OVERVIEW

Nauru gained its independence from Australia, New Zealand and British-administered United Nations trusteeship in 1968. This tiny island in the South Pacific Ocean has a phosphate rock base and is surrounded by a coral reef with dotted phosphate pinnacles. It lies northeast of Australia, 42 kilometres south of the equator. It had an estimated population of 11,300 in 2015. In the past, the main economic activity in Nauru was phosphate mining, but intensive excavation over the last century has turned almost all of central Nauru into a wasteland. The rehabilitation of mined land and the replacement of income from phosphates, along with adaptation to climate change, are the nation’s sustainable development challenges. Nauru has limited natural freshwater resources, and supplies are mostly dependent on a single, ageing desalination plant.

Nauru has a parliamentary system of government. The president is elected by parliamentarians and is head of state and government. Parliamentarians are elected by popular vote for a three-year period. The unicameral Parliament of Nauru consists of 19 elected members.

HEALTH AND DEVELOPMENT

The Government of Nauru provides health-care services to all citizens. Primary health care and public health services are managed by the Division of Public Health at the Naeoro Public Health Centre, and curative services are provided by the Republic of Nauru Hospital. Services include medical, surgical and dental specialties, alongside haemodialysis, laboratory, radiological, physiotherapy and pharmaceutical services.

Nauru, like other Pacific islands, faces a triple public health burden of communicable diseases, noncommunicable diseases (NCDs) and the health impacts of climate change. Although there have been some improvements in the past 10 years, tuberculosis (TB) and leprosy programmes continue to report new cases. In addition, outbreaks of diarrhoeal illness or typhoid fever still occur.

NCDs are the main cause of premature mortality and morbidity, contributing to a shorter life expectancy compared to other Pacific island countries. The four key risk factors are: tobacco use, alcohol use, unhealthy diets and lack of physical activity, which are contributing to high rates of obesity, diabetes and raised blood pressure.

Climate and environmental determinants of health figure prominently among the predominant public health issues in Nauru, compounding the risk factors for communicable and noncommunicable diseases. Like other Pacific island countries with low elevation, small populations and scarce resources, Nauru is vulnerable to the impacts of water and food insecurity aggravated by the confluence of geographic, climatic, demographic and socioeconomic factors.

Preventive and curative health services have difficulties in coping with climate change and the increase in NCDs. To achieve more effective health service delivery, the health workforce needs to be improved in terms of numbers, quality and diversity.
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 that are detailed in the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

1. **To strengthen systems to protect Nauruans from communicable diseases including priority challenges such as HIV, STIs, TB and NTD:**

   1.1 Implement integrated people-centred approaches to achieve the targets under the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020*.

   1.2 Support development of a national strategic plan on NTDs that includes country-specific targets and a target monitoring plan under *Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation* by 2020.

   1.3 Support processes to sustain high immunization coverage and improve immunization systems.

   1.4 Support processes to achieve and sustain measles and rubella elimination.

   1.5 Support processes to improve vaccine/immunization and priority communicable diseases surveillance systems.

2. **To reduce the burden of NCDs including improving mental health in Nauru**

   2.1 Support Nauru in building a strategic plan on NCDs which covers the key risk factors and includes country-specific targets.

   2.2 Support Nauru in meeting national indicators for NCDs, in line with the global and regional targets.

   2.3 Support Nauru in achieving the national nutrition and diet-related targets, in line with global and regional targets to reduce the prevalence of nutrition and diet-related death, disability and disease.

   2.4 Support Nauru in improving service coverage for NCD essential services, in line with the global target.

   2.5 Help tackle the service provision gap for mental health.

3. **To address climate and environmental determinants of health**

   3.1 Strengthen government and community capacities to respond to environmental hazards and climate change, and the health consequences of disasters, according to the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*.

   3.2 Strengthen in-country implementation of SDG 6 targets on universal access to safely managed water, sanitation and wastewater.

   3.3 Provide technical assistance for the introduction of drinking-water safety plans, national drinking-water quality standards and a water quality monitoring programme.

   3.4 Provide technical assistance to develop an environmental health country profile and national climate and environmental health action plan.

   3.5 Provide technical support for the development and implementation of a roadmap to control asbestos hazard.
4. **To support process to optimize planning, implementation and periodic reviews of the Nauru National Health Strategic Plan**

4.1 Support, review and report on the annual progress in implementation of the National Health Strategic Plan.

4.2 Support development of an annual health sector operational plan including a health workforce profile and projection.

4.3 Provide technical support to strengthen civil registration and vital statistics including cause of death certification.

4.4 Support advancement of health information management, particularly health informatics: database, data collation, interpretation and annual reporting support.

5. **To improve access to essential medicines and health technologies, and containment of antimicrobial resistance (AMR)**

5.1 Develop and review the policy and plan for medicines and health technologies aligned with the national plan.

5.2 Develop and review treatment guidelines and formularies relevant to national priorities and disease burdens.

5.3 Strengthen procurement and supply system of medicines and health technologies through assessment of inventory management system, supply chain management training, and effective collaboration and information sharing with key programmes and stakeholders.

5.4 Develop a multisectoral national action plan that is country specific and in line with the global and regional strategy.
The vision of the **Nauru National Health Strategic Plan for 2016–2020** is “a healthy and peaceful nation that values and supports human rights and dignity through the provision of quality health care and services”.

The plan prioritizes four key result areas to provide quality health services that are accessible by all communities:

1. health systems strengthening
2. primary health care and Healthy Islands
3. curative health
4. support services and networking.

**PARTNERS**

In implementing this strategy, WHO and the Ministry of Health 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.
### HEALTHY ISLANDS INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of skilled health workers* per 10 000 population</td>
<td>78.8</td>
<td>2007</td>
</tr>
<tr>
<td>Per capita total expenditure on health at average exchange rate (US$)</td>
<td>516.44</td>
<td>2014</td>
</tr>
<tr>
<td>Total expenditure on health as a percentage of gross domestic product (%)</td>
<td>3.33</td>
<td>2014</td>
</tr>
<tr>
<td>Tuberculosis incidence (per 100 000 population)</td>
<td>113</td>
<td>2015</td>
</tr>
<tr>
<td>Life expectancy at birth (both sexes)</td>
<td>61.2</td>
<td>2011–13</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>35.4</td>
<td>2015</td>
</tr>
<tr>
<td>Absolute number of maternal deaths</td>
<td>1</td>
<td>2010</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100 000 live births)</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Adult mortality rate from NCDs at ages 30–69 years (%)</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Number of suicides</td>
<td>0</td>
<td>2015</td>
</tr>
<tr>
<td>Immunization coverage rate for diphtheria-tetanus-pertussis (three doses) (DTP3) (%)</td>
<td>91</td>
<td>2016</td>
</tr>
<tr>
<td>Immunization coverage rate for measles-containing vaccine (first dose) (MCV1) (%)</td>
<td>98</td>
<td>2016</td>
</tr>
<tr>
<td>Current tobacco smoking among persons 15 years of age and over (%)</td>
<td>47.5</td>
<td>2015</td>
</tr>
<tr>
<td>Population using improved drinking-water sources (%)</td>
<td>96.5</td>
<td>2015</td>
</tr>
<tr>
<td>Population using improved sanitation facilities (%)</td>
<td>65.6</td>
<td>2015</td>
</tr>
<tr>
<td>Proportion of endemic neglected tropical diseases (NTDs) having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%</td>
<td>0</td>
<td>2017</td>
</tr>
</tbody>
</table>

NA = not available

*Skilled health workers are defined as physicians, nurses and midwives.*

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