

PITCAIRN ISLANDS

1. CONTEXT

1.1 Demographics

The Pitcairn Islands comprise a group of four islands, officially named Pitcairn, Henderson, Ducie and Oeno. The group is situated in the South Pacific Ocean about midway between Peru and New Zealand.

The only permanently inhabited island in the group is Pitcairn, with an area of 46 square kilometres. It is a rugged volcanic formation with a rocky coastline and high cliffs. The island is accessed by yachts and ships that travel irregularly between New Zealand and the Americas via the Panama Canal. Ships may occasionally divert to Pitcairn to assist in emergencies. Pitcairn also receives a scheduled supply boat at approximately three-monthly intervals. The official point of arrival is Bounty Bay on the Northern shore.

There are approximately 52 permanent residents on Pitcairn, including 10 children under 15 years of age. Several expat personnel are employed on the island; a Governor's representative, a pastor, a policeman, a schoolteacher, a medical officer and a welfare officer.

Most dwellings are in Adamstown on the north side of Pitcairn. A variable number of tourists visit Pitcairn, mainly from October to March.

The languages spoken are English and Pitkern, the latter being a mixture of 18th century English and Tahitian. English and Pitkern are taught at the school on Pitcairn.

1.2 Political situation

Pitcairn Islands is a tiny British protectorate. It was under the jurisdiction of the British High Commission for the Western Pacific from 1898 until 1952 when, following separation of the offices of Governor and High Commissioner, responsibility for administration was transferred to the Governor of Fiji. When Fiji gained independence in 1971, responsibility was transferred to the British High Commissioner to New Zealand, who conjointly holds office as Governor of Pitcairn Islands. Functional administration is handled by the Pitcairn Islands Office, situated in Auckland, New Zealand.

Pitcairn Islands is notable for being the least populated jurisdiction in the world (although it is not a sovereign nation). The United Nations Committee on Decolonization includes the Pitcairn Islands on the United Nations list of non-self-governing territories.

In 2010, after consultation with most people on the island, Pitcairn gained a new Constitution that aims to protect human rights.

1.3 Socioeconomic situation

Pitcairn Islanders rely on fishing and garden produce in addition to food supplies sent from New Zealand. The fertile topsoil grows a wide variety of fruits and vegetables. Bartering is an important part of the economy. Revenue is generated by sale of postage stamps to collectors and handicrafts to visitors. There is no safe harbour or airstrip. Rough seas can restrict the landing of visitors or the launching of a longboat to go out to visiting ships. The labour force on the island is small and ageing. Most able adults have some government-paid work.

1.4 Risks, vulnerabilities and hazards

The vulnerabilities and hazards facing Pitcairn Islanders are similar to those of other tiny and remote Pacific island residents. Remoteness from trading and supply partners incurs high transportation costs, raising the cost of business. Remoteness also raises the cost of social and protection services.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

In March 2002, a blood survey was carried out by the Pacific Elimination of Lymphatic Filariasis Programme (PacELF) to detect lymphatic filariasis. The survey did not detect anyone with antigenaemia and confirmed the Pitcairn Islands to be non-endemic for filariasis.

There has been no instance of dengue fever on Pitcairn.

2.2 Outbreaks of communicable diseases

Outbreaks of respiratory infection and gastroenteritis have occurred, likely related to visitors bringing infections to Pitcairn.

2.3 Leading causes of mortality and morbidity

Ten of the 52 islanders have type 2 diabetes or obesity-related pre-diabetes. Some have target organ damage. Other leading causes of morbidity include cardiovascular disease, allergy/asthma and accidents.

2.4 Maternal, child and infant diseases

In recent times, there have been no significant maternal and child health issues. Elective transfer to New Zealand for deliveries has been encouraged.

2.5 Burden of disease

No available information.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

Primary health care is accessible to all and is financed by the United Kingdom Department for International Development (DFID) and the Government of Pitcairn. Emergency evacuation is by sea to Mangareva in French Polynesia then by air transport to Tahiti in French Polynesia or to New Zealand. Presently, Pitcairn employs a doctor capable of advanced primary care. Risk attaches to the isolation from secondary care.

There is subsidized health care on Pitcairn administered from a purpose-built and well equipped health centre (built 1997). The centre has a large reception area, a consulting room, a utility room, a well-stocked and air-conditioned dispensary, an X-ray annex, a dental room and a two-bed ward with en-suite bathroom. For several years, the medical officer has been a general practitioner on a six-month or one-year contract. An islander is employed as an assistant. One islander has had basic training in dental and radiography work.

Pitcairn takes part in the Pacific Public Health Surveillance Network. Attention is given to infectious disease bulletins. The medical officer reports health information to the Pitcairn Islands Council.

3.2 Organization of health services and delivery systems

See section 3.1.

3.3 Health policy, planning and regulatory framework

No further information is offered in this profile.

3.4 Health care financing

Health care is financed by the United Kingdom DFID and the Government of Pitcairn.

3.5 Human resources for health

See section 3.1.

3.6 Partnerships

Authorities collaborate in regional initiatives for the prevention and control of infectious diseases with the Secretariat of the Pacific Community, Pacific Public Health Surveillance Network (SPC/PPHSN).

3.7 Challenges to health system strengthening

Safe and cost-effective care of the small, but very isolated community remains a challenge in Pitcairn Islands.

4. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

<i>Title 1</i>	:	<i>Pitcairn Islands Office website</i>
<i>Operator</i>	:	Pitcairn Islands Office
<i>Comments</i>	:	No information on health aspects
<i>Web address</i>	:	http://government.pn/
<i>Title 2</i>	:	<i>Samoa Commitment – achieving healthy islands</i>
<i>Web address</i>	:	http://www.wpro.who.int/NR/rdonlyres/CE800376-BC67-45D6-A3B9-01EDDE4FCB7B/0/Samoa_Commitment_2005.pdf
<i>Title 3</i>	:	<i>2011 Population and Demographic indicators</i>
<i>Operator</i>	:	Secretariat of the Pacific Community, Statistics and Demography
<i>Web address</i>	:	http://www.spc.int/sdp/
<i>Title 4</i>	:	<i>European Overseas Countries and Territories Needs Assessment</i>
<i>Operator</i>	:	European Centre for Disease Prevention and Control Office
<i>Comments</i>	:	Completed by Dr Peter Cardon, Pitcairn Islands Medical Officer

5. ADDRESSES

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