



# **Pacific Islands–WHO Multi-country Cooperation Strategy 2024–2029**



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# FOREWORD

The new *Pacific Islands–WHO Multi-country Cooperation Strategy 2024–2029* marks an exciting step in the long-standing partnership between the World Health Organization (WHO) and Pacific island countries and areas (PICs). This six-year strategic road map crystallizes our shared priorities and strengthens our common resolve to achieve sustainable health improvements across the region.

Keeping in mind the global and regional priorities of WHO and the broader development goals of the Pacific, this Strategy was developed through close dialogue with Pacific partners and based on guidance from Pacific health leaders. The priorities outlined tackle the most pressing health issues and needs facing the Pacific: to achieve universal health coverage; to muster an effective multisectoral response to noncommunicable diseases; and to fortify resilience against emerging health threats such as climate change. While focusing on key shared challenges, the Strategy allows for tailored approaches that respect the distinct context of each PIC.

Challenges lie ahead, but the future looks bright with the support of partners and the close cooperation between WHO and the PICs. The collaborative work guided by this Strategy promises lasting dividends in the form of saved lives, reduced poverty, empowered communities and a healthier, more sustainable future for all Pacific islanders.

With optimism and an unwavering commitment, I commend this new *Pacific Islands–WHO Multi-country Cooperation Strategy 2024–2029* and the improvements in health and well-being that it will help achieve.



**Dr Saia Ma'u Piukala**

Regional Director for the Western Pacific  
World Health Organization



# SIGNATORY STATES



American Samoa



Cook Islands



Fiji



French Polynesia



Guam



Kiribati



Marshall Islands



Federated States of Micronesia

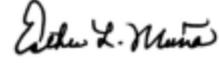


Nauru

New Caledonia (pending)



Niue



Commonwealth of the Northern Mariana Islands



Palau



Pitcairn Islands



Samoa



Solomon Islands



Tokelau



Tonga



Tuvalu



Vanuatu



Wallis and Futuna

# ABBREVIATIONS

<b>AMR</b>	antimicrobial resistance
<b>CFP</b>	country/area focused plan
<b>GDP</b>	gross domestic product
<b>IHR (2005)</b>	International Health Regulations (2005)
<b>MCCS</b>	Multi-country Cooperation Strategy
<b>NCD</b>	noncommunicable disease
<b>NTD</b>	neglected tropical diseases
<b>PHC</b>	primary health care
<b>PICs</b>	Pacific island countries and areas
<b>STI</b>	sexually transmitted infection
<b>UHC</b>	universal health coverage
<b>VPD</b>	vaccine-preventable disease
<b>WASH</b>	water, sanitation and hygiene
<b>WHO</b>	World Health Organization

# EXECUTIVE SUMMARY

The *Pacific Islands–WHO Multi-country Cooperation Strategy 2024–2029*, or MCCS, developed by the World Health Organization (WHO) through a consultative process involving 21 Pacific island countries and areas (PICs), outlines WHO’s comprehensive and tailored medium-term support plan in the Pacific. This summary provides an overview of the MCCS, highlighting its alignment with regional and global health strategies.

The MCCS underscores the diverse health challenges faced by PICs and the importance of tailored strategies. It aligns with agreed regional and global health and development strategies. And it acknowledges progress in health care, highlighting improvements in immunization coverage, disease management and health emergency response.

Collaborative efforts are crucial to address health challenges in the Pacific and leverage expertise, resources and financial support. The MCCS recognizes the role of various organizations and donors, emphasizing the benefits of collective action.

The MCCS outlines three overarching priorities: achieve universal health coverage (UHC), address noncommunicable diseases (NCDs) and build resilience to health threats. The strategic agenda provides a road map for action across PICs and partners, focusing on expanding health-care access, preventing NCDs, and enhancing health and health system resilience.

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## **PRIORITY 1. Achieve universal health coverage**

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The MCCS emphasizes UHC as a critical regional priority, advocating for equitable access to quality health care for all Pacific islanders. The focus is on integrating and upgrading health services, conducting assessments, fostering partnerships, and advocating for supportive policies and good governance.

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## **PRIORITY 2. Address noncommunicable diseases**

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Tackling the burden of NCDs is highlighted, with a focus on affordable access to medications, diagnostics and multisectoral action, as well as building a skilled health workforce. Evidence-based policies and programmes targeting risk factors are encouraged, along with comprehensive strategies for NCD prevention, treatment and control.

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### **PRIORITY 3. Build resilience to health threats**

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The MCCA emphasizes the vulnerability of PICs to health threats, including climate change, emergencies and disease outbreaks. Building resilience involves conducting assessments, improving early warning systems and promoting climate-resilient health infrastructure. Collaboration and sharing of best practices are vital for building regional resilience.

The MCCA also includes 21 country/area focused plans (CFPs) aligned with the MCCA's shared vision. The focused plans identify country-specific priorities, strategic objectives and deliverables. The plans reflect national priorities and are designed to be reviewed and updated every two years.

WHO reaffirms its commitment to providing agile support for PICs in achieving their health goals. The focused plans will guide this support, ensuring alignment with country priorities and responsiveness to evolving needs.

In conclusion, the MCCA sets a collaborative and strategic path forward, addressing diverse health challenges in the Pacific through UHC, NCD prevention and building resilience. The commitment of WHO and its partners to this shared vision promises a healthier and more equitable Pacific region.



# 1. Overview

Pacific island countries and areas (PICs) span thousands of islands across the vast Pacific Ocean – home to over 3.4 million people. While there are shared health priorities across the Pacific, the diversity in terms of health burdens, capacities and socioeconomic contexts necessitates tailored strategies to adequately address each nation’s unique needs.

The *Pacific Islands–WHO Multi-country Cooperation Strategy 2024–2029*, or MCCA, outlines medium-term support from the World Health Organization (WHO) to 21 PICs: American Samoa, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, Niue, the Commonwealth of the Northern Mariana Islands, Palau, the Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna.

This MCCA, which covers Pacific island countries and areas in the WHO Western Pacific Region, is consistent with the Healthy Islands vision, developed in 1995 as the unifying theme for health protection and health promotion in the Pacific. The MCCA also aligns closely and builds upon key regional and global strategies, such as WHO’s *Thirteenth General Programme of Work*, the priorities set forth in the WHO Western Pacific Region’s *For the Future: Towards the Healthiest and Safest Region*, and the health agendas contained in the *2050 Strategy for the Blue Pacific Continent*, the *2030 Agenda for Sustainable Development* and the *United Nations Pacific Sustainable Development Cooperation Framework 2023–2027*.

Developed in extensive consultation with WHO’s Pacific Member States and partners, the MCCA comprises two components: 1) a subregional strategic agenda spelled out in the first three chapters of the MCCA; and 2) country/area focused plans (CFPs) tailored to local health challenges, in each country and area which are contained in the fourth chapter. The MCCA prioritizes strengthening health systems, addressing noncommunicable diseases (NCDs), and fostering resilience to health threats with WHO support. WHO’s support in the Pacific is delivered through the Western Pacific Region’s Division of Pacific Technical Support and the country office for the South Pacific, which are based in Suva, Fiji, as well as its country offices in Samoa and Solomon Islands and country liaison offices in Kiribati, the Federated States of Micronesia, Tonga and Vanuatu. With appropriate strategies and WHO support, PICs are empowered to address their distinct health challenges, ensuring equitable outcomes for all lives in the Pacific region.





## 2. Health and development situation in the Pacific

As Pacific island nations work to achieve sustainable development, they are also looking ahead at opportunities to advance regional health goals through closer cooperation and coordination. This reflects the broader strategy of enhancing partnerships to achieve shared objectives across the islands.

Working collectively to eliminate communicable diseases, improve health-care access, strengthen health systems and address risk factors has proven effective over past decades. It has also highlighted where greater collaboration and investment are still needed to fully realize the Healthy Islands vision in remote communities.

By aligning efforts around regional priorities such as pandemic preparedness, climate resilience and NCD prevention, the Pacific islands can maximize the impact of those efforts.

### 2.1. Health progress

The latest Healthy Islands Monitoring Framework progress report showed that PICs have made incremental advancements towards the Healthy Islands vision, though substantial work remains. The report highlighted modest improvements in health-care resources, integrated service delivery and NCD control. However, significant data gaps persist in tracking progress, and implementation of policies and plans has been inconsistent across countries.

In recent years, Pacific nations have expanded immunization coverage, HIV and tuberculosis services, mental health care and NCD management. But high obesity and diabetes rates, variable water and sanitation access, and mounting climate change impacts are still challenges.

The COVID-19 pandemic tested Pacific health systems. Through strong public health measures, most PICs delayed widespread community transmission until vaccination coverage was high. This enabled boosting pandemic preparedness and response capacity, resulting in lower mortality rates compared to other parts of the world. The pandemic created opportunities to strengthen laboratory testing, data systems, contact tracing, risk communications, cold chain

capabilities and, crucially, establish national emergency medical teams in several Pacific nations. These capabilities will serve communities long after COVID-19.

One silver lining from the pandemic has been the leveraging of health information and digital health tools, such as telemedicine and electronic records, to equip health workers with enhanced data to inform decisions and strengthen service delivery, especially for remote-island populations.

Moving forward, priorities include improving data collection and analysis to inform planning, increasing policy implementation and health financing, strengthening integrated service delivery, and advocating for climate change mitigation and adaptation. Partnerships continue to play a vital role in accelerating progress.

## 2.2. Health challenges

Across the Pacific, countries face interconnected health challenges including a high burden of NCDs, persisting communicable diseases and growing climate change impacts. NCDs are a leading cause of morbidity and mortality, driven by complex risk factors demanding comprehensive public health solutions.

Many Pacific islanders also face challenges accessing quality essential health services, with countries falling below regional averages in service coverage and quality. At the same time, extreme vulnerability to disasters and disease outbreaks threatens health systems, as seen during recent cyclones, volcanic eruptions and the COVID-19 pandemic. This underscores the urgent need to build more resilient health systems able to maintain care during crises.

Progress has been made, but gaps remain in achieving universal health coverage (UHC), addressing NCDs and ensuring resilient health systems to secure healthy, equitable Pacific communities. Continued cooperation focused on these strategic regional priorities will be key. WHO stands ready to provide technical assistance to Member States in developing context-specific solutions. Partnerships with United Nations agencies, donors, technical partners and other stakeholders will also be leveraged to provide coordinated support for evidence-based health policies and cost-effective interventions.

### 2.3. WHO and partnership landscape

The MCCS consultations highlighted several key priority areas for strengthening health systems and improving outcomes across the Pacific region in alignment with strategic health agendas such as the Healthy Islands vision.

Tackling health inequities remains central, requiring better data to reveal gaps, as well as policies that prioritize those left furthest behind. Fostering diverse health partnerships across government, civil society, the private sector and regional bodies is vital to address wider health determinants. Building health system resilience through investments in preparedness and emergency response will allow the detection and management of shocks. Sustaining political commitment and domestic health financing is crucial to implement national and regional health plans over the long term.

Through closer cooperation around these strategic priorities, guided by shared agendas, the MCCS can facilitate through partnerships improved health outcomes and well-being for Pacific island communities facing interconnected health challenges.

#### **Working together**

Protecting and improving health in the Pacific require a collaborative effort involving WHO, other United Nations agencies, operational partners, donor organizations, academic institutions, regional research institutions, and other countries in the Pacific Rim and beyond, all supporting the efforts of Pacific island countries, areas and communities.

Such collaboration produces many benefits, including:

- Expertise and resources: United Nations agencies, including the United Nations Children's Fund, the United Nations Development Programme, the United Nations Population Fund and the World Food Programme, bring their expertise and resources to support the implementation of the MCCS. Their knowledge and experience in areas such as health, development, population and nutrition contribute to the effectiveness of the strategy.
- Financial support: Operational partners such as the Australian Department of Foreign Affairs and Trade, the New Zealand Ministry of Foreign Affairs and Trade, the United Kingdom of Great Britain and Northern Ireland, the United States of America, the Pacific Community, the Asian Development Bank, the World Bank, the European Union, and donor organizations and funds play a vital role by providing financial support. Their contributions enable the implementation of programmes and initiatives outlined in the MCCS.





### 3. Strategic agenda for WHO's work in the Pacific

Through renewed commitment to collaboration, investments, technologies and equity, the MCCS can galvanize multisectoral action across the Pacific to tackle interconnected health challenges and build sustainable, resilient health systems that leave no one behind.

Formed through extensive partnership engagements, consultations and a comprehensive understanding of the health needs and priorities in the Pacific, the MCCS presents a collective strategic framework for health, guided by three paramount priorities:

- strengthening health systems and services to achieve UHC
- reducing the burden of NCDs
- enhancing preparedness for and response to health emergencies.

Under each of these three priorities, the MCCS sets out common strategic objectives that provide a road map for action across PICs and partners.

By aligning efforts around these joint strategic objectives, guided by national health priorities and plans, the MCCS aims to facilitate improved health outcomes across the region through closer collaboration and coordination.

- **Priority 1** focuses on expanding access to quality health care, optimizing financing, developing the health workforce, improving service delivery models and strengthening governance.
- **Priority 2** centres on preventing and managing NCDs through multisectoral action on risk factors.
- **Priority 3** aims to strengthen capacities and systems to build resilience against outbreaks, emergencies, climate change impacts and other health threats.

The following table provides an overview of the MCCA's strategic priorities and objectives:

**Table 1. Subregional priorities and objectives**

Subregional priorities	Subregional objectives
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<ol style="list-style-type: none"> <li>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</li> <li>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</li> <li>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</li> <li>4. Strengthen integrated health service delivery by promoting coordination across programmes and patient-focused service models, and use of technologies such as telemedicine.</li> <li>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</li> </ol>
<p><b>2. Address NCDs and their determinants</b></p>	<ol style="list-style-type: none"> <li>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</li> <li>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</li> <li>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</li> </ol>
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<ol style="list-style-type: none"> <li>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</li> <li>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</li> <li>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases (VPDs).</li> </ol>

The following sections of this document provide a detailed explanation of each strategic priority and its associated objectives:

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### **3.1. PRIORITY 1. Achieve universal health coverage (UHC) through integrated people-centred quality health services**

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UHC is a critical regional priority for enabling equitable access to quality health care for all Pacific islanders. Taking a people-centred approach is key, involving active engagement with local communities regarding their care and tailoring services to respect patient preferences and meet diverse needs. Likewise, quality of care matters greatly, as services must be effective, safe, timely, equitable and efficient to improve health outcomes.

By working collectively to integrate and upgrade health services, Pacific nations can make important strides toward realizing universal coverage and advancing health security. The focus must be empowering Pacific communities through development of responsive, high-quality health care they can rely on, regardless of location or life circumstances. Together, more can be done to make this a reality for all.

To ensure equitable access to quality care for all residents, strategic actions under this priority will include conducting comprehensive assessments of UHC coverage, access and quality to identify priority gaps and barriers. This will inform development of national strategies and regional collaborations to strengthen health systems, enhance quality of care and promote patient-centred service delivery models.

Building partnerships and coordination mechanisms will also improve planning and resource allocation in support of UHC implementation. Advocacy for supportive policies and good governance that prioritize progress toward UHC will be critical, considering unique contextual needs and challenges of PICs.

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### **3.2. PRIORITY 2. Address noncommunicable diseases (NCDs) and their determinants**

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Tackling the high burden of NCDs remains a critical regional priority. Improving affordable access to NCD medications, boosting diagnostics and growing a skilled health workforce are key near-term interventions. Comprehensively addressing the various behavioural, metabolic, social and environmental determinants of NCDs also requires collaborative action engaging multiple sectors.

By implementing evidence-based policies and programmes to reduce risk factors such as poor nutrition, physical inactivity, tobacco use and harmful alcohol consumption, combined with addressing underlying social determinants of health, PICs can effectively combat NCDs. Prioritizing proven, cost-effective NCD interventions and multi-stakeholder strategies will allow PICs to secure healthier futures across all islands through integrated, impactful action.

To address this priority, activities will include conducting detailed analysis of NCD prevalence and determinants to reveal where efforts should be targeted. Developing innovative approaches that emphasize health promotion, lifestyle changes and early NCD detection will also be key. Comprehensive strategies encompassing NCD prevention, screening, treatment and control should be implemented, informed by global best practices adapted for the Pacific context.

Strong partnerships engaging all relevant sectors will be fostered to create environments and policies that enable healthy lifestyles and behaviours to thrive. The focus throughout will be on evidence-based practical steps that can reduce the NCD burden and its effects on Pacific populations.

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### **3.3. PRIORITY 3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks**

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PICs are highly vulnerable to crises and climate change impacts that threaten health security across the region. Extreme weather events, food insecurity and malnutrition, infectious disease outbreaks, mental health strain from displacement, and damage to health infrastructure all pose major risks.

The COVID-19 pandemic underscored the critical need for resilient health systems that can maintain continuity of care and core public health functions amid shocks and crises. Key priorities include sustaining essential health services, boosting emergency preparedness and response capacities, and applying lessons learnt for future pandemic preparedness.

Building resilience enables health systems to progress towards UHC and health equity even in times of crisis. Regional frameworks, such as the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* provide important guidance on enhancing resilience through improved preparedness and capacity-building.

Strategic actions to address this priority will include conducting assessments of climate change and health impacts to guide planning for emerging threats. Improving early warning surveillance systems, training health workers in outbreak investigation and response, and securing access to essential medicines and vaccines will also be critical.

Promoting climate-resilient, environmentally sustainable health infrastructure and services is key to withstanding crises. By making health systems more resilient, PICs can better serve vulnerable populations through times of crisis while still making progress towards long-term health goals. Collaboration and sharing of best practices will be vital in building this crucial capability across the region.

### **Empowering a healthier Pacific islands region: the path forward**

Through this shared strategic agenda focused on advancing UHC, addressing NCDs and building greater resilience, the Pacific region is working collectively to tackle its most pressing health challenges. While priorities and contexts may vary at the country level, this collaborative approach aligns efforts around evidence-based strategies and objectives that can have wider impact.

The synergies across the three priority areas are also critical – making progress on one priority supports gains across the other priorities. UHC enables more people to access quality NCD prevention and treatment services, while also expanding access to essential care during outbreaks or emergencies. Resilient health systems are better equipped to implement robust NCD strategies and move towards UHC even amid crises.

As Pacific nations develop and implement country/area focused plans (CFPs) tailored to their unique needs and settings, maintaining focus on these interconnected regional health priorities will be crucial to ensure all Pacific communities realize their vision of health security and well-being.





## 4. Country/area focused plans

The first three chapters of this *Pacific Islands-WHO Multi-country Cooperation Strategy 2024–2029*, or MCCS, outline a shared vision for a healthier and more equitable Pacific island countries and areas (PICs) region. They outline three strategic priorities:

- strengthening health systems and services to achieve universal health coverage (UHC)
- reducing the burden of noncommunicable diseases (NCDs)
- enhancing preparedness for and response to health emergencies.

Chapter 4 of this MCCS contains the country/area focused plans (CFPs) for each of the 21 PICs aligned to this shared vision.

The focused plans identify country- and area-specific priorities for support and cooperation in the context of the shared regional priorities and strategic objectives. The development of the focused plans has been a collaborative process involving detailed country-level discussions with governments, civil society organizations and other partners. This process has ensured that the focused plans are aligned with national priorities and reflect the unique needs and challenges of each country and area.

### **The focused plan for each country/area is organized into four sections:**

- **Background:** This section provides an overview the health system, health situation and socioeconomic context of each country and area.
- **Health system and health situation:** This section provides a more detailed analysis of the health system and health situation of each country and area.
- **Priorities:** This section identifies the strategic priorities for health development aligned to subregional objectives of each country and area.
- **Deliverables:** This section outlines the specific deliverables that will be achieved under each strategic priority by country/area.

Each of the 21 focused plans includes its own Table 1, which expands upon the original Table 1, which appears on page 8, and expands upon the original listing of subregional priorities and subregional objectives to also list country/area priorities and focus areas, as well as objectives and deliverables.

There may be instances where the numbering of the priorities and deliverables outlined in individual focused plans differ. This is not an error, but rather a reflection of countries exercising their agency in mapping the strategies back to their own national health priorities. This ensures the plans are not only regionally relevant but also deeply rooted in each country's specific context, ultimately leading to more impactful and sustainable results.

The focused plans will be reviewed and updated every two years and linked to WHO's biennial Programme Budget approach to ensure that the focused plans remain relevant and responsive to the changing needs of PICs.

### **WHO's commitment**

WHO is committed to continuing to provide agile support to PICs to help them achieve their health goals. The focused plans will play a key role in guiding this support and ensuring that it is aligned with the priorities of each country and area.







# AMERICAN SAMOA

## American Samoa focused plan

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### Background

American Samoa is an unincorporated territory of the United States of America in the southern Pacific Ocean with a sociocultural context deeply rooted in Samoan traditions and strong community ties. Politically, it has close ties to the United States of America as one of its affiliated Pacific islands. The economy relies on fishing, agriculture and government employment, with limited private sector opportunities. Promoting sustainable tourism and preserving cultural heritage are flagship priorities.

### Health system and health situation

American Samoa has one main referral hospital (Lyndon B. Johnson Tropical Medical Center), and the American Samoa Department of Public Health manages public health services and is responsible for the three community centres providing primary care to the population. While the area enjoys support from the federal Government of the United States of America through grants for programmes, they are not free from persistent issues of limited human and financial resources to meet all their health needs. Partners include the American Samoa Department of Education, local organizations, nongovernmental organizations, and international partners such as the United States Centers for Disease Control and Prevention, the Federal Emergency Management Agency, the Department of Health and Human Services, the World Health Organization (WHO) and the Pacific Community, which provide expertise, capacity-building and resources.

The American Samoa health-care system faces challenges due to limited resources, isolation and high noncommunicable disease (NCD) rates. NCDs are the main cause of premature illness and death, as is the case in many its neighbouring islands, with NCD risk factors contributing heavily to the disease burden. Last-mile gaps include reaching the unreached, ensuring equitable access and addressing disparities among vulnerable groups.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>1. Achieve UHC through integrated people-centred quality health services</b>	1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.  2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.	<b>Strategic Priority 1: Strengthening local health-care infrastructure</b>	1.1. Upgrade health-care facilities, enhance medical equipment and technology, and improve access to essential medicines.  1.2. Upgrade and equip all primary health-care centres.  1.3. Increase the percentage of the population with access to essential medicines by establishing reliable supply chains.
	3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.	<b>Strategic Priority 2: Developing a sustainable health-care workforce</b>	2.1. Implement training, recruitment and retention strategies to develop a sustainable health-care workforce.
	4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.  5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.	<b>Strategic Priority 3: Enhancing the health of women, mothers, children and the elderly</b>	3.1. Improve access to maternal and child health services, including antenatal care, safe deliveries and immunization programmes.  3.2. Develop comprehensive strategies for adolescent health, including sexual and reproductive health education.  3.3. Strengthen geriatric care and promote healthy ageing through preventive services and support for the elderly population.

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 4: Promoting health education and awareness</b></p>	<p>4.1. Implement comprehensive health promotion campaigns, targeting lifestyle factors such as tobacco use, unhealthy diets and physical inactivity.</p> <p>4.2. Strengthen health education programmes in schools and communities to raise awareness and promote healthy behaviours.</p> <p>4.3. Conduct health promotion campaigns targeting NCD risk factors, reaching a specific number of individuals within the target population.</p> <p>4.4. Strengthen the capacity of health-care providers through training programmes on NCD prevention, management and patient care.</p>
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases (VPDs).</p>	<p><b>Strategic Priority 5: Enhancing disaster preparedness and response</b></p>	<p>5.1. Develop and implement robust disaster prevention, preparedness and response plans, including training programmes, infrastructure improvements and coordination.</p> <p>5.2. Enhance public health surveillance and early warning systems.</p> <p>5.3. Eradication of lymphatic filariasis.</p>





# COOK ISLANDS

## Cook Islands focused plan

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### Background

In the vast southern Pacific Ocean, Cook Islands consist of 15 islands, each unique. Divided into Northern and Southern Groups, these islands vary in climate and culture. The people of Cook Islands, totalling 15 040 as of 2021, are spread across these islands. Rarotonga is home to 73% of the population, but overall, there has been a 13.7% decrease in population within five years due to migration and other challenges. Politically, Cook Islands has operated as a self-governing body associated with New Zealand since 1965. The Government, comprising elected members and traditional chiefs, strikes a balance between tradition and modern governance. Economically, tourism, fishing, agriculture and international aid sustain the islands. However, they face challenges such as limited resources and climate vulnerability.

### Health system and health situation

In Cook Islands, health-care revolves around Te Marae Ora Cook Islands Ministry of Health, overseeing national health policies and services. Primary care is widespread, with limited secondary care in major centres like Aitutaki and Rarotonga.

Health remains a priority for the Government of Cook Islands as it continues to be articulated in its *National Sustainable Development Plan*. Cook Islands maintains its long-term vision for UHC and align its health priorities to achieve its Development Plan.

Although Cook Islands excels in areas like immunizations, life expectancy and sanitation measures, the health challenges for Cook Islands remain unchanged over the past several years:

1. NCDs and related morbidity and mortality.
2. Emergence of new and re-emergence of communicable diseases.
3. Secondary health-care needs of the Pa Enea and addressing tertiary health-care demands.
4. addressing environmental health challenges and health workforce development.

Cook Islands grapples with dental problems, including caries and periodontal issues, with approximately 4410 consultations annually for patients aged 2 years and above. Constant vigilance is crucial due to potential resurgences of communicable diseases, such as sexually transmitted infections (STIs), tuberculosis and waterborne illnesses.

Despite challenges, dedicated facilities like the Te Puna Tiaki Wellness Unit provide specialized care, embodying Cook Islands' commitment to holistic health for its people.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
1. Achieve UHC through integrated people-centred quality health services	<ol style="list-style-type: none"> <li>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</li> <li>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients, and allocating resources efficiently.</li> <li>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</li> <li>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</li> <li>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</li> </ol>	<b>Strategic Priority 1: Strengthening health-care infrastructure and health systems</b>	<ol style="list-style-type: none"> <li>1.1. Conduct a mid-term review of National Health Workforce Plan 2020–2025.</li> <li>1.2. Develop a new National Health Workforce Plan for beyond 2025.</li> <li>1.3. Implement short- and long-term training programmes for health professionals.</li> <li>1.4. Conduct stewardship programmes to strengthen health leadership and management.</li> <li>1.5. Implement prioritized activities from National Health Strategic Plan 2023–2027, along with a One Health (human–animal–environmental) framework.</li> <li>1.6. Develop new National Health Strategic Plan.</li> </ol>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<p><b>Strategic Priority 2: Strengthen UHC and Healthy Islands Initiative</b></p>	<p>2.1. Expand access to primary health-care services.</p> <p>2.2. Complete rheumatic heart disease screening for &gt; 90% of eligible children.</p> <p>2.3. Strengthen primary health-care services to ensure comprehensive and accessible care, including health promotion, prevention and partnerships through communication campaigns, frameworks and stakeholder engagement.</p> <p>2.4. Develop and implement the new Digital Health Information and Transformation Action Plan.</p>
		<p><b>Strategic Priority 3: Expand maternal, child and adolescent health services, mental health services across the lifespan and promote healthy ageing</b></p>	<p>3.1. Initiate and support the Baby Friendly Hospital programme.</p> <p>3.2. Develop integrated maternal and child oral health policy and five-year oral health action plan.</p> <p>3.3. Implement the Baby Teeth Matters programme.</p> <p>3.4. Build capacity for community-based mental health programmes.</p> <p>3.5. Reduce suicide mortality in line with regional standards.</p> <p>3.6. Develop report on social determinants of mental health.</p> <p>3.7. Conduct programmes to promote active aging and well-being and provide training for health-care workers on care for older adults.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 4: Review and update NCD strategies and action plans</b></p>	<p>4.1. Reduce premature NCD mortality through implementing NCD strategy and action plan.</p> <p>4.2. Review current NCD strategy 2021–2025 and develop and implement updated NCD action plan.</p> <p>4.3. Monitor and evaluate the Healthy and Smoke Free Islands programme.</p> <p>4.4. Embed WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care protocols for NCD management and enhance workforce capacity on NCD care.</p> <p>4.5. Upgrade technology for NCD screening and treatment.</p> <p>4.6. Promote public awareness of healthy lifestyles.</p> <p>4.7. Complete a STEPS survey.</p> <p>4.8. Analyse NCD data to guide policies and programmes.</p> <p>4.9. Expand cancer screening services.</p>
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 5: Strengthen emergency preparedness and response capacity</b></p> <p><b>Strategic Priority 6: Implement infection prevention and control measures along with strengthening immunization programmes</b></p>	<p>5.1. Develop framework to detect and respond to public health emergencies.</p> <p>5.2. Conduct simulation exercises to evaluate emergency plans</p> <p>6.1. Develop national infection control action plan and essential medicine review.</p> <p>6.2. Provide training on infection control practices.</p> <p>6.3. Conduct hand hygiene campaigns and audits</p> <p>6.4. Promote responsible antimicrobial use.</p> <p>6.5. Build capacity for planning and sustaining routine immunization.</p> <p>6.6. Introduce new vaccines.</p>







# FIJI

## Fiji focused plan

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### Background

Fiji is an archipelago nation comprised of over 300 islands in the South Pacific. Major industries include tourism, sugar exports and forestry. The population is around 900 000 people. The country faces health challenges related to frequent cyclones, floods and other natural disasters. As Fiji enters the 2024–2029 cooperation period, strengthening climate resilience and emergency preparedness, while promoting sustainable development, is crucial.

### Health system and health situation

Health care is delivered through a network of facilities overseen by the Ministry of Health and progress has been made to expand access; however, gaps including lack of health workers and infrastructure in rural and remote areas persist. Key health challenges include the high burden of NCDs such as diabetes, cardiovascular disease and obesity. Infectious diseases including neglected tropical diseases also persist. Priorities for improving health outcomes include boosting prevention and control of NCDs, achieving universal access to quality care including for women and children, improving the social determinants of health, and building resilient health systems capable of withstanding climate change impacts and natural disasters.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: Attain UHC by providing coordinated, patient-centred care of high quality across all levels of the health system</b></p>	<p>1.1. Strengthen primary and preventive health-care practice at all service levels of the ministry including access to well-trained and competent health-care workers and access to essential medicines, medical products, and essential medical equipment for primary, secondary and tertiary prevention.</p> <p>1.2. Strengthen disaster and health emergency preparedness, response and rehabilitation capacities including the Fiji Emergency Medical Assistance Team capabilities and divisional command centres in the health system.</p> <p>1.3. Strengthen outreach and reorientation of health services including decentralization to meet health needs of remote and hard-to-reach health communities.</p> <p>1.4. Strengthen communications across all levels of the health system to improve coordination, continuity of care and responsiveness to patient needs.</p>
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 2: Combat NCDs and their risk factors through promotion of healthy lifestyles and environments.</b></p>	<p>2.1. Strengthen NCD programmes through a community-based approach targeting vulnerable populations including the disabled, schoolchildren and marginalized communities.</p> <p>2.2. Strengthen implementation, monitoring and evaluation of mental health programmes through policy reforms and operational technological advancements.</p> <p>2.3. Support operational research and community surveys and audits for informed policy development.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<ol style="list-style-type: none"> <li>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</li> <li>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</li> <li>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</li> </ol>	<p><b>Strategic Priority 3: Enhance capacity to predict, prevent, mitigate and respond to pressing health threats exacerbated by climate change, emergencies and epidemics</b></p>	<ol style="list-style-type: none"> <li>3.1 Strengthen infectious disease surveillance through enhanced public health laboratories including laboratory-based surveillance of respiratory pathogens, molecular diagnostics, whole genome sequencing and laboratory accreditation.</li> <li>3.2 Strengthen legislative core capacities of the International Health Regulations (2005), or IHR (2005), to assist in reviewing legislation related to health emergency preparedness and response.</li> <li>3.3 Strengthen health infrastructure including information technology, telehealth, and water, sanitation and hygiene (WASH) measures in health facilities and communities towards a climate resilience and environmentally friendly health system.</li> </ol>





# FRENCH POLYNESIA

## French Polynesia focused plan

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### Background

French Polynesia is an overseas collectivity and overseas country of France in the South Pacific, encompassing 121 islands and atolls, of which 80 are inhabited, spread across five archipelagos. French Polynesia has a population of over 278 000 people. While French Polynesia enjoys autonomy in most domestic affairs including health, France has responsibility for matters related to security, defence and foreign policy.

### Health system and health situation

French Polynesia's health-care system comprises hospitals, health centres, clinics and dispensaries, led by the Ministry of Health. The people of French Polynesia face several challenges in terms of health, including NCDs, challenging health logistics across the country's many islands and infectious disease risks. Critical health-care system concerns are linked to the remoteness and dispersion of the islands, with limited human resources for health in some remote areas, an ageing population, social inequalities and the effects of the climate crisis. Despite these challenges, French Polynesia is committed to UHC for its population, and to ensuring that even those on the most remote islands have access to high-quality health services.

*Note: French Polynesia recently elected a new Government and appointed a new Minister of Health and new leadership team within the ministry. A strategic planning process is currently underway. Therefore, the priorities outlined in this cooperation plan may evolve following the development of the country's new health strategy and priorities. The points below should be considered provisional.*

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>1. Achieve UHC through integrated people-centred quality health services</b>	1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.	<b>Strategic Priority 1: Review and strengthen primary health-care systems and approaches in French Polynesia</b>	1.1. Strengthen the network of public and private health centres providing comprehensive primary health-care (PHC) services in all communities, aligned with other Pacific countries.  1.2. Transition from a hospital-oriented system to a holistic PHC approach focused on individuals, families and French Polynesia's unique sociocultural context.
	2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.	<b>Strategic Priority 2: Strengthen disability and ageing inclusion and implementation</b>	2. 1. Improve planning and engagement for people with disabilities through PHC systems and services.  2.2. Develop programmes and services to support healthy ageing across the health system, including preventive, curative and therapeutic services.
	3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.	<b>Strategic Priority 3: Build health workforce capacities</b>	3.1. Refocus health professional training on holistic PHC approaches instead of disease-focused care.  3.2. Maintain and strengthen health workforce numbers, and ensure that the workforce is empowered and supported to meet the needs of the population.
	4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.  5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.	<b>Strategic Priority 4: Increase investment and leadership for PHC</b>	4.1. Advocate to government leaders for increased health financing and investment in PHC, building on pre-COVID-19 planning.  4.2. Develop administrative and political governance to facilitate UHC implementation.

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>2. Address NCDs and their determinants</b>	1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.  2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.  3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.	<b>Strategic Priority 5: Implement comprehensive NCD services through PHC system</b>	5.1. Provide screening, prevention and treatment for NCDs through PHC centres.  5.2. Promote healthy lifestyles through establishing healthy schools, workplaces and communities.
		<b>Strategic Priority 6: Strengthen NCD data systems.</b>	6.1. Build PHC capacities in NCD surveillance, monitoring and evaluation with WHO support.
<b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b>	1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.  2. Increase climate resilience and environmental sustainability of health systems, services and facilities.  3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.	<b>Strategic Priority 7: Strengthen health emergency preparedness and response</b>	7.1. Review IHR (2005) core capacities and strengthen health security as a non-state party.  7.2. Establish a French Polynesia Emergency Medical Team for clinical health emergency response.
		<b>Strategic Priority 8: Integrate climate resilience and communicable disease control into PHC.</b>	8.1. Ensure PHC facilities are resilient to climate shocks.  8.2. Deliver immunization and communicable disease services through the PHC system.  8.3 Support the development of a water safety plan with the Ministry of Health.





# GUAM

## Guam focused plan

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### Background

Guam is an organized unincorporated territory of the United States of America located in Micronesia. It has a population of 153 836 people (2020 United States Census), with some 90% of the population representing diverse ethnic groups including indigenous Chamorros, Filipinos and migrant residents from the United States-affiliated Pacific islands in Micronesia.

The economy relies heavily on tourism, the United States military presence and federal funding from the United States of America. Guam's unique geographic location provides strategic importance for United States military operations and as a transportation hub. This enables opportunities for collaboration and resource mobilization for health initiatives across the wider Pacific region.

### Health system and health situation

The health system in Guam is governed by the Department of Public Health and Social Services, which oversees public health programmes, primary care clinics and health regulations. Key health challenges include high rates of NCDs including diabetes, obesity, heart disease, stroke, cancer, and high fetal, infant and maternal mortality. Communicable diseases, including sporadic outbreaks, also require robust prevention and control measures for respiratory diseases (COVID-19, influenza, respiratory syncytial syndrome), dengue, shigellosis and leptospirosis, along with vaccine-preventable diseases. Guam has high rates of other communicable diseases including tuberculosis, leprosy, hepatitis and some sexually transmitted diseases such as chlamydia and syphilis. Addressing health-care-associated infections and multidrug-resistant organisms also is a priority.

Health disparities exist due to uneven access to quality care, especially in remote areas, for example due to lack of transportation to a health facility. Last-mile gaps in reaching underserved and high-risk groups persist, particularly for low-income Chamorros and other Pacific islanders. Strengthening health infrastructure, ensuring medication affordability and health-care access, addressing the social determinants of health, boosting health literacy, and enhancing disease surveillance systems are vital to improve population health outcomes. Priorities include expanding community-based NCD screening and management, implementing culturally appropriate health promotion campaigns, increasing health worker numbers in rural areas and for underserved and high-risk populations, improving infection control in health-care facilities, boosting vaccination rates, being proactive in detection of infectious diseases and potential outbreaks, and establishing an interconnected disease surveillance network.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and the use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1. Ensuring equitable access to high-quality maternal and child health services for realizing universal health coverage and its promise of health and well-being for all</b></p>	<p>1.1. Expand access to prenatal and postnatal care.</p> <p>1.2. Provide comprehensive health-care support during pregnancy and childbirth.</p> <p>1.3. Breastfeeding support and family planning services.</p> <p>1.4. Establish programmes for breastfeeding support and education.</p> <p>1.5. Ensure availability of family planning resources and services.</p> <p>1.6. Promotion of sexual and reproductive health education.</p> <p>1.7. Provide comprehensive sexual health education and counselling.</p> <p>1.8. Offer family planning services and reproductive health-care support.</p> <p>1.9. Strengthen communication channels and strategies across all levels of the health system.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>2. Address NCDs and their determinants</b>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<b>Strategic Priority 2. Obesity and NCD prevention and control. Goal: Reduce obesity and NCD prevalence in Guam.</b>	<p>2.1. Promote healthy eating habits and access to nutritious food options.</p> <p>2.2. Encourage regular physical activity and active lifestyles.</p> <p>2.3. Strengthen NCD prevention measures.</p> <p>2.4. Enhance screening and early detection programmes.</p> <p>2.5. Implement awareness campaigns on NCD prevention and management.</p>
		<b>Strategic Priority 3. Promote healthier behaviours, targeting tobacco and alcohol use</b>	<p>3.1. Encourage advertising and promotion geared towards reduction of tobacco and alcohol use.</p> <p>3.2. Provide tobacco and nicotine cessation support services and alcohol control initiatives.</p>
		<b>Strategic Priority 4: Better health behaviour and promotion</b>	<p>4.1. Implement measures to reduce alcohol consumption.</p> <p>4.2. Promote responsible drinking through campaigns and programmes.</p>
<b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases (VPDs).</p>	<b>Strategic Priority 5. Health system Improvement</b>	<p>5.1. Reduce annual incidence of tuberculosis and STIs.</p> <p>5.2. Increase immunization coverage levels in children under 2 years of age, adolescents and high-risk adults.</p> <p>5.3. Conduct targeted outreach campaigns for underserved populations.</p>
		<b>Strategic Priority 6. Enhance emergency response and public safety</b>	<p>6.1. Enforce traffic regulations and penalties.</p> <p>6.2. Enhance road infrastructure for safer transportation.</p>





# KIRIBATI

## Kiribati focused plan

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### Background

Kiribati is a geographically isolated country consisting of 33 coral islands: 32 atolls and one raised coral island, spread across the Pacific Ocean. Some 50% of the population lives on the small capital island of South Tarawa. The islands are low, flat and narrow, with poor land fertility for farming and limited underground fresh water. It is extremely vulnerable to climate change impacts, including sea-level rise, coastal erosion, ocean acidification, coral reef bleaching, and increasing intensity of storms, droughts and flooding. Building resilience and adapting to these environmental threats through measures such as coastal protection, disaster preparedness and water conservation are urgent priorities, but pose major challenges due to Kiribati's limited resources and remote islands. Poverty and overcrowding, especially in the crowded capital of South Tarawa, further compound Kiribati's climate risks and environmental pressures.

### Health system and health situation

While Kiribati has seen some health improvements, it continues to face high burdens of communicable diseases and NCDs. Gaps persist in Kiribati's overstretched health system including those related to the geographic spread, limited human resources and the complexities of service delivery. Key issues facing the country include persistent issues of neglected tropical diseases, tuberculosis and communicable disease outbreaks, as well as the growing challenge of NCDs, malnutrition, and maternal and child mortality. Building climate-resilient, sustainable and holistic health systems and addressing the social determinants of health will be crucial to improving population health outcomes.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality, and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: UHC/PHC</b></p> <p><b>To support the development of a resilient, efficient and equitable health system that provides quality UHC and PHC for all people in Kiribati</b></p>	<p>1.1. Support national efforts to strengthen the health system in terms of quality, efficiency, accountability and resilience with consideration of equity needs particularly for the outer islands.</p> <p>1.2. Support the integration of digital health approaches throughout all areas of the health system.</p> <p>1.3. Support efforts to improve health workforce capacity, the quality of health data and information systems, rational and efficient use of health resources such as finances, medical supplies and drugs, local diagnostic capacity, effective procurement and supply management, and quality of service delivery, supervision and monitoring.</p> <p>1.4. Support health legislation, policy, planning and management and sustain efforts by the Ministry of Health and Medical Services to improve leadership and governance of the health sector, and facilitate innovative and strategic partnerships.</p> <p>1.5. Facilitate the review, updating, implementation and enforcement of health laws and regulations.</p> <p>1.6 (8). Support the improvement of reproductive, maternal, neonatal, child and adolescent health services including nutrition and spearhead the use of novel approaches to persistent challenges.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>2. Address NCDs and their determinants</b>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 2: NCDs</b></p> <p><b>To reduce the burden of non-communicable diseases</b></p>	<p>2.2 (7). Support actions to reduce NCD risk factors through legislative, policy and community-level approaches, monitor NCD trends, and enhance the early detection and management of NCDs, and support adoption of innovative approaches.</p>
<b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 3: Climate change, emergencies; strengthen emergency preparedness and resilience to climate change</b></p>	<p>3.1. Enhance national IHR (2005) capacities across all areas and conduct assessments and planning for strengthening capacities, across all areas.</p> <p>3.2. Build national capacity for the early detection and response to outbreaks and emergencies, including through national plans and policies and strengthening of local emergency medical team.</p> <p>3.3. Establish robust systems for access to WHO support in the event of emergencies, including through access to emergency funds, supplies and personnel.</p> <p>3.4. Enhancing resilience to the climate change impacts on health including through monitoring, awareness raising, capacity-building and system strengthening.</p>
		<p><b>Strategic Priority 4: To reduce the burden of communicable disease and work towards elimination of neglected tropical diseases (NTDs).</b></p>	<p>4.1 (6). Advance progress to eliminate neglected tropical diseases and to reduce the prevalence of other communicable diseases through strategic approaches.</p> <p>4.2 (9). Ensure monitoring and the implementation of effective approaches to combat antimicrobial resistance (AMR).</p>





# MARSHALL ISLANDS

## Marshall Islands focused plan

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### Background

The Marshall Islands is located in the Pacific Ocean and comprises approximately 1225 islands and atolls. It had a population of around 42 000 people as of 2021. The economy relies heavily on fishing, agriculture and foreign aid. The country's remote location and small land area present persistent development challenges. As an atoll-nation, rising sea levels and temperatures have significantly increased the vulnerability of the Marshall Islands to tropical storms and drought in recent years.

### Health system and health situation

While health outcomes have improved, the Marshall Islands still lags global averages. Average life expectancy was 65 years as of 2021. Diabetes, heart disease, tuberculosis and cancers are leading causes of death. Health-care expenditure accounted for 13% of gross domestic product (GDP) in 2020. A national health insurance programme provides some access to care, but the quality and availability of services are inconsistent. Shortages of medical equipment, supplies and facilities limit health-care delivery. Providing health care across remote islands and atolls poses difficulties. Priorities include maternal and child health, infectious disease control, addressing risk factors for NCDs, and building climate-resilient health systems and facilities. Partnerships with organizations such as WHO are essential to build the country's health system capacity.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: To build resilient and sustainable health systems to enhance the availability of needs-based health services</b></p>	<p>1.1. Address geographical isolation and improve health-care accessibility, especially for primary health care (PHC).</p> <p>1.2. Equitable health-care workforce.</p> <p>1.3. Improve and maintain health-care systems to ensure quality care, climate change resilience, access to essential medicines and supplies.</p> <p>1.4. Strengthen environmental health: WASH at health-care facilities, waste management and vector control.</p> <p>1.5. Build climate-resilient health systems, Green Climate Fund.</p> <p>1.6. Data collection, surveillance and health information systems.</p> <p>1.7. National digital health strategy and expand telehealth services.</p> <p>1.8. Strengthen communication channels and strategies across all levels of the health system.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 3: To prioritize needs-based essential public health programmes delivered to the population through health promotion and NCD initiatives</b></p>	<p>3.1. Scale up the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care and strengthen prevention, screening &amp; management for NCDs, for example, cervical cancer.</p> <p>3.2. Intensify tuberculosis and leprosy screening and elimination efforts.</p> <p>3.3. Increase immunization coverage and achieve vaccine-preventable disease (VPD) control and elimination goals.</p> <p>3.4. Implement the WHO Framework Convention on Tobacco Control.</p> <p>3.5. Legislation and regulation to promote healthy foods.</p> <p>3.6. Strengthen intersectoral efforts for health promotion and risk communication and community engagement, including climate change and health (Green Climate Fund).</p> <p>3.7. Address mental health challenges.</p> <p>3.8. Initiate healthy ageing activities.</p> <p>3.9. Conduct cancer research on the nuclear testing legacy's impact on health.</p>
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 2: To support implementation of IHR (2005) for health emergency preparedness and response</b></p>	<p>2.1. Strengthen IHR (2005) core capacities.</p> <p>2.2. Improve and maintain health system preparedness for effective emergency response.</p> <p>2.3. Ensure national Emergency Medical Team's aim to improve the health-care system's capacity to provide needed care during emergencies.</p> <p>2.4. Enhance integrated surveillance and laboratory capacities.</p> <p>2.5. Implement an antimicrobial resistance (AMR) action.</p>





# FEDERATED STATES OF MICRONESIA

## Federated States of Micronesia focused plan

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### Background

The Federated States of Micronesia is a nation spread across more than 600 islands in the Pacific Ocean. It has a population of around 113 000 people across its four states: Chuuk, Kosrae, Pohnpei and Yap. The economy consists primarily of subsistence farming and fishing. Due to its small economic base and remote location, the country relies heavily on external aid and imports. Providing health services across dispersed islands is a major challenge.

### Health system and health situation

Despite improvement in recent years, the Federated States of Micronesia continues to face health issues such as high rates of NCDs and communicable diseases, as well as limited health-care access. Average life expectancy is around 69 years. Major causes of death include diabetes, heart disease, cancers and chronic respiratory diseases. Health-care expenditure is approximately 12% of gross domestic product (GDP). While a national health insurance plan exists, quality and availability of care varies greatly between the main islands and lagoon or outer islands. Lack of facilities, medical equipment and skilled personnel hampers the health system. Key focus areas are public health surveillance, maternal and child health, and addressing risk factors for NCDs. Partnerships with organizations such as WHO are vital for the country to keep enhancing health-care services and infrastructure across its island states.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: To achieve UHC and enhance the availability of needs-based health services in the country</b></p>	<p>1.1. Strengthen health financing mechanisms and strategies to increase financial sustainability and achieve universal access to essential health services.</p> <p>1.2. Emphasize community participation and partnerships between the community and primary health-care services.</p> <p>1.3. Develop additional strategies for human resources for health development, such as online courses, support for students preparing for academic and social life abroad, and recruitment of health-care professionals to fill gaps in locally trained professionals.</p> <p>1.4. Operationalize and implement the new Pharmaceutical Bill for strong pharmaceutical regulation.</p> <p>1.5. Strengthen communication channels and strategies across all levels of the health system.</p> <p>1.6. Strengthen primary health care (PHC) and essential service delivery including expansion of telemedicine to outer islands.</p> <p>1.7. Build a sustainable national telepathology system and strengthen capacities in the states.</p> <p>1.8. Enhance data and information to drive and measure population health, including national health accounts.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<p><b>Strategic Priority 4: Reaching the unreached and control of communicable diseases</b></p>	<p>4.1. Follow a technical process to achieve and maintain the target of eliminating lymphatic filariasis by 2023.</p> <p>4.2. Intensify tuberculosis and leprosy screening efforts, specifically in Chuuk State, to improve early detection and treatment.</p> <p>4.3. Strengthen vector-control measures to reduce dengue cases and fatalities by implementing effective strategies for mosquito control.</p> <p>4.4. Improve vaccination coverage and strengthen VPD control including surveillance and elimination goals.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 3: To build capacity for non-communicable disease (NCD) prevention and control</b></p>	<p>3.1. Implement key aspects of the WHO Framework Convention on Tobacco Control, including graphic health warnings, addressing tobacco industry interference, reducing exposure to second-hand smoke and promoting smoking cessation programmes.</p> <p>3.2. Integrate mental health and psychosocial support services into the health-care system and collect and analyse data on depression and suicides to establish a baseline for addressing mental health needs.</p> <p>3.3. Establish a high-level forum, such as a national NCD coordination mechanism, and organize an annual NCD summit.</p> <p>3.4. Scale up WHO Package of Essential Noncommunicable Disease (PEN) Interventions for Primary Health Care in dispensaries, health centres and hospitals in all states.</p> <p>3.5. Strengthen NCD surveillance activities for policy and interventions.</p> <p>3.6. Develop a national school health strategy and facilitate state-level school health initiatives for the health promotion of children and adolescents.</p> <p>3.7. Develop healthy ageing strategy and facilitate enabling environment for older population.</p> <p>3.8. Enhance cross-sectoral policy, advocacy and legislation to address health risk factors.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<ol style="list-style-type: none"> <li>1. Strengthen multisectoral health security capacities and systems to prevent, respond to and increase resilience to multi-hazard public health threats.</li> <li>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</li> <li>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</li> </ol>	<p><b>Strategic Priority 2: To build International Health Regulations (2005), or IHR 2005, core capacities for proactive preparedness in health emergencies and natural disasters, including antimicrobial resistance</b></p>	<ol style="list-style-type: none"> <li>2.1. Strengthen capacity for health emergency preparedness and response, including enhancing IHR (2005) core capacities, laboratory and surveillance systems, and developing emergency medical teams in all four states.</li> <li>2.2. Implement the antimicrobial resistance (AMR) action plan.</li> <li>2.3. Strengthen diagnostic capability, such as building a diagnostic centre within the National Public Health Laboratory, to enhance the early detection and response to emerging infectious diseases.</li> <li>2.4. Develop climate-change-resilient health systems and facilities.</li> <li>2.5. Initiate advocacy and capacity building for One Health (human–animal–environmental).</li> </ol>





# NAURU

## Nauru focused plan

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### Background

Nauru, a small island nation in the Pacific, faces unique health challenges due to its demographic, social, economic and political context. With a population of just under 13 000 people in 2022 and limited resources, Nauru's health system must navigate various constraints in providing quality health-care services to its citizens. The country's geographic isolation and vulnerability to climate change further compound these challenges. The Government provides free universal health care to all citizens of Nauru. Primary care and public health services are delivered through the Naeoro Public Health Centre, while the Republic of Nauru Hospital provides specialized medical, surgical, dental and diagnostic care. Given its small size and remote location, Nauru faces challenges in health-care service delivery including retaining skilled health workers and ensuring the sustainability of services. Developing greater self-sufficiency in health care is a priority.

### Health system and health situation

Like other Pacific islands, Nauru faces a triple burden of communicable diseases, NCDs, and climate- and environment-related health impacts. While there have been improvements, tuberculosis and leprosy remain endemic, and outbreaks of typhoid and diarrhoea occur periodically. NCDs including obesity, diabetes and hypertension are the main causes of mortality, reflecting poor diet, lack of exercise, and high rates of tobacco and alcohol use. As a phosphate-rock island, Nauru is vulnerable to climate change effects. Water and food insecurity worsen health issues. Droughts, fresh-water contamination and reliance on imported processed foods contribute to malnutrition. Limited health system capacity constrains Nauru's ability to address rising NCDs. Health workforce gaps in numbers, training and diversity result in heavy reliance on external technical assistance. Key strategies for strengthening Nauru's health system include developing the health workforce, enhancing disease surveillance and response, improving procurement and supply chains, implementing primary care and NCD prevention programmes, and increasing climate change resilience.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: Provide continuous, coordinated and comprehensive care through integrated health services that are high-quality, affordable and responsive to individual needs to achieve UHC</b></p>	<p>1.1. Increase access to essential health services by strengthening primary health-care systems, removing financial and non-financial barriers, and empowering communities.</p> <p>1.2. Improve the quality of health services by investing in health workforce training, implementing quality standards and integrating people-centred care approaches.</p> <p>1.3. Strengthen integrated service delivery by promoting coordination across programmes and providers, patient referral systems and the use of technologies.</p> <p>1.4. Strengthen health workforce management and capacity development for addressing human resource shortages and skill gaps.</p> <p>1.5. Improve quality and access to health-care services through the nationwide scaling-up of PHC programmes through wellness centres.</p> <p>1.6. Strengthen systems to protect Nauruans from communicable diseases including priority challenges such as HIV, sexually transmitted infections (STIs), tuberculosis and neglected tropical diseases.</p> <p>1.7. Strengthen communications across all levels of the health system to improve coordination, continuity of care and responsiveness to patient needs.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 2: Reduce preventable illness and death from NCDs by addressing behavioural, metabolic, environmental and commercial determinants</b></p>	<p>2.1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2.2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies to address NCD determinants.</p> <p>2.3. Enhancing the monitoring and evaluation of the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care programme implementation and strengthen surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions.</p> <p>2.4. Strengthen the mental health programme to increase the awareness of suicide risks, destigmatization, stress management and other issues in communities through regular refresh training of the Mental Health Gap Action Plan and Mental Health and Psychosocial Support.</p> <p>2.5. Implement and scale up the health-promoting school programme by increasing the number of schools owning its own school health policies and active school health committee with community resource persons to implement policies.</p> <p>2.6. Strengthen health promotion and communication for health to reach communities and build capacity of the Ministry of Health public health teams.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 3: Bolster systems capacity to absorb shocks and stresses, adapt, and transform in response to intensifying health threats from climate change, epidemics and emergencies.</b></p>	<p>3.1. Strengthen health security preparedness and response capacities to effectively detect, assess, report on and respond to health emergencies.</p> <p>3.2. Increase climate resilience and environmental sustainability of health systems to protect human health from effects of climate change and environmental degradation.</p> <p>3.3. Enhance multi-hazard risk assessment and early warning systems for timely prevention and preparedness.</p> <p>3.4. Ensure adequate stockpiles of medicines, vaccines, equipment and human resources to rapidly respond to emergencies.</p> <p>3.5. Review and develop new and update existing legislation, public health laws, policies and guidelines in accordance with IHR (2005).</p> <p>3.6. Strengthen surveillance systems including syndromic and event-based and VPD surveillance to detect and respond early to outbreaks, and border control in alignment with the IHR (2005).</p> <p>3.7. Foster the resilience of the health sector to climate and environmental change through adaptation projects, particularly focusing on improving WASH utilities in primary care facilities and building on early warning system to enhance preparedness and response of the health emergency programmes.</p>







# NEW CALEDONIA

## New Caledonia focused plan

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### Background

New Caledonia is a unique French overseas territory located in the southern Pacific Ocean. It has a diverse socio-cultural landscape, with a mix of indigenous Kanak culture and French influence. New Caledonia, with a population of roughly 300 000 people, has a locally elected Government, and the economy relies heavily on mining, agriculture and tourism. New Caledonia focuses on preserving indigenous Kanak culture and traditions, promoting sustainable development that respects the islands' fragile ecosystem and addressing long-standing inequalities faced by the Kanak population.

### Health system and health situation

The complex geography of New Caledonia's scattered islands presents obstacles in delivering health services to all communities, especially remote inland and isolated villages. Bridging the last mile of health-care service delivery requires innovative approaches to extend quality care beyond urban centres and overcome barriers faced by marginalized populations like the indigenous Kanak. Key priorities are developing localized prevention and screening programmes to combat high rates of NCDs, investing in telehealth capabilities, training community health workers, and upgrading rural clinics and equipment to create a more equitable, resilient health-care system across the archipelago. A focus on accessible primary care and health education aims to improve outcomes and life expectancy among disadvantaged groups.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>1. Achieve UHC through integrated people-centred quality health services</b>	1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.	<b>Strategic Priority 1: Strengthening local health infrastructure</b>	1.1. Develop a system of maintenance and regular upkeep of health infrastructure.
	2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.  3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.  4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.  5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.	<b>Strategic Priority 2: Improving access to primary and specialized health care</b>	2.1. Establish telemedicine and telehealth services to improve access to specialized care in remote areas.

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>2. Address NCDs and their determinants</b>	1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.  2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.  3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.	<b>Strategic Priority 3: Health education and promotion</b>	3.1. Implement community-based health education programmes targeting NCD prevention and healthy living.  3.2. Implement health promotion campaigns to raise awareness of NCD prevention measures.  3.3. Conduct community awareness programmes to educate the population on healthy lifestyles and disease prevention.
		<b>Strategic Priority 5: Focus on key populations</b>	5.1. Focus on women, mothers, newborns, children and adolescents.  5.2. Promote gender equality in health care and address the unique health needs of women and girls.
		<b>Strategic Priority 6: Healthy aging</b>	6.1. Implement health promotion campaigns to raise awareness of NCD prevention measures.
<b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b>	1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.  2. Increase climate resilience and environmental sustainability of health systems, services and facilities.  3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.	<b>Strategic Priority 4: Disaster preparedness and response</b>	4.1. Develop and test disaster response protocols, conduct regular exercises and build the capacity of emergency medical services.  4.2. Develop and implement disaster preparedness plans in coordination with relevant stakeholders.  4.3. Strengthen early warning systems, emergency response coordination and resilience of health facilities.





# NIUE

## Niue focused plan

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### Background

Niue is a small island nation located in the South Pacific Ocean. In recent decades, Niue has experienced significant outward migration, leading to a static or even decreasing population, estimated at about 2000 people.

The major economic activities in Niue include handicrafts, small-scale agriculture, fishing primarily for domestic consumption, food processing and tourism.

### Health system and health situation

The Niue Fook Hospital serves as the primary and secondary health-care facility on the island, providing a range of services including public health, environmental health, and maternal and child health programmes. The hospital is well-equipped given the island's small population and remote location. It has a core staff to provide essential services. Tertiary care is provided via transfers to New Zealand and an emergency evacuation service, complemented with annual visits from New Zealand-based specialists.

Niue, like many other Pacific island countries and areas, suffers from a tsunami of NCDs, with diabetes, stroke and cancers leading, as well as high rates of obesity (61%) and hypertension (33.5%).

Niue's current service delivery model promotes a treatment-based approach, and more needs to be done to promote disease prevention and healthy living. The ability of the health sector to provide effective services is further challenged by a declining health workforce and an increasingly ageing work population.

The quality and accessibility of water, sanitation and hygiene (WASH) facilities have a major impact on public health. Many existing facilities are outdated and in need of repair. Improving WASH infrastructure will be imperative to prevent infectious diseases and ensure good sanitation standards. In addition, strengthening referral pathways and preventive care will be important strategies. Human resource shortages, especially specialist doctors and nurses, also constrain service delivery and quality.

Overall, updated data collection, NCD prevention and control, the establishment of a cancer registry, enhanced WASH services, improved referral systems and human resource development are priority areas to bolster Niue’s health system and address key population health issues.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
1. Achieve UHC through integrated people-centred quality health services	1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.	<b>Strategic Priority 1: Enhancing UHC</b>	1.1. Strengthen support systems for ageing populations. 1.2. Strengthen communications across all levels of the health system to improve coordination, continuity of care and responsiveness to patient needs.
	2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.	<b>Strategic Priority 2: Reaching the unreached</b>	2.1. Review and update the Public Health Act of 1965. 2.2. Improve reproductive, maternal, child and adolescent health and nutrition, including immunization. 2.3. Strengthen data collection, analytics and health information systems. 2.4. Enhance the capacity of the health workforce.
3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.			
4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.			
5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.			

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>2. Address NCDs and their determinants</b>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<b>Strategic Priority 3: Addressing NCDs and ageing</b>	<p>3.1. Develop and review guidelines to enhance cost-effective primary and secondary case management for NCDs and mental health.</p> <p>3.2. Research and strengthen monitoring, evaluation and surveillance of NCD risk factors, interventions and health indicators in the Niue Health Strategic Plan.</p> <p>3.3. Increase emphasis on preventing diseases and promoting healthy lifestyles.</p> <p>3.4. Enact and enforce tobacco control laws in accordance with the WHO Framework Convention on Tobacco Control.</p> <p>3.5. Enact and enforce the draft mental health care bill, ensuring its subsequent implementation.</p>
<b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 4: Ensuring health security and addressing antimicrobial resistance (AMR)</b></p> <p><b>Strategic Priority 5: Addressing climate change and environmental health</b></p>	<p>4.1. Enhance preparedness for pandemics.</p> <p>4.2. Initiate biennial exercises to test pandemic preparedness.</p> <p>4.3. Strengthen AMR and infection prevention and control measures.</p> <p>4.4. Revise and review the waste management plan.</p> <p>5.1. Address social determinants of health across the life course.</p> <p>5.2. Incorporate environmental determinants of health, including climate change.</p>





# COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

## Commonwealth of the Northern Mariana Islands focused plan

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### Background

The Commonwealth of the Northern Mariana Islands is a group of 14 islands located in the western Pacific Ocean. It is a self-governing territory of the United States of America. The capital is Saipan, which is the largest and most-populated island in the archipelago. The Commonwealth has a population of approximately 50 000 people, consisting of diverse ethnic groups including Carolinians, Chamorros, Filipinos and other Pacific islanders. English and Chamorro are the official languages. The Commonwealth's economy heavily relies on tourism, garment manufacturing and agriculture, particularly the cultivation of fruits, vegetables and aquaculture. The natural beauty of the islands, including pristine beaches, coral reefs and historical sites, attracts a significant number of tourists each year.

### Health system and health situation

Health care the Commonwealth is provided through a combination of public and private health-care facilities. The Commonwealth Health-care Corporation is responsible for delivering health-care services and managing overall government health care in the islands.

The Commonwealth faces several health challenges, including NCDs such as diabetes, obesity, cardiovascular diseases and cancer. There is also a need to address mental health issues, substance abuse and communicable diseases such as tuberculosis and sexually transmitted infections (STIs).

### Table 1. 2024–2029 Consultation – Country/area priorities and deliverables

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: To provide training for clinical and public health workers</b></p>	<p>1.1. Provide capacity-building support to ensure the quality and safe use of vaccines.</p> <p>1.2. Support the development of a comprehensive health workforce profile.</p> <p>1.3. Establish opportunities for continuing professional development and access to up-to-date health information through e-learning platforms.</p> <p>1.4. Strengthen capacities to eliminate preventable deaths among mothers and newborns.</p> <p>1.5. Enhance capacities to prepare for and respond to public health events caused by epidemic-prone diseases, emerging diseases, environmental hazards, climate change and disasters.</p> <p>1.6. Provide training and technical assistance to clinical workers on cultural sensitivity and adopting culturally supported practices, especially from community health workers.</p> <p>1.7. Strengthen communications across all levels of the health system to improve coordination, continuity of care and responsiveness to patient needs.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<p><b>Strategic Priority 2: To implement people-centred care</b></p>	<p>2.1. Support the adaptation of protocols for the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care, including service delivery plans, treatment guidelines, capacity-building, monitoring and referral mechanisms.</p> <p>2.2. Strengthen the implementation of cervical cancer screening and management programmes.</p> <p>2.3. Support setting-based approaches to promote healthy lifestyles and effective strategic health communications.</p> <p>2.4. Promote mental health and prevent mental disorders, alcohol-related harm and suicide, while reducing stigmatization and discrimination.</p> <p>2.5. Foster community-based rehabilitation to enhance access to services for people with disabilities.</p> <p>2.6. Support the promotion of physical, mental, emotional and social well-being of individuals.</p>
		<p><b>Strategic Priority 3: To improve and utilize health data collection</b></p>	<p>3.1. Enhance the implementation of electronic health records in hospitals and health centres, ensuring they capture key Healthy Islands indicators.</p> <p>3.2. Strengthen the monitoring of NCD indicators, improving data collection, analysis, and reporting against regional and global targets.</p> <p>3.3. Support the training of data analytics to ensure insights for decision-making.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 5: To improve collaboration and integration</b></p>	<p>5.1. Provide technical support to review NCD strategic plans, develop country-specific targets and identify cost-effective priority interventions.</p> <p>5.2. Explore opportunities to integrate tuberculosis, HIV and STI services, including areas such as antenatal care, NCDs, health promotion campaigns and laboratory strengthening.</p> <p>5.3. Work towards achieving the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B, as well as neonatal and child tuberculosis.</p> <p>5.4. Support the development of an environmental health profile to address environmental factors impacting health.</p>
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 4: To improve surveillance and response to infectious diseases</b></p>	<p>4.1. Work towards achieving the regional goal of less than 1% prevalence of hepatitis B among 5-year-old children.</p> <p>4.2. Provide support for infectious disease-related surveillance and response activities, including entomological and disease intervention specialist interventions.</p> <p>4.3. Deliver training for surveillance and infectious disease response to enhance local capacity.</p> <p>4.4. Support controlling the spread of tuberculosis and other infectious diseases.</p>







# PALAU

## Palau focused plan

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### Background

Palau is a small island nation located in the western Pacific Ocean. It consists of over 300 islands, with a population of around 18 000 people. The majority of Palau's population lives on the largest island of Koror. Tourism and fishing serve as the main drivers of the country's economy. However, Palau's reliance on imports makes it vulnerable to global economic shocks. Providing health services across multiple islands poses a challenge.

### Health system and health situation

Palau has achieved notable improvements in public health outcomes in recent decades. The leading causes of death are NCDs including heart disease, cancer and diabetes. The country provides UHC, with care provided through Belau National Hospital and community clinics. However, access to specialists is limited. Palau's health system depends heavily on development assistance from international partners. Priorities for strengthening the health system include enhancing primary care services, implementing programmes for disease prevention and control, and addressing risk factors for NCDs. Telemedicine initiatives aim to increase access to medical diagnosis and treatment across Palau's remote islands. Further cooperation with global health organizations can support Palau in overcoming persisting health-care gaps.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 2: To promote UHC</b></p>	<p>2. 1. Ensure equitable distribution of human resources for health.</p> <p>2.2. Implement sustainable health financing mechanisms.</p> <p>2.3. Establish a robust quality assurance and quality improvement system.</p> <p>2.4. Improve hospital information systems and promote interoperability with other health information systems for effective data utilization and policy-making.</p> <p>2.5. Strengthen communications across all levels of the health system to improve coordination, continuity of care and responsiveness to patient needs.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 3: Health promotion to improve health behaviours and reduce risk factors</b></p>	<p>3.1. Implement key aspects of tobacco control, including graphic health warnings, tackling tobacco industry interference, reducing second-hand smoke and promoting cessation.</p> <p>3.2. Work on alcohol harm reduction through restrictions or bans on advertising, marketing and promotions.</p> <p>3.3. Tackle NCDs from an early age and promote self-management.</p> <p>3.4. Improve mental health, with a focus on suicide prevention among youth through a school health-based approach and community engagement.</p> <p>3.5. Implement the National Policy on Care for the Ageing and support community-based initiatives for healthy ageing.</p> <p>3.6. Address environmental health, including climate change impacts.</p> <p>3.7. Support healthy workplace initiative, starting with the Ministry of Health and Human Services and expanding to other sectors.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 1: Strengthen health security and antimicrobial resistance and conduct NCD surveillance activities</b></p>	<p>1.1. Enhance International IHR (2005) core capacity, including health measure at points of entry.</p> <p>1.2. Improve emergency response and preparedness.</p> <p>1.3. Strengthen National Emergency Medical Team.</p> <p>1.4. Implement an integrated disease surveillance system.</p> <p>1.5 Establish a contingency mechanism for supply, logistics and procurement through regional cooperation.</p> <p>1.6 Establish a reliance mechanism with regional laboratories.</p> <p>1.7 Initiate advocacy and capacity building for the One Health approach (human–animal–environment).</p>







# PITCAIRN ISLANDS

## Pitcairn Islands focused plan

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### Background

The Pitcairn Islands is one of the world's smallest permanently inhabited territories, with approximately 30 permanent residents living on an extremely isolated group of four islands, only one of which is inhabited, in the South Pacific. As a British overseas territory, the Pitcairn Islands relies heavily on the United Kingdom of Great Britain and Northern Ireland for financial support, including health service delivery. The Pitcairn Islands has a small health clinic served by a contracted physician, a local nurse and occasionally by visiting health teams. Access to specialist care requires overseas referrals, which are expensive and often require weeks or months abroad. Emergency referrals are particularly challenging.

The Pitcairn Islands faces significant health-care challenges due to remoteness, limited transportation options (only sea travel, which takes several days), a rapidly ageing population and a declining overall population, and limited on-island health capacities.

### Health system and health situation

Based on current population figures, approximately 80% of Pitcairn's residents will be over 65 years old within five years, as young people move overseas and the remaining population grows older, with limited inward migration. Providing care and services for the growing elderly population is a priority; many of the oldest residents rely on their families for care and support, and some of those relatives are also quite elderly. There are currently no children on the Pitcairn Islands, and life there requires physically demanding work – moving cargo, farming, building and maintaining structures and roads, etc. The basic functioning of the island community requires that all residents contribute, and this is growing more difficult as the population grows older and suffers from NCDs.

The Pitcairn Islands health clinic offers essential health services but faces gaps in diagnostics and specialist care. Medical evacuation is extremely difficult and costly. Optimizing quality care despite constraints is an ongoing challenge. Strategies involve leveraging partnerships, technologies and exchanging lessons learnt with other small islands through United Kingdom overseas territory networks.

Health priorities include disease prevention and control, improving on-island diagnostics, enhancing the skills of the few health workers and addressing needs of the elderly through community-based models of care. Creative solutions grounded in the local context are vital as the Pitcairn Islands plan health services for 2024–2029.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 4: Develop community-based care and support for an ageing population</b></p>	<p>4. 1. Strengthen local capacities to adapt to an ageing population.</p> <p>4. 2. Facilitate access to geriatric and other expertise through partnerships and telemedicine.</p> <p>4.3. Support communities and families to develop support systems that ensure that older people receive the long-term care they need.</p> <p>4.4. Enhance access to occupational and physical therapy.</p> <p>4.5. Adapt clinic and community infrastructure to be senior-friendly (ramps, railings, signage, etc.)</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 2: Expand NCD prevention and control efforts with a focus on promoting healthy nutrition and physical activity</b></p>	<p>2. 1. Develop policies, programmes and partnerships to improve access to nutritious foods and promote healthy diets.</p> <p>2. 2. Create built environments, community spaces and initiatives that encourage increased physical activity.</p> <p>2. 3. Strengthen NCD screening and early detection services.</p> <p>2. 4. Enhance capacity to diagnose and manage NCDs through training, treatment protocols and referral mechanisms, as required.</p>
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond to and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 1: Sustain and strengthen disease surveillance and control</b></p> <p><b>Strategic Priority 3: Strengthen laboratory diagnostic capabilities</b></p>	<p>1. 1. Maintain existing syndromic surveillance and explore low-cost diagnostic upgrades suitable for a small island setting.</p> <p>1. 2. Continue to maintain adequate stocks of vaccines, medicines and equipment/consumables.</p> <p>1. 3. Strengthen communication channels and strategies, including innovative partnerships for telemedicine and expert consultation.</p> <p>3. 1. Assess feasibility of expanding rapid diagnostics for high-priority pathogens that can be performed with minimal equipment and training on the Pitcairn Islands.</p> <p>3. 2. Support specimen referrals through training on international shipping regulations and cooperative arrangements with subregional laboratories.</p>





# SAMOA

## Samoa focused plan

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### Background

Samoa comprises four main islands – Apolima, Manono, Savai'i and Upolu – along with several smaller uninhabited islands, with an estimated population in 2023 of 207 501 people. The Samoan economy relies heavily on agriculture, fishing and tourism. The Government is working to boost economic growth and development. However, Samoa faces challenges from its vulnerability to natural disasters, reliance on imported goods and outward migration of skilled workers.

### Health system and health situation

The Samoan health system includes public, private and traditional sectors. Various organizations such as NGOs, academic institutions, communities and development partners all play important roles. Publicly funded health services currently dominate the system under the oversight of the Ministry of Health. Samoa has some of the world's highest rates and risk factors for NCDs. NCDs account for over 80% of all premature deaths in Samoa. Mental health issues are an emerging concern, with increasing cases seen at the national hospital and in communities.

The health sector in Samoa has seen some major changes over the past several years, with the Ministry of Health and the National Health Services merging in 2019. Since then, there has been a drive to revitalize primary health care by reorienting and strengthening health service delivery.

To drive change, increasing public expenditure for preventive care has been identified as a priority. Redirection of government expenditures to health promotion, disease prevention and public health is the most tangible and visible sign of the move toward preventive care, and a strategic demonstration of the Government's commitment to achieving its vision. In addition, there is a need to ensure programmes are cross-cutting and that resources are properly directed to individual programmes to achieve better efficiency and value for money from Samoa's own health expenditure.

Given the measles outbreak in 2019 and the subsequent COVID-19 challenges, Samoa has learnt lessons that will put it in a better position to fast-track its health system to be more robust and adaptable to ensure it can withstand health emergencies.

In the new pathway for the development of Samoa, improved public health sits under improved social development as Key Strategic Outcome 1, aspiring to ensure all people receive quality health-care services and all Samoans have equal access to affordable social service, as well as livelihoods and opportunities. The expected outcomes are:

1. health-care services and facilities improved
2. prevalence of NCDs and infectious diseases reduced
3. life expectancy increased.

There is also a strategic focus on secondary prevention, including patient adherence to medications to avert or delay the burden, both financially and physically, of NCDs such as diabetes and hypertension.

Overall, Samoa has seen health improvements, but it continues to face constraints in addressing NCDs, climate risks, disease outbreaks and health system capacity.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients, and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: Improved health systems, governance, and administration</b></p>	<p>1.1. Participate in high-level policy dialogue on the pathway to achieving Healthy Islands Framework indicators, health-related Sustainable Development Goals and the UHC Index.</p> <p>1.2. Support development of framework for institutionalization of health information and national health accounts for planning and resource allocation</p> <p>1.3. Support the review and updating of national health legislations, strategies, policies, guidelines, protocols and action plans including national health sector plans.</p> <p>1.4. Support improvements to Samoa's health information system through e-health projects, Demographic and Health Surveys/Multiple Indicator Cluster Surveys and NCD STEPS surveys.</p> <p>1.5. Support human resources for health development for Samoa.</p> <p>1.6. Support national health education and training institutions to achieve accreditation.</p> <p>1.7. Support capacity-building in data collection, management, analysis and dissemination of essential health information, including vital statistics.</p> <p>1.8. Support to improve prevention and management of health-care-related infection and antimicrobial resistance.</p> <p>1.9. Develop role delineation policy and package of essential services.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<b>Strategic Priority 2: Improved sexual and reproductive health</b>	2.1. Support the development, implementation and supervision of evidence-based guidance for reproductive and newborn care, family planning services, prevention of unsafe abortion, protocols related to other reproductive health services and the Baby-friendly Hospital Initiative
		<b>Strategic Priority 3: Improved maternal and child health</b>	3.1. Support capacity-building in managing the maternal, child and reproductive health programme and referral system, including high-risk pregnancy management.

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 4: Improved prevention, control and management of NCDs</b></p>	<p>4.1. Support evidence-based best practices and surveillance for prevention, control and management of NCDs.</p> <p>4.2. Review and develop a high-level multisectoral NCD strategy with the focus on controlling consumption of tobacco, alcohol and unhealthy diets.</p> <p>4.3. Develop and implement legislative reforms including ratification of the WHO Framework Convention on Tobacco Control, restrictions on marketing of alcohol and unhealthy food to children, and increased excise taxes.</p> <p>4.4. Scale up WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care Faa-Samoa rollout across the country with improved links among community education, case detection and NCD case management, and development of communications protocols used to address health literacy and self-management.</p> <p>4.5. Update treatment guidelines, protocols and policies related to the continuum care for management of NCDs and integration of rehabilitation and palliative care.</p> <p>4.6. Involve traditional healers in the prevention and management of NCDs.</p> <p>4.7. Utilize the WHO Mental Health Gap Action Programme to ensure patients with mental illness, neurological and substance use disorders are identified, assessed and managed through the proper referral systems.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<p><b>Strategic Priority 5: Improved healthy living through health promotion and primary prevention</b></p>	<p>5.1. Support the implementation of health advocacy programmes.</p> <p>5.2. Support planning for improving food security in collaboration with other sectors.</p> <p>5.3. Support proper nutrition and protection of food safety and quality</p>
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 6: Improved prevention, control and management of communicable and neglected tropical diseases</b></p> <p><b>Strategic Priority 7: Improved risk management and response to disasters, public health emergencies and climate change.</b></p>	<p>6.1. Conduct mass drug administrations and transmission assessment surveys for the Lymphatic Filariasis Elimination Programme.</p> <p>6.2. Improve capacity for planning and sustaining routine immunizations and the introduction of new vaccines.</p> <p>6.3. Update treatment guidelines and protocols for management of STIs.</p> <p>7.1. Support the utilization of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies as a framework to continuously build the national capacity to detect, prepare for and respond to public health emergencies under IHR (2005).</p> <p>7.2. Support the development, review and update of the National Epidemic and Pandemic Preparedness Plan, Disaster Risk Management Plan for the Health Sector, Risk Communication and Community Engagement Strategy, and Climate Change and Health Adaptation Plan.</p>





A woman with curly hair is looking upwards in a lush green field. She is wearing a dark sleeveless top. The field is filled with tall, thin stalks and large green leaves, possibly a vegetable garden or a field of young trees. The background is a dense thicket of green foliage.

# SOLOMON ISLANDS

## Solomon Islands focused plan

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### Background

Solomon Islands is a double-chain volcanic archipelago comprising more than 900 islands and atolls, with a population of over 720 000 scattered over nine provinces. While 80% of the population lives in rural areas, the urban population is growing at 5% annually. Solomon Islands is governed by a prime minister chosen by the Parliament, which is elected by popular vote. The economy is based largely on subsistence agriculture supplemented by cash cropping (cocoa and palm oil), fishing, forestry and mining. The country is prone to cyclones, earthquakes, floods, and political, social and civil instability.

### Health system and health situation

Solomon Islands has made significant progress in increasing life expectancy and reducing childhood mortality. However, the country faces a rising burden of NCDs, a resurgence of infectious diseases including malaria, and poor access to safe drinking water and sanitation. The COVID-19 pandemic impacted delivery of essential health services, especially for women, children and people with disabilities, and reversed economic, social and environmental gains.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality, and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients, and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support, and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: Strengthen health systems across all levels of care (links to National Health Strategic Plan Strategic Objective 2)</b></p>	<p>1.1. Expand support for the health workforce, infrastructure, equipment, supplies (aligns with the National Health Strategic Plan priorities on health workforce, infrastructure, equipment).</p> <p>1.2. Strengthen quality, standards, governance, financing at all levels of care (aligns with the National Health Strategic Plan on responsibly managed systems), prioritizing maternal child health and communicable diseases.</p> <p>1.3. Improve health information systems and leverage digital health technologies (aligns with the National Health Strategic Plan priority on health information systems).</p> <p>1.4. Strengthen communication channels and strategies across all levels of the health system.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 2: Strengthen multisectoral collaboration to address NCDs and their determinants (links to the National Health Strategic Plan Strategic Objectives 2 and 3)</b></p>	<p>2.1. Expand financial risk protection and access to quality essential services (aligns with the National Health Strategic Plan priorities on governance, access).</p> <p>2.2. Prioritize prevention, treatment and control of NCDs and risk factors (aligns with the National Health Strategic Plan priorities on NCDs).</p> <p>2.3. Engage communities and partners to address the social determinants of health.</p>
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p>	<p><b>Strategic Priority 3: Build resilient health emergency systems capable of effective response (links to the National Health Strategic Plan Strategic Objective 2)</b></p>	<p>3.1. Strengthen preparedness plans and surveillance systems.</p> <p>3.2. Enhance emergency response and surge capacity with flexible, scalable mechanisms for health crises.</p> <p>3.3. Enhance climate change adaptation and resilience.</p>





# TOKELAU

## Tokelau focused plan

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### Background

Tokelau is a small Pacific island territory consisting of three atolls. It has a population of around 1500 people who have strong cultural ties to Polynesian traditions. As a non-self-governing territory of New Zealand, Tokelau has a political relationship with its administering country but local governance authority over internal affairs. With a subsistence-based economy reliant on agriculture, fishing and handicrafts, Tokelau faces sustainable development challenges due to its isolation, limited resources and dependence on external aid. Still, the close-knit Tokelauan community upholds strong sociocultural bonds and collective decision-making processes.

### Health system and health situation

Tokelau's isolated geography presents unique health-care delivery challenges that require innovative solutions like telemedicine and strengthened inter-island transportation. Tokelau is like other Pacific island countries and areas with a rising incidence of NCDs, and NCD risk behaviours weigh heavily on current health system. Tokelau maintains zero rates for communicable diseases, such as HIV/AIDS, malaria and tuberculosis, and retains almost 100% vaccine coverage rates. The priority is to maintain vector control and reduce rates of STIs.

With a small health-care workforce and limited resources, building local capacity and sustainable financing models are crucial strategic health priorities. Tokelau is vulnerable to climate change impacts, necessitating integrated adaptation measures.

**Tokelau health strategic priorities remain the same:**

1. health and emergencies
2. NCDs and other related morbidity and mortality
3. strengthening health systems through reorientation of service delivery
4. emergence and re-emergence of communicable diseases
5. addressing environmental health challenges.

Overall, Tokelau requires strategies that leverage data-driven decision-making, health workforce development, cultural sensitivity and climate resilience to uplift the health system and address the population’s significant health needs given its remote Pacific island context.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>1. Achieve UHC through integrated people-centred quality health services</b>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<b>Strategic Priority 1: Strengthening primary health care (PHC)</b>	<p>1.1. Enhancing PHC services to ensure accessible, comprehensive and people-centred care for all Tokelauans.</p> <p>1.2. Increased access to essential health-care services for all Tokelauans.</p> <p>1.3. Improved health infrastructure, equipment and human resources to enhance service delivery.</p> <p>1.4. Investing in health-care infrastructure, equipment and human resources to improve the delivery of quality health-care services in Tokelau.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 2: Addressing and reducing NCDs</b></p>	<p>2.1. Implementing effective strategies for the prevention and control of NCDs, including promoting healthy lifestyles, early detection and management of NCDs.</p> <p>2.2. Reduction in the prevalence of NCDs through targeted prevention and management interventions.</p> <p>2.3. Addressing the underlying social determinants of health, such as education, employment and environmental factors, to reduce health inequalities and promote equitable health outcomes in Tokelau.</p>
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond to and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 3: Strengthening health security and preparedness</b></p>	<p>3.1. Building capacity to effectively respond to health emergencies, including natural disasters and disease outbreaks, through robust emergency preparedness plans and community engagement.</p>





# TONGA

## Tonga focused plan

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### Background

Tonga is a Polynesian country consisting of 170 islands in the South Pacific, with a population of around 106 000. Tonga was never formally colonized and is the only indigenous monarchy in the Pacific. Subsistence agriculture and fishing are important economic activities. Tourism has grown in significance, along with reliance on external aid and remittances. However, limited economic diversification constrains Tonga's development.

Tonga's geography of scattered islands presents challenges in providing and accessing services. Inter-island transport links require improvement. Nonetheless, Tonga's strong sense of communal culture and social cohesion provide a foundations for development.

### Health system and health situation

Tonga's health system includes central hospitals, peripheral health centres and community-based services. Key health challenges include rising rates of NCDs such as diabetes, obesity, heart disease and cancer. Communicable diseases such as tuberculosis, STIs and VPDs persist. Tonga is also vulnerable to climate change impacts and natural disasters. The small population spread across islands strains health service capacity and workforce.

Priorities to address Tonga's health needs include NCD prevention and control through lifestyle changes, improving sexual and reproductive health services, enhancing disease surveillance systems, resilient infrastructure development and decentralized service delivery with enabling patient referral. Reaching the unreached will be key to eliminating communicable diseases in Tonga. Leveraging strong local community leadership and social networks will help drive PHC access and health promotion to underserved populations. Partnerships, including development cooperation, provide avenues for health systems strengthening.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: Provide continuous, coordinated and comprehensive care through integrated health services that are high quality, affordable and responsive to individual needs to achieve UHC</b></p>	<p>1.1. Increase access to essential health services by strengthening PHC systems, removing financial and non-financial barriers, and empowering communities.</p> <p>1.2. Improve the quality of health services by investing in health workforce training, implementing quality standards and integrating people-centred care approaches.</p> <p>1.3. Optimize health financing by increasing public spending, reducing out-of-pocket payments and ensuring adequate funds flow to service delivery.</p> <p>1.4. Strengthen integrated service delivery by promoting coordination across programmes and providers, patient referral systems and the use of technologies.</p> <p>1.5. Build workforce capacity at all levels of health-care delivery by developing comprehensive training programmes for prevention, accurate diagnosis and effective management of health services.</p> <p>1.6. Strengthen governance and accountability through promoting transparency and inclusiveness in health policy processes and decision-making.</p> <p>1.7. Strengthen health information systems and optimize use of existing health data by strengthening capacities in data management, analysis and synthesis.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<b>Strategic Priority 5: Reach the unreached</b>	<p>5.1. Identify and map underserved communities with limited access to health-care services.</p> <p>5.2. Develop tailored strategies to increase health-care utilization among unreached groups, through outreach, mobile clinics, community health workers, etc.</p> <p>5.3. Build trust and empower unreached communities to voice their needs and participate in health programming and policy decisions.</p> <p>5.4. Ensure health-care information, services and facilities are affordable, acceptable and geographically accessible to marginalized populations.</p> <p>5.5. Leverage technologies and community partnerships to deliver health-care to remote areas and vulnerable communities.</p> <p>5.6 Strengthen communications across all levels of the health system to improve coordination, continuity of care and responsiveness to patient needs.</p>
<b>2. Address NCDs and their determinants</b>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<b>Strategic Priority 2: Reduce preventable illness and death from NCDs by addressing behavioural, metabolic, environmental and commercial determinants.</b>	<p>2.1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2.2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies to address NCD determinants.</p> <p>2.3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond to and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 3: Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>3.1. Strengthen public health emergency prevention, preparedness, readiness, response and resilience.</p> <p>3.2. Strengthen health security preparedness and response capacities to effectively detect, assess, report on and respond to health emergencies.</p> <p>3.3. Enhance multi-hazard risk assessment and early warning systems for timely prevention and preparedness.</p> <p>3.4. Ensure adequate stockpiles of medicines, vaccines, equipment and human resources to rapidly respond to emergencies.</p> <p>3.5. Increase climate resilience and environmental sustainability of health systems to protect human health from effects of climate change and environmental degradation.</p> <p>3.6. Intensify efforts to control, eliminate and eradicate high-burden communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and hepatitis.</p>
		<p><b>Strategic Priority 4: Bolster systems capacity to absorb shocks and stresses, and adapt and transform in response to intensifying health threats from climate change, epidemics and emergencies</b></p>	<p>4.1. Scale up targeted prevention, testing and treatment programmes to eliminate HIV, tuberculosis, malaria, neglected tropical diseases and hepatitis as public health threats by 2030.</p> <p>4.2. Implement innovative strategies to identify and treat hard-to-reach and at-risk populations to reduce transmission of communicable diseases.</p> <p>4.3. Strengthen disease surveillance systems and data collection on key communicable diseases to monitor progress towards elimination goals.</p>







# TUVALU

## Tuvalu focused plan

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### Background

Tuvalu is a small island nation in the Pacific with a population of approximately 11 000 people. It faces unique challenges due to its geographical isolation, limited resources and vulnerability to climate change. The country's health system is underdeveloped, and there is a need for improved health-care infrastructure, human resources and access to essential services.

### Health system and health situation

Tuvalu's health system is characterized by limited health-care facilities, scarcity of medical professionals, and inadequate access to essential medicines and technologies. The health situation is further compounded by high rates of NCDs, such as diabetes, cardiovascular diseases and obesity. These health challenges demand a comprehensive and integrated approach to strengthen the health system and improve the population's overall well-being.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 2: To promote and enhance UHC</b></p>	<p>2.1. Expand comprehensive, integrated primary health-care (PHC) services including improved availability, accessibility and appropriate use of essential medicines, vaccines and medical products with a focus on underserved populations.</p> <p>2.2. Establish a telemedicine system and evidence-based traditional medicine options.</p> <p>2.3. Improve sustainable health financing mechanisms to strengthen PHC systems and access to quality essential services.</p> <p>2.4. Increase the accessibility, quality and performance of the health workforce encompassing health professionals, workers and carers throughout all levels of care.</p> <p>2.5. Enable robust health information systems encompassing high-quality data collection, analysis, dissemination and use for evidence-based decisions and policy-making.</p> <p>2.6. Strengthen communication channels and strategies across all levels of the health.</p>
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 1: To strengthen NCD prevention and control</b></p>	<p>1.1. Provide strategic guidance, policies and implement action plans for health promotion and evidence-based prevention of NCDs including cervical cancer.</p> <p>1.2. Integrate evidence-based mental health services into primary care programmes through community-based approaches.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b>	1. Strengthen multisectoral health security capacities and systems to prevent, respond to and increase resilience to multi-hazard public health threats.  2. Increase climate resilience and environmental sustainability of health systems, services and facilities.  3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.	<b>Strategic Priority 3: To enhance health and environmental resilience</b>	3.1. Implement evidence-based health adaptation and mitigation measures to build climate resilient and environmentally sustainable health systems and infrastructure.  3.2. Strengthen multi-hazard health emergency and disaster risk management for climate-sensitive diseases and natural disasters.  3.3. Sustain and enhance efforts across sectors to eliminate and control priority communicable diseases through strengthened health systems and integrated people-centred approaches.
		<b>Strategic Priority 4: To strengthen health security including preparedness and responses</b>	4.1. Develop and periodically update outbreak and health emergency preparedness and response plans.  4.2. Strengthen national capacities across all sectors to fully implement IHR (2005) and ensure adequate preparedness.  4.3. Foster collaboration, coordination and partnerships to enhance multisectoral preparedness and response for health emergencies.





# VANUATU

## Vanuatu focused plan

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### Background

Vanuatu is a Melanesian country located in the southern Pacific Ocean comprising 83 islands across six provinces. It had an estimated population of 313 000 as of 2023, with three quarters living rurally. The urban population resides primarily in the capital of Port Vila and in Luganville. Vanuatu gained independence in 1980 after being a British and French protectorate. It has a constitutional parliamentary governance system. The services sector focused on tourism is the largest contributor to GDP followed by agriculture, fishing and forestry.

### Health system and health situation

Vanuatu faces ongoing challenges in improving population health outcomes and strengthening its health system despite recent successes in eliminating certain communicable diseases such as lymphatic filariasis (2016) and trachoma (2022). While programmes targeting malaria and yaws have seen reductions, NCDs such as diabetes and respiratory illnesses have risen. Outbreaks of preventable diseases remain a concern, especially for children, as do natural disasters which frequently devastate infrastructure. Key barriers include limited health-care access and poor conditions in rural areas, lack of quality data for decision-making, an insufficient and overburdened health workforce, and maintenance issues exacerbated by environmental shocks. Though the Ministry of Health has outlined critical policies and plans, capacity constraints hinder their implementation. Vanuatu requires sustained efforts to build resilient health systems that can deliver quality services and respond to communicable and noncommunicable disease burdens among its dispersed populations vulnerable to climate change impacts. Stronger health information systems, infrastructure and human resources will be instrumental to improving population health.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>1. Achieve UHC through integrated people-centred quality health services</b></p>	<p>1. Increase access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.</p> <p>2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.</p> <p>3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.</p> <p>4. Strengthen integrated health service delivery by promoting coordination across programmes, patient-focused service models and use of technologies such as telemedicine.</p> <p>5. Strengthen health sector governance and accountability, supported by strengthened health information systems and optimized use of health data.</p>	<p><b>Strategic Priority 1: Strengthen health systems for UHC with a focus on primary health care (PHC)</b></p>	<p>1.1. Increase implementation of the existing health sector policies through multi-ministerial and multisectoral collaboration.</p> <p>1.2. Strengthen the health information system and the monitoring and evaluation framework through robust data collection and analysis, which contribute to evidence-based decision-making.</p> <p>1.3. Strengthen health workforce management and capacity development for addressing human resource shortages and skill gaps.</p> <p>1.4. Empower provincial authorities through decentralization of health systems, delineating the roles at the different health facility levels.</p> <p>1.5. Improve quality and access to health-care services through the nationwide scaling-up of PHC programmes.</p> <p>1.6. Strengthen the governance of the reproductive, maternal, newborn, child and adolescent health programme, supporting the technical committees such as the Reproductive, Maternal, Newborn, Child and Adolescent Health National Committee, Growth Monitoring and Promotion Plus Steering Committee, and Maternal and Child Death Surveillance and Response and by assisting monitoring and evaluation by improving routine data collection and regular supervision of primary care facilities.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Address NCDs and their determinants</b></p>	<p>1. Reduce NCD morbidity and mortality through evidence-based prevention, early detection, and management of major NCDs and their risk factors.</p> <p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluating interventions, and monitoring trends.</p>	<p><b>Strategic Priority 2: Address NCDs and promote health through multisectoral coordination and monitoring</b></p>	<p>2.1. Strengthen the national multisectoral NCD task force coordination mechanism to share the progress against the targets set in the new NCD policy, nutrition policy, health sector strategy and national strategic development plan.</p> <p>2.2. Enhance the monitoring and evaluation of the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care programme implementation by improving routine data collection and regular supervision of primary care facilities.</p> <p>2.3. Amend the outdated NCD-related bills such as the Mind Care Bill, Alcohol Bill and Tobacco Bill.</p> <p>2.4. Identify financial mechanisms through establishing health promotion foundation to support the programmes to reduce NCD risks and promote health.</p> <p>2.5. Strengthen the mind care programme to increase the awareness of suicide risks, destigmatization, stress management and other issues in communities through regular refresh training of the Mental Health Gap Action Plan and Mental Health and Psychosocial Support.</p> <p>2.6. Implement and scale up the health-promoting school programme by increasing the number of schools owning its own school health policies and active school health committee with community resource persons to implement the policies.</p> <p>2.7. Build communication for the health capacity of the Ministry of Health and provincial health team, including the development of strategy and information and education materials.</p> <p>2.8 Strengthen communications across all levels of the health system to improve coordination, continuity of care and responsiveness to patient needs.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>3. Build resilience to key health threats, including climate change, health emergencies and disease outbreaks</b></p>	<p>1. Strengthen multisectoral health security capacities and systems to prevent, respond to and increase resilience to multi-hazard public health threats.</p> <p>2. Increase climate resilience and environmental sustainability of health systems, services and facilities.</p> <p>3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.</p>	<p><b>Strategic Priority 3: Develop and implement strategies for health and environmental resilience</b></p>	<p>3.1. Review and develop new and update existing legislation, policies and guidelines in accordance with the IHR (2005).</p> <p>3.2. Strengthen preparedness, readiness, response and resilience capacities to public health emergencies according to IHR (2005) through the implementation of the National Action Plan for Health Security.</p> <p>3.3. Co-lead national health cluster and national health emergency operations centre in emergencies and strengthen response plans and procedures.</p> <p>3.4. Strengthen surveillance systems including syndromic, event-based and VPD surveillance to detect and respond early to outbreaks and border control in alignment with the IHR (2005).</p> <p>3.5. Support the implementation of a One Health approach to address antimicrobial resistance, zoonosis and food safety and to strengthen infection control procedures in hospitals and health facilities.</p> <p>3.6. Foster the resilience of the health sector to climate and environmental change through adaptation projects, particularly focusing on improving WASH utilities in primary care facilities and building on early warning system to enhance preparedness and response of the health emergency programmes.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<p><b>Strategic Priority 3: Develop and implement strategies for health and environmental resilience</b></p>	<p>3.7. Continue the malaria elimination agenda; reduce the burden of tuberculosis through improved access to diagnostic facilities, active case finding, contact tracing and directly observed treatment (short course) at the community level; reduce the burden of viral hepatitis, STIs and HIV through improved health promotion, particularly targeting high-risk populations; screening and patient services. Achieve and maintain high coverage of vaccination along the life course.</p> <p>3.8. Reduce the burden of neglected tropical diseases (NTDs) as well as continue with elimination of selected NTDs and avoid the reintroduction of eliminated NTDs through strengthened surveillance, case detection, care of affected people, preventive chemotherapy, WASH, health promotion and the integration of these services into the health system.</p>





# WALLIS AND FUTUNA

## Wallis and Futuna focused plan

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### Background

Wallis and Futuna, a French overseas collectivity in the Pacific, faces a unique socio-cultural, political and economic context that shapes the development landscape. The remoteness of the islands, an estimated population of less than 13 000 people and their dependence on external aid contribute to the challenges facing the achievement of sustainable development.

### Health system and health situation

Wallis and Futuna's health-care system faces unique challenges due to its remoteness and small population spread across two islands. The most prevalent health problems include NCDs such as diabetes, obesity and hypertension, which account for a large portion of mortality. Mental health disorders and addictions are a growing concern. Communicable diseases such as dengue, leptospirosis and respiratory diseases remain a threat due to the tropical climate and isolation of the islands. Limited health-care infrastructure and geographic barriers impact access to care and emergency response capabilities. The vulnerability of the islands to the effects of climate change, such as extreme weather and rising sea levels, further exacerbates pressures on the health system. Improving resilience and developing locally tailored solutions will be crucial priorities for health cooperation efforts in Wallis and Futuna in the coming years.

**Table 1. 2024–2029 Consultation – Country/area priorities and deliverables**

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>1. Achieve UHC through integrated, people-centred quality health services</b>	1. Improve access to essential, quality health-care services with a particular focus on strengthening primary care systems and reaching the vulnerable and unreached.	<b>10-year strategic orientation: Facilitate access to care in a pathway approach</b>  <b>5-year operational objectives:</b>  <b>1. Make health centre the backbone of the health system</b>	1.1. Structuring health centres as the backbone of the health system.  1.2. Prioritize the organization of care and health pathways for the population based on health centres, from promotion and prevention to treatment and compliance, follow-up care and rehabilitation.
	2. Optimize health financing to expand health-care access, quality and sustainability, including by increasing public funding, reducing out-of-pocket costs for patients and allocating resources efficiently.  3. Build a health workforce with the skills, support and numbers to provide quality care where it is needed.  4. Strengthen integrated health service delivery by promoting coordination between programmes and patient-centred service models, and use of technologies such as telemedicine.  5. Strengthen health sector governance and accountability, supported by strengthened health information systems and the optimized use of health data.	<b>2. To continue to specialize the provision of hospital care in Wallis</b>	2.1. Improve hospital care by strengthening the organization of unscheduled care (emergencies).  2.2. Strengthen the medical offer for each activity carried out in the territory.  2.3. Develop the cancer care pathway.  2.4. Offer reception and working conditions within the framework of rebuilt care structures equipped with a modern technical platform and in accordance with current standards for the safety of goods and people.
		<b>3. Strengthen the health supply in Futuna</b>	3.1. Organize the health offer in Futuna around a new hospital.  3.2. Build organizations adapted to the Futuna context.  3.3. Meet the needs of home support.

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<p><b>4. Complete care pathways within the framework of care networks</b></p>	<p>4.1. Complete emerging care pathways: oncology, medical specialties and surgical specialties within the framework of partnerships for better patient support within the framework of medical evacuations and identify privileged contacts by discipline to organize missions.</p> <p>4.2. Control the cost of medical evacuations by refocusing them on the most serious care and by controlling their cost and duration.</p> <p>4.3. Densify the missions to complete the care offer or allow for follow-up care.</p> <p>4.4. Develop telemedicine tools to facilitate the use of exchange, consultation and expertise.</p>
		<p><b>5. Structuring a mental health care system</b></p>	<p>5.1. Adopt a cross-cutting approach combining mental health promotion, well-being and mental health screening.</p> <p>5.2. Control reception times and guarantee a level of availability to manage crisis and psychological distress situations.</p> <p>5.3. Guarantee continuity of care, quality of support and social inclusion of patients.</p> <p>5.4. Strengthen knowledge and evaluate the impact of mental health systems.</p>
		<p><b>10-year strategic orientation: Prevent and support the loss of autonomy</b></p> <p><b>5-year operational objectives :</b></p> <p><b>1. Develop home care arrangements</b></p>	<p>1.1. Develop different types of home care adapted to the needs and socioeconomic reality of Wallis and Futuna.</p> <p>1.2. Preserve or restore the autonomy of the people being cared for.</p> <p>1.3. Ensure maintenance and coordination of care.</p>

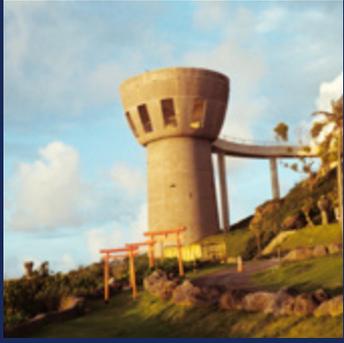
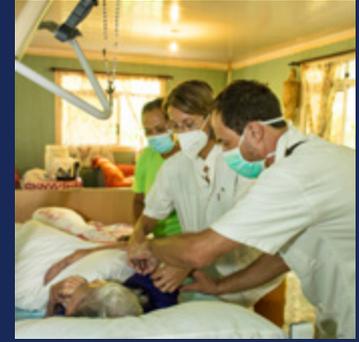
Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<p><b>2. Meet rehabilitation and post-care needs</b></p>	<p>2.1. Offer rehabilitation care by gradually building a comprehensive and coherent network: home interventions, care on a technical platform, possibility of day hospitalization and a few dedicated beds.</p> <p>2.2. Access to a high-quality technical platform commensurate with the size of the territory's health facilities.</p> <p>2.3. Allow patients treated outside the territory to return early by allowing them to benefit from the continuation of their care without altering its quality.</p> <p>2.4. Ensure coordination of medical, paramedical and social care.</p> <p>2.5. Support family caregivers.</p>
		<p><b>3. Enable “ageing well” in Wallis and Futuna</b></p>	<p>3.1. Prevent, identify and delay the loss of autonomy in older adults.</p> <p>3.2. Adapt the health and support offer to the ageing population.</p> <p>3.3. Promote support and social inclusion of older people and carers.</p>
		<p><b>4. Develop an integrative disability policy</b></p>	<p>4.1. Promote and support the inclusion and access to rights of people living with disabilities.</p> <p>4.2. Gradually roll out support and care systems for people with disabilities.</p> <p>4.3. Promote caregiver support and respite.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<p><b>2. Addressing noncommunicable diseases and their determinants</b></p>	<p>1. Reduce NCD-related morbidity and mortality through evidence-based prevention, early detection and management of major NCDs and their risk factors.</p>	<p><b>10-year strategic direction:</b></p> <p><b>Mobilize the public around prevention and screening issues.</b></p>	
	<p>2. Promote healthy lifestyles and environments by building multisectoral partnerships and implementing policies and actions to address NCD determinants across sectors.</p> <p>3. Strengthen NCD surveillance, monitoring and research to generate high-quality data for planning and evaluation interventions, and monitoring trends.</p>	<p><b>5-year operational objectives :</b></p> <p><b>1. Prevent overweight and obesity and detect associated pathologies</b></p>	<p>1.1. Develop a policy for the identification, screening and early management of chronic diseases.</p> <p>1.2. Raise awareness and prevent overweight and obesity among target audiences in conjunction with relevant stakeholders.</p> <p>1.3. Promote and facilitate access to healthy food, in sufficient quantities, produced under sustainable conditions, at an affordable price and of good taste and nutritional quality.</p> <p>1.4. Promote regular physical activity at all ages of life, in particular through the development of facilities and active mobility, including walking and cycling.</p>
		<p><b>2. Prevent addictive behaviours</b></p>	<p>2.1. Refer and care for patients with addictions.</p> <p>2.2. Reduce the proportion of tobacco smokers in the population.</p> <p>2.3. Reduce the average annual alcohol consumption per capita.</p> <p>2.4. Reduce the attractiveness of psychoactive substances (denormalization of these substances, public health fiscal policy and limiting young people's exposure to advertising).</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<b>3. Promote women’s and children’s health</b>	<p>3.1. Strengthen actions to protect and promote maternal and child health (First 1000 Days) for a healthy lifestyle and an adapted environment, which are the foundations for better health throughout life and better child development.</p> <p>3.2. Ensure routine immunization of children.</p> <p>3.3. Establish organized screening for pathologies in women and children.</p> <p>3.4. Develop prevention and care for oral health.</p>
		<b>4. Fight infectious diseases and control environmental risks</b>	<p>4.1. Improve mechanisms for the prevention and control of infectious diseases.</p> <p>4.2. Strengthen capacities for the detection and management of patients with infectious diseases.</p> <p>4.3. Strengthen strategies for the prevention and control of zoonotic diseases and management of disease outbreaks.</p> <p>4.4. Promote the health quality of the direct environment (water, air, soil, everyday objects, sanitation, pests, emerging risks, etc.) by acting on sources of pollution and limiting exposure.</p>
		<b>5. Systematize cancer screening</b>	<p>5.1. Increase the participation of target populations in screening for major female cancers.</p> <p>5.2. Increase participation of target populations in colorectal cancer screening.</p>

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
<b>3. Building resilience to key health threats, including climate change, health emergencies and epidemics</b>	1. Strengthen multisectoral health security capacities and systems to prevent, respond to and increase resilience to multi-hazard public health threats.  2. Increase climate resilience and environmental sustainability of health systems, services and facilities.  3. Accelerate efforts to control, eliminate and eradicate priority communicable diseases such as HIV, tuberculosis, malaria, neglected tropical diseases and VPDs.	<b>10-year strategic direction:</b> <b>Ensure the quality, safety and evaluation of health actions</b>	
		<b>5-year operational objectives :</b>  <b>1. Develop a quality and risk management policy</b>	1.1. Define with the stakeholders of the health project the sectors that can be the subject of a quality assurance approach and engage it.  1.2. For health-care activities, initiate the certification process with the Haute Autorité de Santé.
		<b>2. Strengthen the management system for exceptional health situations</b>	2.1. Strengthen preparedness and adaptation to increase resilience to health, safety and environment in three axes:  – organize the care offer to respond to exceptional health situations;  – acquire and distribute health resources that can be mobilized to deal with the identified threats; and  – train professionals in the management of exceptional health situations.

Subregional priorities	Subregional objectives prioritized by country/area	Country/area priorities & focus areas	Country/area objectives & deliverables
		<p><b>3. Observe, watch, measure</b></p>	<p>3.1. Improve capacity for monitoring and analysis of public health indicators.</p> <p>3.2. Improve epidemiological risk surveillance capacity.</p> <p>3.3. Strengthen health monitoring through dedicated information systems for the anticipation of health events.</p> <p>3.4. Establish a sustainable One Health cooperation between human health, animal health and environmental actors, in cooperation with the actors of the area.</p> <p>3.5. Building capacity for foresight and anticipation in the field of One Health.</p>
		<p><b>4. Evaluate the quality of our action and its impact</b></p>	<p>4.1. Measuring the performance of our health system.</p> <p>4.2. Assess the effectiveness of the deployment of the Wallis and Futuna Islands Territory Health Project.</p> <p>4.3. Evaluate the impact of the Wallis and Futuna Islands Territory Health Project.</p>



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