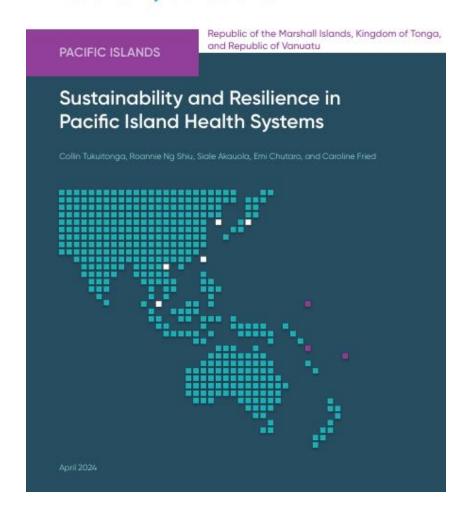






Partnership for Health System Sustainability and Resilience



Sustainability and Resilience in Pacific Islands Health Systems

Joint Report by Te Poutoko Ora a Kiwa (Centre for Pacific and Global Health) University of Auckland and CAPRI (Centre for Asia Pacific Resilience and Innovation) launched Nov 2024

Part of Partnership for Health system Sustainability and Resilience (PHSSR) – an international initiative collaborating across sectors to build more resilient and resilient health systems for the future

Includes LSE,WHO Foundation, AstraZeneca, KPMG, World Economic Forum, Phillips, CAPRI, local/regional partners

Republic of the Marshall Islands, Kingdom of Tonga, Republic of Vanuatu

Health Systems in the Pacific Islands

Noncommunicable Diseases and Mental Health major Burden of Disease in the Pacific Islands – social and economic costs unsustainable

Health systems small, fragile, curative focussed, underfunded, outdated equipment, chronic workforce challenges, medicines supply

People live with 2-3 chronic conditions; changing patterns of care

Impact of the climate crisis, more than half of critical facilities located within 300 metres of hydrological threat

Summary of Findings/Policy Recommendations

Population Health

Environmental Sustainability

Health Systems Workforce

Medicines and Technology

Health Service Delivery

Health Systems Financing

Health Systems Governance

Population Health

Dramatic improvements in IMR and U5MR

Life Expectancy decline/plateau in some islands

NCD and Mental Health major cause of mortality, morbidity

Environmental Sustainability

Climate crisis impact on lives and livelihoods

Miniscule contribution to GHGs from PICTs

Impacts on all health determinants, reduction in fishing and agricultural yields, water security threats

Rise in vector-borne diseases

Health sector response plans limited

Health Systems Workforce

Chronic intractable problem for all island nations

Outmigration and inadequate numbers being trained

Push and Pull factors

Consider greater use of (Independent) Nurse Practitioners

Medicines and Technology

Fragile dated health system infrastructure

Vulnerable locations

Limited budgets for pharmaceuticals

Slow uptake of health technology

Health Service Delivery



Good progress towards UHC



Problems with provision of specialist medical services



Cost of off-shore referrals

Health Systems Financing



MOST PICTS SPEND < 5% GDP ON HEALTH (HIGHER SHARE IN NORTH)



LIMITED SCOPE FOR INCREASED ALLOCATION FROM DOMESTIC SOURCES



HIGH OUT OF POCKET EXPENSES



ALTERNATIVE MODELS NEEDED E.G PALAU HEALTH FUND

Health Systems Governance



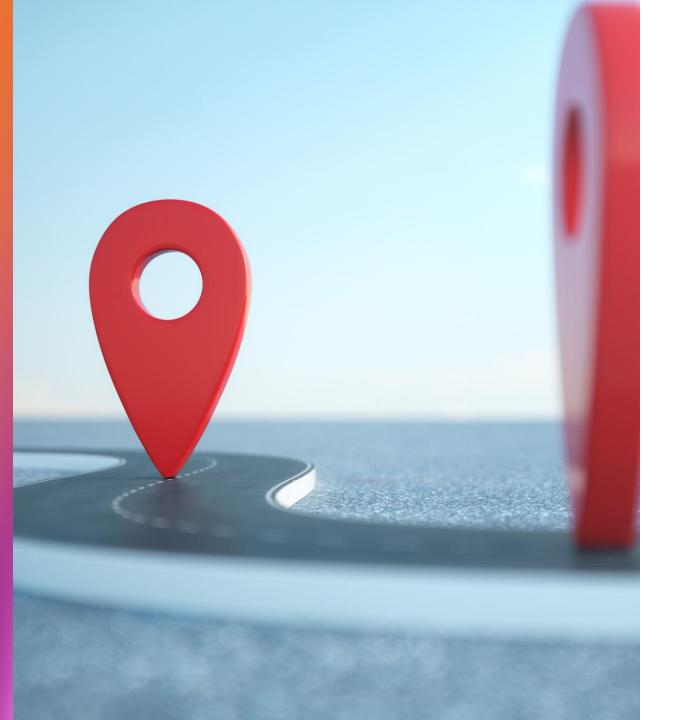




Dominant role of governments as funders and health service providers

Ministerial roles high turnover

Short political cycles not conducive to long term investment in health



Next steps

- Advocacy tool
- Phase 2 examples, local partners
- Global discussions
- Technical assistance

https://www3.weforum.org/docs/WEF_P HSSR_CAPRI_Pacific_Islands_2024.pdf