

# RECOGNITION AND IMPLEMENTATION OF THE RIGHT TO HEALTH IN SOME SMALL ISLAND COUNTRIES

*Alison Quentin-Baxter\**

---

*The right to health and the delivery of health needs in small island countries is addressed in this paper. The difficulties of providing health services are explored in relation to the Marshall Islands, Niue and St Helena against their specific constitutional backgrounds.*

*L'auteur s'intéresse au sort des Petits Etats Insulaires, comme Niue, les Iles Marshall ou St Hélène en matière de santé publique. Ces trois entités sont confrontées à des difficultés communes tenant essentiellement à l'absence d'une autosuffisance économique, situation qui les contraint à maintenir des liens encore étroits avec leur ancienne ou actuelle, puissance tutélaire.*

*Ainsi, leurs populations qui bénéficient toutes d'un droit à la santé pourtant reconnu spécifiquement par leurs textes fondamentaux respectifs restent encore beaucoup dépendantes des moyens matériels et humains qui lui seront octroyés par des pays tiers.*

---

## **I INTRODUCTION**

I happen to have worked as a constitutional adviser in three of the smallest and most isolated island countries on the planet. They are "countries" because each has its own constitution and system of government with responsibility for all, or almost all, aspects of their people's wellbeing. Their collective experience in providing adequate health care for their populations will, I think, be

---

\* DCNZM, QSO, LLD (Hon), LLB. This is an edited version of a paper delivered at a joint meeting of the International Association for Humanitarian Medicine Brock Chisholm (IAHM) and Humanitarian Medical Assistance Japan (HuMA), which was held in Tokyo, Japan, in January 2008. An abridged version of the paper will be published in a forthcoming issue of the Journal of Humanitarian Medicine, published quarterly by IAHM, a professional, non-profit, non-governmental, multidisciplinary organisation, which, among other things, provides medical, surgical, nursing and rehabilitation care to patients in or from developing countries deficient in the necessary specialised expertise, mobilises hospitals and health specialists in developed countries to receive and treat such patients free of charge, and promotes the concept of health as a human right.

of interest to the members of the International Association for Humanitarian Medicine and Humanitarian Medical Assistance Japan. That experience illustrates quite vividly both the problems and the possible solutions for countries that are unable to be self-sufficient. It shows what might be done in and for other countries in the same situation.

## **II THE THREE ISLAND COUNTRIES**

The three island countries are Niue in the South Pacific, the Republic of the Marshall Islands in the North Pacific and St Helena in the South Atlantic.

Niue is a single island in the form of an uplifted coral atoll. It is about 400 miles south-east of Samoa, 760 miles west of Fiji and 1,500 miles north-east of New Zealand. It has the largest land area of the three, 100 square miles, and the smallest population, 1516 at the last census in 2006. Niueans are Western Polynesians. When the Cook Islands and Niue became a New Zealand colony in 1901 their peoples became British subjects and later New Zealand citizens. Niue's population was never more than about 5,000. Since the building of an airport in the early 1970s, its people have taken advantage of the open door to New Zealand in ever increasing numbers.

The Marshall Islands consists of two chains of 29 coral atolls and five low islands stretching several hundred miles from north to south, across more than 800,000 square miles of ocean. [MAP] The total land area is 70 square miles. In 2000, the population was estimated to be 52, 671, up from about 36,000 20 years earlier. The people are Micronesians. The capital, Majuro, is about 2,300 miles south-west of Honolulu and 1,900 miles south east of Guam. Because of the prevailing south-east trade winds, the people of the Marshall Islands traditionally had an affinity with those of Nauru and Kiribati to the south-west. If they sailed further west and north to the Caroline Islands, it was too difficult to get back.

In the era of colonisation, the Marshall Islands had a chequered experience. The first contact was with the Spanish who colonised the Philippine Islands to the south-west. Then, in the late 19<sup>th</sup> century, they became a German colony. After the First World War, they became a Japanese Mandated Territory. The cultural legacy of those episodes is still apparent in the German and Japanese names of certain families and the dietary preference for rice as the main carbohydrate. In the Second World War, many atolls and islands saw bitter fighting. After the war, the Marshall Islands, together with the Caroline Islands, Kosrae, the Northern Marianas and Palau, were brought together as the Trust Territory of the Pacific Islands, a United Nations Strategic Trust administered by the United States of America.

St Helena is another single island. It is the top of a mountain rising steeply from the South Atlantic just north of the Tropic of Capricorn, about 1,000 miles west of Namibia and 2000 miles east of Brazil. The population is about 4,000. When first discovered by Portuguese sailors in 1502, the island was uninhabited. Subsequently it was visited also by English and Dutch ships, and became an important victualling station on the sailing ship route round the Cape of Good Hope to India and the Far East. St Helena was administered by the East India Company from 1673 until

1834, when it became a British colony. The island was settled mainly by people from England, Africa, China and the Indian subcontinent. Subsequent intermarriage has produced a homogeneous population of English-speaking people who call themselves "Saints". They are British citizens with the right to live and work in the United Kingdom or in other European Union countries.

None of the three islands or island groups is large enough or sufficiently rich in resources to be economically viable, except at a subsistence level. All three are therefore committed to maintaining a close relationship with their former, or in the case of St Helena, the present administering power. Niue and the Republic of the Marshall Islands (RMI) are now states,<sup>1</sup> in relationships of free association with New Zealand<sup>2</sup> and with the United States<sup>3</sup> respectively. Under those relationships, the partner state does not have any constitutional power to intervene in the conduct of the associated state's internal or external affairs, but it does provide ongoing material support.<sup>4</sup> In accordance with the wishes of a majority of its people, St Helena remains a British colony. Its legislature is largely elected.<sup>5</sup> The Governor exercises the island's executive authority, and, in most cases, must act in

---

1 Because there are constitutional elements in the relationship between Niue and New Zealand, including its people's New Zealand citizenship, Niue is described as a "self-governing State", rather than an independent one: Niue Constitution Act 1974 (NZ), s 3. It is, however, a full member of some of the United Nations Specialised Agencies, including the World Health Organization. In its Compact of Free Association, as Amended, with the United States of America (see fn 3 below) the people of the Republic of the Marshall Islands are also described as "self-governing" (Art I, s 111), but as a member of the United Nations since 1991, as well as of some of the Specialised Agencies, including WHO, the RMI is regarded as independent.

2 The relationship of free association between Niue and New Zealand rests on their mutual consent. It has not been formally spelt out, but its terms can be deduced from the provisions of the Niue Constitution Act 1974 (NZ), the Constitution itself (for the English text, see the Second Schedule to the Niue Constitution Act as amended by the Niue Assembly), other relevant documents and the conduct of the parties.

3 The original Compact of Free Association between the Government of the United States of America and the Governments of the Marshall Islands and the Federated States of Micronesia entered into force on 21 October 1986. Certain provisions, notably those concerning grant assistance, were expressed as coming to an end on the fifteenth anniversary of its effective date. On 30 April 2003 a Compact of Free Association as Amended was signed by representatives of the Governments of the United States of America and the Government of the Republic of the Marshall Islands. It entered into force on 17 December 2003: See the Compact of Free Association Amendments Act 2003, Public Law 108-188, 108<sup>th</sup> Congress, Title I. For the text of the Compact as amended, see *idem*, Title II, s 201(b).

4 A relationship of free association involves a greater degree of commitment on the one hand and forbearance on the other than is usual in relations between states. As well as having this quantitative element, it also depends on the qualitative element of a mutual commitment to shared values. The free association relationship between the partner states does not affect the relations of the associated state with other members of the international community. See Alison Quentin-Baxter "The Constitutions of Niue and the Marshall Islands: Common traits and points of difference" in *Pacific Constitutions*, Peter Sack (ed) Law Department, Research School of Social Sciences, Australian National University, Canberra, 1982, 97, 121-122.

5 The St Helena Constitution Order 1988, Schedule 1, The Constitution of St Helena, s 15.

accordance with the advice of the Executive Council (ExCo).<sup>6</sup> Most members of that body are elected members of the legislature.<sup>7</sup> The United Kingdom Government retains an overall responsibility. As the administering authority, it has the obligation, under the United Nations Charter, to ensure the political, economic, social and educational advancement of the people of the territory.<sup>8</sup>

### **III THE RIGHT TO HEALTH UNDER THE CONSTITUTIONS AND OTHER LAWS OF THE THREE ISLANDS**

The Constitutions of both Niue and the Republic of the Marshall Islands provide that the Cabinet is responsible for establishing and maintaining such hospitals and other institutions and for providing such other services as it considers necessary for the public health.<sup>9</sup> The provisions reflect the fact that the Constitutions transferred executive authority from the administering power to the people's elected representatives.

In the Marshall Islands, the Constitution also provides that the Government of the Republic recognises the right of the people to health care, education, and legal services and the obligation to take every step reasonable and necessary to provide those services.<sup>10</sup> The proposal to include such a right came from the floor of the Constitutional Convention that was drawing up the Constitution. On the Bill of Rights, the Convention was advised by Professor Laurence Tribe of Harvard University Law School, as well as by me. I was worried that the Government of the RMI, always likely to be under financial pressure, might be faced with lawsuits claiming that it had not done enough to implement the rights concerned.<sup>11</sup> Professor Tribe explained that a constitutional right to health care and other services would not permit the courts to delve too deeply into the budgetary processes of the executive or the legislature. As long as the Government, acting in good faith, was attempting to honour the stated rights, they were unlikely to intervene. If the Government needed any further encouragement to implement the right to health, that would have to come from the political process.

There is no express provision in the Constitution of St Helena about health care, but the Governor must establish Committees of the Legislative Council (LegCo) "for such general or special purposes as in his judgment would be most suitably regulated and managed by means of a

---

6 *Idem*, s 11.

7 *Idem*, ss 5, 22 and 23.

8 Article 73.

9 Constitution of Niue, fn 2 above, s 61(1); Constitution of the Republic of the Marshall Islands, Art V, s 1(3)(g).

10 As to the enforcement of constitutional rights through the courts, see Constitution of the Republic of the Marshall Islands, Art II, s 15.

11 Art II, s 18(2).

committee".<sup>12</sup> The committees include senior officials, as well as LegCo members. Ever since they were first introduced, one of them has always had the responsibility for public health.<sup>13</sup>

At present, neither the Constitution of St Helena nor that of Niue contains a Bill of Rights,<sup>14</sup> and, even if it were to do so, it might not include a right to health. But that does not leave their peoples without such a right. The Government of Niue, acting in its own right since self-government, and the United Kingdom Government in respect of St Helena, are bound by the provisions of the relevant human rights treaties. These include the International Covenant on Economic, Social and Cultural Rights of 1966. That Covenant recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.<sup>15</sup> That right is to be achieved progressively, to the maximum of available resources.<sup>16</sup>

The international treaty obligations bearing on the right to health are not part of the domestic law of either Niue or St Helena, or, for that matter, the Marshall Islands. They do, however, provide standards for making health policy. The international treaties may also be reflected in the content of the substantial body of domestic law in each of the three countries for the protection and promotion of public health. In interpreting and applying that law, the courts will take relevant treaties into account. In each country, a named office-holder or body has a clear statutory responsibility to provide such health services as are required.<sup>17</sup> Obviously, however, they have to work within the limits of the funds voted by their legislatures or available from other sources.

---

12 Section 23(1).

13 At the moment, this is the Public Health and Social Services Committee: <http://www.sainthelena.gov.sh/government/excouncil.htm>.

14 The St Helena Court of Appeal has held that the Human Rights Act 1998(UK) is in force in St Helena as part of its law, "so far as applicable and suitable to local circumstances": English Law Application Ordinances 1987 and 1999 (SH), s 2.

15 Article 12(1). Article 12(2) spells out that the realisation of this right requires: the reduction of infant mortality and the healthy development of the child; the improvement of environmental and industrial hygiene; the prevention, treatment and control of epidemic, endemic, occupational and other diseases; and the assurance to all of medical services. Art 12 as a whole builds on Art 25 of the Universal Declaration of Human Rights. The rights declared in that document were originally thought of as persuasive but non-binding because the Declaration is in the form of a resolution of the UN General Assembly. Now, however, they are generally recognised as having the force of customary international law.

16 Article 2(1). The Government of Niue became bound by the Covenant by virtue of its signature and ratification by the Government of New Zealand at a time when New Zealand was still responsible for Niue's international relations. The United Kingdom Government is a party to the Covenant in respect of itself and its dependent territories, including St Helena.

17 Niue Act 1966 (NZ), s 23A; Public Health, Safety and Welfare Act (RMI), s 3; Public Health Ordinance (SH), s 3.

Each country is in receipt of substantial budgetary and other support from its partner state, as well as from other States and international organisations. The New Zealand Government recognises "a continuing responsibility to provide necessary economic and administrative assistance to Niue".<sup>18</sup> The United States Government has undertaken to provide grant and Federal Programme assistance in the agreed fields to the Republic of the Marshall Islands for a further period of 20 years from 17 December 2003. These fields include the health care sector as a priority, along with education. The objective is to "support and improve the delivery of preventive, curative and environmental care and develop the human, financial, and material resources necessary for the Republic of the Marshall Islands to perform these services".<sup>19</sup> The United Kingdom Government provides budgetary and other assistance to St Helena through the Department for Overseas Development. Its policy is to regard the reasonable assistance needs of the Overseas Territories as a "first call" on its development programme.<sup>20</sup>

That, then, is the legal and political framework for tackling the health needs and challenges arising in each island country, and finding the economic and human resources with which to do so.

#### **IV THE HEALTH NEEDS AND CHALLENGES**

Each of the three countries is faced with the public health problems that arise from its geography, the demography of its population, and their people's history, culture and stage of development. In identifying the relevant issues, I have been greatly helped by a Report of the Ministry of Health in the RMI for Fiscal Year 2004. This long document gives a full picture of the health services provided to the people of the Marshall Islands in that and earlier years, and sets out aspirations for the future.<sup>21</sup> I have also had the benefit of discussions with two knowledgeable

---

18 Niue Constitution Act 1974 (NZ), s 7.

19 Compact of Free Association, as Amended, fn 3 above, Title Two, Grant Assistance, s 211(a). There is also provision for the establishment of a Trust Fund so that income from the Fund can take the place of grant assistance when that form of assistance comes to an end: *Idem*, s 216. It is doubtful, however, whether income from the fund will be sufficient for this purpose: United States Government Accountability Office, Testimony before the Committee on Energy and Natural Resources, US Senate, Statement of David B Gootnick, Director International Affairs and Trade, September 25, 2007, GAO-07-1258T, 13-16.

20 White Paper on International Development, *Eliminating World Poverty: A Challenge for the 21<sup>st</sup> Century*, Cm 3789, para 2.28.

21 The report is available on the Internet: <http://www.google.co.nz/search?hl=en&q=Republic+of+the+Marshall+Islands+Ministry+of+Health+Annual+Report+for+2006&btnG=Google+Search&meta=T>.

Niueans, Mrs Sisilia Talagi, Niue High Commissioner to New Zealand,<sup>22</sup> and Dr Colin Tukuitonga, Chief Executive of the NZ Ministry of Pacific Island Affairs.<sup>23</sup>

First, the demography. Because of emigration, St Helena and Niue each have a declining population, and St Helena has an aging one, putting a strain on the resources available for the care of the elderly. Some Saints go offshore temporarily, to work in Ascension Island, the Falkland Islands or the UK, leaving their children behind with family or friends. But absences tend to stretch out longer than originally planned. This can lead to social disruption among the children left behind.<sup>24</sup> Migration from Niue is mainly to New Zealand or Australia, tends to be of whole families, and permanent rather than temporary. It has led to skill shortages in Niue, and increasing difficulty in achieving economies of scale. The Marshall Islands has a rapidly increasing population. As people move away from their own land in search of jobs, the problems of urbanisation, unemployment and poverty increase.

Next, the lifestyle and environmental factors. In the Marshall Islands and Niue the people have abandoned their former subsistence economy, with its reliance on catching fish for protein and planting the traditional food sources such as coconut palms, taro and breadfruit. Instead, they are dependent on a money economy and imported foodstuffs. Diabetes is the single greatest risk to health.

In St Helena, the clearing of the original forest has led to severe erosion and the remaining soil is not as fertile as it was once. So that island, too, now imports most of its food. Approximately one third of all deaths are associated with either high blood pressure and/or diabetes, and the immediate cause of death is dominated by cardiac disease.<sup>25</sup>

Another serious health risk is peculiar to the Marshall Islands. From 1946 to 1958, the United States carried out 66 atmospheric nuclear weapons tests at Bikini and Enewetak Atolls. In

---

22 Mrs Talagi was formerly the Secretary to the Government of Niue, and, as such, the permanent head of the Niue Public Service and the chief administrative officer of the Government of Niue.

23 Before taking up his present position, Dr Tukuitonga helped to establish the Department of Maori and Pacific Health at the Faculty of Medical and Health Services at the University of Auckland, was head of the office for the Surveillance and Prevention of Chronic Diseases at the World Health Organization in Geneva, an Advisor to the Secretariat of the Pacific Community on Health Issues, and Director of Public Health and Medical Officer of Health for New Zealand. Early in his career, he was Director of Health in Niue.

24 St Helena Public Health and Social Services Department, *Saint Helena Herald*, 10 October 2007: [http://www.sartma.com/artd\\_4621\\_10\\_2007\\_40.html](http://www.sartma.com/artd_4621_10_2007_40.html).

25 Government of Saint Helena Public Health Department, Official Government Website: [http://www.sainthelena.gov.sh/government/phd-general\\_hospital.htm](http://www.sainthelena.gov.sh/government/phd-general_hospital.htm). The same source notes that a number of medical conditions are unique to the island. The doctors are often struck by the frequency with which they see otherwise rare conditions. 'Hereditary Angioneurotic Oedema' and 'Systemic Lupus Erythematosus' are both relatively common.

September 2004, the United States National Cancer Institute published a report estimating that the nuclear testing programme during those years will cause about 500 additional cancer cases among Marshallese, about a 9% increase in the number that would otherwise have occurred.<sup>26</sup> About one-half of the radiation related cancers are yet to develop or be diagnosed.<sup>27</sup> The study did not extend to the radiation-based risk of other serious diseases.<sup>28</sup>

In ongoing negotiations with the Government of the United States about redressing the consequences of the nuclear weapons testing programme in the Marshall Islands, the Government of the RMI points out that it created profound disruption to human health and the environment, as well as to the economy, culture and political system and virtually every aspect of life. Some atolls remain contaminated and their populations have been relocated, sometimes more than once.<sup>29</sup>

Generally speaking, tropical diseases are not a major problem in any of the three countries, though dengue fever is endemic in Niue. Climate change, however, creates major risks of harm to public health or the health infrastructure, or even worse.

First, the vectors of disease, such as mosquitoes, may move into new areas. Already, malaria is occurring in parts of Melanesia, in the Western Pacific, where it was not present earlier.

Secondly, there may be an adverse effect on the quality and supply of water. St Helena depends on natural streams and springs, and already has a Water Authority with the responsibilities and powers necessary to develop, control, conserve and distribute fairly the water resources of the island, whether for domestic, industrial or farming purposes.<sup>30</sup> In Majuro, the capital of the RMI, the airport runway and hard standing areas are used as a rain water catchment, but storage facilities are limited. When I was working there at this time of year, which is the dry season, the taps used to be turned on only for an hour a day, between 6am and 7am. Niue has a good water supply in the

---

26 Estimation of the Baseline Number of Cancers Among Marshallese and the Number of Cancers Attributable to Exposure to Fallout from Nuclear Weapons Testing Conducted in the Marshall Islands, prepared by the Division of Cancer Epidemiology and Genetics, National Cancer Institute, Department of Health and Human Services, prepared for the Senate Committee on Energy and Natural Resources, September 2004, 17.

27 *Idem*, 14. The Institute emphasised, however, that the assumption of proportionality between radiation dose and radiation-related cancer risk, which has been shown to hold reasonably well at lower doses, cannot be assumed to hold at the extremely high radiation doses to the thyroid gland and the colon estimated for the populations of the neighbouring atolls of Rongelap and Alinginae who were not evacuated beforehand. The excess numbers of cancers estimated for those populations should not be taken at its face value but should be treated as a crude upper limit.

28 *Idem*, 2.

29 Senate Energy Committee Hearing, Testimony of the Marshall Islands Minister Witten Philippo, 5 November 2007: <http://www.yokwe.net/modules.php?name=News&file=article7sid=1928>.

30 Water Ordinance, Cap 55, s 6.

form of a reservoir of rain water that has seeped through the porous coral and is prevented from mingling with the surrounding sea water by a natural lens. But rising sea levels could lead to the contamination of this valuable fresh water supply.

Thirdly, there could be an increase in the frequency and severity of natural disasters. St Helena seems to be relatively safe, but, at least once in its long history, the capital, Jamestown, situated in a steep, narrow valley, suffered damage from a flash flood. It could be at risk again.

Not long after self-government in the RMI, which took effect on 1 May 1979, Majuro Atoll suffered a mysterious wave storm, possibly caused by a tsunami. There was no wind, but the waves breaking on the surrounding reef were so huge that, at high tide, they flowed right through the administrative centre, and spilled into the lagoon on the other side of the islet, carrying with them everything movable. That included houses that had not been tied down on their foundations. This continued for a fortnight. The effect of the large waves was all the greater because the town centre had developed around the wartime airstrip on the windward side of the island, in contrast to the traditional settlement which was on the leeward side. That settlement was not affected.

Niue is in the cyclone zone from about November to March. From time to time it has suffered disastrously. The worst damage has been caused by the mountainous seas. As recently as 2004, a severe cyclone destroyed some parts of the capital, Alofi, including the hospital which had been built on the cliff edge. Earlier, in a 1990 cyclone, the hospital had been badly damaged. At that time the Niueans urged the New Zealand Government to move it to a site further away from the sea, but, on the grounds of cost, that advice was not followed. Since the 2004 cyclone, however, the New Zealand Government has funded the total rebuilding of the hospital on higher ground. The French Government has supplied equipment.

Natural disasters such as these do not usually cause injury or loss of life, though that can happen. The main risk is the destruction of infrastructure and the interruption of communications. Niue, for example, cannot afford to stockpile supplies of essential pharmaceuticals, so any loss of air services creates problems. The greatest risk of all is to the low-lying atolls of the Marshall Islands. It is hard to imagine any land territory more fragile than an atoll. From the air, it looks like a string of green beads floating on the ocean. In Majuro, for example, the highest point is only 6 feet above sea level. If that level rises significantly, many atolls will simply disappear.

Finally, in this section, I would like to say something about the communications linking each country with the outside world. Those govern the ability to bring in specialised medical services and needed supplies, and to send out patients referred offshore, especially in a medical emergency. The RMI has a good air service with daily flights east to Hawaii or west to Guam. When the wave storm struck, the United States disaster assistance services flew in the necessary personnel and supplies and set up a tent city. That was needed for about a year.

Since the early 1970s, Niue has also had a good airport. Services have at times been a problem, but, generally there is a weekly flight to and from Auckland, and sometimes to other Pacific

destinations as well. To deal with a medical emergency, NZAID funds mercy flights, either by the RNZAF or by a private contractor.

St Helena is the least well off in terms of communications. The steep and broken terrain makes it difficult to build an airport capable of taking aircraft large enough to make the long over-ocean flight without any alternative landing place. An airport is now planned, but there has been a delay in finding a suitable contractor. Meantime, the only regular communication is by sea, using the island's own ship, the RMS St Helena. The ship carries both passengers and cargo.

The regular route connects with Ascension Island, two days' sailing to the north, and Capetown, 5 days' sailing to the south-east. From Ascension Island, the RAF makes scheduled flights to England and to the Falkland Islands. This year, the ship is also visiting Walvis Bay in Namibia, from which air connections are available, but even that port is two or three days away. At Jamestown, and also at Georgetown in Ascension Island, where the ship has to anchor in the open roadstead, the transfer between shore and ship can be difficult in rough weather. If a medical emergency arises when the RMS St Helena is not in St Helena or expected soon, the only possibility is to get on the radio and see if there is a container ship anywhere near that might be willing to come by and pick up a passenger.

Those then are the challenges. Next I will look at how they are met.

## V *MEETING THE HEALTH NEEDS*

There are Government-run hospitals in Alofi in Niue, in Jamestown in St Helena and in Majuro and Ebeye<sup>31</sup> in the Marshall Islands, and clinics in the rural areas of St Helena and the outer islands of the RMI. Medical care, including the cost of prescription medicines, is either free or highly subsidised. It therefore accounts for a significant proportion of total public expenditure.

For the most part, all three countries rely on expatriate doctors, but, to the extent possible, their governments provide access to training opportunities for their own people and encourage them to work in their own countries. Low local salary levels in comparison with what people could earn offshore, even in unskilled work, are the main reason for recruitment and retention problems where these occur.

For more than a hundred years, the Fiji School of Medicine has trained doctors, nurses and other health professionals from all over the Pacific. A majority of the doctors and nurses in Niue graduate from there. It is the policy of the RMI to train Marshallese citizens to fill health care positions, so far as possible. Eighty-two percent are now filled by Marshallese. In St Helena, all the doctors and the

---

31 Ebeye is an islet of Kwajalein Atoll, the site of the agreed US Military operations in the RMI. The population of Ebeye comprises people from other parts of Kwajalein Atoll that are now leased to the US, and also people from other atolls and islands in the Marshalls who are employed by the US military or by civilian contractors. It is said to have a population density greater than that of Kowloon in Hong Kong.

Nurse Tutor are expatriates, but other posts are filled by locally-trained staff. Nursing training in St Helena is supported by the School of Nursing and Midwifery at Queens University, Belfast, Northern Ireland, under a Nurse Education Link. Among other things, this has provided a new nursing curriculum for the island and online modules that are accessed by students who are unable to come to Belfast.<sup>32</sup>

Because of the high cost of offshore referrals, the RMI is trying to build up the range of diagnostic and treatment services that can be provided onshore. It is employing more doctors and other health professionals with specialised qualifications and purchasing more sophisticated capital equipment. This increasing onshore capacity is supplemented by the visits of consultants with additional specializations. In St Helena, too, there are regular visits from health professionals with specializations not otherwise available on-island.

A 1998 conference on telemedicine in the Pacific, in which a doctor from the RMI participated, recognised that medical practitioners in small island countries often operate in relative isolation, dealing with diverse care needs, many of which arise infrequently because of the small populations served. The use of telemedicine can allow:

- nurses to consult doctors on medical cases when doctors are not available at the site
- doctors to consult one another on case management
- doctors to consult external specialists on case management.

Modern technology allows the Internet transmission of digital colour images of patients, patient data and x-ray images, together with a written medical report. Use of the Internet significantly reduces the cost, compared with that of telephone bills in the pre-Internet era. The same technology also has an important role in referrals offshore. The conference adopted an action plan for integrating methods and resources for distance consultation.<sup>33</sup>

Despite these various ways of enhancing the onshore delivery of health care, offshore referrals still have an important role. In conjunction with its funders, St Helena has arrangements for medical referrals to hospitals and specialists in England and in South Africa. Similarly, the RMI has long-standing referral arrangements with hospitals and other treatment providers in Hawaii and on the West Coast of the United States. More recently, because of the cost-savings involved, it is referring patients to health care providers in the Philippines.

All the health care issues I have just identified are equally relevant for Niue. The Niue Government and its partner, the Government of New Zealand, have sought to tackle them in a coordinated and comprehensive way. The Niue Department of Health has entered into a

---

32 See <http://www.qub.ac.uk/schools/SchoolofNursingandMidwifery/International/StHelena/>.

33 See <http://hero.enigma.co.website/index.cfm?fuseaction=articledisplay&FeatureID=60>.

Development Partnership Arrangement with Niue's main funder, NZAID, and Counties-Manukau District Health Board.<sup>34</sup> The Health Board is responsible for providing health services to the residents of the Counties-Manukau District, in the south Auckland region of New Zealand. Many Niuean and other Pacific Island families have settled in that region. The Health Board therefore has recognised expertise in designing and delivering health care for Pacific peoples.

The tripartite arrangement was made under the umbrella of an earlier arrangement between the Government of New Zealand and the Government of Niue, under which all New Zealand government departments would give stronger support to their counterparts in Niue.<sup>35</sup> As a Crown-owned entity, Counties-Manukau District Health Board has undertaken the following responsibilities in respect of Niue:

- to support and cooperate with the Niue Department of Health in enhancing the capacity of the Niuean health service;
- to act as the central point of contact for both the New Zealand Government and the Government of Niue on Niuean health and health system matters;
- for this purpose, to establish a regular formal system of communication with the Niue Department of Health and NZAID;
- to take the initiative in putting forward annual funding requests in the form of a detailed work plan and budget;
- to engage in annual talks with the other two parties, about November each year, on what will be required in the next calendar year and how those requirements will be met;
- to appoint a liaison officer to manage the Health Board's relationship with the Niue Department of Health and NZAID.

By 15 December in each year, the parties are required to have met and agreed the Programme Plan and budget for the following year. The Health Board must then provide the agreed services, in Niue or New Zealand. Subject to an appropriation by the New Zealand Parliament, NZAID must pay for those services in accordance with the agreed budget.

The arrangement is working well. Counties-Manukau District Health Board is involved in the provision of health care to the people of Niue in a number of practical ways. The Government of Niue is able to exercise autonomy and participate actively in the development of health services for its own population, even though it is not the funder or the provider of the services concerned. In the

---

34 The arrangement came into force on 1 January 2005 and expires on 31 December 2007, but the parties may agree to extend it for up to two more years.

35 Halavaka ke he Monuina Arrangement between the Government of New Zealand and the Government of Niue for a Programme of Strengthened Cooperation, 2004-2009.

field of health care, inequalities have been reduced as between New Zealand citizens in Niue and New Zealand citizens in New Zealand.

## **VI CONCLUSION**

The right of the peoples of Niue, the Marshall Islands and St Helena to the highest possible standard of health care is taken seriously by their own governments and those of their partner states. Their experience is proof, if that is needed, that, in the wake of the colonial era, not all political entities can realistically find within their own borders sufficient material and human resources to provide their people with an adequate standard of health care. All three island countries are fortunate in having partner states that are willing to provide the outside support on which they depend. For that reason, their peoples are not to be counted among the poorest of the poor. But governments and government agencies are not robots that can work without human involvement. The health care arrangements in each of the three small island countries still depend on their own people and others willing to live there, people in their partner states, and in other provider countries with enough foresight, determination, and sometimes generosity of spirit to make those arrangements work well.

For that reason, their cooperative arrangements can be seen as inspirational. There are many other countries, in the Pacific and further afield, where health care resources are limited, many of them without the kind of support that St Helena, Niue and the RMI can count upon. But some of the practical solutions the three counties have put in place may be feasible elsewhere, with or without adaptations. Partnerships are the key – partnerships between and among a variety of people and bodies: governments, their departments and other agencies, public and private health care providers and teaching institutions, and other organisations, whether national or international, governmental or non-governmental. Such partnerships, however, do not just happen. They are born of human ingenuity and goodwill and can grow and flourish only with the benefit of human insights and dedication.

