

Aruba



Aruba is a Caribbean island located in the Lesser Antilles, approximately 32 km off the coast of Venezuela, and covering an area of 180 km² (with a length of 31 km and a width of 8 km). Along with Bonaire and Curaçao, it is one of three Dutch Leeward Islands. It is an autonomous country within the Kingdom of the Netherlands, and the Queen of the Netherlands is its head of state, while the Governor of Aruba is her representative. The Prime Minister of Aruba is the head of government. The country's political and administrative divisions include the capital city of Oranjestad and eight administrative districts.

Aruba is a small country with an active, open economy that primarily depends on banking and international tourism. The growth of the island's population reflects both natural growth and immigration.

The National Development Plan for 2003–2007 included specific goals and actions for the Ministry of Health and the Environment that continue to be a challenge. Between 2006 and 2010, the health situation continued to improve, with increased coverage of maternal and child care and a progressive reduction of mortality. Most significant are the absence of maternal deaths, low infant mortality, and the decrease of vaccine-preventable diseases.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Aruba's average per capita monthly income from employment was US\$ 1,543 in 2006; those in the lowest income decile earned US\$ 562 a month, while those in the highest decile earned US\$ 2,778.

In 2009, the adult literacy rate was 99.4% (99.3% for men and 99.5% for women). The net total primary enrollment rate was 96.8% (95% for boys and 98.4% for girls), and the rate of primary school completion was 94.8%. In 2006, there were 34 primary schools, 13 high schools, and two institutions of higher education. The gender parity index in primary and secondary education was close to 1.0 but was 1.4 (favoring girls) at the tertiary level.

THE ENVIRONMENT AND HUMAN SECURITY

Aruba has no natural source of potable fresh water, and precipitation on the island is very limited, so drinking water is obtained through desalination. The distilled water produced by this process is safe to drink and is piped to all the island's inhabitants. The water and energy company that conducts the desalination and distribution

Selected basic indicators, Aruba, 2006–2010.

Indicator	Value
Population 2010 (thousands)	107.8
Poverty rate (%)	...
Literacy rate (%) (2009)	99.4
Life expectancy at birth (years) (2010)	75.5
General mortality rate (per 1,000 population) (2007)	4.7
Infant mortality rate (per 1,000 live births) (2010)	9.3
Maternal mortality rate (per 100,000 live births) (2006–2010)	0.0
Physicians per 1,000 population (2006)	1.3
Hospital beds per 1,000 population (2009)	3.2
DPT3 immunization coverage (%) (2009)	98.0
Births attended by trained personnel (%) (2009)	100.0

has the world's second largest desalination plant, and supplies the drinking water and electricity for the island's residents and businesses.

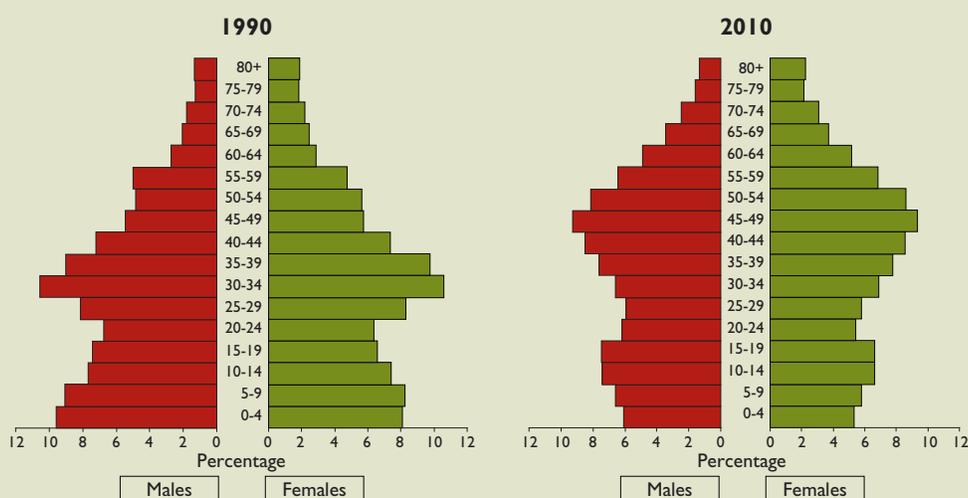
Drinking water and sanitation coverage is 100% for both residences and businesses. The sewage system is adequate, and all homes have their own septic tanks.

Aruba lies outside the hurricane zone, although it frequently experiences marginal effects from passing tropical storms. Hurricane and flood warnings are monitored closely, and disaster preparedness programs are in place.

HEALTH CONDITIONS AND TRENDS

Maternal health care (and birthing care, in particular) is universally available. Prenatal care is provided by a general practitioner, midwife, or gynecologist, as per a physician's

Population structure, by age and sex, Aruba, 1990 and 2010.



A Multisectoral Approach to Illegal Drugs

The use of illegal drugs, as well as drug trafficking and dealing, are of great concern to the island's authorities. Aruba is a convenient transshipment point for illegal drugs, which results in their being available to residents at low cost.

In 2008, approximately 10% of residents surveyed stated that they had used illegal drugs, and 4% of the population is estimated to have had psychiatric disorders associated with drug use. Some 400 to 500 drug addicts, the so-called "chollers," are homeless.

Aruba's National Security Plan for 2008–2012 identifies international drug trafficking and marketing and the impact of this activity on the community's security as ranking fourth among six serious threats to national security. Accordingly, it calls on all sectors to take part in controlling the problem.

The Ministry of Health coordinates policies on illegal drugs to combat the mental, social, and physical dependency associated with drug use.

The Anti-Drug Foundation of Aruba is the most active nongovernmental organization in the prevention of drug use, conducting awareness campaigns and organizing conferences and programs for young people, parents, and workers.

advice. No maternal deaths were reported in the 2006–2010 period. There were 44 infant deaths between 2007 and 2010, for a rate of 9.3 deaths per 1,000 live births; the leading causes were disorders stemming from the perinatal period.

Although there were cholera outbreaks in other parts of the Caribbean, Aruba did not report any cases between 2006 and 2010. There were 36 confirmed cases of influenza A(H1N1) in 2009. That year, a cruise ship with influenza A(H1N1) cases aboard was refused entry to numerous ports in the Caribbean. Aruba received the vessel, and the Department of Public Health, in collaboration with other agencies, implemented the necessary public health measures, which were effective.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The Public Health Law of Aruba, in effect since 1989, provides for monitoring the quality of the island's public health and medical services in order to promote the population's health. The law mandates that the Department of Public Health, under the Ministry of Public Health and

Environment, carry out surveillance, monitoring, and inspection of various aspects of health care on the island. Since 2008, the Department of Public Health has worked on revising and updating the country's health policies and regulations.

In 2007, annual health spending totaled US\$ 215.7 million, or nearly 8.4% of the gross domestic product (GDP). Funding for the health sector comes from the government of Aruba (52.4%), from premiums paid by employers and people registered in the general health insurance fund (*Algemene Ziektekosten Verzekering*, or AZV), and from other sources such as public-sector entities, companies, international donors, and private parties.

In 2010, there was one general practitioner per 2,560 population. General surgeons in 2010 numbered 1 per 21,520 population, and psychiatrists 1 per 35,867. AZV contracts health care providers, including all primary care physicians and specialists, physical therapists, midwives, and the majority of dentists.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The Epidemiology and Research Unit of the Department of Public Health has various functions, including the routine collection of health information, epidemiological surveillance, and investigation of outbreaks. It supplies data to support needs assessment, policy-making, research, surveys, and health promotion activities. The Unit also provides information to the medical sector by publishing periodic bulletins.

MAIN CHALLENGES AND PROSPECTS

There are major inequalities in household income in Aruba. In 2010, half of the island's households (50.5%) had monthly incomes between US\$ 1,681 and US\$ 5,040, 28.7% received between US\$ 841 and US\$ 1,680, and 12.2% earned US\$ 840 or less. Fewer than 10% of households earned in excess of US\$ 5,000 a month.

Persistent unemployment, particularly among young people, constitutes a complex situation. The proportion of working age citizens who were employed in 2007 was 62.4%, while the percentage of young people (ages 15 to 24) with jobs was only 23.3%.

Between 2006 and 2010, there were three severe outbreaks of dengue in Aruba: in the largest one in 2006, there were 1,486 laboratory-confirmed cases; 617 cases were confirmed in 2010. From 2005 to 2010, 116 new cases

of HIV infection were reported (75.9% of them in men and 24.1% in women). The 25- to 44-year age group was most affected (50 men and 17 women infected). In the same period, 39 cases of pulmonary tuberculosis were reported.

The highest age-adjusted mortality between 2005 and 2009 was associated with diseases of the circulatory system, malignant neoplasms, and external causes. Chronic diseases were the leading cause of morbidity and mortality. Mortality due to ischemic heart disease was 37.6 per 100,000 population (48.2 per 100,000 in men, 28 per 100,000 in women). Malignant neoplasms were the second leading cause of death. Diabetes was responsible for 31.5% of deaths.

In 2000–2009, the most common malignant neoplasm sites in men were the trachea, bronchus, and lung (70.2%), while almost all deaths from neoplasms in women (97.8%) were due to breast cancer. Cancers of the trachea, bronchus, and lung were responsible for 13.9% of all deaths due to neoplasms.

In 2006, the prevalence of diabetes in the 25–64-year-old population was 8.3%, while the figure for hypertension in this group was 19.8% for men and 12.2% for women. The prevalence of risk factors is high. In 2006, 77% of adults between the ages of 25 and 64 were overweight or obese (82.8% of men, 72.5% of women). In addition, 38.3% of this age group reported having ingested alcohol in the last 30 days (52.9% of men and 26.6% of women). There was limited participation in sports activities at schools: 27% of children in primary school engaged in sports activity one day a week or less. Seventy percent of adults reported not engaging in physical recreation, and 60% stated they engaged in no type of physical activity.

In recent years, there has been an increase in the number of private geriatric homes. Given the lack of

regulation, however, there is uncertainty concerning the quality of care provided in these institutions.

Aruba does not have a medical school, and health professionals are trained mainly in the Netherlands, the United States, and Costa Rica. There are two foreign medical schools in Aruba, but their graduates cannot practice in Aruba. Moreover, many professionals emigrate, in particular because those who get degrees abroad tend to remain abroad, where there are more professional opportunities and higher salaries.

Diseases of the circulatory system continue to be a major public health priority, since they are the leading causes of death and disease in the adult population, and the population has a high proportion of risk factors for them. However, this problem and the lifestyle-related issues associated with it are amenable to prevention and control measures, both by the health sector and by the population itself; such measures could have a major impact on the problem.

The specific goals and activities that the National Development Plan for 2003–2007 detailed for the Ministry of Health and Environment continue to represent a challenge. The general health insurance system provides universal coverage, and while there is a well-organized network of health care services, high costs are a problem.

Secondary and tertiary care outpaces primary care, and curative services generally outpace prevention services. In the future, Aruba is expected to increase health promotion, disease prevention, and treatment of chronic, noncommunicable diseases, as well as focus on funding and reducing the high cost of health care while increasing the availability of trained health workers at all levels of the health care system.