



KIRIBATI–WHO

Country Cooperation Strategy 2018–2022

OVERVIEW

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

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

HEALTH AND DEVELOPMENT

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

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

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

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

The World Health Organization (WHO), working with partners, will support the Government in pursuing its national strategic priorities. Each strategic activity is linked to at least one of the subregional focus areas (SFAs) that are detailed in the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

1. To facilitate progress towards UHC and the Healthy Islands vision through revitalization of primary health care services and strengthening of health systems

- 1.1 Support national efforts to improve health systems performance in terms of quality, efficiency, equity, accountability, and sustainability and resilience by the implementation of key actions outlined in *Universal Health Coverage: Moving Towards Better Health*, a regional action framework, and the *Pacific Healthy Islands Framework of Action*.
- 1.2 Support efforts to improve health workforce capacity, quality of health data and information systems, rational and efficient use of health resources such as finances, medical supplies and drugs, effective procurement and supply management, and quality of service delivery, supervision and monitoring.
- 1.3 Support health legislation, policy, planning and management and sustain efforts by the Ministry of Health and Medical Services to improve leadership and governance of the health sector, and facilitate effective partnerships.
- 1.4 Facilitate the implementation and enforcement of health laws and regulations.

2. To support national efforts to sustain health gains, further reduce disease and death from communicable diseases and NCDs and other conditions, and reduce risk factors and vulnerabilities of the population

- 2.1 Advance progress to eliminate lymphatic filariasis and trachoma by 2020, and reduce prevalence of TB, leprosy, hepatitis B, STIs and other communicable diseases.
- 2.2 Support NCD interventions: surveillance including technical support for conducting the STEPS survey in 2021–2022; implementation and enforcement of tobacco legislation; support efforts to promote healthy lifestyles through policy-based and settings approaches; and support use of tools and guides for the management and treatment of NCDs including co-morbidities such as TB and hepatitis B.
- 2.3 Support the improvement of reproductive, maternal, neonatal, child and adolescent health (RMNCAH) and sustain and improve immunization, antenatal and postnatal coverage.
- 2.4 Facilitate policy dialogue among all key stakeholders to address determinants of health such as gender inequalities, poverty, illiteracy, unemployment and overcrowding through whole-of-government, whole-of-society and Health in All Policies approaches.

3. To build and strengthen national capacity for preparing and responding to public health events (e.g. infectious diseases outbreak, environmental hazards and health impacts of climate change), to analyse risks and vulnerabilities, and to develop and implement risk management plans

- 3.1 Enhance national International Health Regulations (2005) core capacities to near full capacity (>80% levels) by 2022, particularly the six core capacities that are in line with essential public health functions: surveillance, risk assessment and response; laboratories; risk communication; public health emergency preparedness (including zoonoses, infection prevention and control, hospital preparedness, Incident Management System); regional preparedness, alert and response; and monitoring and evaluation.

- 3.2 Facilitate the testing and implementation of a national health emergency and response plan, and joint external evaluation of IHR (2005) core capacities and capability to respond to emergencies.
- 3.3 Support the planning and implementation of interventions to prevent and cope with negative impacts of climate change on health, including water and food safety.
- 3.4 Provide the link between Kiribati and the WHO Health Emergencies Programme in effectively responding to health emergencies in the country.

NATIONAL HEALTH POLICY

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

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

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

PARTNERS

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26643

