



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS–WHO

Country Cooperation Strategy 2018–2022

OVERVIEW

The Commonwealth of the Northern Mariana Islands is one of five inhabited United States island territories. It spans 464 square kilometres and comprises four inhabited islands (Saipan, Tinian, Rota and Pagan) and 10 uninhabited ones. The population was 53 883 in 2010, with 90% of people living in the capital of Saipan.

The Constitution of the Commonwealth was adopted in 1977. The three branches of the Government are Executive (headed by the governor), Legislative (Senate and House of Representatives) and Judicial.

The Commonwealth's gross domestic product rose by 3.5% in 2015, a 0.7% increase on 2014, according to data compiled by the United States Bureau of Economic Analysis. Economic growth is attributed to flourishing tourism, the gaming industry and the amusement sector.

HEALTH AND DEVELOPMENT

Public Law 16-51 (2009) transferred the national health system to the Commonwealth Healthcare Corporation (CHCC), a public entity that is headed by a chief executive officer. The Corporation consists of a primary hospital, a modernized haemodialysis facility, a community health centre, rural health centres in Rota and Tinian, public health services, and behavioural health services. There are also four private health clinic groups. The majority of the physicians are from the United States of America, and there are five times more nurses than physicians. The Government is supportive of increased training opportunities for local health-care staff.

The Medicaid programme, a federal–state shared insurance for the poor, covers only American citizens. Poverty is a major determinant of health. The 2010 population census found that 34% of the population were uninsured for health care. Almost the same percentage holds true at the present time. The Medical Referral programme provides logistical and other support to people needing off-island tertiary care, for example in the Philippines or Hawaii.

Noncommunicable diseases (NCDs) were the leading causes of death from 2011 to 2014. Diseases of the circulatory system accounted for 252 deaths (33%), cancers accounted for 133 (18%), endocrine, nutritional and metabolic disease accounted for 54 (7%), and diseases of the respiratory system accounted for 52 (7%).

NATIONAL STRATEGIC PRIORITIES WHO AND THE GOVERNMENT 2018–2022

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 improve health data collection

- 1.1 Strengthen the implementation of the electronic health record in the hospital and in public and private health centres to also capture key Healthy Islands indicators.
- 1.2 Ensure effective monitoring of NCD indicators, data collection and analysis, and report against regional and global targets.

2. To implement people-centred care

- 2.1 Support country adaptation of Package of Essential Noncommunicable protocols including service delivery plans, treatment guidelines, capacity-building, monitoring and referral mechanisms.
- 2.2 Support the development of effective cervical cancer screening and management programmes.
- 2.3 Support settings-based approaches to improving lifestyles and effective strategic health communication.
- 2.4 Promote mental health and the prevention of mental disorders, alcohol harm and suicide, reduce stigmatization and discrimination, and promote human rights across the lifespan.
- 2.5 Support community-based rehabilitation as a developmental approach to improving access to services for people with disability.

3. To improve surveillance and response to infectious disease

- 3.1 Verification of the regional hepatitis B control goal of less than 1% prevalence among 5-year-old children.
- 3.2 Support infectious disease-related surveillance and response activities, including interventions by entomologists and disease intervention specialists.
- 3.3 Support training for surveillance and infectious disease response.

4. To provide training for clinical and public health workers

- 4.1 Provide capacity-building support for ensuring vaccine quality and safe use.
- 4.2 Support development of a health workforce profile.
- 4.3 Establish continuing professional development opportunities through Pacific Open Learning Health Network and up-to-date health information through e-learning.
- 4.4 Support strengthening capacities to eliminate preventable deaths among mothers and newborns.
- 4.5 Support strengthening capacities to prepare for, and respond to, public health events caused by common epidemic-prone and emerging diseases, environmental hazards and climate change, and the health consequences of disasters.

5. To improve collaboration and integration

- 5.1 Provide technical support to review NCD strategic plans, to develop country-specific targets and to identify cost-effective priority interventions, including integration work with clinics.
- 5.2 Explore opportunities to link tuberculosis, HIV and STI services where feasible, including the areas of TB and HIV, antenatal care, NCDs, health promotion campaigns, laboratory strengthening and blood safety.
- 5.3 Set up services towards achieving triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B as well as neonatal and child TB.
- 5.4 Support development of an environmental health profile.

NATIONAL HEALTH POLICY

The *CHCC Strategic Plan 2015–2020* is a commitment to improving the standards of services for the people of the Commonwealth of the Northern Mariana Islands and its visitors. The CHCC vision is to “improve the quality of life for the Commonwealth of Northern Mariana Islands community through its innovative preventive/urgent-care services to foster responsible lifestyles”. The plan has eight operating strategies: a reorganizational plan; a recruiting and retention plan; a code of ethics; a facility plan; electronic health records; a consumer satisfaction and community participation plan; a financial business plan; and accreditation. These strategies feed into six outcomes: full accreditation of health centres; financial stability; clean audits and full compliance; certified health workers receiving competitive and fair wages; increased consumer satisfaction and community partnerships; and a decrease in the top six causes of death and debilitation (cancer, diabetes, hypertension/heart disease, teen pregnancy, HIV and STIs, and substance abuse).

PARTNERS

In implementing this strategy, WHO and the CHCC will work with other government departments, 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

| | | |
|---|-------------|---------|
| Number of skilled health workers* per 10 000 population | 22.5 | 2008 |
| Per capita total expenditure on health at average exchange rate (US\$) | NA | |
| Total expenditure on health as a percentage of gross domestic product (%) | NA | |
| Tuberculosis incidence (per 100 000 population) | 70 | 2010-13 |
| Life expectancy at birth (both sexes) | 77 | 2010 |
| Under-five mortality rate (per 1000 live births) | 8.20 | 2012 |
| Absolute number of maternal deaths | NA | |
| Maternal mortality ratio (per 100 000 live births) | 0 | 2012 |
| Adult mortality rate from NCDs at ages 30–69 years (%) | NA | |
| Number of suicides | 5 | 2015 |
| Immunization coverage rate for diphtheria-tetanus-pertussis (three doses) (DTP3) (%) | 104 | 2012 |
| Immunization coverage rate for measles-containing vaccine (first dose) (MCV1) (%) | 94 | 2012 |
| Current tobacco smoking among persons 15 years of age and over (%) | NA | |
| Population using improved drinking-water sources (%) | 98 | 2015 |
| Population using improved sanitation facilities (%) | 80 % | 2015 |
| Proportion of endemic neglected tropical diseases (NTDs) having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100% | NA | |

NA = not available

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

WPRO/2017/DPM/017

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