. Of the 371 cases of gastroenteritis that were reported in 2004, 132 were in the under-5-year-old population.

Children 5–9 Years Old

There were seven deaths in this age group in the period 2001–2005. Of the six deaths known by cause, two were from HIV/ AIDS, and one each was due to congenital heart diseases, intestinal infectious diseases, drowning, and acute respiratory infections. The most frequent hospital discharge diagnoses were respiratory illness, intestinal infectious diseases, appendicitis, and hernia.

Adolescents 10–14 and 15–19 Years Old

During the 2001–2005 period, there were two adolescent deaths in this age range, both from external causes. The leading hospital discharge diagnoses were external causes, appendicitis, diseases of the nervous system, and asthma. Complications of pregnancy accounted for 8% of all discharges in the 15–19-year-old age group. Of the total number of births in 2002 and 2003, 10.0% and 13.5%, respectively, were to teenagers ages 15–19. Teenagers accounted for 12% and 13% of medical abortions in 2004 and 2005, respectively. The reporting of abortions is not a requirement in the Turks and Caicos Islands, and the only data available on medical abortions reflect those performed in hospitals.

Adults 20–59 Years Old

During the 2001–2005 period, there were 65 deaths in this age group. The leading causes of death were diseases of the circulatory system, injuries and external causes, malignant neoplasms, communicable diseases, and suicide. Data for the 2000–2002 period showed that the leading causes of death were HIV/AIDS (12), hypertensive diseases (6), and accidental drowning and submersion (5).

Diseases of the circulatory system accounted for 30% of all hospital discharge diagnoses. Other causes included endocrine, nutritional, and metabolic diseases; external causes; and complications of pregnancy. Thirty-one abortions occurred in the under-40-year-old age group.

Older Adults 60 Years Old and Older

The 2001 census showed that there were 2,065 persons in this age group, representing 10.4% of the total population. A growth in the elderly population has implications for increased spending on health care and treatment at home and abroad due to chronic diseases. In 2001–2005, there were 125 deaths in this age group. Cardiorespiratory arrest, ischemic heart diseases, diabetes, and malignant neoplasms were the major contributors to mortality.

The principal hospital discharge diagnoses for this age group were hypertension, diabetes mellitus, diseases of pulmonary circulation, cerebrovascular diseases, other diseases of the digestive system, injuries, and acute respiratory infections.

The Family

In 2001, there were 7,254 households, and 30.8% were headed by females. The average income for male-headed households was US$ 30,461, compared to US$ 21,916 for female-headed households.

At the end of 2005, the Social Development Department registered 77 children who had lost either one parent (45 children) or both parents (32 children) to HIV/AIDS. While most were being cared for by extended families, there were several who entered

the foster care system and whose upbringing may be negatively impacted by this situation.

In 2005, the Primary Health Care Department of the Ministry of Health reported that most clinic attendees stated that they were unable to breast-feed exclusively due to the necessity of returning to work. Maternal grants (a one-time payment of US$ 400) are provided to all mothers for each live birth when they produce a birth certificate to the National Insurance Board, which provides a variety of social security services to all employed and self-employed persons through compulsory participation. Maternity allowances (60% of average weekly earnings for a 12-week leave period) are awarded to those who have satisfied contribution requirements.

Persons with Disabilities

In 2001, the Population and Housing Census estimated that there were 337 persons living with a disability. Of these, 28.5% had a visual disability, 18.7% a mobility disability, 15.7% a hearing disability, 8.9% mental retardation, 8.3% a speech disability, and 19.9% reported other types of disability.

HEALTH CONDITIONS AND PROBLEMS

COMMUNICABLE DISEASES

Vector-borne Diseases

In the period 2001–2005, there were four imported cases of **malaria**. There was one imported case of **dengue** in 2005.

Vaccine-preventable Diseases

There were no cases of **measles**, **rubella**, **diphtheria**, **pertussis**, **neonatal tetanus**, or **tetanus** during the 2001–2005 review period. Annual mop-up campaigns are conducted in schools and work sites to identify and vaccinate those in the population over age 5 who have missed routine vaccination and previous campaigns. In 2001, the DTP-HB/Hib pentavalent combination vaccine (primary doses) was introduced into the routine child health schedule, with the first of three dosages to be administered at 6 weeks of age. In 2005, the schedule was changed to commence at 2 months. Children were immunized against measles, mumps, and rubella (MMR); diptheria, pertussis/whooping cough, and tetanus (DPT); poliomyelitis (OPV); and tuberculosis (BCG).

The vaccination coverage for administered antigens for the period 2001–2005 was maintained above 90%. For 2005, vaccination coverage for antigens stood as follows: DPT3, hepatitis B, and Hib (95%); OPV3 (97%); and BCG (100%).

Intestinal Infectious Diseases

In 2001–2005, there were 592 cases of **gastroenteritis** in children under 5 years of age and 675 cases in persons over 5 years old. In the same period, there were 201 confirmed cases of foodborne diseases, the majority caused by ***Salmonella***, ***Shigella***, and **ciguatera poisoning**.

Chronic Communicable Diseases

In the 2001–2005 period, there were four new cases reported of **Hansen's disease** (leprosy). Of the 21 cases of **tuberculosis** during this period, 7 were coinfected with HIV/AIDS. Between 2003 and 2005, there were 29 cases of **hepatitis B**.

Acute Respiratory Infections

Primary health care data for 2003–2005 showed 4,080 reported cases of acute respiratory infections in children under age 5. Notable increases in these infections normally occur in the months of October through March.

HIV/AIDS and Other Sexually Transmitted Infections

HIV and AIDS remained a challenge for the Turks and Caicos Islands over the 2001–2005 period. The first case was diagnosed in 1985 and up to 2005, there were a total of 732 HIV-positive individuals. The principal mode of transmission is heterosexual. In the period 2004–2005, there were 41 newly reported HIV cases (21 males and 20 females). The majority of these cases were among nonresident work permit applicants, and most of these individuals no longer reside on the islands. The island of Providenciales, which has the largest population, accounted for more than 50% of the HIV-positive cases. Although the data were not disaggregated by sex and age, the trend tended toward more males than females testing positive. Given that the persons living with AIDS were of various nationalities, prevention and care initiatives were challenged to adequately respond to language issues and cultural beliefs, address stigma and discrimination issues, and introduce measures to discourage a general relapse or complacency about minimizing risk behaviors.

The HIV/AIDS surveillance system also faced a number of challenges. Chief among these is a mistrust by some individuals regarding the system's ability to ensure confidentiality given the islands' small population size. This fear resulted in some persons refusing to be tested or in their seeking testing abroad.

There were 21 deaths due to AIDS during the 2000–2003 period and five deaths in 2004–2005. This decrease in case numbers was due to the introduction of an improved treatment and care program and scaled-up access to antiretroviral drugs commencing in January 2003.

The number of reported cases of **syphilis** rose from 13 in 2003 to 35 in 2005. The rise in numbers was attributed to increased detection in persons undergoing testing to acquire work permits.

Other Communicable Diseases

Over a three-year period, **acute hemorrhagic conjunctivitis** contributed substantially to morbidity with 842 cases in 2003,

49 in 2004, and 124 in 2005. The etiology for the outbreak in 2003 was suspected to be a Coxsackie virus but this was unconfirmed. **Influenza-like illness** is one of the most frequently reported health conditions, with 2,809 cases being reported during the 2001–2005 period.

Noncommunicable Diseases

These diseases are managed as part of the primary level of health care services offered at health centers and hospitals. In 2001–2005, the majority of patients were seen for conditions related to **hypertension**, **diabetes** and related complications, and **malignant neoplasms**. This trend was supported by morbidity data that confirmed hypertension (1,367), diabetes (499), **heart disease** (174), **obesity** (84), and cancer (39) as the leading health problems reported by the health services in 2004.

Other Health Problems or Issues

Mental Health and Addictions

A psychiatrist and mental health nurse provide mental health-related services to the inhabited islands at the primary, secondary, and tertiary levels, and make patient referrals to the Bahamas for care as needed. Data available for 2003 showed that 76 patients were seen, of which 64.5% (49) were males and 35.5% (27) were females. Most of the patients were seen on Grand Turk (27.6%) and Providenciales (21%).

The data also showed that 63% of those seen were in the 20-to-49-year-old age group, while only 9.2% were 19 years of age or younger. The main diagnoses were schizophrenia (28.9%), substance abuse (15.8%), psychosis not specified (7.9%), seizure disorders with psychological problems (7.9%), bipolar affective disorder (6.6%), and adjustment disorder with depressive or anxiety symptoms (6.6%). Visits to mental health clients in the prison population are conducted on a regular basis. Challenges affecting the delivery of mental health services during the 2001–2005 review period included outdated legislation and policies and insufficient human resources to guide services delivery.

Oral Health

Dental health services are provided on all six of the main inhabited islands. There is a school dental program on Providenciales. There were no x-ray machines on the other islands; therefore, no surgical extractions and root canal treatments were carried out.

Similarly, no orthodontic and prosthetic services were offered, as there was no dental laboratory, dental technician, or orthodontist consultant. There was also no dental assistant in the program. As a result, dental nurses are being underutilized, and this adversely affects services delivery.

RESPONSE OF THE HEALTH SECTOR

Health Policies and Plans

The government recognizes health as a basic human right and works to ensure equal access for its residents to health care as needed. The 2005 Five-year Strategic Health Plan takes into consideration the overall vision and mission of the Ministry of Health, provides a framework upon which the Ministry's various departments can develop and implement equitable health programs, and is evaluated and revised on an annual basis.

The 2005 Five-year Strategic Health Plan also serves as the framework to guide and direct the delivery of equitable health services. It includes a restructuring of the Ministry of Health in order to strengthen health planning, systems development, financial management, essential national health research, health promotion, and capacity to regulate public and private health sector activities. Under the Plan, the post of Director of Health Services was created, and the incumbent has overall responsibility for the health status of the country and for developing and directing health policies in the Ministry of Health. The Permanent Secretary chairs the Senior Management Team and is responsible for personnel and fiscal management functions.

Organization of the Health System

The Ministry of Health is responsible for the provision of efficient and effective preventive and curative health care through the health departments. The Ministry's activities are carried out in partnership with the community, the private sector, and overseas providers.

The private health sector is limited mainly to outpatient care and is focused on general practice, although some secondary care services are also offered. The public hospital network consists of Grand Turk Hospital and the Myrtle Rigby Health Complex, located on Providenciales. These are the only two hospitals which offer secondary health care services and some tertiary care services. The Grand Turk Hospital has 21 acute care beds and 10 chronic care beds for geriatric patients. The Myrtle Rigby Health Complex has 10 acute care beds. There is an operating theater in both facilities with full surgical care capabilities to respond to major emergencies and undertake all elective procedures except for those requiring postoperative intensive care, or specialized equipment or personnel not available locally. Both hospitals have maternity units for cases not requiring advanced neonatal care as determined by an antenatal risk assessment. The hospitals provide secondary health care in the areas of internal medicine, pediatrics, general surgery, obstetrics and gynecology, and anesthesiology. Some urological services are provided through collaboration with a private sector urologist. In 2005, there were four private clinics, seven primary health care medical centers, and seven family planning clinics.

Using Research to Assure Health Equity in Turks and Caicos

In an attempt to deliver health services equitably to every resident on the islands, the Government of the Turks and Caicos has crafted the 2005–2009 Five-Year Strategic Health Plan. As part of this plan, the National Epidemiology and Research Unit has been created, whose dual mission is to bolster disease surveillance efforts and respond more effectively to disease outbreaks. To this end, it conducts communicable disease workshops, coordinates efforts with other governmental entities, and informs the development of national health policies.

Public Health Services

The primary health care strategy continued to undergo reorientation to strengthen specific programs geared towards health promotion and management and disease prevention and control. There are primary health care clinics on the six main inhabited islands, and clients are treated regardless of their ability to pay. Primary health care services focus on maternal and child health, dental health, chronic noncommunicable diseases (diabetes and hypertension), communicable diseases, school health programs, safe food handling, and, to a limited extent, nutrition.

In 2005, the seasonal influenza vaccine was introduced among health care workers. The disease surveillance team and the National Epidemiology and Research Unit of the Ministry of Health conducted several workshops geared at completing the development of the national communicable diseases surveillance manual and stepping up the coordination and response to communicable disease outbreaks. Training provided by the Ministry of Health focused on promoting good hygiene practices in the hotel and hospitality industries and contributed to a reduction in the number of foodborne diseases in 2005 compared to previous years.

As regards services for those living with HIV, the government has committed itself to scaling up access to antiretroviral medications by allocating the necessary funds in the national budget for their procurement for all Belongers and non-Belongers with legal status requiring such treatment. These drugs are purchased through the National AIDS Program of the Ministry of Health of the Bahamas based on a contractual arrangement which also allows the Turks and Caicos Islands to benefit from HIV/AIDS laboratory services and staff training in that country. At the end of 2005, some 70 individuals were receiving antiretroviral therapy, and another 12 accessed treatment in the United States through the University of Miami's research program.

In 2005, six sites provided access for the population to prevention-of-mother-to-child-transmission services. Voluntary counseling and testing (VCT) are available at all clinics and public laboratories. HIV testing and counseling are offered on an informed basis as a matter of routine to all women attending prenatal clinics. During 2000–2005, four pregnant women tested positive. Due to the nature of their immigration status, migrant women may not access these services at an early stage out of fear of being deported. Thirty-five VCT providers were trained in 2005 as part of ongoing efforts to scale up these services and improve their quality. Several additional services are available for persons living with HIV/AIDS. Programs such as Buddy Support and People for Positive Action as well as the Center of Love and Hope (an AIDS hospice) lend support, supervise and monitor drug adherence, and provide information and links to additional community resources. The Social Development Department provides counseling services and welfare grants in addition to foster care services to children orphaned by HIV/AIDS or others needing assistance to meet their basic needs.

During 2001–2005, staff were assigned to implement programs for food safety, water quality, liquid and solid waste management, vector and pest control, institutional hygiene, veterinary public health, occupational health and safety, cemetery management, vaccine-preventable childhood illnesses case investigations, and premises inspection/residential sanitation.

With the increasing volume in air and sea traffic and the persistent threat of hurricanes, the Turks and Caicos Islands are vulnerable to disasters and mass casualties. The health sector, in collaboration with other government and nongovernmental agencies, increased its capacity to manage major emergencies and decrease the impact of disasters. In 2005, staff from health facilities on Grand Turk and Providenciales participated in aircraft simulation exercises. A plan for improvements in the management of disasters was also prepared; it included the conducting of mass casualty training exercises involving first responders from all sectors. During the 2001–2005 review period, the Ministry of Health created an Emergency Preparedness and Response Unit to coordinate disaster responses.

Individual Care Services

The Ministry of Health is responsible for providing affordable and efficient health services to all residents. However, the fee structure for Turks and Caicos nationals (Belongers) is less than that for non-Belongers.

Accessibility to secondary and tertiary care services is difficult in emergency situations due to the geographic dispersion of some of the islands and cays. At present, the government holds

the principal market share in providing hospital services to the population even though many individuals travel abroad for diagnostic and hospital care.

The Medical Treatment Abroad Program (MTA) continues to be the single largest recurrent health expenditure line item. Patient travel costs and overseas treatment accounted for approximately 7.3% of the government's recurrent expenditure in the 2004–2005 budget. Treatment may be accessed in the Bahamas and Jamaica, even though the majority of individuals prefer to seek treatment in the United States. In 2005, a total of 456 patients were referred abroad resulting in 730 treatment episodes (patient visits). Of these, 302 had one visit, and the remainder had two or more visits. Twenty-seven cases of cancer were referred abroad for treatment, which accounted for approximately 50% of the total treatment-abroad expenditure. Subsequently, the government introduced a number of strategies to increase the effectiveness of case management for patients referred abroad. These include improvements in monitoring the length of hospital stay and the need for follow-up visits, as well as negotiating for larger discounts for the medical services provided and with third-party administrators for management fees to be placed at fixed rates, as opposed to being based on percentage of savings.

The Visiting Medical Consultant Program continued to be of substantial value for patients in need of subspecialist medical care in the areas of orthopedic surgery, ophthalmology, neurology, dermatology, nephrology, and audiology.

In 2002, a patient satisfaction survey conducted for Grand Turk Hospital showed the quality of services and overall rating to be very high. The Myrtle Rigby Health Complex on Providenciales introduced a system of triaging, in which priority outpatients were given a red card to ensure prompt attention to their health needs. An appointment system also has been set up to reduce the outpatients' waiting time.

Two laboratories are operated by the public sector within the hospital facilities, and there is one privately operated laboratory on Providenciales. Diagnostic services are limited to basic hematology, chemistry, microbiology, and serology. All histopathology and cytology specimens are sent abroad for analysis. Basic radiological, ultrasound, mammography, CT scan, colposcopic, and endoscopic procedures are performed locally. There are two blood banks which operate on a donor-directed or donor-replacement system; both are characterized by a limited blood storage capacity and the unavailability of blood components. The types of surgical procedures that may be performed locally, therefore, are limited by the availability of blood.

There is one dialysis unit on Grand Turk; it is highly dependent upon the blood banks; in 2005 it served 10 chronic renal failure patients. Five of these patients flew three times weekly from Providenciales to Grand Turk for dialysis treatment.

In 2005, the first mobile dental unit on Providenciales was launched at Clement Howell High School. This unit provides preventive and curative services to schoolchildren. There is an ongoing project on the islands of North Caicos and South Caicos in which children are examined and given appointments to dental clinics for conventional and specialized treatments.

Geriatric care services are provided on Grand Turk and South Caicos. The Grand Turk facility houses 14 clients, and the Wellness Center on South Caicos accommodates six in-patients.

Health Promotion

Health promotion activities included such targeted initiatives as the Rapport Youth Peer Education program and the Creole Peer Education program, as well as the development of public service announcements and media campaigns.

Human Resources

In 2005, there were 14 general physicians (7 public and 7 private), 7 dentists (2 public and 5 private), and 16 specialist physicians (14 public and 2 private). Around 80% of the professional staff employed are foreign nationals on contract. Staff turnover is high, since most contracted staff leave the islands after a stay of two or three years.

The rapidly growing population fuels the demand for health care personnel. Government efforts to provide incentives to nationals to return to work in the public sector upon graduation through the granting of scholarships have not reduced the need for international recruitment. At the same time, many trained health care staff have been lost through nonrenewal of their contracts. The constant turnover of professional staff has greatly affected continuity in patient-health care professional relationships and treatment regimens. The Ministry of Health has a small pool of staff upon which it draws for succession planning as a result of this staff turnover. Despite this, a number of health personnel posts remain vacant for long periods of time, thus affecting the delivery of health care services.

In the period 2001–2005, based on per capita needs, there was a shortage of public health nurses and midwives. Nurses are the most vulnerable to migration pressures due to high regional and international demands for their services. Nevertheless, the nursing staff constituted the largest portion of health care workers on the islands. In 2005, the expenditure on human resources represented about 45% of public health sector expenditure. In 2005, the government prepared a Strategic Plan for the Development of Nursing Services as an integral component of the overall strategic plan for human resources development in the health services area.

Health Supplies

Frequent turnover of health professionals has also affected the area of pharmacy, since prescribing habits by physicians tend to be influenced by cultural beliefs and background. This has led some professionals to not prescribe certain drugs even if they

form part of the approved national formulary and are widely available. At the same time, the geographic spread of the Turks and Caicos results in long-distance supervision of pharmacists, as there are only two trained pharmacists to cover the entire island population. Pharmaceutical drugs are available in the public sector free of cost for schoolchildren and those over age 55 and for a nominal cost to the rest of the population.

The rotavirus and influenza vaccines were introduced into the Expanded Program on Immunization during the 2001–2005 period.

Research and Technological Development in Health

The National Epidemiology and Research Unit was created in 2005 as part of the restructuring component of the Ministry of Health's Five-year Strategic Health Plan. It is headed by a National Epidemiologist/Chief Medical Officer to enhance disease surveillance and disease outbreak response and to support research activities related to health policies development. In addition, a National Research Committee was created and Ministry of Health staff received training in research ethics. The Ministry continued its consultations with the Caribbean Health Research Council for the establishment of an ethics review board and committee.

Health Sector Expenditures and Financing

Government expenditure (both recurrent and capital) on health services increased in the 2001–2005 period. In 2001–2002, the recurrent expenditure on health was 19% of the total government recurrent expenditure. In the 2003–2004 fiscal year, recurrent expenditure on health was US$ 17,285,202 (per capita expenditure of US$ 790).

In 2005, the Ministry of Health was allocated US$ 19.6 million, which represented 15.9% of the 2005–2006 recurrent expenditure budget. Actual expenditure for the 2005–2006 fiscal year for all health departments (inclusive of environmental health, but excluding the Ministry of Health headquarters) was US$ 27.2 million, with 46.3% and 29.6% of this corresponding to the MTA and human resources, respectively.

The factors contributing to rising health services expenditures included rapid population growth, the introduction of additional secondary and tertiary care services, and increased demands for medical supplies, medications, and staff. The government continued to provide 100% of the recurrent expenditure for HIV/ AIDS treatment. The increase in expenditure on the MTA was the single most important contributing factor to the general increase in government expenditure on health. In 2001, the MTA expenditure was US$ 6.4 million, with one catastrophic case costing US$ 1.5 million. In 2003, expenditure on primary health care services was estimated at US$ 4 million, while that spent on secondary and tertiary care was US$ 13.5 million. The treatment-at-home program and better enforcement of the MTA policy achieved the objective of reducing the total government expenditure on health services.

The Turks and Caicos' public health services charge user fees in a system in which fees for non-Belongers are much higher than those paid by Belongers. This particularly affects access for non-Belongers to secondary care services. Some categories of users are exempt from these fees: adults over age 55, welfare recipients, the economically indigent, prisoners, schoolchildren of Turks and Caicos nationals under age 18, government employees, and contract workers and their dependents.

Private sector health services are financed by out-of-pocket payments from clients or through private health insurance. In 2005, it was estimated that 20% of the population had private health insurance while the rest of the population was covered by the Ministry of Health or through out-of-pocket expenditure.

Technical Cooperation and External Financing

The Ministry of Health developed various partnerships to improve the delivery of health care services through community participation. These include collaborations with the National Kidney Foundation in the development of a dialysis unit on Providenciales and with the National Cancer Society for the procurement of a mammogram machine and the provision of mammography services at the Myrtle Rigby Health Complex. Other sustained partnerships included those with the Turks and Caicos AIDS Foundation and the Turks and Caicos Cancer Foundation.

The Ministry of Health also continued its collaborations with the Pan American Health Organization and procured the rotavirus and influenza vaccines through the PAHO Revolving Fund. Other key subregional and international partners included the Caribbean Epidemiology Center; Caribbean Community; European Union; Global Fund to Fight AIDS, Tuberculosis, and Malaria; and the Clinton Foundation.