



## **NEW CALEDONIA—WHO**

# Country Cooperation Strategy 2018–2022

## 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.

## 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 health 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).

Noncommunicable diseases (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.

## **NATIONAL STRATEGIC PRIORITIES** WHO AND THE GOVERNMENT 2018–2022

The World Health Organization (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 *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

### **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**

- 1.1 Develop national plans and critical core capacities for all-hazard health emergency preparedness and disaster risk management.
- 1.2 Adapt and implement the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*.
- 1.3 Develop and maintain in-country expertise in vulnerability mapping, information management, risk assessment, emergency operations, risk communication and response logistics.
- 1.4 Implement an integrated patient-centred approach in order to achieve the targets under the End TB Strategy.
- 1.5 Eliminate lymphatic filariasis: re-assess the transmission status in order to advance with dossier preparation.
- 1.6 Achieve and sustain the global and regional immunization goals.

### **2. To meet global and regional targets for NCDs**

- 2.1 Provide information on global and regional developments, including best practices and relevant activities elsewhere.
- 2.2 Provide guidance and information on regional and global reporting and targets for NCDs.

### **3. To ensure advancements in planning, implementing and reviewing the national health strategic plan**

- 3.1 Encourage development and implementation of a long-term health strategic plan.
- 3.2 Encourage conducting an annual health review and preparing a report.
- 3.3 Encourage development and implementation of annual health sector operational plan.
- 3.4 Encourage development and implementation of a national health account.

### **4. To make progress towards universal health coverage and the Healthy Islands vision**

- 4.1 Encourage strategic planning, assessment of health services delivery performance, and quality assurance of hospital services.

## 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.

## 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.

## HEALTHY ISLANDS INDICATORS

Number of skilled health workers* per 10 000 population	<b>81.7</b>	2013
Per capita total expenditure on health at average exchange rate (US\$)	<b>3365</b>	2012
Total expenditure on health as a percentage of gross domestic product (%)	<b>NA</b>	
Tuberculosis incidence (per 100 000 population)	<b>21</b>	2010-13
Life expectancy at birth (both sexes)	<b>77.1</b>	2012
Under-five mortality rate (per 1000 live births)	<b>5</b>	2012
Absolute number of maternal deaths	<b>NA</b>	
Maternal mortality ratio (per 100 000 live births)	<b>26.8</b>	
Adult mortality rate from NCDs at ages 30–69 years (%)	<b>NA</b>	
Number of suicides	<b>NA</b>	
Immunization coverage rate for diphtheria-tetanus-pertussis (three doses) (DTP3) (%)	<b>98</b>	2015
Immunization coverage rate for measles	<b>96</b>	2015
Current tobacco smoking among persons 15 years of age and over (%)	<b>NA</b>	
Population using improved drinking-water sources (%)	<b>98</b>	2015
Population using improved sanitation facilities (%)	<b>100</b>	2015
Proportion of endemic neglected tropical diseases (NTDs) having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	<b>0</b>	

NA = not available

\*Skilled health workers are defined as physicians, nurses and midwives.


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