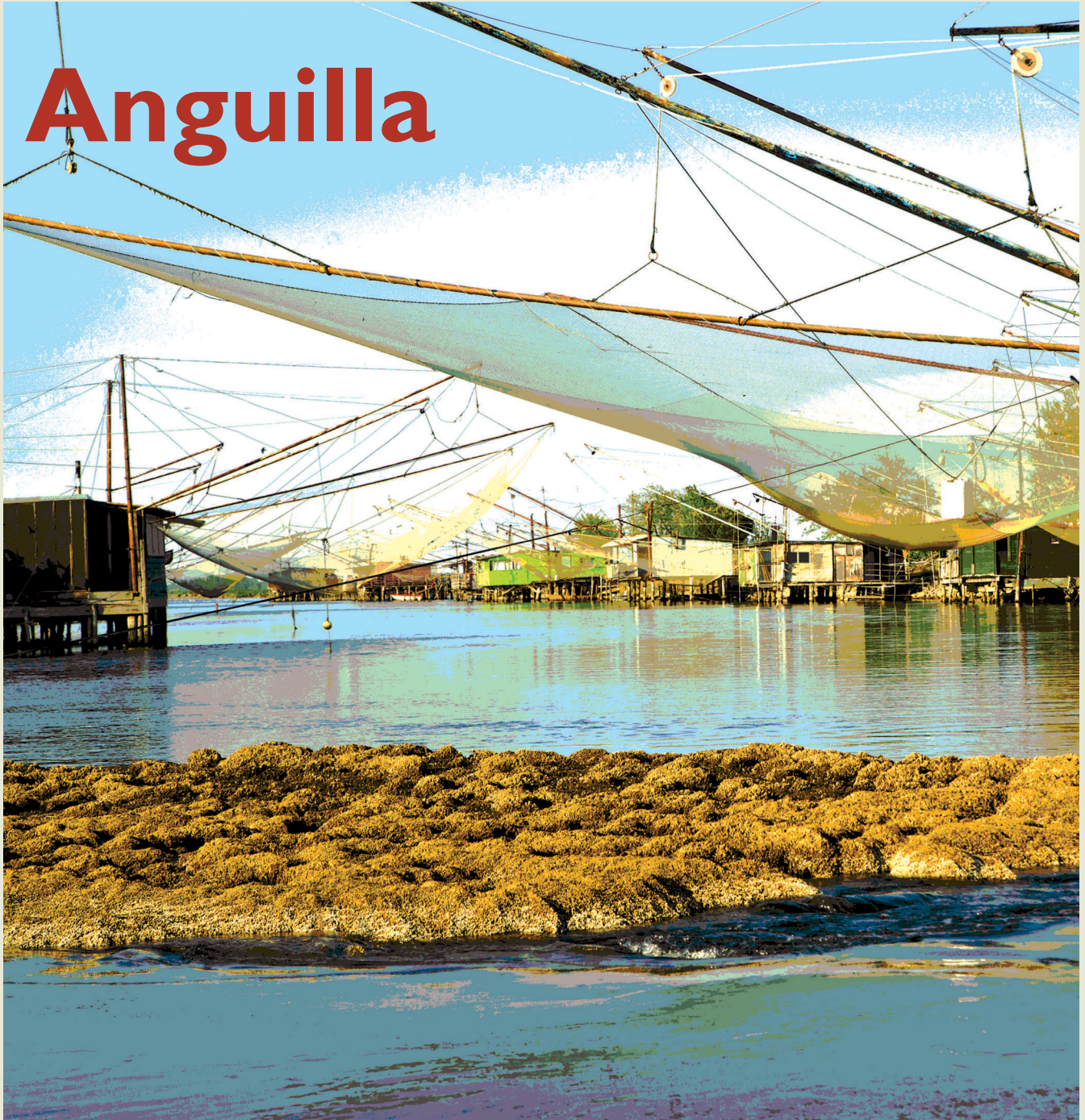


Anguilla



Anguilla is a British Overseas Territory located in the northernmost portion of the Leeward Islands, in the Caribbean's Lesser Antilles. It covers 91 km² and includes some nearby uninhabited small islands and cays. The government system is parliamentary according to the Westminster model. The Head of State, the monarchy of the United Kingdom, designates a Governor as representative, who in turn appoints the Chief Minister from the Assembly (legislative chamber). The capital is The Valley.

Anguilla, an island with 16,373 inhabitants, is a British Overseas Territory. Its economy is based on the sector services, especially tourism, offshore banking services, and remittances transferred from abroad. During 2006–2007, the economy grew 11%, mainly through the increase in tourism. However, this growth then fell, partly due to the global economic crisis.

Immigration is an important demographic factor. The boom in construction and tourism attracted large numbers of workers from other countries.

In the five-year period 2006–2010, general progress in health continued, including improved sanitation, an effective system to ensure food safety, and a primary-care-based health system. These advances help raise life expectancy and lower mortality rates.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Education is free at public schools and attendance is mandatory for 5–17-year-olds. In 2008, total enrollment at primary schools was 92.9%. In 2009, the Institute for Higher Education was established to provide access to postsecondary and tertiary education in the country. Anguilla participates in the open education program of the University of the West Indies, which offers international teaching, virtually and in-person, throughout the Caribbean.

In 2010, adult literacy was 97.7%. From 2007 to 2009, 8,736 work permissions were granted, enabling foreigners to work (79.9% of permissions were granted to men).

THE ENVIRONMENT AND HUMAN SECURITY

The Department of Health Protection is responsible for the management of waste, food hygiene, vector control, monitoring of drinking water, environmental health, occupational health, and delivery of low-cost health services.

Anguilla does not have rivers and its supply of drinking water is obtained from rain, wells, and desalination. In 2000, 60% of the population had access to drinking water and 99% to improved sanitation services. The Anguilla Water Department, created in 2008, is responsible for the supply and distribution of drinking water for public consumption.

Selected basic indicators, Anguilla, 2006–2010.

Indicator	Value
Population 2010 (thousands)	16.4
Poverty rate (%)	...
Literacy rate (%) (2010)	97.7
Life expectancy at birth (years) (2010)	80.2
General mortality rate (per 1,000 population) (2010)	4.9
Infant mortality rate (per 1,000 live births)	...
Maternal mortality rate (per 100,000 live births)	...
Physicians per 1,000 population (2006)	1.2
Hospital beds per 1,000 population (2010)	2.1
DPT3 immunization coverage (%) (2010)	100.0
Births attended by trained personnel (%) (2010)	100.0

HEALTH CONDITIONS AND TRENDS

All pregnant women received prenatal care, and their deliveries are attended by trained health personnel. Measures to prevent mother-to-child transmission of HIV exist, and no HIV-positive mother was registered in the period.

There were no cases of malaria in the period 2006–2010 or cases of vaccine-preventable diseases. The coverage of the Expanded Program on Immunization is close to 100%. Leptospirosis caused one death in 2010. One case of imported tuberculosis was reported during the period 2006–2010.

Antiretroviral therapy is provided free of charge when HIV/AIDS patients cannot afford to pay for it.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

In 2004, the Health Authority was established, a semiautonomous body formally responsible for health care services delivery. This delegation of authority enabled the Ministry of Health and Social Development to assume the steering role in formulation of policy, strategic planning, and the setting of standards, regulations, monitoring, and evaluation.

There is a strategic health plan for the period 2008–2014. Priorities include development of health systems; training and management of human resources; family health, food, nutrition, and physical activity; chronic, noncommunicable diseases; communicable diseases; environmental health; mental health; and use of psychoactive substances.

Human Resource Development Policy

The human resource policy is governed by the Constitution and the general decrees (rules, procedures, and obligations governing civil service).

The immigration policy stipulates that foreigners shall not be included in the permanent plan, which grants security of tenure. For people hired abroad, multiple two- or three-year contracts are granted. For non-Anguillans contracted on the island, month-to-month appointments for up to one year are granted. The contracts are granted by the pertinent government agencies such as the Health Authority and private-sector organizations.

The country depends on health personnel from abroad. All the physicians and 20% of the nurses have been hired abroad.

In 2010, there were a total of 19 physicians and 29 nurses in the country. Most training of health professionals takes place outside the country.

In 2009, the Saint James Medical School was established as an offshore private medical education institute. The school offers two fellowships annually to Anguillans and the graduates can practice in Canada and the United States.

Princess Alexandra Hospital is the largest employer of health workers in Anguilla. Some 66% of the public-sector workers are employed in the hospital. Primary care services employ another 23% of the country's health personnel.

There are no primary care physicians, but two general practitioners were assigned to the community health services to provide primary care. There are specialists only in the areas of anesthesia, gynecology, internal medicine, pediatrics, and surgery.

Anguilla faces a major challenge in implementing strategies needed to increase the number of health professionals and improve their training, contracting, and retention.

In 2008, the National Health Fund Act was decreed, to ensure that all citizens have access to quality and equitable care when clinically necessary.

The financing of the sector comes mainly from the Ministry of Health, which provides funding to the Health Authority based on an annual agreement of services and the annual budget for programs.

There is a mental health policy, based on the Mental Health Law of 2006, although there is no effective plan in place. Mental health care is provided in primary health care. In 2007, a 10-bed psychiatric unit was put into service in the Princess Alexandra Hospital.

The care model is based on primary care. The health facilities include a polyclinic, four health centers, and Princess Alexandra Hospital (with 32 beds). The hospital provides the principal specialties: internal medicine, obstetrics/gynecology, pediatrics, and radiology. There is also a private hospital and clinic. Given the small population and care network, many inhabitants go abroad to receive treatment.

Anguilla participates in the Pharmaceutical Procurement Services of the Organization of Eastern Caribbean States and can take advantage of bulk purchasing. Medications can be obtained at subsidized costs in the health facilities.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

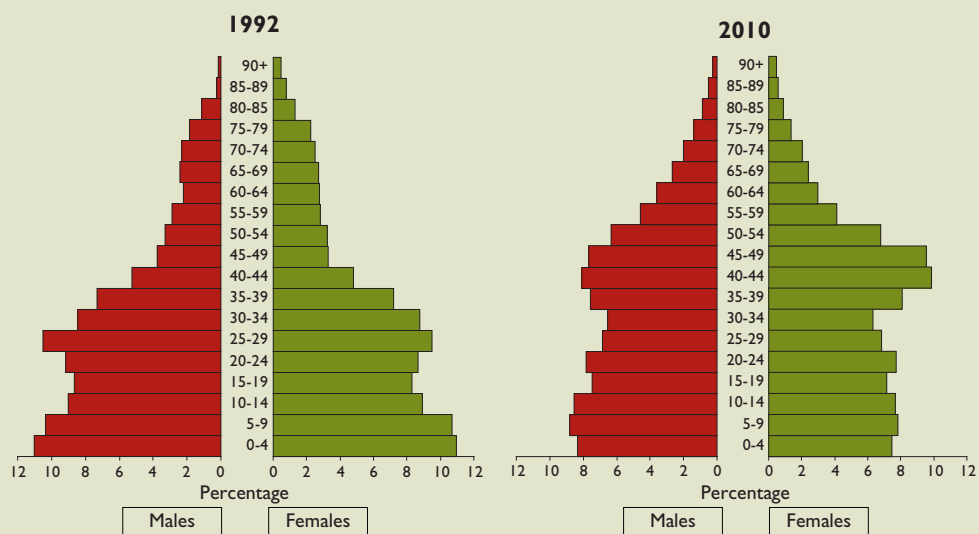
The use of information technology and communication grew between 2006 and 2010. The use of mobile telephones rose significantly, while the number of fixed telephone lines fell.

The number of Internet users also increased. There is no official health research agenda, but research activities are carried out depending on need.

MAIN CHALLENGES AND PROSPECTS

Gender issues are a priority area, given salary differences between men and women in all labor categories, as well as the level of domestic violence. Data from 2006 show that not one woman held a ministerial position in the government. Of the seven permanent secretariats that year, only one

Population structure, by age and sex, Anguilla, 1992 and 2010.



was held by a woman, but the number of permanent secretaries increased to four in 2010. Of the heads of public service departments in 2006, 24 were men and 9 were women; by 2010, the number of women had increased to 13.

The quantity of solid waste, domestic waste, and industrial waste rose significantly from 2006 to 2010. Erosion is a problem along the coast due to the extraction of sand.

The main natural disasters include hurricanes, tropical storms, and floods. Anguilla's low topography increases the risk of flooding. In 2008, the territory was ravaged by Hurricane Omar, which caused substantial erosion of the beaches. With climate change and its effects, there is an increase in extreme weather phenomena, especially hurricanes and droughts, the rise in temperature of the ocean's surface, the elevation of sea level, deterioration of coral reefs, and destruction of species and their habitats.

The most significant vector-borne disease is dengue; seven cases were reported in 2008 and one in 2010.

Despite universal institutional birth coverage by skilled personnel, there was one maternal death in the period 2006–2010. In 2010, there was one maternal death (due to ectopic pregnancy) and one infant death (due to respiratory distress syndrome). In children under 5 years of age, the incidence of low birthweight was 16.1% in 2009. In the group of children 1–9 years old, the leading causes of morbidity were acute respiratory infections and gastroenteritis.

Between 2009 and 2010, the incidence of AIDS was 23.7 per 100,000, with a male/female ratio of 1.3:1. Heterosexual relations were the principal mode of transmission. From 1996 to 2010, there were no cases of HIV/AIDS in adolescents, seven cases in the 20–29-year-old group, 18 in the 30–39-year-old group, and two in the 44–64-year-old group.

In 2010, the most common specific causes of death were diabetes mellitus, prostate cancer, and Alzheimer's disease. Chronic, noncommunicable diseases were the leading cause of death.

The health status of the adolescent population presents several challenges in health promotion, especially

related to risk factors and unhealthy lifestyles. In 2010, 19 adolescent girls (13–19 years old) got pregnant (10% of pregnancies). In the period 2006–2010, 32 cases of sexual abuse were reported in people under 18. According to the global school-based student health survey (GSHS) conducted in 2009 in the 13–15-year-old group, 30% of the respondents had had sex, 76.5% of whom had started before 14 years of age, and approximately 69% had used condoms in their last sexual relations. At some point, 19% had seriously contemplated the possibility of suicide; 6.1% had smoked cigarettes in the 30 days prior to the survey and, among those who smoked, 87.8% had tried it for the first time before 14 years of age. Some 45.8% had consumed at least one alcoholic beverage during the 30 days prior to the survey.

There is no national health insurance system, but the social security system provides the availability of benefits for disease, maternity, and disability. At the end of 2006, 13,364 people were registered in the social security system (7,537 men and 5,827 women).

The Mental Health Act and National Health Fund Act need to be complemented with the necessary legal mechanisms, plans, regulations, and financing to enable their application and thus achieve the objectives for which they were designed.

There are some new challenges and an unfinished agenda with regard to health conditions that need to be addressed, especially the financial cost associated with the treatment of infectious diseases, such as tuberculosis, HIV infection, and the control of noncommunicable diseases.

The shortage of trained health professionals at the national level is a challenge that needs to be addressed, including the strategies that need to be drafted for their training, contracting, and retention.

The health information system and national surveillance system need to be strengthened to provide timely and accurate information. Permanent preparation and response capacity are needed to handle health emergencies associated with natural disasters.