OVERVIEW

Tuvalu comprises nine atolls in the South Pacific Ocean with an estimated total population of 11,200 as of 2015.

The country is governed as a constitutional monarchy within the Commonwealth of Nations. The head of government is the prime minister who is elected by Parliament. Being relatively remote from major markets, Tuvalu has been paying comparatively high transportation costs for trade, which creates a significant imbalance between exports and imports. Tuvalu relies heavily on foreign aid and overseas remittances to bridge the gap. The bulk of the domestic economy is driven by the public sector; very few opportunities exist for private sector development. A comparison of the gross domestic product growth rate over the years shows its volatility with 20% in the late 1990s and 2.6% in 2015.

In addition to this, Tuvalu is facing the potential long-term negative impact of climate change. The Government and the population are conscious of this increasing challenge.

HEALTH AND DEVELOPMENT

In Tuvalu, progress has been made in strengthening the health system to tackle emerging health issues, such as the noncommunicable diseases epidemic, climate change and communicable diseases.

Most health services are provided by the public health services, but family planning services are jointly provided by the public health services and the Tuvalu Family Planning Association. The Ministry of Health has endorsed the National Health Reform Strategy 2016–2019 to improve health management at all levels. The management reform is to support the core business of health-care delivery.

Tuvalu has one hospital, Princess Margaret Hospital, located on the main island of Funafuti, providing primary and secondary care for patients in Funafuti and those who are referred from outer islands. Two health clinics, one south and the other north of Funafuti, provide primary clinical services. Eight health centres covering outer islands provide primary health care and basic public health services. Those facilities are staffed by nurses who mainly provide primary care and preventive services. Patients needing advanced clinical cares that exceed the hospital level are referred to overseas hospitals through the Tuvalu Medical Treatment Scheme.

A STEPS survey conducted in 2015 shows a high rate of obesity (≥ 30 kg/m²) among adults aged 18–69 years, with 55.2% in males and 70.7% in females.
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 build resilient health systems to bolster health security and climate change preparedness**
   1.1 Build capacities to respond to environmental hazards, the effects of climate change, and the health consequences of disasters.
   1.2 Strengthen capacities to prepare for and respond to public health events caused by common epidemic-prone and emerging diseases.
   1.3 Ensure food security to prevent communicable diseases and NCDs.

2. **To enhance planning capabilities for national health policies, strategies and plans**
   2.1 Support development of a long-term health strategic plan.
   2.2 Support development of an annual health review and report.
   2.3 Support development and review of an annual health sector operational plan.
   2.4 Support national health accounts.
   2.5 Support development and revision of health legislation.

3. **To strengthen essential health service delivery towards UHC and the vision of Healthy Islands**
   3.1 Revise the role delineation policy and essential package of health services.
   3.2 Support strategic planning and performance assessment of essential health service delivery.
   3.3 Ensure quality assurance of hospital services.
   3.4 Support successful absorption of foreign-trained medical graduates.
   3.5 Support health workforce profiling, projecting and planning.
   3.6 Support health information management – database, data collation, interpretation and annual reporting support.

4. **To enhance NCD control and prevention**
   4.1 Assist the implementation of key tobacco control measures, including raising taxes, graphic health warnings and sales controls.
   4.2 Strengthen interventions through education and policy to advocate healthy diet.
   4.3 Support the strengthening of NCD management in primary health care, using Package of Essential Noncommunicable protocols, including monitoring and assessment of performance and impact of delivery of essential clinical services.
   4.4 Provide ongoing capacity-building support to increase national capacity for recovery-oriented community-based mental health and social support services.
   4.5 Support for promoting mental health, preventing mental disorders, alcohol harm and suicide, reducing stigmatization and discrimination, and promoting human rights across the life course.
To reduce the disease burden of TB and multidrug-resistant TB

5.1 Continue strengthening the TB programme.

5.2 Adapt and implement the WHO *End TB Strategy* and the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific*.

5.3 Assist in programmatic management of drug-resistant tuberculosis in coordination with the multidrug-resistant TB helpdesk and support effective treatment outcomes.
The National Health Reform Strategy 2016–2019 has six objectives:

1. to strengthen administrative and management capability of the Ministry of Health to effectively support strategies and commitments towards the further improvement of health service delivery and preventive health particularly at the clinical and primary care levels;

2. to strengthen and improve community preventive and health-care services under the principles and concepts of primary health care, UHC and the Healthy Islands vision;

3. to provide high-quality clinical care and services to meet the needs and expectations of patients that are in line with the policies and resources of the Ministry;

4. to ensure quality, timely and accessible patient care support services in therapeutics, diagnostic and rehabilitative services that support and meet clinical service requirements;

5. to provide administrative and management support to the Ministry of Health in meeting its goals on, at least, policy and planning, human resources, legal aid, clinical care, public health, infrastructure and medical equipment needs; and

6. to foster a mutually beneficial and effective partnership that supports the health mandates of each partner and the health interest of the population.

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>77.5</td>
<td>2009</td>
</tr>
<tr>
<td>Per capita total expenditure on health at average exchange rate (US$)</td>
<td>632.84</td>
<td>2014</td>
</tr>
<tr>
<td>Total expenditure on health as a percentage of gross domestic product (%)</td>
<td>16.54</td>
<td>2014</td>
</tr>
<tr>
<td>Tuberculosis incidence (per 100 000 population)</td>
<td>232</td>
<td>2015</td>
</tr>
<tr>
<td>Life expectancy at birth (both sexes)</td>
<td>69.6</td>
<td>2010</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>27.1</td>
<td>2015</td>
</tr>
<tr>
<td>Absolute number of maternal deaths</td>
<td>1</td>
<td>2006-2007</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>2</td>
<td>2015</td>
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<tr>
<td>Immunization coverage rate for diphtheria-tetanus-pertussis (three doses)</td>
<td>94</td>
<td>2016</td>
</tr>
<tr>
<td>Immunization coverage rate for measles-containing vaccine (first dose)</td>
<td>96</td>
<td>2016</td>
</tr>
<tr>
<td>Current tobacco smoking among persons 15 years of age and over (%)</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Population using improved drinking-water sources (%)</td>
<td>97.7</td>
<td>2015</td>
</tr>
<tr>
<td>Population using improved sanitation facilities (%)</td>
<td>NA</td>
<td></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.