

NORTHERN MARIANA ISLANDS, COMMONWEALTH OF

1. CONTEXT

1.1 Demographics

The Commonwealth of the Northern Mariana Islands comprises 14 islands with a total land area of 457 square kilometres spread out over 683 760 square kilometres of the Pacific Ocean. The Commonwealth's population lives primarily on three islands. Saipan, the largest and most populated island, is 20.1 kilometres long and 8.8 kilometres wide. The other two populated islands are Tinian and Rota, and the nine far northern islands are very sparsely inhabited, with a combined population of about six people.

Since the 1980s, the number of residents has more than quadrupled. In the 2000 census, the total population numbered 69 221, with approximately 90% living in Saipan and 5% each in Tinian and Rota. The total population was estimated to be 63 072 in July 2010.

Local residents are primarily Chamorros and Carolinians, the two indigenous ethnic groups. Additionally, the Compact of Free Association with the United States of America permits the free movement of people between the freely associated states, flag territories, Hawaii and the mainland United States. These 'Compact' islands include the Republic of Palau, the Republic of the Marshall Islands and the Federated States of Micronesia. The Department of Public Health estimated in 1996 that it provided health care costing US\$ 1 480 000 to 'Compact' residents. The impact of meeting the chronic health care needs of these Micronesian residents within the struggling national health care system plays an important role in overwhelming the capacity of the system. Foreign contract workers from Asia (primarily Chinese and Filipino) working in the private and public sector in difficult-to-fill positions, represent almost half the population, although a recent slowdown in the garment industry has resulted in a decline in the number of such workers.

1.2 Political situation

The Northern Mariana Islands is a commonwealth of the United States of America, formed in 1978, and was formerly the United Nation's Trust Territory of the Pacific Region of Micronesia within Oceania. Negotiations for territorial status began in 1972 and a covenant to establish a commonwealth in political union with the United States of America was approved in 1975. Residents (excluding foreign contract workers) are United States citizens, but do not vote in federal elections and do not pay United States taxes.

It is important to note that the Commonwealth of the Northern Mariana Islands, its governing system and its infrastructure as an independent entity within a commonwealth agreement with the United States are only 33 years old.

The present administration was elected in November 2005, with the Honourable Governor Benigno Fitial taking office in January 2006 and appointing Joseph Kevin Villagomez as Secretary of Public Health. There are three branches of Government: the executive, legislative and judicial. The Secretary of Public Health serves as an Executive Cabinet member and head of the Department of Public Health.

1.3 Socioeconomic situation

The economy benefits substantially from financial assistance from the United States of America, although the rate of funding has declined as locally generated government revenues have grown. In addition to funds received from the United States, the economy largely depends on two major industries: tourism and garment manufacturing.

Garment production is by far the most important industry, employing 17 500 mostly Chinese workers and with sizable shipments to the United States under duty and quota exemptions. The key tourist industry employs about

50% of the work force and accounts for roughly one-quarter of gross domestic product (GDP). Japanese tourists predominate. Annual tourist entries have exceeded 500 000 in recent years, but financial difficulties in Japan have caused a temporary slowdown.

In a 2007 report by the United States Government Accountability Office, it was stated that “the CNMI’s (Commonwealth of the Northern Mariana Islands) economic potential is constrained, in part, by its lack of diversification and faces serious challenges owing to declines in garment manufacturing and tourism, its two major industries. Among factors affecting the garment industry, liberalization in trade law in the early 2000s reduced the CNMI’s trade advantage relative to low-wage countries such as China, causing CNMI exports to fall. The CNMI’s tourism industry has been subject to fluctuations due to Asian economic trends in the late 1990s, as well as recent changes in airline practices. Until 2007, the CNMI’s workforce was subject to a minimum wage set by the CNMI Government that was lower than the U.S. mainland’s; however, Congress enacted a law in 2007 that applied the U.S. minimum wage to the CNMI and will gradually increase the CNMI minimum wage until it meets federal minimum wage requirements.”

The agricultural sector is made up of cattle ranches and small farms producing coconuts, breadfruit, tomatoes and melons.

1.4 Risks, vulnerabilities and hazards

No available information.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

Infectious diseases are once again emerging as a major public health concern. Of particular concern are tuberculosis, enteric foodborne illnesses, vaccine-preventable diseases, HIV infection and other sexually transmitted infections. At the same time, obesity, diabetes, hypertension and atherosclerotic vascular disease are increasing concerns facing the ageing population.

2.2 Outbreaks of communicable diseases

The Department of Public Health had been overwhelmed by the H1N1 Pandemic. Mass immunization campaigns and intense community influenza education and other awareness activities have been conducted to prevent or reduce the impact of influenza in the country.

2.3 Leading causes of mortality and morbidity

The Vital Statistics Office of the Department of Public Health monitors the number of deaths and the causes each year, with the Registrar reviewing the data for trends in order to guide preventive health efforts.

In 2010, there were 170 deaths: 61 females and 109 males. Since there is no resident forensic pathologist, autopsies for non-suspicious deaths are not performed routinely.

The leading cause of death in 2010 was cancer, followed by stroke, respiratory arrest, and heart disease.

The number of deaths due to strokes and heart attacks has been increasing, with strokes becoming the third leading cause of death in 2005, after heart disease and cancer, and increasing among individuals under the age of 50. This disturbing trend is probably due to high rates of untreated diabetes and hypertension in the population. There is also growing evidence that use of methamphetamine (‘ice’) can contribute to deaths from heart attacks and strokes; ice use is prevalent in the country.

Cancer diagnoses and most chemotherapy are carried out nationally, but radiation therapy is not available in the country and there is no resident oncologist. The Department of Public Health is increasing its public health efforts to improve cancer prevention in the community. A significant example was the 2007 launch of the HPV Vaccination Campaign, aimed at vaccinating girls in high school with the human papillomavirus (HPV) vaccine that immunizes against four HPV strains that can cause cervical cancer.

The Department of Health and WHO jointly organized a national training workshop on the national NCD STEPS Survey in November 2009. It is hoped that the survey will be carried out in the near future.

2.4 Maternal, child and infant diseases

Under the United States Division of Public Health, the Maternal and Child Health (MCH) Programme oversees primary and preventive health care services for mothers and children, including children with special health care needs, and is federally funded by a grant under the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (DHHS). The MCH Programme authorizes appropriations to the Commonwealth of the Northern Mariana Islands to improve the health of all mothers and children applicable to health status goals and national health objectives. It enables the country to:

- provide and assure mothers and children access to maternal and child health services;
- reduce infant mortality and the incidence of preventable diseases, increase the number of children appropriately immunized against disease, and otherwise promote the health of mothers and infants by providing prenatal and postpartum care, and promote the health of children by providing preventive and primary care services; and
- provide and promote family-centred, community-based coordinated care for children with special health care needs.

The priority MCH concerns include, among others, childhood obesity, lack of or little prenatal care, access to women's health services, identification and referral of infants for early intervention services, and the number of sexually transmitted infections among teenagers. In addition, more effort is being put into decreasing the burden of dental caries in children. An assessment of 2613 students for the 2009-2010 school year found that 68% of those that were assessed had dental caries.

Despite many challenges as regards prenatal care, the infant mortality rate (IMR) decreased significantly from 6.3 in 2006 to 1.8 in 2009. However, in view of the small numbers and large statistical variation, the Department of Public Health will continue to strive for improvements in perinatal care.

The most common diseases among infants during 2007 were acute upper respiratory infections, fetal/neonatal jaundice and acute bronchiolitis. In the 1-4 years age group, the most common diseases were acute upper respiratory infections and otitis media.

2.5 Burden of disease

No available information.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

Health care in the country is facing major challenges in the areas of quality and financing. These problems have been recognized for many years but, with the recent deepening financial crisis, there is increasing pressure to find solutions. The current leadership at the Department of Public Health has been working on many different plans to improve the current situation. Among the highest priorities have been stabilizing and improving the financial status of the Commonwealth Health Center (CHC) and restructuring the Department of Public Health in order to build a foundation that will allow overall improvements in the quality of health care delivery. The overall goal is to improve the health of the people.

As a way of focusing restructuring efforts, a strategic plan has been developed for prioritizing and implementing solutions to some of the more immediate problems affecting health care delivery, with financial stability the top priority. The Mission of the Department of Public Health is "to provide compassionate, quality health care and promote health for all people in the Commonwealth of the Northern Mariana Islands." To guide prioritization in attaining its stated mission, the Department of Public Health plans to deliver the best possible health care by improving its financial stability.

Goals have been chosen from all possible solutions discussed as being the most likely to allow the Department of Public Health to attain its vision. Highest priority has been placed on goals that can be attained relatively quickly within the current resources of the Department, including:

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- (1) movement towards more autonomy for CHC in the areas of operations, supply chain and finance (over-arching goal);
 - (2) installation of a new hospital information system and financial management programme (VISTA – a programme through the VA system);
 - (3) improvement in billing and processing of collections for CHC to improve revenue and cash flow;
 - (4) reform of Medicaid to improve resources available to CHC and on-island medical providers; and
 - (5) creation of autonomy in recruitment and retention of Department of Public Health personnel.

This is an ambitious list to accomplish in a relatively short time, but achievement of these goals will allow the development of more adequate resources to improve direct patient care and overall health. The plan will guide efforts in working towards the vision of creating a financially stable hospital to improve the health of all citizens.

3.2 Organization of health services and delivery systems

The Department of Public Health comprises three divisions: the Division of Public Health, which provides preventive and community health programmes; the Hospital Division; and the Community Guidance Center (CGC), which delivers mental health and substance-abuse programmes. The Department also oversees the Medicaid and Medical Referral programmes.

The Department of Public Health is the sole provider of comprehensive health care services and, through its primary health care facility, the Commonwealth Health Center (CHC) on the island of Saipan, provides a wide range of preventive (public health) and curative health services aimed at protecting and improving the health and quality of life of the population. CHC is an 86-bed, Medicare-certified hospital that opened in 1986 and was expanded in 2007. The hospital's scope of services includes emergency medicine, obstetrics, postpartum care, adult and neonatal intensive care, surgery, general medicine, paediatrics, physical therapy, dialysis, mental health and various outpatient services. It is a busy community hospital, with more than 60 000 outpatient visits each year. The hospital is also very full, with a daily census nearing 90% of capacity.

Sub-hospitals are located on the islands of Rota and Tinian and there is also one public health wellness clinic on the island of Saipan. There are six private clinics, all on Saipan. The nearest United States tertiary medical centre is in Honolulu, Hawaii, over eight hours away by air.

The Department of Public Health strives to maintain full staffing of its health care workforce. Almost all CHC physicians are from the United States of America or Canada, despite challenges to recruitment and retention of clinicians due to highly competitive salaries in the United States. The Department of Public Health also supports efforts to increase training opportunities for the local health care workforce.

3.3 Health policy, planning and regulatory framework

The Department of Public Health is under the umbrella of the Commonwealth of the Northern Mariana Islands Government and has the power and responsibility to:

- maintain and improve health and sanitary conditions;
- minimize and control communicable disease;
- establish and administer programmes regarding vocational rehabilitation, crippled children's services, infant care, Medicaid, Medicare, mental health and related programmes, including substance abuse;
- establish standards for water quality; and
- administer all Government-owned health care facilities.

3.4 Health care financing

Total health expenditure for CHC in 2005 amounted to US\$ 44 741 490. For the 2007 fiscal year, health expenditure represented 25.4% of total general government expenditure of US\$ 289.1 million. It is notable that total health expenditure is declining because the budget is decreasing; in the last fiscal year, the health budget was only US\$ 39 million, a fall from US\$ 42 million in the previous year. Significant efforts are being made to maintain critical services in a world of soaring health care costs. CHC will likely privatize adult outpatient services in the near future to continue to improve patient access to the private sector.

3.5 Human resources for health

Building and improving local health care manpower to sustain public health programmes is imperative to improving the delivery of services to the community. This is also in line with the strategic plan for future health initiatives stated in the Institute of Medicine (IOM) report. One of the four recommended approaches includes promoting the education and training of the health care workforce. Through the University of Hawaii, John A. Burns School of Medicine, the Commonwealth of the Northern Mariana Islands has an Area Health Education Center (AHEC) grant. AHEC's mission is to improve the health services of the Commonwealth by establishing a sustainable health care manpower programme through strengthening of the country's capacity to recruit and retain allied health professions to serve the health needs of the islands. The programme aims to develop competent, committed and compassionate health professionals, and its vision is to improve the quality of health care services and reduce disparities in health conditions in the Commonwealth. In addition, two Division staff are attending the Maternal and Child Health Certificate Program, through a grant, at the University of Hawaii; there is ongoing collaboration with WHO in supporting training for oral health and sanitation; and, in collaboration with the Pacific Islands Health Officers Association (PIHOA), a series of courses dealing with public health disease surveillance and investigation have been sponsored. A PIHOA consultant visited the Commonwealth in 2008 and conducted a strategic planning meeting for human resource capacity building.

3.6 Partnerships

The Department of Public Health recognizes the need for partnerships with various governmental and private agencies, non-profit organizations and other organizations, on-island, regionally and internationally, to sustain and build effective health care programmes and services.

Key partners both on-island and abroad include, among others:

- The Public School System;
- Northern Marianas College;
- The Department of Community and Cultural Affairs;
- The Department of Commerce;
- The Workforce Investment Agency;
- The Developmental Disabilities Council;
- Karidat;
- The Ayuda Network, Inc.;
- The Commonwealth Cancer Association;
- The Diabetes Coalition;
- NAPU Life;
- The Substance Abuse Prevention Coalition (SAPC);
- The University of Hawaii, John A. Burns School of Medicine – Area Health Education Center (AHEC) and Maternal and Child Health Certificate Program through HRSA;
- Western Michigan University (Project Familia);
- The Secretariat of the Pacific Community (SPC);
- WHO;
- The Pacific Islands Health Officers Association (PIHOA);
- The United States Centers for Disease Control and Prevention (CDC);
- The Health Resources and Services Administration (HRSA);
- The Joint Task Force Homeland Defense;
- The Pacific Substance Abuse and Mental Health Collaborating Council (PSAMHCC);
- The Pacific Islands Mental Health Network (PIMHnet);
- The National Prevention Network (NPN);
- The National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA).

3.7 Challenges to health system strengthening

One of the greatest challenges is recruitment and retention of qualified personnel. Some of the main obstacles include the small human resources pool from which to recruit, the ever-rising costs of maintaining the Commonwealth Health Center, and the limited local funding available to sustain quality health care delivery.

Another challenge is the need to improve the Department of Public Health's data infrastructure, which impacts the way the Department plans activities for its programmes and evaluates the effectiveness of services provided to the community.

In addition, the isolation and disparities apparent in the country create unique and challenging barriers for a struggling health care system.

4. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

<i>Title 1</i>	:	Commonwealth Health Center website
<i>Operator</i>	:	CNMI Department of Public Health's Commonwealth Health Center
<i>Features</i>	:	Organization Description, Jobs, Island Lifestyle
<i>Web address</i>	:	http://www.dphsaipan.com/
<i>Title 2</i>	:	<i>2010 Pocket statistical summary (PSS)</i>
<i>Operator</i>	:	Secretariat of the Pacific Community, Statistics and Demography.
<i>Web address</i>	:	http://www.spc.int/sdp/
<i>Title 3</i>	:	Pacific Island Populations – Estimates and projections of demographic indicators for selected years
<i>Operator</i>	:	Secretariat of the Pacific Community
<i>Web address</i>	:	http://www.spc.int

5. ADDRESSES

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6. ORGANIZATIONAL CHART: Ministry of Health

