Netherlands Antilles

Between 1954 and October 2010, the Netherlands Antilles was an autonomous territory of the Kingdom of the Netherlands. It is made up of five islands: Bonaire and Curaçao (the southern Leeward Islands) and Saba, Sint Eustatius, and Sint Maarten (the northern Windward Islands). (Sint Maarten occupies 40% of an island shared with the French territory of Saint-Martin.) In 2010, the Netherlands Antilles was dissolved, and Curaçao and Sint Maarten became autonomous countries within the Kingdom of the Netherlands, while Bonaire, Sint Eustatius, and Saba became special municipalities of the Netherlands. The islands' new status will remain at least until 2015.

Up to its dissolution as a territory of the Netherlands in 2010, the Netherlands Antilles had the right of self-determination in internal affairs, and had its own constitution. However, it delegated defense, foreign policy, and judicial affairs to the Kingdom of the Netherlands. Its Governor was a representative of the reigning monarch of the Kingdom of the Netherlands. The seat of the central government, which was parliamentary in form, was in Willemstad, Curaçao. Each island had a local government as well, with an island council and legislative assembly.

Between 2006 and 2010, the Netherlands Antilles continued making advances in health. Contributing to this were a relatively high degree of economic development, high coverage by the social security system, a well-developed health care network, and close relations with the Netherlands, which helped alleviate the impact of the economic crisis that occurred during this period.

Selected basic indicators, Netherlands Antilles, 2001–2010.

Indicator	Value
Population 2010 (thousands)	197.6
Poverty rate (%)	…
Literacy rate (%) (2009)	96.4
Life expectancy at birth (years) (2010)	76.9
General mortality rate (per 1,000 population) (2010)	6.3
Infant mortality rate (per 1,000 live births) (2009)	8.0
Maternal mortality rate (per 1,000 live births) (2005)	13.3
Physicians per 1,000 population (2001)	1.6
Hospital beds per 1,000 population	…
DPT3 immunization coverage (%) (2009)	93.6
Births attended by trained personnel (%) (2008)	90.0

MAIN ACHIEVEMENTS

Health Determinants and Inequalities

In 2009, the unemployment rate was 9.7% in Curaçao, 12.2% in Sint Maarten, 6.3% in Bonaire, 6.2% in Saba, and 8.3% in Sint Eustatius. In Curaçao, unemployment was higher for women (11.3%) than men (7.9%), and was 24.7% among young people. The adult literacy rate in 2009 was 96.4%, with little difference between the sexes. High school enrollment was 78%, and the average number of years of schooling for adults of both sexes was approximately 14 years.

Through a variety of public services, the social security system guaranteed every family a minimum of resources to meet its basic needs. The territory's social security institutions had premiums and subsidies that varied in amount and by types of beneficiaries, including the elderly, widows, orphans, and private-sector workers. A housing subsidy was provided for some low-income groups.

The Environment and Human Security

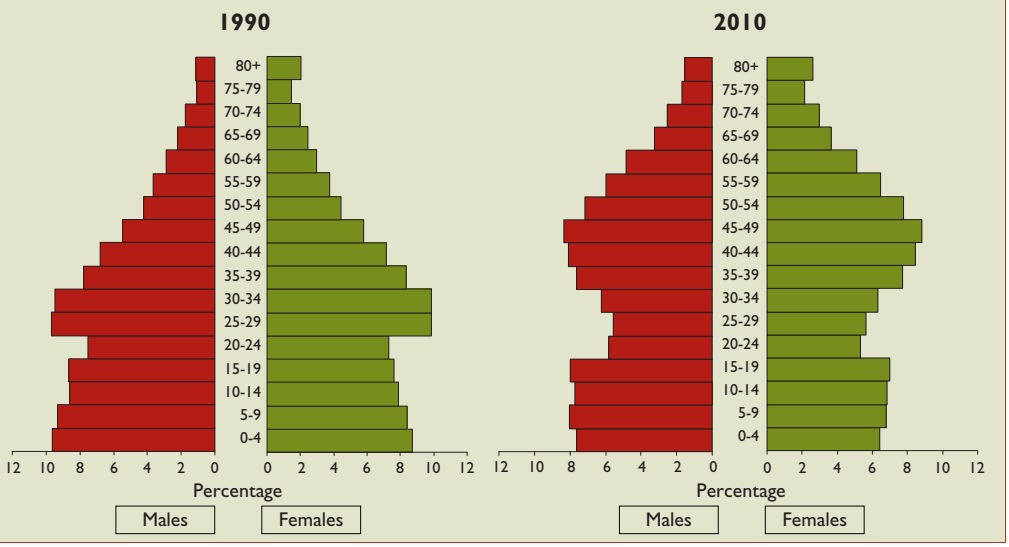
Sint Maarten, Curaçao, and Bonaire depend on water provided by desalination plants; drinking water on Sint Eustatius and Saba comes mainly from cisterns or groundwater. Curaçao and Sint Maarten have wastewater treatment plants, while the other islands depend largely on septic tanks.

There is a system to monitor air and water pollution from oil (the presence of a local refinery poses a risk), as well as other environmental risks. A preparedness plan for possible emergencies is also in place.

Health Conditions and Trends

Maternal and child health, which was relatively good in the former Netherlands Antilles, is related to the high coverage and quality of maternal, child, and pediatric health services. The maternal mortality rate was 13.3 deaths per 1,000 live births in 2005. Approximately 90% of births took place in hospitals.

Population structure, by age and sex, Netherlands Antilles, 1990 and 2010.



Health Funding in the Netherlands Antilles

The principal institution that financed health care in the former Netherlands Antilles was the Social Insurance Bank (SVB), which provided compulsory health insurance coverage for employees in the private sector, and covered 36.4% of the population as of 2001.

The Pro Pauperi *system covered 16.3% of the population through local governments, providing health care insurance to the unemployed, the very-low-income population, and private-sector retirees who lacked insurance coverage.*

The government of Curaçao was responsible for providing health insurance to government employees and pensioners in the island's oil sector. The central government provided health insurance for 15.4% of the population, including disability insurance coverage.

Private health insurance (covering 10.6% of the population) was purchased by people whose yearly income was above the maximum for eligibility for the insurance provided by the Social Insurance Bank.

Health care facilities received direct payments for their services when applicable, or billed the relevant insurance institution.

Although the annual number of infant deaths was small in the reporting period, the infant mortality rate fluctuated, from 13 deaths per 1,000 live births in 2007 to 8 per 1,000 in 2009. The leading causes of death in children under 1 year were respiratory diseases and congenital malformations.

Health Policies, the Health System, and Social Protection

In 2009, spending on social services and health represented 6.7% of the gross domestic product (GDP). Most inhabitants were covered by health insurance through a series of institutional provisions. The main institutions funding health care were the Social Insurance Bank, the *Pro Pauperi* system, the central government of Curaçao, and the private health insurance sector.

The distribution of human resources in health in the Netherlands Antilles was adequate for covering the size of population and staffing the health care facilities on each island, with an overall ratio of 1.6 physicians per 1,000 population. Most general physicians and specialists, including public health specialists, received their training in the Netherlands, with a small proportion trained in other European countries, the United States, or Latin American countries.

Pharmaceuticals and medical supplies were imported by private firms and distributed through hospitals, doctors' offices, and pharmacies. New drugs were required to be officially registered with the Department of Public Health and Environmental Protection. However, the pharmacies of the principal hospitals were allowed to dispense unregistered drugs.

Knowledge, Technology, and Information

Up-to-date epidemiological information, on communicable diseases in particular, was reported directly by the epidemiology and research units within the ministries of health of Curaçao and Sint Maarten.

The majority of the technologies used in the health care system were digital technologies consistent with international standards. This was facilitated by the training that health personnel received in information technology.

MAIN CHALLENGES AND PROSPECTS

In 2008, 37% of households earned less than US$ 560 per month, but most families with higher levels of education had monthly incomes of more than US$ 2,793. The greatest inequality of income and the lowest average income were in Curaçao, where households in the highest income quintile had 14 times more income those in the lowest quintile. Throughout the Netherlands Antilles, approximately 14% of households had monthly incomes of US$ 280 or less (adjusted for family size); this figure ranged from 5% in Saba to 16% in Curaçao. Some 32% of households reported that their income could not cover all their needs.

Urban and industrial development has had harmful environmental effects—such as air and water pollution and soil contamination—and also has exacerbated solid waste disposal problems.

Dengue is endemic on the island of Curaçao, where a total of 3,457 cases were reported between 2008 and 2010. The majority of cases of tuberculosis reported in the former Netherlands Antilles were on Curaçao, where there were 33 new cases and 5 deaths in the 2006–2010 period. Between 1985 and 2010, 2,147 inhabitants of the Netherlands Antilles tested positive on HIV screening tests; 57.3% were men and 42.7%, women. The majority of the cases were on Curaçao.

Chronic diseases are responsible for the principal burden of morbidity and mortality. According to the latest

available information (1998–2000), diseases of the circulatory system were the leading cause of death, with 195 deaths per 100,000 population (ischemic heart disease accounted for 51.8 per 100,000, and cerebrovascular disease for 54.2 per 100,000). Malignant neoplasms were responsible for 142.6 deaths per 100,000 population, and external causes for 38.6 deaths per 100,000.

According to data from the last available census (2001), 5.1% of the population reported having hypertension (the percentage ranged from 6.7% in Saba to 3.7% in Sint Eustatius), while 3.5% reported suffering from diabetes (ranging from 5.5% in Sint Eustatius to 3.7% in Sint Maarten), 2.8% from asthma or chronic bronchitis, and 1.7% from heart problems.

The prevalence of risk factors in the population is high. According to findings from a series of studies conducted on the islands in 2001, 69.1% of the population consumed alcoholic beverages habitually, and the majority had poor eating habits, with low consumption of vegetables (57.2%) and fruits (46%). Moreover, 26% habitually engaged in very little physical activity, and 16.9% smoked.

Until October 2010, the Ministry of Public Health and Social Development of the Netherlands Antilles was located in Willemstad, Curaçao. It included a Public Health Bureau, a Bureau of Social Development, a Support Office, and a Public Health Inspectorate. The provisions for implementing the new national ministries of health in Curaçao and Sint Maarten include assigning new functions to civil servants at the central level and in the island municipalities.

With the dissolution of the Netherlands Antilles and the establishment of new national health systems in Curaçao and Sint Maarten, the islands confront organizational and public health challenges associated with the new health institutions that are being implemented. The challenges in terms of health spending and systems stem from the epidemiological transition and problems such as obesity and chronic diseases.

As regards population size and the availability of human resources in health, nearly 90% of health care personnel are concentrated in Curaçao, and the availability of physicians on the other islands with smaller populations was limited. This may pose problems in terms of the distribution of health care personnel in the future, especially in light of the new status of the smaller islands as municipalities.

Health care priorities on Curaçao include building a new hospital, increasing the number of medical specialists both in hospitals and outpatient facilities, and strengthening primary health care.

In the former Netherlands Antilles, plans were in place to make periodic checkups compulsory, but the measure was not implemented. The system of vital statistics also had limitations, which led to incomplete and outdated information on mortality and other statistics at the central office in Curaçao. The development of a new governmental and health authority on Sint Maarten poses the challenge of structuring the health information system of that new country, as well as strengthening the existing system on Curaçao.

The restructuring of the health care systems that is under way will prepare each country and new municipality to confront future challenges. It is to be expected that health insurance systems will emphasize disease prevention and health care coverage. Technical assistance will be needed in order to guarantee the national capacity to implement health projects and plans, as well as to create information and reporting systems.