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Nauru Ministry of Health and Medical Services

Nauru Health Strategy 2021–2025

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Executive Summary

Introduction

The NHS 2021–2025 focuses on high-impact, cost-effective interventions that will significantly accelerate progress towards the attainment of better health outcomes for Nauru. The NHS also aligns with the goals of Nauru's NSDS 2019–2030. A key strategic objective of the NHS 2021–2025 is to build a resilient health system to support the delivery of quality health services. It also seeks to entrench UHC of comprehensive health services and interventions along the continuum of care and over the life course. The successful implementation of the NHS 2021–2025 requires a multi-sectoral response for better health outcomes for the citizens and residents of Nauru.

The COVID-19 global pandemic has reached almost every country in the world; however, to date, Nauru has remained free of COVID-19. This accomplishment has been possible due to a quick and decisive whole-of-Government response coordinated by a national task force. This task force took quick decisions and actions to introduce several regulations, including stringent border security and health security measures. Fostering this spirit of cooperation and inter-sectoral collaboration can truly help achieve the goals and objectives of the NHS.

Situation analysis

Life expectancy in Nauru is 57.8 years for men and 64.8 years for women, among the lowest in the region. However, overall health standards remain poor despite progress in improving infant and maternal mortality rates. The increasing cost of health service provision (including prescriptions and OMR) places pressure on the health sector budget. Current lifestyle habits—including excessive alcohol consumption, smoking, poor diet and lack of physical activity—continue to pose health risks for the national population and have resulted in the persistent occurrence of NCDs.

Improving and sustaining the quality of care is one of the greatest challenges facing the current health system. There is a need for balancing investment in the provision of curative services and investment in the prevention and promotion of other important drivers of socioeconomic development that impact the health of the people. Achieving high-quality UHC will help Nauru make progress towards a healthier population. UHC is an important step towards social inclusion and equality, and access to quality health care is a right, not a privilege.

Health sector priorities

The health sector envisions a healthy and resilient nation that values and supports individual rights through high-quality, inclusive health care over the life course. Based on the principles of UHC, MHMS will promote, protect and maintain the health and well-being of all people of Nauru through community engagement and empowerment as well as through PH and clinical services that provide better health outcomes and greater social inclusion. In working towards achieving these strategic objectives, health sector priorities were identified through 1) a process of analysing findings from a community profiling exercise, 2) inter-sectoral consultations with key Government departments and 3) a review of health data from national programmes and services. Figure 1 shows the health sector issues identified as areas of strategic priority for focused investment and intervention in the five years of this strategy.

Resource requirements and availability

HRH is an essential health care delivery input, as it is vital to have an appropriately trained, skilled and motivated health workforce for delivering health care services. Ensuring the right skilled workforce is in the right place at the right time continues to be the main HRH goal of MHMS. A major review of the health workforce establishment (i.e., the creation of a list of endorsed funded positions) was undertaken in 2020, resulting in the approval of a new list increasing the overall staffing level by more than 50 per cent from 258 to 395 established positions, an increase of 137 posts. At the beginning of 2021, 33 per cent of health posts were vacant. Prioritising the development, motivation, retention and recruitment of a committed and respectful health workforce to deliver quality care to the people of Nauru continues to be the main HRH goal of MHMS.

While MHMS will make every effort to recruit and retain local staff, the reality is that it will depend on attracting and retaining an expatriate health workforce for the immediate future. Under the NHS 2021–2025, concrete actions will be taken to promote the health sector as an attractive and rewarding career choice for Nauruan high school students and university graduates.

Health financing is an important component of the health system as it impacts the production, delivery and consumption of health care services. GON is the main funder of health care in Nauru and is committed to providing health services free at the point of delivery for all its citizens. This GON commitment to health is demonstrated through a growing health budget trend in both absolute and per capita terms.¹

OMR continues to be the main expenditure for MHMS. The increase in OMR expenditure is mainly due to travel restrictions since the beginning of the pandemic, which have prevented medical specialists from being able to visit Nauru and necessitated the transfer of patients overseas. In addition, patients have had to stay overseas for longer periods due to quarantine requirements and a lack of commercial flights. MHMS hopes that the NHS implementation and strategies for reversing OMR will soon start to contain and reduce OMR expenditure.

Implementation arrangements

The implementation of this strategy will require harmonised and integrated actions by MHMS, other Government departments, and technical and development partners. MHMS will provide leadership in implementing the plan but will do so based on the principles of partnership and collaboration. It will implement the NHS 2021–2025 through annual operational plans (AOPs) developed jointly by MHMS and stakeholders.

AOP implementation will occur through quarterly and annual reporting against key performance indicators. Governance in the sector will be strengthened through 1) the review of current arrangements in terms of both reference and membership, 2) the establishment of a new board as an intermediary between MHMS and the community and 3) the revitalising of the Nauru Health Sector Coordination Partners meeting. Legislation and regulations supporting the delivery of health care will be reviewed on an ongoing basis to ensure that they are up to date.

¹ RON, “2021-22 Budget and Estimates of Revenue and Expenditure, Budget Paper no 1: Budget Strategy and Outlook,” published 2021, https://naurufinance.info/wp-content/uploads/2021/05/BP-1-Budget-21-22_final.pdf, accessed: 1 October, 2021.

Monitoring, evaluation and learning

Monitoring, evaluation and learning (MEL) are essential functions to ensure the implementation of the priority health actions outlined in the NHS 2021–2025 as planned against stated objectives and desired results.

Data collection will occur regularly and systematically through a strengthened HMIS to inform monitoring against key performance indicators. These indicators have been developed in close collaboration with key stakeholders and align with the strategic goals and objectives of the NHS.

Evaluation will build on monitoring efforts and will assess whether the desired results of the NHS interventions are being achieved. An evaluation will contribute to understanding how well MHMS has achieved its goals and can help determine what worked well and what could improve when implementing future strategies.

Based on the evidence gathered through the MEL processes, annual reports and reviews will help assess overall NHS progress and performance. The annual reporting and review exercise will also help identify problems, take corrective action and document lessons learned.

Nauru country monitoring and reporting contribute to regional and global health data sets that are used to report on priority health issues. Accurate reporting of progress on health-related Sustainable Development Goals (SDGs) and against the Healthy Island Monitoring Framework (HIMF) will be possible through a functional MEL system.

Monitoring of health inequities will ensure that MHMS lives up to its commitment to GESI in all services. Trustworthy, reliable, gender-disaggregated data will be essential for informing future inclusive planning and policy dialogue so that all citizens of Nauru will have access to better health services in MHMS's pursuit of UHC and 'leaving no one behind'.

Ministry of Health and Medical Services

Vision, Mission and Values

Vision

A healthy and resilient nation that values and supports individual rights through high-quality, inclusive health care over the life course.

Mission

Based on the principles of UHC, MHMS will promote, protect and maintain the health and well-being of all people of Nauru through community engagement and empowerment as well as PH and clinical services that provide better health outcomes and greater social inclusion.

Values

Client centred: provide health care services that are respectful of and responsive to individual patients' needs and values.

Encouraging community empowerment and participation: provide health care services that foster primary health care (PHC) and community participation and empowerment in decision-making.

Equitable: provide health care services that do not vary in quality irrespective of ethnicity, religion, political affiliation, disability, gender or age

Resilient: build the capacity of the health care system to prepare and effectively respond to crises

Transparent: reinforce inclusiveness and collaboration to achieve quality, safety, accountability and informed decision-making to support health outcomes

Professional: enhance effective teamwork, professionalism and partnerships that are responsive to health care needs

Quality: pursue high-quality standards and performance measures that are reliable and meaningful

1. Introduction

Nauru's long-term vision and goals are articulated in Nauru's NSDS 2019–2030, which links with the United Nations 2030 Agenda for Sustainable Development. The first NSDS came into effect in 2005, was updated in 2009 and was further revised in 2016 and 2019. The NSDS is 'the path forward for the people of Nauru, by setting the National Vision and the National Development Goals which will give effect to the aspirations of the people'.² Figure 2 is an excerpt from the NSDS 2019–2030 and states the national vision, development priorities, values and principles.

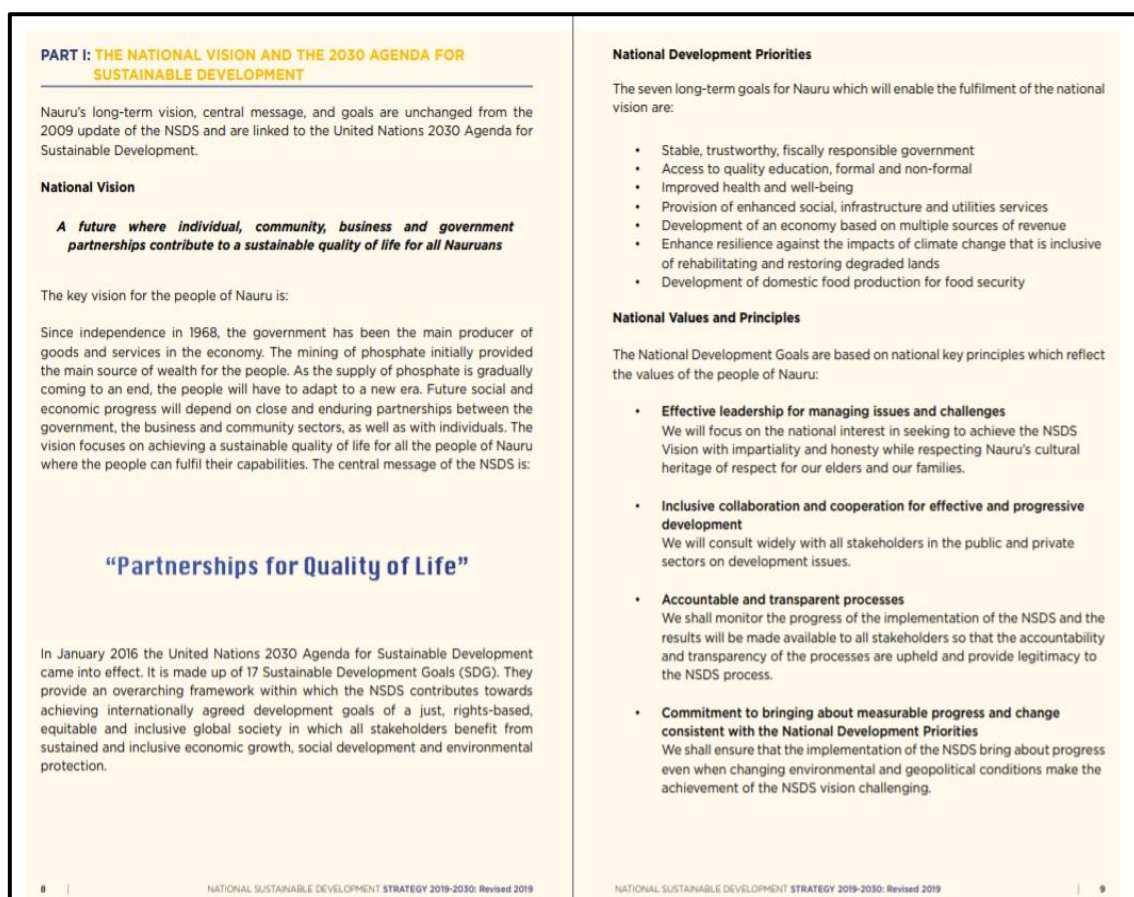


Figure 1: Nauru's NSDS 2019–2030 (GON, 2019).

The NHS 2021–2025 then defines the medium-term objectives and interventions required to achieve the sector's strategic priorities and goals. The strategy aims to guide the health sector's AOPs to address the health agenda in Nauru. The NHS 2021–2025 can also guide development and technical partners in terms of priorities for assistance that are Nauru driven.

This strategy aligns with SDG 3 as it aims to ensure healthy lives and promote well-being for all, at all ages over the life course.³

² GON, "Nauru's NSDS 2019–2030," published 2019, 8–9.

³ United Nations, "SDG Goal 3: Ensure Healthy Lives and Promote Well-Being for All at All Ages," <https://www.un.org/sustainabledevelopment/health/>, accessed: 20 October, 2021.



Figure 2: SDG 3 (good health and well-being).

The NHS also supports SDG 5 (gender equality) and SDG 6 (ensure access to water and sanitation for all).

The COVID-19 pandemic has demonstrated the critical importance of sanitation, hygiene and adequate access to clean water for preventing and containing diseases. Hand hygiene saves lives. According to WHO, hand washing is one of the most effective actions for reducing the spread of pathogens and preventing infections, including the COVID-19 virus. Yet globally, billions of people still lack safe water sanitation, and funding is inadequate.⁴



Figure 3: SDG 6 (clean water and sanitation).

Overall, health outcomes have improved in low- and middle-income countries in the past several decades. Despite this, growing public expectations, changing health needs and the emergence of the global COVID-19 pandemic have increased expectations on health systems to be better prepared, produce better health outcomes and provide greater social inclusion. Meeting this expectation requires a shift in thinking regarding how to realise the best value for money. Should MHMS continue to spend without bounds on OMRs for diagnostic and medical treatment that is not available in Nauru? Or should MHMS invest substantially in not only improving the PH system but also in upgrading hospital services so that an expanded range of quality diagnostic tools and biomedical equipment, infrastructure, and drugs and consumables are available in Nauru?

Continued investment in MHMS can optimise the Nauru health system to become a high-quality one that is consistently delivering services that improve or maintain health, is better valued and trusted by all people, and is responding to changing population needs.

2. Review of the 2016–2020 Nauru Health Strategic Plan

2.1 Strengths, weaknesses, opportunities and threats

In August 2021, MHMS conducted a review with the Health Executive Team of the Nauru Health Strategic Plan 2016–2020 implementation. The team used a strengths, weaknesses, opportunities and threats (SWOT) approach, resulting in the following findings:

⁴ United Nations, “Sustainable Development Goals,” <https://www.un.org/sustainabledevelopment/water-and-sanitation/>, accessed: 15 October, 2021.

Key strengths that allowed MHMS to make progress and achieve results against the 2016–2020 plan included:

- A new organisational restructure with four new divisions, namely: Human Resources (HR); Finance and Revenue; T&D; and Nursing Policy and Standards
- The successful recruitment of several international health professionals and local nurses was also a notable achievement, as were the preparedness and response measures taken against COVID-19

Key weaknesses identified that hampered progress in some areas included:

- Sub-standard services being provided by a range of contractors, as well as a lack of customer-focused services, especially at the Republic of Nauru (RON) Hospital
- A lack of SOPs to guide practice standards. This factor is important as there is an international workforce that brings with it a range of practices from the workers' respective countries, hence the need for an MHMS best practice standard applicable to the Nauru context
- A range of HR- and finance-related service gaps as well as gaps in prospects for undergraduate and post-graduate training across the continuum of health-related professions
- An ongoing challenge in retaining a skilled workforce as there is no Government-bonded system in place
- Limitations in local tertiary health care and immense costs of OMR in terms of the percentage of the annual budget despite being used for a very small percentage of the population
- Challenges in developing evidence-based policy and effective plans as well as in coordinating various initiatives when there are many positions vacant across the ministry

Opportunities identified included:

- Expanding the mandate of the new divisions discussed above, including that of 1) the Nursing Policy and Standards Division to support SOPs that are patient- and customer-centric, rather than nurse- or medicine-centric, and 2) the HR and Finance divisions to have more control over MHMS HR and finance processes, instead of the current centralised approach
- Working towards a more multi-sectoral approach to health by improving collaboration with other Government ministries and departments, civil society and faith-based organisations, and district committees

Threats identified included:

- The continuous risk of COVID-19 reaching Nauru; other emerging pandemics; food and water insecurity; and climate change-related diseases, including the growing threats of vector-borne, water-borne and food-borne diseases as well as heat stress
- The negative effect that misinformation has on MHMS' best intentions to plan and deliver health services in Nauru

- The progressively increasing costs of OMRs and the lack of SOPs for guiding safe and best practice
- The lack of a robust patient information and digital health information system
- The absence of occupational health and safety (OHS) standards to ensure the safety of staff and patients at RON Hospital and PH clinics

These SWOT have been included in discussions during the development of the NHS 2021–2025. Where applicable, interventions to capitalise on strengths and opportunities have been included in the proposed interventions, as have those for addressing weaknesses and threats. The detailed SWOT is available in Annex 1.

3. Nauru Geography and Demographics

Nauru is the world's smallest island country and is situated just 53 km south of the equator. The country is a single phosphate rock island with a total population of 11,550 people as of 2019. The total land area is 21.1 km².

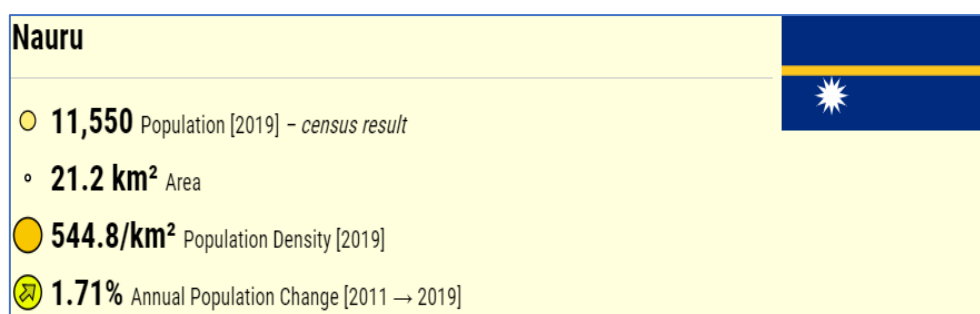


Figure 4: Snapshot of Nauru's population status and country area.

Nauru is a democratic nation that gained its independence on 31 January 1968 and is governed by a constitution. The political system derives from the United Kingdom and has a unicameral parliament comprising 19 members. There are no political parties in Nauru, so all members of parliament stand as independents. The parliament is elected every three years, and it elects the president from its members. The president is both the head of state and the head of Government and appoints a cabinet of five to six members.

Nauru comprises fifteen districts, with each district having its own community committee with elected representatives that undertake community projects and often represent their districts in various Government and civil society consultations. These community committees, comprising both women and men, are not prescribed by law, nor are they legally regulated.

Nauruan is the official language of the country and is spoken at home by 93 per cent of the population. English is also widely spoken and understood and is the language used by the Government. About 5 per cent of the population speak other languages, including Te Kiribati and Chinese.⁵

⁵ GON, "Republic of Nauru National Report On Population and Housing, Census 2011," <https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/6b/6b6d707c7e4479c85e7eb279a1c28917.pdf?sv=2015-12-11&sr=b&sig=%2BCgM70fenS2BuLUvOpZwigNUTyUjSD8aRyjpKbUo%2B%2BU%3D&se=2022-10->

The Government is the largest single employer, followed by the Regional Processing Centre (RPC)—an offshore Australian immigration processing facility—then the phosphate mining sector and smaller private sector enterprises. During the 1990s, Nauru’s economy suffered a decline in phosphate production and the adoption of unsustainable policies.

In September 2012, Nauru opened the RPC, which had a significant impact on economic activity. The Government’s finances began to improve due to increased revenue from the RPC together with the resumption of phosphate mining and the increase in revenue from the issuance of fisheries licenses.⁶

Nauru continues to be affected by challenges triggered by its vulnerabilities and external factors, including global environmental challenges, external economic shocks and climate change. Climate change can potentially impact revenue sources received from fisheries, further exacerbating economic vulnerability. The effects of climate change can also negatively impact both physical and psychological health.⁷

3.1 Nauru’s population census

Nauru most recently conducted a full population and housing census in October of 2011 and a mini census in 2019.

As Figure 6 shows, the population of Nauru grew from 2,066 in 1921 to 11,550 in 2019. The population size was steady from 1992 to 2011 at approximately 10,000 but increased to 11,550 by 2019. Nauru has a young population structure which plays an important role in determining the types of health services required to address the needs of the country.⁸ Adolescents and youth aged 10–24 comprise almost a third of its population (29.9 per cent), while women of reproductive age comprise approximately 25 per cent of its population. Older persons over the age of 60 only make up 3 per cent of the population.

The distribution of the population across districts varies. Ijuw has a population of 212. Meneng has the largest population at 1,729 followed by Location with 1,464. Table 1 provides the population and number of households per district. According to the MHMS administrative records, Nauru’s crude birth rate per 1,000 people is 26.8, while its crude death rate per 1,000 is 9.2.⁹

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⁶ GON, “Nauru Voluntary National Review on the Implementation of the 2030 Agenda,” *United Nations High-Level Political Forum on Sustainable Development*, published 2019c, <https://www.cia.gov/library/publications/the-world-factbook/geos/nr.html>, accessed: 10 October, 2021.

⁷ Ibid.

⁸ SPC, “Nauru,” published 2021a, <https://sdd.spc.int/nr>, accessed: 10 December, 2021.

⁹ RON Department of Finance, “Nauru Statistics,” published 2020, <https://naurufinance.info/nauru-statistics/>, accessed: 10 December, 2021.