

Opportunities and Challenges for Expanding Trade in Health Services in the English-speaking Caribbean

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Executive Summary

The English-speaking Caribbean has several characteristics which make it an appealing destination for visitors seeking health services, including its proximity to North American and European markets; climate and ambient environment; lower costs of labor and other inputs; reliable telecommunications and good transport infrastructure; excellent hotel and tourism services; an educated population; and, well-trained health practitioners and established health and medical service industry in both public and private sectors.

Expansion of trade in health services will be influenced by the interplay between the demand for health services by foreign visitors, and the cost of providing and regulating these services by the national governments. The economic benefits from trade in health services can only be realized if the cost of regulating and developing these services are less than the potential revenues generated. Potential economic benefits will derive from:

- additional revenues for a financially strapped public sector
- productive use of current excess capacity in the public and private health sectors;
- retention and repatriation of skilled health workers;
- establishment of linkages with medical centers outside of the region, and greater access to medical technology, equipment, and practices;
- additional health benefits for local populations;
- private sector innovation and revenue generation;
- additional revenues and diversification of other sectors.

A “one size fits all” approach to developing trade in health services will not be a viable strategy for the Region. There are significant opportunities to harness the global demand for health and wellness services in the English-speaking Caribbean. But there are challenges to be addressed. These include:

- Expansion of trade in health services will need to be a predominantly private-sector led process, and mechanisms will be needed to support entrepreneurship in this area. In collaboration with the CDB, the World Bank and IFC could support incremental and sustained development of this sector.
- The range of health and health-related services to be promoted will depend upon the role of the tourism sector (conducive for spa and wellness services), as well as the extent of high quality, accredited medical services through which to promote curative and rehabilitative services through private or public health facilities.
- Niche markets remain to be identified and explored. The public sector needs to determine which facilities could become more involved in areas where there are excess capacities and relevant partnerships with the private sector.
- Policy, regulatory, institutional and legislative barriers to both foreign investment and movement of professionals within the Caribbean may limit the pace and extent of trade in health services in the region in the future. While there have been efforts to significantly liberalize the foreign investment environment, regulations or facilities have not been developed specifically for the health sector.

- There is greater need to bring trade, commerce and health sectors together in preparation for negotiations, and the Regional Negotiating Machinery and CARICOM will need to play a greater role in this regard.

Overcoming these challenges in the near future will require the following:

- Harmonization of regulations within the region. It will be necessary to develop specific requirements for the health sector, if needed; improve transparency and reduce uncertainty in the process; and increase access to information on government policies and regulations for investors.
- Address the availability of skilled health professionals. Distribution of human resources between primary and secondary care is a concern, as is the shortage of staff in general: migration and retirement of staff have left a large void.¹ Increased trade may induce repatriation and retention of health professionals to work in joint private sector ventures. There may be scope for off-shore training facilities to provide staff for local markets.
- Reduce variation or gaps in quality of care provided in both the public and private sectors in the Caribbean. Trinidad and Tobago has taken the lead in national accreditation and licensing and other countries in the region are looking closely at their example, and need to be supported in this regard. The Caribbean Association of Medical Councils could play a pivotal role in this area working through the Joint Commission International (JCI).
- Increase the portability of health insurance, as few health insurance plans offer clients insurance coverage for non-emergency medical treatments obtained overseas. The need to pay out-of-pocket for services provided abroad could limit the market for services to those who can afford to pay. Data obtained suggest that portability of health insurance may no longer be an insuperable hurdle, as there are innovations in case management across international borders.
- Identify and implement mechanisms that prevent the development of a dual and inequitable health system with enclaves of high quality health facilities catering to foreign visitors. Governments are responsible for providing good quality care to their citizens, and policies and strategies to expand and foster greater trade in this area should support, and be complementary to national health care efforts. In addition, strategies should foster mutually beneficial linkages between the private and public health sectors, and between state-of-the-art health services and community health.
- Establish a system that could address legal liabilities associated with treating foreign visitors. Consumers will have less of an incentive to go abroad for treatments if legal recourse is difficult. One possibility would be for medical

¹ Between 2002 and 2003, the Caribbean had lost some 900 nurses to the United Kingdom and North America (PAHO, 2002).

service providers in the Caribbean to purchase malpractice insurance through US-based firms and agree to be subject to US legal practices in the event of law suits.

Recommendations

As a way forward, an incremental approach to expanding trade in health services may be adopted initially, on a country-by-country basis. In some countries, expansion of trade in health services will need to proceed as a largely private sector-led initiative. The Government's role would be to develop an enabling legal and regulatory framework. In collaboration with the CDB, the World Bank, IFC, and IADB could provide necessary finance and technical support to private entrepreneurs interested in health tourism projects. In other countries, a more government-led approach may be more appropriate, particularly for countries which are interested in developing national policies and strategies in this area. The type of health tourism that could be developed will be different based on the role of the tourist sector and institutional capacity to provide services.

In addition to previous suggestions, the following specific activities are recommended:

- Establish, reactivate or strengthen mechanisms that can facilitate public-private sector partnerships.
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- Provide support to local entrepreneurs in the development of viable business plans and the conduct of careful market analysis for the expansion of spa/wellness services,
- Support regional and national efforts to develop and streamline accreditation of health care providers in the region, and develop additional efforts to generate linkages with care management companies, such as the Canadian Medical Network/Care Management Network National. This can reduce search costs for potential consumers and provide a mechanism for reimbursement and financing. Efforts by the CSME and CAMC to license and accredit providers needs to be strengthened and sped up.
- Support the development of a tracking system that can provide information regarding the number, origin, expenditures, and characteristics of tourists who may be coming to the Caribbean for health and health-related services. This could be maintained either by CARICOM, with the support of PAHO/CPC and CDB or other appropriate regional agency such as the CTO. As part of this effort, it may be useful to establish a health tourism desk at national level to collect and evaluate data.
- The Caribbean needs to explore strategic options for training and retaining health personnel in both the public and private sectors. For the physician market, the linkages with off-shore medical schools might provide opportunities that could be

linked to expanding trade in health services. Creation of linkages between these two areas could generate greater economies of scale.

- Marketing of health tourism to source countries needs to be strengthened to target new clients in the UK, North America, and Asia. The Caribbean might be informed by the experiences of other countries with health tourism, particularly from the Apollo Health Services in India which caters to both national and international consumers.

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Abbreviations

AMA	American Medical Association
CACAM	Caribbean Association of Complementary and Alternative Medicine
CAMC	Caribbean Association of Medical Councils
CARICOM	Caribbean Community
CDB	Caribbean Development Bank
CPC	Caribbean Program Coordination
CSME	Caribbean Single Market Economy
DECRG	Development Research Group
EWMSC	Eric Williams Medical Sciences Complex
GATS	Global Agreement on Trade in Services
IADB	Inter-American Development Bank
PAHO	Pan American Health Organization
PREM	Poverty Reduction and Economic Management
RNM	Regional Negotiating Machinery
WHO	World Health Organization
WTO	World Trade Organization

1. Introduction

Worldwide, there is increasing globalization of health care, as evidenced by growing cross-border delivery of health services with values estimated to be in excess of \$140 billion and an increasing number of joint ventures. (Chanda, 2002; Wilbulpolprasert, et al, 2004. Under the Global Agreement on Trade in Services (GATS), all member countries have committed to the progressive liberalization of trade in services. So far, trade agreements have played only a minor role in stimulating trade in health services. Health and health-related services are among the most uncommitted areas within the GATS. For instance, only those countries which have recently acceded to the World Trade Organization (WTO) have made commitments in the ASEAN Region (Arunanondchai and Fink, 2007).

The CARICOM countries have made limited commitments in the health and health-related services in the GATS). No commitments have been made regarding cross-border supply and consumption abroad, although Belize, Jamaica, St. Lucia, S. Vincent and the Grenadines, and Trinidad and Tobago have made bound commitments to constrain foreign direct investment and movement of natural persons with respect to national requirements for work permits, medical registration, certification, and licensing (WTO, 2007). This means that the CARICOM countries have not yet undertaken to provide market access and national treatment for health services.

The objective of this paper is to examine the opportunities and challenges for increased trade in health services through health tourism in the English-speaking Caribbean as a means toward greater economic growth and development. This paper updates and draws upon previous in-depth work on trade in health services in the Caribbean (Gonzales, et al, 2001), as well as from country visits made in preparation for the report on “Caribbean Development in the 21st Century” (World Bank, 2005a; World Bank, 2005b).

Previous work on trade in health services in the Caribbean has highlighted the range of activities which are currently ongoing and are related to all four modes of trade classified under GATS (Gonzales, et al, 2001). The focus of this paper is on Mode 2 (consumption abroad or trade in health services), with the understanding that the enabling environment for Mode 2 may be dependent upon Mode 4 (temporary migration of health professionals) and on Mode 3 (foreign presence). This paper does not address cross-border supply of services (Mode 1) which could relate to telemedicine and processing of health information.

Given the migration of health personnel to North America and Europe, and nurses in particular, Mode 4 issues have been found to be one of the most pertinent aspects of the GATS for the region (PAHO, 2005). Negotiations on this mode have made limited progress, and immunization requirements and labor market regulations impede market access. Nursing shortages are pronounced within the region.

Health services are a heterogeneous group of activities, ranging from allopathic services (modern, facility-based health care services) to alternative health and wellness services

provided in a hotel or spa setting or in a private practice. As such, trade in this area will be a complex undertaking involving a wide range of actors and stakeholders. Further, the current GATS classification for trade in health services does not incorporate all dimensions of this activity. For instance, rehabilitation and addiction treatment, cosmetic surgery, spas and wellness activities are currently not covered by the categories in the Sectoral Classification List. Finally, trade in health services in the Caribbean for foreign visitors (e.g., from North America and Europe and other parts of Latin American) needs to be distinguished from the already high volume of intra-Caribbean movement of consumers for medical purposes. The notion of shared health services has been firmly on the health agenda of the CARICOM health community for the past two decades, and a tradition of co-operation in health services has emerged largely in response to problems of economies of scale and scope in the OECS countries, and the inadequacy of national public health services.²

2. Current Health and Health-Related Services Trade in the Caribbean

The English-speaking Caribbean has several characteristics which make it an appealing destination for visitors seeking health services. These include its proximity to North American and European markets; climate and ambient environment; lower costs of labor and other inputs; reliable telecommunications and good transport infrastructure; excellent hotel and tourism services; an educated population; and, well-trained health practitioners and established health and medical service industry in both public and private sectors (Gonzales, et al, 2001; Alleyne, 2001; Huff-Rouselle, 1999).

Among the numerous benefits to the Caribbean from increased trade in health and health-related services are the following:

- additional revenues for the public sector (including foreign exchange) that can ease the pressure on public health budgets to provide quality health services for the local population;
- productive use of current excess capacity in the public and private health sectors;
- retention and repatriation of skilled health workers through increased employment opportunities and mitigation of the brain-drain of health care professionals;
- establishment of linkages with medical centers outside of the region, and greater access to medical technology, equipment, and practices;
- additional health benefits for local populations related to a wider range of health care providers and services;
- private sector innovation and revenue generation;

² One study has suggested that OECS member country residents use Queen Elizabeth Hospital in Barbados for approximately 55% of their hospitalizations, and 10% of total hospitalizations at the Centre Hospitalier Universitaire in Guadeloupe (PAHO/OECS, 2002). The Eric Williams Medical Sciences Complex in Trinidad takes patients mostly from Guyana, Antigua and Grenada, especially for eye surgery and joint replacement.

- additional revenues and diversification of other sectors, including tourism, transportation, etc.

Despite several investigations into the scope for expanding trade in health and health-related services in the region, not much movement has taken place. Previous reviews have identified several challenges to the development and expansion of trade in health services in the Caribbean, including the variable quality of public health services; lack of international accreditation of services which is necessary for third-party reimbursement through health insurance; extent of necessary regulatory and legal requirements; and, competition within the region (Gonzales, et al, 2001).

Expansion of trade in health services will be influenced by the interplay between the demand for health services by foreign visitors, and the cost of providing and regulating these services by the national governments. The economic benefits from trade in health services can only be realized if the cost of regulating and developing these services are less than the potential revenues generated.

3. Business Case for Expanding Trade in Health and Health-Related Services in the Caribbean

The time is right for expanding trade in health services in the Caribbean—several factors are at play that create the foundations for a business case for expanding trade in health services in the region.

3.1 Small initiatives currently exist in the Caribbean and could be expanded

In almost every Caribbean country, there are small, private sector initiatives and enterprises related to health tourism currently in operation (Gonzales, et al 2001). Many of these have been profitable and are expanding.

During country visits, in St. Lucia and Trinidad and Tobago government officials, as well as a number of private sector entrepreneurs, indicated that health tourism was insufficiently exploited, and that there was urgent need to move away from traditional tourism to focus on niche markets targeted at the upper end of the income scale. Scaling-up small initiatives and providing an enabling environment for new businesses is a possibility in the region.

Tourism offers a platform for providing health services to travelers, from cosmetic surgery, to fertility services, wellness, and rehabilitation services. Many Caribbean countries rely on tourism services for economic growth and development. The tourism industry in the Caribbean is currently expanding; tourists are taking more frequent and shorter trips, as well as booking their reservations more on-line. Tourism now accounts for about 14% of the GDP of St. Lucia, which is now widely promoted as the “Spa Resort Destination” of the Caribbean. In Jamaica, tourism represents approximately 8 percent of GDP (World Bank, 2007). Most tourist arrivals are from the US, UK and Caribbean

markets with the US market accounting for 36% of all tourist arrivals.³ The ability to pair services of international quality with tourism is a potential way forward for the Caribbean.

There appear to be two approaches that can be taken at country level to promote trade in health services. The first, in Jordan and Singapore, relies on the development of a national policy of export promotion in this area (Sidorenko and Findlay, 2003). Another example is in Cuba where the government has undertaken an export strategy which sends medical personnel abroad; attracts foreign patients from Latin America and the Caribbean, Europe, North America, and the former Soviet-Union countries to use specialized health care services; and, establishes training schools for foreign medical students. The biggest risk or challenge with an export-oriented policy for trade in health services is the potential to develop inequitable and dual health systems: one which promotes health services for profit to foreign visitors, and the other which struggles to provide access to quality services to the local population.

On the other hand, there are countries which do not have a national export promotion policy, but have left development of medical tourism to the private sector. For instance, the Apollo Medical Center in India attracts patients from around the world, particularly for routine medical procedures at rates considerably cheaper to those in North America or the UK. Since 1983, Apollo has grown to encompass 45 hospitals and has treated over 7.4 million patients. In 1999, Apollo opened its first facility in Dubai and has since expanded to Sri Lanka, Bangladesh, Oman and Africa.

3.2 Trade in health services can make economic sense

One of the major motives for embarking on health tourism activities is that there are potential gains from trade to be realized: trade in health services can generate efficiency gains for both the importing and exporting countries. Patients who seek health services abroad can realize significant cost savings, both in time and money. One study estimates that the U.S. would save \$US1.4 billion annually if one in ten patients were to seek care abroad for low-risk treatments (Mattoo and Rathindran, 2005).

For non-insured services, such as cosmetic surgery, price differentials may affect demand for services by travelers. Table 1 shows price comparisons for selected plastic surgery procedures between the US and the Caribbean. If even 10% of this population underwent their plastic surgery treatments in the Caribbean, instead of the US, there would be a gross saving of about \$430 million.

³ By contrast, Trinidad and Tobago generated less than one percent of GDP from tourism in 2004. [Ministry of Tourism, 2004]. Trinidad and Tobago lags behind countries such as Jamaica, Barbados, and the Bahamas, in terms of the arrivals by air or cruise ships, as well as in terms of tourist expenditures and the contribution of the sector to GDP. Most foreign visitors travel to Tobago, while Trinidad visitors appear to be returning residents and family members. The relatively low occupancy rates of hotels and guest houses in Trinidad and Tobago are an indication of the underutilization of existing capacities.

Table 1: Price Differentials for Plastic Surgery Procedures

Procedure	Average cost in US (1)	Average cost in Caribbean(2)	No. of US patients in 2003 (3)	Cost savings (1)-(2) * (3)
Abdominoplasty	\$6,500	\$2,500		
Facelift	\$8,000	\$4,390	128,667	\$464 million
Eyelift	\$4,500	\$1,465	246,633	\$750 million
Breast augmentation	\$6,000	\$3,250	254,140	\$700 million
Nose surgery	\$5,000	\$2,765	356,554	\$800 million
Liposuction	\$7,700	\$2,600	320,022	\$1.6 million

Source: American Society of Plastic Surgeons & Caribbean Yellow Pages

Access to reasonably priced health services is routinely cited as one of the most important concerns in public opinion polls and is a leading issue in political debates in most US elections. In the UK, long waiting lines for surgeries and procedures in the NHS are inducements for consumers to look elsewhere for medical care.

3.3 Aging of the world's population translates into a growing demand for health and wellness services

The rapid aging of the population globally can have a significant impact on demand for these kinds of services. The senior population accounts for 26% of the UK population; 21% of the US population, and 28% of the German population. There is a sizeable senior population with resources to travel. The population aged 60 years or older accounted for 10% of total arrivals to the Caribbean in 1998. In Barbados, senior arrivals have been increasing steadily and represent a niche market that cannot be under-emphasized (Gonzales, et al, 2001).

With the aging of the world's population has come a greater demand for anti-aging products and services. The International Spa Association's (ISPA) 2002 study provides great evidence of a booming spa demand in the US and Canada. Between 2001 and 2002, approximately 155.8 million spa visits were made in the US, more than 30% of which were resort/hotel spa visits.⁴

The trend toward rapid aging is resulting in a gradual increase in aggregate medical expenditure in developing countries, and retirees from developed countries may be a major driver for trade in health services. If only three percent of the retired elderly living in OECD countries chose to living in developing countries, this would translate into an additional \$10-15 billion in health care expenditure (Sidorenko and Findlay, 2003).

⁴ International Spa Association (2002), "Spa Industry Study"

4. Scope of Medical Tourism in the Caribbean

The following section describes the factors and issues related to the range of services that currently encompass medical tourism in the Caribbean, and those which may be expanded or scaled-up as identified in Table 2.

Table 2: Scope for Expanding Trade in Health Services in the Caribbean

Type of Service	Currently Existing	Potential for Expansion	Comments
Spa, Wellness and Healthy Lifestyle	Yes	Yes	Linked to the tourism infrastructure; competition with other regions and within the Caribbean
Alternative and Complementary Medicine	Yes	Yes	Largely unregulated now in the Caribbean
Fertility treatments	Yes (Barbados)	Yes	Linked to tourism infrastructure and technical capacity in country; needs to be regulated
Plastic surgery	Yes	Yes	Linked to tourism infrastructure, accreditation and quality of health care providers and availability of health manpower critical
Addiction Treatments	Yes (Antigua)	Limited	Competition within the Caribbean expected to be high
Executive Check-Ups	Yes	Yes	Yes
Medical Treatment (some capacity in Trinidad & Tobago, St. Lucia, Barbados, Jamaica)	Elective surgery Cardiothoracic services Eye surgery Orthopedic surgery Hip replacements Nephrology Oncology	Some scope, depending upon infrastructure, health manpower and quality assurance	Depends upon disposable income of patients, portability of insurance, and availability of high quality diagnostic and supportive services
Rehabilitation	Renal dialysis, recuperation, convalescence & recovery Support services	Yes	Depends upon disposable income of patients, portability of insurance,

Spas, wellness, and healthy lifestyles

Health and wellness services include aesthetic spa services (including a range of massage and personal beauty treatments); medical spa services (including treatments such as acupuncture, acupressure, cellulite reduction, laser hair removal, sclerotherapy, botox/collagen injections, and microdermabrasion); nutrition and weight loss; stress

reduction; fitness (personal trainers, yoga, pilate), and lifestyle counseling. These types of services are primarily provided through the tourism industry, and would be ideal services to promote in the Caribbean. Indeed, officials of the Caribbean Tourism Organization claim that hotels catering to the upper end of the income scale must now provide high quality spa facilities if they are to remain competitive in the global market place. There is some anecdotal information that demand for spa/wellness services is very high especially among the younger, affluent and upwardly mobile visitors.

One advantage to pursuing trade in these types of services is that many require limited input and support from public health services, and would not compete for scarce financial resources, nor encourage shifts between public and private practice of health professionals. Regulation of spa services would need to be undertaken, but this may not pose a major challenge to ministries of health and tourism. One potential limitation may be that the expansion of health and wellness services would require focusing on more affluent and mobile population groups that are willing and able to pay out-of-pocket, as these services are generally not insured.

Alternative and Complementary Medicine

Alternative and complementary medicine, which includes acupuncture, Reiki, naturopathy, chiropractic, biofeedback, homeopathy, ayurvedic medicine, and herbal medicine, usually provided on a fee-for-service, outpatient basis, is another potential area for the development of trade in health-related services in the Caribbean. Many Caribbean countries have seen growth in the number of practitioners in recent years, and some, like St. Lucia have promoted the production of medicinal foods and herbs. The Caribbean Association of Complementary Medicine (CACAM) aims to ensure the integration, acceptance, and expansion of alternative and complementary medicine, and activities are largely in the areas of promotion and advocacy.

Box 1: Le Sport, St. Lucia

As one of the world's most acclaimed health spas, Le Sport combines a great beach vacation with the pleasure of personalized spa services. Currently owned by Sun Swept Resorts based in St. Lucia (which also has facilities in the US, Canada, UK and Europe), Le Sport is located on what was once a large, family-owned coconut estate on the former site of the Malabar Hotel.

The BodyHoliday is not a single experience, but can be tailor-made from Scuba to exotic Ayurvedic treatments to fulfill specific needs and expectations. European readers of Condé Nast Traveller recently named The BodyHoliday the Number One Destination Spa in the world and one of the 100 Best Of The Best in Travel. Le Sport offers a wide range of aesthetic and medical spa services from yoga, Tai Chi, meditation, aerobics, stress management, fitness with personal trainers, stress and tone classes, aromatherapy, hydrotherapy, Thalssotherapy, Swedish and Shiatsu massage, Ayurvedic treatments, Acupuncture and Acupressure, Reflexology, and skin clinic. Staff are primarily from St. Lucia and the Caribbean and have received training in treatments and therapies.

Le Sport caters primarily to couples, but has facilities for families and those traveling alone. Le Sport targets the European market, primarily UK and Germany. The facility has 154 rooms and relatively high occupancy rates. Visitors pay for an all-inclusive package to encourage guests to avail themselves to the full range of services offered. The cost of a 7-day Body Holiday package is approximately \$2,550 depending upon time of year.

Alternative medical services are largely unregulated in the Caribbean, which may have repercussions for the quality of care and health outcomes. Governments may be challenged in their capacity to regulate and register providers, including establishing standards of operation. Nevertheless, when offered in tandem with spa and wellness services in a hotel or resort setting, these types of services may help to differentiate the market for medical tourism further.

Addiction Treatment

Addiction treatments usually refer to substance abuse rehabilitation such as recovery from drug and alcohol addiction, but can also include treatments for other behavioral disorders such as smoking and eating disorders. The Caribbean is an ideal destination for drug and alcohol rehabilitation treatments because of its proximity to the US and Canadian markets, commonality of language, and the potential anonymity of consumers traveling abroad for this type of treatment. In addition, because it is largely labor-intensive, there is relatively little use of high-cost medical technologies requiring back-up and support from local health systems.

Addiction treatments are also insured by third party payers, so that financing of services may not be a limiting factor for demand. Patients seeking rehabilitation services have a choice of several centers, such as the Crossroads Center in Antigua, Mt. St. Benedict in Trinidad, Turning Point in St Lucia, and Verdun House in Barbados.

Potential limiting factors to expansion of addiction treatment services in the Caribbean is the stigma associated with these types of services and the reluctance of governments to actively promote trade in this area due to perceived sensitivities among their constituencies. In addition, competition within the Caribbean may be high.

Box 2: The Crossroads Center in Antigua

The Crossroads Center for drug and alcohol rehabilitation in Antigua is a world-renowned facility. Set up by Eric Clapton in 1998, it has quickly developed into an internationally recognized Treatment Centre of Excellence, providing services to individuals and their families suffering from the devastating effects of addiction. It utilizes a combination of effective therapies to address addiction and recovery, while capturing the spiritual serenity that many have found unique to Antigua. Within the serene, healing atmosphere, individuals participate in a structured 29-day residential 12-step based program, developed by Alcoholics Anonymous, that allows clients to experience a whole person wellness approach to recovery. Roughly 70% of their clientele is from the US, Canada and Western Europe.

The Clinical staff is trained overseas (either the US or UK) and is also licensed to practice overseas. In terms of treatment and lodging, the facility is on par with some of the best centers in the US, such as the Betty Ford and Hazelden centers, but costs much less at about \$14,500 for the month-long inpatient program inclusive of lodging. An equivalent program at a Betty Ford or Hazelden center is about \$21,000. The center strives to maintain a high staff to patient ratio. The cost advantage of Crossroads is attributed to lower health-care worker costs in the Caribbean, and the fact that the organizational structure of Crossroads is a lot more simple and streamlined. For example, since admissions at Crossroads are pre-paid, there is no need for an accounts receivable department.

Source: www.crossroadsantigua.org

Medical Treatment and Rehabilitative Services

There has been much discussion over whether health tourism should be pursued and what types of medical services could be provided to foreign visitors through both the public and private health sectors in the Caribbean (Alleyne, 2001; Brenzel and Le Franc, 2000; Gonzales, et al, 2001). International success in medical tourism will be a function of the availability of low cost, quality health services with appropriate referral, support, and back-up.

To a large extent, expansion of medical tourism will need to begin through a largely private sector initiative, as public health services in the Caribbean are of varying quality and must first meet the health needs of the local population. Private sector health activities are substantial and growing in the region. For example, the private sector accounts for approximately 42% of total health expenditures in the Caribbean. In Jamaica, 75% of outpatient visits are made to private practitioners per year. In Trinidad and Tobago, about 45% of the population uses private sector services as a first choice, particularly for ambulatory services.

A growing private sector will provide new opportunities for expanding trade in health services in the Region. Examples of facilities currently providing medical care to visitors include the Tapion Hospital (St. Lucia), the West Shore Clinic and the Eric Williams Medical Services Complex [EWMSC] (Trinidad).

There will be numerous opportunities for offering cosmetic surgery in the region. The Caribbean has reputable plastic surgeons that offer numerous plastic surgery procedures at a fraction of the cost of the corresponding procedures in the US. Some of these surgeons have trained in the US and use state-of-the-art medical equipment. A good example of the possible opportunities is MoBay Hope in Jamaica: here, a USA-based medical team has established affiliations and linkages between USA-based hospitals and health systems and local health teams. This well established facility works closely with a local hotel resort to provide excellent cosmetic surgery and post operative recuperative facilities. Its slogan “leave home looking tired, and return looking rejuvenated” underlay a successful strategy, and at the present time the facility has expanded and diversified its services to include Orthopaedic surgery, Cardiac by-pass surgery and Cardiac Stabilisation, Dental Implants, and Teleradiology.

There is also an active interest within St. Lucia in the development of recuperative and convalescent facilities. Many private sector entities have realized the benefits to be garnered from amalgamating the traditional hospitality and health sectors to promote convalescence and recuperation. Tapion Hospital is considering the possibilities for establishing a senior citizens resort in conjunction with the Pain Management Institute, to serve the health needs of senior travelers.

Box 3: Selected Medical Care and Rehabilitative Services for Non-Nationals in the Caribbean

1. The Eric Williams Medical Services Complex (EWMSC) at Mount Hope, Trinidad and Tobago was established ten years ago with state-of the art equipment and facilities, in order to be a regional central of excellence for the Caribbean. The hospital supports many of the peripheral health centers and district health facilities with diagnostic laboratory services and radiology. There is still some excess capacity at the complex that could be tapped for medical tourism. These include:

- Establishment of state-of-the-art open-heart surgery and trauma facilities with IDB and government funding through linkages with institutions in Miami and Bristol;
- Development of a National Oncology Center through a government-government arrangement with the Canadian Commercial Corporation (CCI). CCI will provide the design, equipment and facility specifications and the development of the care and treatment program and protocols. Ground-breaking occurred recently, and the facility is expected to be operational after two-three years.
- Agreement with British Petroleum (TT) to facilitate emergency evacuation and medical travel through a heliport at the hospital.

2. **The West Shore Clinic** in Trinidad (52-bed capacity, 72 nurses and some 50 doctors) was recently established by a group of doctors, and is equipped with the most modern facilities and has the best skills in the region for performing laproscopic surgery. West Shore Clinic will eventually develop facilities for vascular, eye and heart surgery, and is also in the process of putting together packages that could be marketed regionally and internationally.

3. **The Tapion Hospital** in St. Lucia is a 32-bed inpatient and specialty facility was established to be the the hub of medical services in the OECS. Tapion is known for its orthopaedic and cardiology services. The Board of Directors is considering dialysis and construction of a hyperbaric chamber as an avenue to health tourism.

Other potential niche markets for medical tourism services include providing reliable and high quality preventive and curative health services for:

- Employers, employees, and their families of off-shore companies, such as the oil and petroleum sectors.
- The foreign diplomatic and development communities;
- The yachting population, which has an average length of stay of 1-3 months. With an average of 2,000 passenger arrivals per year, spending \$1,700 per month per vessel, this population group may be increasingly interested in health and medical tourism.

A clear benefit of medical tourism for the public health sector could be that the presence of high quality and state-of-the art facilities would help to retain skills in the country, as well as help to “pull up” the level and reach of service in the public sector.

5. Challenges for the Expansion of Trade in Health Services in the Caribbean

Effective domestic and international partnerships could help to ensure the satisfactory provision of medical tourism. In both Trinidad and St. Lucia there was interest in these partnerships, and the government political and infrastructural establishments appeared willing and able to facilitate them. However, successful implementation and longer-term sustainability would require significant levels of government commitment, facilitation, and possible investment; that is, effective public-private sector collaboration.

Several significant challenges to pursuing widespread medical tourism in the Caribbean have been identified, including:

- Wide variation in the type and quality of services potentially available to tourists in the public and private sectors in the region;
- Limited accreditation systems of health services and providers in the region;
- The need to strengthen the policy, incentive, and regulatory environments for foreign investment and innovation in this area;
- Emigration of health professionals, particularly specialists, limiting the range of potential services to be provided;
- Limitations on portability of health insurance; and,
- Many public health systems are challenged to provide access to affordable, quality health services to their own populations;

5.1 Quality of care and accreditation

Variation in the quality of care provided in both the public and private sectors in the Caribbean, and the asymmetry of information between providers and consumers regarding quality will be a limiting factors. One of the main arguments cited by the American Medical Association (AMA) against going abroad for medical treatments is that the quality of medical care rendered is questionable.

Trinidad and Tobago has taken the lead in national accreditation and licensing and other countries in the region are looking closely at their example, and need to be supported in this regard. The government has worked with the Joint Commission International [JCI] to establish a single streamlined system for accreditation of all private and public health care facilities, including laboratories, diagnostic centers, outpatient clinics, and day surgery centers in the country. JCI accreditation standards are based on international consensus standards and set uniform, achievable expectations for structures, processes and outcomes for hospitals. The accreditation process is designed to help international health care organizations, public health agencies, health ministries and others to evaluate, improve and demonstrate the quality of patient care in their nations, while accommodating country-specific legal, religious and cultural factors. The Caribbean Association of Medical Councils can play a pivotal role in this area and assist with the development of a regional accreditation program for Caribbean physicians that would make it easier for the latter to become part of international physician referral networks.

Being part of a referral network could also substantially expand the patient-base for Caribbean hospitals and physicians, and thereby bring more revenues.

5.2 Creation of dual health systems

There is consensus within the Caribbean Region that equity is an important social goal and public health services are an essential input into achieving that objective. Caribbean countries have endeavored to provide good quality health care services, either free of charge or at highly subsidized prices to their populations. Caribbean health services focus on providing basic primary and secondary care to the population (Brenzel and Le Franc, 2000).

Given the serious inadequacies and deficiencies in the public health sector official interest has been limited by the recognition that there may not be a product that could be offered on an international market (Alleyne 2001:7). Even more importantly, governments are perhaps more concerned with addressing serious health issues, such as the relatively poor state of basic community health and sanitation facilities, and a burgeoning HIV/AIDs problem. Historically, governments have accepted the mandate to provide health as an individual right and public good, but available data indicate that budget allocations (2.3% of GDP on average) are below that spent in the developed world, as well as that currently recommended by WHO/PAHO (Human Development Report, 2003). Further, many Caribbean governments have difficulty in keeping pace with population growth, and the real levels of health expenditure tend to be volatile (OECS Human Development Report, 2002). Budgetary constraints have made satisfactory provision of quality health care problematic, and almost all governments are now searching for new and innovative ways to finance and provide more adequate public health services.

We cannot be insensitive to the criticism that may arise when the services for export are better than what are available to the local population. The answer ...[may be] to create an environment such that there is seen to be some benefit to the local institutions and patients from technology that must be made available Alleyne (2001:8).

The real challenge to expanding medical tourism as a strategy for economic growth and development will be to identify and implement mechanisms that a) prevent the development of a dual and inequitable health system with enclaves of high quality health facilities catering to foreign visitors; and b) foster mutually beneficial linkages between the private and public health sectors, and between state-of the art health services and community health.

5.3 Regulatory environment

Policy, regulatory, institutional and legislative barriers to both foreign investment and movement of professionals within the Caribbean may limit the pace and extent of trade in health services in the region in the future (Gonzales, et al 2001). While there have been

efforts to significantly liberalize the foreign investment environment, regulations or facilities have not been developed specifically for the health sector. General modalities or requirements would then apply to health investments, with the added review and approval of the Ministry of Health. Even so, Ministries of Health are often the last informed on what might be negotiated during rounds of the GATS, and how commitments in one sector might affect health service delivery and financing locally.

Major challenges to overcome in the near future will then be in harmonizing these regulations within the region; developing specific requirements for the health sector, if needed; improving transparency and reducing uncertainty in the process; and increasing access to available information to investors on government policies and regulations.

There are differing opinions about the user-friendliness of existing regulations, ranging from easy entry and facilitation to a highly bureaucratic and lengthy process requiring personalized contacts. Development and expansion of trade in health services will require streamlined, transparent and institutionalized structures and systems, and less dependence on informal networks. There is need to bring the current variations in the incentive arrangements and rules of engagement into a single and more coherent economic space.

However, several initiatives in the region are promoting partnership and investment opportunities in order to facilitate trade and development, such as PROFIT (PROINVEST) which has the principal objective to promote partnership and investment opportunities in the tourism industry sector by bringing together enterprises from the Caribbean and Europe.⁵ There is also the Tourism and Industrial Development Company (TIDCO) which had been set up in 1995 to be the entry point for foreign investment enquires in Trinidad and Tobago, to encourage and promote the growth of investment, trade, and tourism, and to evaluate applications from investors for industrial and tourism investment incentives.

Negotiations are also underway for the establishment of the CSME which will allow incorporated entities owned by CARICOM nationals to invest in other CARICOM countries. Only registration will be required. However, there is still a fair amount of intra-regional variation with regard to free access by non-CARICOM nationals. Trinidad and Tobago is perhaps the most open, and in the health and tourist sectors there are no limitations on market access or on national treatment [CSME Country Briefs, 2004].

5.4 Availability of skilled health professionals

The availability of skilled health professionals has been a fairly significant constraint in the expansion of traditional health services in the Caribbean region, and will certainly be a factor the development of trade in health and health-related services. The most recent review of health conditions in the Americas noted that the distribution of human resources in health between primary and secondary care is a concern, as is the shortage of staff in general, and migration and retirement of staff have left a large void. Between

⁵ For more information, see www.onecaribbean.org; www.ProfitCaribbean.com

2002 and 2003, the Caribbean had lost some 900 nurses to the United Kingdom and North America (PAHO, 2002; PAHO, 2005).

There are now systems in place for standardized training of nurses and physicians, thereby removing one barrier to the deployment of skills in different countries within the region. The Regional Nursing Body has instituted an examination and accreditation process for nurses to facilitate movement within the region. In addition, the Caribbean Association of Medical Councils is to put in place common licensing requirements and procedures, and common registration procedures to protect consumers, and to set up transparent systems to facilitate trade in the professional services in the health sector by non-CARICOM service providers. There is a fairly strong political commitment to the achievement of freedom of movement for skilled labor, particularly within the developing frameworks of the Caribbean Single Market Economy. One very important expectation of increased trade in health services is that through the increased opportunities locally and regionally, it would encourage and facilitate a greater retention of skills in the region.

5.5 Portability of health insurance

Few health insurance plans in the US offer insurance coverage for non-emergency medical treatments obtained overseas. Most people with state-sponsored health insurance (e.g., Medicare in the US, or the NHS system in the UK), or those insured through Health Maintenance Organizations (HMOs) are not eligible for insurance coverage on out-of-network treatments. Even when some of the private plans do cover these treatments, the overseas health-care provider is treated as an out-of-network provider and the corresponding deductible and co-insurance rates are higher than the case where care is obtained from a domestic in-network provider. This works as a disincentive toward going abroad for medical treatments.

In the case of services that are covered by health insurance plans in the US, consumers do not have the incentive to seek out cheaper treatments abroad, and thus prefer to undergo the procedure at home. However, in the case of services not covered by insurance, such as cosmetic and plastic surgeries, American consumers have taken the lead in obtaining treatments abroad.

However, there have been recent developments which could help to address this constraint. Whereas in 2001, there had been fears that this would have presented an “insuperable hurdle” (Alleyne 2001), discussions with key informants in the insurance and care management organizations suggest that this may no longer be as large an obstacle as previously thought. Most of the major insurance companies in the region now operate at the regional level; handling intra-regional movement for health care therefore presents few difficulties. In addition The Blue Cross-Blue Shield Association (BCBS) now has a program called Blue Card Worldwide, where their policyholders can seek emergency and non-emergency medical care almost anywhere in the world. There is an international network of physicians and hospitals mentioned above is set up by a medical assistance company named World Access Service Corp, which is part of the Mundial

Assistance group, itself a subsidiary of the Allianz group. World Access provides their network to US insurers such as BCBS for a fee.

The services currently offered by the Canadian Medical Network/Care Management Network¹ also provide an illustration of the possibilities for care management across international borders. This network (now in existence for about 10 years) enters into contractual arrangements with governments, insurance companies, physicians, specialists and hospitals in more than 130 countries and seeks to advocate, facilitate and manage health care for the international patient. The main services include:

- medical care management: reviews of medical necessity, pre-certification of care, selection of providers, the co-ordination of admissions, and monitoring of treatment plans;
- claims management, processing and negotiation;
- logistical assistance for transportation and accommodation; and
- emergency care coverage.

The Network has been expanding its presence in the Caribbean and is for example, now entering into contracts with the EWMSC as well as a number of private sector facilities in a number of countries including Trinidad and Tobago, and Barbados.

The pre-certification and selection of providers that this service undertakes can go a long way to reduce uncertainty and improve asymmetry of information between the consumer and the health care provider, and be a facilitating effort in expanding trade in health and health-related services.

5.6 Medical liability

The provision of medical services is fraught with uncertainty of health outcomes and informational asymmetries. Difficulties by patients to ascertain provider qualifications, and to know the appropriate level, type, and cost of care required will be a challenge to expansion of health tourism in the Caribbean. To the extent that the possibility of malpractice claims and lawsuits provide strong incentives for health-care providers to provide the necessary care and to reduce moral hazard problems, it would be necessary to establish a system that could deal with any legal liabilities associated with treating international patients. One possibility would be for medical service providers in the Caribbean to purchase malpractice insurance through US-based firms and agree to be subject to US legal practices in the event of law suits.

6. Conclusions and Recommendations

While there has been growing support for expanded trade in health services, in reality, there is little active promotion, and relevant support systems and structures remain relatively undeveloped in the English-speaking Caribbean.

As a way forward, an incremental approach to expanding trade in health services may be adopted initially, on a country-by-country basis. In some countries, expansion of trade in health services will need to proceed as a largely private sector-led initiative. The Government's role would be to develop an enabling legal and regulatory framework. In collaboration with the CDB, the World Bank, IFC, and IADB could provide necessary finance and technical support to private entrepreneurs interested in health tourism projects. In other countries, a more government-led approach may be more appropriate, particularly for countries which are interested in developing national policies and strategies in this area. The type of health tourism that could be developed will be different based on the role of the tourist sector and institutional capacity to provide services.

A "one size fits all" approach to developing trade in health services will not be a viable strategy for the Region. There are significant opportunities to harness the global demand for health and wellness services in the English-speaking Caribbean. But there are challenges to be addressed. These include:

- Expansion of trade in health services will need to be a predominantly private-sector led process, and mechanisms will be needed to support entrepreneurship in this area. In collaboration with the CDB, the World Bank and IFC could support incremental and sustained development of this sector.
- The range of health and health-related services to be promoted will depend upon the role of the tourism sector (conducive for spa and wellness services), as well as the extent of high quality, accredited medical services through which to promote curative and rehabilitative services through private or public health facilities.
- Niche markets remain to be identified and explored. The public sector needs to determine which facilities could become more involved in areas where there are excess capacities and relevant partnerships with the private sector.
- Policy, regulatory, institutional and legislative barriers to both foreign investment and movement of professionals within the Caribbean may limit the pace and extent of trade in health services in the region in the future. While there have been efforts to significantly liberalize the foreign investment environment, regulations or facilities have not been developed specifically for the health sector.
- There is greater need to bring trade, commerce and health sectors together in preparation for negotiations, and the Regional Negotiating Machinery and CARICOM will need to play a greater role in this regard.

Overcoming these challenges in the near future will require the following:

- Harmonization of regulations within the region. It will be necessary to develop specific requirements for the health sector, if needed; improve transparency and reduce uncertainty in the process; and increase access to information on government policies and regulations for investors.
- Addressing the availability of skilled health professionals. Distribution of human resources between primary and secondary care is a concern, as is the shortage of

staff in general: migration and retirement of staff have left a large void.⁶ Increased trade may induce repatriation and retention of health professionals to work in joint private sector ventures. There may be scope for off-shore training facilities to provide staff for local markets.⁷

- Reduce variation or gaps in quality of care provided in both the public and private sectors in the Caribbean. Trinidad and Tobago has taken the lead in national accreditation and licensing and other countries in the region are looking closely at their example, and need to be supported in this regard. The Caribbean Association of Medical Councils could play a pivotal role in this area working through the Joint Commission International (JCI).
- Increase the portability of health insurance, as few health insurance plans offer clients insurance coverage for non-emergency medical treatments obtained overseas.⁸ The need to pay out-of-pocket for services provided abroad could limit the market for services to those who can afford to pay. Data obtained suggest that portability of health insurance may no longer be an insuperable hurdle, as there are innovations in case management across international borders. For example, Canadian Medical Network/Care Management Network enters into contractual arrangements with governments, insurance companies, physicians, specialists and hospitals in more than 130 countries and seeks to advocate, facilitate and manage health care for the international patient. This Network is in the process expanding its presence in the Caribbean.
- Identifying and implementing mechanisms that prevent the development of a dual and inequitable health system with enclaves of high quality health facilities catering to foreign visitors. Governments are responsible for providing good quality care to their citizens, and policies and strategies to expand and foster greater trade in this area should support, and be complementary to national health care efforts. In addition, strategies should foster mutually beneficial linkages between the private and public health sectors, and between state-of the art health services and community health.
- Establishing a system that could address legal liabilities associated with treating foreign visitors. Consumers will have less of an incentive to go abroad for

⁶ Between 2002 and 2003, the Caribbean had lost some 900 nurses to the United Kingdom and North America (PAHO, 2002).

⁷ A recent proposal (funded by The Commonwealth Secretariat and supported by CARICOM) to explore the viability and benefits of partnerships between training institutions, host markets, and Caribbean tertiary institutions in the development of training programmes for nurses and teachers could provide useful lessons about possible strategies. This initiative, which is a response to the demand for these two types of professionals in the North America and the UK, seeks to develop private/public sector partnerships that will support a managed migration programme, develop the capacity of Caribbean professional training institutions to deal with local and international market demand in these areas, and minimize the drain on the local health and educational sectors.

⁸ The main services include reviews of medical necessity, pre-certification of care, selection of providers, the co-ordination of admissions, and monitoring of treatment plans; claims management, processing and negotiation; logistical assistance for transportation and accommodation; and emergency care coverage.

treatments if legal recourse is difficult. One possibility would be for medical service providers in the Caribbean to purchase malpractice insurance through US-based firms and agree to be subject to US legal practices in the event of law suits.

In addition, the following specific activities are recommended:

- Establish, reactivate or strengthen mechanisms that can facilitate public-private sector partnerships. There is a need to provide support to local entrepreneurs in development of viable business plans for expansion of spa/wellness services, and in development public-private partnerships, including careful market analysis.
- While there have been regional and national efforts to develop and streamline accreditation of health care providers in the region, additional efforts to generate linkages with care management companies, such as the Canadian Medical Network/Care Management Network National will reduce search costs for potential consumers and provide a mechanism for reimbursement and financing. Efforts by the CSME and CAMC to license and accredit health care providers needs to be strengthened and sped up.
- Because of the dearth of information regarding the number, origin, expenditures, and characteristics of tourists who may be coming to the Caribbean for health and health-related services, it is highly encouraged that a tracking system be developed, implemented, and maintained either by CARICOM, with the support of PAHO/CPC and CDB or other appropriate regional agency such as the CTO. As part of this effort, it may be useful to establish a health tourism desk at national level to collect and evaluate data.
- The Caribbean needs to explore strategic options to training and retaining health personnel in both the public and private sectors. For the physician market, the expansion of off-shore medical schools might provide opportunities that could be linked to expanding trade in health services. Creation of linkages between these two areas could generate greater economies of scale.
- Marketing of health tourism to source countries needs to be strengthened to target new clients in the UK, North America, and Asia. The Caribbean might be informed by the experiences of other countries with health tourism, particularly from the Apollo Health Services in India which caters to both national and international consumers.

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