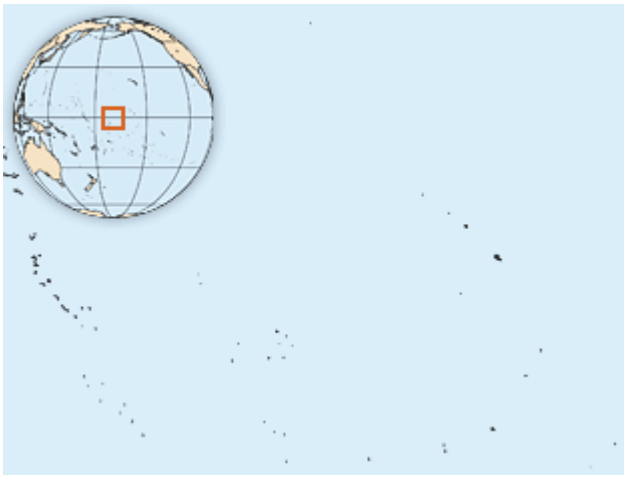
World Health Organization

Country Cooperation Strategy *at a glance*

Kiribati



http:// www.who.int/countries/en/

WHO region	Western Pacific
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	112.4
% Population under 15 (2015)	34.9
% Population over 60 (2015)	6.1
Life expectancy at birth (2015)	66.3 (Both sexes) 68.8 (Female) 63.7 (Male)
Neonatal mortality rate per 1000 live births (2015)	23.7 [12.3-39.5]
Under-five mortality rate per 1000 live births (2015)	55.9 [37.2-84.2]
Maternal mortality ratio per 100 000 live births (2015)	90 [51 - 152]
% DTP3 Immunization coverage among 1-year-olds (2014)	75
% Births attended by skilled health workers (2009)	79.8
Infants exclusively breastfed for the first 6 months of life (%) (2009)	69
Density of physicians per 1000 population (2010)	0.376
Density of nurses and midwives per 1000 population (2010)	3.706
Total expenditure on health as % of GDP (2014)	10.2
General government expenditure on health as % of total government expenditure (2014)	5.8
Private expenditure on health as % of total expenditure on health (2014)	18.8
Adult (15+) literacy rate total	
Population using improved drinking-water sources (%) (2015)	66.9 (Total) 50.6 (Rural) 87.3 (Urban)
Population using improved sanitation facilities (%) (2015)	39.7 (Total) 30.6 (Rural) 51.2 (Urban)
Poverty headcount ratio at $1.25 a day (PPP) (% of population)	
Gender Inequality Index rank out of 155 countries (2014)	
Human Development Index rank out of 188 countries (2014)	137

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Kiribati faces a double burden of disease, with high mortality and morbidity from both communicable and noncommunicable diseases (NCDs). In 2010, the leading causes of death were diseases of the circulatory system; endocrine, nutritional and metabolic disorders and infectious/parasitic diseases. The leading causes of morbidity were communicable diseases, mainly respiratory tract infections, diarrhoeal illness and eye and skin infections.

High-density housing in urban areas on South Tarawa is facilitating the transmission of infectious diseases. Though there is some noticeable progress in TB and leprosy control the prevalence is still very high compared to other Pacific Island countries. Inadequate water supplies, variable standards of personal hygiene, and poor food handling and storage contribute to the high number of diarrhoeal, respiratory, eye and skin infections. There is also a high prevalence of sexually transmitted infections indicating low condom use. The large numbers of mobile men on ships/fishing vessel and out-of-school non-employed girls and young women creates a conducive environment for transactional sex. Kiribati has had 55 known HIV cases since 1991.

Economic development and modernization has increased reliance on imported, processed food and motorized transport; these changes have led to unhealthy diets and reduced physical activity. Kiribati's STEPwise Approach to Chronic Disease Risk Factor Surveillance (STEPS) survey report showed that in 2006, in the adult population aged 25–64 years, the prevalence of obesity was 50.6%, of hypertension 17.3%, of diabetes 28.1% and of elevated blood cholesterol 27.7%. The high numbers of amputees bears witness of lack of public awareness on diabetes and late health-seeking behaviour. Kiribati has one of the highest smoking rates in the world, though some progress has been made after the passage of a tobacco bill by parliament. All risk factors combined have led to a lower life expectancy in males over the last 15 years (though only 40 of the deaths are registered and mostly show inconclusive causes of death).

Kiribati includes traditional birth attendance in the tracking of deliveries done by skilled health workers. If these are subtracted, then only around two thirds of deliveries are done by midwives, trained nurses or doctors. Home deliveries often mean that the new-born does not receive the hepatitis B vaccine within 24 hours. Routine health information and studies reveal a substantial unmet need for modern contraceptives with only around 20% uptake.

HEALTH POLICIES AND SYSTEMS

The strategic objectives set out in the National Development Plan for the period 2016-2019 guide the formulation of the annual operational plans of the Ministry of Health and Medical Services; the strategic objectives for the MHMS for the period 2016–2019 are to:

- Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and consequently reduce morbidity, disability and mortality from NCDs;
- Increase access to and use of high quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and wellbeing will be at risk if they become pregnant;
- Improve maternal, new-born and child health;
- Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks;
- Address gaps in health service delivery and strengthen the pillars of the health system;
- Improve access to high quality and appropriate health care services for victims of gender based violence, and services that specifically address the needs of youth.

Kiribati has a well-established, publicly funded formal health system. Comprehensive primary health-care services are offered through a network of 102 health centres and dispensaries. A referral hospital in South Tawara provides a range of secondary curative services. Other hospitals are operational in Betio, Kiritimati and Tabiteuea North Island and provide basic surgical, medical and maternity services. People requiring tertiary curative services are referred overseas. The Kiribati Family Health Association is the only private provider of health services in sexual reproductive health and family planning.

COOPERATION FOR HEALTH

A formal Health Sector Coordination Committee serves as mechanism for effective and coordinated partnership in health. The health sector is dependent on considerable development assistance. The Governments of Australia and New Zealand are engaged in upgrading infrastructure and human resource development in Kiribati and are providing financial support for the reintegration of foreign trained medical graduates through an internship program. Australia (DFAT) is funding a three-year joint-UN program on Reproductive Maternal Neonatal Child Adolescent Health (RMNCAH), coordinated by UNFPA and supported by UNICEF and WHO. UNICEF and UNFPA are providing support for the EPI program, child nutrition, HIV prevention of parent-to-child transmission, sanitation and family planning. New Zealand is intensifying its support for water supply and waste management as well as the education and training of nurses and the Kiribati internship program. The Secretariat of the Pacific Community (SPC), through Global Fund and DFAT Australia, is supporting the tuberculosis control program. The government of Cuba and the Taiwan Medical Program are filling gaps in specialized services and in education and training of the workforce. The Japanese International Cooperation Agency is supplementing hospital staff in the referral hospital.

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WHO COUNTRY COOPERATION STRATEGIC AGENDA (2013–2017)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITIES 1 & 2: Increase access to and use of high quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and wellbeing will be at risk if they become pregnant. Improve maternal, newborn and child health.	• Support implementing and monitoring of effective interventions on family planning to cover unmet needs, prevention of unsafe abortions, reproductive tract infections and gynaecological cancers, and to reduce adolescent risk behaviour. • Further expansion enabled of access to and quality of effective interventions from pre-pregnancy to postpartum, focusing on the 24-hour period around childbirth • Establish a working mechanism for collaboration between reproductive, maternal, newborn, child health and relevant programs such as immunization, and for holistic approaches to improving child health, including pneumonia and diarrheal diseases
STRATEGIC PRIORITY 3: Prevent the introduction and spread of communicable diseases, strengthen existing control programs and ensure Kiribati is prepared for any future outbreaks.	• Support Kiribati in implementing national plans to prevent and control outbreaks and epidemic diseases, including antimicrobial resistance and communicable diseases, such as STIs, HIV and tuberculosis, as well as establishing and maintaining a risk-based framework to target and prevent foodborne diseases • Provide technical support in developing and implementing the elimination of lymphatic filariasis and leprosy and integrated plans of action for other neglected tropical diseases • Support further development of Kiribati's plan for implementing the International Health Regulations (2005) and strengthening the national capacity for preparedness and response to environmental emergencies related to climate, water, sanitation, chemicals, air pollution and radiation
STRATEGIC PRIORITY 4: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs.	• Raise awareness, especially among policy-makers, about the links between noncommunicable diseases and sustainable development, and address the burden of NCDs and their risk factors, including the over-consumption of alcohol, food insecurity, physical inactivity and tobacco use through implementation of the Package of Essential Noncommunicable (PEN) disease interventions. • Support Kiribati in developing national policies and implementing community-based rehabilitation in line with WHO, ILO, UNESCO and International Disability and Development Consortium guidelines. • Promote and support the implementation of mental health guidelines covering treatment, recovery, prevention and promotion.
STRATEGIC PRIORITY 5: Address gaps in health service delivery and strengthen the pillars of the health system.	• Identify capacity strengthening needs, and support Kiribati in developing and implementing the legislative and regulatory frameworks required to achieve universal health coverage and to adopt the WHO global strategy on integrated people-centered service delivery. A national health workforce plan will be a major component. • Strengthen the health information and data quality system and systems monitoring and evaluation of the national health & health financing situation and trends. • In coordination with development partners, provide support to the Government and people of Kiribati to increase capacity to implement a health-in-all-policies approach, inter-sectorial action and social participation to address the social determinants of health
STRATEGIC PRIORITY 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 youth.	• Convene country-level dialogues and provide technical guidance to countries on integrating and monitoring gender, equity and human rights in national health-related policies, legislation and plans • Continue to support the (UN) Kiribati Adolescent Girls Initiative with a focus on reproductive health.