French Polynesia

1. CONTEXT

1.1 Demographics

Located about 6000 kilometres east of Australia, French Polynesia is a group of five archipelagos covering an area of 4167 million square kilometres, with a land area of 3521 square kilometres. The country comprises 35 volcanic islands and about 183 low-lying coral atolls. Its closest neighbours are Kiribati to the north-west and Cook Islands to the west.

According to annual estimations, the population was 268 767 as of 1 July 2010. Around 88% are concentrated in the Society Islands, which constitute about one-half of the land area. The most populated (82% of the population) and biggest island is Tahiti. Administrative services are centralized in Tahiti within the city of Papeete.

The population is characterized by its youth: 34% are below 20 years of age and 6% above 65 years. Life expectancy at birth in 2010 was 72.8 for males and 77.8 for females. The majority of the population is Polynesian.

1.2 Political situation

Since the passing of the organic law of February 2004, reinforcing its autonomy, French Polynesia has become a French overseas country within the French Republic. Freely and democratically governed by its representatives and by local referendum, French Polynesia constitutes an overseas collectivity, where autonomy, guaranteed by the Republic, is ruled by article 74 of the French Constitution. French Polynesia can dispose representations towards any countries recognized by the French Republic (non-diplomatic representations). In addition, the status gives French Polynesian authorities competences in several fields, particularly civil rights, employment and fiscal rights.

The state core functions, such as justice, security and public order, defence and foreign policy are still under the authority of France, which is represented by a High Commissioner.

1.3 Socioeconomic situation

In 2006, the gross domestic product (GDP) was US$ 16 803 per capita.

French Polynesia has reached a high level of health and socioeconomic development, as shown by the principal indicators, with 13% of GDP being spent on health in 2008. This favourable situation may be attributed to significant socioeconomic development and to the gradual implementation of an efficient health care system.

1.4 Risks, vulnerabilities and hazards

The main challenges facing French Polynesia and its health system are linked to its geography; the spread of its atolls and islands over a vast ocean area; differences between urban and rural areas in terms of social, economic and cultural activities; and the high density of the population on Tahiti island. All these factors make achievement of a really equitable system difficult. The challenges are also linked to the rapid mutation towards a society based on consumption, but with economic and social inequalities, leading to important differences in living standards. The consequences are an increasing number of environmental issues (habitat, waste management, air, drinking-water, water quality, resources and pollution of the lagoons) for which policies are currently being developed. The main risk factors for health are therefore linked to environmental health factors, smoking, sedentary lifestyles and poor diets, as well as mental health in its broader context.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

French Polynesia is facing challenges related to the evolution of the population’s health. There has been a general decrease in the incidence of communicable diseases during recent decades thanks to the development of the
health care system and the immunization policy. In parallel, however, there has been an alarming increase in cases of noncommunicable disease, such as obesity, diabetes, cardiovascular diseases and cancers, caused by changes in lifestyles and the emergence of unfavourable social behaviours, such as use of tobacco and alcohol, drug abuse, unbalanced diets and sedentary lifestyles. In years to come, these health problems will predominate, along with their consequences on morbidity and mortality.

Added to these risk factors is an increase in the precariousness of some population groups in urban areas, the increasing fragility of the traditional family solidarity and social structure, and insufficiently controlled environmental health problems.

2.2 Outbreaks of communicable diseases

French Polynesia often faces outbreaks of dengue fever. The severity of the outbreaks has been increasing for the last 30 years and the disease has become an important cause of hospitalization and childhood death. The last outbreak, in 2009, was due to serotype 4, which had not been circulating in the country since 1985. The outbreak lasted 32 weeks, from March to October, and affected all archipelagos, with a total of 2473 laboratory-confirmed cases (44% 10 to 19 years, 30% more than 30 years) and around 25 000 estimated clinical cases, 105 hospitalized cases, three cases of dengue haemorrhagic fever and no death.

The influenza A H1N1 pandemic affected the country during three months in 2009. The first confirmed case was imported from the United States on 2 June (fever detected by thermal imaging camera at the airport), and the first clusters of cases were detected among young persons coming back from study in New Zealand. The epidemic peak was reached in week 34, three weeks after the onset of community circulation of the virus and one week after the return to school. A rapid decrease in the number of cases was observed over the four following weeks, and the end of the epidemic wave was confirmed in week 39. Approximately 35 000 consultations for influenza-like illness (ILI) were reported, corresponding to an estimated 42 000-48 000 cumulative cases of ILI. Thirteen infected patients were hospitalized in intensive care units. A total of seven deaths were reported, with a mean age of 37 years (range: 1.5 months-73 years).

Leptospirosis and lymphatic filariasis are still endemic. A more intensive surveillance system targeting these diseases has been organized, and a stronger vector-control programme is ongoing.

There is also a specific programme and surveillance system for tuberculosis, which is at an intermediate incidence rate.

2.3 Leading causes of mortality and morbidity

While morbidity due to acute respiratory infections remains fairly high, especially in rural and poor urban districts, improvements in medical care have resulted in very low mortality rates for these conditions. At the same time, morbidity due to noncommunicable diseases has been increasing in recent decades; obesity prevalence is high among adults (42%) and children (10%) and is the major risk factor for chronic diseases.

Like many European countries, the leading causes of mortality are chronic diseases, especially cardiovascular disease and cancer, which are responsible for half of all deaths. The main causes of premature mortality (before 65 years) are attributable to cardiovascular disease, cancer (men: lung; women: breast) and injuries.

2.4 Maternal, child and infant diseases

Almost the entire population have ready access to quality health care, resulting in good immunization coverage levels of over 95%, a low infant mortality rate (5.0 per 1000 live births) and a very low maternal mortality ratio (1 maternal death out of 4434 births).

2.5 Burden of disease

Noncommunicable diseases (NCD) represent an important burden. In addition to the impact of NCD on premature mortality and the high morbidity of chronic diseases (cancer, cardiovascular disease, asthma, etc.), however, there is still considerable morbidity due to communicable diseases. There is a real need for specific and specialized long-term care and treatment programmes. The current disease trend has been taken into account in construction of the new hospital, which will provide modern oncology and cardiology services. However, this will bring about an automatic increase in hospital expenses, causing an overload for the country’s health budget.
Chronic diseases also have an economic impact, with an increase in health expenditure, loss of productivity at work, the cost of social insurance coverage for incapacities and handicaps, and decreased family incomes for those concerned. The focus needs to be on prevention aimed at reduction and control of the multiple risk factors causing the rising NCD incidence, including obesity, lifestyles changes, sedentary lifestyles, tobacco use and unhealthy diets. There is currently an imbalance between the resources dedicated to prevention activities and those to curative interventions, and public awareness has still not been raised to a level where substantial changes can take place.

Excessive alcohol and drug consumption represent an important burden because they are linked to mental health problems, suicides, juvenile delinquency, violence within families, insecurity and road accidents.

The epidemic threats due to emerging infectious diseases, such as vectorborne diseases and influenza, are also a public health concern.

3. HEALTH SYSTEM

3.1 Ministry of Health’s mission, vision and objectives

According to the organic law, health is of the responsibility of the French Polynesian Government. The Health Directorate, the health authority under the Health Minister, is one of the most important administrative services in the country.

The mission and organization of the Health Directorate are defined by 1992 and 2004 regulations. The Directorate’s mission is to implement, by any means at its disposal, public health objectives determined by public policies. It is in charge of health programme monitoring, coordination, implementation, control and evaluation, which contribute to public health objectives.

Through the documents defining health policy and health system organization, the main objectives of the Health Ministry are:

- to maintain and improve equity in access to care by strengthening local-level health care services;
- to reconcile the accessibility and quality of care services, ensuring sustainability and promoting quality control in all hospital and non-hospital health facilities;
- to develop care channels and networks;
- to combine curative interventions and prevention by reinforcing prevention activities, health education and promotion, and by making users more responsible; and
- to strengthen the role of the health authority in piloting the health system and adapting governance to address the reality in the field through an efficient system of information.

3.2 Organization of health services and delivery systems

Both the private and the public health systems deliver curative care.

The hospital system includes five public and four private hospitals, including one for ambulatory treatment and one for physiotherapy. The public hospitals include: the Main Hospital of French Polynesia (Centre Hospitalier de Polynésie Française), which is the referral hospital offering emergency services, neurosurgery, oncology and cardiovascular surgery, including intensive care services; and four hospitals managed by the Health Direction: one general hospital in the Leeward Islands (Uiroa, Raiatea); one hospital in the Marquesas islands with surgical, emergency and medical wards (Taiohae, Nuku Hiva); one hospital with a medical ward, an emergency ward and a long-stay ward in Taravao (Tahiti, Windward Islands); and one hospital with medical and emergency wards in Moorea (Windward Islands).

Primary health care is also delivered through the private and public systems. The private system is mainly concentrated on the Windward Islands and the Leeward Islands. However, the number of health professionals working in the private sector (medical practitioners, nurses, physiotherapists, dentists) whose services are refunded under the Social Health Insurance scheme, based on agreed fares, is limited. Primary health care is also delivered through the public sector; 115 public health facilities (dispensaries, medical centres, aid posts) are spread across all
archipelagos and are managed by the Health Directorate. On the majority of islands, the public sector is the only one present, especially in remote and isolated areas.

The whole public health system is under the authority of the Health Directorate, except the Main Hospital of French Polynesia, which is under the direct authority of the Ministry of Health.

3.3 Health policy, planning and regulatory framework

The latest health plan defining the health policies and priorities of the Ministry of Health was evaluated in 2005 by the Health Directorate and a number of recommendations were formulated. However, a new health plan has not yet been prepared.

In terms of planning and regulation of care services, the implementation period for the most recent health organization scheme has been extended for a further five years, from 2008.

3.4 Health care financing

In 2008, total expenditure on health amounted to US$ 884 million. The government contribution represented 55% of that expenditure, 29% of the country’s total expenditure.

Thanks to a generalized health plan run by social security insurance, the whole population is covered.

The budget for the development of prevention activities comes essentially from the funds for prevention, supplied by sugar and alcohol taxation, created in 2001. This US$ 13-15 million budget is attributed to prevention activities implemented by the ministries of health, solidarity, family, youth, sports, transports and education.

3.5 Human resources for health

Human resources for health are distributed throughout three large sectors in the health care system:

- the public hospital (French Polynesia Hospital Centre), which employs close to 1060 workers in Papeete, including 143 doctors and 508 nurses;
- the Health Directorate, which represents 1200 workers disseminated throughout the country, including 116 doctors and 340 nurses; and
- the private sector (three private clinics, private medicine), with 230 doctors and 255 nurses.

In order to strengthen health services, one to two nurses have been assigned to each isolated island and given responsibility for local coordination of the various public health programmes. They are also the liaison persons for the programme managers and are responsible for implementation and evaluation. These nurse coordinators are regularly recalled to share their experiences and be informed on the status of the different public health programmes and their outcomes. Nurses work in about 20 isolated communities where there is no doctor.

3.6 Partnerships

French Polynesia had signed partnership conventions with various governmental health organizations in France, particularly:

- the Direction Générale de la Santé (French Health General Directorate), under the Health Ministry of France,
- the Institut de Veille Sanitaire (INVS), in charge of surveillance and alert management,
- the Agence Française de Sécurité Sanitaire des Produits de Santé (AFSSAPS),
- the Institut National de Prévention et d’Éducation pour la Santé (INPES), in charge of health development and evaluation programmes,
- the Centre d’Épidémiologie sur les causes médicales de décès (CépiDC – INSERM), in charge of mortality data analysis.

The cancer registry of French Polynesia is linked to the IARC (Association Internationale des Registres des Cancers), FRANCIM (France Cancer-Incidence et Mortalité) and the INVS.
French Polynesia also has significant collaboration in health with WHO and with the Secretariat of the Pacific Community (SPC) in regional and international development of strategic plans in many areas.

3.7 Challenges to health system strengthening

French Polynesia is currently facing a number of challenges (see 3.1), the major one being related to gaining better control over the cost of curative services while improving the accessibility and quality of care, mainly primary health care, in the most remote and isolated areas. Defining the level of care appropriate to each geographical area is another challenge.

4. Listing of major information sources and databases

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<th>Title 1</th>
<th>Direction de la Santé en Polynésie française</th>
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<tr>
<td>Title 2</td>
<td>Institut de la Statistique de Polynésie française</td>
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<tr>
<td>Web address</td>
<td><a href="http://www.ispf.pf">http://www.ispf.pf</a></td>
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<td>Title 3</td>
<td>Centre hospitalier de la Polynésie française</td>
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<tr>
<td>Title 4</td>
<td>Pacific Island Populations - Estimates and projections of demographic indicators for selected years, Updated April 2010.</td>
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<td>Operator</td>
<td>Secretariat of the Pacific Community – Statistics and Demography Programme</td>
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5. Addresses

MINISTRY OF HEALTH

Office Address : Direction de la Santé
Rue des Poilus Tahitiens, Papeete – Tahiti, Polynésie Française
Postal Address : B.P. 611, 98713 Papeete – Tahiti
Official Email Address : Directrice de la santé : mareva.tourneux@sante.gov.pf
                      : Secrétariat : secretariat@sante.gov.pf
Telephone : (689) 46 00 02
Fax : (689) 43 00 74
Office Hours : 7:30 am – 15:30 pm

WHO REPRESENTATIVE IN THE SOUTH PACIFIC/DIRECTOR, PACIFIC TECHNICAL SUPPORT

Office Address : Level 4 Provident Plaza One
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 166; 3234 177
Office hours : 0800 – 1700
Website : http://www.wpro.who.int/southpacific
6. ORGANIZATIONAL CHART: Ministry of Health