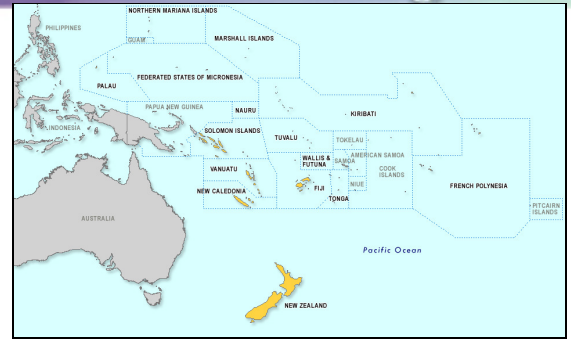


Pacific Island Countries



Fifteen Pacific island countries and areas are included in the Country Cooperation Strategy for the Pacific Island Countries. They are Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Fiji, French Polynesia, Kiribati, the Marshall Islands, Nauru, New Caledonia, New Zealand, Palau, Solomon Islands, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna.

Kiribati, Samoa, Solomon Islands, Tuvalu and Vanuatu are classified as least-developed countries. New Zealand is a developed country. The remaining countries and areas are classified as developing countries.

These countries and areas are characterized by small populations, remote locations, high telecommunications and transportation costs, and poor infrastructure. The total population in the region is only 6.6 million and 35%–45% of the population are under 14 years of age. In most countries, a democratic style of government co-exists with traditional social systems. Many economies rely on a single or just a few commodities. Large proportions of the populations are engaged in subsistence agriculture, and the public sector remains the largest employer in many countries. Within the past decade, a growing number of people have migrated to urban areas in search of jobs and many others have migrated to other countries. Remittances now comprise a significant percentage of gross domestic product in most countries and areas.

HEALTH & DEVELOPMENT

Pacific island countries and areas are undergoing social and economic changes including: fast population growth; a breakdown of traditional support systems; increasing poverty; migration; and rapid urbanization. Many of the governments are currently planning or implementing health sector reforms in order to improve health services and health financing, and to better respond to the changing epidemiological situation. The major directions for health in the Pacific region are provided by the biennial Meeting of Ministers of Health for the Pacific Island Countries.

Noncommunicable diseases (NCD) are among the main causes of mortality in Pacific island countries. Adult and child obesity, physical inactivity, poor diet, tobacco use and the harmful use of alcohol are the common risk factors for most NCDs and these factors need to be addressed through multisectoral action of health promotion and protection. The prevalence of NCD risk factors in the 25–64 age group continues to increase and is reaching critical levels in many Pacific island countries. Over half the people in all of the countries and areas are overweight, and over 40% of the population of American Samoa, the Federated States of Micronesia, Kiribati, Nauru, and the Marshall Islands are obese.

Environmental health is growing in importance. As over 80% of people in Pacific island countries live within 1.5 km of the ocean or within river basins, where the increasing coastal inundation, soil salinity and erosion threaten fresh water and food security. Tsunamis, cyclones, typhoons, storms and floods, coupled with limited capacity to respond, has led to many deaths from drowning and physical injuries, the loss of property and the destruction of infrastructure. These threats are in addition to poverty, the rapid movement of people and outward migration from outer islands to urban areas and to developed countries, the later resulting in rapid spread of diseases and depletion of human resources.

In most Pacific island countries, there is a need to analyze and identify bottlenecks and capacity needs of the health system at all levels. This must focus on equitable access to services and quality of care; making sector-wide investments to remove bottlenecks; improving emergency obstetrics and neonatal care, and reproductive health services, including family planning; increasing focus on nutrition as it relates to gestational diabetes, infant and young child feeding, micronutrients and food security; providing prevention and treatment services for sexually transmitted infections, including HIV; offering youth friendly health services; providing multisectoral and integrated support to water and sanitation programming; and ensuring the involvement of men in reproductive health services.

Relatively good progress has been made by most Pacific island countries in meeting the health-related Millennium Development Goals (MDGs). The revitalization of Primary Health Care with investments focused on the most remote and marginalized communities offers the best way to mobilize resources to achieve the health-related MDGs by 2015.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Participation in regional structures such as the Pacific Islands Forum and the biennial Meeting of Ministers of Health for the Pacific Island Countries • Increasing recognition by governments and stakeholders in the role of health in development • Most countries are implementing public sector reforms supported by stakeholders • Growing commitment to meeting the Millennium Development Goals, with good progress to date by most countries. 	<ul style="list-style-type: none"> • Need for additional resources for health system infrastructure, including health information systems • Human resource development and management and retention of staff • High prevalence of NCDs • Small populations, remote locations, expensive telecommunications and transportation and poor infrastructure • Vulnerability to disasters

PARTNERS

Historically, overseas development assistance (ODA) to Pacific island countries has been substantial (measured in per capita terms), in part because of the Pacific's relatively small populations. Geographic factors, including the region's overall isolation, as well as the dispersed nature of most Pacific island populations, have also contributed to the high cost of aid delivery to the region. Although the Pacific's share of the global aid budget has declined, per capita aid levels in the region continue to be high when compared with other regions.

Donors include the Asian Development Bank, Australia, China; European Union, the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Japan, New Zealand, United Nations agencies (FAO, UNDP, UNFPA, UNICEF and WHO), and the World Bank. Some Pacific island countries have bilateral agreements with Cuba for medical training and human resources support. In addition, the governments of France and the United States of America provide considerable assistance to the areas they administer and to those countries with which they have trading and diplomatic relations.

Within the health sector, the focus of ODA has shifted from recurrent government budgetary support to more specific and targeted health issues. In addition, much of the support has shifted from a regional approach to direct bilateral support to country-specific programmes through government aid channels. Some countries are engaging in Sector-wide Approaches (SWAp) to development aid.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Increasing coordination of development aid in Pacific island countries Membership in regional and subregional groups has the potential to improve resource mobilization and coordination 	<ul style="list-style-type: none"> Countries are often unable to absorb multiple-donor projects and funding effectively Technical advice provided by donors and partners is not uniform Ensuring aid flows to where it is most needed and appropriate Reducing the burden on countries of donor requirements for planning, implementation procedures and reporting Need to strengthen subregional collaboration

WHO STRATEGIC AGENDA

The WHO South Pacific strategic agenda involves four overarching strategic directions:

- Reducing risk factors to human health arising from the environment, including national and man-made hazards.** Activities will focus on safe water and sanitation, waste management, disaster management, health emergency management and food safety.
- Strengthening public health and enabling equitable access to a primary health care-based system providing high-quality services, with particular attention given to the needs of people in outer islands.** Areas of focus include strengthening governance for public health, access to and quality of health services, health care financing, and human resources management.
- Reducing morbidity, mortality and disability in priority health areas, including elimination of selected diseases.** The focus is on the control of both noncommunicable and communicable diseases through strengthening prevention, control and management of noncommunicable diseases and strengthening communicable disease surveillance and response, as well as the implementation of the International Health Regulations (2005) and strengthening the prevention and control of high-priority communicable diseases, including the elimination of selected diseases.
- Supporting public health leadership and nurturing partnerships.** Key areas of work will concentrate on strengthening the leadership of ministries of health to engage in multisectoral and international activities and opportunities, and to take the lead in coordination of international aid and strengthening WHO's leading role in the coordination of partners in the health sector.



ADDITIONAL INFORMATION

WHO country page

Country office web site <http://www.wpro.who.int/southpacific>

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