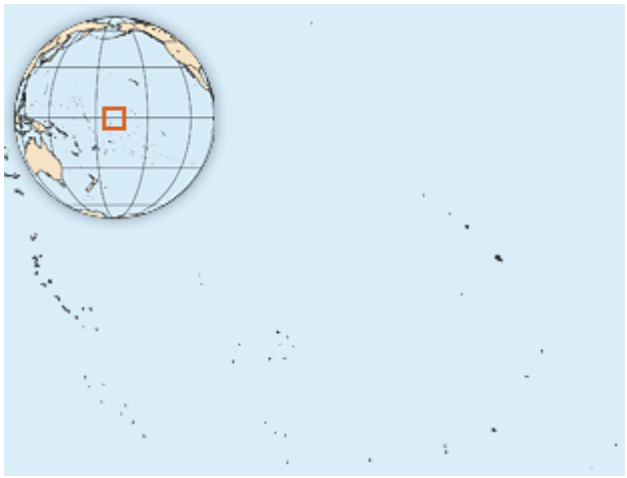
World Health Organization

# Country Cooperation Strategy at a glance

# Kiribati



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

| | |
|---|---|
| WHO region | Western Pacific |
| World Bank income group | Lower-middle-income |
| **Child health** | |
| Infants exclusively breastfed for the first six months of life (%) (2009) | 69.0 |
| Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016) | 81 |
| **Demographic and socioeconomic statistics** | |
| Life expectancy at birth (years) (2015) | 66.3 (Both sexes)<br>68.8 (Female)<br>63.7 (Male) |
| Population (in thousands) total (2015) | 112.4 |
| % Population under 15 (2015) | 34.9 |
| % Population over 60 (2015) | 6.1 |
| Poverty headcount ratio at $1.25 a day (PPP) (% of population) () | |
| Literacy rate among adults aged >= 15 years (%) () | |
| Gender Inequality Index rank (2014) | ... |
| Human Development Index rank (2014) | 137 |
| **Health systems** | |
| Total expenditure on health as a percentage of gross domestic product (2014) | 10.21 |
| Private expenditure on health as a percentage of total expenditure on health (2014) | 18.82 |
| General government expenditure on health as a percentage of total government expenditure (2014) | 5.81 |
| Physicians density (per 1000 population) (2013) | 0.203 |
| Nursing and midwifery personnel density (per 1000 population) (2013) | 4.616 |
| **Mortality and global health estimates** | |
| Neonatal mortality rate (per 1000 live births) (2016) | 22.6 [12.3-38.3] |
| Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016) | 54.3 [34.8-84.2] |
| Maternal mortality ratio (per 100 000 live births) (2015) | 90 [ 51 - 152] |
| Births attended by skilled health personnel (%) (2010) | 98.3 |
| **Public health and environment** | |
| Population using safely managed sanitation services (%) () | |
| Population using safely managed drinking water services (%) () | |

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

## HEALTH SITUATION

Kiribati's health situation has improved over time and health gains have been made overall. 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 also declined. 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 and malnutrition are also central concerns.

Other major health problems include the prevalence of communicable diseases, with the number of tuberculosis (TB) and leprosy cases among the highest in the Pacific. The burden of noncommunicable diseases (NCDs) also remains significant. A 2016 STEPwise approach to NCD surveillance (STEPS) survey indicates that little progress has been made on NCDs since 2006. Mental illness, suicides, domestic violence, injuries and gaps in health service delivery are also problems that need to be addressed.

## HEALTH POLICIES AND SYSTEMS

Health services are delivered free of charge through a network of health facilities comprised of four hospitals, 30 health centres and 75 clinics. Health remains among the core priorities for Kiribati, receiving the second highest government budget allocation for 2015 and 2016. 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*. The third goal of the 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 strategic framework sets out six key goals: strengthen initiatives to reduce the impact of NCDs; increase access to and use of comprehensive family planning services; improve maternal, newborn and childcare health; prevent the outbreak of communicable diseases and strengthen existing disease control programmes; address gaps in health services delivery and strengthen pillars of the health system; and improve access to appropriate, high-quality healthcare services for victims of gender-based violence, and for the specific needs of young people.

## COOPERATION FOR HEALTH

In implementing this strategy, WHO and the Ministry of Health and Medical Services will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

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# Country Cooperation Strategy *at a glance*

| WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022) | |
|---|---|
| **Strategic Priorities** | **Main Focus Areas for WHO Cooperation** |
| **STRATEGIC PRIORITY 1**:<br><br>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, 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*.<br>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.<br>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.<br>1.4. Facilitate the implementation and enforcement of health laws and regulations. |
| **STRATEGIC PRIORITY 2**:<br><br>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.<br>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.<br>2.3. Support improvements in reproductive, maternal, neonatal, child and adolescent health (RMNCAH); sustain/improve immunization, antenatal and postnatal coverage.<br>2.4. Facilitate policy dialogue among all key stakeholders to address health determinants such as gender inequality, poverty, illiteracy, unemployment and overcrowding through whole-of-government, whole-of-society and Health in All Policies approaches. |
| **STRATEGIC PRIORITY 3**:<br><br>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 essential functions of public health: 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.<br>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.<br>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.<br>3.4. Provide the link between Kiribati and the WHO Health Emergencies Programme in effectively responding to health emergencies in the country. |