



**WHO Country
Cooperation Strategy
for Cook Islands
2013-2017**



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Foreword

Pacific island countries and territories are confronted with a triple burden—communicable disease, noncommunicable disease and the health impact of climate change—that causes high rates of morbidity and mortality.

The number of deaths due to noncommunicable diseases is among the highest in the world, and various communicable diseases still burden the Pacific. At the same time, vulnerability to the effects of climate change has increased the threat of both communicable and noncommunicable diseases. The limited availability of skilled health personnel, infrastructure and financial resources, as well as health services that are not always responsive to the needs of society, is another major challenge for the Pacific.

The *WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017* (MCCS) has been developed by the governments of the countries and territories in the Pacific and the World Health Organization (WHO) through a consultative process with the United Nations system and key development partners. The strategy identifies health and development challenges and priorities in the Pacific and establishes an overall strategic direction and approach for overcoming the challenges and achieving national goals.

The MCCS has been developed in line with national health policies and strategic plans. The strategy identifies the following five priority areas:

1. reducing maternal and child morbidity and mortality;
2. reducing morbidity and mortality from sexually transmitted infections, HIV, tuberculosis, malaria and neglected tropical diseases;
3. reducing morbidity, premature death and disabilities from noncommunicable diseases;
4. reducing mortality due to epidemics, disasters and the health impact of environmental threats and climate change; and
5. universal access to essential health services and products and sustainable health care.

The Country Cooperation Strategy for Cook Islands offers a vision of Healthy Islands and provides a guide for WHO cooperation with Cook Islands in addressing major health issues. Working together we hope to achieve our shared goal of better health for all people in the country.



Honourable Nandi Glassie
Minister for Health
Ministry of Health, Cook Islands



Shin Young-soo, MD, Ph.D.
Regional Director
World Health Organization for the Western Pacific

Executive Summary

The *WHO Multi-Country Cooperation Strategy for the Pacific (2013–2017)* is a key instrument to guide WHO's work in countries and territories. It represents a medium-term vision for WHO's technical cooperation with 21 countries and territories in the Pacific.¹ It is the first time that all the Pacific island countries and territories (PICTs) have a common country cooperation strategy (CCS). The CCS cycle or time frame has been adjusted to coincide with the Multi-Country *United Nations Development Assistance Framework (UNDAF)* for the Pacific Subregion 2013–2017. This *Multi-Country Cooperation Strategy (MCCS)* is the result of extensive consultations with Member States, the United Nations system and key development partners.

In recent years, PICTs have seen improvements in health indicators, with decreases in maternal and child mortality and progress in eliminating vaccine-preventable diseases. However, not all countries and territories will be able to achieve the health-related Millennium Development Goals (MDGs). Geographical challenges, resource limitations and capacity limitations are common challenges for PICTs. Each country, however, has unique needs. Prevalence of noncommunicable diseases (NCDs) is significantly higher than in other countries at the same stage of development and is associated with the four main modifiable risk factors (tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol). Communicable and emerging diseases still burden PICTs. Other challenges include gender inequality, availability of a skilled labour force, weak health systems, rapid urbanization and vulnerability to climate change.

WHO's facilitating and convening role in helping countries to achieve national health goals and outcomes is seen as essential by governments and partners. Countries increasingly are trying to see how development cooperation most effectively can support national health sector policies, strategies and plans for strengthening health systems and improving service delivery, as well as encouraging development partners to look more closely at country approaches for funding and channelling resources through national systems. WHO's comparative advantage—a strong in-country presence and an ability to provide tailored, evidence-based technical assistance—will contribute to strengthening health systems and programmes to address the triple burden of disease facing PICTs, which includes communicable diseases, NCDs and diseases resulting from the effects of climate change.

WHO aligns its support and operation modalities within the United Nations system as part of the United Nations reform. The MCCS has been developed to accommodate better alignment with a programme oriented towards a results-chain planning process and the multi-country UNDAF (2013–2017) results matrix. Five priorities have been identified as the strategic agenda for WHO's technical cooperation in the Pacific from 2013 to 2017 (Section 5) and will act as a guide for where the major work and resources of the Organization will focus. More specifically, in the Pacific, WHO aims to help make significant progress towards:

- reducing maternal and child morbidity and mortality;
- reducing morbidity and mortality from sexually transmitted infections, HIV, tuberculosis, malaria and neglected tropical diseases;
- reducing morbidity, premature deaths and disabilities from NCDs;
- reducing mortality due to epidemics, disasters and the health impact of environmental threats and climate change; and
- universal access to essential health services and products and sustainable health care.

¹ American Samoa, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, Niue, the Commonwealth of the Northern Mariana Islands, Palau, the Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna.

The outcomes of the MCCS are cross-cutting and include the reduction of risk factors and vulnerabilities for communicable diseases, NCDs and environmental hazards; increasing access and coverage of high-quality health services for all; and cost-effective health services at primary, secondary and tertiary levels, together with cost-effective procurement and supply management systems.

The country-specific strategies of the 21 PICTs (Section 7) provide a snapshot of the health situation in each country and territory and a summary of national health policies, strategies and plans (NHSP). They also include information on how WHO and each PICT will collaborate to meet the goals and objectives of its NHSP.

By supporting PICTs in addressing these public health challenges, WHO is contributing towards improving healthy life expectancy throughout the Pacific.

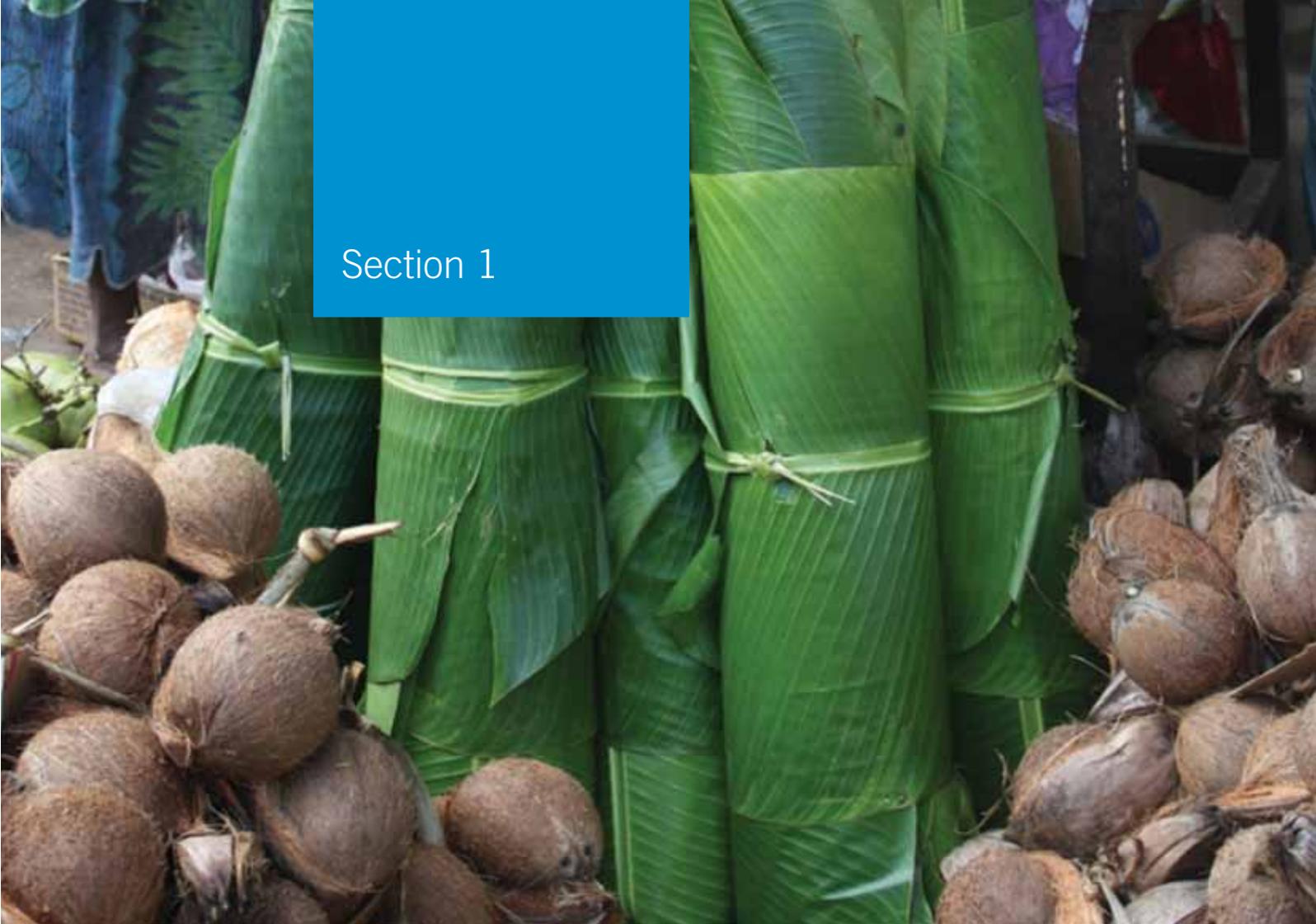


Acronyms & Abbreviations

ADB	Asian Development Bank
AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
AusAID	Australian Agency for International Development
CCA	Common Country Assessment
CCS	Country Cooperation Strategy
CHIPS	Country Health Information Profiles
CLO	Country Liaison Office
CROP	Council of Regional Organisations of the Pacific
CRP	Crisis Response Package
DALYs	Disability-adjusted life years
DPS	Division of Pacific Technical Support
GDP	Gross domestic product
HDI	Human Development Index
HepB	Hepatitis B
Hib	Haemophilus influenza, type B
HIS	Health information system
HIV	Human immunodeficiency virus
IDA	International Development Association
IMCI	Integrated Management of Childhood Illnesses
JICA	Japan International Cooperation Agency
MCCS	Multi-Country Cooperation Strategy
MDG	Millennium Development Goal
MDR-TB	Multidrug-resistant tuberculosis
MTEF	Medium-Term Expenditure Framework
NCD	Noncommunicable disease
NGO	Nongovernmental organization
NHA	National health accounts
NHPSP	National Health Policies, Strategies and Plans

NHS	National health services
NTD	Neglected tropical disease
NZAID	New Zealand Aid Programme
ODA	Official Development Assistance
OOP	Out of pocket
PHRHA	Pacific Human Resources for Health Alliance
PEN	Package of Essential NCD Interventions for primary health care
PICTs	Pacific Island Countries and Territories
PIFS	Pacific Islands Forum Secretariat
PHC	Primary health care
PHIN	Pacific Health Information Network
POLHN	Pacific Open Learning Health Net
PPHSN	Pacific Public Health Surveillance Network
SPC	Secretariat of the Pacific Community
STEPS	Surveillance of Risk Factors for NCDs
STI	Sexually transmitted infection
SWAp	Sector-wide approach
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VII	Vaccine Independence Initiative
WHO	World Health Organization
WR	WHO Representative



A photograph of a market stall. In the center, several large, vibrant green banana leaves are bundled together and secured with thin, light-colored ties. On either side of these bundles, there are large stacks of brown, textured coconuts. The background is slightly blurred, showing other market items and people, suggesting an outdoor market setting.

Section 1

Introduction

The Country Cooperation Strategy (CCS) is WHO's key instrument to guide its work in countries. It represents a medium-term vision for its technical cooperation with Member States in support of their national health policies, strategies and plans, while contributing to the WHO organization-wide plans. The CCS is also the main instrument for harmonizing WHO cooperation in countries with other United Nations agencies.

The "Healthy Islands" concept was introduced at the first Meeting of Ministers of Health for the Pacific Island Countries in 1995. The Healthy Islands vision has been an overarching framework for achieving better health in the Pacific. The strategic agenda for WHO cooperation in the Pacific 2013–2017 will take inspiration from the vision of Healthy Islands.

Healthy Islands are a place 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 oceans that sustain us are protected.

The reform initiatives of the WHO Regional Director for the Western Pacific have emphasized a greater focus on the needs of the Pacific and a commitment to improve the performance of WHO at the country level. As part of those reforms, an amplified country-needs approach will be used to better define the priority areas where WHO assistance will make the greatest contribution to achieving the health-related Millennium Development Goals (MDGs) as well as other health goals in the countries, such as tackling noncommunicable diseases (NCDs). The reforms serve as a backdrop for the development of the CCS; reinforcing the organization's commitment to support Pacific island countries and territories (PICTs).

The *WHO Multi-Country Cooperation Strategy for the Pacific (2013–2017)* covers 21 countries and territories.² The CCS cycle or time frame has been adjusted to coincide with the Multi-Country United Nations Development Assistance Framework (UNDAF) for the Pacific 2013–2017. This is in line with the *WHO Country Cooperation Strategies Guide 2010* that emphasizes a better fit between the CCS, the Common Country Assessment (CCA) and the UNDAF process.

This *WHO Multi-Country Cooperation Strategy (MCCS)* was prepared after reviewing the implementation of the current CCS cycle and conducting a documentary analysis, with particular reference to the draft of the multi-country UNDAF for the Pacific, the 2011 Pacific Regional MDGs Tracking Report, and the outcome and resolutions of the biennial Meetings of Ministers of Health for the Pacific Island Countries. Consultations were held with Member States, other United Nations agencies and key development partners focusing on the key health challenges in the Pacific, the strengths and weaknesses of current WHO collaboration, the comparative advantages of WHO, and modalities for potential enhanced cooperation and synergy with the work of other development partners.

² American Samoa, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, Niue, the Commonwealth of the Northern Mariana Islands, Palau, the Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna.



Section 2

Health and development challenges

Against a backdrop of many small island countries and territories, with relatively small populations geographically dispersed across large distances, the increasingly heavy triple burden of communicable diseases, noncommunicable diseases (NCDs) and the health impact of climate change is having a growing negative effect on the health and economies of Pacific island countries and territories (PICTs).

The incidence of NCDs in the Pacific is among the highest in the world and is a significant cause of mortality in the Pacific. Adult and child obesity, physical inactivity, poor diets, tobacco use and the harmful use of alcohol are common risk factors for most NCDs. The prevalence of NCD risk factors in adults (25–64 age group) continues to increase and is reaching critical levels in many countries. At the same time, communicable diseases remain a health threat to the population. Influenza and respiratory infections, infectious diarrhoeal diseases, dengue, typhoid fever, lymphatic filariasis and chlamydia remain major causes of serious morbidity in many countries and territories.

Background and context

Geography and population

PICTs comprise 20 000 to 30 000 islands in the Pacific Ocean. They are small countries and territories (also referred to as areas) with populations ranging from 10 000 to 850 000, with the majority having a population less than 200 000. A summary of geographic and demographic information of the 21 countries and territories included in this *Multi-Country Cooperation Strategy* (MCCS) is provided in Table 1.

PICTs are geographically and culturally grouped into Melanesia, Micronesia and Polynesia.

- Melanesia: Fiji, New Caledonia, Solomon Islands and Vanuatu.
- Micronesia: the Federated States of Micronesia, Guam, Kiribati, the Marshall Islands, Nauru, the Commonwealth of the Northern Mariana Islands and Palau.
- Polynesia: American Samoa, Cook Islands, French Polynesia, Niue, the Pitcairn Islands, Samoa, Tokelau, Tonga, Tuvalu, and Wallis and Futuna.

The islands can be classified as “high islands” and “low islands”. High islands are formed by volcanoes, often can support more people and have a more fertile soil. Low islands are reefs or atolls and are relatively small and infertile. Melanesia is the most populous group and contains mainly high islands, while most of Micronesia and Polynesia are low islands.

Macroeconomic, social and political context

The 21 countries and territories covered under the MCCS vary considerably in terms of size, culture and economic resource base, with a number of PICTs continuing to rely on overseas assistance from traditional partners such as Australia, France, New Zealand and the United States of America. A report entitled *Framework for Growth in the Pacific*, commissioned by the Government of Australia, highlights the unique problems faced by small states by showing that there is a significant “price” of smallness. This price manifests itself in the form of higher costs for transporting exports and imports, higher utility costs, and higher wages, which are largely related to market size, location and unfavourable business policies. Greater exposure to global trade is also accompanied by greater volatility in small, undiversified economies, such as those in PICTs.

Economic growth projections for most PICTs in 2011 and 2012 are expected to be weak. Governments are focused on public financial reforms, structural reforms and promoting private sector-led development to stimulate the economy and economic growth. The overall economic and development outlook for many of the PICTs remains, at best, variable and for some countries is bleak with challenges in maintaining viable and diversified economies and creating employment opportunities for young people. This will have a major impact on the ability of countries to work towards achieving the Millennium Development Goals (MDGs) and take up other health challenges such as NCDs.

Small populations located on small islands often scattered over a large geographical area mean that the provision of social services and infrastructure is very costly. The high cost and the poor coverage of transport and communication infrastructure constrains the provision of low-cost and effective health,



Table 1. Country demographic information and health expenditures

Country or Territory	Population			Per Capita (GDP)		Health Expenditure			General Government Expenditure on Health as % of Total General Government Expenditure
	Year	Population (in '000s)	Urban Population (%)	Year	US\$	Year	Per capita US\$	As % of GDP	
Melanesia									
Fiji	2010 est	854.0	51.9	2009	2978.95	2009 p	130.40	3.60	9.30
New Caledonia	2009 p	245.6	57.4	2008	36758.00	2008	3420.76	9.5	...
Solomon Islands	2009	515.9	18.6	2008	1014.00	2009 p	71.84	5.30	16.80
Vanuatu	2009	234.0	25.6	2009 p	2685.10	2009	104.00	3.90	13.60
Micronesia									
Federated States of Micronesia	2010 p	102.6	22.7	2008	2223.00	2009 p	333.33	13.80	20.60
Guam	2010 est	180.7	93.2	2005	22661.00	...	...	...	8.71
Kiribati	2010	103.5	48.3	2010 p	1307.40	2009 p	204.8	12.20	8.70
Marshall Islands	2012	54.4	71.8	2007	2851.00	2009 p	419.35	16.50	20.10
Nauru	2010 est	10.0	100.0	2006-07	2071.00	2009 p	625.00	10.85	18.50
Northern Mariana Islands	2010 est	63.1	91.3	2005	12638.00	2007	...	...	25.40
Palau	2010 est	20.5	83.4	2007	8423.00	2009 p	1000.00	11.20	16.70
Polynesia									
American Samoa	2010 est	65.9	93.0	2005 est	9041.00	2003	500.00	...	14.00
Cook Islands	2010 est	23.3	75.3	2009 p	10298.00	2009 p	503.60	4.50	10.60
French Polynesia	2010 est	268.8	51.4	2006	16803.36	2008	3361.57	13.09	29.00
Niue	2010 est	1.5	37.5	2006	8208.20	2009 p	1866.55	16.94	15.81
Pitcairn Islands	2009	.05	n	...	...	...	...	...	...
Samoa	2010 est	184.0	20.2	2009-10	2908.02	2009 p	161.04	5.30	14.50
Tokelau	2006	1.5	0.0	2003	612.50	2001-09	3705.64	...	10.46
Tonga	2010 est	103.4	23.4	2008-09	2988.00	2009 p	161.04	5.30	14.50
Tuvalu	2010 est	11.2	50.4	2002	1139.32	2009 p	312.50	10.50	11.00
Wallis and Futuna	2010 est	13.3	0.0	2004	3800.00	2008	...	...	24.00

KEY: est=estimated; p=provisional; GDP=Gross Domestic Product
 SOURCE: WHO Country Health Information Profiles (CHIPS), 2011

education and business support services and also severely constrains access to both domestic and international markets. Therefore, a major challenge for most PICTs is to develop and maintain adequate human resources for good governance and to have the technical and professional health workforce needed in the public and the private sectors.

PICTs are at different stages of human development, as ranked by the 2011 Human Development Index (HDI). Although the Marshall Islands, Nauru and Tuvalu are not included in the HDI report for 2011, Palau and Tonga (ranked 49 and 90, respectively) are part of the group of “high human development” countries. Most PICTs are in the “medium human development” category, including Samoa (99), Fiji (100), the Federated States of Micronesia (116), Kiribati (122) and Vanuatu (125). Solomon Islands, with a rank of 142, belongs in the “low human development” category.

Other major determinants of health

Gender inequality

Gender inequality is one of the obstacles for long-term development in the Pacific. All Melanesian countries, except Fiji, are not on track to achieve MDG 3 (Promote Gender Equality and Empower Women), while mixed progress was noted for the Micronesian and Polynesian countries. Gender equality in school enrolments is generally positive. However, progress on empowering women for economic participation and women’s participation in political leadership is slow, with Melanesian countries behind the Micronesian and Polynesian countries. This has been attributed to patriarchal cultures in Melanesian countries, which discriminate against women, compared with the other regions.

Violence against women is common across the Pacific. The 40th Pacific Islands Forum in 2009, highlighted sexual and gender-based violence as a national and regional development issue demanding attention at the highest levels and affirmed the need to eliminate it. This political commitment to combat gender-based violence is of utmost importance. But practices in law enforcement and justice systems are not conducive to tackle violence against women, although progress is being made in some countries. Information on the handling of violence against women by the health services is limited.

Poverty

Although having access to quality verifiable data remains a challenge and because consumption from subsistence fishing and farming is difficult to assess, it has been estimated that a majority of PICTs are not on track in reducing the portion of population under the basic-needs national poverty line. The region as a whole is unlikely to achieve MDG 1 (Eradicate Extreme Poverty and Hunger) by 2015, as approximately 25% of households in the Pacific region still live under the basic-needs poverty line.

Rapid urbanization, along with the growth of informal settlements is leading to urban poverty. Settlements often have inadequate water and sanitary facilities exacerbating poor living conditions and poverty, thus increasing the health risks.

Food poverty, defined as the inability to obtain healthy affordable food, is an increasing concern in the Pacific. It is highest in Melanesia, in particular Fiji and Solomon Islands. Because of the natural conditions, PICTs have concentrated production of a limited number of food commodities. Dependency on food imports has increased in recent years due to a decline in traditional crop production and a rapid rate of urban migration. There is a link between food poverty and obesity, a major public health issue in the Pacific.

Climate change

The Pacific region is among the most vulnerable in the world to the impacts of climate change, including the detrimental effects on health. The health impacts of climate change include but are not limited to: increased burden of waterborne, foodborne and vectorborne diseases; traumatic injuries and deaths from extreme weather events; increased burden of respiratory illnesses (due to infective causes and obstructive airways diseases); increased mental health problems (from loss of land, livelihoods and population displacement, as well as the mental health impact of natural disasters); compromised food security (leading to malnutrition); and heat-related illnesses. It is important to note that these problems will be borne disproportionately by certain vulnerable sectors of the population—the very poor, young children, the elderly, people with disabilities, people with pre-existing illnesses (e.g., NCDs) and certain occupations (e.g., farmers, fishermen and outdoor workers).



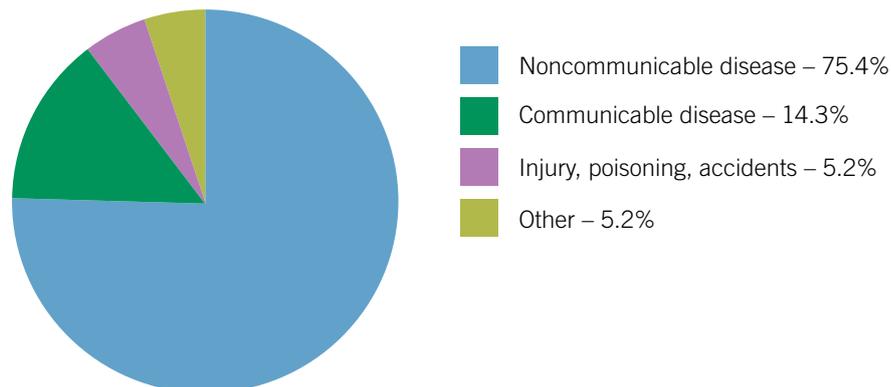
Trade

Greater exposure to global trade is also accompanied by greater volatility in small, undiversified economies, such as those in PICTs. In particular, small island states are vulnerable to fluctuations of prices for oil, food and other international commodities, as they rely heavily on imports. The impact of the variations in the global economy with the downturns in 1996–1997 and 2008–2009 also had a significant impact. The region's growth prospects are also closely linked to the performance of the Australian and New Zealand economies.

Health status of the population

PICTs are at different stages of demographic and epidemiological transition, which pose a greater challenge in addressing the triple burden of NCDs, communicable disease and the health impact of climate change. NCDs are now the leading cause of mortality in the Pacific (See Figure 1). However, communicable diseases that have been eliminated in other parts of the world are still endemic in some PICTs. Additionally, communicable diseases such as sexually transmitted infections (STIs) are a growing threat to health and well-being in the Pacific. The health impacts of climate change are significant in PICTs. Vulnerability to the effects of climate change, such as the impact on water, sanitation and agriculture, inevitably results in the vulnerability to both communicable diseases and NCDs.

Figure 1. Leading Causes of Mortality in Pacific Island Countries and Territories (PICTs)

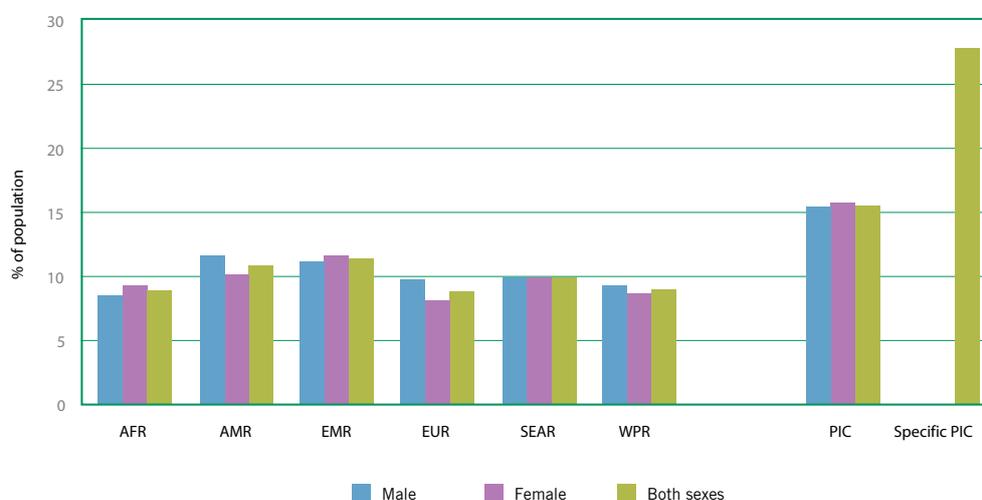


Source: WHO Country Health Information Profiles (2011)

The burden of chronic and noncommunicable diseases

NCDs and chronic diseases are the leading causes of mortality and morbidity in PICTs. The high proportion of premature death and disability caused by NCDs continues to lead to significant productivity loss for PICTs. For countries and territories in Micronesia and Polynesia, the prevalence of NCDs is significantly higher than other countries at the same stage of development. This has been associated with the frequent occurrence of obesity. Tackling NCDs has recently become a global priority, and the Pacific health ministers recognized the urgency of the problem in 2011 when they declared an NCDs crisis in the region.

Figure 2. Age-standardized prevalence of diabetes* by WHO Regions and for PICT, 2008.



*Defined as raised fasting glucose ≥ 126 mg/dl or on medication

Key: AFR= Africa Region; AMR= Americas; EMR= Eastern Mediterranean; EUR= Europe; SEAR= South-East Asia; WPR= Western Pacific; PICTs= Pacific Island Countries and Territories

The enormous social and economic consequences of NCDs are being recognized and the need to tackle the growing crisis in the Pacific is becoming more urgent. However, the poor availability of accurate health and mortality data, which are essential for health and policy planning, and a shortage in human resources to manage the NCD crisis are major obstacles to overcome. WHO has provided country-level technical support in carrying out surveillance of the NCD burden through the WHO Stepwise Approach to Surveillance of Risk Factors for NCDs (STEPS).

STEPS has proven very useful in providing national and comparable data across the Pacific.

- The prevalence of overweight in the 25–64 age group is extremely high ranging from 60%–90% in some PICTs.
- The prevalence of diabetes in the 25–64 age group is reported to be as high as 40% in one of the PICTs.
- The prevalence of current smokers in the 25–64 age group is reported to be as high as 60% in one of the PICTs.

Although neuropsychiatric conditions have low mortality, they represent a significant portion of the disease burden, with mental illnesses such as unipolar depression, bipolar disorders, schizophrenia and alcohol use disorders as the major causes. Pacific health ministers highlighted that there had been limited progress in mental health care in the Pacific during the last decade, while trends for substance abuse, addictive behaviours, depression and suicide were increasing in many countries. A number of barriers prevented the successful implementation of mental health programmes, including stigmatization of mental illness, which is a common, well-known barrier. Additionally, accidents and injuries also contribute to the mortality and morbidity in PICTs, and a significant proportion of these fatalities and injuries are due to drinking and driving.

The burden of communicable diseases

Although progress has been made towards achieving vaccine-preventable elimination targets in many PICTs, communicable diseases still account for a high proportion of disability-adjusted life years (DALYs), specifically in Melanesian countries such as Solomon Islands. Infectious and emerging diseases continue to affect the people in the Pacific and represent a health security threat for the PICTs.

Vaccine-preventable diseases

Great progress has been made in fighting vaccine-preventable diseases. PICTs remain polio free and are currently entering an era of measles elimination. Populations in the Pacific are experiencing the public health benefits of vaccine protection. For example, only two tetanus cases have been reported in the last three years, and significant steps have been undertaken in hepatitis B prevention and control through widespread vaccine immunizations in the 1990s. However, there is concern that the measles immunization coverage, with Fiji, Solomon Islands and Tuvalu recording a decline in coverage, will fall short of achieving MDG 4 (Reduce Child Mortality).

PICTs have a strong record in regional cooperation in combating vaccine-preventable diseases. The development of a financing mechanism, known as the Vaccine Independence Initiative (VII), for which UNICEF has played a strong role, from the mid-1990s has facilitated the transition for all Pacific island governments to procure traditional vaccines. VII has also facilitated the introduction of underutilized vaccines, such as hepatitis B (HepB), and the combination DTP-HepB-Hib (pentavalent) vaccine.

Tuberculosis, leprosy and yaws

Although the burden of tuberculosis in PICTs is relatively small, in some countries and territories (e.g., Kiribati, the Marshall Islands, the Federated States of Micronesia and Solomon Islands), the case-notification rate is higher than the average notification rate of 75 per 100 000 population in the Western Pacific Region. From 2004 to 2009, a total of 45 multidrug-resistant TB (MDR-TB) cases were reported in the Pacific, the majority from the Marshall Islands and the Federated States of Micronesia. An association between diabetes mellitus and tuberculosis has been suggested and there has been renewed interest about this association in recent years due in part to the NCD crisis in the Pacific.

Most PICTs have eliminated leprosy as a public health problem. Kiribati, the Marshall Islands and the Federated States of Micronesia have not yet reached the elimination target.

Solomon Islands and Vanuatu continue to have yaws despite campaigns to combat the disease, particularly in the 1960s. Morbidity is significant particularly in children. A global goal of eradication by 2020 has been established.

Trachoma

Blinding trachoma is known to be endemic in five PICTs (Fiji, Kiribati, Nauru, Solomon Islands and Vanuatu). Mapping is being undertaken to inform the implementation of WHO's SAFE strategy for trachoma elimination (Surgery, Antibiotics, Face-washing and Environmental improvements). GET2020, a global elimination of trachoma campaign, is led by WHO and aims to reach global elimination of trachoma by 2020.

Malaria and other vectorborne diseases

A large proportion of the population in Solomon Islands and Vanuatu remains at risk for contracting malaria, especially pregnant women and children under 5 years of age. Malaria is a leading cause of morbidity and mortality in these PICTs. The two countries are aiming to eliminate malaria by 2020 and are making good progress with substantial funding from Australia and the Global Fund to Fight AIDS, Malaria and Tuberculosis, with support of WHO and other partners. Solomon Islands and Vanuatu are on track to halt and reverse the incidence of malaria (MDG 6).

Although there have been outbreaks of dengue fever in PICTs over several decades, the incidence of dengue fever in the Pacific appears to be rising due to increased urbanization, which results in more breeding sites for the main vector, *Aedes aegypti*. This may be exacerbated by increasingly mobile populations introducing the dengue virus to island communities from other islands or endemic countries. There were major outbreaks of dengue fever in the Marshall Islands and the Federated States of Micronesia in 2011 and 2012. Prevention and control of dengue are focused on integrated vector management, enhanced surveillance and improved case management.

Lymphatic filariasis is endemic in most of the PICTs. Following completion of mass drug administration campaigns over several years, it is expected that several countries and territories, including Cook Islands, the Marshall Islands, Niue, Tonga and Vanuatu will have verified elimination of lymphatic filariasis as

a public health problem by 2013–2015. Additionally, parasitic diseases, such as neglected tropical diseases (e.g., soil-transmitted helminthiasis, foodborne trematodes, etc.) are still prevalent in PICTs. Soil-transmitted helminthiasis is a public health problem in at least nine PICTs, where mass deworming is required. The global goal calls for 75% deworming coverage in these PICTs.

HIV/AIDS & STI

The PICTs continue to demonstrate a very low prevalence of the HIV infection. *The Report of the Commission on AIDS in the Pacific* indicated that Fiji, French Polynesia, Guam and New Caledonia are the only countries and territories with a significant number of HIV infections. The predominant mode of reported transmission is unprotected sex. In Guam, French Polynesia and New Caledonia, a significant proportion of infections are attributed to unprotected male-to-male sex and injecting drug use. With regard to treatment for HIV/AIDS, PICTs achieved universal access to antiretroviral therapy (ART) for all those who needed it (MDG6).

Second-generation surveillance undertaken in PICTs in 2004–2005 and 2008 has shown that on average, one in four sexually active young people in the Pacific has a sexually transmitted infection (STI). The causes contributing to the high rate of STIs in many PICTs include cultural stigma related to contraceptive use, uneven access to diagnostic and curative services, and the fact that asymptomatic STIs continue to be untreated due to lack of awareness. In some PICTs up to 40% of sexually active young people have an STI. Chlamydia is the most common infection with a prevalence ranging from 10%–30% among asymptomatic antenatal women. Chlamydia infections contribute to significant morbidity, impacting on pregnancy outcome and fertility. Prevalence of syphilis and gonococcal infection, while much lower than the prevalence of chlamydia, were also at unacceptable levels in some PICTs. It is known that “among both males and females HIV transmission is facilitated by the presence of any STI”; therefore, it is imperative that prevention and treatment of such diseases be addressed in PICTs.

Emerging and re-emerging infectious diseases

Disease outbreaks continue to occur on a regular basis, including outbreaks of dengue in several countries and Chikungunya in New Caledonia in 2011. Typhoid is endemic in several of PICTs. The Pacific Public Health Surveillance Network (PPHSN), a voluntary network of countries and organizations dedicated to the promotion of public health surveillance and an appropriate response to the health challenges, jointly supported by Secretariat of the Pacific Community (SPC) and WHO, continues to monitor and provide support for investigation and response to new outbreaks. The *Asia Pacific Strategy for Emerging Diseases* has expanded its scope of activities with public health and communicable disease control during disasters and with building national public health emergency preparedness as the key priorities.

Maternal, Child and Adolescent Health

Good progress has been made in improving child and maternal health over the last two decades. A majority of PICTs are on track to reduce child mortality in line with MDG 4 by 2015. The average under-5 mortality rate is 28 per 1000 live births, including all Pacific Island Forum countries. The average infant mortality rate is also low at 20 per 1000 live births. The countries of Micronesia have a comparatively higher average under-5 mortality and infant mortality rate.

Improvement in child health has been attributed to improved coverage of cost-effective child survival measures, including immunization, exclusive breastfeeding, child nutrition, the integrated management of childhood illnesses (IMCI), clean water and sanitation, and a general improvement in socioeconomic development.

Although PICTs overall have low maternal mortality, there is mixed progress towards reducing the maternal mortality ratio and achieving universal access to reproductive health in line with MDG 5 (Improve Maternal Health). Pregnant women living in outer islands and rural communities with limited transportation and poorer access to services are at higher risk of maternal complications. The access and availability to emergency obstetrics care remain uneven. Where the numbers of midwives have increased, antenatal care and the proportion of deliveries by skilled birth attendants have improved, there is better access to emergency obstetric care, and maternal deaths are a rare event.



In the Pacific, contraceptive use has remained below the average for less developed countries, and many countries have a high level of “unmet need” for family planning. An analysis from a recent survey conducted in seven PICTs by the Division of Health Sector Development in the WHO Regional Office for the Western Pacific suggests that women may be unable to use family planning due to lack of access to a contraceptive method or be unwilling because of fear, health concerns or religious opposition. Additionally, the rate of teenage pregnancy in many PICTs is high.

National responses to overcoming health challenges

In PICTs, most health care is provided by the government free of charge or at a low cost. While private service providers are increasing, they still play a limited role in health service delivery. The out-of-pocket expenses for health are in most cases reasonable compared to other countries in the region. However, a significant proportion of the health care budget is dedicated to curative services and tertiary care services are usually outsourced to neighbouring countries.

Delivering services to a highly dispersed population, many living in isolated communities, is demanding and costly. Although in principle there is equitable access to health care for whole populations, the travel and transportation costs make people living in remote areas more vulnerable.

Demographic changes are occurring as people move from rural areas, resulting in an increased urban population with its own special health challenges to sustain a healthy environment and livelihood. The population is also ageing, and the elderly will put an extra burden of the health care system in the future.

National health policies, strategies and plans

Most countries in the Pacific have a long tradition of developing national health policies, strategies and plans (NHPSP). Because of limited national capacity in small countries, there is a tendency for dependence on external sources of expertise in developing and drafting the NHPSP, which can reduce ownership. Most Pacific countries need to build and strengthen individual and institutional capacity to lead and manage the NHPSP process.

Because the unique situation of Pacific countries with their limited systems and human resource capacities, it is essential to have modest, realistic and costed plans that are implementable, backed up by strong political commitment and linkages to overall national planning processes and documents.

The *World Health Report 2010* on health system financing suggested that a more rapid movement towards universal coverage would occur if the inefficient and inequitable use of resources were addressed effectively. At a conservative estimate, 20%–40% of health resources are being wasted. Proper NHPSPs will capture the key health priorities, consider how the government will go about addressing the priorities within its country's capacity and resources and ensure that funds are spent where they are most needed. The economic challenges for several of PICTs give more impetus to proper health sector planning to ensure that health budgets are used for achieving universal coverage of agreed essential health interventions.

Health information system

Quality, timely and complete health information generated from a country's own health information system (HIS) is the ultimate goal of all country health information systems. In the Pacific, most countries face challenges in improving their systems, but are constrained by many issues, in particular fragmentation of information that relates to function, disease or condition, and donor and global health initiatives.

In most countries, those responsible for operating the national HIS do not have the necessary resources to perform effectively and influence the allocation of health system resources. Health information systems across the region are complex, while the majority of countries still do not have reliable information regarding trends in mortality and morbidity. Although investments in HIS across the region are scarce, they are increasing. But much more advocacy at the political and leadership level is needed to make the linkages between improved HIS and policy on one hand and achieving health outcomes on the other. Stronger advocacy for reliable health information requires mobilizing effective political and health leadership, improving institutional capacity and organizing a coordinated multisectoral approach. While health information units in ministries of health need additional resources and authority, they also need

to engage with departments such as statistics, education, planning and finance, and information and communications technology experts to accelerate the use of reliable health information.

The *Pacific Health Regional Information Strategic Plan* provides excellent guidance on prioritizing improvements within country systems. HIS strengthening is not simply a technical activity, what is needed is a transformation in the culture of health information use in the region.

Health financing

An overview of health expenditures by country and territory is provided in Table 1. The two largest countries among PICTs, Fiji and Solomon Islands, spend, respectively, 3.6% and 5.3% of gross domestic product on health; percentages that have not changed dramatically over the past decade. This is in the middle to lower range of health expenditures compared to other countries in the Asia Pacific region. Government expenditures on health as a percentage of total health expenditures are at the high end compared to other countries in the region. Although the private sector and non-state providers are important for health service delivery, the public health services are the mainstay for provision of health care for the majority of the Pacific population.

Out-of-pocket (OOP) payments are at the lower end in many Pacific countries, such as Kiribati, the Federal States of Micronesia and Solomon Islands, according to a recent World Bank study. A further increase in OOP payments may be expected in the years to come as a way to finance health services with a constrained public budget. Policy-makers are concerned that with increasing health costs, current health financing will be insufficient to meet future health needs, in particular with the limited fiscal space for health and the high cost of delivering services.

Human resources

PICTs continue to face health workforce challenges relating to quantity, quality, skill-mix, distribution and retention. The most recent Meeting of Ministers of Health for the Pacific Island Countries in July 2011 reiterated that health workforce deficiencies pose threats to the successful implementation of all health programmes and to the achievement of the Healthy Islands vision and the health-related MDGs, as well as a successful battle against NCDs.

Small countries face great challenges in building an adequate workforce to deliver quality primary health services and necessary hospital and specialized services. Various strategies have been used to address health workforce shortages, such as task shifting using health staff such as mid-level practitioners and primary health-care workers for improved primary health care services. However, financial constraints also limit the options countries have.

Health workers migrating to other countries for work remains an issue. Neighbouring countries, such as Australia, rely on significant numbers of overseas trained health workers. While numbers from the Pacific are small, the impact on small Pacific countries can be disproportionately high.

Limited continuing education, training and development of health professionals are also important challenges. Various human resource programmes and initiatives in the Pacific are in place, including the Pacific Human Resources for Health Alliance (PHRHA); the Fiji National University College of Medicine, Nursing and Health Sciences³, the Pacific Open Learning Health Net (POLHN); and Strengthening the Specialized Clinical Services Programme.

³ Fiji National University was formerly known as the Fiji School of Medicine





Section 3

**Development
cooperation
and partnerships**

Political leaders in PICTs have expressed concern that despite continued high levels of development assistance over many years, the Pacific region is not on track to achieve the MDGs by 2015. This concern resulted in the Cairns Compact on Strengthening Development Coordination in the Pacific to ensure better aid effectiveness. Furthermore, new donor mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, have contributed to the health sector in recent years but also have provided new challenges for governments in effectively managing external partners and resources.

The new aid environment

A 2011 Tracking Report on progress in reaching the MDGs reflects the generally positive manner in which aid is managed by development partners and countries. However, given the systemic difficulties faced by many, especially smaller, PICTs, there is a need for stronger and more collaborative approaches to diagnosing the difficulties and address them through capacity-building.

There have been shifts in aid delivery modalities from project funding to a greater use of country systems or general budget support. The trend towards programme-based approaches is growing, while maintaining the focus on achieving progress on the MDGs. Experiences from Vanuatu suggest that the country is promoting the programme-based approach because it hopes to reduce the transaction costs of dealing with multiple development partners; most development partners share the same aim. However, the immediate effect of the processes involved in negotiating a programme-based approach is to increase workloads since the normal burden of project administration, basic management and adapting to political change remains.

The Pacific Aid Effectiveness Principles suggest a more country-focused approach, and WHO needs to adjust to the requirements countries are putting forward. Countries and donors are increasingly looking at systems for procurement of technical assistance that might also challenge how WHO has been selecting and managing short-term technical support. It is important that WHO and its staff ascribe to aid effectiveness principles, not only for programme planning and reporting purposes but also to be able to effectively support sector coordination at the country level.

WHO usually works with ministries of health, which are often marginal to the aid effectiveness agenda within the government structure. Usually ministries of planning, foreign affairs or finance or other central agencies are responsible for national and international discussions on sector support and aid coordination. This also means that WHO needs to follow current trends and country experiences on aid effectiveness and modalities for sector coordination. Working effectively within the United Nations system at the country and regional levels on development cooperation is therefore of utmost importance.

Health sector support

PICTs receive bilateral assistance for the health sector mainly from Australia, Japan and New Zealand. These countries also contribute substantially at the global and regional levels to organizations such as the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), WHO, the Secretariat of the Pacific Community (SPC), the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Asian Development Bank (ADB) and World Bank, which are involved in the health sector in PICTs. Financial support from the United Nations system (WHO, UNICEF, UNFPA) to the health sector is limited, but these agencies remain key external in-country partners in health, together with SPC. The Global Fund has provided funds, mostly through multi-country grants managed by SPC. The GAVI Alliance is continuing to provide support for the introduction of new vaccines. ADB and the World Bank both provide grants and long-term loans while also contributing to analytical work on the economic, financing and social sectors in the Pacific. In addition, there are several other regional bodies and global initiatives that provide funding and technical assistance in health for PICTs.

A large number of regional health mechanisms are in place and put demands on government, which often have limited capacity. A review conducted in 2010 identified 52 regional health mechanisms around networking, coordination, governance and grant oversight across technical issues, geographic areas and mandates. Poor coordination, lack of joint planning, poor integration of country and regional work, and duplication, particularly around HIV and NCDs, were reported as common features. The proliferation



of health meetings has added to workloads of ministries. Some meetings have mixed mandates, which aren't helpful, and affect the continuity of staff attendance; and some meetings duplicate areas of focus with other mechanisms. Consolidation of some meetings was encouraged and it was proposed that a more focused and direct in-country support mechanism might be preferable to regional approaches.

Sector coordination and aid effectiveness at country level

Official development assistance (ODA) for the health sector remains low as a percentage of total health expenditures among PICTs. For example, external assistance accounted for 6% of total health expenditures in Fiji in 2008. Countries are increasingly concerned as to how ODA and development cooperation can support most effectively NHPSPs using a medium-term expenditure framework (MTEF) for the strengthening of health systems and improving service delivery. Some countries (Samoa and Solomon Islands) have embarked on a Sector-Wide Approach (SWAp) for better alignment of external resources to national priorities using government channels, while Kiribati and Vanuatu have also established sector coordination mechanisms along the lines of a SWAp.

A review in 2011 of the SWAp in Solomon Islands concluded that since its launch in 2008 it remains at a very early stage of implementation, with most progress observed in improving processes and systems and less evidence of improved outcomes. However, SWAps are encouraging development partners to look more closely at country approaches for funding, channelling resources through national systems and reporting their contribution against the NHPSP and MTEF. Also, development partners can actively participate in national health reviews established as part of the SWAp.

WHO is involved in sector coordination in all countries where it has a presence, but information given by donor agencies and reviews suggest that WHO could play a much more significant role in sector coordination, both at the subregional level in the Pacific and at the country level. Staff, in particular WHO Representatives and Country Liaison Officers, need to have the knowledge and interest to support health sector coordination.

United Nations reform and CCA/UNDAF process

The new UNDAF (2013–2017) for the Pacific Subregion represents an important instrument to implement United Nations reform, and is particularly significant as it spans the critical phase leading up to the 2015 MDG deadline. UNDAF covers 14 PICTs, which is slightly different than the country structure of WHO in the Pacific. A multi-country common analysis was finalized in 2011 and was informed by the five United Nations programming principles: a human rights-based approach, gender equality, environmental sustainability, results-based management, and capacity development. A UNDAF results matrix for the 14 PICTs has also been prepared.

WHO has adjusted the MCCS cycle to the UNDAF for the Pacific Subregion (2013–2017). This is in line with the *WHO Country Cooperation Strategies Guide 2010* that emphasizes a better fit between the CCS, the common country assessment (CCA) and the UNDAF process. This also indicates WHO's commitment to the United Nations reform process in the Pacific. The CCA has also been used for the preparation of this MCCS.

A photograph of several children jumping rope in a large, grassy field. In the foreground, a boy on the left and a girl on the right are actively jumping. Other children are visible in the background, some also jumping rope. The setting appears to be an outdoor schoolyard or community area with buildings and palm trees in the distance.

Section 4

Review of existing WHO cooperation

The WHO Representative Office for the South Pacific was established on 1 January 1970. WHO Country Liaison Offices are present in Kiribati, the Federated States of Micronesia (also covering the Marshall Islands and Palau), Tonga and Vanuatu. The Country Liaison Officers report to the WHO Representative Office in Fiji. Five other PICTs are covered by the WHO Representative Office in Samoa: American Samoa, Cook Islands, Niue, Samoa and Tokelau. The WHO office in Solomon Islands has been recently upgraded to a WHO Representative Office to enhance WHO support to the Government. In October 2010, a newly formed Division of Pacific Technical Support (DPS) was established, bringing together the seven Pacific-based offices and all technical staff in the region under the one umbrella. The establishment of DPS is part of an increased focus on PICTs by WHO.

Review of WHO's cooperation with stakeholders

Stakeholders have acknowledged WHO's important role in setting standards and providing technical support in health, particularly in the control of communicable diseases and NCDs. WHO, together with SPC, has documented the NCD crisis in the Pacific and brought this to the attention of the political leaders leading to a multisectoral response. The 2-1-22 Programme was a collaboration between SPC and WHO funded by the Australian Agency for International Development and the New Zealand Aid Programme aimed at addressing the NCD crisis in PICTs. The Pacific Food Summit was also seen as an important regional multisectoral event. Thus WHO's focus and strength continue to be on technical and disease-specific approaches, while less attention and capacity are seen in reproductive, maternal child health and family planning.

WHO has a strong country presence in the Pacific compared with other partners. An important part of WHO's role in setting standards is also to translate these standards in a meaningful way at the country level. This includes showing how WHO norms and standards can make a difference to health outcomes.

WHO's participation in organizing the biennial Meeting of Ministers of Health for the Pacific Island Countries has been recognized and appreciated by partners. It had been suggested that the two cosponsors, WHO and SPC, have played a too dominating role in setting the agenda. This was rectified at the most recent meeting in Honiara in 2011, where the agenda and priorities for discussion were set by the ministers, with WHO and SPC in supporting roles.

Some areas where stakeholders felt improvements could be made include:

- More focus could be given to support NHPSPs and their implementation together with other partners. PICTs, in particular smaller countries, need quality, ongoing technical and operational support for their ministries of health. Although the increased attention by WHO to the Pacific is recognized by the partners, there may be a need to adjust the modalities for how WHO can best provide country support to PICTs.
- WHO can play a more significant role in supporting health sector coordination at the country and subregional level. Countries are increasingly looking at sector coordination mechanisms such as SWAPs and ways to align all partners around support for NHPSPs and national systems. The expectations are that WHO will be the lead agency to work with government, the United Nations system and other development partners to improve health outcomes through improvements in health system performance and steady progress in policy implementation.
- WHO can reduce the number of regional meetings and workshops. Because of the limited number of government staff in small countries, staff absence due to participation in international and regional meetings and workshops remains an important issue.

Section 5



The strategic agenda for WHO cooperation

WHO's strategic agenda for Pacific cooperation as outlined in the *Multi-Country Cooperation Strategy for the Pacific* (MCCS) builds on the strength, resources and commitment of the entire WHO Secretariat to determine how the Organization can contribute to universal access to quality health services and improve the health of all people in the Pacific. The focus is on providing opportunities for developing national capacities and for the long-term impact of national goals and priorities, as well as on priorities set jointly with Pacific countries. WHO's mandate and comparative advantages are reflected while recognizing and complementing the approaches and work of key partners.

The strategic agenda for WHO cooperation represents an expression of the medium-term vision for the Organization's main technical cooperation and acts as a guide for focusing the major work and resources of the Organization. The key strategic approaches were selectively included based on national health plans that reflect country need in areas where WHO could most effectively provide technical assistance.

The outcomes and impacts are a shared responsibility among governments, development partners and WHO. The specifics of the strategic approach are summarized in Figure 3 and described below.

Mission

WHO works to attain the highest level of health and well-being for all people and to maximize their contribution to sustainable development. In the Pacific, the mission is to realize the vision of the Healthy Islands approach for "improving and protecting the health of Pacific island people" through collective and collaborative efforts. The Healthy Islands approach, agreed upon by the Pacific ministers of health in 1995 and now being revitalized, provides an overarching framework for addressing health issues relevant to the Pacific.

Priorities and impact

WHO's work aims to help make significant progress towards achieving reduction of morbidity and mortality related to communicable and vaccine-preventable diseases, addressing the growing problem of NCDs and ensuring that PICTs are prepared to deal with epidemics, disasters and shared health threats in the region. More specifically, in the Pacific, WHO aims to help make significant progress towards:

1. reducing maternal and child morbidity and mortality;
2. reducing morbidity and mortality from sexually transmitted infections (STIs), HIV, tuberculosis, malaria and neglected tropical diseases;
3. reducing morbidity, premature death and disabilities from NCDs;
4. reducing mortality due to epidemics, disasters and the health impacts from environmental threats and climate change; and
5. universal access to essential health services and products and sustainable health care.

By supporting the countries in addressing these public health challenges, WHO is contributing towards making an impact on improving healthy life expectancy throughout the countries and areas in the region.

Figure 3: Outline of Framework for WHO’s Multi-country Cooperation Strategy in the Pacific (2013–2017)

MISSION	Realizing the vision of Healthy Islands for Improving and protecting the health of Pacific island people				
Priorities	Maternal and child health	Communicable diseases	Non-communicable diseases (NCDs)	Emerging diseases and climate change	Health system development
Impacts	1. Reduced maternal and child morbidity and mortality	2. Reduced morbidity and mortality from HIV, STIs, TB, malaria and NTDs	3. Reduced morbidity, premature deaths and disabilities from non-communicable diseases	4. Reduced mortality due to epidemics, disasters and health impacts from environmental threats, climate change	5. Universal access to essential health services and products and sustainable health care
Main Outcomes	A) Reduced risk factors and vulnerabilities		B) Increased access/coverage of high-quality health services		C) Cost-effective health services and systems
	<ul style="list-style-type: none"> Reduced prevalence of known NCD risk factors Reduced behavioural risk factors related to communicable diseases Reduced health risks and vulnerabilities from emerging-infectious diseases, disasters, food, environmental hazards and climate change 		<ul style="list-style-type: none"> Improved access and coverage of essential programme interventions in the Pacific: <ul style="list-style-type: none"> NCD prevention and control, including mental health Maternal, child health services, reproductive health services and family planning Vaccination coverage esp. against childhood diseases Early case detection and treatment of malaria, TB, HIV and STIs Essential elimination interventions for leprosy, LF and yaws Dengue prevention and control Reduced barriers to effective mental health services. Improved access to essential medicines and health technologies. 		<ul style="list-style-type: none"> Health investments in the Pacific maximized through cost-effective ways of delivering services at primary, secondary, tertiary health services. Improved cost-effectiveness of procurement and supply management systems in the Pacific. Effective and responsive workforce to ensure efficient health service delivery. Robust data generation and use for policy formulation as well as monitoring and evaluation.
Strategic Approaches	<ul style="list-style-type: none"> Pursue “whole-of-government” and “whole-of-society” approaches for national policy and legislative interventions to address risk factors for poor health outcomes. Build national capacity to analyse risks and vulnerabilities such as communicable diseases and climate change, and develop and implement risk management plans. 		<ul style="list-style-type: none"> Strengthen primary health care approach using well documented evidence based and internationally accepted interventions for maternal, neonatal, and child health including family planning and the PEN initiative as entry points.⁴ Develop innovative models of increasing access to services and health commodities in outer islands. 		<ul style="list-style-type: none"> Use “best-buy” evidence to define and implement a set of most cost-effective NCD interventions fit for the country context. Define clear and practical service delivery plans and strategies to maximize access and effectiveness of health service delivery system.
	<ul style="list-style-type: none"> Align human resources strengthening with overall strategic direction of improving health services delivery in the Pacific island countries and territories. Pursue country-level health sector coordination strengthening that promotes country ownership, health sector efficiency and sustainability. Build robust health information systems that facilitate evidence-based programming and health systems planning, advocacy and decision-making for improved policy-making and monitoring. Use regional and country partnerships to build momentum on sustainable health financing for programmes and the health sector at the country level. 				

4 Package of Essential Noncommunicable Disease Interventions (PEN) for Primary Health Care



Main outcomes

Achieving outcomes at the country level is a shared aspiration of governments, local and international partners, the private sector and communities. WHO's crucial contribution to achieving outcomes and impacts at the country level lies in its effective and appropriate performance of its core functions. More concretely at the country level, achieving these goals over the long term entails making significant progress towards achieving the following cross-cutting outcomes. While many of these outcomes cross over and are mutually reinforcing, they are discussed separately for ease of presentation.

A) *Reduced risk factors and vulnerabilities*

The critical public health challenges in each country will dictate which risk factors are addressed. The Sixty-fifth World Health Assembly set the first international target to “reduce premature deaths from NCDs by 25% by 2025.” Vulnerabilities from behavioural risk factors such as tobacco use, unhealthy diets and physical inactivity need to be addressed, as well as emerging-infectious diseases, disasters, food, environmental hazards and climate change.

B) *Increased access/coverage of high-quality services*

Universal coverage is the overarching aim. Where there are significant inequities and vulnerabilities, greater efforts should be made to ensure coverage and access. There must be a focus on access by women and children, to quality health services that provide high impact interventions and public health measures needed to achieve MDGs 4 and 5. It should include improved access and coverage for vaccine-preventable diseases, tuberculosis, HIV, malaria, and NCDs, as well as reducing barriers to accessing mental health services. Improving access also means fostering the development of innovative tools and approaches to overcome barriers to universal access.

C) *Cost-effective health services and systems*

Improving coverage and access to services is not sufficient to achieve sustainable health impacts in a region with diverse health status and health systems capacity. In addition to coverage and access, evidence-based, high-impact and cost-effective health interventions and health services must be ensured. This includes cost-effective ways of delivering health services at primary, secondary and tertiary levels, as well as cost-effective procurement and supply management systems in the Pacific. An effective and responsive workforce and robust health information system must be in place to ensure efficient health service delivery and evidence-based policy development. In addition, adequate protection, such as access to primary health care and community-based rehabilitation, must be provided to prevent potentially devastating social consequences of illness and disabilities.

Strategic approaches

Within each outcome, a series of strategic approaches is described. This is not an exhaustive list of strategic approaches, but rather a selection of the main approaches appropriate for the Pacific context. Furthermore, many of these approaches are broader than WHO's mandate and require the collective efforts of WHO, development partners and governments. These are discussed in terms of WHO's core functions to illustrate the link to WHO's specific contribution.

WHO's core functions

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalysing change, and building sustainable institutional capacity; and
- Monitoring the health situation and assessing health trends.

Source: <http://www.who.int/about/role/en/>

A) *Reduced risk factors and vulnerabilities*

Because of the current and projected health and economic impacts of the NCD crisis, reducing risk factors and vulnerabilities related to NCDs justifiably occupies a prominent place on the health agenda of PICTs. Although it is a main focus of the strategic approach, attention to tackling NCDs cannot replace concerns for other health priorities. Main strategic approaches for reducing risk factors in the Pacific context are described below.

- Pursue “whole-of-government” and “whole-of-society” approaches for national policy and legislative interventions to address risk factors for poor health outcomes.

There is recognition that many of the health challenges the countries in the Pacific region are facing are the result of the convergence of many different socially determined factors, which require commitment and action beyond the health sector. While treatment falls squarely on the health sector, addressing risk factors ranging from access to safe-drinking water and sanitation, to gender issues, requires involvement well beyond the health sector. The resolution of some of these issues involves the education, finance and trade sectors at the policy and implementation levels. Health promotion foundations, “blue-ribbon” campaigns, and settings such as communities, schools, workplaces and churches are critical platforms for implementation of such programmes in the Pacific. For WHO, it also requires proactive collaboration with other United Nations specialized agencies and other partners to ensure that multi-sectoral work by governments received sustained and coherent support.

With that backdrop, this strategic approach encompasses the use of a broad range of binding instruments to address health issues systematically and on a national scale. In the specific case of PICTs, the approach catalyzes efforts to implement existing policies or legislation that address the main risk factors for poor health outcomes. For example, a key legislative instrument is the *WHO Framework Convention on Tobacco Control (FCTC)*, to which 13 PICTs are parties. The FCTC calls for improved coordination among various sectors to protect public health policies on tobacco control from commercial and other vested interests as well as raising prices and taxes of tobacco in order to have a significant impact on tobacco consumption, hence reducing risks of NCDs.

WHO contributes significantly to implementing this strategic approach as part of its core functions of providing technical support, building capacity and providing evidence-based policy options. Furthermore, WHO’s extensive country presence means it is well-placed to support this strategic country-specific approach. It also requires sector-wide coordination and a whole-of-government approach, where the health ministry takes the lead with WHO support as required. For example, WHO’s work with development partners such as Pacific Islands Forum Secretariat (PIFS) to address disability and rehabilitation-related work through the *PIFS Regional Strategy on Disability (2010–2015)*.

- Build national capacity to analyse risks and vulnerabilities such as communicable diseases and climate change, and develop and implement risk management plans.

National capacity must be built in order to effectively reduce risks and vulnerabilities related to communicable diseases in a sustainable way. This capacity must be focused on analysing the Pacific-specific risks to relevant communicable diseases such as:

- HIV—focusing on populations with high-risk behaviour;
- STIs—focusing on populations with unprotected sex;
- TB—where risks are linked to the social determinants of health and/or diabetes; and
- Vectorborne diseases—where risks are linked to vector ecology and distribution.

This capacity must also be focused on:

- risks from emerging infectious diseases and outbreak-prone diseases relevant to the Pacific, including typhoid, dengue and risks: and;
- risks related to the health impact of climate change, including water safety, food safety and the resurgence or increase of climate-sensitive diseases, such as dengue and malaria; and



Collaboration with research institutions within and outside PICTs, including WHO Collaborating Centres, will be critical to strengthen operational research, targeting improved programme effectiveness of disease control programmes and effectively linking research and programmes.

Building capacity in countries to use the health impact assessment and other tools to identify risk factors and reduce vulnerabilities falls within WHO's core functions. Risk analysis provides information useful for prioritizing countries by risk for interventions and therefore contributes to achieving efficiency in applying health interventions.

B) Increased access/coverage of high-quality health services

Strategic approaches to achieve increased access include those directed towards coverage of major programme interventions and services, as well as reducing barriers to access to existing services. Throughout the spectrum of approaches, specific attention should be paid to ensure coverage and access specifically for women and children.

- Strengthen the primary health care approach using well-documented evidence-based and internationally accepted interventions for maternal, neonatal, and child health including family planning and the *WHO Package of Essential NCD Interventions* (PEN) initiative as entry points.

WHO's role in assisting countries with implementation of these initiatives can be leveraged to encompass other aspects of developing and enhancing services at the primary health-care level.

- Develop innovative models of increasing access to health services and health commodities in outer islands.

The Pacific includes a unique group of countries and territories composed of small islands states and small populations in remote locations— many with limited infrastructure and communications and transportation barriers.

Many approaches have been tried to address access issues in outer islands, however identifying the best model for providing access to services in the outer island setting remains a challenge for many countries. While it is unlikely that a one-size-fits-all strategy would be effective across PICTs, enhancements at the primary health care level through the PEN initiative in outer islands and the development of community support mechanisms offer some possibilities. At the same time, effective referral systems for secondary care must be included.

Through its country presence, WHO can support the development of service delivery plans and strategies for universal access to essential services, routine technical support to strengthening the quality of services, and implementation of innovative approaches such as the PEN initiative. This will be supplemented with strategic technical interventions such as assessments of service-delivery models being used, the situations for which they are appropriate and the cost-effectiveness of the models as part of its core functions of monitoring health trends and articulating policy options.

C) Cost-effective health services and systems

In addition to coverage and access, the quality of health interventions and health services must be ensured. Similarly adequate protection must be provided to prevent potentially devastating social consequences of illness and disabilities.

- Use the “best-buy” evidence to define and implement a set of the most cost-effective NCD interventions fit for the country context.

The Pacific faces challenges in dealing with a rapid and massive health transition from communicable diseases to NCDs. Many interventions for the prevention and control of NCDs exist. However, choices have to be made about which of these interventions are prioritized for implementation due to limited resources for health. WHO and the World Economic Forum have identified a set of evidence-based best-buy interventions to combat NCDs that is not only highly cost-effective but also feasible and appropriate to tailor and implement within the constraints of the Pacific context.

Helping countries identify the most cost-effective combination of best-buys to fit their country context is useful in ensuring the investments in high impact, cost-effective interventions across Maternal, Newborn, and Child Health, family planning, tuberculosis, and malaria as well as NCDs. For NCDs, the best-buy approach has been taken one step further in the Pacific. At the Fourth Pacific NCD Forum in 2012, each country defined a Crisis Response Package (CRP) of selected best-buys for immediate implementation.

- Define clear and practical service delivery plans and strategies to maximize access and effectiveness of health service delivery systems.

At each level of care, the package of services to be included needs to be defined, and the workforce necessary to provide it needs to be specified.

These packages of services may vary among countries in the Pacific, and work already being done is a useful starting point. For example, current work in Solomon Islands defining service delivery delineation (types, volumes and the quality of services that should be delivered at the primary, secondary and tertiary levels in some countries) can be leveraged.

This kind of effective service delivery planning, based on economic, social, institutional and geographical realities of individual countries, provides the foundation for well-articulated and realistically costed medium-term plans and long-term strategies, which themselves are the necessary basis for sensible operational planning and budgeting.

Building on the strategic approach of strengthening and refocusing the primary health-care system, this work falls into WHO's core normative function. It furthermore links directly to developing models for innovative service delivery in the Pacific context. It is an outstanding need that requires further exploration.

Improving health systems performance to support health outcomes (cross-cutting)

Underpinning the strategic approaches described above is the need to improve the health system. In the context of the Pacific, two aspects of health system strengthening are paramount—human resource strengthening and development of the health information system.

- Align human resources strengthening with the overall strategic direction of improving health services delivery in PICTs.

Ensuring the health human resources are in place and well trained is a challenge globally. Small health centres on remote islands and large distances between the islands of many Pacific countries, along with the need to address various health issues, make this a particularly pressing issue for PICTs.

Two specific strategic approaches can be implemented in this area. The first is to ensure that available training is effective and fit for the purpose. For example, the Pacific Open Learning Health Net (POLHN), which is a joint project providing training and continuing education via open and self-directed learning modalities, could expand its scope by analysing training needs with country specificity, identifying the best courses or ways to address those needs. Additionally, the WHO Fellowship Programme provides support for undergraduate and professional training which is limited in many PICTs. This programme helps to address the issue of the frequent migration of health professionals in most PICTs.

A second strategy involves leveraging the opportunity afforded by the increasing numbers of health professionals trained abroad, such as in Cuba and elsewhere. While this presents an opportunity to meet the workforce required for the service needs of countries including in rural areas, it also poses challenges with regards to their registration, licensing and financing by national authorities. Strategies to integrate these graduates and other health professionals recruited from abroad into health services should address these challenges and should also ensure that training and recruitment of health workers match the priority health needs and essential services of the Pacific countries.



- Pursue country-level health sector coordination strengthening that promotes country ownership, health sector efficiency and sustainability

Another strategic approach that contributes to the achievement of all three outcomes is improved health sector coordination. With the ultimate aim of improved health systems efficiency, country-led alignment and harmonization of actions can increase efficiency of health investments, decrease the complexity of the working environment and lower transaction costs for all the partners. Coordination needs to be anchored in national policies and strategic plans, with clear definition of the roles of stakeholders.

Where WHO has a country presence, it is well positioned to advocate the coordination processes because of its neutral and brokering role. WHO's institutional ties with ministries of health is also an asset in this situation. WHO's role at the country level needs to focus on strengthening capacity of ministries of health and its provision of stewardship. Where appropriate, mechanisms such as the Sector-wide Approach (SWAp) can be used, but other coordination mechanisms can be employed depending on the context. In all cases, the processes need to be country led and owned with development partner support, as appropriate.

Coordinated action at the country level contributes to all of the outcomes but are most closely linked to strategic approaches related to cost-effective health services and programmes.

Strengthening health systems also includes improving the capacity to identify operational research priorities and the needs of programmes to the specific needs of countries.

- Build robust health information systems (HIS) that facilitate evidence-based programming and health systems planning, advocacy and decision-making to improve policy-making and monitoring

A well-functioning HIS is an integrated effort to collect, process, report and use health information and knowledge to influence policy- and decision- making, programme action, and individual and public health outcomes and research. The recent endorsement at the Meeting of Ministers of Health for the Pacific Island Countries (Honiara, 2011) regarding the importance of HIS strengthening, and in particular improvement of civil registration and vital statistics, highlights the ongoing need for evidence for decision-making.

The Pacific Health Information Network (PHIN) articulates a strategic regional vision for improving and strengthening HIS in the Pacific. Currently several PICTs are developing country plans for HIS improvement, which include the development of health information national policy and HIS governance and leadership structures.

WHO has identified four key areas of improvement that are necessary for strengthening overall HIS decision-making and capacity-building in PICTs:

1. Training of and investment in the HIS workforce;
2. Developing national health information policies and implementation plans;
3. Improving civil registration and vital statistics and their role in decision-making; and
4. Enhancing the reliability of health information used within and reported from PICTs.

HIS improvements need to be aligned with the overall strategic direction in national policies and improvements in service delivery, for example, linking to ways in which HIS can support monitoring and surveillance of NCDs and in particular provide a better information platform for NCD decision-making.

- Use regional and country partnerships to build momentum on sustainable health financing for programmes and the health sector at the country level.

In general, financing of health systems in PICTs may seem adequate and stable. The majority of PICTs fund their health system from tax revenue. Pacific countries will continue to need support to better understand health financing options as systems weaken from the growing

burden of diseases and as issues of financing sustainability become more important. Support regarding exploration of innovative financing through tobacco taxation will also be supported.

PICTs will increasingly look for ways to improve efficiencies in their current systems, and WHO together with other partners will look to support countries to understand their financing challenges better. Monitoring trends in spending, in particular disease spending, requires countries to establish national health accounts.

At the same time, many countries depend largely, if not fully, on donor funding for programmes, e.g., HIV, TB, malaria, NCDs, etc. Global health initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and bilateral partnerships continue to be significant sources of programme financing. However, many of these programmes are scaling back. Over the next few years, PICTs need to transition into more sustainable financing mechanisms leveraged from existing support and partnerships to maintain the current momentum in many programme areas. Part of the strategy is improving health systems efficiency in service delivery and redefining the priority health strategies and interventions that are financed.

Conclusions

This agenda is far-reaching and covers a set of strategic approaches designed to achieve three major outcomes in the Pacific context:

1. Reduced risk factors and vulnerabilities
2. Increased access/coverage of high-quality health services, and
3. Cost-effective health services and systems.

WHO's core competencies can be leveraged across this strategic agenda to contribute to the achievement of the set of outcomes. In addition, WHO's comparative advantages, such as being a neutral broker, having a strong country presence and enjoying close ties with ministries of health, can be leveraged to implement this strategic agenda in partnership with governments and other development partners. Furthermore, the newly established WHO Division of Pacific Technical Support (DPS) provides added value through the pooling of resources across DPS offices to provide PICTs with Pacific-specific technical and policy support.

This agenda also highlights the importance of whole-of-society and whole-of-government approaches to addressing today's health challenges. Against the backdrop of the global financial crisis, new ways of working across sectors for increased efficiency and effectiveness are important strategic concepts, which are needed to impact the health of the Pacific people and to help move towards the Healthy Islands vision.



Section 6



Implementing the Strategic Agenda

Implementing the strategic agenda as outlined in Section 5 of this MCCA provides an opportunity for WHO to review how it works in the Pacific context with a view to continually improving performance. It is also a chance to review how the MCCA can be more effectively used to guide ongoing activities, such as resource mobilization. Many of the enhancements have been touched on in earlier sections and are amplified here.

WHO's presence and role

The central thrust of improving WHO's performance in the Pacific is ensuring that WHO is delivering country results. To achieve this, WHO has embarked on a plan to deliver changes in its ways of working, anchored in the Division of Pacific Technical Support (DPS). DPS was established end of 2010 to pull together all of WHO's support to the Pacific, giving it one direction and a Pacific-based coordination mechanism.

DPS includes a Suva-based Division Office providing technical and managerial support to the six country offices in the Pacific. The Division Office provides the mechanism to coordinate and consolidate WHO's inputs from the different levels and to be able to identify synergies not just among offices, but also with regional and country partners. As DPS develops and adapts to the changing Pacific context, it is moving from multi-country and intercountry coordination to country-specific implementation.

Western Pacific Region Office (WPRO)	Division of Pacific Technical Support (DPS)
<ul style="list-style-type: none"> Strategic direction and agenda setting 	<ul style="list-style-type: none"> Implement strategic direction and agenda through coordination with health partners, including SPC
<ul style="list-style-type: none"> Developing norms and standards 	<ul style="list-style-type: none"> Adapting norms and standards to the Pacific setting
<ul style="list-style-type: none"> Technical support as a back-up to DPS as needed 	<ul style="list-style-type: none"> Technical support to PICTs

WHO is focusing on several specific aspects of its role and function to ensure it is effective in the Pacific; the main aspects are described below.

- Strong WHO leadership in the health sector and beyond*

Maintaining WHO's strong leadership role in health is becoming more critical in view of the many and emerging partners and players in health and as a result of health sector reforms in the Pacific. Furthermore, the need to engage other ministries to address various health issues and the aid effectiveness agenda means DPS should engage fully with ministries of health in PICTs, as well as with other ministries. This may require WHO staff in countries to have the skill sets needed to work beyond the ministry of health to effectively support the health ministry.
- Ensuring synergies across all DPS offices—getting the right skill mix*

Several times each year, WHO Representatives (WRs), Country Liaison Officers (CLOs) and the Suva-based management team meet to discuss overall strategic directions and policy issues affecting the entirety of DPS, as well as key management issues. In addition, a twice-yearly meeting of the heads of country offices provides an opportunity for face-to-face meetings among the heads of the offices in DPS. There will also be an annual multi-day meeting of all DPS professional staff, including seven offices in the DPS division (three WR and four CLO offices) to mutually agree on implementation plans, to evaluate past performance and to discuss ongoing developments in the division. In addition to these DPS-wide interactions, WRs, CLOs and DPS management will have regular consultations to discuss office-specific situations, management issues and resource allocation.



- *Coordination among technical divisions in the Regional Office*

Suva-based DPS provides technical support to PICTs for programme implementation with back up from the Manila-based technical divisions, as needed. In specific situations, either Regional Office-based divisions or DPS may take the lead on identified WHO programmes in the Pacific. This will depend on local context, the capacity of staff and funding availability so that the requirements of governments are best met and benefits to countries are maximized. Human resources may need to be realigned in DPS to reflect needs according to the disease burden in the Pacific, as seen in Figure 1, and will inform and enhance coordination of technical support to countries.

In addition, a tiered approach to country support can help effectively deploy resources where they can have the most impact. For example, clustering countries according to similarities in the type of health services delivery infrastructure, health systems capacity, health situation and the programmes that need to be delivered—and even size of the country—could be useful. This approach will be elaborated further as a potentially effective model.

WHO Comparative Advantage in the Pacific

1. Provide norms and standards to guide countries for evidence-based policy- and decision-making
2. Convening role on international health and a neutral broker to coordinate health sector with development partners
3. Significant country presence in the Pacific

Partnership approaches

The MCCS focuses on outcomes to which WHO contributes, but is not solely responsible. This underscores the need for WHO to work in collaboration with many development partners and across several sectors. As a representation of the strategic needs in the Pacific, the framework guides work with governments. This underpins the operational plans to be developed and delivered at the country level.

The framework can be used to guide the efforts of development partners in line with national priorities and policies. WHO, as a trusted broker and convenor with a strong country presence, is well placed to play a key role in coordinating efforts at the country level.

- *United Nations partners*

The current CCS has been revised to coincide with the timing of the *United Nations Development Assistance Framework*, or UNDAF. As such, the overarching strategies, and more specifically the country strategies, feed directly into the UNDAF framework. This is one way to align WHO work within the United Nations family, as well as across the health-focused agencies, such as UNAIDS, UNFPA and UNICEF.

- *Secretariat of the Pacific Community (SPC)*

SPC, as a Pacific-specific agency with a broad mandate that includes health, works in partnership with WHO to address country-specific needs. SPC has a clear comparative advantage in its ability to reach beyond the health sector, which is particularly useful in tackling the NCD crisis. A strong and vibrant partnership with clear and complementary roles and responsibilities provides a unique opportunity for improving the health of Pacific island people.

- *Development partners*

Partnership approaches also extend to work with donor agencies. In order to effectively deliver support, WHO must work in partnership with its main donors, the Australian Agency for International Development (AusAID), the Japan International Cooperation Agency (JICA), the New Zealand Aid Programme and Pacific Islands Forum Secretariat. This includes holding discussions on the overarching strategic framework and country-specific implementation plans, as well as holding regular meetings and discussions to update progress and developments in achieving agreed-upon outcomes at both subregional and country levels.

- *Other Partners*

In order to enhance country-level support, WHO in close collaboration with governments often partners with nongovernmental organizations, faith-based organizations and civil society that provide community-level support.

Using the Multi-Country Cooperation Strategy (MCCS)

The strategic agenda set out in the MCCS provides an overarching framework to guide WHO's work in the countries. The framework will help guide this work in many specific ways.

- *Strategic Guide and Directions*

The MCCS provides overall direction for government and WHO with support from development partners, working together to achieve the Healthy Islands vision in the Pacific. The two-page country strategies identify areas of technical cooperation between WHO and the country and describe the strategic direction for WHO support to countries in achieving goals and objectives identified in their national health plans. To achieve the three major outcomes, several strategic approaches have been identified.

- *Strategic financial resource allocation*

The strategic framework provides a clear description of intended health outcomes and describes how WHO will contribute to achieving those health outcomes.

With the goals and strategic directions for each country clearly defined through the MCCS and the country strategies, planning and monitoring discussions with all WHO Pacific offices provide an opportunity to jointly allocate resources across strategic areas. The participation of key external partners in this process will allow WHO to appropriately align and coordinate donor support for country priorities.

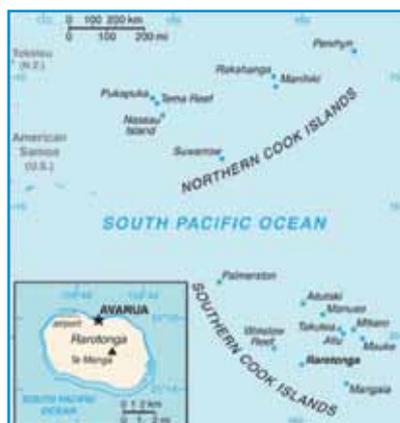




Section 7

Country-Specific Strategy

The country strategy was developed by ministry of health, in close collaboration with WHO. The country strategy consists of seven major sections. Section 1 provides an overview of economic, political, and social and health status. Section 2 provides an overview of the health and development situation in the country and includes information such as leading causes of morbidity and mortality, survey data (where available), a brief description of health-care infrastructure and data on human resources for health. Section 3 provides demographic and health indicator data, including common global health indicators. The data included in Section 3 is primarily based on official data published in the Western Pacific Country Health Information Profiles (CHIPS). Section 4 identifies opportunities and challenges related to achieving health goals, while Section 5 summarizes the main objectives and/or goals of the National Health Policies, Strategies and Plans (NHPSP). Section 6 identifies sector coordination and partnerships between country and development partners. Section 7 outlines strategic priorities for collaboration between WHO and country. The strategic priorities identified are based on country-specific needs for technical assistance in achieving the objectives as outlined in the respective NHPSP.



3. Demographic and health indicators

Total population (in '000s)	17.8 (2011)
Population proportion under 15 (%)	27.9 (2010 est)
Life expectancy at birth (male/female)	70/73 (2009 est)
Under-5 mortality rate per 1000 live births	18.4 (2006)
Antenatal care coverage-at least one visit (%)	98
Birth attended by skilled health personnel (%)	100 (2009)
Measles (MCV) immunization coverage among 1-year-olds (%)	100 (2010)
Prevalence of raised blood glucose (%)	23.6% (2004)
Estimated smoking prevalence among adults (male/female) (%)	46.6/41.1 (2004)
Human Development Index Rank out of 187	n
Per capita GDP (in US\$)	10,298 (2009 p)
Total expenditure on health as % of GDP	4.5 (2009 p)
General government expenditure on health as % of general government expenditure	10.6 (2009 p)
% of population with access to improved sanitation facility	100 (2008)
% of population with access to improved drinking water source	100

est = estimated

GDP = gross domestic product

n = not available

p = provisional

1. Macroeconomic, political and social context

Cook Islands is a nation comprised of 15 islands spread over 2 million square kilometres in the Polynesian Triangle. The population is dispersed across the islands but concentrated on Rarotonga (73.6%), the centre of governance and commerce. Cook Islands has been a self-governing nation in free association with New Zealand since 1965. Cook Islands is governed by a prime minister who is the leader of the majority party/coalition in the legislature; the legislature is elected by popular vote. The major economic activities in Cook Islands are tourism, fishing, agriculture and financial services. There were economic troubles in 1996–1997 but they were resolved through a programme of reforms including public service, public asset devolvement, and economic strengthening and stimulation supported largely by New Zealand and the Asian Development Bank. Cook Islands is an economically stable democracy with strong support from New Zealand and other partners. New Zealand retains responsibility for external affairs and defence in consultation with Cook Islands. New Zealand and Australia harmonize aid to support the National Sustainable Development Plan (NSDP) through direct budget support.

2. Health and Development

The Cook Islands' health profile is largely favourable with adequate health coverage in each island, high immunization rates throughout the country and sufficient resources to meet the needs of the population. However, there are growing problems facing Cook Islands with regards to NCDs such as diabetes, cardiovascular diseases, hypertension, obesity and lifestyle-related health risk factors (e.g., smoking, excessive alcohol consumption and poor diet). NCDs are the main cause of mortality. Morbidity is also dominated by NCDs, including circulatory system diseases, respiratory system and endocrine ailments, and nutritional and metabolic diseases. Cook Islands' *STEPwise Approach to Chronic Disease Risk Factor Surveillance (STEPS)* survey report showed that in 2003–2004, in the adult population aged 25–64 years, the prevalence of obesity was 61.4%, prevalence of hypertension was 33.2%, prevalence of diabetes was 23.6%, and prevalence of elevated blood cholesterol was 75.2%. Communicable diseases are few but pose a danger; sexually transmitted infections (STIs) are common in Cook Islands. Cook Islands has recorded a nil maternal mortality rate since 2001, which is a result of 100% birth attendance by a skilled health professional. Cook Islands continues to maintain a low infant mortality rate. There are still many health challenges to quickly diagnose and treat respiratory infections and other diseases to save children's lives. There is one hospital with 127 beds, nine out-patient clinics, 10 dental clinics, six health centres, 50 child welfare clinics, four private clinics, two private dental clinics and four private pharmaceutical outlets in Cook Islands. According to data collected in 2004, the health worker-to-population ratio was 1:926 for physicians and 1:391 for nurses.

4. Opportunities

- Strategic partnership and support from donor partners
- Qualified staff
- Research opportunities for staff
- Devoted rural island staff

Challenges

- Insufficient health budget
- Need for human resource succession planning
- Inequitable access to quality health care
- Existence of some outdated legislation

6. Sector Coordination and Partnerships

The Ministry of Finance and Economic Management coordinates sector aid, development and plans. The primary partners for the health sector are New Zealand Aid Programme, WHO, the Secretariat of the Pacific Community (SPC), United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA).

5. Summary of the National Health Policy, Strategy or Plan

The National Sustainable Development Plan 2011–2015 (NSDP) is a second-phase strategy towards achieving the desired 2020 development outcomes and national vision—“To enjoy the highest quality of life consistent with the aspirations of our people, and in harmony with our culture and environment.” It is a comprehensive national development plan, which sets out the national priorities in line with development commitments to international and regional partners and international conventions. The NSDP has eight national goals and is aligned to sector strategies, corporate plans and the budget. The Ministry of Health recognizes health is pivotal to achieving all the NSDP goals, however Goal 4 is specific to health.

Strategic Goal 4 reads:

“Opportunity for all people who reside in Cook Islands: A Cook Islands where all people who reside in our islands can enjoy opportunities to fulfil their potential, prosper and participate in the social, economic, political and cultural life of our communities and nation.”

The Ministry of Health has developed a National Health Strategy (2012–2016), which is aligned and in harmony with the NSDP and other regional and global development goals. The priority focus of the strategy includes:

- enhancing the infrastructure of the health systems and supporting ongoing health governance and organizational reforms,
- promoting partnerships for institutional capacity development,
- strengthening health sector policy, planning and regulations, and improving data collection, monitoring and evaluation,
- promoting gender-sensitive research and gender analysis,
- strengthening community capacity and capability on social determinants of health, and
- improving information, community and technology systems and strategies, to provide accessible and accurate information on health promotion and disease prevention, so that people are empowered to take ownership and responsibility for their health and their environment they live in to reduce future health risks.

7. Strategic priorities for collaboration between WHO and the Government from 2013–2017

WHO in coordination with development partners will provide support to the government and people of Cook Islands to:

1. Develop human resources for health for the future to ensure qualified staff for Rarotonga and the outlying islands.
2. Reduce the effects of NCDs (particularly lifestyle-related) through a variety of interventions such as those identified in the Crisis Response Package (CRP) to ensure the population makes informed choices.
3. Strengthen support for family, maternal, adolescent, child, elderly and disability-related health programmes.
4. Reduce the impact of communicable diseases with an emphasis on sexually transmitted infections (STIs), HIV, vectorborne diseases and other infections.
5. Review and develop new and update existing legislation, policies and guidelines in accordance with the International Health regulations (2005).
6. Reduce morbidity and mortality from road accidents.

For more information:

World Health Organization office
for the South Pacific/Division of Pacific
Technical Support

Level 4, Plaza 1, Downtown Boulevard
33 Ellery Street, Suva
PO Box 113, Suva, Fiji
Email: dps@wpro.who.int
Website: www.wpro.who.int/southpacific