3rd Healthy Islands Monitoring Framework Report

INFORMATION DOCUMENT

1. BACKGROUND

Established during the 11th Pacific Health Ministers Meeting in 2015, the Healthy Islands Monitoring Framework (HIMF) tracks the progress of each Pacific Island countries and areas (PICs) towards the Healthy Islands vision. The latest version of the HIMF consists of 48 mandatory indicators that measure the key pillars of the 2015 Yanuca Island Declaration (Annex A). Tasked as joint secretariats of the HIMF, World Health Organization (WHO) and the Pacific Community (SPC) collaborate with PICs to conduct a HIMF progress review every two years.

Two HIMF progress reports have been published and endorsed to date; <u>the first in 2017</u> and the <u>second in 2019</u>. Conclusions from the reports indicate that improvements in healthcare resources, non-communicable disease (NCD) control, and maternal and child health were modest and variable across the PICs. Using HIMF to monitor progress was also a challenge as most PICs could only report baseline data for most indicators due to limitations in existing health information systems (HISs) and workforces.

This third HIMF progress review was set for 2021 but was interrupted by the COVID-19 pandemic. A brief update was presented at the 14th Pacific Heads of Health meeting in 2022. Here, we present the full 3rd HIMF progress review to summarize the progress each PICs made towards the Healthy Islands vision.

2. ACTION TAKEN

Based on data available, progress has been made toward the Healthy Islands vision. However, the pace, breadth and magnitude of progress differed widely across the Pacific.

Overall, people across the Pacific are expected to live longer but may not be living longer in good health. Life expectancy at birth increased or were stable over time for all but three PICs (Cook Islands, French Polynesia and Northern Marianan Islands) where minor reductions were reported. Preventable death among vulnerable populations, such as neonates and under-5year-olds, also reduced or were consistently suppressed over time for all but a select PICs. This may be a reflection of inequitable access to basic essential health services during the first year of life. While high coverage of routine maternal and child health services (e.g. births attended by skilled health personnel) or immunization (e.g. three doses of diphtheria, tetanus toxoid and pertussis [DTP3] vaccine or at least one dose of measles vaccine [MCV1]) has been reported in most PICs, coverage was persistently poor or worsened with time in a select few. The impact of <u>disruptions to essential health services due to COVID-19</u> may be emerging in health areas with robust data. For example, sharp decreases in DTP3 or MCV1 coverages between 2021 and 2019 were reported in Northern Mariana Islands, Vanuatu, Samoa, and Solomon Islands. To ensure children reaches adolescence in optimal growth and health, increased effort may be required to address elevated malnutrition, both stunting and obesity, in select PICs, particularly considering their cumulative affect over the life course.

To curb the drivers of NCDs, Pacific governments have endorsed NCD prevention and management policies but progress has been stagnant or even reversed in the past two years. While nearly all PICs endorsed some form of excise tax on alcoholic beverages and on tobacco products as of 2021, only four PICs (Samoa, Tuvalu, Tonga and Vanuatu) introduced more stringent excise tax systems in the past two years in one of the areas. Moreover, between 2019 and 2021, lowered excise tax was reported in Samoa for tobacco products and in Fiji for alcohol beverages. For excise tax on sugar-sweetened beverages, only three PICs (Cook

Islands, Kiribati, Marshall Islands) reported over 20% of retail price and no PICs reported improvement over time. The impact of such national health policies on population health is inconclusive due to the lack of recent and time series data to demonstrate changes in NCD health outcomes as defined in HIMF. Progress made in other NCD areas, such as intimate partner violence, lower-extremity amputation among patients with diabetes, and service coverage of NCD services, are also not well understood as most PICs faced challenges in accurately capturing these data using existing HISs or did not have the appropriate data (i.e. relevant population size as the denominator) to calculate the indicators.

Healthcare resources, both financial and human resources, had limited improvement over time across the Pacific and have yet to reach a sufficient level. This further highlights the need for each PIC to efficiently allocate scarce resources, such as ensuring alignment of national health plans and budgets through annual reviews which is only reported in 65% (11 of 17) PICs with data. Emergency preparedness, represented by International Health Regulation core capacity score, remains a persistent challenge across the Pacific and no PIC scored above 75% in 2020. Political interests and investments from the COVID-19 pandemic should be leveraged such that PICs are resilient to health and climate-related disasters that will likely be more complex in the future.

Despite heightened vulnerability to climate change across the Pacific, progress in this area is unclear based on the limited country data available. Inequitable access to safely managed drinking water sources or sanitation services persisted, with universal or near universal access in some but very low access with limited improvement in others (e.g. Kiribati and Tuvalu). Similar disparities were estimated for the use of clean fuel for cooking, heating and lighting, indicating high exposure to household pollution in PICs such as Kiribati, Papua New Guinea, Solomon Islands and Vanuatu.

3. CONCLUSIONS

Since its establishment, progress has been made towards the Healthy Islands vision but the pace, breath and magnitude of improvement varied vastly between PICs. Inequitable access to basic services, such as routine maternal and child health services or access to safely managed water and sanitation services, persisted across the Pacific. While governments are tackling the growing NCD burden by endorsing appropriate prevention and management policies, advances to introduce more stringent or comprehensive policies over time have been stagnant and the policies' impact on population health is not well understood due to data limitations. With scarce financial and human resources across the Pacific, allocation must be efficiently guided by evidence and aligned with health system needs and national health priorities.

To promote evidence-based decision making, one component would be making better use of HIMF data consistently and not only biennially for each progress review. Designed specially to monitor health development in the Pacific, HIMF data could help identify emerging health priorities and inform programme planning. As such, the following short-term actions are proposed to strengthen the implementation and use of HIMF:

- To emphasize country ownership of the HIMF, establish a PIC-led mechanism by leveraging health information experts from the Pacific Health Information Network to coordinate subsequent HIMF progress reviews for their PIC and to share best practices in HIMF data use, with continued support from the joint secretariats.
- To ensure the HIMF continues to generate high-quality data relevant for decision making, the joint secretariats will collaborate with PICs to develop a list of recommendations on indicator meta-data revisions based on the latest technical guidance in health areas and data availability in each PIC.

Over the longer-term, initiatives linked to routine HISs strengthening and harnessing novel data sources would be critical to generate more comprehensive insights on progress each PIC has made towards the Healthy Islands vision, particularly in NCDs and environmental health. While biennial HIMF progress review was designed to hold PICs accountable for progress towards the Healthy Islands vision, bolder steps need to be taken to formalize its implementation and to ensure the generated information is used to guide each PIC's path forward.

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Annex A. Indicators in the HIMF.

Indicator	Indicator	
Туре	Number	Indicator Name
1. Strong lead		nce and accountability.
	1.1	Health worker density
	1.2	Health expenditure per capita
	1.3	Evidence of annual health review, plan and budget
é	1.4	International Health Regulations (IHR) core capacity score
Core	1.5	Death registration coverage
	0.1.1	National Health Account
a	0.1.2	Out-of-pocket (OOP) payments for health
Optional	0.1.3	Unemployment rate
Opt	0.1.4	Population living below the poverty line
2. Avoidable d	iseases and prei	mature deaths are reduced.
	2.5	Tobacco excise taxes
	2.6	Excise tax on alcoholic drinks
	2.7	Excise tax on the retail price of sugar-sweetened
		beverages (SSBs)
	2.8	Access to essential NCD drugs
	2.10	Service coverage for people with increased risk for
		cardiovascular diseases
	2.13	HIV prevalence among the general population
	2.14	Tuberculosis incidence
	2.15	Lower-extremity amputation among patients with diabetes
	2.16a	Maternal deaths
	2.16b	Maternal mortality ratio
	2.17	Mortality rate from road traffic injuries
	2.18a	Deaths due to suicide among adults
	2.18b	Adult suicide mortality rate
	2.19	Risk of premature death from target non-communicable
ė		diseases (NCDs)
Cor	2.20	Life expectancy at birth: both sexes
Ary	2.1	Smoking prevalence
ent	2.2	Heavy episodic drinking
a de la d	2.3	Insufficiently physically active adults
uple	2.4	Intimate partner violence
Complementary Core	2.9	Cervical cancer screening

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Indicator	Indicator	
Туре	Number	Indicator Name
	2.11	Service coverage for people with severe mental health
		disorders
	2.12	Contraceptive prevalence
	0.2.1	Low fruit and vegetable consumption
	0.2.2	Evidence of NCD taskforce
	0.2.3	Status of reaching the milestones for neglected tropical diseases
	0.2.4	Use of assistive devices among people with disabilities
	0.2.5	Unmet needs for contraception
	0.2.6	Prevention of mother-to-child transmission of HIV
	0.2.7	Gonorrhoea incidence
	0.2.8	Malaria incidence
	0.2.9	HIV prevalence among high-risk populations
a	O.2.10	Life expectancy at age 40 years: males
Optional	0.2.11	Life expectancy at age 40 years: females
Opt	0.2.12	Top 10 causes of death
3. Children ar	e nurtured in bo	dy and mind.
3. Children ar	e nurtured in bo 3.5	dy and mind. Birth registration coverage
3. Children ar		
3. Children ar	3.5	Birth registration coverage
3. Children ar	3.5 3.6	Birth registration coverage Evidence of healthy food policies in schools
3. Children ar	3.5 3.6 3.8	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and
3. Children ar	3.5 3.6 3.8 3.9	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3)
3. Children ar	3.5 3.6 3.8 3.9 3.10	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3) Immunization coverage for measles Human papillomavirus (HPV) vaccine coverage among
3. Children ar	3.5 3.6 3.8 3.9 3.10 3.11	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3) Immunization coverage for measles Human papillomavirus (HPV) vaccine coverage among adolescents
3. Children ar	3.5 3.6 3.8 3.9 3.10 3.11 3.12	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3) Immunization coverage for measles Human papillomavirus (HPV) vaccine coverage among adolescents HIV prevalence among pregnant women
3. Children ar	3.5 3.6 3.8 3.9 3.10 3.11 3.12 3.13	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3) Immunization coverage for measles Human papillomavirus (HPV) vaccine coverage among adolescents HIV prevalence among pregnant women Adolescent birth rate
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	3.5 3.6 3.8 3.9 3.10 3.11 3.12 3.13 3.14 3.15 3.17	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3) Immunization coverage for measles Human papillomavirus (HPV) vaccine coverage among adolescents HIV prevalence among pregnant women Adolescent birth rate Low birthweight among newborns Neonatal mortality rate Under-5 mortality rate
	3.5 3.6 3.8 3.9 3.10 3.11 3.12 3.13 3.14 3.15 3.17 3.18	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3) Immunization coverage for measles Human papillomavirus (HPV) vaccine coverage among adolescents HIV prevalence among pregnant women Adolescent birth rate Low birthweight among newborns Neonatal mortality rate Under-5 mortality rate Child and adolescent suicide mortality rate
	3.5 3.6 3.8 3.9 3.10 3.11 3.12 3.13 3.14 3.15 3.17 3.18 3.1	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3) Immunization coverage for measles Human papillomavirus (HPV) vaccine coverage among adolescents HIV prevalence among pregnant women Adolescent birth rate Low birthweight among newborns Neonatal mortality rate Under-5 mortality rate Child and adolescent suicide mortality rate Exclusive breastfeeding rate
3. Children ard Complementary Complementary	3.5 3.6 3.8 3.9 3.10 3.11 3.12 3.13 3.14 3.15 3.17 3.18 3.1 3.2	Birth registration coverage Evidence of healthy food policies in schools Births attended by skilled health personnel Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3) Immunization coverage for measles Human papillomavirus (HPV) vaccine coverage among adolescents HIV prevalence among pregnant women Adolescent birth rate Low birthweight among newborns Neonatal mortality rate Under-5 mortality rate Child and adolescent suicide mortality rate Exclusive breastfeeding rate Children who are obese

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Indicator	Indicator	
Туре	Number	Indicator Name
	3.16	Children who are stunted
	0.3.1	Evidence of adoption of the Convention on the Rights of the Child
	0.3.2	Net enrolment ratio in primary school
	0.3.3	Secondary school completion rates
a	0.3.4	Youth literacy rate
Optional	0.3.5	Congenital syphilis
Opt	0.3.6	Infant mortality rate
4. Ecological b	alance is promo	
	4.3	Population using safely managed drinking-water sources
Core	4.4	Population using safely managed sanitation facilities
ole- ary	4.1	Population using clean fuels for cooking, heating and lighting
Comple- mentary	4.5	Number of vector-borne disease outbreaks
	0.4.1	Urban population living in slums or informal settlements
	0.4.2	Population in urban areas exposed to outdoor air pollution
	0.4.3	Official climate financing from developed countries that is incremental to official development assistance (ODA)
	0.4.4	Share of coastal and marine areas that are protected
	0.4.5	Area of public and green space as a proportion of total city space
	0.4.6	Annual change in forest area and land under cultivation
	0.4.7	Urban solid waste regularly collected and well managed
a	0.4.8	Losses from natural disasters, by climate and non-climate-
Optional		related events
Opt	0.4.9	Typhoid fever incidence

*Mandatory-core indicators are updated every two years; Mandatory-complementary indicators are updated every 5-10 years, depending how often the data source (e.g. population survey) is updated; monitored; Options indicators are reported and updated on a selective basis, depending on national priorities and health information systems.

Annex B. Progress of select HIMF indicators.

1.1 Health worker density

Country data

Cook Islands	000								
	200					79.0			
	400					79.0			-50.0
- :::									
Fiji	200 0				37.8	34.2	2		
	400								
French Polynesia	200					65.7			
	0					•			
	400								
FSM	200						~~ ~		
	0					32.6	32.5		
~	400					1	20.0		
Guam	200						•		
	400								
Kiribati	200								
	200			48.2			40.0		
	400								
Marshall Islands	200								
	0		40.1				 50.0		
	400								
Nauru	200	70.0	~~~~ 83.6						
	0	/8.8	•••••••••••••••••••••••••••••••••••••••)					
	400								
New Caledonia	200			92.1-	_	99 .0	6		
	400			_					
Palau	200							_	
	0	72.8							
	400								
Papua New Guinea	200								
	0	5.9				•	•	5.7	
	400					400.0			
Pitcairn Island	200								
	400								
Samoa	200								
	200	18.8							35.7
	400						~~~~		
Solomon Islands	200								
	0		22.1			27.0	0		
	400								
Tokelau	200						0	22.2	
	0					23.	0	<u>_</u> 23.3	
Tamaa	400								
Tonga	200	44.8							
	400	0							
Vanuatu	200								
	0		24.0)			_	1	5.2
					20)1 <i>E</i>			
		2(010)15			2020
					V.	ear			

1.2 Health expenditure per capita

		Count	ry data	Global es	timates
Cook Islands	4,000	\$670	\$1,253 \$670		\$532
Fiji	4,000	\$18		\$128	\$186
	4,000	÷			
French Polynesia	4,000	\$2,7	86		
FSM	4,000			\$362	\$42
Kiribati	4,000 2,000	\$126	\$188	\$133	\$167
Marshall Islands	4,000	\$436	\$6	03\$417	\$73
Nauru	4,000		\$9 \$896	79\$614	\$1,14
New Caledonia	4,000	\$3,613•	 \$3,770		
Niue	4,000		\$1,1 \$1,026		\$1,31
Northern Mariana Islands	4,000	\$	\$4,135		
Palau	4,000			\$1,146	\$2,64
Papua New Guinea	4,000			\$40	\$64
Samoa	4,000	\$24	-2	\$184	\$20
Solomon Islands	4,000 2,000			\$73	\$99
Tonga	4,000	\$219		\$167	\$248
Tuvalu	4,000		\$586	\$476	\$1,07
Vanuatu	4,000			\$96	\$114
Wallis and Futuna	4,000		\$4,009 \$4,9	40	
		010 201		2010 2015	5 2020
		Ye	ear	Yea	ar

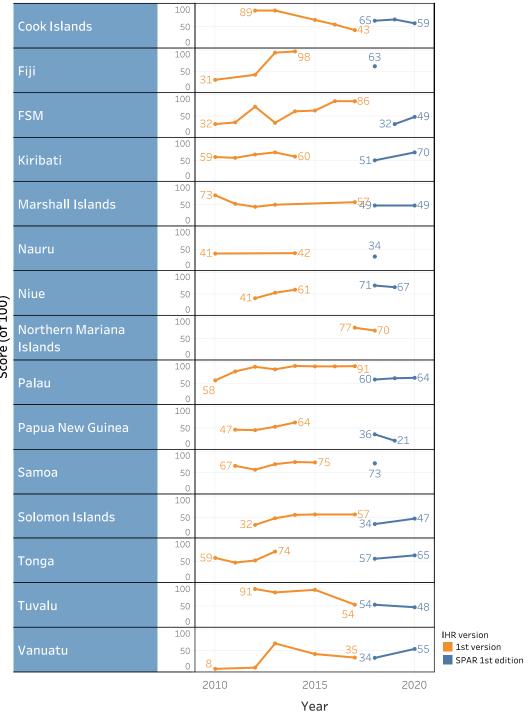
		Country d	ata		
American Samoa					
Cook Islands					
Fiji					
French Polynesia					
Kiribati					
Marshall Islands					
Nauru					
New Caledonia					
Niue					
Palau					
Northern Mariana Islands					No evidence of annual health pl or annual budge
Papua New Guinea					There is evidend that an annual
Samoa					health plan is in development, or no reports or reviews are
Tokelau					available. Annual health
Tonga					plan with budge is developed, communicated and resourced.
Tuvalu					Annual health plan with budge
Vanuatu					is developed, communicated and resourced,
Wallis and Futuna					and annual revie and report are available.
	20	15	20	20	

1.3 Evidence of annual health review, plan and budget

Year

1.4 International Health Regulation Core Capacity Score

Country data

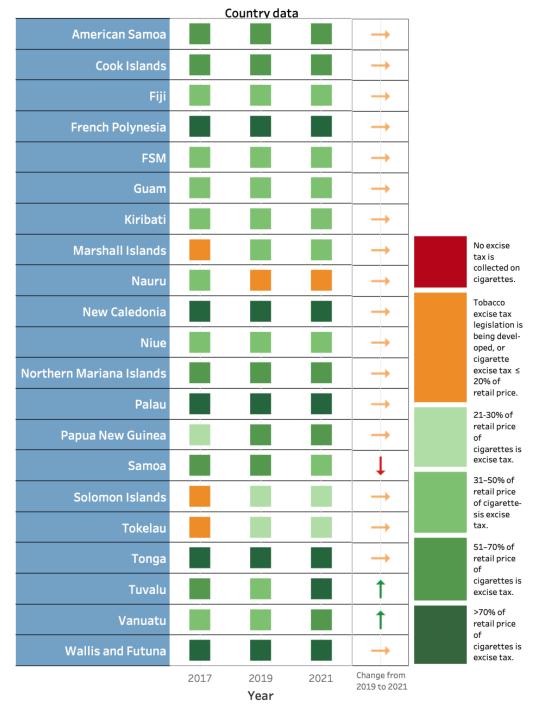


2.4 Intimate partner violence

		Count	try data	Global estimates
	100			
Cook Islands	50			14.0%
	0			•
	100			
-iji	50			23.0%
	0			•
	100			
SM	50			21.0%
	0			•
	100			
Kiribati	50			25.0%
	0			•
	100			
Marshall Islands	50 16	.2%		19.0%
	0	•		٠
	100			
Nauru	50			20.0%
	0			•
	100			
Palau	50			14.0%
	0			•
	100			21.00
Papua New Guinea	50			31.0%
	0			
_	100			
Samoa	50			18.0%
	0			•
	100			
Solomon Islands	50			28.0%
	0			
Tokelau	50		0.0%	
	0		0.0%	
Tonga	50			17.0%
	0			•
Tuvalu	50			20.0%
	0			•
/				
/anuatu	50			29.0%
	0			
	2013	2	016 2019 2	2013 2016 20

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2.5 Tobacco excise taxes



2.6 Excise tax on alcoholic drinks

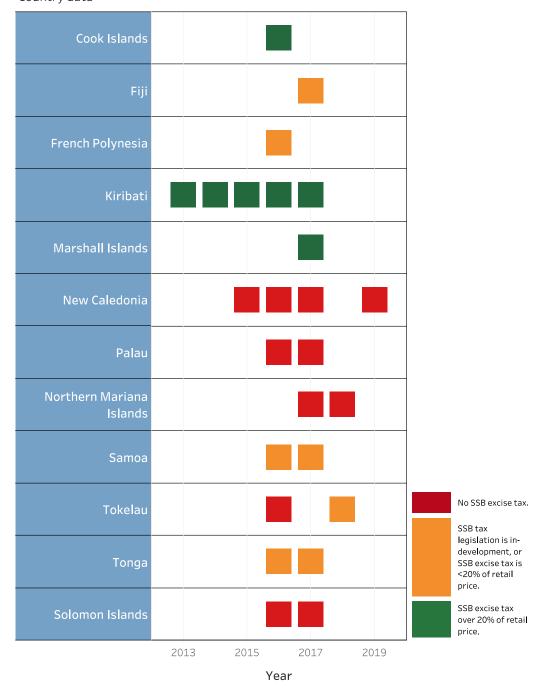
	C	ountry da	ta		1	
American Samoa				\rightarrow		
Cook Islands				\rightarrow		
Fiji				Ļ		
French Polynesia				\rightarrow		No alcohol excise tax is collected.
FSM				\rightarrow		Alcohol excise taxation is being developed
Guam				\rightarrow		based on beverage type or ethanol content.
Kiribati				\rightarrow		Alcohol excise taxation system is in-place and based on beverage
Marshall Islands				\rightarrow		type or ethanol content.
Nauru				\rightarrow		Excise tax is based on ethanol content and is
New Caledonia				\rightarrow		applied across all beverage types, OR if bands are applied,
Niue				\rightarrow		excise tax is based on the ethanol content at the top of each band
Northern Mariana Islands				\rightarrow		AND excise tax is reviewed or adjusted for inflation annually
Palau				\rightarrow		for at least one beverage type.
Papua New Guinea				\rightarrow		Excise tax is based on ethanol content and is
Samoa				1		applied across all beverage types OR if bands are applied,
Solomon Islands				\rightarrow		excise tax is based on the ethanol content at the top of each band
Tokelau				\rightarrow		AND excise tax is reviewed annually or
Tonga				1		adjusted for inflation annually for ALL beverage types.
Tuvalu				\rightarrow		Level 4 AND excise tax is stated by the
Vanuatu				\rightarrow		Government as an important public health tool to reduce
Wallis and Futuna				\rightarrow		alcohol consump- tion/harm.
	2017	2019 Year	2021	Change from 2019 to 2021		

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2.7 Excise tax on the retail price of sugar- sweetened beverages (SSBs)

Country data



2.15 Lower-extremity amputation among patients with diabetes

			1		Country data	а		
	Cook Islands	50	0.2					
	Fiji	50		12.3	10.3			
-	Kiribati	50	63.2				•7	4.5
	Marshall Islands	50			91.0			
	New Caledonia	50					21.4	
2	Palau	50		90.	0			
	Samoa	50		77.0	22.0			
2	Solomon Islands	50		19.8-	-38.2			
	Tokelau	50		0.0)			
	Tuvalu	50			62.5			
	Vanuatu	50			•44.0			
			2014	201	6	2018	3	2020

Year

Cases per 100,000 population

2.20 Life expectancy at birth: both sexes

	ı				Glob	al estima	tes
Cook Islands	50	76.2	7	'5.9			
Fiji	0 50 0		68.6		67.6	-	
French Polynesia	50	7.	7.3	74.0			
FSM	50 0	60).0⊷60.0		62.7		 63.0
Guam	50 0		76.0				
Kiribati	50 0	71.0		71.2	58.0		 59.4
Marshall Islands	50 0	71.9•	71.9				
Nauru	50 0		68.0				
New Caledonia	50 0	77.2	2 77.4				
Northern Mariana Islands	50 0	75.9)	75.2			
Papua New Guinea	50 0		56.8		63.4		 65.3
Pitcairn Island	50 0		86.0				
Samoa	50 0	74	1.9•	74.9	69.6		
Solomon Islands	50 0		69.6		63.7		 65.2
Tonga	50 0				72.2		— 72.6
Vanuatu	50 0		72.0		64.5		 65.3
Wallis and Futuna	50 0	75.8					
		2010 2	015 20)20	2010	2015	2020

Age (years)

3.2 Children who are obese

		Countr		Glob	oal estimat	es
Cook Islands	20	21.	3%			
	0					
Fiji	20 0			4.7%		5.2%
French Polynesia	20 0	16.2% •				
FSM	20 0	3.1	%5.7%			
Guam	20 0	12.3%	23.1%			
Kiribati	20 0			2.4%		2.4%
Marshall Islands	20 0		3.8%	4.0%		4.2%
Nauru	20 0			3.1%		3.7%
Northern Mariana Islands	20 0	8.7% •				
Papua New Guinea	20 0			21.4%		8.9%
Samoa	20 0	5.0%		6.6%		7.1%
Solomon Islands	20 0	1.2	%	3.4%		4.0%
Tonga	20 0			13.0%		12.6%
Tuvalu	20 0		36.0%	6.1%		6.4%
Vanuatu	20 0	4.6%		4.8%		4.9%
	ź	2010 203	15 202	20 2010	2015	2020
		Ye	ar		Year	

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3.8 Births attended by skilled health personnel

		Country	data		Global es	stimates	
Cook Islands	100 0	100%		100%			
Fiji	100	100%	100%	100%)	100%	
FSM	100	85%		67%			
Guam	100		100%				
Kiribati	100	92%		97%98%		•9	2%
Marshall Islands	0	97%		99%90%		92%	
Nauru	0	99%		100%			
New Caledonia	0 100 0	100%	100)%			
Niue	100		100%	100%100%	100%		
Northern Mariana Islands	100	100	%	100%			
Palau	100	100%	100%	100%		100	1%
Papua New Guinea	100	43%		34%		56%	
Samoa	100	83%			83%-		•89
Solomon Islands	100	86%			869	6	
Tokelau	100	10	0%				
Tonga	100	98%	99%	99%		9	8%
Tuvalu	100	· · ·	100%				
Vanuatu	100	89%			89%		
Wallis and Futuna	100		100%	100%			
		010 2015	2	020 2010	201	5 20	020

Percentage (%)

3.9 Immunization coverage for diphtheria, tetanus toxoid and pertussis

(DTP3)

Country data

American Samoa	100	•91.0%
Cook Islands	100	99.0%
Fiji	100	84.3%
French Polynesia	100	98.0%
FSM	100	85.0%
Guam	100	49.0%
Kiribati	100	91.0%
Marshall Islands	100	94.2%
Nauru	100	100.0% 98.0%
New Caledonia	100	
Niue	100	100.0%
Northern Mariana Islands	100	70.6% 29.0%
Palau	100	69.0% 95.3%
Papua New Guinea	100	70.0% 37.1%
Pitcairn Island	100	•95.0%
Samoa	100	87.3%85.0%
Solomon Islands	100	87.6%
Tokelau	100	98.0%
Tonga	100	00.0%
Tuvalu		94.1%
Vanuatu	100	93.0%
Wallis and Futuna	100	85.0%
		2010 2012 2014 2016 2018 2020 2022
		Year

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3.10 Immunization coverage for measles (MCV1)

Country data

American Samoa	100 0	•77.0%	
Cook Islands	100 0	99.0%	.00.0%
Fiji	100 0	82.1%	-82.2%
French Polynesia	100	99.0%	97.0%
FSM	100	80.0%	64.5%
Guam	100	51.0%)
Kiribati	100		
Marshall Islands	100	96.8%	84.7%
Nauru	100	100.0%	101.8%
New Caledonia	100	96.4%	
Niue	100	100.0%	100.0%
Northern Mariana Islands	100	65.1%	85.6%
Palau		39.0%	92.9%
Papua New Guinea		59.0%	35.1%
Pitcairn Island	100	100.0%	
Samoa		60.6%	62.0%
Solomon Islands	100	73.4%	67.3%
Tokelau	100	95.0%	95.0%
Tonga	100	99.0%	99.5%
Tuvalu	100		93.3%
Vanuatu	100	82.0%	50.0%
Wallis and Futuna	100 0	155.0%	
	0	2010 2012 2014 2016 2018	2020 2022
		Year	

Percentage (%)

3.15 Neonatal mortality rate

	1	Country data	Global estimates
Cook Islands	20 0	8.2 8.0	5.7
Fiji	20	11.1	9.311.6
	20	6.5	
French Polynesia	0	4.8	
FSM	20 0	14.1 ~11.3	17.5
Guam	20	5.9	
	20		21,3
Kiribati	0	8.1-10.1	25.4
Marshall Islands	20 0	14.0	0 17.8
Nauru	20	20.5	24.2
	0	8.9	· · · · · · · · · · · · · · · · · · ·
New Caledonia	0	2.12.5	
Niue	20		17.7
Northern Mariana Islands	20		
	0	5.1 2.4	10.0
Palau	20		12.3
Papua New Guinea	20		26.1
	20		7.9
Samoa	0	7.0	0 ^{7.8}
Solomon Islands	20	8.5 11.8	10.8
Tokelau	20		
TOREIau	0	0.00.0	
Tonga	0	5.5	5.5
Tuvalu	20	17.2	16.4 10.1
Vonuetu	20	12.4	12.4
Vanuatu	0		10.5
	20	10 2014 2018 2023	
		Year	Year

23

3.16 Children who are stunted

		Country data		Glol	Global estimates		
Fiji	40 20			8.5%	7.5%		
	0 40						
Kiribati	20			16.3%	14.9%		
	0						
Marshall Islands	40		35.0%	37.6%			
	20 0		33.070		32.2%		
	40			21.6%	15.0%		
Nauru	20 0				15.0%		
	40						
Northern Mariana Islands	20		0.0%				
	40						
Papua New Guinea	20			46.6%	48.4%		
	0						
Samoa	40			7 50(5 55)			
Samoa	20 0	5.0%		7.5%5.6%	6.8%		
	40	31.6%-	•32.0%	·			
Solomon Islands	20 0			33.0%	29.3%		
	40						
Tokelau	20		0.0%				
	40		•				
Tonga	20			7.8%	2.6%		
	0			••	2.0%		
Tuvalu	40			10.1%	9.7%		
	20 0				5.7%		
Vanuatu	40	28.5%			28.7%		
	20 0	-		27.0%			
	201	0 2014	2018	2022 2010 2	2014 2018 2022		
		Ye	ar		Year		

3.17 Under-5 mortality rate

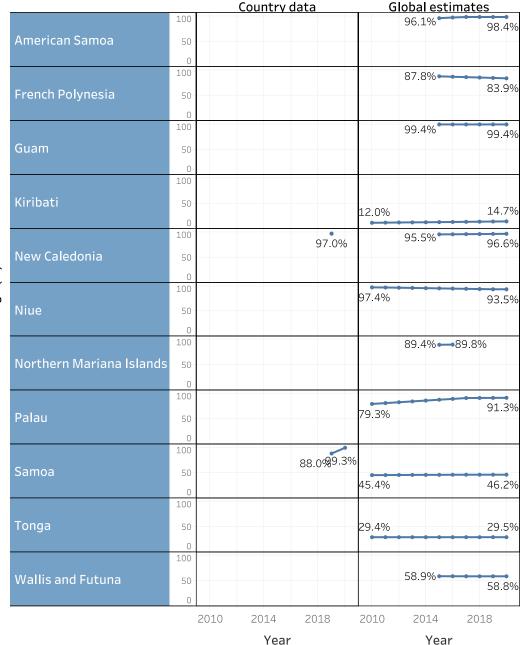
-						Global estimates	
Cook Islands	50 0	4.4		12	2.9 10.8		7.4
Fiji	50 0		17.9-		23.6		27.4
French Polynesia	50 0	11.4	9.9				
FSM	50 0		17.0	17.1	33:1-		24.7
Guam	50 0		1.9	Э			
Kiribati	50 0		53.0	44.0	64.4		49.6
Marshall Islands	50 0	28.0		29.0	39.0		30.7
Nauru	50 0		35.8	26.8	37.5		28.5
New Caledonia	50 0	27		5 7			
Niue	50 0				33.4		24.8
Northern Mariana Islands	50 0	g	.4	1.8			
Palau	50 0		4.7		23.1		
Papua New Guinea	50				57.9		43.9
Pitcairn Island	0 50 0		0.0				
Samoa	50				20.019.3		•••• 17.0
Solomon Islands	0 50		24.0-2	27.0	26.4	+ + + + +	19.4
Tokelau	0 50		0.6	0.0			
Tonga	0 50		11.1	0.0	13.2		11.4
Tuvalu	0 50		•		31.3		•••••11.4 •••••22.0
Vanuatu	0 50	•30).7		29.1		24.9
	0	2010 20	14 2	018	2022 2010	2014	2018 2022
			Year			Year	

Rate (per 1000 live births)

4.1 Population using clean fuels for cooking, heating and lighting

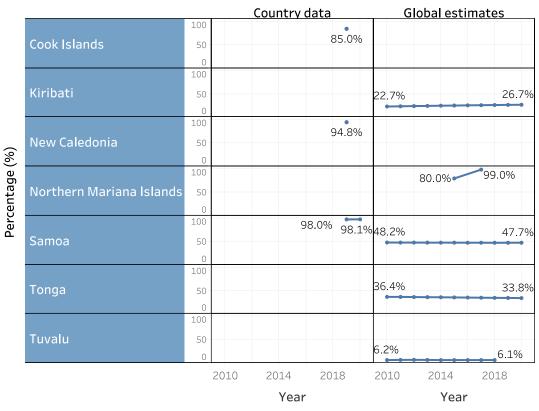
	100	Country data	Global e	Global estimates		
Cook Islands	100 50		78.5%	76.2%		
	0					
Fiji	50		40.3%	51.4%		
	0					
FSM	100 50					
FSIWI	0		12.4%	13.0%		
	100					
Kiribati	50 0	9.7%	5.7%	9.9%		
	100					
Marshall Islands	50		61.9%	63.9%		
	0 100		100.0%	100.00		
Nauru	50		100.0%	100.0%		
	0					
Niue	50		96.7%	98.0%		
	0	•				
Northern Mariana Islands	50	100.0%				
	0					
Palau	100 50		100.0%	100.0%		
T didu	0					
Denve New Cuines	100					
Papua New Guinea	50 0		8.7%	9.4%		
	100			36.5%		
Samoa	50 0		31.4%	30.57		
	100					
Solomon Islands	50		8.4%	9.1%		
	0					
Tonga	50		72.1%	84.1%		
	0					
Tuvalu	50		64.20/	70.6%		
	0		64.2%	70.07		
Vanuatu	100 50					
Vanuatu	0		9.5%	7.6%		
	20	14 2016 2018 202	20 2014 2016	2018 2020		
		Year	Ye	ar		

4.3 Population using safely managed drinking-water sources



*Country data reported by Cook Islands and Samoa used the HIMF indicator definition of improved drinking-water sources, criterion adopted at the establishment of the HIMF that has since been updated to align with the Sustainable Development Goals

Percentage (%)



4.4 Population using safely managed sanitation facilities

*Country data reported by Cook Islands and Samoa used the HIMF indicator definition of improved sanitation facilities, criterion adopted at the establishment of the HIMF that has since been updated to align with the Sustainable Development Goals

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Annex C

Monitoring progress towards the vision of Healthy Islands in the Pacific: Third progress report 2022

Please see separate document