Pacific Heads of Health *Réunion des directeurs de la santé du Pacifique*

Healthy Islands Monitoring Framework (HIMF) 3rd Progress Review

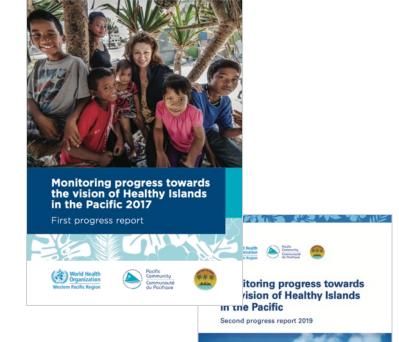
Presented by: Shane Walter Hurrell

On behalf of Pacific island countries and areas



Overview of HIMF

- Established during the 11th Pacific Health Ministers Meeting in 2015
- Tracks the progress of each Pacific Island countries and areas (PICs) towards the Healthy Islands vision
- World Health Organization (WHO) and the Pacific Community (SPC), as joint secretariats, collaborate with PICs to conduct a HIMF progress review every two years





Key Findings from the HIMF 3rd Progress Review

People across the Pacific are expected live longer, with longer life expectancy and reduced preventable deaths, except in a select few PICs.

2.20 Life expectancy at birth: both sexes

		Country data	Global estimates			Country data	Global estimates
Cook Islands	50	76.2 75.9		Northern Mariana Islands	50 0	75.9 75.2	
Fiji	50 0		67.6	Papua New Guinea	50	56.8	63.4 65.3
French Polynesia	50	77.3 74.0		Pitcairn Island	0 50	86.0	
FSM	50	60.0 - 60.0	62.7	Samoa	0	74.9 74.9	69.6 • 70.5
Guam	Age (Vears) 0	76.0		Solomon Islands	Age vears)	69.6	63.7 • • • • 65.2
Kiribati	50 0	71.2	58.0 58.0		0		72.2 72.6
Marshall Islands	50			Tonga	0	•	64.5
Nauru	50	68.0		Vanuatu	50 0	72.0	
New Caledonia	50	77.2 77.4		Wallis and Futuna	50 0	75.8	
	201	0 2015 2020 Year	2010 2015 2020 Year			2010 2015 2020 Year	2010 2015 2020 Year

People across the Pacific are expected live longer, with longer life expectancy and reduced preventable deaths, except in a select few PICs.

3.17 Under-5 mortality rate

		Country data	Global estimates			Country data	Global estimates
Cook Islands	40 20	4.412.9	10.8 7.4	Northern Mariana Islands	40 20	9.4 1.8	
Fiji	40 20	17.9-22.6	23.6 27.4	Palau	40 20	4.7	23.1
French Polynesia	40 20	11.4-9.9		Papua New Guinea	40 20		57.9 43.9
FSM	40 20	17.0 -17.1	33.1 24.7	Pitcairn Island	40 20	0.0	
Guam	shirths 10 live 20	1.9		Samoa	0 live births 0 20	20.0	19.3
Kiribati	aate per 1,0 00 00	53.0 44.0	64.4 49.6	Solomon Islands	ate per 1,0 0	24.0-27.0	26.4
Marshall Islands	40	28.0-29.0	39.0	Tokelau	40 20	0.60.0	
Nauru	40	35.8	37.5	Tonga	40 20	11.1	13.2
New Caledonia	40 20	2.76.7		Tuvalu	40 20		31.3
Niue	40		33.4	Vanuatu	40 20	30.7	29.1
		2012 2016 2020 Year				2012 2016 2020 Year	2012 2016 2020 Year

Inequitable access to essential health services, such as routine maternal and child health services or immunization, across the Pacific.

3.8 Births attended by skilled health personnel

		Country data	Global estimate	es			Country data		stimates
ook Islands	100 50 0	100.0% 100.0%			Palau	100 50	100.0% 100.0%	99.6%	100.0%
iji	100 50 0	99.8% 99.9% 99.7	% 99.8%		Papua New Guinea	100 50	43.0% 34	1.0%	56.4%
SM	100 50 0	85.0% 67.0%			Samoa	0 100 50	83.0%	82.5%	88.9
Guam	100 50 0 100	92.0%		•91.9%	Solomon Islands	0 100 50	86.2%	86.7	2%
(iribati	50 0	92.0% 97.0%98.3 97.0% 99.0% 99.0%			Tokelau	0 100 50	100.0%		
/larshall Islands Jauru	50 0 100	99.5% 100.0%	70	_	Tonga	0 100 50	98.2% 98.9%	99.0%	98.3
lew Caledonia	50 0 100 50	100.0%			Tuvalu	100 50	100.0%		
liue	0 100 50	100.0% 100.0% 100	0% 100.0%		Vanuatu	100 50 0	89.0%	89.4%	
Iorthern Mariana Islands	100 50	99.7% 100.0%			Wallis and Futuna	100 50	100.0% 100	0.0%	

Inequitable access to essential health services, such as routine maternal and child health services or immunization, across the Pacific.

Country data

3.9 Immunization coverage for diphtheria, tetanus toxoid and pertussis

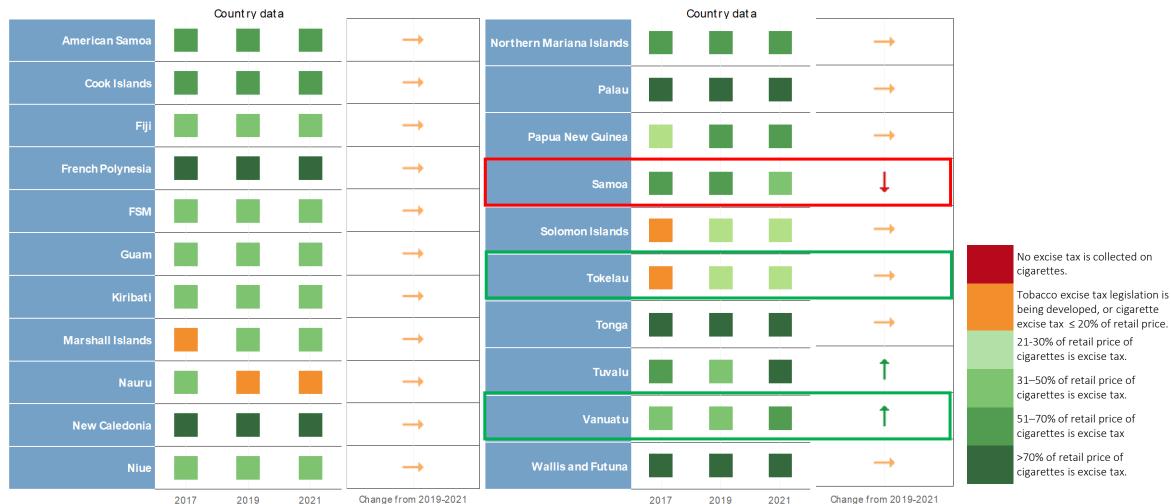
(DTP3)

Country data

91.0% Northern Mariana Islands American Samoa 70.6% 29.0% 100 99.0% 98.0% 100 69.0% Palau Cook Islands 95.3% 100 84.3% 92.8% 70.0% 100 Papua New Guinea 37.1% 100 98.0% 95.0% 98.0% 100 French Polynesia 100 72.4% 100 87.3% 85.0% 85.0% FSM Samoa 100 **^**91.0% 87.0% 100 Solomon Islands 87.6% 49.0% 100 91.0% 92.1% 100.0% 100 98.0% 0 ¹⁰⁰ 94.2% 99.0% 100 Marshall Islands 86.0% 99.0% 0 100 100.0% 98.0% 94.1% 100 89.3% 0 100 98.3% 98.0% 62.0% 100 New Caledonia 93.0% \cap 100 100.0% 100.0% 166.0% 100 Wallis and Futuna 85.0% 2014 2016 2020 2022 2010 2012 2018 2014 2016 2020 2022 2010 2012 2018 Year Year

Advancement in NCD prevention and management policies has been stagnant over time or even reversed in the past two years.

2.5 Tobacco excise taxes



Advancement in NCD prevention and management policies has been stagnant over time or even reversed in the past two years.

2.6 Excise tax on alcoholic drinks



No alcohol excise tax is collected.

Alcohol excise taxation is being developed based on beverage type or ethanol content.

Alcohol excise taxation system is in place and based on beverage type or ethanol content.

Excise tax is based on ethanol content and is applied across all beverage types, OR if bands are applied, excise tax is based on the ethanol content at the top of each band AND excise tax is reviewed or adjusted for inflation annually for at least one beverage type.

Excise tax is based on ethanol content and is applied across all beverage types OR if bands are applied, excise tax is based on the ethanol content at the top of each band AND excise tax is reviewed annually or adjusted for inflation annually for ALL beverage types.

Level 4 AND excise tax is stated by the Government as an important public health tool to reduce alcohol consumption/harm.

Healthcare resources had limited improvement over time and have yet to reach a sufficient level.

1.1 Health worker density Country data Country data 400 400 Cook Islands 200 98.64 Palau 200 79.00-82.9 72.8 \cap 400 Fiji 200 Papua New Guinea 200 37.75 34.21 5.9 5.7 0 400 400.0 French Polynesia 200 65.70 Pitcairn Island 200 40C FSM 200 400 32.60 32.50 C 200 400 0 18.8 35. 200 120.00 Guam 8 400 C Solomon Islands 200 400 200 22.1 27.0 400 48.18 40.00 400 Tokelau 200 Marshall Islands 200 23.0 23.3 40.07 •50.00 400 400 200 200 78.81 44.8 •55.2 0 •83.64 400 400 200 New Caledonia 200 •99.60 92.10 15.2 24.0 2010 2015 2020 2010 2015 2020

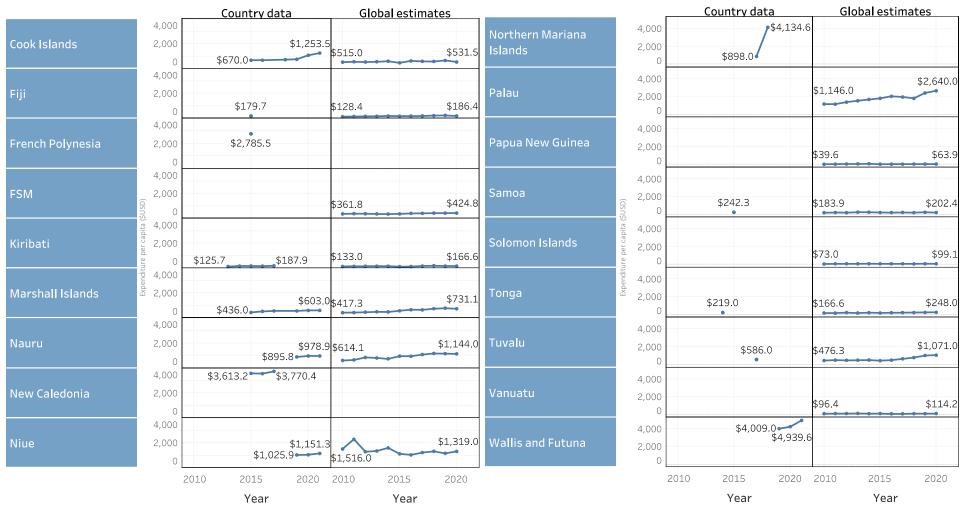
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Year

Year

Healthcare resources had limited improvement over time and have yet to reach a sufficient level.

1.2 Health expenditure per capita



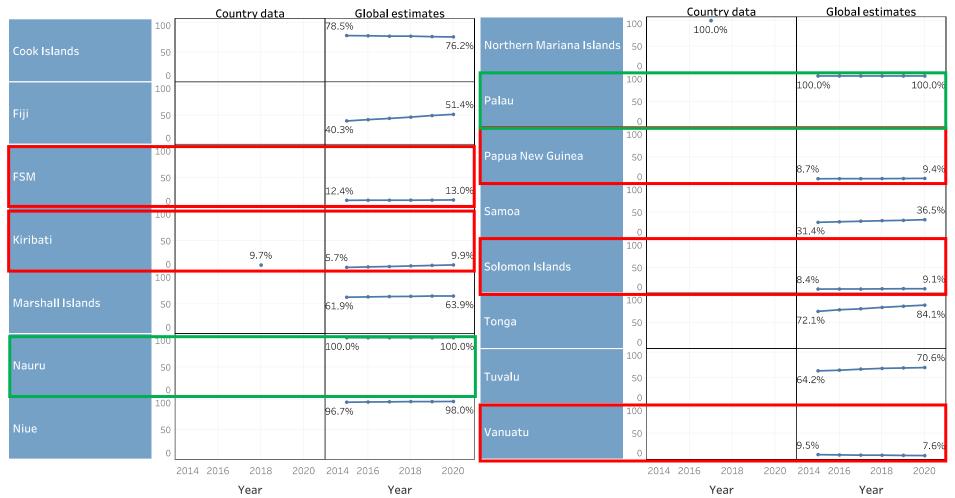
Persistent inequitable access to safely managed water and sanitation services and use of clean fuels across PICs.

4.3 Population using safely managed drinking-water sources								Country data	ities Global estimates		
	100	Country data	i G	ilobal estimates 96.1%			100	Country data	G	iobal estimat	les
American Samoa	50			96.1%	98.4%		TOO	85.0%			
	50					Cook Islands	50	83.0%			
	100			87.8%							
rench Polynesia	50				83.9%		0				
							100				
	100			99.4%	99.4%	Kiribati	50				
Guam	50								22.7%		26.
	100						0				
(iribati	50		12.0%		14.7%	100	100	94.8%			
						New Caledonia	50				
	100	97.0%		95.5%	96.6%						
New Caledonia	50						0				
	100		••		+		100			-	9.0%
Viue	50		97.4%		93.5%	Northern Mariana Islands	50			80.0%	
	100			89.4%	ò		0				
lorthern Mariana Islands	50						100	98.0% 98.1%			
	100					Samoa	50		48.2%		47.
Palau	50		79.3%	91.3	91.3%						
	50						0				
	100	88.0% 99.3%					100				
Samoa	50	99.3%	••-		46.000		50		36.4%		
	100		45.4%		46.2%						33.
Tonga	100 50		29.4%		29.5%		0				55.
	50			•••••			100				
	100					Tuvalu	50				
Wallis and Futuna	50			58.9%	58.8%				6.2%		
					50.07		0			· · · · · · ·	6.1%
		2012 2016 2020	20	2016	2020			2012 2016 2020	20	12 2016	20
		Year		Year				Year		Year	

*Country data reported by Cook Islands, New Caledonia and Samoa are based on the monitoring criteria, "Improved", that was adopted when HIMF was established and has since updated to match SDGs.

Persistent inequitable access to safely managed water and sanitation services and use of clean fuels across PICs.

4.1 Population using clean fuels for cooking, heating and lighting



Conclusion

- Each PIC made progress towards the Healthy Islands vision, but large variation in the pace, breath and magnitude.
- With HIMF designed specifically to measure health development in Pacific, it should be the foundation for decision making to attain the Healthy Islands vision.
 - Make better use of HIMF data, beyond merely reporting indicators every two years.



Conclusion

- To strengthen HIMF implementation and use:
 - Pacific created, Pacific led
 - Require high-level commitment to mobilize adequate resources and promote cross-ministry collaboration.
 - Leverage health information experts from the Pacific Health Information Network, with support from WHO and SPC, to coordinate progress review in-country.
 - Develop recommendations to revise the framework, with support from joint secretariats, to ensure HIMF remains fit-for-purpose.



Thank you!