Executive summary

Tonga has had one of the best overall levels of health within the Pacific as a result of a dramatic reduction in communicable diseases and maternal and child mortality since the 1950s. Tonga is on target to achieve the Millennium Development Goals (MDG) around maternal and child mortality reflecting an effective primary health-care system, good public health infrastructure and comprehensive antenatal and postnatal care, immunization, water, sanitation and waste disposal programmes. The Ministry of Health reports that 100% of the population can access appropriate health-care services with a regular supply of essential drugs within a one-hour walk. In spite of these successes, however, the emergence of lifestyle diseases, particularly diabetes and cardiovascular disease, poses a huge challenge to the health system and the overall health of the nation. The 2004 STEPS survey revealed that an alarming 99.9% of the adult population are estimated to be at moderate to high risk of developing a noncommunicable disease (NCD). As of 2011, WHO estimates that NCDs account for 74% of all deaths in Tonga and are a leading cause of premature death and disability. Furthermore, research conducted in 2010 concluded that previous methods of estimating life expectancy for Tonga did not adequately cope with the high level of adult mortality and based on improved data, the estimated life expectancy was revised downward by five years for both males and females, to 65 years and 69 years, respectively (Hufanga et al., 2012). As 39% of Tongans are under the age of 15, primary prevention of obesity, inactivity and poor nutritional habits will be a key strategy for future population health. In response, in 2004 the Tongan Government, with high-level support from multiple ministries, was the first country in the Pacific to launch a National Strategy to Prevent and Control NCDs. However, despite many preventative strategies implemented over the past decade, NCD risk factors continue to rise. The real challenge now is for Tonga to adapt its strong primary health-care system to deal with the range of emerging issues, particularly the large financial burden associated with chronic and noncommunicable diseases.

The Ministry of Health is mandated to provide the administration and delivery of preventive and curative public health services in Tonga under
the Health Services Act. Health-care services are decentralized and managed geographically through four health districts which correspond to the main island groups. Six functional divisions are also responsible for service delivery and planning. Donor and development partners are also important in the governance and organization of the health system, providing capital investment funding, technical assistance and programmatic support. In conjunction with the Government of Tonga, they also fund teams of visiting overseas medical specialists and transfers of patients to overseas hospitals for advanced and complex care that is not available in Tonga. Apart from a relatively large cohort of unregulated and widely-utilized traditional healers, the private health sector is small, consisting of a limited number of private pharmacies and a few government health workers engaged in dual practice. As such there is no formalized regulation of these providers, nor is there regulation of private health services or insurers. Clinical staff are regulated by several key legislations and are registered and licenced by professional boards.

With donor support, particularly the Tonga Health Sector Planning and Management Project (THSPMP), the planning, budgeting and management capacity of the Ministry of Health has grown considerably. Health sector planning is aligned with the Government’s Strategic Development Plan and Framework, and underpinned by the Ministry’s Vision and Mission statements which are described in the Corporate Plan, created every three years. The Corporate Plan sets out six key result areas, targets and key performance indicators against which they are measured. The Ministry has also institutionalised several relatively sophisticated performance management systems which complement quarterly and annual reporting, namely the Balanced Scorecard and the Executive Performance Appraisal System.

One patient satisfaction survey has been undertaken at Vaiola Hospital in 2002 and the level of satisfaction is generally high. Complaints about cleanliness and comfort are likely to have been addressed since the upgrade and refurbishment of the hospital between 2002 and 2014. The Ministry of Health continues to prioritize the improvement of customer service and has made it a key result area in the latest Corporate Plan.

Since 2000, government expenditure on health as a proportion of total health expenditure has averaged above 80%, at an average 4% of GDP and with the health sector consistently receiving a relatively large portion (12%) of total government funding. In the last NHA (2007/2008) total
health expenditure was roughly TOP 40 million and health expenditure per capita has increased significantly from US$ 163 in 2000 to US$ 245 in 2011. The Government is the main financer of the health system, providing close to half (47%) of financing in 2007/2008, supplemented by a large degree of donor and development partner funding (38%) with only an average of 10% of total health expenditure coming from household out-of-pocket payments (OOPs), a relatively small figure compared to regional averages for the Asia Pacific region. Payments to traditional healers account for the majority of OOPs. User fees were introduced for some services in 2009 and raise approximately TOP 1 million per year. Although fee exemptions and a safety net are in place to protect the poor, there is a lack of research to show whether this has been effective in protecting the poor without decreasing service utilization. Voluntary health insurance currently only accounts for around 3% of total health expenditure and recent attempts to implement social health insurance for the 12% of the population employed in the formal sector failed to pass through Cabinet. With the double burden of disease and Tonga’s commitment to provide universal health care, the Government must look at alternate financing mechanisms and increasing health system efficiency in particular through budgeting more for preventative health.

Health services are provided by a network of 34 maternal and child health clinics, 14 health centres, three district hospitals and the tertiary referral hospital, Vaiola Hospital, located in the capital city, Nuku’alofa. The four hospitals also provide primary health care to the populations of their respective island groups through outpatient and emergency departments; in fact, over 90% of health services are delivered from the hospitals. There have been several donor-funded infrastructure programmes over the past few years, the most notable of which was the multimillion dollar redevelopment and upgrade of Vaiola Hospital. The hospital has been designed and planned to meet the needs of the population now and into the future. Maintenance and upkeep of health facilities do, however, remain an ongoing challenge within constrained operational budgets. Purchasing new equipment and ensuring that the outer island facilities have adequate levels of basic, functional equipment is also challenging and often requires donor supplementation.

Tonga has workforce densities which are higher than other low and middle-income countries (LMIC) in the Pacific but significantly below high-income neighbours. Tonga does suffer from brain drain, and routinely experiences critical deficiencies, particularly for in-demand
medical specialists such as surgeons and anaesthetists. Key deficiencies have been filled with funding from the Australian Aid-funded Tonga Health Systems Support Program (THSSP). However, this is a costly option and a more sustainable method must be established. Local training of health workers is limited, with the Queen Salote School of Nursing providing the only accredited in-country health professional training, in basic and post-basic nursing. The Ministry of Health also provides training courses for some cadres of health professionals such as health officers and dental assistants, but the programmes are ad hoc and unaccredited. There is no medical education available in Tonga and most doctors enrol at Fiji National University or at other universities in Australia, New Zealand, or more recently, in Cuba. With close to a quarter of the workforce reaching retirement age in the next ten years, workforce succession planning is vital and innovative use of technologies such as video-conferencing (e-health) will be needed to overcome workforce shortages.

The Government currently provides the majority of the country’s primary health care through the network of reproductive and child health clinics, health centres and hospitals. However, patients, particularly in rural and remote areas, often bypass the lower-level health services and go directly to a hospital, which can result in late presentation and reduced technical efficiency of the health system.

Ensuring that quality primary health-care services can be maintained in remote areas is a major challenge for Tonga. The range and scope of secondary and tertiary services also need to be expanded, in particular to treat and limit complications due to NCDs. For example, Tonga is not currently able to deliver complex surgical procedures such as specialized cardiac, paediatric and neurological surgery nor multimodal cancer therapies in a cost-effective and sustainable manner. Tonga relies on overseas transfers and the visits of specialist medical teams to provide these services, and this is likely to be the case for the foreseeable future. The health system is also very limited in the scope of available rehabilitation services and lacks adequate human resources, medical equipment and assistive devices to cater for the growing demand related to the rise in lifestyle diseases and chronic conditions. In general, the majority of rehabilitation, long-term care and care for those with disabilities is provided by family members although a small number of NGOs and faith-based organizations also provide limited services, predominantly on Tongatapu. Whilst Vaiola Hospital has a psychiatric unit, mental health care is also limited in scope on outer islands where it is
generally delivered by health staff with no formal mental health training. Tonga has a significant cohort of traditional healers who, although not recognized as a part of the formal health system, play an important role in providing health services, particularly in remote areas. Additionally, a small number of private practitioners also provide fee-based health services, mainly around Nuku’alofa. As the Ministry of Health endeavours to expand and improve the quality of primary and secondary health services, it is imperative that they engage and work with all health providers including those who operate outside of the formal public system.

Since the 1990s, Tonga has undergone many rounds of development partner-supported health reform. Programmes such as the World Bank’s Health Sector Support Project, the Australian Aid-funded Tonga Health Sector Planning and Management Project and the more recent Health Systems Support Program, have helped to strengthen the Ministry of Health’s capacity, particularly in planning, budgeting and financial management. These programmes have also been responsible for significant upgrading and development of key infrastructure. Donor funding has also led to major improvements and upgrades to the health information system and the use of data for decision-making, particularly the system of National Health Accounts (NHAs). As a result the Ministry of Health now has the basic governance and management infrastructure, together with the skills required, to lead further reform processes on its own. While the Government has been praised internationally for prioritizing NCDs within the MDG acceleration framework; a key priority now is for the health sector to reorientate itself to focus on prevention and treatment of NCDs. It must overcome identified weaknesses in the fight against NCDs, including insufficient organizational management and funding for NCDs, and the need for better NCD monitoring, evaluation and surveillance. The health sector must also increase efficiency and look for alternate means of financing so that it can continue to strengthen institutional capacity and provide the required physical and human resources to effectively minimize the NCD epidemic and complete the unfinished MDG agenda.

The health system currently provides a high degree of financial protection with out-of-pocket payments accounting for only 10% of total health expenditure and only 0.5% of average total annual household expenditure, a level which is significantly below the average 2–5% of other countries in the East Asia and Pacific region. There is, however,
some inequity in terms of access and financing which is due, in large part, to the difficulties of maintaining adequate health services in areas with low population density. For example, it was shown that households living in rural areas spend slightly less than half the amount that urban households spend directly on health and medical services each year (although this figure does not take into account the indirect expenses for health-seeking travel such as time off work and transport costs which should also be considered). Despite the Ministry of Health ascertaining that 100% of the population can access appropriate health-care services with a regular supply of essential drugs within a one-hour walk, quality and scope of services is an issue in rural areas. Furthermore, a key area that requires strengthening is the disaggregation of data by gender, age, race, and socioeconomic group as it is not currently possible to ascertain whether there is inequity in health outcomes amongst different population groups in Tonga.

In terms of providing universal health coverage, Tonga must ensure that the enforcement of user fees which were mandated in 2009 does not further jeopardise equity and that, alternately, non-enforcement of user fees does not reduce the efficiency of the system in terms of appropriate referrals. The scope, coverage and quality of services also need to be further defined and monitored in order to maximize both allocative and technical efficiencies of the health system – one of the few areas in which the health system may be able to increase fiscal space in the future. In terms of quality and health-care effectiveness, despite the significant improvements that the Ministry of Health has made in terms of accountability and transparency under the World Bank-funded Health Sector Support Project (HSSP) and other programmes, the creation and implementation of an integrated quality in health-care programme is recommended. Additionally, more budget should be funnelled towards preventative health services in the recognition that delivery of cost-effective primary and secondary prevention strategies for NCDs will improve efficiency in health care over the long term and lower expenditures associated with secondary and tertiary care.