New Caledonia

1. CONTEXT

1.1 Demographics

New Caledonia is an archipelago consisting of a main island, the Grande Terre, and several smaller islands (the Belep archipelago, the Loyalty Islands, the Ile des Pins, the Chesterfield Islands and the Bellona Reefs). Noumea, located on the main island, is the capital.

According to the national census in 2009, the inhabitants of New Caledonia numbered 245,580. The population is made up of 42.5% Melanesians, 37.1% Europeans, 8.4% Wallisians, 3.8% Polynesians, 3.6% Indonesians, 1.6% Vietnamese and 3% other nationalities. In 2008, the crude birth rate was 16.2 per 1000 population, the crude death rate was 4.7 per 1000 population and the rate of natural increase was 11.5 per 1000 population. The total fertility rate was 2.2, and the infant mortality rate was 6.1 per 1000 live births. The proportion of the population under 20 years of age, estimated at 35.5%, is decreasing gradually, in contrast with the over-65 population, which is increasing and is currently estimated at 6.2% of the population.

City-dwellers were estimated to make up 57.4% of the population by 2010. Life expectancy at birth is 71.8 years for males and 80.3 years for females (2007). There is a high level of adult literacy, estimated to be 91% of the total population (male 92%, female 90%).

1.2 Political situation

New Caledonia was an overseas territory of France until the signing of the Noumea Accords in May 1998 and their subsequent approved by the French National Assembly and Senate. It then became a self-governing French overseas country and was granted a new status, with more internal autonomy. Administratively, the archipelago is divided into three provinces (South Province, North Province and Loyalty Islands Province) and has a three-tiered system of administration: metropolitan France (represented by the High Commissioner); the Territorial Congress; and the provincial assemblies. The Noumea Accords diminished the hopes of those involved in the pro-independence movement, as the earliest possible date for independence for the country is now 2014. The Government of France has been represented by High Commissioner Albert Dupuis since October 2010. The President of the New Caledonian Government is elected by the members of the Territorial Congress. The last election was held on 3 March 2011, when Harold Martin was elected.

1.3 Socioeconomic situation

The mainstays of New Caledonia’s booming economy are mining, cattle, shrimp farming, fishing, forestry agriculture and tourism. The country has about 25% of the world’s known nickel resources. In addition to nickel, substantial financial support from France (equal to more than 25% of gross domestic product [GDP]) and tourism are key to the economy. Substantial new investment in the nickel industry, combined with the recovery of the global nickel market, suggests a bright economic outlook for the next few years. Only a small amount of the country’s land is suitable for cultivation, and food accounts for about 20% of imports.

In 2009, the estimated GDP was XPF 736.6 billion CFP (US$ 8.92 billion), with a GDP per capita of XPF 3.0 million (US$ 36,337).

The major exports are coffee, prawns, holoturies or bêche de mer, trochus, scallops and tuna. The country has an Exclusive Economic Zone of 1,740,000 square kilometres.

1.4 Risks, vulnerabilities and hazards

New Caledonia is vulnerable to natural hazards, with cyclones common from November to March. Erosion caused by mining exploitation and forest fires are among the environmental issues facing the country.
2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

Communicable diseases remain a public health problem. Common infections include: acute respiratory tract infections, including pneumonia; diarrhoeal diseases; sexually transmitted infections, including HIV; and rheumatic heart disease.

In 2009, 1419 acute infections of the respiratory tract were reported and 216 ear infections (underreporting: only 2.7% of expected reports were received). In 2010, there were 15 smear-positive tuberculosis cases (the incidence is 24 per 100,000 population) and eight new cases of leprosy reported. The prevalence of rheumatic heart disease was estimated to be 7.5 per 1000 population in 2008.

Sexually transmitted infections (STI) are highly prevalent. Second-generation surveillance carried out in 2006 revealed that, of the 152 women tested in antenatal care, 23.7% were infected with chlamydia, 7.9% with gonorrhoea and 5.9% with syphilis. In 2009, 803 STI cases were notified, of which 25.4% were chlamydial infections, 10% were gonorrhoea, and 6% were syphilis. In 2009, 13 new seropositive HIV infections were registered, bringing the cumulative number by the end of 2009 to 344. A total of 123 AIDS cases have been reported, with 73 AIDS-related deaths since 1986. Thirty-three cases of hepatitis B were notified in 2009.

Dengue and leptospirosis are endemic in the country, with 8410 and 162 cases, respectively, in 2009.

Noncommunicable diseases also constitute a major disease burden, with cardiovascular diseases, diabetes mellitus and cancers being the most common. In 2009, the most common conditions requiring long-term treatment included cardiovascular conditions (44%), diabetes mellitus (9509 cases, 17.6%), and psychosis (4386 cases; 8%). A further 5127 malignant cancers (9.5%), 5148 cases of chronic respiratory failure (9.5%) and 1198 cases of renal failure (2.2%) were in treatment. There were 35 deaths due to suicide.

2.2 Outbreaks of communicable diseases

In 2009, a dengue outbreak was notified by the health authorities. A total of 8410 cases were reported, of whom 5652 were confirmed by polymerase chain reaction (PCR) by 31 December 2009. In the same year, an epidemic of pandemic (H1N1) 2009 virus was reported, with 1162 samples analysed and 44.5% found to be positive. The Government estimates that 16%-18% of the population became infected by the virus, which would represent about 40,000 people.

2.3 Leading causes of mortality and morbidity

The leading causes of mortality during 2009 included: tumours (26%); diseases of the circulatory system (23.7%); traumatic injuries and poisonings (14.6%); and diseases of the respiratory system (9.2%).

2.4 Maternal, child and infant diseases

New Caledonia has a well-functioning mother and child health programme. In 2009, 53.6% of the female population was estimated to be between the ages 15 and 49 years. Of those, 50.1% had access to contraception. The use of medical abortion as a means of contraception had risen to 22.7 per 1000 (26.7% per 100 conceptions) in 2009. In the same year, 27,018 Pap smears were performed and 4037 deliveries took place, of which 720 (17.8%) were by Caesarian section. One maternal death was registered in 2009. Of the 4082 births registered that year, 345 (8.4%) were premature and 329 (8%) had a low birth weight.

In 2010, vaccination coverage was 98% for BCG, 100% for DPT3, 100% for POL3, 99% for measles (MCV1), and 98% for hepatitis B III.

2.5 Burden of disease

Chronic health conditions that require long-term hospitalization constitute a major burden for the health system. At the same time, some communicable diseases, such as STI, HIV infections and acute respiratory infections, remain major public health issues for the country.
3. **HEALTH SYSTEM**

3.1 **Ministry of Health’s mission, vision and objectives**

The Government has endorsed the ‘Health for All’ principle, and primary health care is one of the priorities set by health offices of all three provinces. The main elements of the health strategy are:

- qualitative and quantitative improvements in health care;
- prevention of communicable diseases through immunization; and
- improvement of health status, housing and the environment by means of health education.

3.2 **Organization of health services and delivery systems**

At the provincial level, public health care services are provided by 26 medicosocial constituencies, managed by the Directions Provinciales des Affaires Sanitaires et Sociales de l’Intérieur et des Îles. Of those, seven are medicosocial centres that have a total of 46 hospital beds and deliver integrated health care. The remaining 19 are medical centres, which cover in total: 14 nursing stations, 55 consultation rooms and 22 dental care stations. There are four specialized medical centres based in Noumea (the Multi-Specialty Centre, the Mother and Child Health Centre, the School Health Centre and the Family Planning Centre).

At the territorial level, there are five public hospitals (Centre Hospitalier Territorial [CHT] Gaston Bourret, CHT Magenta, CH Noumea, CHT Raoul Follereau and CHT Col de la Pirogue) and three private hospitals (Clinique Baie Des Citrons, Clinique Anse-Vata and Clinique Magnin).

There are 2.9 hospital beds for every 1000 inhabitants.

The significant improvement in the health status of the population in recent years can be attributed to the economic growth of New Caledonia as well as to the quality of health care coverage. The whole population has access to health services.

3.3 **Health policy, planning and regulatory framework**

No available information.

3.4 **Health care financing**

In 2006, health expenditure amounted to XPF 62 563.88 million (US$ 758.15 million). This increased by 12%, to XPF 68 601.85 million (US$ 832.47 million) in 2008, with 9.5% of GDP being spent on health. Per capita expenditure on health was XPF 280 465 (US$ 3399.85). Various public mechanisms fund social welfare programmes, including national insurance, family allowances, industrial programmes and a pension scheme. Consequently, all citizens are comprehensively covered for their health and welfare needs. However, it requires a constant effort to balance the distribution of the available resources equally among the population.

3.5 **Human resources for health**

As of 1 September 2009, there were 542 practising medical doctors, 53.2% specialists and 46.8% practising general medicine, representing a density of 220.7 doctors/100 000 inhabitants. There were also 441.2 nurses, 48.9 dentists, 49.7 physiotherapists and 57.7 pharmacists per 100 000 population, and 163.2 midwives per 100 000 women between the ages of 15 and 49 years.

3.6 **Partnerships**

In addition to its direct link with the French Government, la Direction des Affaires Sanitaires et Sociales works closely with its partners. The Secretariat of the Pacific Community (SPC) and WHO are the main development partners in the health sector. New Caledonia is committed to implementing various global health initiatives, such as the International Health Regulations and the Stop TB Programme.

3.7 **Challenges to health system strengthening**

No available information.
4. Listing of Major Information Sources and Databases

Title 1: Institut Territorial de la Statistique et des Etudes Economiques
Web address: http://www.isee.nc/

Title 2: New Caledonia Health Profile. Key Features 2009
Operator: La Direction des Affaires Sanitaires et Sociales
Web address: http://www.dass.gouv.nc/portal/page/portal/class/publications/sante_chiffres

Title 3: Demographic tables for the Western Pacific 2005-2010
Operator: World Health Organisation, Regional Office for the Western Pacific
Web address: http://www.wpro.who.int/information_sources/databases/regional_statistics/rstat_demographics.htm

Operator: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat
Web address: http://esa.un.org/unup

Title 5: La Situation Sanitaire pour l’année 2009
Operator: La Direction des Affaires Sanitaires et Sociales
Web address: http://www.dass.gouv.nc/static/publications/chiffre.htm

Title 6: Rapport conjoint OMS/UNICEF de notification des activités de vaccination pour la période janvier-décembre 2007
Operator: WHO Office for South Pacific

Operator: World Health Organization

Title 8: Population 2000-2015 by 1 and 5 year age groups, February 2010.
Operator: Secretariat of the Pacific Community (SPC) - Statistics and Demography (SDP) Programme.
Web address: http://www.spc.int/sdp/index.php?option=com_docman&task=doc_details&gid=158

5. Addresses

Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie
Office Address: DASS – NC, 5 rue Gallieni – Centre ville 98800 Noumea – Nlle- Calédonie
Postal Address: BP N4 – 98851 Noumea – Nlle-Calédonie
Official Email Address: dass@gouv.nc
Telephone: (687) 24.37.00
Fax: (687) 24.37.02
Office Hours: 7h30-11h30 ; 12h15-16h00
Website: http://www.dass.gouv.nc

WHO Representative in the South Pacific/Director, Pacific Technical Support
Office Address: Level 4 Provident Plaza 1
Downtown Boulevard, 33 Ellery Street, Suva
Postal Address: P.O. Box 113, Suva, Fiji
Official Email Address: who@sp.wpro.who.int
Telephone: (679) 3234 100
Fax: (679) 3234 177; 3234 177
Office Hours: 0800 – 1700
Website: http://www.wpro.who.int/southpacific
6. ORGANIZATIONAL CHART: Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie