

TUVALU

1. CONTEXT

1.1 Demographics

Tuvalu comprises nine coral islands and is, by population, the smallest member of the United Nations. The population has, however, more than doubled since 1980 and was estimated to have reached approximately 11 149 in 2010. About 32.0% are in the 0-14 year age group, 62.7% in the 15-64 year age group and 5.3% are 65 years or older. The population growth rate is estimated at 0.5% (2010), and the crude birth rate at 22.9 per 1000 population. The total fertility rate was estimated at 3.2 in 2009.

Life expectancy at birth is currently 63.6 years for both sexes: 61.7 years for males and 65.1 years for females.

The Tuvaluan language is spoken by virtually everyone, while a language very similar to Gilbertese is spoken on Nui. English is also an official language, but is not spoken in daily use. Parliamentary and official functions are conducted in Tuvaluan.

1.2 Political situation

The islands came under the United Kingdom's sphere of influence in the late 19th century. In 1974, the Ellice Islanders voted for separate British dependency status as Tuvalu, separating from the Gilbert Islands, which became Kiribati upon independence. Tuvalu became fully independent within the Commonwealth in 1978.

The country is a constitutional monarchy and Commonwealth realm, with Queen Elizabeth II of the United Kingdom of Great Britain and Northern Ireland recognized as Queen of Tuvalu. She is represented in Tuvalu by a Governor General, who is appointed upon the advice of the Prime Minister. The local unicameral parliament, or *Fale I Fono*, has 15 members and is elected every four years. The members elect a Prime Minister as head of government. The Cabinet is appointed by the Governor General on the advice of the Prime Minister. Some elders also exercise informal authority on a local level. There are no formal political parties and election campaigns are largely on the basis of personal/family ties and reputation.

The highest court in Tuvalu is the High Court. There are also eight island courts with limited jurisdiction. Rulings from the High Court can be appealed to the Court of Appeal in Fiji.

Tuvalu has no regular military force and spends no money on defence. The police force includes the Maritime Surveillance Unit for search and rescue missions and surveillance operations. The police have a Pacific-class patrol boat (*Te Mataili*), provided by Australia under the Pacific Patrol Boat Program, for use in maritime surveillance and fishery patrol.

1.3 Socioeconomic situation

Tuvalu has very limited natural resources, its main income deriving from foreign aid, subsistence farming and fishing. Government revenues largely come from the sale of stamps, coins and fishing licenses and from worker remittances from overseas. Substantial income is received annually from an international trust fund established in 1987 by Australia, New Zealand and the United Kingdom and also supported by Japan and the Republic of Korea. The fund grew from an initial US\$ 17 million to over US\$ 35 million in 1999. The United States Government is also a major revenue source for Tuvalu, with 1999 payments from a 1988 treaty on fisheries valued at about US\$ 9 million, a total that is expected to rise annually. In an effort to reduce the country's dependence on foreign aid, the Government is pursuing public sector reforms, including privatization of some government functions and personnel cuts of up to 7%.

In 1998, Tuvalu began deriving revenue from use of its area code for '900' lines and from the sale of its '.tv' Internet domain name. In 2000, Tuvalu negotiated a contract leasing its Internet domain name '.tv' for US\$ 50 million in royalties. However, the Canadian entrepreneur who negotiated the deal was unable to raise the agreed amount in the contracted time period, and the contract eventually fell into other hands.

Due to its remoteness, tourism does not provide much income, with only a handful of tourists visiting the country annually. Almost all visitors are government officials, aid workers, officials of nongovernmental organizations or consultants.

1.4 Risks, vulnerabilities and hazards

In terms of land area, Tuvalu is the fourth smallest country in the world. The land is very low-lying, with five narrow coral atolls and four islands. The highest elevation is five metres (16 ft) above sea level. Because of the low elevation, the islands that make up the nation may be threatened by any future rise in sea level due to global warming. Under such circumstances, the population may evacuate to New Zealand, Niue or the Fijian island of Kioa.

The land is very poor and the soil is hardly usable for agriculture. There is almost no reliable supply of drinking-water.

Westerly gales and heavy rain affect the country from November to March and tropical temperatures moderated by easterly winds from March to November.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

Noncommunicable diseases (NCD) are the main cause of morbidity and mortality, and the Ministry of Health is designing an NCD plan to focus specifically on four main areas: food and nutrition; physical health; tobacco; and alcohol. The plan will provide a road map for the Department of Public Health to combat NCD in the future.

Tuberculosis, previously thought to be under control, is now increasing again, with an average of 15 new sputum-positive cases every year. The increase is most likely due to improved sputum testing facilities and diagnostics. A full-time programme officer has been recruited with support from the Global Fund to work with the assigned medical officer, thus allowing more time for clinical care, contact tracing, patient counselling, inpatient care and DOTS implementation.

A filariasis mass drug administration and deworming programmes are in place. Water quality and monitoring testing and vector control are ongoing activities.

As in other Pacific island countries, diseases like dengue and typhoid fever occur from time to time. For diagnosis of many diseases, specimens need to be shipped to overseas laboratories, limiting the sensitivity and timeliness of surveillance. There may be an occupational risk of leptospirosis among pig farmers, although the disease has not been reported for several years.

There is a limited supply of safe water. Groundwater is brackish and is not generally considered safe for consumption. In 2009, all households on Funafuti were provided with large rain-water tanks through a project sponsored by the European Union, and this is expected to greatly reduce the incidence of waterborne disease.

2.2 Outbreaks of communicable diseases

In 2009, pandemic influenza A(H1N1) went through Tuvalu. There were 23 laboratory-confirmed cases but it is likely that many more were infected. No deaths due to H1N1 were reported. No other outbreaks of infectious disease have been reported in recent years, although dengue outbreaks are thought to occur every few years.

2.3 Leading causes of mortality and morbidity

Noncommunicable diseases remain the leading causes of morbidity and mortality, with cardiac diseases accounting for the majority of deaths. Diabetes mellitus, hypertension, and cancers (all types) are among the others. However, data disaggregation of cases recorded as morbidity data is difficult due to the lack of a proper database system at the general outpatient, special outpatient and inpatient departments. Acute respiratory infections continued to dominate the statistics for 2009.

2.4 Maternal, child and infant diseases

Data available from the Ministry of Health (2009) reveal that the under-five mortality rate fell from 68.7 per 1000 live births in 1991 to 24.6 in 2009, a 72.6% reduction (more than the targeted 66.7%). In 2009, there were five under-five deaths and 203 live births.

The infant mortality rate has also declined remarkably, from 57.3 per 1000 live births in 1992, to 34.6 in 2000, 38.3 in 2005 and 14.8 in 2009, a 74.1% reduction (more than the targeted 66.7%).

2.5 Burden of disease

No information available.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

The mission of the Ministry of Health is “to ensure the highest attainable standard of health for all people of Tuvalu”.

The Ministry's vision is “that all people of Tuvalu should enjoy the highest attainable standard of health, regardless of race, religion, political belief, or economic or social condition”.

3.2 Organization of health services and delivery systems

The health services are working to meet the new demands of changing lifestyles (especially regarding diet) among the population.

There is one hospital, located on the main island of Funafuti. The outer islands have clinics staffed by registered nurses.

3.3 Health policy, planning and regulatory framework

The year 2008 marked the beginning of the health reform process, with the development of a new health master plan to guide the work of the Ministry of Health over a 10-year period stretching from 2009 to 2019. The *Strategic Health Plan 2009-2019*, completed in early 2009, provides the Ministry of Health with the renewed aim to focus on primary health care and disease prevention.

In 2011, a review of several pieces of health legislation has been undertaken, including the Nurses Act, the Medical and Dental Act, the Public Health Act and the Pharmacy and Poison Act. The options for development of an umbrella Act for Health Professionals in Tuvalu are also currently being reviewed.

Development of the health infrastructure in the outer islands was another successful project that the Ministry of Health started to execute in 2008. The Ministry secured funding through the Government of Japan's Grant Assistance for Grassroots Human Security Projects to build a new medical centre for Vaitupu Island, to be followed by Niutao Island Medical Centre and Nui Medical Centre in 2009. The same project will also cover new medical centres for the remaining outer islands. The new centres will improve the delivery of health services to the outer islands, with better facilities for inpatient care. In Funafuti, the renovation of the Reproductive Health Clinic to house the integrated programmes for Reproductive Health, Maternal Child Health, HIV and STI, TB and Adolescent Health Development was completed in early 2009.

3.4 Health care financing

The Ministry of Health started work on development of a national health account system in 2009 to track all health financial resources and spending within the Government core budgetary system and those outside the Government jurisdiction. The system, which is expected to be ready for implementation in 2011, will allow better monitoring, evaluation and planning for the Ministry of Health in developing its own financial plans.

The Ministry of Health receives financial support from WHO, the United Nations Population Fund (UNFPA) and the Global Fund.

3.5 Human resources for health

In 2009, a total of 132 staff were employed by the Ministry of Health. There were seven Tuvaluan doctors, four Cuban doctors, 35 registered nurses, and 18 paramedics. The four Cuban doctors were the first cadre of medical officers recruited from Cuba under an agreement between the Government of Tuvalu and the Cuban Medical Program. All the doctors work at Princess Margaret Hospital and also provide consultation services and medical tours to the nine outer island medical centres. Due to the small number of doctors in the country, most shoulder more than one job to meet the medical needs of the population.

The 18 paramedics are stationed at Princess Margaret Hospital, the only hospital.

Of the 35 nurses in the country, 18 are stationed at Princess Margaret Hospital, with the remaining 17 assigned to the nine medical centres on the outer islands. There are also six assistant nurses and eight nurse aides. The deployment of nursing officers to each island ensures they each have a midwife, a junior nurse and a nurse aide.

Two registered nurses who were awarded Government scholarships to study for a Nurse Practitioner qualification for a period of one year at the Fiji School of Nursing, completed their programme in 2010.

One local doctor is completing a Masters Degree in Obstetrics and Gynaecology in Papua New Guinea and another is completing a Masters Degree in Anaesthesiology at the Fiji School of Medicine.. The recruitment of medical specialists from Cuba allowed local medical officers to pursue specialized training in Fiji. Later in 2011, Tuvalu will be recruiting one obstetrician from Cuba and one anaesthetist from the Philippines.

The introduction of the Cuban Medical Programme in 2008 was a result of the agreement between the Government of Tuvalu and the Government of Cuba to assist Tuvalu with its shortages in medical specialists working at the main hospital, Princess Margaret Hospital.

Mobile medical teams from Taiwan (China) visit Tuvalu to offer services in general surgery, urology, obstetrics and gynaecology, ENT, cardiology, anaesthesiology, dermatology, and orthopaedics. The Australian Pacific Islands Project (PIP) also provides eye surgery, ENT, diabetes, cardiology, and biomedical services in the country.

3.6 Partnerships

The Ministry of Health continues to work closely with regional and international donor agencies and partners, who support public health programmes and activities in the country through funding mechanisms and the provision of technical assistance at various levels throughout the year.

3.7 Challenges to health system strengthening

Human resources are the main challenge to health services in Tuvalu. There needs to be an ongoing effort to strengthen the knowledge and expertise of existing staff.

4. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

<i>Title 1</i>	:	Central Statistics Department
<i>Operator</i>	:	Government of Tuvalu
<i>Web address</i>	:	http://www.spc.int/prism/country/tv/stats/
<i>Title 2</i>	:	Secretariat of the Pacific Community – <i>Prism</i> .
<i>Web address</i>	:	http://www.spc.int/prism/country/tv/tv_index.html
<i>Title 3</i>	:	<i>2008 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 4</i>	:	Household Income and Expenditure Survey (HIES) 2004/2005
<i>Operator</i>	:	Government of Tuvalu Central Statistics Division
<i>Web address</i>	:	http://www.spc.int/prism/Country/TV/Stats/Publictn/Tuvalu%20HIES%20Report.pdf
<i>Title 5</i>	:	Annual Report: Health, 2008
<i>Operator</i>	:	Ministry Of Health, Government Of Tuvalu

Title 6 : Tuvalu Millennium Development Goals Report 2006
Operator : Government Of Tuvalu
Web address : http://www.spc.int/prism/country/tv/stats/mdg/TV_mdgrpt.pdf

Title 7 : Tuvalu Demographic and Health Survey 2007
Web address : http://www.spc.int/sdp/index.php?option=com_docman&task=cat_view&gid=46&Itemid=42

5. ADDRESSES

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6. ORGANIZATIONAL CHART: Ministry of Health

