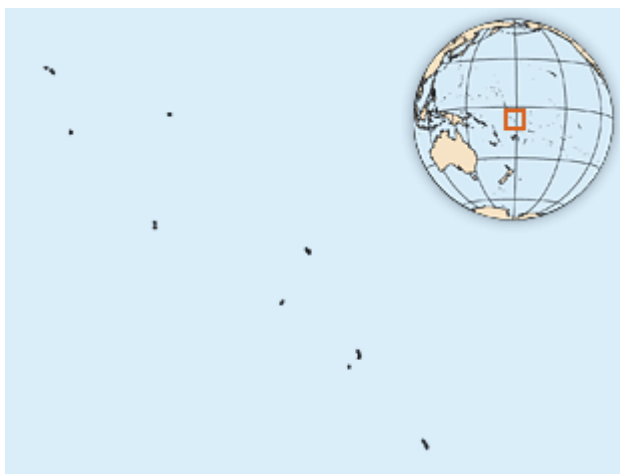


## Tuvalu



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

WHO region	Western Pacific
World Bank income group	Upper-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (2007)	34.7
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	94
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) ( )	
Population (in thousands) total (2015)	9.9
% Population under 15 (2015)	29.8
% Population over 60 (2015)	9.8
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 ( )	
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	16.54
Private expenditure on health as a percentage of total expenditure on health (2014)	0.80
General government expenditure on health as a percentage of total government expenditure (2014)	16.91
Physicians density (per 1000 population) (2009)	1.224
Nursing and midwifery personnel density (per 1000 population) (2008)	5.539
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2016)	17.2 [10.0-30.2]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	25.3 [15.0-43.3]
Maternal mortality ratio (per 100 000 live births) ( )	
Births attended by skilled health personnel (%) (2007)	93.1
<b>Public health and environment</b>	
Population using safely managed sanitation services (%) (2015)	9 (Total) 14 (Rural) 6 (Urban)
Population using safely managed drinking water services (%) (2015)	0 (Urban)

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

### HEALTH SITUATION

Tuvalu comprises nine atolls in the South Pacific Ocean with an estimated population of 11 097 (2016). Tuvalu has one hospital located on the main island of Funafuti; two health clinics, one south and the other north of Funafuti; and eight health centres covering outer islands. These facilities are staffed by nurses who mainly provide primary care and preventive services. However, patients needing advanced clinical cares that exceed the hospital level are required to travel overseas hospitals through the Tuvalu Medical Treatment Scheme.

In Tuvalu, progress has been made in strengthening the health system to tackle emerging health issues, such as the noncommunicable diseases epidemic, climate change and communicable diseases.

However, there is still progress to be made. A STEPwise Approach to Noncommunicable Disease Surveillance (STEPS) survey conducted in 2015 shows a high rate of obesity among adults aged 18–69 years, with 55.2% in males and 70.7% in females.

### HEALTH POLICIES AND SYSTEMS

Most health services are provided by the public health services, but family planning services are jointly provided by the public health services and the Tuvalu Family Planning Association. The Ministry of Health has endorsed the *National Health Reform Strategy 2016–2019* to improve health management at all levels. The management reform is to support the core business of health-care delivery.

The *National Health Reform Strategy 2016–2019* has six core objectives: to strengthen administrative and management capability of the Ministry of Health; to strengthen and improve community preventive and health-care services; to provide high-quality clinical care and services that meet the needs of the patients; to ensure quality, timely and accessible patient care support services in therapeutics, diagnostic and rehabilitative services; to provide management support to the MoH in policy and planning, human resources, legal aid, clinical care, public health, infrastructure and medical equipment needs; and to foster a mutually beneficial and effective partnerships that supports the health mandates of each partner and the health interest of the population.

### 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
<b>STRATEGIC PRIORITY 1:</b>  To build resilient health systems to bolster health security and climate change preparedness	1.1. Build capacities to respond to environmental hazards, the effects of climate change, and the health consequences of disasters. 1.2. Strengthen capacities to prepare for and respond to public health events caused by common epidemic-prone and emerging diseases. 1.3. Ensure food security to prevent communicable diseases and NCDs.
<b>STRATEGIC PRIORITY 2:</b>  To enhance planning capabilities for national health policies, strategies and plans	2.1. Support development of a long-term health strategic plan. 2.2. Support development of an annual health review and report. 2.3. Support development and review of an annual health sector operational plan. 2.4. Support national health accounts. 2.5. Support development and revision of health legislation.
<b>STRATEGIC PRIORITY 3:</b>  To strengthen essential health service delivery towards UHC and the vision of Healthy Islands	3.1. Revise the role delineation policy and essential package of health services. 3.2. Support strategic planning and performance reviews of essential health service delivery. 3.3. Ensure quality assurance of hospital services. 3.4. Support successful absorption of foreign-trained medical graduates. 3.5. Support health workforce planning, projecting and planning. 3.6. Support health information management – database, data collation, interpretation and annual reporting support.
<b>STRATEGIC PRIORITY 4:</b>  To enhance NCD control and prevention	4.1. Assist the implementation of key tobacco control measures, including raising taxes, graphic health warnings and sales controls. 4.2. Strengthen interventions through education and policy to advocate healthy diet. 4.3. Support the strengthening of NCD management in primary health care, using Package of Essential Noncommunicable protocols, including monitoring and assessment of performance and impact of delivery of essential clinical services. 4.4. Provide ongoing capacity-building support to increase national capacity for recovery-oriented community-based mental health and social support services. 4.5. Support for promoting mental health, preventing mental disorders, alcohol harm and suicide, tackling stigmatization and discrimination, and promoting human rights across the life course.
<b>STRATEGIC PRIORITY 5:</b>  To reduce the disease burden of TB and multidrug-resistant TB	5.1. Continue strengthening the TB programme. 5.2. Adapt and implement the WHO <i>End TB Strategy</i> and the <i>Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific</i> . 5.3. Assist in programmatic management of drug-resistant tuberculosis in coordination with the multidrug-resistant TB helpdesk and support effective treatment outcomes.

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