HEALTH SITUATION

Tokelau is a non-self-governing territory of New Zealand consisting of three atolls. It is located approximately 480 kilometres north of its closest neighbour, Samoa. The population was 1411 in 2011, with each atoll inhabited by 400–500 people. The atolls are about 3-5 metres above sea level and span less than 200 kilometres, making the small island nation very prone to the effects of climate change.

The 2014 STEPwise approach to NCS surveillance (STEPS) survey in Tokelau confirmed an increase in noncommunicable diseases (NCDs) and their risk factors, including smoking, alcohol consumption, poor nutrition, physical inactivity, overweight or obesity, and raised blood pressure, blood glucose and blood lipids. Additional challenges in service delivery include geographical isolation, the vulnerability of the atolls to natural disasters, climate change and global warming, and the decentralization of hospitals under the different Taupulega. Human resource and financial constraints limit the potential of the Department of Health to deliver health-care services in Tokelau.

HEALTH POLICIES AND SYSTEMS

Health service delivery is via locally employed staff, with one hospital on each atoll; staffed by a medical officer, a mix of nursing staff, midwives and hospital aides.

Tokelau has plans to recentralize health services under the Department of Health and establish Nukunonu as a national referral hospital. This will require improvements of infrastructure and reorganization of clinical and public health services on all three atolls, all requiring significant resources.

The Tokelau Health Strategic Plan 2016–2020 envisions “A Healthy Tokelau: Today for Tomorrow”. The strategic plan looks beyond its national boundaries by linking and aligning its mission to the global sustainable development framework, specifically SDG 3. The plan proposes a set of outcomes that are divided into long (2020 and beyond), medium (2018–2020) and short-term (2016–2018) outcomes. These are built into an indicator framework with 36 indicators and targets.

COOPERATION FOR HEALTH

In implementing this strategy, WHO and the Government will work with other sectors, 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.
### Strategic Priorities

#### STRATEGIC PRIORITY 1:
To set the strategic public health agenda

1.1. Support a midterm review and an evaluation of the *Tokelau Health Strategic Plan (2016–2020)* against specified targets and indicators.
1.2. Develop the next national health plan congruent with the Healthy Islands vision, the Sustainable Development Goals (SDGs) and universal health coverage.
1.3. Conduct policy dialogue through a high-level multisectoral Health Summit focusing on NCD control, specifically strategies to reduce exposure to, and consumption of, unhealthy food and non-alcoholic beverages, including reducing sodium in food.

#### STRATEGIC PRIORITY 2:
To plan and operationalize implementation of health policies and strategies

2.1. Ensure surveillance systems are in place to monitor NCD risk factors and interventions as well as other health indicators identified in the Health Strategic Plan.
2.2. Update treatment guidelines and protocols across the continuum of care for management of cardiovascular diseases, diabetes, sexually transmitted infections and HIV, TB and emerging diseases.
2.3. Develop a framework for pharmaceutical supply chain management to ensure availability and accessibility of essential medicines given the geographical challenges.

#### STRATEGIC PRIORITY 3:
To develop capacity in public health and service delivery to achieve policy objectives

3.1. Use the strategic plan to inform continuing professional development opportunities (e.g. via Pacific Open Learning Health Network, fellowships and specialized training).
3.2. Implement the tobacco control policy “Tobacco Free Tokelau by 2020” through capacity-building for tobacco control and enforcement and health education and awareness for health professionals, communities, border officials, and tradespeople.
3.3. Build capacity for planning and sustaining routine immunization and the introduction of new vaccines.