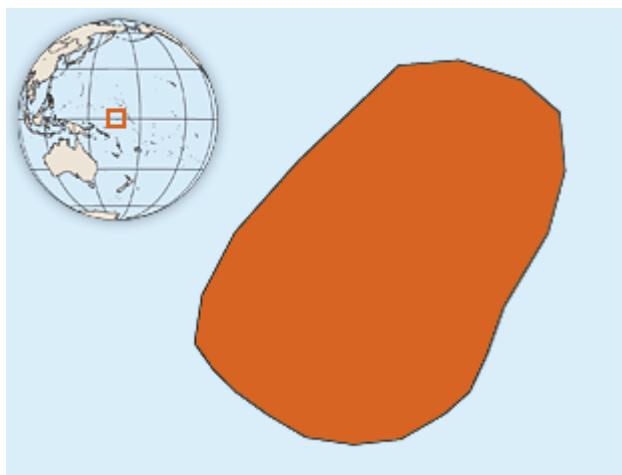


Nauru



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2007)	67.2
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	91
Demographic and socioeconomic statistics	
Life expectancy at birth (years) ()	
Population (in thousands) total (2015)	10.2
% Population under 15 (2015)	29.6
% Population over 60 (2015)	9.7
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) ()	
Gender Inequality Index rank (2014)	...
Human Development Index rank ()	
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	3.33
Private expenditure on health as a percentage of total expenditure on health (2014)	13.80
General government expenditure on health as a percentage of total government expenditure (2014)	5.24
Physicians density (per 1000 population) (2011)	1.394
Nursing and midwifery personnel density (per 1000 population) (2011)	6.972
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	22.2 [12.4-38.3]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	34.6 [20.7-55.8]
Maternal mortality ratio (per 100 000 live births) ()	
Births attended by skilled health personnel (%) (2007)	97.4
Public health and environment	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) ()	

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cgo>

HEALTH SITUATION

The health situation in Nauru, like other Pacific islands, is challenged by a triple burden of communicable diseases, noncommunicable diseases (NCDs) and the health impacts of climate change. Despite some improvements in the past 10 years, tuberculosis (TB) and leprosy programmes continue to report new cases. Additionally, outbreaks of diarrhoeal illness or typhoid fever still occur.

NCDs are the main cause of premature mortality and morbidity, contributing to a shorter life expectancy compared to other Pacific island countries. The four key risk factors are: tobacco use, alcohol use, unhealthy diets and lack of physical activity - which contributes to high rates of obesity, diabetes and raised blood pressure.

Climate and environmental determinants of health are also a major public health concern for Nauru. Factors such as low elevation, small populations and scarce resources means that the island is vulnerable to the impacts of water/food insecurity aggravated by the confluence of geographic, climatic, demographic and socioeconomic factors.

The increasing toll of climate change and NCDs are having an adverse impact on health service delivery in Nauru. The health workforce requires improvements in terms of numbers, quality and diversity in order to address these issues.

HEALTH POLICIES AND SYSTEMS

The Government of Nauru provides health-care services to all citizens. Primary health care and public health services are managed by the Division of Public Health at the Naeoro Public Health Centre, and curative services are provided by the Republic of Nauru Hospital. Services include medical, surgical and dental specialties, alongside haemodialysis, laboratory, radiological, physiotherapy and pharmaceutical services.

The vision of the *Nauru National Health Strategic Plan for 2016–2020* is “a healthy and peaceful nation that values and supports human rights and dignity through the provision of quality health care and services”. The plan prioritizes four key result areas to provide quality health services that are accessible by all communities: 1) Health systems strengthening; 2) Primary health care and Healthy Islands; 3) Curative health; and 4) Support services and networking.

COOPERATION FOR HEALTH

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: To strengthen systems to protect Nauruans from communicable diseases including priority challenges such as HIV, STIs, TB and NTD	1.1. Implement integrated people-centred approaches to achieve targets under the <i>Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020</i> . 1.2. Support development of a national strategic plan on NTDs, including country-specific targets and a target monitoring plan under <i>Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation</i> by 2020. 1.3. Support processes to sustain high coverage and improve systems for immunization. 1.4. Support processes to achieve and sustain measles and rubella elimination. 1.5. Support processes to improve vaccine/immunization and priority communicable diseases surveillance systems.
STRATEGIC PRIORITY 2: To reduce the burden of NCDs including improving mental health in Nauru	2.1. Support Nauru in building a strategic plan on NCDs, covering key risk factors and including country-specific targets. 2.2. Support in meeting national indicators for NCDs, in line with global/regional targets. 2.3. Support in fulfilling national nutrition and diet-related targets, in line with global and regional targets to reduce diet-related death, disability and disease. 2.4. Improving service coverage for NCD essential services, in line with the global target. 2.5. Help tackle the service provision gap for mental health.
STRATEGIC PRIORITY 3: To address climate and environmental determinants of health	3.1. Strengthen government and community capacities to respond to environmental hazards, climate change, and the health consequences of disasters, according to the <i>Regional Framework for Action on Health and Environment on a Changing Planet</i> . 3.2. Strengthen in-country implementation of Sustainable Development Goal (SDG) 6 targets on universal access to safely managed water, sanitation and wastewater. 3.3. Provide technical assistance for the introduction of drinking-water safety plans, national drinking-water quality standards and a water quality monitoring programme. 3.4. Provide technical assistance to develop an environmental health country profile and national climate and environmental health action plan. 3.5. Provide technical support to establish a roadmap to control asbestos hazards.
STRATEGIC PRIORITY 4: To support process to optimize planning, implementation and review of the Nauru National Health Strategic Plan	4.1. Support, review and report on the annual progress in implementation of the National Health Strategic Plan. 4.2. Support development of an annual health sector operational plan. 4.3. Provide technical support to strengthen civil registration and vital statistics. 4.4. Support advancement of health information management, particularly health informatics: database, data collation, interpretation and annual reporting support.
STRATEGIC PRIORITY 5: To improve access to essential medicines and health technologies, and containment of an microbial resistance (AMR)	5.1. Develop/review plans for medicines and health technologies according to national plans. 5.2. Develop/review treatment guidelines and formularies relevant to national priorities and disease burdens. 5.3. Strengthen procurement and supply system of medicines and health technologies. 5.4. Develop a multisectoral, country-specific national action plan aligned with global and regional strategies.

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