Pacific Island Countries and Areas – WHO Cooperation Strategy 2018–2022

World Health Organization
Western Pacific Region

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FOREWORD

Pacific island countries and areas and the World Health Organization (WHO) are pleased to present this *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022.*

Pacific island countries face a triple burden of challenges: the unfinished communicable disease agenda; rapidly rising noncommunicable disease epidemic; and the health impact of climate change that further aggravates the fragile health status of Member States.

At the same time, national health budgets are under increasing pressure as these challenges evolve and public expectations continue to increase regarding what the health sector should be delivering.

Recognizing these challenges, the ministers of health of the Pacific island governments have reaffirmed their commitment to Healthy Islands as a unifying vision to guide health development in the region. They are monitoring progress to ensure the realization of this vision.

The *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022* provides the overall strategic direction for WHO support to the Pacific. The Cooperation Strategy builds on the commitment to the Healthy Islands vision with four action-oriented priorities, which were developed during the Eleventh Pacific Health Ministers Meeting in 2015. They are:

1. Strengthening leadership, governance and accountability;

2. Nurturing children in body and mind;

3. Reducing avoidable disease burden and premature deaths; and

4. Promoting ecological balance.

This Cooperation Strategy is unique. Country cooperation strategies usually involve only individual countries and WHO. This Cooperation Strategy goes further. It covers the collective needs and priorities of the Pacific while also capturing country-specific national specificities, which were identified during consultations started in 2016.

To advance these Pacific-wide and national priorities, WHO will continue to provide strong, tailored support to Pacific island countries and areas through the network of WHO country offices, in coordination with the Division of Pacific Technical Support in Fiji, the WHO Regional Office for the Western Pacific and WHO headquarters.

On behalf of our respective governments and WHO, we look forward to working together to implement the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022,* including our specific national cooperation strategies, over the next five years to improve the health and well-being of all Pacific islanders.

Shin Young-soo, MD, Ph.D.

Regional Director for the Western Pacific
World Health Organization


Safety Box
Safety Box

SIGNATORIES

American Samoa

Commonwealth of the Northern Mariana Islands

Cook Islands

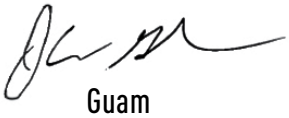
Palau

Fiji

Pitcairn Islands

French Polynesia

Samoa



Guam

Solomon Islands

Kiribati

Tokelau

Marshall Islands

Tonga

Federated States of Micronesia

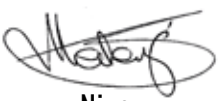
Tuvalu

Nauru

Vanuatu

New Caledonia

Wallis and Futuna



Niue

ABBREVIATIONS

AMR	antimicrobial resistance
APSED III	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
DFAT	Department of Foreign Affairs and Trade (Australian Government)
EMT	emergency medical team
FCTC	Framework Convention on Tobaco Control
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IHR (2005)	International Health Regulations (2005)
IMCI	Integrated Management of Childhood Illnesses
MDGs	Millennium Development Goals
MFAT	Ministry of Foreign Affairs and Trade (New Zealand)
NCDs	noncommunicable diseases
NHSP	National Health Strategic Development Plan
NSDP	National Strategic Development Plan
NTDs	neglected tropical diseases
PEN	Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings
PHIN	Pacific Health Information Network
PHMM	Pacific Health Ministers Meeting
PICs	Pacific island countries and areas
PIHOA	Pacific Island Health Officers' Association
POLHN	Pacific Open Learning Health Net
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SDGs	Sustainable Development Goals
SPC	Pacific Community
STEPS	STEPwise Approach to Chronic Disease Risk Factor Surveillance
STIs	sexually transmitted infections
TB	tuberculosis
UHC	universal health coverage
UNCT	United Nations Country Team
USCDC	United States Centers for Disease Control and Prevention
UNPS	United Nations Pacific Strategy
WHO	World Health Organization

EXECUTIVE SUMMARY

The *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022* (the "Cooperation Strategy") documents the medium-term strategic vision of the World Health Organization (WHO) and its cooperative work with 21 Pacific island countries and areas (PICs). The Cooperation Strategy has been drafted in consultation with the governments of PICs, United Nations agencies and key development partners.

PICs are diverse in terms of geography, demography, culture, economic development and health. As a subregion, however, these countries and areas have a lot in common. Since 1995, Pacific health ministers have been guided by Healthy Islands as a unifying vision for improving health. This Cooperation Strategy uses the Healthy Islands vision as a starting point, taking into account key global and regional initiatives, such as: the *2030 Agenda for Sustainable Development* and the Sustainable Development Goals; *Universal Health Coverage: Moving Towards Better Health, Action Framework for the Western Pacific Region; the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies,* and the *United Nations Pacific Strategy 2018–2022.*

The Pacific has made tremendous progress in recent years. Life expectancy has increased; countries have enacted and enforced tobacco control legislation; immunization services have improved; and health sector preparedness has improved to address challenges posed by climate change and natural disasters. Still, the Pacific faces a complex array of challenges, including economic volatility, erosion of traditional social structures, changing lifestyles, increasing poverty and vulnerability, inequality, an ever-increasing burden from noncommunicable diseases, continuing threats from communicable and emerging diseases, natural disasters and climate change, and uncertain funding sources to meet many of these challenges.

While progress was made in achieving many of the Millennium Development Goals (MDGs), many of the issues addressed by the MDGs remain unresolved, particularly in the areas of maternal and child health and the environmental determinants of health. Health development varies among and within PICs, and there is concern regarding the deterioration of health services in some rural and remote areas.

The relevance of the Healthy Islands vision, encompassing an appreciation of the interrelationship of health, the environment and Pacific cultures, provides the basis for the mission of the Cooperation Strategy and its four priorities.

MISSION: TO IMPROVE AND PROTECT THE HEALTH OF PACIFIC ISLANDERS

Strategic priorities:

1. **Strengthening leadership, governance and accountability**
2. **Nurturing children in body and mind**
3. **Reducing avoidable disease burden and premature deaths**
4. **Promoting ecological balance**

Each Cooperation Strategy priority has a number of focus areas with specific actions. In keeping with WHO's alignment with the Healthy Islands vision, the *Healthy Islands Monitoring Framework* provides a key mechanism for monitoring the outcomes and impact of WHO work, particularly the work of the WHO Division of Pacific Technical Support and the achievement of the goals of this Cooperation Strategy.

WHO, guided by the shared goals of this Cooperation Strategy, aims to provide leadership in the health sector and beyond and operate as a key convening and coordinating organization, implementing the strategic agenda through effective multisectoral collaboration and country-centred approaches. Anticipated health outcomes and impacts of this Cooperation Strategy can be grouped under:

- improved maternal and child health;
- reduced avoidable disease burden and premature mortality;
- improved access to and utilization of high-quality, affordable health services; and
- improved preparedness, response and resilience to environmental and disease hazards.

Country and area cooperation strategies (Section 5) provides a snapshot of each of the 21 PICs. The snapshot includes demographic, socioeconomic and health status, a summary of national health policies and systems, and key health and development issues identified in consultation with representatives from the respective PIC. A summary of how WHO will work with each country or area to meet the goals and objectives of its national health plan is provided. PICs are diverse with different needs and priorities, so approaches must be tailored to the unique context of each country or area.

1. Introduction

A country cooperation strategy represents the medium-term vision for World Health Organization (WHO) support to a Member State. WHO supports 21 Pacific island countries and areas (PICs) through the Division of Pacific Technical Support of the WHO Regional Office for the Western Pacific and the Office of the WHO Representative in the South Pacific based in Suva, Fiji, as well as six other WHO country offices in the Pacific. *The Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022* (the "Cooperation Strategy") guides WHO work in PICs.

This Cooperation Strategy consists of two parts: 1) a subregional strategic agenda; and 2) specific strategies for each Pacific island country and area. The subregional strategic agenda is closely aligned with the Healthy Islands vision, which represents the collective commitment of all PICs. The specific strategies for each country or area respond to the diverse needs and priorities of PICs and the uniqueness of each country and area.

This Cooperation Strategy was developed through a review of the implementation of the *WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017* conducted in consultation with PIC health ministries, United Nations agencies and key WHO partners. The cycle of this Cooperation Strategy follows the 2018–2022 timeline of the *United Nations Pacific Strategy* (UNPS), thus ensuring alignment between the two strategies.

2. Health and development situation

The Pacific is home to more than 3.2 million people spread across an ocean that covers more than 30% of the Earth's surface.

In recent years, the Pacific has made enormous progress, increasing life expectancy, enacting and enforcing tobacco control legislation, improving immunization services, and increasing attention to health sector preparedness for climate change and natural disasters. Economic growth, meanwhile, has been slow with continuing dependence on international aid. Poverty and inequality are increasing, with the most vulnerable populations being women, young people, people with disabilities, older people and those living in rural areas *(1).* Socially, traditional systems and ways of life are under stress from globalization and the shift away from subsistence-based lifestyles and towards market-based economies.

2.1 Health achievements

In recent years, PICs have made significant gains in health *(2).*

Health systems strengthening towards universal health coverage

- Policy development and annual review and planning processes have been strengthened in ministries of health across the Pacific. From 2015 to 2017, seven countries updated their national health strategic plans.
- Two countries have finalized comprehensive national action plans on antimicrobial resistance (AMR), and four countries are developing them.
- In order to track progress towards the vision of Healthy Islands in the Pacific, the *Healthy Islands Monitoring Framework* with 48 mandatory indicators was presented to the Twelfth Pacific Health Ministers Meeting in August 2017, along with the first progress report against the Framework.

Preventing and controlling diseases

Noticeable progress has been made towards control and prevention of communicable diseases and noncommunicable diseases (NCDs).

- Nine PICs achieved Millennium Development Goal (MDG) 4 on child mortality and seven PICs achieved MDG 5 on maternal health.
- Six PICs eliminated lymphatic filariasis as a public health problem and three eliminated leprosy as a public health problem.
- Routine immunization coverage has been consistently high at more than 90% in 12 countries *(3).*
- Ten PICs have been verified as having achieved the regional goal for hepatitis B control through immunization.
- Eight PICs increased tobacco taxes by an average of 21%, and two strengthened tobacco control legislation.

Addressing health emergencies and climate change

- Nine PICs met the core capacity requirements of the International Health Regulations, or IHR (2005), and are working towards ensuring that IHR (2005) implementation is a continuous process of quality assurance and improvement.
- Thirteen PICs have national climate change and health adaptation plans.

2.2 Health challenges

Despite good progress, several major challenges remain.

A triple burden of noncommunicable and communicable diseases and the health impacts of climate change

NCDs are the main cause of premature deaths in the Pacific. Four behavioural risk factors – tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity – are prevalent, along with high rates of obesity, diabetes and high blood pressure.

Major infectious disease priorities in the Pacific include typhoid fever, leptospirosis, dengue, influenza and diarrhoeal diseases, along with emerging infections such

as chikungunya and, more recently, Zika. Six of the 18 neglected tropical diseases (NTDs) are found in the Pacific.

PICs also continue to be vulnerable to outbreaks, environmental and chemical emergencies, and the health consequences of disasters. They face a very high degree of disaster risk from cyclones, coastal erosion, coastal inundation, floods, landslides, droughts, volcanoes, earthquakes and tsunamis — some of which are expected to increase in severity or frequency as a result of climate change.

Access to quality services

Providing essential health services in PICs can prove challenging because populations are scattered over large areas and local economies are small. The provision of essential services requires well-motivated and competent health workforces, well-defined packages of health services, well-equipped health facilities and sustainable financing.

Although the number of health workers in most PICs has increased in the past few years, shortages persist, especially in remote and rural areas. Total health expenditure per person in most PICs is comparable to other countries with similar levels of income. Considering their modest economic growth and decreasing external funding, most PICs see no immediate prospect of significant additional resources for health systems. To respond to the increasing NCD burden, the health services delivery model in the Pacific needs to be reoriented, especially at the level of primary health care.

Access to essential medicines of assured quality is still problematic in the Pacific. The challenges relate to AMR, rational use and cost containment of medicines, and ensuring easy access to essential medicines, especially for vulnerable groups.

2.3 Development assistance and partnership landscape

Major bilateral development partners for health in the Pacific include Australia, Japan, New Zealand, the Republic of Korea and the United States of America. The United Nations supports PICs mainly through two resident coordinators and United Nations Country Teams (UNCTs) in Fiji and Samoa. Other key international partners and organizations in the Pacific include the Asian Development Bank, the European Union, the United States Centers for Disease Control and Prevention

(USCDC), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Pacific Community (SPC), the World Bank, and the Pacific Island Health Officers' Association (PIHOA) in the Northern Pacific.

Since 2014, funding from the New Zealand Ministry of Foreign Affairs and Trade (MFAT) has helped the WHO Division of Pacific Technical Support provide support to Pacific islands in strengthening services for the prevention and management of NCDs in primary health care and in implementing tobacco control measures towards a tobacco-free Pacific. In 2014–2015, the Australian Government Department of Foreign Affairs and Trade (DFAT) and MFAT supported WHO in implementing the *Pacific Ebola Virus Disease Action Plan.* In 2016–2017, these donors provided funding for implementation of the *Pacific Zika Action Plan* to deliver technical support in response coordination, surveillance and epidemiology, risk communications, case management and services for pregnant women, integrated vector management, and the procurement of vector control equipment and supplies.

From 2015 to 2017, the Division of Pacific Technical Support supported PICs to develop the *Healthy Islands Monitoring Framework* with funding from DFAT.

In 2017, the Division of Pacific Technical Support began a partnership with the Korea International Cooperation Agency to enable the provision of additional support to strengthen the Health Promoting Schools Programme in Fiji. The programme is conducted by the Ministry of Health and Medical Services and the Ministry of Education, Heritage and Arts.

WHO also collaborates closely with SPC as co-secretary of the Pacific Health Ministers and Heads of Health meetings. The WHO Division of Pacific Technical Support, in coordination with the WHO Regional Office for the Western Pacific, provides tailored technical support to PICs through the three representative offices (Fiji, Samoa and Solomon Islands) and four country liaison offices (Kiribati, the Federated States of Micronesia, Tonga and Vanuatu).

For many development programmes in the Pacific, a key challenge lies in implementation. Further, the approach taken by development agencies – with a broad range of plans, strategies and frameworks that are not well integrated into the wider context – has resulted in health workers being overwhelmed and unclear about priorities.

Reflecting on some of the lessons learnt from the implementation of existing programmes such as the United Nations Joint Programme on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), WHO fully recognizes that countries are at different stages of development, with varying human resource capacities to address competing needs and with financial resources and systems

that do not always facilitate fast-track financial implementation. Adopting a forward-looking approach, WHO will work with partners and support countries and areas in:

- building national leadership and capacities to identify their needs;
- prioritizing their activities (both programmes and systems) based on gaps or needs analyses;
- ensuring that prioritized activities are adequately reflected and integrated in one national annual health plan;
- developing annual plans according to the planning cycles in PICs;
- bringing together all relevant partners during the development of annual plans, including representatives from civil society organizations, community members and organizations, service providers, programme beneficiaries, and technical partners, in order to ensure that programme initiatives are inclusive;
- costing annual health plans and mapping existing funding sources and potential resources to close the financial gaps;
- assisting all partners in understanding government processes and requirements to ensure timely implementation, adherence to government systems and fast-track implementation;
- designing tailored service-delivery models based on country context;
- enhancing systems to include human resource capacities and streamlining financial modalities without sacrificing timely implementation of plans;
- developing consolidated technical assistance plans and exploring technical lead agency modalities when delivering technical assistance;
- monitoring progress and evaluating programme impacts;
- conducting joint missions whenever feasible; and
- documenting evidence of synergies where the comparative advantage of the United Nations can be demonstrated in contributing to cross-programme collaboration and enhancement.

Coordination is essential to perform this work effectively in an environment with multiple regional partners. WHO will enhance coordination to ensure complementary support and activities without duplication.

To this end, WHO will explore communication modalities, either drawing on existing structures or creating platforms to exchange information; make mutual agreements on the clear division of labour, primarily based on agency mandates, comparative advantages and staffing capacities to respond to country needs; explore opportunities for joint programming; and undertake additional joint programmes when feasible.

3. The strategic agenda for WHO's work in the Pacific 2018–2022

The strategic agenda for this Cooperation Strategy has two components:

1. **a subregional strategic agenda**
2. **specific cooperation strategies for countries and areas**

This section describes the subregional strategic agenda.
Specific strategies for countries and areas are covered in Section 5.

The subregional strategic agenda for Pacific–WHO cooperation from 2018 to 2022 takes into account the collective commitment of PICs on health development, the Healthy Islands vision and other globally agreed health development agendas. The Healthy Islands vision adopted at the first Pacific Health Ministers Meeting (PHMM) in 1995, and reaffirmed at the Eleventh PHMM in 2015, has five elements:

- children are nurtured in body and mind;
- environments invite learning and leisure;
- people work and age with dignity;
- ecological balance is a source of pride; and
- the ocean that sustains us is protected.[1]

At the Eleventh PHMM in 2015, a 20-year review of the journey towards the Healthy Islands vision *(4)* was presented and discussed. To accelerate work, the five elements were translated into four action-oriented directions spelt out in the *2015 Yanuca Island Declaration on Health in Pacific Island Countries and Territories (5)*: Eleventh PHMM:

1. To ensure a suitable system-wide response, continued action to nurture children in body and mind was seen as a key area.
2. To ensure people work and age with dignity, the need to reduce the avoidable disease burden and address the causes of premature death were identified.

1. This fifth point was added in 1999 after the PHMM in Palau.

3. To create healthy environments that invite learning and leisure, ensure ecological balance and protect the ocean, the need to promote ecological balance was considered important.
4. To ensure effective progress in all areas, leadership, governance and accountability were seen as critical to advancing the Healthy Islands vision.

PICs, WHO and the SPC signed the declaration and agreed to implement activities that contribute to these directions. The centrality of these four directions was reaffirmed in 2017 with the adoption of the *Healthy Islands Monitoring Framework* by the Twelfth PHMM. The Monitoring Framework is structured around these four directions. The framing of the Healthy Islands vision, the four directions/subregional strategic priorities and the *Healthy Islands Monitoring Framework* are shown in the Annex.

In order for WHO to provide tailored support to PICs, the four directions have been taken as the strategic priorities of the subregional strategic agenda for Pacific–WHO cooperation from 2018 to 2022:

1. Strengthening leadership, governance and accountability;
2. Nurturing children in body and mind;
3. Reducing avoidable disease burden and premature deaths; and
4. Promoting ecological balance.

Under each strategic priority, a few focus areas for WHO support have been developed through close consultation between WHO and Pacific health ministries, as well as other key health partners in the Pacific.

Specific cooperation strategies for the countries and areas have been developed in keeping with subregional commitments and in close alignment and support of national health plans. The link between the subregional strategic priorities and national strategic priorities is summarized in the Annex. Country and area consultations were held with representatives of each ministry of health, and where possible with in-country partners, to develop these strategies.

SUBREGIONAL STRATEGIC PRIORITY 1

Strengthening leadership, governance and accountability

This subregional strategic priority focuses on six main areas: 1) leadership; 2) governance; 3) integrated health services; 4) essential medicines and technologies; 5) health information systems; and 6) gender equality. A well-functioning and gender-sensitive health system with strong leadership and governance will contribute to improving access to and utilization of high-quality, affordable health services. In turn, this will contribute to three health outcomes: 1) improved maternal and child health; 2) reduced avoidable disease burden and premature mortality; and 3) improved preparedness, response and resilience to environmental and disease hazards.

Subregional focus area 1.1

Pacific regional leadership, governance and partnership

Pacific health ministers pledged to exercise greater oversight over the biennial PHMMs and to ensure progress on strategic issues. To contribute to this, WHO will continue to support:

- the use of the Healthy Islands vision as the unifying theme for health development in the Pacific and encourage other partners to do the same;
- increasing the role of the PHMM as a platform for governance, including setting and monitoring the health development agenda;
- strengthening the link between the PHMM and the Heads of Health meeting to ensure that strategic directions of health ministers are operationalized;
- enhancing coordination between the agenda of the PHMM, the WHO Regional Committee for the Western Pacific, and the Pacific Islands Forum so that Pacific health issues are well represented at the WHO Regional Committee for the Western Pacific and at the Pacific Islands Forum; and
- strengthening the role of the Division of Pacific Technical Support as a key convening organization to facilitate harmonization among health partners in the Pacific.

Subregional focus area 1.2

National leadership and governance

National leadership and governance are central to improving health outcomes. To strengthen leadership and governance, WHO will continue to support:

- further institutionalization to develop and review national health strategic plans, annual health reports, annual health sector operational plans and national health accounts;
- strengthening the convening role of WHO country offices in the Pacific to improve coordination of and communication with health partners at the country level; and
- development and implementation of health legislation and regulations and their enforcement in key areas of tobacco control and alcohol use, health workforce, mental health, nutrition and food safety.

Subregional focus area 1.3

Integrated, people-centred health services

PICs are working to attain universal health coverage (UHC) attributes of quality, efficiency, equity, accountability, and sustainability and resilience. To contribute to this, WHO will continue to support:

- strengthening primary health care as a starting point;
- facilitating development and implementation of national policies and standards such as role delineation and essential packages of health services, and the development of quality assurance systems;
- strengthening health workforces that are able to provide integrated, people-centred health services, including continued health workforce profiling to improve the development of evidence-informed policies, plans and projections;
- ensuring that foreign-trained medical graduates are effectively integrated into national health systems;
- developing standards and scopes of practice to facilitate regional benchmarking of nurse specialization and medical internship;
- promoting continuing development opportunities for health workers, key platforms including the Pacific Open Learning Health Net and other on-the-job training; and
- developing integrated services following the health through the life-course approach and implemented through the United Nations Joint Programme on RMNCAH.

Subregional focus area 1.4

Essential medicines, technologies and antimicrobial resistance

Access to essential medicines and technologies continues to be an issue in the Pacific. To overcome this, WHO will continue to support:

- reviewing national regulatory frameworks, policies, plans, treatment guidelines and formularies to ensure their relevance to national priorities and disease burdens;
- strengthening procurement and supply systems through supply chain assessment and training; and
- improving detection and management of substandard products through regional quality assurance mechanisms and strengthening pharmacovigilance systems.

In addition, the emerging threat of AMR requires special attention. WHO will support:

- conducting country situation analysis to identify gaps and opportunities;
- using situation analysis to inform development of national multisectoral AMR action plans in line with global and regional strategies; and
- developing and implementing national operational plans – setting targets, priority actions and mobilizing resources for action on AMR.

Subregional focus area 1.5

Health information systems

Sound decision-making relies on the availability of timely high-quality information. The Pacific Health Information Network provides a strategic regional vision for strengthening health information systems in the Pacific. WHO will continue to contribute to the work of the Network. In so doing, WHO will support:

- continuing to enhance work on national civil registration and vital statistics systems in collaboration with the Brisbane Accord Group;
- focusing on harmonizing health information systems and data across health programmes, which include RMNCAH and NCD programmes;
- assessing opportunities provided by eHealth applications and pursue feasible options; and
- tracking progress on health information systems through the *Healthy Islands Monitoring Framework,* which is aligned with the Pacific SDG Headline Indicators and other global and regional frameworks.

Subregional focus area 1.6

Gender equality

The commitment of leaders is important to address the high prevalence of gender-based violence, particularly intimate partner violence, including sexual violence. The root cause of such violence is gender inequality. Gender-based violence and inequality hinder development progress in the Pacific and harm women's health and well-being. Gender equality is a key cross-cutting theme in WHO work in the Pacific. To promote gender equality and end gender-based violence, WHO will support:

- developing and implementing intersectoral violence and injury action plans including country-specific targets and monitoring plans;
- mainstreaming gender in health programmes;
- promoting women's role in science and highlighting issues that impact their human and social capital development, such as violence against women and discrimination, in order to help address gender inequality;
- implementing the global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls and against children;
- integrating prevention and response to violence against women in existing health services;
- coordinating with multisectoral services in responding to gender-based violence and human rights issues; and
- conducting advocacy campaigns on gender equality and ending gender-based violence.

SUBREGIONAL STRATEGIC PRIORITY 2

Nurturing children in body and mind

This strategic priority focuses on two main areas: 1) services for maternal and child health; and 2) vaccine-preventable diseases. It covers setting standards, prioritizing high-impact interventions, ensuring delivery of quality preventive and curative services, exploring innovative approaches, and providing for enabling environments and systems for sustainability. When implemented, these actions will contribute to achieving three health outcomes: 1) improved maternal and child health; 2) reduced avoidable disease burden and less premature mortality; and 3) improved access to and utilization of high-quality, affordable health services.

Subregional focus area 2.1

Services for mothers and children

Strong preventive and curative services for women, mothers, neonates, infants, children and young people contribute to eliminating preventable deaths of mothers, neonates and children. Integrated Management of Childhood Illness (IMCI) is an effective approach to improve well-being among children, adolescents and mothers. WHO will support increased national ownership of IMCI, including incorporating IMCI fundamentals in primary health care settings. To strengthen services for mothers and children, WHO will support:

- increasing the proportion of deliveries in health facilities attended by skilled birth attendants, and the numbers of women attending four or more sessions at antenatal clinics, and mothers receiving postnatal care within 48 hours of birth;
- establishing maternal death surveillance and response, which will facilitate quantification of maternal deaths in real time, quality-of-care measurement and quality improvement;
- increasing the proportion of infants breastfed within an hour of birth and those under 6 months of age who are exclusively breastfed, as well as improving complementary feeding practices;
- revitalizing the Baby-friendly Hospital Initiative, targeting full accreditation of hospitals;
- incorporating monitoring milestones in patient information systems;
- developing and implementing a body mass index monitoring system for school and preschool children;

- increasing the proportion of children with diarrhoea receiving oral rehydration therapy and zinc, and the proportion of those with suspected pneumonia, acute respiratory illness and neonatal sepsis who are given appropriate care;
- improving knowledge of HIV and other sexually transmitted infections (STIs) among adolescents and adults, supporting human papillomavirus vaccination of girls and reducing teenage pregnancy;
- strengthening family planning services by increasing services from staff certified in long-term family planning methods and by enhancing knowledge of family planning among women of childbearing age; and
- designing the United Nations Joint Programme on RMNCAH focusing on development and implementation of local service delivery models.

Subregional focus area 2.2

Vaccine-preventable diseases

PICs will need to sustain and increase immunization coverage to achieve the goals of the *Global Vaccine Action Plan* and the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific.* To achieve this, WHO will support:

- closing disparity gaps in routine vaccination programmes and engaging more with people to overcome vaccine hesitancy;
- continuing efforts towards measles and rubella elimination, selective or supplementary immunization activities, development of measles outbreak preparedness and response plans, and strengthened laboratory and performance;
- accelerating efforts to achieve and sustain 95% hepatitis B birth-dose and three-dose coverage and to further reduce mother-to-child transmission;
- ensuring vaccine security through effective management and financial sustainability;
- strengthening vaccine safety regulations and surveillance for targeted vaccine-preventable diseases;
- promoting evidence-based immunization decision-making and developing evidence-based national plans on the introduction of new vaccines; and
- assessing the feasibility of innovative options such as a subregional technical advisory group for the Pacific.

SUBREGIONAL STRATEGIC PRIORITY 3

Reducing avoidable disease burden and premature deaths

One of the main areas under this strategic priority is infectious disease control and elimination of tuberculosis (TB), STIs, HIV, hepatitis and NTDs through standard-setting, high-level advocacy, responses tailored to country context and prioritization of treatment provision based on new WHO recommendations. These activities, if implemented together, will contribute to reducing the avoidable disease burden and premature mortality and to improving access to and utilization of high-quality, affordable services.

PICs are implementing the WHO-recommended *End TB Strategy* using newer diagnostic tools including GeneXpert and digital X-ray machines. Priority is given to early diagnosis of TB in patients with diabetes or HIV, and people living in hard-to-reach communities and outer islands. Early diagnosis and treatment of TB will reduce both TB incidence and preventable mortality.

NCDs are a leading cause of premature death and disability in the Pacific. Efforts to reduce risk factors for NCDs such as creating supportive environments to make healthy choices, strengthening community action, and increasing accessibility to prevention and management services are essential to preventing NCDs and their complications.

Subregional focus area 3.1

Noncommunicable diseases and health promotion

NCDs, nutrition, mental health and better services for people with disabilities are key concerns that affect Pacific islanders. The Pacific Monitoring Alliance for NCD Action was established to guide improvements in monitoring and surveillance of NCDs. Further efforts are needed to reduce the burden of NCDs, in line with existing global and regional commitments. To intensify these efforts, WHO will support:

- developing and reviewing country-specific multisectoral NCD strategic plans, along with national indicators and monitor systems that are able to report on regional and global targets;
- strengthening implementation of tobacco control measures, in line with the tobacco-free Pacific goal;
- developing national plans to address nutrition across the life course, including nutrition and diet-related death, disability and disease;

- enhancing NCD essential services coverage through adaptation of the *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings* protocols, service delivery plans, treatment guidelines and referral mechanisms;
- cervical cancer screening and management programmes and NCD-related rehabilitation services;
- education and policy-based interventions, including controlling advertising to children, controlling advertising of breast-milk substitutes and settings-based policies;
- conducting periodic STEPwise approach to surveillance surveys in PICs;
- promoting mental health and human rights across the life span, including recovery-oriented community-based services for mental health, monitoring service demands and service delivery, with efforts focusing also on preventing or reducing mental disorders, suicide, alcohol harm, and stigma and discrimination; and
- promoting disability-inclusive health services and community-based rehabilitation, including national policy development and collection of disability-related data to inform programme and policy decisions.

Subregional focus area 3.2

Infectious disease control and elimination

An integrated people-centred approach is important in the control and elimination of infectious diseases. The incidence of TB is high in Kiribati, the Marshall Islands, the Federated States of Micronesia and Tuvalu. Other PICs face medium and low incidence. In working with national TB programmes, guided by the WHO *End TB Strategy* and the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020,* WHO will support:

- updating TB management guidelines to align with new policy recommendations and the Global Fund requirements;
- programmatic management of drug-resistant TB and coordinating timely access to the second-line TB drugs stockpile; and
- pursuing collaborative activities on TB and HIV as well as TB and diabetes.

While HIV prevalence remains low in the Pacific, rates of STIs are high in some countries. WHO will support:

- achieving the fast-track strategic agenda and the 90-90-90 targets[2] of the global health sector strategies on STIs, HIV and hepatitis, and exploring areas

2. By 2020 90% of all people living with HIV will know their HIV status, 90% of people diagnosed will receive sustained antiretroviral therapy, and 90% of people receiving antiretroviral therapy will have viral suppression.

for integration with other programmes (TB, sexual and reproductive health, NCDs) where feasible at the country level and supporting resource mobilization through advocacy briefs and investment cases; and

- developing national action plans on hepatitis and updating national treatment guidelines to include tenofovir as a treatment for hepatitis B, with training sessions for clinicians.

In an effort to combat other infectious diseases in the Pacific, WHO will support:

- preventing NTDs and providing treatment and care for those affected and assisting in the periodic reviews of national NTD strategic plans;
- addressing arboviral diseases in line with the *Western Pacific Regional Action Plan for Dengue Prevention and Control (2016);* and
- providing advanced laboratory support for the Pacific through a network of reference laboratories in Australia, New Zealand and the United States of America (Hawaii).

SUBREGIONAL STRATEGIC PRIORITY 4

Promoting ecological balance

WHO defines health security as reduced population vulnerability to acute threats to health through collective international public health action. IHR (2005) is the legal framework for collective responsibility of countries, WHO and partners globally to prevent and respond to public health threats.

In the Pacific, health security is closely linked to human security risks from the increasing number of weather- and climate-related emergencies (cyclones, coastal erosion and saltwater inundation, floods and droughts) that also increase climate-sensitive disease outbreaks, food insecurity, and damage and losses to water and sanitation infrastructure. Disaster risk reduction includes climate adaptation and health system resilience, including implementing the *Safe Hospitals Initiative* and the Sustainable Development Goals (SDGs) for safe water and sanitation.

In 2017, WHO, SPC, PIHOA, USCDC and health development partners DFAT, MFAT and the World Bank agreed on the need for more coherent and coordinated support to PICs in strengthening health and human security. In addition, regional public goods for health security will be further strengthened to ensure Pacific-wide access to core public health services, early warning systems, and surge capacity for outbreaks and other health emergencies exceeding the capacity of national authorities or requiring regional approaches. A strategic Pacific health security coordination plan has been developed for coordinated in-country support to accelerate IHR (2005) implementation for preparedness, strengthened national response to outbreaks and sudden-onset health emergencies, and regional health security capacities, and to implement objective monitoring and evaluation of IHR (2005) core capacities.

Subregional focus area 4.1

Emergency preparedness and response

Country and regional preparedness for health emergencies is important to meet national obligations under the IHR (2005). The Pacific Public Health Surveillance Network supports efforts to build PIC capacity to detect, assess and respond to outbreak-prone diseases and health emergencies. The Pacific Syndromic Surveillance System, event-based surveillance for outbreak detection and alert, rapid risk assessment, laboratory diagnosis, emergency response capacities, risk communications and public health workforce development all help to underpin

these efforts. The support of WHO and Pacific partners to these efforts is articulated in the draft *Pacific Health Security Coordination Plan,* which is guided by the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III). The Organization's responses are guided by the WHO *Emergency Response Framework* and WHO protocols for risk assessment, grading of emergencies and incident management.

To contribute to emergency preparedness and response in the Pacific, WHO will support:

- accelerating IHR (2005) core capacity implementation in all PICs;
- establishing and training national emergency medical teams (EMTs) of clinical, public health and logistics teams in Fiji, Solomon Islands, Tonga and Vanuatu in the first instance as trauma care teams and other first responders, while strengthening coordination mechanisms for the reception and tasking of international EMTs;
- making arrangements with regional emergency response partners for early technical assistance and surge capacity;
- prioritizing highly vulnerable, low-resource countries to develop national plans and critical core capacities for all-hazards preparedness and disaster risk management;
- conducting after-action reviews, exercises and voluntary joint external evaluation to test PIC preparedness, emergency alert and response systems;
- coordinating health operations in response to health emergencies through partner and WHO operational networks in accordance with the Organization's obligations to the Pacific Humanitarian Team, as one of the Health Cluster leads, and humanitarian principles;
- activating the incident management system for coordinated action in all graded and protracted health emergencies, which will ensure accurate and timely health emergency leadership and coordination, communications and provision of technical services, supplies, and surge support;
- establishing and evaluating post-disaster Early Warning Alert and Response Systems;
- conducting biennial Pacific IHR meetings as a platform for the review of progress on IHR (2005) and APSED III implementation; and
- continuing implementation of the *Pandemic Influenza Preparedness Framework* in Fiji with plans for further expansion in the Pacific.

Subregional focus area 4.2

Health system resilience

PICs remain the most vulnerable in the world to the impacts of climate change. Guided by the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health,* WHO will use adaptation projects to augment health system resilience. Across the Pacific, WHO will support capacity-building in vulnerability mapping, information management, risk assessments, emergency operations, risk communications and response logistics.

Health facilities must remain operational in the aftermath of emergencies, and preparedness will be key to preventing the failure of hospitals during crises. The *Safe Hospitals Initiative*, including vulnerability assessment using the Hospital Safety Index tool, enables identification of health facilities most at risk for remedial action before a disaster.

Subregional focus area 4.3

Towards universal access to safe water and sanitation

Increasing urbanization and environmental risks pose a challenge to providing safe drinking-water and sanitation in the Pacific. To contribute to achieving SDG 6 on water sanitation and waste management, WHO will support water safety planning, national drinking-water quality standards and water quality monitoring programmes in PICs.

4. Implementing the Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022

4.1 Implications for the WHO Secretariat

WHO's comparative advantages in the Pacific are its significant country presence, the key leadership and convening functions of the Organization, and its role as a trusted, neutral and authoritative source of technical support on evidence-based policy- and decision-making.

Effective multisectoral collaboration and enhanced, flexible and cross-cutting country-centred approaches are key elements of the implementation of this Cooperation Strategy. SDG target 3.8 on UHC provides a focus for health development and addressing gaps in health service delivery *(6)*. Equity-focused policies and initiatives will be integrated into all programme areas to address barriers and meet the needs of vulnerable groups.

The Director of the Division of Pacific Technical Support/WHO Representative in the South Pacific based in Suva, Fiji, coordinates WHO's intercountry programmes in the Pacific with WHO representatives in Samoa and Solomon Islands and WHO country liaison officers in Kiribati, Northern Micronesia, Tonga and Vanuatu.

The strategic priorities and focus areas of this Cooperation Strategy will inform WHO's biennial Programme Budget process in the Pacific and operational plan development for 2018–2022.

WHO intends to deliver the strategic priorities through four mechanisms: 1) strategic leadership across sectors; 2) coordination across WHO offices; 3) maximizing technical assistance through a country-centred approach; and 4) effective communications and knowledge-sharing.

Strategic leadership across sectors

WHO will strengthen its leadership in the Pacific across the health sector and beyond. This role is increasingly important at a time of major global and regional initiatives as well as the significant challenges facing PICs. With WHO leadership, the strategic agenda will be implemented through broadened multisectoral

collaboration, improved engagement of health development partners and enhanced harmonization of work with United Nations agencies.

Embracing the Healthy Islands vision as a unifying and aspirational goal will provide a strong focus for WHO's leadership. At the same time, the SDGs, which resonate strongly with the elements of the Healthy Islands vision, present a significant opportunity for the Pacific and development partners. WHO's leadership and coordination role will be crucial. WHO will continue to act as a key convening organization and trusted broker in the Pacific. Effective partner engagement will occur through a culture of coordination and inclusion.

Coordination across WHO offices

The Fiji-based WHO Division of Pacific Technical Support will strengthen its coordination role with other Pacific-based WHO offices, the WHO Regional Office for the Western Pacific and WHO headquarters to ensure that strategic, cross-cutting technical assistance is consistently delivered at subregional and country levels. Stimulating a unified WHO–Pacific team spirit and work, bringing together expertise from the seven Pacific country offices, the Division of Pacific Technical Support will enhance collaboration between offices and programmes and streamline administrative processes.

WHO will ensure that staff members in Fiji and other Pacific offices have the appropriate skills to plan, manage and deliver on the commitments in this Cooperation Strategy. This aims to maximize synergies across all offices and reduce the emphasis on vertical programmes while meeting PIC needs and priorities.

Coherent subregional and country-specific support

The two components of the Cooperation Strategy (the subregional strategic agenda and 21 country and area strategies) are complementary and mutually reinforcing. Through actions at the subregional and national levels, WHO's support will contribute to improving health outcomes across the Pacific and in each country and area. To make this cohesion explicit, the focus areas in each country and area strategy are linked to specific subregional focus areas. By the same token, the subregional focus areas will identify each country and area strategic priority that they will help to support.

Maximizing technical assistance through a country-centred approach

WHO will be responsive to the individual country contexts to enhance country-centred approaches. WHO will actively participate in national annual planning and review processes to ensure that its support is tailored to national priorities.

This will include support for countries to adapt regional and global initiatives to match country needs, priorities and context.

In supporting the national strategic plan and annual planning, WHO will coordinate and collaborate with partners at the country level and will strengthen team approaches. Enhanced WHO presence in PICs and greater flexibility will maximize the benefits of WHO's technical support. WHO will continue to rapidly mobilize and provide interventions to support regional or country-specific priorities such as public health emergencies and outbreaks.

Effective communications and knowledge-sharing

As a trusted source of information, WHO will continue to communicate and facilitate the flow of information and guidance materials to PIC governments, development partners and civil society aiming to drive evidence-based policy- and decision-making.

WHO will build the knowledge base, enhancing its role as a knowledge-rich Organization and share lessons learnt through evaluations and reviews of programmes and events. The roles, values and programmes of the Organization will be disseminated through strategic communications, meetings and websites. WHO will improve information access by innovative communications methods and the use of infographics, social media and country-specific mechanisms.

4.2 Monitoring and evaluation

Monitoring performance is essential to ensure implementation of this Cooperation Strategy is on track. The strategic agenda described in Section 3 is expected to contribute to four outcomes and impacts:

1. improved maternal and child health;
2. reduced avoidable disease burden and premature mortality;
3. improved access to and utilization of high-quality, affordable health services; and
4. improved preparedness, response and resilience to environmental and disease hazards.

WHO will monitor, assess and evaluate its efforts to achieve these outcomes and impacts and will use this information to facilitate organizational learning.

Monitoring

In keeping with WHO's alignment with the Healthy Island vision, the *Healthy Islands Monitoring Framework* provides a key mechanism for monitoring the outcomes and impact of this Cooperation Strategy. The four strategic priorities of this Cooperation Strategy described in Section 3 are the same as the four groups of the *Healthy Islands Monitoring Framework.* Therefore, implementation of activities under each strategic priority will contribute to improving indicators of the same group in the Monitoring Framework.

The Monitoring Framework, which strongly aligns with the SDGs, comprises 48 mandatory indicators made up of 33 core indicators and 15 complementary indicators. Where possible the indicators have been sourced from global frameworks, particularly the SDGs. The core indicators can be collected through routine administrative systems while the complementary indicators require survey methodologies for their collection. The indicators cover a range of process and outcome measures. The Monitoring Framework will also be used by health partners and other agencies. In particular, indicators from the Monitoring Framework will be used to monitor the UNPS.

Evaluation

WHO promotes internal assessments and both internal and external evaluations as key methods of organizational learning and improvement. The lessons learnt from these assessments and evaluations will be shared with country stakeholders and partners and incorporated into future planning. WHO will monitor and evaluate progress of the Cooperation Strategy through a midterm review around 2020 and an assessment at the end of the Cooperation Strategy cycle in 2022.

Accountability for resources and results

Operationally, this Cooperation Strategy will be implemented through biennial WHO Programme Budget workplans with results measured through WHO's results chain. The results-based framework ensures WHO accountability for its resources, activities, results, outcomes and impact. Progress towards achievement of outcomes is measured in terms of changes in policies, practices, institutional capacities, and coverage or access to services as well as reduction of risk factors.

The Programme Budget has an embedded process of annual assessment through a midterm review at the end of the first year of the biennial budget cycle and the end-of-biennium assessment. These assessments review financial and technical implementation to identify both success and impeding factors. Lessons learnt inform the next cycle of biennial planning.

5. Country cooperation and area strategies

The presentation of each national country cooperation strategy is organized with the following sections:

1. Overview

2. Health and development

3. Healthy Islands indicators

- In this section, skilled health workers are defined as physicians, nurses and midwives.
- For all the indicators, the references come from Country statistics and global estimates by WHO and United Nations partners in collaboration with countries and areas. For more information, visit the Global Health Observatory and the WHO Health Information and Intelligence Platform (HIIP).

4. National health policy

5. Partners

6. National strategic priorities: WHO and the Government, 2018–2022

- For each country and area, WHO – working with partners – will support the Government in pursuing its national strategic priorities. Each strategic activity is linked to at least one of the subregional focus areas (SFAs) that are detailed in the subregional strategic agenda (Section 3) of the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022.*
- The numbers presented in the left column of these tables indicate the SFAs supporting the national strategic priorities.

American Samoa

1. Overview

American Samoa comprises five volcanic islands and two atolls covering 199 square kilometres in the South Pacific Ocean. American Samoa is an unincorporated and unorganized territory of the United States of America – the furthest United States territory to the east and south of the equator. Its population was 55 519 in 2010, a decrease of 3.1% since 2000. The head of government is the governor who is elected by popular vote every four years. Major economic activities in American Samoa include tuna canning and handicrafts. In 2010, it was estimated that over 90% of the population resided in urban areas.

2. Health and development

The Department of Public Health is responsible for public health issues, communicable disease control and health services at district and community levels. The national hospital, Lyndon B. Johnson Tropical Medical Center in Pago Pago, is managed by a hospital board and is subject to the rules and regulations of the United States of America.

Noncommunicable diseases (NCDs) are the main cause of premature illness and death. Key risk factors for NCDs are prevalent. Limitations on human and financial resources impair institutional capacity to implement comprehensive strategies for NCDs. To strengthen the local public health workforce, good training opportunities need to be made available at home and abroad. The health services delivery model needs to be reoriented to respond to the burden of NCDs including by balancing the curative and preventive health needs of the population.

American Samoa is also vulnerable to emerging and re-emerging infectious diseases including dengue, chikungunya and Zika. Ongoing challenges in emergency management include local capacity for epidemiologic surveillance, laboratory capacity and risk communications.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	28.3	2003
Per capita total expenditure on health at average exchange rate (US$)	546.4	2003
Total expenditure on health as a percentage of gross domestic product (%)	NA	
Tuberculosis incidence (per 100 000 population)	6	
Life expectancy at birth (both sexes)	73	2012

Under-five mortality rate (per 1000 live births)	9.4	2012
Absolute number of maternal deaths	0	2010–2012
Maternal mortality ratio (per 100 000 live births)	86.1	2013
Adult mortality rate from NCDs at ages 30–69 years (%)	22	2010–2012
Number of suicides	3	2014
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	94	2008
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	86	2008
Current tobacco smoking among persons 15 years of age and over (%)	NA	
Population using improved drinking-water sources (%)	100	2012
Population using improved sanitation facilities (%)	63	2012
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

"NA": not available

4. National health policy

Currently there are no overarching health or development strategies in American Samoa, although in 2010 there were moves to develop a territory health plan.

American Samoa's *Strategic Action Plan for Non-Communicable Disease Prevention and Control (2013–2018)* recognizes that development can only be achieved through improved NCD prevention and management. The plan's strategic framework includes supportive environments (policy change), healthy lifestyle promotion, appropriate clinical services, community mobilization through advocacy and communication, and evidence-based action using surveillance and monitoring. Priority, or "best buy", interventions include policy and advocacy targeting behavioural risk factors such as unhealthy diet, tobacco and alcohol use. The plan also highlights the need for better primary and secondary prevention of cardiovascular diseases, diabetes and cancers.

5. Partners

In implementing this cooperation strategy, the World Health Organization (WHO) and the Department of Public Health will work with other government departments, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
	1.	To set the strategic public health agenda
1.2	1.1	Facilitate policy dialogue on the strategic direction of the health sector and the role of health partners to deliver on it.
1.2	1.2	Strengthen collaboration with partners.
1.2	1.3	Contribute to the annual health forum agenda and delivery.
Link to SFA	2.	To plan and implement the health sector agenda
1.2 and 3.1	2.1	Improve whole-of-sector coordination and planning to implement the *Strategic Action Plan for Non-Communicable Disease Prevention and Control (2013–2018).*
3.1	2.2	Implement the NCD monitoring framework for American Samoa by establishing and strengthening monitoring and surveillance of NCD risk factors and behaviours.
1.3 and 3.1	2.3	Improve coverage of essential NCD interventions at the primary and secondary level through adoption of PEN protocols, service delivery plans, treatment guidelines and capacity-building.
Link to SFA	3.	To develop capacity across the health sector to address ongoing and emerging challenges
1.3	3.1	Identify imbalances in health workforce and target areas to improve the delivery of priority public health and clinical services.
1.3	3.2	Identify and promote health workforce performance, quality and retention.
1.3	3.3	Develop and enact legislation and regulations to promote health workforce performance, quality and retention.
1.3	3.4	Match continuing professional development opportunities with health workforce needs (e.g. through POLHN, fellowships and specialized training).
4.1	3.5	Build core capacities for IHR (2005) with APSED III as a framework to strengthen epidemiologic surveillance, laboratory capacity and risk communication.

Cook Islands

1. Overview

Cook Islands comprises 15 islands spread over 2 million square kilometres in the Polynesian Triangle. The islands are geographically divided into two groups, commonly referred to as the Northern Group and Southern Group. The two groups differ in their social, cultural and economic activities. The population of Cook Islands was 14 977 in 2011. The majority of the population lives in Rarotonga (73.6%), the centre of governance and commerce, in the Southern Group. Cook Islands is a self-governing entity in free association with New Zealand. New Zealand retains responsibility for external affairs and defence in consultation with Cook Islands. The Government is an independent parliamentary democracy consisting of 24 elected members, with a separate House of Ariki (high chiefs) made up of 15 members that advise the Government on matters such as traditional questions of landownership and custom. The main sources of income are tourism, offshore banking, marine resources and agriculture.

2. Health and development

The Ministry of Health is the main provider of health care in Cook Islands and is directly responsible for seven legislative acts relevant to health. Health-care services are mostly free to citizens and range from public health (inclusive of primary care) to secondary care. Secondary care includes surgery, medicine, anaesthesia, obstetrics, gynaecology, ophthalmology and paediatrics. These services are supplemented by visiting specialists, and access to tertiary services is through referral to overseas providers. There is a small number of local private general practitioners and dentists. Administratively, health facilities and services are classified into four levels, based on community populations, facility services and available staff.

NCDs and their risk factors are major public health problems in Cook Islands. As indicated in the *Cook Islands National Health Strategic Plan 2017–2021,* cardiovascular disease is the most prevalent NCD, with an average of over 200 cases each year from 2009 to 2015, followed by diabetes with an average of 100 new cases a year. In 2015, 3725 patients were recorded in the Ministry of Health's registry for NCDs. An incidence of 1.9% and prevalence of 28.1% was noted for all NCDs in 2013. In terms of risk factors, the *STEPwise Approach to Chronic Disease Risk Factor Surveillance* (STEPS) survey revealed that in 2004, in the adult population aged 25–64 years, the prevalence of obesity was 61.4%, hypertension was 33.2%, diabetes was 23.6% and elevated blood cholesterol was 75.2%.

The Cook Islands workforce strategy highlights the need for continuing professional development and strengthening all cadres of the health workforce, with a focus on increasing the number of specialists in most disciplines, including paediatrics; building the nurse practitioner workforce on all islands; and increasing the nursing, dental and allied health workforce.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	69.5	2009
Per capita total expenditure on health at average exchange rate (US$)	517.86	2014
Total expenditure on health as a percentage of gross domestic product (%)	3.38	2014
Tuberculosis incidence (per 100 000 population)	7.8	2015
Life expectancy at birth (both sexes)	76.4	2006–2012
Under-five mortality rate (per 1000 live births)	8.1	2015
Absolute number of maternal deaths	NA	
Maternal mortality ratio (per 100 000 live births)	NA	
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	1	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	99	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	90	2016
Current tobacco smoking among persons 15 years of age and over (%)	NA	
Population using improved drinking-water sources (%)	99.9	2015
Population using improved sanitation facilities (%)	97.6	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	100	2017

"NA": not available

4. National health policy

The *National Sustainable Development Plan 2016–2020* (NSDP) is the development strategy of the Government covering a period of five years. The NSDP vision is "to enjoy the highest quality of life consistent with the aspirations of our people, and in harmony with our culture and environment". The NSDP has 16 development goals that outline individual, community, business and government partnerships for a sustainable quality of life for all Cook Islanders. Goal 7 relates to health care and translates to six objectives in the Ministry of Health: reduce NCDs; increase investment in health care; promote sexual health; promote healthier lifestyles through exercise and sports; achieve healthier, longer lives; and improve mental health care.

Linked to the NSDP, the Ministry of Health has a new health strategy, *Takai'anga Angaanga Tutara A Te Marae Ora: Cook Islands National Health Strategic Plan 2017–2021*, with the following five policy goals under key result areas:

1. to strengthen administrative and management capacity and capability to meet the health systems and health service needs, demands and expectations for the Ministry of Health;
2. to strengthen and improve public health and community health-care services under the principles of primary health care and the Healthy Islands vision;
3. to provide high-quality clinical care and services to meet the needs and expectations of patients, in line with the policies and resources of the Ministry of Health;
4. to provide high-quality pharmaceutical services, diagnostics and support services to meet clinical care patients and the communities, in line with the policies and resources of the Ministry; and
5. to work collaboratively to complement and support health partners in the implementation of agreed health-related interventions and activities.

5. Partners

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
	1.	To set the strategic public health agenda
1.2	1.1	Conduct annual, midterm review and evaluation of *Takai'anga Angaanga Tutara A Te Marae Ora: Cook Islands National Health Strategic Plan 2017–2021.*
1.2	1.2	Develop the next national health strategic plan in line with the Healthy Islands Vision, the Pacific NCD Roadmap, *Te Papa Tutara A Te Marae Ora: Cook Islands National Health Roadmap 2017–2036,* the Sustainable Development Goals (SDGs) and universal health coverage (UHC).
1.2	1.3	Review the Public Health Act 2004 and regulations, with strategies to enhance compliance and enforcement.
1.2	1.4	Facilitate a feasibility study on financing options, including health insurance, for health services.
Link to SFA	2.	To plan and operationalize health policies and strategies
1.2 and 3.1	2.1	Review and evaluate the *Cook Islands National Strategy and Action Plan for NCDs 2015–2019* and *Cook Islands National Oral Health Strategy 2014–2018,* including surveillance of risk factors and interventions.
3.1	2.2	Improve prevention and management of NCDs in Pa Enua by adaptation of protocols, service delivery planning, and monitoring and referral mechanisms

3.1	2.3 Adopt evidence-based policy interventions on unhealthy diets, including the restriction of marketing of unhealthy foods to children.
4.3	2.4 Develop and implement plans for drinking-water safety and quality.
1.4	2.5 Review the essential medicines list and essential consumables list to align them with evolving health needs and system requirements.
1.5	2.6 Use health technology/information assessment to inform planning of services at the primary health care level.
1.4	2.7 Implement the *National Action Plan for Antimicrobial Resistance* including carrying out the annual Antibiotic Awareness Week, and advancing antimicrobial stewardship and infection prevention and control.
3.2	2.8 Validate HIV and STI testing algorithms through introduction of test kits, including training of service providers in primary health care settings.
2.1	2.9 Adopt the Baby-friendly Hospital Initiative across Cook Islands.
3.1	2.10 Implement and evaluate the *Cook Islands Mental Health and Well-Being Strategy 2016–2021* and *Cook Islands National Suicide Prevention Strategy 2016–2021.*
Link to SFA	3. To develop capacity in public health and service delivery to achieve policy objectives
1.3	3.1 Use the *Cook Islands Health Workforce Plan 2016–2025* to guide the fellowship programme and POLHN expansion.
1.2	3.2 Use stewardship programmes to strengthen capacity for health leadership, management and governance.
1.3	3.3 Strengthen a team approach to manage chronic patients through partnership of doctors, nurses, allied health and community health workers with patients and their families.
2.2	3.4 Enhance capacity for planning and sustaining routine immunization and the introduction of new vaccines.
3.1	3.5 Enhance capacity for planning and delivering community-based mental health programmes, including counselling and substance abuse services.
3.1	3.6 Enhance capacity for evidence-based interventions for prevention and control of violence and injuries (especially motor vehicle accidents).
4.1	3.7 Use the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) as a framework for building national capacity to detect, prepare for and respond to public health emergencies under the International Health Regulations, or IHR (2005).
1.2	3.8 Strengthen and support compliance and enforcement of health laws and regulations.

Fiji

1. Overview

Fiji comprises over 100 inhabited and 200 uninhabited islands covering over 18 000 square kilometres in the South Pacific Ocean. The population was 892 000 in 2015. Fiji's fourth constitution was signed into law in 2013. Fiji's head of state is the president who is appointed by Parliament. The president appoints the prime minister who is the head of government. As a member of Parliament, the prime minister keeps the president informed about matters relating to the governance of Fiji.

The majority of Fiji's revenues come from the forestry, minerals, fish, sugar cane and tourism industries. Major sources of foreign exchange include sugar exports and tourism. Tourism has been the leading economic activity, growing by 16.3% in 2010. Fiji is prone to cyclones and floods.

2. Health and development

The *National Strategic Health Plan 2016–202*0 documents the policy priorities that the Ministry of Health and Medical Services has chosen to underpin its strategic direction for health care in Fiji over five years. To help people achieve full health, the Ministry provides quality preventive, curative and rehabilitative services through its health system. There is a drive towards "wellness", which entails a more holistic approach to health than the mere reduction of disease or infirmity.

The Minister for Health and Medical Services has oversight of the Ministry, supported by an Assistant Minister for Health and Medical Services. A Permanent Secretary and two Deputy Secretaries for Public Health and Hospital Services provide oversight of operational functions.

The Ministry of Health and Medical Services is heavily reliant on general taxation for financing health care, although there are hospital fees and charges for services. These are gauged to avoid unfairly affecting disadvantaged groups. Many services are free of charge, including outreach and screening.

Health services are delivered through 98 nursing stations, 84 health centres, 17 subdivisional hospitals and three divisional hospitals. There are two specialty hospitals, namely Tamavua P. J. Twomey Hospital with TB, leprosy and medical rehabilitation units, and St Giles Hospital, which provides mental health services. A private hospital is also located in the capital city.

In 2015, the leading causes of death in Fiji were diabetes (19.7%), ischaemic diseases (16.6%) and hypertensive diseases (4.8%). The leading causes of morbidity were diseases of the circulatory system and respiratory system and certain infectious and parasitic diseases. Fiji's STEPS survey report showed that the prevalence of obesity was 42.0%, while prevalence of raised blood pressure was 29.3% and prevalence of raised blood glucose was 14.4%, among the adult population aged 18–64 years in 2011. Approximately 40% of tertiary health-care costs were attributed to NCD treatment in 2011, while 18.5% were attributed

to the treatment of communicable diseases. The country also continues to experience avoidable illness and death from environment-related infectious diseases, including neglected tropical diseases (NTDs), although there have been significant improvements.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	27.3	2009
Per capita total expenditure on health at average exchange rate (US$)	204.01	2014
Total expenditure on health as a percentage of gross domestic product (%)	4.49	2014
Tuberculosis incidence (per 100 000 population)	51	2015
Life expectancy at birth (both sexes)	69.7	2014
Under-five mortality rate (per 1000 live births)	22.4	2015
Absolute number of maternal deaths	5	2015
Maternal mortality ratio (per 100 000 live births)	30	2015
Adult mortality rate from NCDs at ages 30–69 years (%)	31	2015
Number of suicides	29	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	93	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	95	2016
Current tobacco smoking among persons 15 years of age and over (%)	25.7	2015
Population using improved drinking-water sources (%)	95.7	2015
Population using improved sanitation facilities (%)	91.1	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

4. National health policy

The *National Strategic Health Plan 2016–2020* has two pillars: 1) preventive, curative and rehabilitative services; and 2) health systems strengthening. The priority areas of the first pillar are NCDs, including nutrition, mental health and injuries; maternal, infant, child and adolescent health; and communicable diseases, environmental health and health emergency preparedness, response and resilience. Health systems strengthening focuses on: primary health care; a productive, motivated health workforce; evidence-based policy, planning, implementation and assessment; medical products; equipment and infrastructure; and sustainable financing of the health system. The overall mission is to empower people to take ownership of their health. The national health plan is regularly

monitored through its indicators and targets, including assessment of underperforming areas and required remedial actions.

5. Partners

In implementing this strategy, WHO and the Ministry of Health and Medical Services will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA	1. To achieve the priorities set in the new *WHO Global Health Sector Strategies on STI, HIV and Hepatitis,* to reduce tuberculosis (TB) and to control multidrug-resistant TB
3.2	1.1 Implement the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020* and ensure programmatic management of drug-resistant TB (PMDT).
3.2	1.2 Engage leaders and programme beneficiaries in the HIV response through identification of local champions and involvement of people living with HIV and key populations at higher risk in all stages of the programme, service delivery cycle, and monitoring and evaluation.
3.2	1.3 Achieve or maintain the elimination or eradication of NTDs.
Link to SFA	2. To ensure that Fiji has achieved national indicators for all NCDs and for nutrition, in line with global targets
3.1	2.1 Ensure that excise tax accounts for 70% of the tobacco retail price as the recommended minimum, while increasing taxes on alcohol and targeted foods such as sugar-sweetened beverages.
3.1	2.2 Increase the use of policy approaches to control alcohol abuse, such as controlling advertising and regulating availability, along with appropriate awareness-raising programmes.
3.1	2.3 Monitor the status of NCDs through surveys such as STEPS and the Global School-based Student Health Survey (GSHS).
3.1	2.4 Strengthen NCD management in primary health care, using all PEN protocols, including monitoring of impact.
1.2 and 3.1	2.5 Increase efforts to improve diets through education and policy development, including controlling advertising to children and advertising of breast-milk substitutes, adopting settings-based policies, and implementing the *Salt, Sugar and Fat Reduction Strategy.*
1.2 and 3.1	2.6 Enhance food safety controls through legislative strengthening, capacity-building and improved monitoring and enforcement including for assessing food contamination.

Link to SFA	3. To decrease the service provision gap for mental health, disability and rehabilitation and to prevent and respond to violence and injuries
3.1	3.1 Increase national capacity for recovery-oriented community-based mental health and social support services.
3.1	3.2 Promote mental health and the prevention of mental disorders, alcohol harm and suicide, reduce stigma and discrimination, and uphold human rights across the lifespan.
3.1	3.3 Develop national policies and action plans related to disability and violence and injury prevention.
3.1	3.4 Strengthen community-based rehabilitation as a development approach to improving access to services for people with disability.
3.1	3.5 Ensure the collection of relevant data as required under global reporting requirements in order to inform programme and policy decisions.
Link to SFA	4. To build a robust health system that ensures UHC and resilience to climate change
1.2	4.1 Review and strengthen role delineation, and system and performance review across the health system, including sharing of best practices.
1.2	4.2 Review and plan national health plans, including through the use of national health accounts.
1.3	4.3 Develop generic standards, competencies and scope of practice for benchmarking of nursing specialization and medical internship, and support ongoing access to continuing career development, including through POLHN.
1.5	4.4 Assist with improvements in health information systems in line with national indicators and the *Healthy Islands Monitoring Framework,* including improvements in the quality of data.
1.2	4.5 Strengthen governance and policies.
4.1	4.6 Develop and maintain climate change resilience, an adaptation plan and an early warning system.
Link to SFA	5. To improve access to essential medicines and health technologies, including traditional and complementary medicines, and to contain antimicrobial resistance
1.4	5.1 Develop and review policies for medicines and health technologies including traditional medicines.
1.4	5.2 Strengthen procurement and supply of medicines and health technologies through assessment of inventory management systems, supply chain management training, and effective collaboration and information sharing with key programmes and stakeholders.
1.4	5.3 Improve the ability to detect and deal with substandard products through a regional quality assurance mechanism and strengthened pharmacovigilance system, allied with capacity-building.
1.4	5.4 Ensure the implementation and monitoring of the multisectoral national action plan on antimicrobial resistance, with sufficient resource mobilization for full implementation.

Link to SFA		
	6.	To ensure that Fiji is able to detect, assess and respond to its common epidemic-prone diseases, and have in place arrangements with regional response partners for early technical assistance and surge capacity in the event of a transnational threat or disaster
4.1	6.1	Develop and adapt technical guidelines and other knowledge products for the prevention and control of biological hazards and contribute to the Pacific Syndromic Surveillance System.
4.1	6.2	Ensure annual reporting on the implementation of IHR (2005).
4.1	6.3	Improve the capacity of the national public health laboratory to conduct core public health tests, and manage shipments to international reference laboratories for timely diagnosis and quality assurance.
4.1	6.4	Strengthen implementation of the *Pandemic Influenza Preparedness Framework* and support post-disaster early warning, alert and response systems.
4.1	6.5	Adapt and implement the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health,* including enhanced capacity in humanitarian coordination and response within national health authorities.
4.1	6.6	Invigorate outbreak alert and emergency response exercises for communicable disease events.
Link to SFA	7.	To achieve improvements in maternal, newborn, child and adolescent health through a life-course approach and by strengthening the continuum of care, including a focus on achieving global and regional immunization goals
2.2	7.1	Sustain high immunization coverage and ensure continuing poliomyelitis-free status, and achieve and sustain measles and rubella elimination.
3.2	7.2	Improve prevention and management of rheumatic heart disease in line with the national strategy.
2.1	7.3	Deliver school health programmes and health promotion in all schools.
2.1 and 3.2	7.4	Eliminate mother-to-child transmission of HIV.
2.1	7.5	Expand the coverage of the Mother Safe Hospital Initiative.

French Polynesia

1. Overview

French Polynesia is a French territorial overseas community comprising 35 volcanic islands and about 183 low-lying coral atolls. It covers 4167 million square kilometres in the South Pacific Ocean, with a land area of 3521 square kilometres. The population was estimated to be 280 000 in 2014. French Polynesia is divided into five administrative units Austral Islands, Windward Islands, Marquesas Islands, Leeward Islands and Tuamotu-Gambier.

The head of state is a high commissioner appointed by the president of France. The head of government is a president elected by the Assembly, comprised of representatives elected by popular vote. French Polynesia is a high-income economy with a gross domestic product per capita of US$ 27 352 (2008 estimate). Revenues are largely derived from French Government subsidies, tourism and the black pearl industry.

2. Health and development

The Centre Hospitalier de la Polynésie française is the national referral hospital. Public general hospitals are located in Tahiti, Moorea, Raiatea and Nuku Hiva islands, and there are 115 public health facilities. The entire population has social health insurance.

Life expectancy has been improving, but new health-care needs have emerged because of an ageing population, and an increase in NCDs and emerging diseases. French Polynesia has confirmed Zika and chikungunya virus infections on all its archipelagos. Guillain–Barré syndrome was associated with both infections, with cases reported in the Windward Islands, Leeward Islands, Tuamotu Islands, Austral Islands and Marquesas Islands. There are also challenges in maintaining social cohesion and health equity.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	68	2009
Per capita total expenditure on health at average exchange rate (US$)	3362	2008
Total expenditure on health as a percentage of gross domestic product (%)	NA	
Tuberculosis incidence (per 100 000 population)	22	2010–2013
Life expectancy at birth (both sexes)	75	2013
Under-five mortality rate (per 1000 live births)	2.2	2013
Absolute number of maternal deaths	NA	
Maternal mortality ratio (per 100 000 live births)	0	2011

Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	3	2010
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	99	2015
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	98	2015
Current tobacco smoking among persons 15 years of age and over (%)	41	2010
Population using improved drinking-water sources (%)	100	2015
Population using improved sanitation facilities (%)	98	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

"NA": not available

4. National health policy

The *Strategic Orientations of the Health Policy 2016–2025* sets out four strategic areas:

1. modernize and optimize governance of the health and social welfare system;
2. improve the general social protection system for optimum coverage of health and social needs;
3. focus policy on prevention and health promotion; and
4. ensure a quality health system.

The *Health Organization Scheme (SOS) 2016–2021* defines the first steps for implementation and has six major areas:

1. restore authority by establishing a regulatory body for health and social welfare;
2. improve primary health for the archipelagos;
3. adapt health provision to changing needs;
4. make the fight against overweight a priority;
5. meet the challenge of ageing well in partnership with the Ministry for Solidarity; and
6. support all such efforts by setting up a digital portal on Polynesian health.

5. Partners

In implementing this strategy, WHO and the Government will work with other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government 2018–2022

Link to SFA	National strategic priorities
1.3	1. To strengthen essential health service delivery to progress towards achieving UHC and the vision of Healthy Islands.
3.1	2. To strengthen health policy on NCDs:
3.1	2.1 Develop a national cross-sectoral strategic plan on NCDs that covers the key risk factors and NCD management, and includes country-specific targets and a monitoring plan
3.1	2.2 Develop and implement effective NCD prevention activities, in line with best practices and building on regional experience.
4.1	3. To strengthen capacity to prepare for and respond to public health events caused by common epidemic-prone and emerging diseases, environmental hazards and climate change, and the health consequences of disasters.
3.1	4. To increase access to health care for people with disability and strengthen rehabilitation.

Guam

1. Overview

Guam is an unincorporated and organized territory of the United States of America in the western Pacific Ocean. Guam has an estimated population of 162 000 spread across 19 villages. The majority of people live in the northern part of the island. Guam is one of five Pacific island jurisdictions of the United States of America with a civilian government and a governor elected by popular vote. Guam's economy is forecasted to continue a moderate expansionary trend, driven by military-related activities, tourism, construction, trans-shipment services, food processing and textiles.

2. Health and development

The Department of Public Health and Social Services is responsible for public health policies. Guam Memorial Hospital, which is located in the village of Tamuning, provides a broad range of health-care services to residents and people from neighbouring islands, such as the Commonwealth of the Northern Mariana Islands and the Federated States of Micronesia. The United States Naval Hospital Guam provides health services primarily to military personnel, but it also provides voluntary community services to the civilian community. The Guam Regional Medical City, a private hospital, started its service in 2015 in the north of Guam.

NCDs and communicable diseases were identified as important health challenges in the Guam community health assessment in 2014. The rate of NCDs continues to increase. In 2014, around half of deaths in Guam were attributed to heart disease (31%) and cancers (18%) such as lung and cervical cancer. However, fewer people are opting for cancer screening. Many people suffer from heart disease or are living with diabetes. Tobacco use is a major risk factor for these NCDs. Incidence of TB also remains high.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	NA	
Per capita total expenditure on health at average exchange rate (US$)	NA	
Total expenditure on health as a percentage of gross domestic product (%)	NA	
Tuberculosis incidence (per 100 000 population)	53	2010–2013
Life expectancy at birth (both sexes)	78.5	2012
Under-five mortality rate (per 1000 live births)	0.7	2012
Absolute number of maternal deaths	NA	

Maternal mortality ratio (per 100 000 live births)	0	2012
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	26	2007
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	91	2015
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	85	2015
Current tobacco smoking among persons 15 years of age and over (%)	26.5	2013
Population using improved drinking-water sources (%)	100	2015
Population using improved sanitation facilities (%)	90	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	NA	

"NA": not available

4. Department health policy

The *Department of Public Health and Social Services Strategic Plan 2015–2017* aims to enhance the agency's capacity to contribute to improving the health of the Guam community and markedly reducing its physical and socioeconomic burden of disease and ill health. There are six priorities: 1) workforce development to meet Guam's health needs; 2) information technology systems that are modernized and supported to ensure efficient communications; 3) organizational structure and process that maximize the agency's capacity for meeting its mission; 4) enhancements in the regulatory framework to create a health promoting policy environment; 5) client-focused initiatives that deliver people-centred public health and social services; and 6) sustainability in designing the health system to meet the population's health needs.

5. Partners

In implementing this strategy, WHO and the Department of Public Health and Social Services will work with other government departments, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and Guam in 2018–2022

Link to SFA	1. To ensure that Guam has achieved national targets for NCDs, in line with the global and regional targets
3.1	1.1 Ensure that excise tax accounts for 70% of the tobacco retail price as the recommended minimum.
3.1	1.2 Align tobacco legislation to the WHO Framework Convention on Tobacco Control (FCTC) by including, inter alia: graphic health warnings, bans on tobacco advertising, promotion and sponsorship, and further expansion of smoke-free settings.
3.1	1.3 Strengthen policy-based approaches to reducing alcohol misuse including controlling market-regulated advertising, preventing drink-driving and regulating availability, supported by appropriate awareness-raising programmes.
3.1	1.4 Monitor the NCD situation in Guam, through targeted surveys and the use of routinely collected data.
3.1	1.5 Strengthen the use of PEN protocols for more effective NCD management, including through implementation of service delivery plans, treatment guidelines, capacity-building, and enhancing monitoring and referral mechanisms.
3.1	1.6 Develop and implement effective cervical cancer screening and management programmes.
3.1	1.7 Develop and implement NCD-related rehabilitation services.
1.3	1.8 Promote online-based continuing professional development including POLHN opportunities.
Link to SFA	2. To implement the national TB programme in line with the WHO *End TB Strategy* and the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific*
3.2	2.1 Integrate the people-centred approach in order to achieve the targets under the *End TB Strategy.*
3.2	2.2 Update the TB management guidelines as per the newer policy recommendations.
3.2	2.3 Assist PMDT in coordination with the multidrug-resistant TB helpdesk and support effective treatment outcomes.
3.2	2.4 Coordinate to ensure that access to second-line TB drugs is provided, with availability of quality-assured drugs.
Link to SFA	3. To strengthen prevention of NTDs
3.2	3.1 Develop plans, conduct operational research and use available resources efficiently for integrated vector management.
3.2	3.2 Support appropriate sustainable and ecologically sound vector control strategies, adopting guidelines of WHO, Association of State and Territorial Health Officials and United States Centers for Disease Control and Prevention.
3.2	3.3 Ensure proper case management of NTDs.

Kiribati

1. Overview

Kiribati is a republic headed by a president. Kiribati has a unicameral House of Assembly, the Maneaba Ni Maungatabu, and a number of island councils. It is one of the most geographically isolated countries in the world. Its 33 atolls, of which 22 are inhabited, cover a total land area of 811 square kilometres, spanning 3.5 million square kilometres of ocean. The country is vulnerable to sea-level rise and extreme weather events including those resulting from climate change. Delivering services to its widely scattered population of 110 136 (2015) is challenging and costly, especially in terms of transportation and communication costs. Among Pacific island countries, Kiribati has high levels of poverty and domestic overcrowding, particularly in the capital city of South Tarawa where half of the population lives. Based on a 2014 poverty assessment by Australia's Department of Foreign Affairs and Trade, about 66% of Kiribati's population has been rated as poor or vulnerable.

The main revenues for its unstable economy come from fishing licenses and seafood exports. Most of its foods, fruits and vegetables are imported. Safe water supplies and sanitation facilities are limited. The main source of water is from underground wells and rain harvesting. Improper solid and chemical waste disposal, including hospital wastes, are threats to public health.

2. Health and development

Kiribati's population health status has improved over time and health gains have been made. Average life expectancy at birth has risen from 60 years in 1990 to 66 years in 2015. The incidence of some common communicable diseases such as diarrhoea and respiratory tract infections has declined. Health services are delivered free of charge through a network of health facilities, including of four hospitals, 30 health centres staffed by medical assistants and 75 clinics staffed by public health nurses, with sustained high levels of essential services coverage. Health remains among the top six priorities of the Government, receiving the second highest government budget allocation for 2015 and 2016, with the education sector being the highest.

However, Kiribati is one of only three Pacific island countries that did not achieve any of the health Millennium Development Goals. In 2015, the maternal mortality ratio was 90 per 100 000 births, and infant and under-five mortality rates were 44 and 56 per 1000 live births, respectively. High levels of neonatal mortality (10.2 per 1000 live births in 2015) and malnutrition are central concerns. In 2015, Kiribati had the highest number of cases of TB and leprosy in the Pacific, with 516 and 155 new cases respectively. Hepatitis B, STI, lymphatic filariasis, soil-transmitted helminths and diarrhoea remain leading infectious diseases.

Kiribati also faces a NCD crisis. The Kiribati NCD STEPS survey in 2016 showed little improvement compared to the 2006 survey. Key NCD risk factors remain, and the burden of disability from NCDs is increasing. Mental illness, suicides, domestic violence and injuries are also inadequately addressed.

Significant gaps in health services delivery include: deteriorating health facilities with limited bed capacity and frequent shortages of medical equipment and drug supplies; limited human and financial resources for health coupled with increasing health demands; and need for improvement in the standard and quality of care. A rapidly increasing population puts pressure on services that were already strained to provide adequate standards of care. Adverse impacts on health of gender inequality, poverty, poor sanitation, overcrowding and contaminated water sources add to the complexity of challenges for the health sector.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	48.2	2013
Per capita total expenditure on health at average exchange rate (US$)	154.17	2014
Total expenditure on health as a percentage of gross domestic product (%)	10.21	2014
Tuberculosis incidence (per 100 000 population)	551	2015
Life expectancy at birth (both sexes)	66.3	2015
Under-five mortality rate (per 1000 live births)	55.9	2015
Absolute number of maternal deaths	3	2015
Maternal mortality ratio (per 100 000 live births)	90	2015
Adult mortality rate from NCDs at ages 30–69 years (%)	28	2015
Number of suicides	1	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	81	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	80	2016
Current tobacco smoking among persons 15 years of age and over (%)	52.2	2015
Population using improved drinking-water sources (%)	66.9	2015
Population using improved sanitation facilities (%)	39.7	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

4. National health policy

The Government's commitment to the 2030 Agenda for Sustainable Development is reflected in the strategic actions and core indicators of the *Kiribati Development Plan 2016–2019.* Goal 3 of the Development Plan is to improve population health and health equity through reductions in morbidity and mortalities from common diseases including NCDs and improved population coverage and access to quality care.

The vision of the *Kiribati Health Strategic Plan 2016–2019* is "Akea Tokin Te Tamaroa towards healthy population that is well supported by quality health services". The mission is to deliver safe, quality health services through hospital, public health and nursing facilities. The primary goal is to improve population health and health equity through continuous improvement in the quality and responsiveness of health services, and by making the most effective and efficient use of available resources. The six strategic key result areas and goals are as follows:

1. strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs;
2. increase access to and use of high-quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and well-being will be at risk if they become pregnant;
3. improve maternal, newborn and child health;
4. prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks;
5. address gaps in health service delivery and strengthen the pillars of the health system; and
6. improve access to high-quality and appropriate health-care services for victims of gender-based violence, and services that specifically address the needs of young people.

5. Partners

In implementing this strategy, WHO and the Ministry of Health and Medical Services will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA	1. To facilitate progress towards UHC and the Healthy Islands vision through revitalization of primary health care services and strengthening of health systems
1.1	1.1 Support national efforts to improve health systems performance in terms of quality, efficiency, equity, accountability, and sustainability and resilience by the implementation of key actions outlined in *Universal Health Coverage: Moving Towards Better Health, Action Framework for the Western Pacific Region,* and the *Pacific Healthy Islands Framework of Action.*
1.2	1.2 Support efforts to improve health workforce capacity, quality of health data and information systems, rational and efficient use of health resources such as finances, medical supplies and drugs, effective procurement and supply management, and quality of service delivery, supervision and monitoring.

1.2	1.3 Support health legislation, policy, planning and management and sustain efforts by the Ministry of Health and Medical Services to improve leadership and governance of the health sector, and facilitate effective partnerships.
1.2	1.4 Facilitate the implementation and enforcement of health laws and regulations.
Link to SFA	2. To support national efforts to sustain health gains, further reduce disease and death from communicable diseases and NCDs and other conditions, and reduce risk factors and vulnerabilities of the population
3.2	2.1 Advance progress to eliminate lymphatic filariasis and trachoma by 2020, and reduce prevalence of TB, leprosy, hepatitis B, STIs and other communicable diseases.
3.1	2.2 Support NCD interventions: surveillance including technical support for conducting the STEPS survey in 2021–2022; implementation and enforcement of tobacco legislation; efforts to promote healthy lifestyles through policy-based and settings approaches; and use of tools and guides for the management and treatment of NCDs including co-morbidities such as TB and hepatitis B.
2.1	2.3 Support the improvement of reproductive, maternal, neonatal, child and adolescent health (RMNCAH) and sustain and improve immunization, antenatal and postnatal coverage.
1.2	2.4 Facilitate policy dialogue among all key stakeholders to address determinants of health such as gender inequalities, poverty, illiteracy, unemployment and overcrowding through whole-of-government, whole-of-society and Health in All Policies approaches.
Link to SFA	3. To build and strengthen national capacity for preparing and responding to public health events (e.g. infectious diseases outbreak, environmental hazards and health impacts of climate change), to analyse risks and vulnerabilities, and to develop and implement risk management plans
4.1	3.1 Enhance national IHR (2005) core capacities to near full capacity (>80% levels) by 2022, particularly the six core capacities that are in line with essential public health functions: surveillance, risk assessment and response; laboratories; risk communication; public health emergency preparedness (including zoonoses, infection prevention and control, hospital preparedness, Incident Management System); regional preparedness, alert and response; and monitoring and evaluation.
	3.2 Facilitate the testing and implementation of a national health emergency and response plan, and joint external evaluation of IHR (2005) core capacities and capability to respond to emergencies.
4.1	3.3. Support the planning and implementation of interventions to prevent and cope with negative impacts of climate change on health, including water and food safety.
4.2	3.4 Provide the link between Kiribati and the WHO Health Emergencies Programme in effectively responding to health emergencies in the country.

Marshall Islands

1. Overview

The Marshall Islands covers 181 square kilometres in the Pacific Ocean and comprises 29 atolls and five major islands. The population was about 54 200 in 2013. The Marshall Islands is governed by a president elected from among the members of the Legislature, who are elected by popular vote. Major economic activities include agriculture, copra, tuna processing and tourism.

Direct aid provided by the United States Government to the Marshall Islands is the mainstay of the economy.

2. Health and development

The Ministry of Health works collaboratively with the Community Health Councils to provide health-care services. The Marshall Islands has two hospitals (one each in Majuro and Ebeye) and 56 health-care centres in the outer atolls and islands. Both hospitals provide primary, secondary and limited tertiary care. Patients who need full tertiary care are referred overseas. Health centres are staffed by full-time health assistants and provide health promotion, prevention and essential clinical care services.

The shortage of funds to implement programmes contributes to the fragmentation of health service delivery. This is despite the fact that, during annual government programme reviews at the national level, the health sector is often found to have a low spending rate. By the same token, staff assigned to manage programmes would also benefit from better induction and training.

Diabetes-related diseases and cancer are the leading causes of death in the Marshall Islands. There is high mortality and morbidity for both noncommunicable and communicable diseases. The high consumption of imported canned and instant food, lack of physical exercise and use of tobacco products are all associated with the high prevalence of NCDs and obesity. TB is also a leading cause of death, and the country has reported multidrug-resistant TB. The Ministry of Health's response to emergencies and disasters is ad hoc, and multisectoral approaches remain a challenge.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	40.1	2012
Per capita total expenditure on health at average exchange rate (US$)	625.2	2014
Total expenditure on health as a percentage of gross domestic product (%)	17.4	2014
Tuberculosis incidence (per 100 000 population)	344	2015
Life expectancy at birth (both sexes)	71.8	2011

Under-five mortality rate (per 1000 live births)	36	2015
Absolute number of maternal deaths	2	2011
Maternal mortality ratio (per 100 000 live births)	NA	
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	11	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	71	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	75	2016
Current tobacco smoking among persons 15 years of age and over (%)	NA	
Population using improved drinking-water sources (%)	94.6	2015
Population using improved sanitation facilities (%)	76.9	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	100	2017

"NA": not available

4. National health policy

The Ministry of Health has introduced a dynamic three-year rolling plan, the *3-Year Rolling Strategic Plan 2017–2019.* The Ministry's theme is "Kumiti Ejmour" or "Health is a shared responsibility". The Ministry's vision is "to reaffirm the commitment to facilitate the concept of healthy islands and health promotion and protection where children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride; and the ocean is protected to sustain our needs". The mission is "to strengthen the commitment to healthy islands concept in implementing health promotion to protect and promote healthy lifestyles to improve the lives of the people through primary health care services, and to build the capacity of the Ministry of Health, communities, families and partners to actively participate and coordinate preventive services programs and activities as the core resources in primary health care services".

The health priorities are to: secure high-quality health care in the outer islands; achieve universal access to high-quality care for all people with communicable diseases; provide integrated NCD services along with the tools and support that people need to manage their health; strengthen national capacity to deliver high-quality maternal, infant, child and adolescent health and community-based interventions for family resource management; increase access to community-based care and supports for adults and children with mental illness and/or substance use disorders through a network of service providers that are committed to a person-centred and recovery-oriented system of care; increase immunization rates and reduce preventable infectious diseases; promote and educate the public on healthy lifestyle changes; and provide efficient and effective administrative and coordinated functions of preventive and public health care services.

5. Partners

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
Link to SFA	1.	To build resilient and sustainable health systems to enhance the availability of needs-based health services
1.2	1.1	Strengthen national health accounts.
1.3	1.2	Develop the health workforce through programme management courses.
1.2	1.3	Strengthen a supportive and sustainable social and physical environment to improve health through legislative approaches.
1.2	1.4	Strengthen governance and government leadership, especially the Ministry of Health, through a secretariat role to support multisectoral committees set up for health-related areas.
Link to SFA	2.	To support implementation of IHR (2005) for proactive preparedness and management in health emergencies and natural disasters
4.1	2.1	Establish a dedicated team to prepare for and respond to emergencies and disasters.
4.1	2.2	Collaborate to achieve IHR (2005) core capacities.
Link to SFA	3.	To prioritize needs-based essential public health programmes delivered to the population
3.1	3.1	Scale up PEN in the dispensaries, community health centres and hospitals.
3.1	3.2	Draft legislation to restrict the use of food with a high sodium content, institute comprehensive nutrition facts labelling and pass state-level regulation to set up a traffic light system in stores to help consumers identify healthy foods.
3.1	3.3	Implement the WHO FCTC through several key aspects of tobacco control including graphic health warnings, tackling tobacco industry interference, reducing second-hand smoke and promoting cessation.
3.2	3.4	Intensify TB and leprosy screening and elimination efforts.
3.2	3.5	Strengthen vector control and ensure reduction of dengue cases and fatalities with the aim to achieve a 25% reduction of cases and 50% reduction of deaths by 2020, from the pre-2016 levels.

Federated States of Micronesia

1. Overview

The Federated States of Micronesia comprises over 600 volcanic islands and atolls across 1.5 million square kilometres of the Pacific Ocean. The estimated population was 103 000 in 2010. Among them, 35.7% were under 15 years of age and 3.3% were 65 years or older. The country is a constitutional federation of four states. Approximately 49% of the population lives in Chuuk, 32% in Pohnpei, 11% in Yap and 8% in Kosrae. Almost 23% of the population lives in urban areas.

Congress elects the president of the Federated States of Micronesia from among the four at-large senators representing each of the states. The Federated States of Micronesia is in free association with the United States of America. Major economic activities include tourism, construction and fish processing. While there has been some slow growth in the private sector, geographical isolation and poorly developed infrastructure remain major impediments to long-term growth.

2. Health and development

The national Department of Health and Social Affairs oversees health programmes and ensures compliance with all laws and executive directives. The Department of Health Services in each state provides medical and public health services through a hospital, community health centres and dispensaries. Each state system is autonomous. Health services are highly subsidized by the state governments, except in private clinics. There are six private health clinics in the country and one private hospital. Transportation difficulties between islands often prevent outer island residents from accessing hospital services.

NCDs such as diabetes, cardiovascular diseases and cancers are major health problems. The overconsumption of imported packaged food, lack of physical activity and use of tobacco products are contributing to the high prevalence of NCDs and obesity in the country. Intentional (violence) injury and suicide are other issues, whose contributing factors are likely to be the burden of cultural and economic dislocation, particularly among young adult males. Alcohol use often leads to violent incidents. TB has a high prevalence, as does leprosy – the latter being among the highest in the Pacific.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	38	2009
Per capita total expenditure on health at average exchange rate (US$)	414.99	2014
Total expenditure on health as a percentage of gross domestic product (%)	13.71	2014
Tuberculosis incidence (per 100 000 population)	124	2015

Life expectancy at birth (both sexes)	69.4	2015
Under-five mortality rate (per 1000 live births)	34.7	2015
Absolute number of maternal deaths	2	2015
Maternal mortality ratio (per 100 000 live births)	100	2015
Adult mortality rate from NCDs at ages 30–69 years (%)	26	2015
Number of suicides	18	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	69	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	70	2016
Current tobacco smoking among persons 15 years of age and over (%)	NA	
Population using improved drinking-water sources (%)	89	2015
Population using improved sanitation facilities (%)	57.1	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

"NA": not available

4. National health policy

The Division of Health in the Department of Health and Social Affairs conducts health planning, donor coordination, and technical and training assistance. It is also responsible for public health programmes funded by the United States Department of Health and Human Services. Access to and provision of quality health services greatly depend on governance and management of the Division of Health. Capacity-building is needed for planning and programming the medical and public health services for the Department of Health in most of the states.

In 2014, a Health Summit was held to unify national and state-level policies, directives, initiatives, commitments and programmes to improve, guide and sustain health development. The summit recommendations were translated into the *Framework for Sustainable Health Development in the Federated States of Micronesia: 2014–2024.* The vision of the strategic framework is to ensure that people and communities are healthy and enjoy universal access to quality health services.

The strategic framework sets out six goals: ensure accountability, sustainability and quality of health service delivery; achieve universal access to an essential package of health-care services; increase financial sustainability and ensure universal access to essential health services; improve availability, accessibility, quality and use of health information for evidence-based decision-making across the health sector; reduce morbidity and mortality; and ensure supportive and sustainable social and physical environments to improve health.

5. Partners

In implementing this strategy, WHO and the Department of Health and Social Affairs will work with other government departments, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
	1.	To achieve UHC by building resilient and sustainable health systems to enhance the availability of needs-based health services in the country
1.2 and 1.3	1.1	Define an essential package of quality health services and role delineation based on lessons gleaned from demonstration programmes in all states, including integrated outreach services.
1.2	1.2	Implement an antimicrobial resistance (AMR) strategy and action plan.
1.3	1.3	Develop a health workforce that is critical to the needs of the country.
1.2	1.4	Strengthen a supportive and sustainable social and physical environment to improve health through legislative approaches.
1.2	1.5	Strengthen the national health accounts system through regular updates.
Link to SFA	2.	To build IHR (2005) core capacities for proactive preparedness in health emergencies and natural disasters
4.1	2.1	Establish a risk communication system with the capacity to manage public, internal and partner communication for all phases of public health emergencies.
4.1	2.2	Set up a multisectoral approach to respond to events that may constitute public health emergencies.
4.1	2.3	Put indicator- and event-based surveillance system(s) in place to detect public health threats with systematic data analysis, risk assessment and reporting.
4.1	2.4	Put in place a national laboratory system capable of conducting 3–4 core tests, along with a system to transport specimens to international reference laboratories for timely diagnosis and quality assurance.
Link to SFA	3.	To build capacity for NCD prevention and control
3.1	3.1	Set up a high-level forum such as a national NCD coordination mechanism and organize an annual NCD summit.
3.1	3.2	Scale up PEN in the dispensaries, health centres and hospital in all states.
3.1	3.3	Establish partnerships between community and primary health care services for community-based rehabilitation, and build the assistive technology capacity of health facilities.
3.1	3.4	Conduct NCD surveillance activities.
3.1	3.5	Draft legislation to restrict the use of high-sodium foods, institute comprehensive nutrition facts labelling and pass state-level regulation to set up a traffic light system in stores to help consumers identify healthy foods.

3.1	3.6	Implement the WHO FCTC through several key aspects of tobacco control including graphic health warnings, tackling tobacco industry interference, reducing second-hand smoke and promoting cessation.
Link to SFA	4.	To control communicable diseases
3.2	4.1	Follow the technical process to achieve and maintain the target of lymphatic filariasis elimination by 2022.
3.2	4.2	Intensify TB and leprosy screening in Chuuk State.
3.2	4.3	Strengthen vector control and ensure reduction of dengue cases and fatalities.
2.2	4.4	Strengthen the immunization programme to increase vaccination coverage to meet the national targets.

Nauru

1. Overview

Nauru gained its independence from Australia, New Zealand and British-administered United Nations trusteeship in 1968. This tiny island in the South Pacific Ocean has a phosphate rock base and is surrounded by a coral reef with dotted phosphate pinnacles. It lies northeast of Australia, 42 kilometres south of the equator. It had an estimated population of 11 300 in 2015. In the past, the main economic activity in Nauru was phosphate mining, but intensive excavation over the last century has turned almost all of central Nauru into a wasteland. The rehabilitation of mined land and the replacement of income from phosphates, along with adaptation to climate change, are the nation's sustainable development challenges. Nauru has limited natural freshwater resources, and supplies are mostly dependent on a single, ageing desalination plant.

Nauru has a parliamentary system of government. The president is elected by Parliament from among its members and is head of state and head of government. Parliamentarians are elected by popular vote for a three-year period. The unicameral Parliament of Nauru consists of 19 elected members.

2. Health and development

The Government of Nauru provides health-care services to all citizens. Primary health care and public health services are managed by the Division of Public Health at the Naeoro Public Health Centre, and curative services are provided by the Republic of Nauru Hospital. Services include medical, surgical and dental specialties, alongside haemodialysis, laboratory, radiological, physiotherapy and pharmaceutical services.

Nauru, like other Pacific islands, faces a triple public health burden of communicable diseases, NCDs and the health impacts of climate change. Although there have been some improvements in the past 10 years, TB and leprosy programmes continue to report new cases. In addition, outbreaks of diarrhoeal illness or typhoid fever still occur.

NCDs are the main cause of premature mortality and morbidity, contributing to a shorter life expectancy compared to other Pacific island countries. The four key risk factors are: tobacco use, alcohol use, unhealthy diets and lack of physical activity, which are contributing to high rates of obesity, diabetes and raised blood pressure.

Climate and environmental determinants of health figure prominently among the predominant public health issues in Nauru, compounding the risk factors for communicable and noncommunicable diseases. Like other Pacific island countries with low elevation, small populations and scarce resources, Nauru is vulnerable to the impacts of water and food insecurity aggravated by the confluence of geographic, climatic, demographic and socioeconomic factors.

Preventive and curative health services have difficulties in coping with climate change and the increase in NCDs. To achieve more effective health service delivery, the health workforce needs to be improved in terms of numbers, quality and diversity.

3. Healthy Islands Indicators

Number of skilled health workers per 10 000 population	78.8	2007
Per capita total expenditure on health at average exchange rate (US$)	516.44	2014
Total expenditure on health as a percentage of gross domestic product (%)	3.33	2014
Tuberculosis incidence (per 100 000 population)	113	2015
Life expectancy at birth (both sexes)	61.2	2011–2013
Under-five mortality rate (per 1000 live births)	35.4	2015
Absolute number of maternal deaths	1	2010
Maternal mortality ratio (per 100 000 live births)	NA	
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	0	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	91	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	98	2016
Current tobacco smoking among persons 15 years of age and over (%)	47.5	2015
Population using improved drinking-water sources (%)	96.5	2015
Population using improved sanitation facilities (%)	65.6	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

"NA": not available

4. National health policy

The vision of the *Nauru National Health Strategic Plan for 2016–2020* is "a healthy and peaceful nation that values and supports human rights and dignity through the provision of quality health care and services". The plan prioritizes four key result areas to provide quality health services that are accessible by all communities:

- Health systems strengthening
- Primary health care and Healthy Islands
- Curative health
- Support services and networking

5. Partners

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
	1.	To strengthen systems to protect Nauruans from communicable diseases including priority challenges such as HIV, STIs, TB and NTDs
1.3 and 3.2	1.1	Implement integrated people-centred approaches to achieve the targets under the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020.*
3.2	1.2	Support development of a national strategic plan on NTDs that includes country-specific targets and a target monitoring plan under *Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation* by 2020.
2.2	1.3	Support processes to sustain high immunization coverage and improve immunization systems.
2.2	1.4	Support processes to achieve and sustain measles and rubella elimination.
2.2	1.5	Support processes to improve vaccine/immunization and priority communicable diseases surveillance systems.
Link to SFA	2.	To reduce the burden of NCDs including improving mental health in Nauru
3.1	2.1	Support Nauru in building a strategic plan on NCDs which covers the key risk factors and includes country-specific targets.
3.1	2.2	Support Nauru in meeting national indicators for NCDs, in line with the global and regional targets.
3.1	2.3	Support Nauru in achieving the national nutrition and diet-related targets, in line with global and regional targets to reduce the prevalence of nutrition and diet-related death, disability and disease.
3.1	2.4	Support Nauru in improving service coverage for NCD essential services, in line with the global target.
3.1	2.5	Help tackle the service provision gap for mental health.
Link to SFA	3.	To address climate and environmental determinants of health
4.1	3.1	Strengthen government and community capacities to respond to environmental hazards and climate change, and the health consequences of disasters, according to the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet.*
4.3	3.2	Strengthen in-country implementation of SDG 6 targets on universal access to safely managed water, sanitation and wastewater.

4.3	3.3	Provide technical assistance for the introduction of drinking-water safety plans, national drinking-water quality standards and a water quality monitoring programme.
4.2	3.4	Provide technical assistance to develop an environmental health country profile and national climate and environmental health action plan.
4.2	3.5	Provide technical support for the development and implementation of a roadmap to control asbestos hazard.
Link to SFA	4.	To support process to optimize planning, implementation and periodic reviews of the Nauru National Health Strategic Plan
1.2	4.1	Support, review and report on the annual progress in implementation of the National Health Strategic Plan.
1.2 and 1.3	4.2	Support development of an annual health sector operational plan including a health workforce profile and projection.
1.5	4.3	Provide technical support to strengthen civil registration and vital statistics including cause of death certification.
1.5	4.4	Support advancement of health information management, particularly health informatics: database, data collation, interpretation and annual reporting support.
Link to SFA	5.	To improve access to essential medicines and health technologies, and containment of AMR
1.2 and 1.4	5.1	Develop and review the policy and plan for medicines and health technologies aligned with the national plan.
1.2 and 1.4	5.2	Develop and review treatment guidelines and formularies relevant to national priorities and disease burdens.
1.4	5.3	Strengthen procurement and supply system of medicines and health technologies through assessment of inventory management system, supply chain management training, and effective collaboration and information sharing with key programmes and stakeholders.
1.1. and 1.4	5.4	Develop a multisectoral national action plan that is country specific and in line with the global and regional strategy.

New Caledonia

1. Overview

New Caledonia is an archipelago consisting of one main island, Grande Terre, and several small islands. The estimated population of New Caledonia was 268 800 in 2014.

Since becoming a specific entity of the French Republic in 1999, New Caledonia has enjoyed broad autonomy under a special status established by the Nouméa Accord, distinct from the French overseas "collectivities". The Congress is formed from each of the three provincial assemblies of South, North and Loyalty Islands. The president is the head of government and exercises executive power.

New Caledonia has about 25% of the world's known nickel reserves. Only a small amount of the land is suitable for cultivation, and food accounts for about 20% of imports. In addition to nickel, support from France and tourism form the backbone of the economy.

2. Health and development

The Directorate of Health and Social Affairs, headed by a director, is responsible for public health services. Health services are provided through public hospitals at the territorial level *(centre hospitalier territorial)*, private clinics and hospitals, and health structures under provincial jurisdiction.

The New Caledonia health plan of 2015 (Do Kamo) recognizes that the health-care system is efficient but costly, with annual spending of around 100 billion CFP francs (US$ 940 100 000). The heath workforce includes some 650 doctors working in the public and private health sectors. The Directorate of Health and Social Affairs reports that there are about 559 nurses and 53 midwives per 100 000 population. Other health professionals include dental surgeons (46.4/100 000 population), physiotherapists (57.4/100 000 population) and pharmacists (93.2/100 000 population).

NCDs are a major health burden. The most common NCDs are cancers, diabetes and diseases of the circulatory system. According to a 2015 health situation report by the Directorate of Health and Social Affairs, cancers (28.9%) and diseases of the circulatory system (22.4%) account for more than 50% of mortality. Communicable diseases continue to be prevalent. Dengue and leptospirosis are endemic in the country. Dengue cases have been reported since September 2016, and an outbreak of dengue was declared in January 2017. As of 7 June 2017, a total of 4078 cases have been reported, with 10 deaths. Dengue serotypes 1, 2 and 3 are in circulation.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	81.7	2013
Per capita total expenditure on health at average exchange rate (US$)	3365	2012

Total expenditure on health as a percentage of gross domestic product (%)	NA	
Tuberculosis incidence (per 100 000 population)	21	2010–2013
Life expectancy at birth (both sexes)	77.1	2012
Under-five mortality rate (per 1000 live births)	5	2012
Absolute number of maternal deaths	NA	
Maternal mortality ratio (per 100 000 live births)	26.8	
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	NA	
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	98	2015
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	96	2015
Current tobacco smoking among persons 15 years of age and over (%)	NA	
Population using improved drinking-water sources (%)	98	2015
Population using improved sanitation facilities (%)	100	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	

"NA": not available

4. National health policy

The New Caledonia health plan of 2015 (Do Kamo) notes that its objectives are in line with the broad guidelines of WHO for the Pacific region, particularly with respect to the Healthy Islands vision. The plan sets eight strategic directions:

1. building coordinated governance for health, based on informed choices and pooling of resources;
2. defining a model, culture, strategy and evaluation programme for health policies, and institutionalizing them in the longer term;
3. ensuring health system sustainability through financing that is consistent with the policies developed, coordinated control of expenditures, optimization of care provision and empowerment of stakeholders;
4. defining and structuring public action for promoting health for and by all: participating in the movement towards a new model of society according to the means available,
5. reorienting health actions around the users;
6. supporting and encouraging citizens to adopt better behaviours;
7. making lifestyle changes favourable to health and well-being; and
8. developing the joint participation of citizens/users from local populations in the interests of better health.

5. Partners

In implementing this strategy, WHO and the Government will work with other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
	1.	To strengthen capacities to prepare for and respond to public health events caused by common epidemic-prone and emerging diseases, vaccine-preventable diseases, environmental hazards and climate change, and the health consequences of disasters
4.1	1.1	Develop national plans and critical core capacities for all-hazard health emergency preparedness and disaster risk management.
4.1	1.2	Adapt and implement the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health.*
4.1	1.3	Develop and maintain in-country expertise in vulnerability mapping, information management, risk assessment, emergency operations, risk communication and response logistics.
3.2	1.4	Implement an integrated patient-centred approach in order to achieve the targets under the *End TB Strategy.*
3.2	1.5	Eliminate lymphatic filariasis: re- assess the transmission status in order to advance with dossier preparation.
2.2	1.6	Achieve and sustain the global and regional immunization goals.
Link to SFA	2.	To meet global and regional targets for NCDs
3.1	2.1	Provide information on global and regional developments, including best practices and relevant activities elsewhere.
3.1	2.2	Provide guidance and information on regional and global reporting and targets for NCDs.
Link to SFA	3.	To ensure advancements in planning, implementing and reviewing the national health strategic plan
1.2	3.1	Encourage development and implementation of a long- term health strategic plan.
1.2	3.2	Encourage conducting an annual health review and preparing a report.
1.2	3.3	Encourage development and implementation of annual health sector operational plan.
1.2	3.4	Encourage development and implementation of a national health account.
Link to SFA	4.	To make progress towards UHC and the Healthy Islands vision
1.2	4.1	Encourage strategic planning, assessment of health services delivery performance, and quality assurance of hospital services.

Niue

1. Overview

Niue is an island covering 260 square kilometres in the South Pacific Ocean. Niue is a self-governing country in free association with New Zealand. Niue's population, 1460 people in 2011, is one of the smallest in the world, having seen sharp declines over the past five decades due to outward migration. Niue is governed by a premier elected by the Legislative Assembly, which in turn is elected by popular vote. Major economic activities in Niue include handicrafts, food processing, agriculture, fishing and tourism. With around 400 employees, public service remains the dominant employer on the island.

2. Health and development

Niue is experiencing increases in the incidence of NCDs, including diabetes, stroke and cancers, in conjunction with high rates of obesity (61%), hypertension (33.5%) and hyperglycaemia (38.4%).

The Niue Foou Hospital is the hub for the majority of health services and public health programmes, providing both primary and secondary medical care. Tertiary care is provided via transfers to New Zealand and an emergency evacuation service, complemented with annual visits from New Zealand-based specialists. The current model of care promotes a treatment-based approach, and more needs to be done to promote disease prevention and healthy living. There are limited monitoring and reporting mechanisms to gauge the efficiency or effectiveness of health-care delivery, and a dearth of clinical practice guidelines. The ability of the health sector to provide effective services is further challenged by a declining health workforce and ageing population. As a small country, village-level community health workers can play a key role in the promotion of health and the prevention of diseases at the community level.

Niue maintained zero rates for communicable diseases, such as HIV, malaria and TB until 2013.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	116.13	2008
Per capita total expenditure on health at average exchange rate (US$)	1162.2	2014
Total expenditure on health as a percentage of gross domestic product (%)	7.45	2014
Tuberculosis incidence (per 100 000 population)	8.1	2015
Life expectancy at birth (both sexes)	73.2	2007–2011

Under-five mortality rate (per 1000 live births)	23	2015
Absolute number of maternal deaths	NA	
Maternal mortality ratio (per 100 000 live births)	NA	
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	0	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	99	2015
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	99	2015
Current tobacco smoking among persons 15 years of age and over (%)	15.8	2015
Population using improved drinking-water sources (%)	98.5	2015
Population using improved sanitation facilities (%)	100	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	100	2017

"NA": not available

4. National health policy

Niue's leading development plan, the *Niue National Strategic Plan (2009–2013*), identifies NCDs as a major threat.

The vision of the *Niue Health Strategic Plan (2011–2021)* is "a healthy population, well supported by quality health services". Strategic actions put forth in the plan are linked to a set of key objectives and based on the findings of the 2011 Niue Health Sector Needs Assessment. The strategic plan calls for strengthening management and planning, clinical leadership, effective community outreach and the implementation of a performance monitoring system.

The *Niue Health Strategic Plan* includes a proposed sector coordination process to identify priorities, promote collaboration among health partners, identify common survey instruments and encourage rationalized reporting. Its monitoring and evaluation framework will be used to measure progress against 21 core indicators. A core target of the Strategic Plan is to reduce the incidence of NCDs by at least 10% per annum.

5. Partners

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
	1.	To set the strategic public health agenda
3.1	1.1	Enact and enforce tobacco control laws aligned to the WHO FCTC.
3.1	1.2	Enact and enforce the draft mental health care bill and subsequent implementation.
Link to SFA	2.	To provide technical support in designing and implementing health priorities
3.1	2.1	Develop and/or review NCD and mental health guidelines to promote improved cost-effective primary and secondary case management.
3.1	2.2	Establish and strengthen monitoring, evaluation and surveillance of NCD risk factors and interventions, as well as other health indicators in the *Niue Health Strategic Plan.*
3.1	2.3	Increase emphasis on disease prevention and the promotion of healthy lifestyles.
3.1	2.4	Promote adoption of policies to improve access to and affordability of healthy food.
3.2	2.5	Develop a communicable diseases strategy to maintain zero rates for communicable diseases (HIV, malaria and TB) and prevent the introduction of communicable diseases and pandemics.
3.2 and 4.1	2.6	Support ongoing mapping, transmission assessment and sentinel surveys.
4.1	2.7	Initiate biennial exercises to test pandemic preparedness.
Link to SFA	3.	To strengthen the capacity of the health workforce
1.3	3.1	Adopt policies that promote health workforce performance, quality and retention.
3.1	3.2	Enhance capacity of village-level community health workers to undertake NCD screening and other community health promotion activities.
1.3	3.3	Offer relevant continuing professional development to community health workers through POLHN and other opportunities.

Commonwealth of the Northern Mariana Islands

1. Overview

The Commonwealth of the Northern Mariana Islands is one of five inhabited United States island territories. It spans 464 square kilometres and comprises four inhabited islands (Saipan, Tinian, Rota and Pagan) and 10 uninhabited ones. The population was 53 883 in 2010, with 90% of people living in the capital of Saipan. The Constitution of the Commonwealth was adopted in 1977. The three branches of the Government are Executive (headed by the governor), Legislative (Senate and House of Representatives) and Judicial. The Commonwealth's gross domestic product rose by 3.5% in 2015, a 0.7% increase on 2014, according to data compiled by the United States Bureau of Economic Analysis. Economic growth is attributed to flourishing tourism, the gaming industry and the amusement sector.

2. Health and development

Public Law 16-51 (2009) transferred the national health system to the Commonwealth Healthcare Corporation (CHCC), a public entity that is headed by a chief executive officer. The Corporation consists of a primary hospital, a modernized haemodialysis facility, a community health centre, rural health centres in Rota and Tinian, public health services, and behavioural health services. There are also four private health clinic groups. The majority of the physicians are from the United States of America, and there are five times more nurses than physicians. The Government is supportive of increased training opportunities for local health-care staff. The Medicaid programme, a federal–state shared insurance for the poor, covers only American citizens. Poverty is a major determinant of health. The 2010 population census found that 34% of the population were uninsured for health care. Almost the same percentage holds true at the present time. The medical referral programme provides logistical and other support to people needing off-island tertiary care, for example in the Philippines or Hawaii. NCDs were the leading causes of death from 2011 to 2014. Diseases of the circulatory system accounted for 252 deaths (33%), cancers accounted for 133 (18%), endocrine, nutritional and metabolic disease accounted for 54 (7%), and diseases of the respiratory system accounted for 52 (7%).

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	22.5	2008
Per capita total expenditure on health at average exchange rate (US$)	NA	
Total expenditure on health as a percentage of gross domestic product (%)	NA	

Tuberculosis incidence (per 100 000 population)	70	2010–2013
Life expectancy at birth (both sexes)	77	2010
Under-five mortality rate (per 1000 live births)	8.20	2012
Absolute number of maternal deaths	NA	
Maternal mortality ratio (per 100 000 live births)	0	2012
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	5	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	104	2012
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	94	2012
Current tobacco smoking among persons 15 years of age and over (%) *18 years and over	NA	
Population using improved drinking-water sources (%)	98	2015
Population using improved sanitation facilities (%)	80	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	NA	

"NA": not available

4. National health policy

The *CHCC Strategic Plan 2015–2020* is a commitment to improving the standards of services for the people of the Commonwealth of the Northern Mariana Islands and its visitors. The CHCC vision is to "improve the quality of life for the Commonwealth of Northern Mariana Islands community through its innovative preventive/urgent-care services to foster responsible lifestyles". The plan has eight operating strategies: a reorganizational plan; a recruiting and retention plan; a code of ethics; a facility plan; electronic health records; a consumer satisfaction and community participation plan; a financial business plan; and accreditation. These strategies feed in to six outcomes: full accreditation of health centres; financial stability; clean audits and full compliance; certified health workers receiving competitive and fair wages; increased consumer satisfaction and community partnerships; and a decrease in the top six causes of death and debilitation (cancer, diabetes, hypertension/heart disease, teen pregnancy, HIV and STIs, and substance abuse).

5. Partners

In implementing this strategy, WHO and the CHCC will work with other government departments, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
	1.	To improve health data collection
1.5	1.1.	Strengthen the implementation of the electronic health record in the hospital and in public–private health centres to also capture key Healthy Islands indicators.
3.1	1.2	Ensure effective monitoring of NCD indicators, data collection and analysis, and report against regional and global targets.
Link to SFA	2.	To implement people-centred care
3.1	2.1	Support country adaptation of PEN protocols including service delivery plans, treatment guidelines, capacity-building, monitoring and referral mechanisms.
3.1	2.2	Support the development of effective cervical cancer screening and management programmes.
3.1	2.3	Support settings-based approaches to improving lifestyles and effective strategic health communication.
3.1	2.4	Promote mental health and the prevention of mental disorders, alcohol harm and suicide, reduce stigmatization and discrimination, and promote human rights across the lifespan.
3.1	2.5	Support community-based rehabilitation as a developmental approach to improving access to services for people with disability.
Link to SFA	3.	To improve surveillance and response to infectious disease
3.2	3.1	Verification of the regional hepatitis B control goal of less than 1% prevalence among 5-year-old children.
3.2	3.2	Support infectious disease-related surveillance and response activities, including interventions by entomologists and disease intervention specialists.
3.2 and 4.1	3.3	Support training for surveillance and infectious disease response.
Link to SFA	4.	To provide training for clinical and public health workers
2.2	4.1	Provide capacity-building support for ensuring vaccine quality and safe use.
1.3	4.2	Support development of a health workforce profile.
1.3	4.3	Establish continuing professional development opportunities through POLHN and up-to-date health information through e-learning.
2.1	4.4	Support strengthening capacities to eliminate preventable deaths among mothers and newborns.
4.1	4.5	Support strengthening capacities to prepare for, and respond to, public health events caused by common epidemic-prone and emerging diseases, environmental hazards and climate change, and the health consequences of disasters.
Link to SFA	5.	To improve collaboration and integration
3.1	5.1	Provide technical support to review NCD strategic plans, to develop country-specific targets and to identify cost-effective priority interventions, including integration work with clinics.
3.2	5.2	Explore opportunities to link TB, HIV and STI services where feasible, including the areas of TB and HIV, antenatal care, NCDs, health promotion campaigns, laboratory strengthening and blood safety.
2.1 and 3.2	5.3	Set up services towards achieving triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B as well as neonatal and child TB.
4.2	5.4	Support development of an environmental health profile.

Palau

1. Overview

Palau is a democratic republic with a population of about 17 770 in 2013, of whom approximately 69.9% are Palauan, 15.3% Filipino and 4.9% Chinese. Palau is divided into 16 states, with 79% of the population residing in the greater Koror urban area. Each state elects its own governor and legislature. The president and vice-president are elected by popular vote. The Council of Chiefs, comprising representatives from the 16 states, is an advisory body to the president. The Council is consulted on issues related to traditional laws and customs.

Palau is in free association with the United States of America. Economic activities include tourism, handicrafts, subsistence agriculture, construction and fishing.

2. Health and development

Health services are available at Belau National Hospital, four community centres known as super dispensaries and four additional satellite dispensaries. Belau National Hospital is the main health facility in the country. The hospital has been upgrading its facilities to mitigate its vulnerability to national and technological disasters. While it is not economically feasible to decentralize inpatient care, steps to build inpatient management capacity on the other islands may further be explored. "Health for all" remains a priority in the socioeconomic development of Palau. The Government aims to have sufficient numbers of trained and qualified staff to provide quality services in all outlying dispensaries, including the more remote areas and islands as well as at Belau National Hospital.

Palau has undergone an epidemiological shift. The burden of diabetes, heart disease, obesity and kidney failure is increasing. Cost evaluations are needed for off-island medical referrals, haemodialysis and intensive care services, and for the financial sustainability of a secondary health-care facility.

Environmental problems are expected to increase with more foreign investment and higher numbers of workers on the islands in coming years. Water pollution is a concern due to the lack of sufficient land area for proper waste disposal, and progressive industrial development will continue to worsen air and marine quality.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	72.8	2010
Per capita total expenditure on health at average exchange rate (US$)	1150.3	2014
Total expenditure on health as a percentage of gross domestic product (%)	9.02	2014
Tuberculosis incidence (per 100 000 population)	76	2015
Life expectancy at birth (both sexes)	69	2001–2005
Under-five mortality rate (per 1000 live births)	16.4	2015
Absolute number of maternal deaths	0	2010–2016
Maternal mortality ratio (per 100 000 live births)	NA	
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	NA	
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	98	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	96	2016
Current tobacco smoking among persons 15 years of age and over (%) *18 years and over	NA	
Population using improved drinking-water sources (%)	92	2000
Population using improved sanitation facilities (%)	100	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

"NA": not available

4. National health policy

The *Ministry of Health Strategic Plan 2014–2018* outlines the strategic priorities: provide accessible and high-quality patient-centred hospital services; provide accessible and high-quality primary and preventive services; ensure effective partnerships are developed and maintained; value the people and support their growth and development; and ensure that the administrative and support services are accountable and sustainable.

According to the Health Strategic Plan, the vision of the Ministry of Health is one of healthy communities with access to comprehensive health-care services. The Ministry focuses on strengthening health systems by providing holistic care and integrating services. The Ministry also continues to develop respectful and effective partnerships with its staff, patients, community and partners.

An annual operational plan for each of the bureaus under the Ministry is also in place to provide details on how each of the bureaus achieves its priorities.

5. Partners

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
	1.	To provide accessible and quality people-centred preventive, primary, and hospital services for NCDs as a priority
3.1	1.1	Implement the WHO FCTC through several key aspects of tobacco control including graphic health warnings, tackling tobacco industry interference, reducing second-hand smoke and promoting cessation.
3.1	1.2	Establish partnerships between community and primary health care services for community-based rehabilitation.
3.1	1.3	Work on alcohol harm reduction through restrictions or bans on advertising, marketing and promotions.
1.1.	1.4	Endorse further "sin taxes" on unhealthy food based on experiences in the tobacco and alcohol areas.
3.1	1.5	Conduct NCD surveillance activities.
1.2 and 3.1	1.6	Draft traffic accident prevention regulation by 2018.
Link to SFA	2.	To effectively manage and support the health workforce through the existing fellowship and internship programmes for new graduates overseas
1.3	2.1	Increase the number of sponsored course students through POLHN each year and strengthening continuing professional development.
1.3	2.2	Develop an internship programme and conducting a midterm evaluation by 2022.
Link to SFA	3.	To strengthen the role of communities as partners in health
1.3	3.1	Profile the health situation of individuals and communities, linking people's health needs to the health system.
1.3	3.2	Develop capacities of communities on health planning to ensure health needs and challenges are reflected in national policies strategies and plans.

Pitcairn Islands

1. Overview

The Pitcairn Islands is an overseas territory of the United Kingdom of Great Britain and Northern Ireland, consisting of four islands in the South Pacific Ocean. Only one island with an area of 46 square kilometres is inhabited. Fifty-four people, including five children, live on the island. The Pitcairn Islands is governed by the mayor and chairman of the Island Council, elected by popular vote. The head of state is represented by a governor, who is also the British high commissioner to New Zealand.

Economic activities include fishing, postage stamp production, handicrafts, beekeeping and honey production. Residents are either self-employed or work for the local government. A scheduled supply boat stops at the inhabited island only once every three months.

2. Health and development

The leading causes of illness are diabetes, cardiovascular diseases, allergies and asthma, and accidents. The Pitcairn Islands actively participates in the Pacific Public Health Surveillance Network, closely monitoring communicable diseases. Primary health care is available and accessible to all residents of the Pitcairn Islands. Health care is financed by the United Kingdom Department for International Development. The Pitcairn Health Centre currently provides general practice, nursing, dental X-ray technology and ultrasound. Emergency evacuation is by sea to Mangareva in French Polynesia, and then by air transport to Tahiti in French Polynesia or New Zealand. A growing health-related challenge for the Pitcairn Islands is extended periods of drought.

3. Healthy Islands indicators

Not available.

4. National health policy

Pitcairn Islands Strategic Development Plan 2014–2018 has five goals including health care. The objective of the health-care goal is to provide the best possible health care to all members of the community, acknowledging the challenges of its geographical location.

There are five strategies for health care: provide best primary health care and education via the medical centre; provide secondary health care as required via Tahiti and New Zealand; ensure that the Healthcare and Compassionate Grant Policy is followed, operates effectively, and meets the best practices and needs of both patients and the Government of Pitcairn Islands; prepare for the needs of the ageing population within the community in terms of health care, health and safety and infrastructure development; and improve on-island communications by introducing a communication repeater system.

5. Partners

The United Kingdom of Great Britain and Northern Ireland provides substantial bilateral cooperation to the Pitcairn Islands. The Pitcairn Islands communicates with WHO by submitting a weekly Pacific syndromic surveillance report on the number of cases of outbreak-prone syndromes.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA	National strategic priorities
4.1	1. To maintain the syndromic surveillance system
3.1	2. To promote healthy living for the prevention and control of NCDs

Samoa

1. Overview

Samoa was home to 192 126 people in 2016, residing on two main islands (Savaii and Upolu) and several smaller islands. Samoa has a relatively young population, of which 46% is aged 19 years or younger. Village communities and the extended family or *aiga* are central to the organization of Samoan society, and they are the foundation of *Fa'a Samoa,* the traditional way of life in Samoa. Samoa has a stable political environment operating under a parliamentary democracy, with Prime Minister Tuilaepa Aiono Sailele Malielegaoi holding office continually for 18 years.

Samoa is a lower–middle-income country with an economy that is highly vulnerable to external shocks due to its small population size, limited resources and exposure to disasters. A large number of Samoans residing abroad continue to send financial remittances back to their extended families. The economy relies on these remittances in addition to tourism, fisheries and external development assistance.

In 2017, the Cabinet took a decision to merge the National Health Services and the Ministry of Health to improve coordination of the health sector. It also aims at strengthening the provision of public health and primary health care in rural areas.

2. Health and development

Samoa ranks 105 out of 187 countries on the Human Development Index 2015, placing it in the medium category in terms of standard of living.

NCDs are the main cause of premature mortality and morbidity, linked to a high prevalence of key risk factors. In 2013, half of the adult population between the ages of 18 and 64 years were at high risk of developing an NCD. Dietary risk factors are a major contributor to NCDs in Samoa; close to 85% of adults are overweight or obese, and around 62% of adults regularly consume processed foods high in salt. The escalating costs associated with treating end-stage NCDs impose a major financial burden on the health system and broader society. There is limited service provision for cancer screening, registry or treatment. The dialysis centre has seen an increasing number of patients in all age groups.

Samoa has made a number of attempts to curb rising rates of NCDs, including through tobacco and food reforms. WHO has been supporting Samoa in delivering a unique community-led approach to NCD prevention, detection and management through PEN Fa'a Samoa. Early analysis of this programme shows strong community participation, while highlighting ongoing challenges faced in relation to health literacy, case management and access to medicines. Mobilizing communities to take a more formal role in primary health care is a top priority.

The dangers of emerging and re-emerging communicable diseases, including dengue, chikungunya and Zika, highlight an ongoing vulnerability to outbreaks. Lymphatic filariasis remains endemic, with management through intensive mass drug administration

campaigns. Vaccine-preventable diseases have rarely been reported, and Samoa maintains its polio-free and measles-free status. Recent evaluations, however, have shown a need to increase measles, mumps and rubella (MMR) coverage and reduce dropouts from immunization services. Prevention and management of STIs remain a challenge due to poor commodity distribution and low uptake of voluntary counselling and testing. While HIV prevalence is low, behaviours that put people at higher risk of acquiring and transmitting STIs and HIV are still common, confirmed by high rates of chlamydia, with a prevalence of 26% in 2015 and 40% among young women.

The health sector has established accreditation and registration mechanisms for traditional birth attendants. There have been concerted efforts to address workforce shortages. Ongoing workforce planning and forecasting, however, might better assist policy-makers in directing skills to where they are most needed.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	23.6	2008
Per capita total expenditure on health at average exchange rate (US$)	301.01	2014
Total expenditure on health as a percentage of gross domestic product (%)	7.22	2014
Tuberculosis incidence (per 100 000 population)	11	2015
Life expectancy at birth (both sexes)	74	2015
Under-five mortality rate (per 1000 live births)	17.5	2015
Absolute number of maternal deaths	2	2015
Maternal mortality ratio (per 100 000 live births)	51	2015
Adult mortality rate from NCDs at ages 30–69 years (%)	22	2015
Number of suicides	19	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	90	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	77	2016
Current tobacco smoking among persons 15 years of age and over (%) *18 years and over	30.3	2015
Population using improved drinking-water sources (%)	99	2015
Population using improved sanitation facilities (%)	91.5	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

4. National health policy

The vision of the *Strategy for the Development of Samoa (SDS) 2016/17-2019/20* is "an improved quality of life for all: accelerating sustainable development and broadening opportunities". Promoting health and well-being is a key outcome of the plan, which emphasizes prevention, health protection and inclusive people-centred health through increased focus on primary health care; revitalization of traditional roles in village health care; and quality health service delivery. Addressing NCDs remains a priority in Samoa's development plans, in addition to the health and well-being of women and children.

The vision of the *Samoa Health Sector Plan 2008–2018* is "a healthy Samoa". Its mission is to "regulate and provide quality, accountable and sustainable health services through people working in partnership". Key priorities in this plan include addressing rapidly increasing levels of NCDs and their impact on mortality and morbidity, the health system and the economy; improving reproductive and maternal and child health for the long-term health of the community; reducing risks from emerging and re-emerging infectious diseases; and reducing injury as a significant cause of death and disability. Key strategies of the Health Sector Plan are strengthening health systems and health governance, facilitating improved collaboration, partnerships and donor coordination, enhancing quality service delivery and strengthening primordial prevention.

The Health Sector Plan has led to some important legislation including the National Health Service Act 2014, the Health Promotion Foundation Act 2015, the Allied Health Professions Act 2014, the Food Act 2015, the Healthcare Professions Registration and Standards Act 2007, and the Tobacco Control Act 2008. A new health sector plan is currently in development.

5. Partners

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA	1. To strengthen health systems towards UHC
3.1	1.1 Participate in high-level policy dialogue on the pathway to achieving the Healthy Islands vision, SDGs and UHC.
3.1	1.2 Support development of a framework for the institutionalization of health information and national health accounts for planning and resource allocation.
3.1	1.3 Amend legislation to provide opportunities for the implementation of Samoa's *eHealth Policy and Strategy (2016–2021).*

1.1.	1.4	Support improvements to the health information system through eHealth development, the Demographic and Health Survey and STEPS surveys.
3.1	1.5	Undertake analytical work for policy options for the revitalization of primary health care, and support for institutional development, including the proposed merger of National Health Services and the Ministry of Health.
1.2 and 3.1	1.6	Define and cost a standard service delivery package at village level, and for health centres and district hospitals.
	1.7	Implement participatory conciliation and resolution mechanisms for medical errors and grievances.
	1.8	Support the establishment of a pharmacovigilance system to improve the quality and safety of medicines.
	1.9	Use health workforce projections to determine fellowship and training opportunities, including expanding POLHN.
	1.10	Support national health education and training institutions to achieve accreditation.
	1.11	Promote a team approach to manage chronic patients through a partnership of doctors, nurses, allied health and community health workers, and patients and their families.
Link to SFA	2.	To reduce avoidable disease burden and premature deaths, particularly NCDs
3.1	2.1	Support evidenced-based best practice and surveillance for prevention, control and management of NCDs.
3.1	2.2	Review and develop a high-level multisectoral NCD strategy, with focus on controlling consumption of tobacco and alcohol and unhealthy diets.
3.1	2.3	Develop and implement legislative reforms including ratification of the WHO FCTC, restrictions on marketing of alcohol and unhealthy food to children, and increased excise taxes.
3.1	2.4	Scale up PEN Fa'a Samoa geographically and horizontally, with improved links between community education, case detection and NCD case management, and development of communications protocols used to address health literacy and self-management.
3.1	2.5	Update treatment guidelines and protocols across the continuum of care for management of cardiovascular diseases and diabetes, and integration of rehabilitation and palliative care.
3.1	2.6	Involve traditional healers in the prevention and management of NCDs.
3.1	2.7	Use the WHO Mental Health Gap Action Programme (mhGAP) to ensure patients with mental, neurological and substance use disorders are identified, assessed and managed through the system of referrals.
Link to SFA	3.	To control communicable diseases and protect the health of women and children
2.1 and 3.2	3.1	Amend legislation to provide greater protection of children from exposure to unhealthy substances and behaviours, particularly in the education and home environments.
3.2	3.2	Update treatment guidelines and protocols for management of STIs and HIV, TB and emerging diseases.

3.2	3.3 Conduct mass drug administration and transmission assessment surveys for the Lymphatic Filariasis Elimination Programme.
2.2	3.4 Improve capacity for planning and sustaining routine immunization and the introduction of new vaccines.
Link to SFA	4. To protect Samoan people from public health events including disease outbreaks
4.1	4.1 Introduce and use APSED III as a framework for building national capacity to detect, prepare for and respond to public health emergencies under IHR (2005).
4.1	4.2 Review and test disaster risk management plans through simulation exercises.
1.4	4.3 Continue to implement the *National Action Plan for Antimicrobial Resistance* including carrying out the annual Antibiotic Awareness Week and Hand Hygiene Day and antimicrobial consumption surveys.

Solomon Islands

1. Overview

Solomon Islands is a double-chain volcanic archipelago comprising more than 900 islands and atolls. Its population of approximately 620 000 in 2015 is scattered over nine provinces. While 80% of the population lives in rural areas, the urban population is growing at 5% per annum – more than twice the overall rate of population growth.

Solomon Islands is governed by a prime minister elected by the Parliament and a governor general appointed by the monarchy of the United Kingdom. The Parliament is elected by popular vote. The Regional Assistance Mission to Solomon Islands, which was deployed in 2003 during the ethnic conflict, is scheduled to withdraw in 2017.

The economy is based largely on subsistence agriculture supplemented by cash cropping (cocoa and palm oil), fishing, forestry and mining.

2. Health and development

The Ministry of Health and Medical Services is responsible for most of the health-care services in the country. Nongovernmental and faith-based organizations partnered with the Ministry in service delivery and financing. The private sector has a minimum role in health delivery.

Solomon Islands' per capita health expenditure is approximately US$ 102. Despite the geographic challenges for service delivery, the country has made steady gains in reducing malaria morbidity and mortality and continues to achieve high coverage rates of immunization and births attended by skilled health workers. However, the country faces a new epidemiological transition with communicable diseases, NCDs and the effects of climate change. Communicable diseases, particularly malaria and dengue, continue to be a challenge. Sedentary lifestyles and dietary changes have contributed to a steady increase in obesity, diabetes, hypertension and other associated complications. The health system has also had to grapple with frequent natural disasters and the effects of climate change. The dearth of health workers remains a chronic problem. Declining external funding is also a growing concern.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	22.1	2011
Per capita total expenditure on health at average exchange rate (US$)	102.24	2014
Total expenditure on health as a percentage of gross domestic product (%)	5.05	2014
Tuberculosis incidence (per 100 000 population)	89	2015

Life expectancy at birth (both sexes)	69.2	2015
Under-five mortality rate (per 1000 live births)	28.1	2015
Absolute number of maternal deaths	19	2015
Maternal mortality ratio (per 100 000 live births)	114	2015
Adult mortality rate from NCDs at ages 30–69 years (%)	26	2015
Number of suicides	NA	
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	94	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	82	2016
Current tobacco smoking among persons 15 years of age and over (%) *18 years and over	NA	2015
Population using improved drinking-water sources (%)	80.8	2015
Population using improved sanitation facilities (%)	29.8	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

"NA": not available

4. National health policy

The health system is in transition. The Government has embarked on an ambitious reform agenda focused on devolving health services to the provinces and integration of health services. The *Solomon Islands National Health Strategic Plan for 2016–2020* (NHSP) looks at four key result areas: improving service coverage; improving service quality; building strong partnerships; and setting the foundations for the future. The NHSP has also identified six priority interventions: immunization; family planning; water, sanitation and hygiene; supervised hospital or facility-based deliveries and neonatal care; malaria control; and TB control. The plan also identifies four underserved provinces (Malaita, Makira, Choiseul and Central Islands) and two priority population groups (people with disabilities and women exposed to violence and abuse). The overarching goal is UHC and the main driver to achieve this is the Role Delineation Policy.

5. Partners

In implementing this strategy, WHO and the Ministry of Health and Medical Services will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA	1. To improve service coverage
2.1	1.1 Support coordination of RMNCAH programme and scale best practice interventions: – support the harmonization of RMNCAH activities within UN agencies, nongovernmental organizations and donor/partners to avoid duplication and ensure timely implementation; – support greater use of evidence-based planning to prioritize and enhance better immunization, family planning, health facility-based deliveries and newborn care.
3.2	1.2 Strengthen malaria control to reduce transmission in order to accelerate elimination: – provide technical support to refine national malaria guidelines and strategies guided by the NHSP and action frameworks in the Western Pacific Region; – help the Ministry of Health and Medical Services to strengthen health systems, especially health service delivery and surveillance, in order to concentrate on reducing and eliminating malaria by maintaining universal case management and vector control, and strengthening case and entomological surveillance.
3.2	1.3 Increase coverage of community-based TB control activities: – support the Ministry of Health and Medical Services to provide TB care for people with low access to health care, including those living in remote and urban areas who are marginalized without access to health information and high-risk populations including people living with HIV; – assess regularly the financial hardship sustained by TB patients and their households with a view to advocating UHC and social protection; – support the use of new rapid diagnostic tests and strengthen the TB laboratory network for optimal diagnosis and follow-up of TB patients.
3.1	1.4 Scale up implementation of PEN: – support implementation of PEN to strengthen coordination in reviewing and monitoring the national multisectoral NCD plan, and monitoring enforcement of the tobacco and sugary substance control legislation, as well as alcohol policy; – support regular reviews of PEN scale-up, improved integrated service delivery, capacity-building and the monitoring of NCD indicators.
Link to SFA	2. To improve service quality
1.3	2.1 Build capacity, deploy and retain health workers: – support the review and strengthening of health workforce policy in line with the ongoing reform, including supporting fellowships, on-the-job training, strengthening human resource information management, and a human resources deployment and retention plan, including projections.

1.2	2.2 Strengthen implementation of the monitoring and evaluation framework of the NHSP by supporting its use to conduct periodic evaluation reviews and promote evidence-based decision-making.
1.5 and 4.1	2.3 Strengthen health information systems and disease surveillance: – support strengthening of health information systems to include an integrated hospital information system and improve civil registration and vital statistics; – support strengthening disease surveillance and expanding its coverage for NCD surveillance through STEPS survey.
1.4	2.4 Strengthen the National Public Health Laboratory by providing it with technical support to improve and accredit it.
Link to SFA	3. To build strong partnerships
1.2	3.1 Convene and coordinate health development partners: – continue to play the role of convener and coordinator of development partners together with the Ministry of Health and Medical Services; – support coordination between United Nations programmes working on RMNCAH; – support strengthened policy and planning at the Ministry of Health and Medical Services for convening and coordination between central and provincial health authorities on sectoral planning and review processes.
Link to SFA	4. To set foundations for the future
4.1 and 4.2	4.1 Strengthen preparedness and response towards disasters and outbreaks: – support cluster coordination, preparedness and response; WHO's support focuses on developing and refining standard operating procedures for public health and clinical services for emergency response management in outbreaks and disaster; – support vulnerability risk assessment for infectious hazards (all hazards) and disaster risk management; support will also be provided to strengthen country capacity for event-based and syndromic surveillance for routine and post-disaster monitoring; – support the Ministry of Health and Medical Services as a leader to strengthen health cluster coordination in all graded and protracted health emergencies.

Tokelau

1. Overview

Tokelau has been a Polynesian Trust Territory of New Zealand since 1925. Consisting of three small atolls – Atafu, Nukunonu and Fakaofo – Tokelau is located about 480 kilometres north of its closest neighbour, Samoa, accessible only by boat. The atolls are about 3 to 5 metres above sea level and span less than 200 kilometres, making the small island nation very prone to the effects of climate change. The population was 1411 in 2011, with each atoll inhabited by 400 to 500 people.

Governance in Tokelau is conducted through the General Fono (assembly), headed by a chairperson designated by the Taupulega (atoll) hosting the assembly of elected representatives from each of the three atolls. Executive power is exercised by a cabinet comprised of the three elected heads and three elected mayors of each village. The office of Ulu (titular head of government) rotates annually between the three atolls.

The isolation of Tokelau limits participation in economic markets and constrains sustainable economic growth and development. The only real income opportunity is fishery licensing over the very large Exclusive Economic Zone.

2. Health and development

The 2014 STEPS survey confirmed an increase in NCDs and their risk factors, including smoking, alcohol consumption, poor nutrition, physical inactivity, overweight or obesity, and raised blood pressure, blood glucose and blood lipids. Additional challenges in service delivery include geographical isolation, the vulnerability of the atolls to natural disasters, climate change and global warming, and the decentralization of hospitals under the different Taupulega. Human resource and financial constraints limit the potential of the Department of Health to deliver health-care services in Tokelau.

Health service delivery is via locally employed staff, with one hospital on each atoll; staffed by a medical officer, a mix of nursing staff, midwives and hospital aides.

Tokelau has plans to recentralize health services under the Department of Health and establish Nukunonu as a national referral hospital. This will require improvements of infrastructure and reorganization of clinical and public health services on all three atolls, all requiring significant resources.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	26	2012
Per capita total expenditure on health at average exchange rate (US$)	800	2010–2011
Total expenditure on health as a percentage of gross domestic product (%)	NA	

Tuberculosis incidence (per 100 000 population)	0	2012
Life expectancy at birth (both sexes)	69	1990
Under-five mortality rate (per 1000 live births)	0	2011
Absolute number of maternal deaths	0	2006–2009
Maternal mortality ratio (per 100 000 live births)	0	2006–2009
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	0	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	100	2015
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	72	2015
Current tobacco smoking among persons 15 years of age and over (%) *18 years and over	51.1	2006
Population using improved drinking-water sources (%)	100	2015
Population using improved sanitation facilities (%)	90	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	72	

"NA": not available

4. National health policy

The vision of the *Tokelau Health Strategic Plan 2016-2020* is "A Healthy Tokelau: Today for Tomorrow". The vision looks beyond its national boundaries by linking and aligning its mission to the global sustainable development framework, specifically SDG 3. The plan proposes a set of outcomes that are divided into long- (2020 and beyond), medium- (2018–2020) and short-term (2016–2018) outcomes. These are built into an indicator framework with 36 indicators and targets.

5. Partners

In implementing this strategy, WHO and the Government will work with other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA	1. To set the strategic public health agenda
1.2	1.1 Support a midterm review and an evaluation of the *Tokelau Health Strategic Plan (2016–2020)* against specified targets and indicators.
1.2	1.2 Develop the next national health plan congruent with the Healthy Islands vision, the SDGs and UHC.
3.1	1.3 Conduct policy dialogue through a high-level multisectoral Health Summit focusing on NCD control, specifically strategies to reduce exposure to, and consumption of, unhealthy food and non-alcoholic beverages, including reducing sodium in food.
Link to SFA	2. To plan and operationalize implementation of health policies and strategies
3.1	2.1 Ensure surveillance systems are in place to monitor NCD risk factors and interventions as well as other health indicators identified in the Health Strategic Plan.
3.1 and 3.2	2.2 Update treatment guidelines and protocols across the continuum of care for management of cardiovascular diseases, diabetes, STIs and HIV, TB and emerging diseases.
1.4	2.3 Develop a framework for pharmaceutical supply chain management to ensure availability and accessibility of essential medicines given the geographical challenges.
Link to SFA	3. To develop capacity in public health and service delivery to achieve policy objectives
1.3	3.1 Use the strategic plan to inform continuing professional development opportunities (e.g. through POLHN, fellowships and specialized training).
3.1	3.2 Implement the tobacco control policy "Tobacco Free Tokelau by 2020" through capacity-building for tobacco control and enforcement and health education and awareness for health professionals, communities, border officials, and tradespeople.
2.2	3.3 Build capacity for planning and sustaining routine immunization and the introduction of new vaccines.

Tonga

1. Overview

The Kingdom of Tonga comprises 36 inhabited islands across 740 square kilometres in the South Pacific Ocean. The population was about 103 000 in 2010. Tonga is governed by a constitutional monarchy. The head of government is the prime minister, elected by Parliament and appointed by the monarch.

Tonga is classified as a lower–middle-income country. Economic activities include tourism, agricultural products and fisheries. Remittances from Tongans living abroad are a significant source of income.

2. Health and development

Tonga has one national referral hospital, three community hospitals, 14 health centres and 34 reproductive and child health clinics. About 90% of health services are provided at hospitals. There are few specialists at the national referral hospital. Medical graduates are trained overseas, especially in China, Cuba and Fiji. The Queen Salote School of Nursing also has health workforce training capacity. Overseas referral schemes and visits of specialized medical teams from abroad cater to the growing needs for specialized care as a result of the increasing NCD burden. Health-care costs associated with these services are a concern.

Tonga has recently been successful in TB disease control, lymphatic filariasis elimination and high coverage of routine immunization. Control of NCDs has been advanced through training primary health care nurses as NCD nurses, and through multisectoral action and legislative review. Health reform since the 1990s has strengthened Ministry of Health governance, and health workforce and infrastructure development and management. Tonga declared fulfilment of IHR (2005) core capacities in 2016.

NCDs are the main cause of premature illness and death. Access to medicines, screening, referral and monitoring for NCD management are a challenge. There is high prevalence of NCD risk factors such as tobacco, harmful use of alcohol, unhealthy diets and physical inactivity. Stigma and discrimination towards people living with mental health issues is also a concern that probably inhibits access to services and their provision.

Tonga remains vulnerable to epidemic-prone disease outbreaks, environmental and food-related emergencies, and the health consequences of natural disasters. Tonga also faces disaster risk from extreme weather, coastal erosion and inundation, earthquakes and tsunamis.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	44.1	2010
Per capita total expenditure on health at average exchange rate (US$)	212.98	2014
Total expenditure on health as a percentage of gross domestic product (%)	5.18	2014
Tuberculosis incidence (per 100 000 population)	15	2015
Life expectancy at birth (both sexes)	73.5	2015
Under-five mortality rate (per 1000 live births)	16.7	2015
Absolute number of maternal deaths	3	2015
Maternal mortality ratio (per 100 000 live births)	124	2015
Adult mortality rate from NCDs at ages 30–69 years (%)	24	2015
Number of suicides	4	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	96	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	98	2016
Current tobacco smoking among persons 15 years of age and over (%)	29.9	2015
Population using improved drinking-water sources (%)	99.6	2015
Population using improved sanitation facilities (%)	91	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

4. National health policy

The vision of the *National Health Strategic Plan 2015–2020* is "to be the highest health care provider in the Pacific as judged by international standards in 2020". The mission is "to improve the health of the nation by providing quality care through promotion of good health, reducing morbidity, disability and premature (death) mortality". The six strategic key result areas and goals are as follows:

1. Service delivery: to provide the best attainable quality health-care services through the promotion of good health, reducing morbidity, disability and premature (death) mortality;
2. Health workforce: to provide the best attainable human resource services and workforce systems that can serve the best attainable quality health-care services;
3. Infrastructure, medical products and technology: to provide the best attainable infrastructure, medical products and technology that is needed to deliver the entire minimum required health-care services in Tonga;

4. Leadership and governance: to provide efficient and effective leadership and governance systems that would produce and deliver the best attainable health-care services to the people of Tonga; information, research, policy and planning to provide the best attainable policy and planning services that are guided by credible information and research to ensure the cost-effectiveness of health-care services in relation to health needs and problems of Tonga; and
5. Health-care finance: to continue to improve the standard of existing facilities and ICT, and construct new facilities and introduce new health information and research initiatives where needed.

5. Partners

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA	1. To strengthen capacity in planning, implementing and reviewing its National Health Strategic Plan
1.2	1.1 Develop long-term health strategic plan.
1.2	1.2 Conduct annual health review and report.
1.2	1.3 Develop annual health sector operational plan.
1.2	1.4 Develop health workforce profile and projection.
1.2	1.5 Produce national health account.
Link to SFA	2. To strengthen the health system, including the health workforce, essential services delivery and health information systems to progress towards achieving UHC and the vision of Healthy Islands
1.3	2.1 Strengthen health service delivery through reinforcing performance assessment by developing a regulatory framework and auditing processes for both human resources and health-care facilities.
1.3	2.2 Strengthen health service delivery at rural areas and outlying islands and effective referral and transfer systems to link with tertiary health care at hospitals.
1.3	2.3 Strengthen the health workforce by adaptation of foreign-trained medical graduates into Tonga's health systems, and promotion of online-based continuing professional development, including POLHN operation.
1.3	2.4 Review and develop a plan for the use of traditional and complementary medical practice in Tonga.
1.1, 1.2 and 1.5	2.5 Conduct a regular health progress update through the *Healthy Islands Monitoring Framework* and SDGs indicators.
1.5	2.6 Strengthen civil registration and vital statistics including causes of death.

Link to SFA	3. To strengthen, sustain and achieve high immunization coverage and to make improvements in the immunization programme
2.2	3.1 Strengthen strategies that engage communities and other stakeholders and encourage their participation to overcome vaccine hesitancy.
2.2	3.2 Ensure vaccine security through effective vaccine management and financial sustainability.
2.2	3.3 Improve vaccine/immunization safety surveillance systems.
Link to SFA	4. To achieve national targets for NCDs in line with the global and regional targets
3.1	4.1 Align Tonga's tobacco legislation to the WHO FCTC by measures including, but not limited to: implementing graphic health warnings, bans on tobacco advertisement, promotion and sponsorship, and licensing requirements.
3.1	4.2 Utilize evidence-based policies to reduce harmful use of alcohol, including regulation of advertising, promotion and sponsorship, and managing alcohol availability through appropriate awareness programmes.
3.1	4.3 Improve diets and physical activity.
3.1	4.4 Promote mental health by preventing and managing mental disorders, alcohol harm and suicide, reducing stigmatization and discrimination, and promoting human rights across the lifespan.
3.1	4.5 Monitor the NCD situation in Tonga through targeted surveys and use of routinely collected data.
Link to SFA	5. To strengthen capacities for preparing and responding to public health events related to common epidemic-prone diseases, environmental hazards and natural disasters
4.1	5.1 Enhance the core public health functions needed for early warning, incident management and risk communications.
4.1	5.2 Develop national plans and critical core capacities for all-hazards health emergency preparedness and disaster risk management.
4.1	5.3 Ensure monitoring of AMR and implement containment measures.
4.1	5.4 Test the country's outbreak alert and emergency response systems through after-action reviews, exercises and joint external evaluation.
4.1	5.5 Establish and evaluate post-disaster early warning, alert and response systems.
4.1	5.6 Adapt and implement the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health.*
4.1 and 4.2	5.7 Provide supplies, logistics and operational support for all graded and protracted health emergencies, and build capacity in humanitarian supply chain management within national health authorities.

Tuvalu

1. Overview

Tuvalu comprises nine atolls in the South Pacific Ocean with an estimated total population of 11 200 as of 2015.

The country is governed as a constitutional monarchy within the Commonwealth of Nations. The head of government is the prime minister who is elected by Parliament. Being relatively remote from major markets, Tuvalu has been paying comparatively high transportation costs for trade, which creates a significant imbalance between exports and imports. Tuvalu relies heavily on foreign aid and overseas remittances to bridge the gap. The bulk of the domestic economy is driven by the public sector; very few opportunities exist for private sector development. A comparison of the gross domestic product growth rate over the years shows its volatility with 20% in the late 1990s and 2.6% in 2015.

In addition to this, Tuvalu is facing the potential long-term negative impact of climate change. The Government and the population are conscious of this increasing challenge.

2. Health and development

In Tuvalu, progress has been made in strengthening the health system to tackle emerging health issues, such as the NCD epidemic, climate change and communicable diseases.

Most health services are provided by the public health services, but family planning services are jointly provided by the public health services and the Tuvalu Family Planning Association. The Ministry of Health has endorsed the *National Health Reform Strategy 2016–2019* to improve health management at all levels. The management reform is to support the core business of health-care delivery.

Tuvalu has one hospital, Princess Margaret Hospital, located on the main island of Funafuti, providing primary and secondary care for patients in Funafuti and those who are referred from outer islands. Two health clinics, one south and the other north of Funafuti, provide primary clinical services. Eight health centres covering outer islands provide primary health care and basic public health services. Those facilities are staffed by nurses who mainly provide primary care and preventive services. Patients needing advanced clinical cares that exceed the hospital level are referred to overseas hospitals through the Tuvalu Medical Treatment Scheme.

A STEPS survey conducted in 2015 shows a high rate of obesity (≥ 30 kg/m^2) among adults aged 18–69 years, with 55.2% in males and 70.7% in females.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	77.5	2009
Per capita total expenditure on health at average exchange rate (US$)	632.84	2014
Total expenditure on health as a percentage of gross domestic product (%)	16.54	2014
Tuberculosis incidence (per 100 000 population)	232	2015
Life expectancy at birth (both sexes)	69.6	2010
Under-five mortality rate (per 1000 live births)	27.1	2015
Absolute number of maternal deaths	1	2006–2007
Maternal mortality ratio (per 100 000 live births)	NA	
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	2	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	94	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	96	2016
Current tobacco smoking among persons 15 years of age and over (%)	NA	
Population using improved drinking-water sources (%)	97.7	2015
Population using improved sanitation facilities (%)	NA	
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	2017

"NA": not available

4. National health policy

The *National Health Reform Strategy 2016–2019* has six objectives:

1. to strengthen administrative and management capability of the Ministry of Health to effectively support strategies and commitments towards the further improvement of health service delivery and preventive health particularly at the clinical and primary care levels;
2. to strengthen and improve community preventive and health-care services under the principles and concepts of primary health care, UHC and the Healthy Islands vision;
3. to provide high-quality clinical care and services to meet the needs and expectations of patients that are in line with the policies and resources of the Ministry;
4. to ensure quality, timely and accessible patient care support services in therapeutics, diagnostic and rehabilitative services that support and meet clinical service requirements;

5. to provide administrative and management support to the Ministry of Health in meeting its goals on, at least, policy and planning, human resources, legal aid, clinical care, public health, infrastructure and medical equipment needs; and
6. to foster a mutually beneficial and effective partnership that supports the health mandates of each partner and the health interest of the population.

5. Partners

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
Link to SFA	1.	To build resilient health systems to bolster health security and climate change preparedness
4.1	1.1	Build capacities to respond to environmental hazards, the effects of climate change, and the health consequences of disasters.
4.1	1.2	Strengthen capacities to prepare for and respond to public health events caused by common epidemic-prone and emerging diseases.
4.1	1.3	Ensure food security to prevent communicable diseases and NCDs.
Link to SFA	2.	To enhance planning capabilities for national health policies, strategies and plans
1.2	2.1	Support development of a long-term health strategic plan.
1.2	2.2	Support development of an annual health review and report.
1.2	2.3	Support development and review of an annual health sector operational plan.
1.2	2.4	Support national health accounts.
1.2	2.5	Support development and revision of health legislation.
Link to SFA	3.	To strengthen essential health service delivery towards UHC and the vision of Healthy Islands
1.3	3.1	Revise the role delineation policy and essential package of health services.
1.3	3.2	Support strategic planning and performance assessment of essential health service delivery.
1.3	3.3	Ensure quality assurance of hospital services.
1.3	3.4	Support successful absorption of foreign-trained medical graduates.
1.3	3.5	Support health workforce profiling, projecting and planning.
1.5	3.6	Support health information management – database, data collation, interpretation and annual reporting support.

Link to SFA	4. To enhance NCD control and prevention	
3.1	4.1	Assist the implementation of key tobacco control measures, including raising taxes, graphic health warnings and sales controls.
3.1	4.2	Strengthen interventions through education and policy to advocate healthy diet.
3.1	4.3	Support the strengthening of NCD management in primary health care, using PEN protocols, including monitoring and assessment of performance and impact of delivery of essential clinical services.
3.1	4.4	Provide ongoing capacity-building support to increase national capacity for recovery-oriented community-based mental health and social support services.
3.1	4.5	Support for promoting mental health, preventing mental disorders, alcohol harm and suicide, reducing stigmatization and discrimination, and promoting human rights across the life course.
Link to SFA	5. To reduce the disease burden of TB and multidrug-resistant TB	
3.2	5.1	Continue strengthening the TB programme.
3.2	5.2	Adapt and implement the WHO End TB Strategy and the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific.*
3.2	5.3	Assist in PMDT in coordination with the multidrug-resistant TB helpdesk and support effective treatment outcomes.

Vanuatu

1. Overview

Stretching over 1300 kilometres from north to south, Vanuatu comprises 83 main islands with a land area of approximately 12 300 square kilometres. Sixty-three of the islands are permanently inhabited. The country is divided into six provinces: Torba, Sanma, Penama, Malampa, Shefa and Tafea.

The population of Vanuatu was approximately 290 000 in 2016. Port Vila, the capital, is located on the most populous island of Efate in Shefa Province. The islands were under British and French protectorate from 1906 to 1980, at which time Vanuatu gained independence and a constitutional parliamentary governance system was established. The services sector continues to constitute the largest share of total gross domestic product, followed by agriculture, fishing and forestry industries.

2. Health and development

The Government is the main service provider of health services. There is a small private sector that contributes to health care, principally in the two main urban centres. Support from nongovernmental organizations, faith-based organizations and community-based services supplement government services.

Vanuatu faces a triple public health burden of increasing rates of NCDs, emerging threats from climate change and death and illness from communicable diseases and conditions affecting mothers and children. NCDs, in particular diseases of the circulatory system, diabetes, cancers and chronic respiratory disease, are among the most common causes of adult morbidity and premature mortality. In children, respiratory infections, diarrhoeal disease and neonatal conditions continue to account for most childhood illnesses and under-five deaths. Despite some progress in neonatal, infant and child health, the decline in under-five mortality and infant mortality appears to have plateaued over the past 10 years. Undernutrition and stunting remain a concern. Neonatal and maternal health continue to pose major challenges as access to emergency obstetric and neonatal services remains limited. While the prevalence of malaria has declined remarkably, that of other communicable diseases such as TB and STIs has not and the population is at risk from disease outbreaks such as dengue fever, measles and other vaccine-preventable diseases.

Health care and health programmes are primarily delivered by the Government with support from development partners, nongovernmental organizations, faith-based organizations and a small private sector. Funding comes predominantly from Government and donors. Patients pay modest contributions for inpatient care and outpatient services in public facilities. There are four basic levels of publicly operated health-care facility: hospitals, health centres, dispensaries and community-supported aid posts. Recent efforts to improve financial management processes, health information systems

and health planning cycles and to strengthen primary health care and immunization programmes are delivering results. Despite these successes, limited access to quality health services remains a challenge. Scattered populations, geographical isolation, poor infrastructure, costly transportation and logistics are major challenges in delivering essential health care. Increasing urbanization of the two major towns is causing urban overcrowding and creating environmental conditions that catalyse the emergence of disease and other health problems such as NCDs, STIs, unplanned pregnancies, childhood malnutrition and domestic violence. In addition, lack of an adequately skilled workforce, limited financial capacity and other health systems issues continue to hinder the delivery of quality services for all.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	24	2012
Per capita total expenditure on health at average exchange rate (US$)	157.51	2014
Total expenditure on health as a percentage of gross domestic product (%)	5.02	2014
Tuberculosis incidence (per 100 000 population)	63	2015
Life expectancy at birth (both sexes)	72	2015
Under-five mortality rate (per 1000 live births)	27.5	2015
Absolute number of maternal deaths	5	2015
Maternal mortality ratio (per 100 000 live births)	78	2015
Adult mortality rate from NCDs at ages 30–69 years (%)	22	2015
Number of suicides	1	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	81	2016
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	84	2016
Current tobacco smoking among persons 15 years of age and over (%)	NA	
Population using improved drinking-water sources (%)	94.5	2015
Population using improved sanitation facilities (%)	57.9	2015
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	33.3	2017

"NA": not available

4. National health policy

Health sector development is guided by an overarching *National Sustainable Development Plan 2016–2030,* which outlines the overall national development priorities. Society Goal 3 of the NSDP addresses quality health care and aims for "a healthy population that enjoys a high quality of physical, mental, spiritual and social well-being". The four health policy objectives are to: 1) ensure that the population of Vanuatu has equitable access to affordable, quality health care through the fair distribution of facilities that are suitably resourced and equipped; 2) reduce the incidence of communicable and noncommunicable diseases; 3) promote healthy lifestyle choices and health-seeking behaviour to improve population health and well-being; and 4) build health sector management capacity and systems to ensure the effective and efficient delivery of quality services that are aligned with national directives.

The *National Health Sector Strategy 2017–2020* is in development and will align closely with the policy objectives of the NSDP. It will provide the strategic directions for health interventions for improved services that are accessible to all without financial hardship. Primary health care and strengthening the core components of the health system are key elements of the Ministry's strategy to build a system that is resilient to the health consequences of climate change, the increasing burden of NCDs and the ongoing impact of communicable diseases.

5. Partners

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA	1. To reduce morbidity and mortality from communicable diseases and continue to integrate disease-specific programmes into broader health system structures
3.2	1.1 Continue the malaria elimination agenda through effective surveillance and information management systems and mobilization of resources to maintain the required coverage and quality of interventions.
3.2	1.2 Improve access to diagnostic facilities for TB among the outer islands populations; implement active case finding and contact tracing to increase TB case detection; improve referral systems for specimens, community directly observed treatment, short-course (DOTS) activities and follow-up among scattered populations; and improve engagement of civil society organizations in TB control as per the *National Strategic Plan for Tuberculosis 2016–2020.*

3.2	1.3	Reduce the burden of STIs and HIV through improved health promotion (particularly targeting high-risk populations), screening and patient services.
3.2	1.4	Reduce the burden of NTDs and avoid the reintroduction of eliminated NTDs through: strengthened surveillance; case detection; care of affected people; preventative chemotherapy; water, sanitation and hygiene (WASH) initiatives; health promotion and integration of these services into the health system; and, in particular, strengthened dengue prevention and control.
2.2 and 4.1	1.5	Achieve and maintain high coverage of vaccination, fill immunity gaps through selective immunization activities or supplementary immunization activities, strengthen laboratory capacity, and improve the quality of surveillance and preparedness for outbreak response.
Link to SFA	2.	To address NCDs, mental health and substance abuse, injury and violence, disability and rehabilitation, and nutrition by setting national targets, developing multisectoral policies and plans, reducing risk factors and enabling health systems to respond
3.1	2.1	Provide essential services for prevention, screening and management of NCDs, implement the Healthy Islands initiative and expand primary health care services in alignment with the Vanuatu *Multi-sectoral NCD Policy and Strategic Plan 2016–2020.*
3.1	2.2	Conduct a STEPS survey and improve routine data collection of NCDs.
3.1	2.3	Decrease the service provision gap for mental health in alignment with the Vanuatu Mental Health Policy and Strategic Plan 2016–2020.
3.1	2.4	Prevent and respond to violence, road traffic accidents and injuries by supporting the development and implementation of evidence-based intersectoral action plans and programmes.
3.1	2.5	Increase access to health care for people with disabilities, strengthen rehabilitation and improve disability data collection.
3.1	2.6	Strengthen nutrition governance and coordination across sectors, improve delivery and coverage of quality nutrition services, strengthen interventions to reduce the risk of obesity and undernutrition; prevent and control iron deficiency anaemia, iodine deficiencies and other micronutrient deficiencies among vulnerable populations; and promote and sustain national and household food security.
Link to SFA	3.	To strengthen support for RMNCAH, older people and disability-related health programmes
2.1	3.1	Eliminate preventable deaths of mothers and newborns, and preventable deaths and illness of children; reduce unintended pregnancies; strengthen preventive and curative health services for young people and healthy ageing; and reinforce health systems for RMNCAH.
1.6	3.2	Mainstream gender, equity and human rights.
4.2 and 4.3	3.3	Strengthen human resources and institutional capacity in environmental health risk assessment and management and establish improved multisectoral coordination mechanisms in water, sanitation and hygiene.

Link to SFA	4. To strengthen the core components of the health system towards the achievement of UHC, with an emphasis on primary health care
1.2	4.1 Review, revise and update the health sector policy framework.
1.5	4.2 Implement the health information system strategic plan.
1.2	4.3 Review, revise and define the core service packages and delineate the roles of health institutions at different levels of the health system.
1.2	4.4 Improve sector coordination and enhance aid effectiveness through engagement with development partners, donors, private sector, civil society, nongovernmental organizations and multisectoral partners to optimize health services and the delivery of health programmes.
1.3	4.5 Develop the workforce by supporting professional development and education through POLHN and facilitating the integration of foreign-trained medical, allied health, nursing and public graduates into national health services.
1.3	4.6 Strengthen workforce management in collaboration with key stakeholders such as professional associations.
1.3	4.7 Improve access to services by rolling out primary health care interventions in all provinces and building a more responsive health system.
Link to SFA	5. To build capacities in responding to and mitigating public health threats and risks posed by emergencies and disasters by strengthening the capacity to respond to emerging diseases and public health events, humanitarian emergencies and health risks associated with climate change and by improving food safety and the nutritional aspects of food security
4.1	5.1 Review, develop and update legislation, policies and guidelines in accordance with IHR (2005).
4.1	5.2 Coordinate national health clusters in emergencies and strengthen response, recovery, and preparedness plans and procedures.
4.1	5.3 Strengthen surveillance systems and border control in alignment with IHR (2005).
3.2 and 4.1	5.4 Strengthen infection control procedures in hospitals and health facilities.
4.2	5.5 Build resilience to climate change within the health system through adaptation projects.

Wallis and Futuna

1. Overview

Wallis and Futuna is located in the South Pacific Ocean. The archipelago comprises two groups of volcanic islands: Wallis (Uvea) and Futuna. This French collectivity is the furthest one from metropolitan France (22 000 kilometres). The estimated population of Wallis and Futuna is 12 200 in 2015, with about 70% of the population living in Wallis and 30% in Futuna.

Wallis and Futuna is governed by a Territorial Assembly, composed of 20 elected members. The French state is represented by a high administrator (préfet), appointed by the French president, and provides leadership in the areas of defence, law, treasury and customs, administration and finance, health, and to some extent, education. The economy of Wallis and Futuna is a mix of organized labour and traditional subsistence activities such as fishing.

2. Health and development

The Agence de Santé of Wallis and Futuna is a state-run, state-owned public institution. There is no private sector. Public health facilities are located on both islands. In Wallis, the Sia Hospital has a capacity of 42 beds (14 in general medicine, 14 in gynaecology–obstetrics, 13 in surgery, 1 in intensive care). Technical capacities include radiology (scanning, ultrasound, mammography), operating theatres, laboratory and a pharmacy. There are three community health centres (dispensaries), located in the three districts of Wallis: Hihifo, Hahake and Mua. In Futuna, Kaleveleve Hospital has nine beds. The Agence de Santé employs approximately 200 people on the two islands, including 23 medical staff (8 general practitioners, 5 hospital doctors, 1 radiologist, 2 dentists, 1 pharmacist, 1 biologist and 6 midwives).

The Agence de Santé provides hospital care in medicine, maternity and surgery and all ambulatory services in peripheral public facilities (medical consultation, dentistry, rehabilitation, drug delivery). Severe cases are referred to New Caledonia, Australia or France. The Agence de Santé regularly hosts physician missions for specialties that are not available on the territory, thus avoiding the systematic use of medical evacuations. There are electronic medical records and a single declaration of death form. However, the records are not always complete.

The prevention and public health component was recently reorganized. It is under the supervision of a nurse manager, her assistant, a part-time general practitioner, as well as two nurses and eight educators. Under the *Health Strategic Plan,* the budget for prevention will be used to expand the team to include a public health physician and dietician. Recently, in a bid to reduce NCD risk factors, community-based interventions such as awareness sessions and cooking demonstrations have increased. The French health laws relevant to Wallis and Futuna are adopted by the Territorial Assembly and the high administrator.

Improved care and rising living standards have helped to control many infectious diseases, resulting in increased life expectancy and a steady decline in infant mortality. But lifestyle changes (unhealthy diet, tobacco and alcohol consumption, physical inactivity) have led to a rise in metabolic pathologies and other NCDs. NCDs and chronic diseases represent major public health problems in the country. Cardiovascular diseases and their complications are the leading causes of death in the country, while chronic renal insufficiency is increasing. Rheumatic fever is also common, with a cohort of 300–400 cases treated regularly. Cutaneous infections, mainly erysipelas, account for 50% of visits and hospitalizations. The prevalence of leptospirosis is estimated to be 840 cases per 100 000 inhabitants per year in Futuna; however, severe forms are rare, with a case fatality rate of 0.5%. No true emergence of arbovirus has been observed in Wallis and Futuna.

3. Healthy Islands indicators

Number of skilled health workers per 10 000 population	69	2008
Per capita total expenditure on health at average exchange rate (US$)	NA	
Total expenditure on health as a percentage of gross domestic product (%)	NA	
Tuberculosis incidence (per 100 000 population)	15	2007
Life expectancy at birth (both sexes)	75.8	2012
Under-five mortality rate (per 1000 live births)	NA	
Absolute number of maternal deaths	NA	
Maternal mortality ratio (per 100 000 live births)	0	1996
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	NA	
Immunization coverage rate for diphtheria-tetanus-pertussis (3 doses) (DTP3) (%)	79	2015
Immunization coverage rate for measles-containing vaccine (1st dose) (MCV1) (%)	79	2015
Current tobacco smoking among persons 15 years of age and over (%)		
Population using improved drinking-water sources (%)	100	2008
Population using improved sanitation facilities (%)	96	2008
Proportion of endemic NTDs having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	0	

"NA": not available

4. National health policy

The *Wallis and Futuna Health Strategy (Le projet médical) 2016–2020* has five strategic areas of focus:

1. population and preventative health, including maternal and child health, NCDs and risk factor prevention;
2. monitoring and management of health risks;
3. response to the needs related to mental health, disability and ageing;
4. excellence and efficiency of the territory's health system; and
5. reducing inequalities in access to care.

5. Partners

The Government of France, along with the European Union, provides financial, governance and technical support to Wallis and Futuna. SPC and UNICEF provide technical support. The Agence de Santé also works with the Hospital Centre of New Caledonia to provide additional care.

6. National strategic priorities: WHO and the Government, 2018–2022

Link to SFA		
Link to SFA	1.	To strengthen capacities and programmes to prepare for, and respond to, public health events caused by common epidemic-prone and emerging diseases, vaccine-preventable diseases, environmental hazards and climate change
3.2	1.1	Undertake post-elimination surveillance of lymphatic filariasis.
3.2	1.2	Develop and implement a vector control plan to prevent arboviruses such as dengue, chikungunya and Zika.
3.2	1.3	Measure the endemicity of soil-transmitted helminthiasis.
2.2	1.4	Achieve and sustain measles and rubella elimination.
2.1 and 3.2	1.5	Verify the achievement of the hepatitis B control goal and further reduce mother-to-child transmission by 2020.
Link to SFA	2.	To strengthen legislation, policies and programmes to prevent NCDs
3.1	2.1	Develop and implement a comprehensive NCD strategy.
3.1	2.2	Establish community-led health promotion programmes.
3.1	2.3	Implement tobacco control legislation or policy that includes a ban on sales of tobacco to minors, mandates plain packaging on all tobacco products and increases taxes on tobacco products.
3.1	2.4	Monitor the status of NCDs through the use of relevant surveys such as STEPS and GSHS.

Link to SFA	3. To strengthen civil registration and vital statistics including cause-of-death certification
1.5	3.1 Include underlying causes of death on cause-of-death certification.
1.5	3.2 Link civil registration and vital statistics systems.
1.5	3.3 Train Agence de Santé staff on cause-of-death certification.

References

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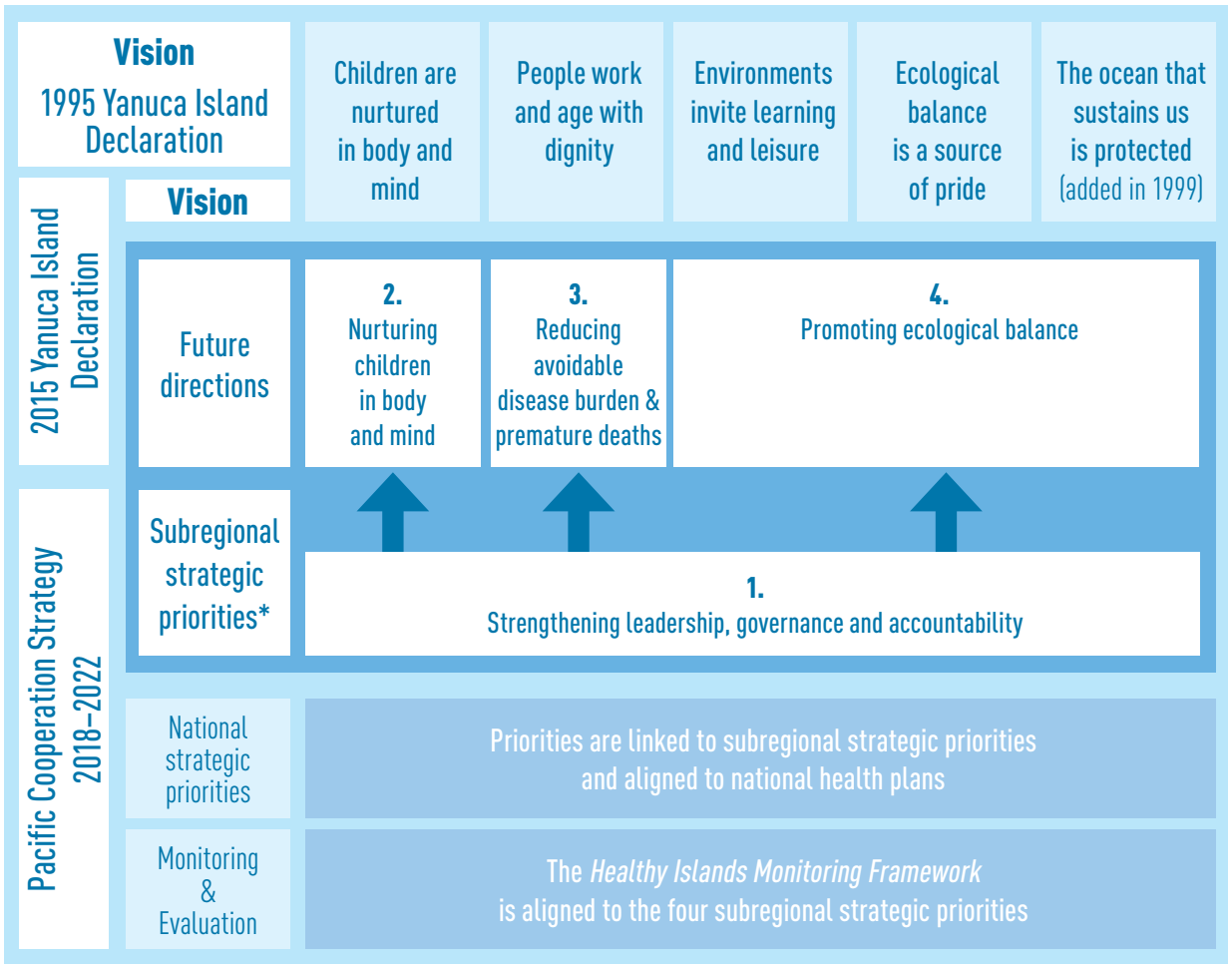
ANNEX

Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022 in support of the vision of Healthy Islands



* *Subregional strategic priorities are taken from the future directions of the 2015 Yanuca Island Declaration on health in Pacific island countries and territories signed by Pacific health ministers, WHO and SPC.*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