

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Kiribati. For a category and indicator-level summary, please see the Country Profile for Kiribati.

CATEGORY 1: PREVENTING THE EMERGENCE OR RELEASE OF PATHOGENS WITH POTENTIAL FOR INTERNATIONAL CONCERN	4
1.1 Antimicrobial resistance (AMR)	4
1.2 Zoonotic disease	7
1.3 Biosecurity	14
1.4 Biosafety	22
1.5 Dual-use research and culture of responsible science	25
1.6 Immunization	28
CATEGORY 2: EARLY DETECTION AND REPORTING FOR EPIDEMICS OF POTENTIAL INTERNATIONAL CONCERN	29
2.1 Laboratory systems strength and quality	29
2.2 Laboratory supply chains	32
2.3 Real-time surveillance and reporting	33
2.4 Surveillance data accessibility and transparency	35
2.5 Case-based investigation	41
2.6 Epidemiology workforce	45
CATEGORY 3: RAPID RESPONSE TO AND MITIGATION OF THE SPREAD OF AN EPIDEMIC	46
3.1 Emergency preparedness and response planning	46
3.2 Exercising response plans	50
3.3 Emergency response operation	52
3.4 Linking public health and security authorities	54
3.5 Risk communications	55
3.6 Access to communications infrastructure	59

3.7 Trade and travel restrictions	60
-----------------------------------	----

CATEGORY 4: SUFFICIENT AND ROBUST HEALTH SECTOR TO TREAT THE SICK AND PROTECT HEALTH WORKERS 62

4.1 Health capacity in clinics, hospitals, and community care centers	62
---	----

4.2 Supply chain for health system and healthcare workers	65
---	----

4.3 Medical countermeasures and personnel deployment	70
--	----

4.4 Healthcare access	72
-----------------------	----

4.5 Communications with healthcare workers during a public health emergency	73
---	----

4.6 Infection control practices and availability of equipment	75
---	----

4.7 Capacity to test and approve new medical countermeasures	75
--	----

CATEGORY 5: COMMITMENTS TO IMPROVING NATIONAL CAPACITY, FINANCING PLANS TO ADDRESS GAPS, AND ADHERING TO GLOBAL NORMS 78

5.1 International Health Regulations (IHR) reporting compliance and disaster risk reduction	78
---	----

5.2 Cross-border agreements on public health and animal health emergency response	79
---	----

5.3 International commitments	80
-------------------------------	----

5.4 Joint External Evaluation (JEE) and Performance of Veterinary Services Pathway (PVS)	81
--	----

5.5 Financing	83
---------------	----

5.6 Commitment to sharing of genetic and biological data and specimens	87
--	----

CATEGORY 6: OVERALL RISK ENVIRONMENT AND VULNERABILITY TO BIOLOGICAL THREATS 88

6.1 Political and security risk	88
---------------------------------	----

6.2 Socio-economic resilience	92
-------------------------------	----

6.3 Infrastructure adequacy	94
-----------------------------	----

6.4 Environmental risks	95
-------------------------	----

6.5 Public health vulnerabilities	96
-----------------------------------	----

Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 0

There is no evidence of a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens in Kiribati. The World Health Organization (WHO) Library of National Action Plans shows that Kiribati does not have a national AMR action plan. [1]

Kiribati reported that a national AMR plan is under development in the Country Self Assessment for Global Monitoring of Country Progress on Antimicrobial Resistance in the survey year 2016-17, but no evidence of such a developed action plan is found.[2]

There is also no evidence of a national AMR action plan on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [3,4]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There is also no information on this in academic studies or articles.

[1] World Health Organisation (WHO). "Library of National Action Plans, [<https://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>] Accessed 30 July 2020.

[2] World Health Organisation (WHO). Global Database for Antimicrobial Resistance Country Self Assessments. [<http://amrcountryprogress.org/>]. Accessed 30 July 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 30 July 2020

[4] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<http://www.environment.gov.ki/>] Accessed 30 July 2020.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2 , Yes, but not all 7+1 pathogens = 1 , No = 0

Current Year Score: 0

There is no evidence of a national laboratory/laboratory system which tests for priority AMR pathogens. The World Health Organization (WHO) Library of National Action Plans shows that Kiribati does not have a national AMR action plan. [1]

Kiribati reported that a national AMR plan is under development in the Country Self Assessment for Global Monitoring of Country Progress on Antimicrobial Resistance in the survey year 2016-17, but no evidence of such a developed action plan is found.[2]

There is also no evidence of a system with these capacities on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development.[3,4]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There is also no information on this in academic studies or articles.

[1] World Health Organisation (WHO). "Library of National Action Plans, [<https://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>] Accessed 30 July 2020.

[2] World Health Organisation (WHO). Global Database for Antimicrobial Resistance Country Self Assessments. [<http://amrcountryprogress.org/>]. Accessed 30 July 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 30 July 2020

[4] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<http://www.environment.gov.ki/>] Accessed 30 July 2020.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the government conducts environmental detection or surveillance activities for antimicrobial residues or AMR organisms. The World Health Organization (WHO) Library of National Action Plans shows that Kiribati does not have a national AMR action plan. [1] Kiribati reported that a national AMR plan is under development in the Country Self Assessment for Global Monitoring of Country Progress on Antimicrobial Resistance in the survey year 2016-17, but no evidence of such a developed action plan is found.[2]

There is also no evidence of environmental detection or surveillance activities for antimicrobial residues or AMR organisms on the websites of Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [3,4] No academic sources document any evidence of such activities for Kiribati.

[1] World Health Organisation (WHO). "Library of National Action Plans, [<https://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>] Accessed 30 July 2020.

[2] World Health Organisation (WHO). Global Database for Antimicrobial Resistance Country Self Assessments. [<http://amrcountryprogress.org/>]. Accessed 30 July 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 30 July 2020

[4] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<http://www.environment.gov.ki/>] Accessed 30 July 2020.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 2

There is evidence that Kiribati has regulations in place requiring prescriptions for antibiotic use for humans. According to the Kiribati Pharmaceutical Country Profile published in year 2012, co-drafted by Kiribati's Ministry of Health and the World Health Organisation (WHO), Kiribati has 'National Standard Treatment Guidelines for use of Antibiotics' (last updated 2012). The report also mentions that antibiotics and injectable medicines are not sold over-the-counter without a prescription in Kiribati. [1]

A paper published in the year 2014 by the Washington based Center for Disease Dynamics, Economics & Policy mentions 'in Fiji, Kiribati, and Tuvalu, policies restrict the availability of antibiotics without a prescription and are reportedly enforced' (pg.12). [2]

[1] World Health Organisation. "Kiribati Pharmaceutical Country Profile,"

[https://www.who.int/medicines/areas/coordination/Kiribati_PSCP_NarrativeFeb18.pdf?ua=1] Accessed 04 August 2020.

[2] Center for Disease Dynamics, Economics & Policy, Policies to Address Antibiotic Resistance in Low- and Middle-Income Countries. [https://www.cddep.org/wp-content/uploads/2017/06/abrinlmics_cddep_gelband_and_delahoy_9-14.pdf] Accessed 04 August 2020.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of a national legislation or regulations in place requiring prescriptions for antibiotic use for animals in Kiribati. According to the Kiribati Pharmaceutical Country Profile, co-drafted by Kiribati's Ministry of Health and the World Health Organisation (WHO), Kiribati has a 'National Standard Treatment Guidelines for use of Antibiotics' (last updated 2012). The report also mentions that antibiotics and injectable medicines are not sold over-the-counter without a prescription in Kiribati. However, there is no specific mention anywhere in this report of the requirements for use of antibiotics on animals. The report also indicates that there is no independent pharmaceutical regulatory, and the division is within the Ministry of Health [1] There is no further evidence of regulations requiring prescriptions for antibiotic use for animals on other sites.

In the Country Self Assessment for Global Monitoring of Country Progress on Antimicrobial Resistance in the survey year 2016-17, Kiribati did not respond to the questions related to the monitoring of antimicrobials use in animals and the surveillance of antimicrobial resistance in animals. [2]

The World Health Organization (WHO) Library of National Action Plans shows that Kiribati does not have a National AMR action plan. [3] There is also no additional information on these regulations on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development . [4,5]

- [1] World Health Organisation. "Kiribati Pharmaceutical Country Profile," [https://www.who.int/medicines/areas/coordination/Kiribati_PSCP_NarrativeFeb18.pdf?ua=1] Accessed 31 July 2020.
- [2] World Health Organisation (WHO). Global Database for Antimicrobial Resistance Country Self Assessments. [http://amrcountryprogress.org/]. Accessed 31 July 2020.
- [3] World Health Organisation (WHO). "Library of National Action Plans, [https://www.who.int/antimicrobial-resistance/national-action-plans/library/en/] Accessed 31 July 2020.
- [4] Kiribati, Ministry of Health and Medical Services. [http://www.health.gov.ki/] Accessed 31 July 2020
- [5] Kiribati, Ministry of Environment, Lands and Agricultural Development. [http://www.environment.gov.ki/] Accessed 31 July 2020.

1.2 ZOOBOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a national law, plan, or equivalent strategy document, on zoonotic disease.

According to World Health Organisation (WHO)'s Country Cooperation Strategy for Kiribati one of the strategic priorities for Kiribati is to: "Enhance national International Health Regulations (2005) core capacities to near full capacity (>80% levels) by 2022, particularly the six core capacities" which include "public health emergency preparedness (including zoonoses, infection prevention and control, hospital preparedness, Incident Management System)".[1] However, in 2020 there is no evidence of such a plan on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3]

Ministry Strategic Plan (2016-2019) of the Kiribati Ministry of Health and Medical Services does not contain any mention of a plan on zoonotic diseases. [4] There was no public evidence of such capacities.

- [1] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati," [https://apps.who.int/iris/bitstream/handle/10665/136905/ccsbrief_kir_en.pdf;jsessionid=D4B3E5E94A741E94C65B895292AF480D?sequence=1] Accessed 31 July 2020.
- [2] Kiribati, Ministry of Health and Medical Services. [http://www.health.gov.ki/] Accessed 31 July 2020.
- [3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [melad.gov.ki] Accessed 31 July 2020.
- [4] Ministry of Health and Medical Services, Ministry Strategic Plan. [https://extranet.who.int/nutrition/gina/sites/default/files/KIR%20MHMS%20Startegic%20Plan%202016-2019.pdf] Accessed 31 July 2020.

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Kiribati has plans and strategies which include measures for risk identification and reduction for zoonotic disease spillover events from animals to humans.

The 'National Climate Change and Health Action Plan for the Republic of Kiribati' (NCCHAP) however was jointly published by the Government of Kiribati and the World Health Organization (WHO) in 2011. This plan identifies climate change effects as the key drivers of potential zoonotic threats in the country and broadly outlines "water safety and water-borne diseases"; "food safety and food-borne diseases", and "vector-borne diseases" as action areas for risk reduction. [1] According to the plan, rising sea levels are likely to favor increased risk of disease-causing micro-organisms, including those responsible for food poisoning; heavy rainfall will most likely ramp up bacterial and chemical into water reservoirs, which will act as vector-breeding sites in the future for diseases (like dengue fever); and the effects of population growth in high risk areas will exacerbate climate change effects (e.g. South Tarawa). The plan details actions currently taken to overcome future climate risks through water monitoring and testing, increasing awareness on sanitation, inspection of food establishments, training and awareness of food handlers, and mapping sea level changes in coastal areas. The plan also outlines gaps and adaptation strategies to overcome future risks such as building chemical and bacterial contamination food tests, regulating testing frequency, storage of findings, and re-establishment of vector control activities and house index surveys. [1] However, there is no publicly available evidence of said policy being further enacted by law or being updated since 2011 on the Kiribati government webpages, the presidential web portal of Kiribati, Kiribati's climate change portal, Kiribati's Ministry of Fisheries and Marine Resources Development, and Kiribati's Ministry of Environment, Lands and Agriculture Developments (MELAD). [2, 3, 4, 5, 6]

Published in 2020, the 'Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028' serves as its National Adaptation Plan for Climate Change and includes public awareness plan for reduction of vector-, water- and food-borne diseases. Strategy 5 under this plan states health security as a key national priority and notes, "A national climate change, disaster risk, outbreak preparedness governance framework, response plan and a sectoral environmental health plan, which incorporate surveillance and response to climate-sensitive diseases and disaster risks, are in place" in Kiribati. Further, action plans listed within Kiribati's NAP include adaptation next steps mentioned in its 2011 NCCHAP and assigns each action to specific ministries. [7]

WHO's Country Cooperation Strategy for Kiribati states that one of the strategic priorities for Kiribati is to: "Enhance national International Health Regulations (2005) core capacities to near full capacity (>80% levels) by 2022, particularly the six core capacities" which include "public health emergency preparedness (including zoonoses, infection prevention and control, hospital preparedness, Incident Management System)". [8]

[1] MACBIO - Marine and Coastal Biodiversity Management in Pacific Island Countries. 2018. "National Climate Change and Health Action Plan for the Republic of Kiribati (NHCCAP)". [http://macbio-pacific.info/wp-content/uploads/2018/04/Kiribati-CC-Health-Action-Plan_2011.pdf] Accessed March 30, 2021.

[2] Government of Kiribati. "My Government". [<https://kiribati.gov.ki/>]. Accessed March 30, 2021.

[3] Republic of Kiribati: Presidential Web Portal. "Home". [<https://www.president.gov.ki/>]. Accessed March 30, 2021.

[4] Climate Change: Republic of Kiribati. "Kiribati Adaptation Program". [<http://www.climate.gov.ki/category/action/adaptation/kiribati-adaptation-program/kiribati-adaptation-program-phase-iii/>] Accessed March 30, 2021.

[5] Kiribati Ministry of Environment, Lands and Agricultural Development. "Home". [<https://www.melad.gov.ki/>] Accessed March 30, 2021.

[6] Ministry of Fisheries and Marine Resources Development. "Home". [<https://www.mfmr.gov.ki/>] Accessed March 30, 2021.

[7] United Nations Framework Convention on Climate Change (UNFCCC) NAP Central. "National Adaptation Plans".

[https://www4.unfccc.int/sites/NAPC/News/Pages/national_adaptation_plans.aspx] Accessed March 30, 2021.

[8] World Health Organisation (WHO). May 2018. "Country Cooperation Strategy: Kiribati."

[https://apps.who.int/iris/bitstream/handle/10665/136905/ccsbrief_kir_en.pdf;jsessionid=D4B3E5E94A741E94C65B895292AF480D?sequence=1] Accessed March 30, 2021.

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a national legislation, plan, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern.

According to World Health Organisation (WHO)'s Country Cooperation Strategy for Kiribati one of the strategic priorities for Kiribati is to: "Enhance national International Health Regulations (2005) core capacities to near full capacity (>80% levels) by 2022, particularly the six core capacities" which include "public health emergency preparedness (including zoonoses, infection prevention and control, hospital preparedness, Incident Management System)".[1] However, in 2020 there is no evidence of such a plan on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3]

Ministry Strategic Plan (2016-2019) of the Kiribati Ministry of Health and Medical Services does not contain any mention of a plan on zoonotic diseases. [4]

National Climate Change and Health Action Plan for the Republic of Kiribati, published in 2011, co-drafted by the World Health Organisation and the Kiribati Ministry of Health, mentions about an active disease surveillance system in South Tarawa (Kiribati), including cases of Diarrhoea, Acute Respiratory Infection, Dysentery, Meningitis, Fever with rash, Fever with no rash and Pneumonia. However, the document contains no information on control of such diseases or other zoonotic diseases. [5] Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028 includes plans for disease surveillance, however it does not specify which diseases are covered. [6]

There is also no information on this in academic studies or articles.

[1] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati,"

[https://apps.who.int/iris/bitstream/handle/10665/136905/ccsbrief_kir_en.pdf;jsessionid=D4B3E5E94A741E94C65B895292AF480D?sequence=1] Accessed 05 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 05 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 05 August 2020.

[4] Ministry of Health and Medical Services, Ministry Strategic Plan.

[<https://extranet.who.int/nutrition/gina/sites/default/files/KIR%20MHMS%20Strategic%20Plan%202016-2019.pdf>] Accessed 05 August 2020.

[5] World Health Organisation (WHO). "National Climate Change and Health Action Plan for the Republic of Kiribati."

[http://macbio-pacific.info/wp-content/uploads/2018/04/Kiribati-CC-Health-Action-Plan_2011.pdf] Accessed 03 September 2020

[6] Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028. [https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf] Accessed 03 September 2020.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence of a department, agency or similar unit dedicated to zoonotic disease that functions across ministries. There is no evidence of such an agency on the websites of the World Health Organisation (WHO), the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [1,2,3] There was no public evidence of such a unit noted in academic papers and journals either.

[1] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati," [https://apps.who.int/iris/bitstream/handle/10665/136905/ccsbrief_kir_en.pdf;jsessionid=D4B3E5E94A741E94C65B895292AF480D?sequence=1] Accessed 05 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [http://www.health.gov.ki/] Accessed 05 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [https://www.melad.gov.ki/] Accessed 05 August 2020.

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence of a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency in Kiribati. There is no evidence of such a mechanism on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [1,2]

Kiribati is not a member of World Animal Health Organisation (OIE) but there is evidence of an MoU between the South Pacific Community (SPC), of which Kiribati is a member, with the OIE regarding information sharing on terrestrial and aquatic animal diseases via World Animal Health Information System, an online disease reporting system. However, the mentioned MoU deals primarily with intergovernmental information sharing on animal diseases and not between livestock owners and the national government. [3, 4]

[1] Kiribati, Ministry of Health and Medical Services. [http://www.health.gov.ki/] Accessed 31 July 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Development. [http://www.environment.gov.ki/] Accessed 31 July 2020.

[3] SPC Land Resource Division, "Kiribati participates in international animal disease reporting system". [https://lrd.spc.int/our-work/animal-health-and-production/training-and-workshops/kiribati-participates-in-international-animal-disease-reporting-system] Accessed 31 July 2020

[4] SPC Land Resouce Division, "WAHIS_2012_Workshop_Report".

[https://lrd.spc.int/component/docman/doc_download/1907-wahis2012workshopreport] Accessed 31 July 2020

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals (for owners) in Kiribati. There is no evidence of such laws on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [1,2]

The United Nations Conference on Trade and Development (UNCTAD) Worldwide Databse of Data Protection and Privacy Legislation show that Kiribati does not have any legislation on Data Protection and Privacy. [3]

There was no public evidence of such regulations in academic sources.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 31 July 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<http://www.environment.gov.ki/>] Accessed 31 July 2020.

[3] United Nations Conference on Trade and Development (UNCTAD), Data Protection and Privacy Legislation Worldwide. [https://unctad.org/en/Pages/DTL/STI_and_ICTs/ICT4D-Legislation/eCom-Data-Protection-Laws.aspx] Accessed 31 July 2020.

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Kiribati has a zoonotic strategy, and there is also no evidence that it conducts surveillance of zoonotic disease in wildlife (e.g. wild animals, insects, other disease vectors, etc. According to World Health Organisation (WHO)'s Country Cooperation Strategy for Kiribati one of the strategic priorities for Kiribati is to: "Enhance national International Health Regulations (2005) core capacities to near full capacity (>80% levels) by 2022, particularly the six core capacities" which include "public health emergency preparedness (including zoonoses, infection prevention and control, hospital preparedness, Incident Management System)".[1] The WHO Country Cooperation Strategy for Kiribati makes no mention of zoonotic disease surveillance capacity in wildlife in Kiribati. [1]

There is no evidence of such capacities on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development (MELAD). [2,3]

According to a report of a World Animal Health Information System workshop conducted in 2012, which was drafted jointly by the Secretariat of Pacific Community and the World Organization for Animal Health (OIE), Kiribati lacks capacity for animal disease surveillance. The report mentions that "there's lack of capacity or expertise in this field (animal diseases diagnostic). Implementation of the animal disease database within two ministries (MELAD and MFMRD - Ministry of Fisheries and Marine Resources Development) is a quite important limitation, and there's lack of laboratory equipment and infrastructure, such as

test kits and laboratory surveillance strategies in place, for detecting and analyzing diseases". [4] There is also no information on this in academic studies or articles.

National Climate Change and Health Action Plan (NCCHAP) for the Republic of Kiribati, published in 2011, co-drafted by the World Health Organisation and the Kiribati Ministry of Health, mentions about an active disease surveillance system in South Tarawa (Kiribati), including cases of Diarrhoea, Acute Respiratory Infection, Dysentery, Meningitis, Fever with rash, Fever with no rash and Pneumonia. On the question of disease surveillance in wildlife, NCCHAP provides evidence about some studies conducted by the Kiribati Ministry of Fisheries and Marine Resources Development (MFMRD) and the South Pacific Community (SPC) on the increasing reach of ciguatera fish in Kiribati and a list of fish which are known or presumed to cause ciguatera (ref. pg 24-25). [5] However, there is no conclusive evidence to claim that such studies/surveillance activities on zoonotic diseases are conducted on a regular basis by a dedicated agency.

There is also no information on this in academic studies or articles.

- [1] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati," [https://apps.who.int/iris/bitstream/handle/10665/136905/ccsbrief_kir_en.pdf;jsessionid=D4B3E5E94A741E94C65B895292AF480D?sequence=1] Accessed 31 July
- [2] Kiribati, Ministry of Health and Medical Services. [http://www.health.gov.ki/] Accessed 31 July 2020.
- [3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [http://www.environment.gov.ki/] Accessed 31 July 2020.
- [4] SPC Land Resource Division, "WAHIS_2012_Workshop_Report". [https://lrd.spc.int/component/docman/doc_download/1907-wahis2012workshopreport] Accessed 31 July 2020
- [5] World Health Organisation (WHO). "National Climate Change and Health Action Plan for the Republic of Kiribati." [http://macbio-pacific.info/wp-content/uploads/2018/04/Kiribati-CC-Health-Action-Plan_2011.pdf] Accessed 16 September 2020

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?

Yes = 1, No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people

Input number

Current Year Score: -

No data available

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: -

No data available

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence of a zoonotic strategy, and also no evidence of other legislation, regulations or plans that include mechanisms for working with the private sector in controlling or responding to zoonoses. There is no evidence of such regulations on the websites of the World Health Organisation (WHO), the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [1,2,3] The Ministry Strategic Plan (2016-2019) of the Kiribati Ministry of Health and Medical Services does not contain any mention of a plan on zoonotic diseases. [4] There was no public evidence of such regulations in academic sources.

[1] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati,"

[https://apps.who.int/iris/bitstream/handle/10665/136905/ccsbrief_kir_en.pdf;jsessionid=D4B3E5E94A741E94C65B895292AF480D?sequence=1] Accessed 04 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 04 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<http://www.environment.gov.ki/>] Accessed 04 August 2020.

[4] Ministry of Health and Medical Services, Ministry Strategic Plan.

[<https://extranet.who.int/nutrition/gina/sites/default/files/KIR%20MHMS%20Strategic%20Plan%202016-2019.pdf>] Accessed 04 August 2020.

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence Kiribati has in place a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities.

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati." The act has detailed provisions for ensuring the biosecurity of imported goods in the Kiribati territory but there is no reference to deliberate or malicious misuse and release of dangerous pathogens and toxins. [1]

There is no evidence of such a record on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3]

There is no Ministry of Research in Kiribati. There is also no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of these records on their website. [4]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There was no public evidence of such a record in academic sources.

Kiribati is not a party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [5]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [6]

[1] Kiribati, "Biosecurity Act of 2011". [http://www.paclii.org/ki/legis/num_act/ba2011156.pdf] Accessed 04 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Developments, Biosecurity and Plant Health.

[<https://www.melad.gov.ki/page/agriculture-and-livestock-division/biosecurity-plant-health.html>] Accessed 04 August 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 04 August 2020.

[4] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 04 August 2020.

[5] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 04 August 2020.

[6] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 03

September 2020.

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence Kiribati has in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed.

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati." The act has detailed provisions for ensuring the biosecurity of imported goods in the Kiribati territory but there is no reference to deliberate or malicious misuse and release of dangerous pathogens and toxins. [1]

There is no evidence of such a legislation on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3]

There is no Ministry of Research in Kiribati. There is also no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such a legislation on their website. [4]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a legislation. There was no public evidence of such a legislation in academic sources.

Kiribati is not a party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [5]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [6]

[1] Kiribati, "Biosecurity Act of 2011". [http://www.paclii.org/ki/legis/num_act/ba2011156.pdf] Accessed 04 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Developments, Biosecurity and Plant Health. [<https://www.melad.gov.ki/page/agriculture-and-livestock-division/biosecurity-plant-health.html>] Accessed 04 August 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 04 August 2020.

[4] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 04 August 2020.

[5] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 04 August 2020.

[6] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 03 September 2020.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulation in Kiribati .

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati". The act has detailed provisions for ensuring the biosecurity of imported goods in the Kiribati territory but there is no reference to deliberate or malicious misuse and release of dangerous pathogens and toxins. [1] The Act establishes a post of a Director of Biosecurity under the Ministry of Environment, Lands and Agricultural Development but it is not a part of an independent agency which deals with biosecurity. [1]

There is no evidence of such an agency on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3]

There is no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of these records on their website. [4]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There was no public evidence of such a record in academic sources.

Kiribati is not a party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [5]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [6]

[1] Kiribati, "Biosecurity Act of 2011". [http://www.paclii.org/ki/legis/num_act/ba2011156.pdf] Accessed 04 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Developments, Biosecurity and Plant Health.

[<https://www.melad.gov.ki/page/agriculture-and-livestock-division/biosecurity-plant-health.html>] Accessed 04 August 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 04 August 2020.

[4] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 04 August 2020.

[5] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 04 August 2020.

[6] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 03 September 2020.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities.

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati". The act has detailed provisions for ensuring the biosecurity of imported goods in the Kiribati territory but there is no reference to deliberate or malicious misuse and release of dangerous pathogens and toxins. [1]

There is no evidence of such a record on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3] There is no Ministry of Research and there is also no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such activity on their website. [4]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There was no public evidence of such a record in academic sources.

Kiribati is not a party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [5]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [6]

[1] Kiribati, "Biosecurity Act of 2011". [http://www.pacii.org/ki/legis/num_act/ba2011156.pdf] Accessed 04 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Developments, Biosecurity and Plant Health.

[<https://www.melad.gov.ki/page/agriculture-and-livestock-division/biosecurity-plant-health.html>] Accessed 04 August 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 04 August 2020.

[4] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 04 August 2020.

[5] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 04 August 2020.

[6] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020.

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen.

Kiribati does have legislation on biosecurity - its Biosecurity Act of 2011, however it contains no evidence of such testing capacity. [1]

LabNet portal of the Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has a catalogue of laboratory facilities in the region which lists a Kiribati Health Laboratory and its testing capacities. The catalogue mentions that Kiribati Health Laboratory refers 'PCR' testing for Influenza to a lab based in Fiji. No information is available in the catalogue on the capacity to conduct PCR testing for anthrax and/or Ebola. [2,3]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such capacities. There was no public evidence of such capacities in academic sources.

There is no evidence of such capacities on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [4,5]

There is no Ministry of Research and there is also no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such activity on their website. [6]

[1] Kiribati, "Biosecurity Act of 2011". [http://www.paclii.org/ki/legis/num_act/ba2011156.pdf] Accessed 04 August 2020.

[2] Pacific Public Health Surveillance Network, LabNet. [<https://www.pphsn.net/Services/LabNet/intro.htm>] Accessed 04 September 2020.

[3] Pacific Public Health Surveillance Network, "PPHSN LabNet Catalogue 2015 Edition". [https://www.pphsn.net/Services/LabNet/PPHSN_LabNet_catalogL1L2L3_July2015-.pdf] Accessed 04 September 2020.

[4] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 04 August 2020.

[5] Kiribati, Ministry of Environment, Lands and Agricultural Developments, Biosecurity and Plant Health. [<https://www.melad.gov.ki/page/agriculture-and-livestock-division/biosecurity-plant-health.html>] Accessed 04 August 2020.

[6] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 04 August 2020.

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati requires biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential.

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati." The act has detailed provisions for ensuring the biosecurity of imported goods in the Kiribati territory but there is no reference to deliberate or malicious misuse and release of dangerous pathogens and toxins. [1]

There is no evidence of such requirements on the websites of the Ministry of Health or the Ministry of Environment, Lands

and Agricultural Development (MELAD). [2,3]

Kiribati does not have a Ministry dedicated to either Research or Defense. Security matters are covered by the Kiribati Police Service and there is no evidence of such requirements on their website. [4]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There was no public evidence of such a record in academic sources.

There is, however, evidence of a training workshop with Kiribati Ministry of Fisheries and MELAD conducted in 2012 by the Pacific Invasive Initiatives on Biosecurity but the content of the training workshop report refers largely to biosafety. [5]

Kiribati is not party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [6,7]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [8]

[1] Kiribati, "Biosecurity Act of 2011," [<http://extwprlegs1.fao.org/docs/pdf/kir147512.pdf>] Accessed 05 August 2020

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 05 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki>] Accessed 05 August 2020.

[4] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 05 August 2020.

[5] Pacific Invasive Initiatives, "Report on Biosecurity Training for Phoenix Islands Protected Area, Republic of Kiribati" [http://www.pacificinvasivesinitiative.org/site/pii/files/services/2012_KiribatiKiritimati_IslandBiosecurity_Report.pdf] Accessed 05 August 2020.

[6] Confidence Building Measures on BWC, [<https://bwc-ecbm.unog.ch/browse>] Accessed 05 August 2020.

[7] Arms Control Association, "BWC Signatories", [<https://www.armscontrol.org/factsheets/bwcsig>] Accessed 05 August 2020.

[8] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no public evidence of regulations or licensing conditions that specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks.

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati." The act has detailed provisions for ensuring the biosecurity of imported goods in the Kiribati territory but there is no reference to deliberate or malicious misuse and release of dangerous pathogens and toxins. [1]

There is no evidence of such requirements on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development (MELAD). [2,3]

Kiribati does not have a Ministry dedicated to either Research or Defense. Security matters are covered by the Kiribati Police Service and there is no evidence of such requirements on their website. [4]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There was no public evidence of such a record in academic sources.

Kiribati is not party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [5,6]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [7]

Kiribati Employment and Industrial Relations Code 2015 has no mention of such requirements. [8]

[1] Kiribati, "Biosecurity Act of 2011," [<http://extwprlegs1.fao.org/docs/pdf/kir147512.pdf>] Accessed 05 August 2020

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 05 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki>] Accessed 05 August 2020.

[4] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 05 August 2020.

[5] Confidence Building Measures on BWC, [<https://bwc-ecbm.unog.ch/browse>] Accessed 05 August 2020.

[6] Arms Control Association, "BWC Signatories", [<https://www.armscontrol.org/factsheets/bwcsig>] Accessed 05 August 2020.

[7] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020.

[8] Republic of Kiribati. "Employment and Industrial Relations Code 2015".

[<https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/102530/124003/F-49791920/KIR102530.pdf>] Accessed 04 September 2020.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available information on national regulations on the safe and secure transport of infectious substances (specially including Categories A and B) .

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati." The act has detailed provisions for ensuring the biosecurity of imported goods in the Kiribati territory but there is no reference to deliberate or malicious misuse and release of dangerous pathogens and toxins.[1] There are regulations for import and export of biosecurity sensitive articles in the act but there is no specific mention of Category A and B substances.[1]

There is no evidence of such regulations on the websites of the Ministry of Health, the Ministry of Environment, Lands and Agricultural Development, or the Ministry of Information, Communication, Transport and Tourism Development. [2,3,4]

Kiribati does not have a Ministry dedicated to either Research or Defense. Security matters are covered by the Kiribati Police Service and there is no evidence of such requirements on their website. [5]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There was no public evidence of such a record in academic sources.

Kiribati is not party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [6]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [7]

[1] Kiribati, "Biosecurity Act of 2011," [<http://extwprlegs1.fao.org/docs/pdf/kir147512.pdf>] Accessed 05 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 05 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 05 August 2020.

[4] Kiribati, Ministry of Information Communication Transport and Tourism Development. [<https://www.micttd.gov.ki/>] Accessed 05 August 2020.

[5] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 05 August 2020.

[6] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 05 August 2020.

[7] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020.

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of national legislation, regulation, or other guidance in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential.

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati." The act has detailed provisions for ensuring the biosecurity of imported goods in the Kiribati territory but there is no reference to deliberate or malicious misuse and release of dangerous pathogens and toxins.[1] There are regulations for import and export of biosecurity sensitive articles in the act but it does not deal with overseeing or end-user screening of disease samples.[1]

There is no evidence of such regulations on the websites of the Ministry of Health, the Ministry of Environment, Lands and Agricultural Development, or the Ministry of Commerce, Industry and Cooperatives. [2,3,4]

Kiribati does not have a Ministry dedicated to either Research or Defense. Security matters are covered by the Kiribati Police Service and there is no evidence of such requirements on their website. [5]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There was no public evidence of such a record in academic sources.

Kiribati is not party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [6]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [7]

[1] Kiribati, "Biosecurity Act of 2011," [<http://extwprlegs1.fao.org/docs/pdf/kir147512.pdf>] Accessed 05 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 05 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 05 August 2020.

[4] Kiribati, Ministry of Commerce, Industry and Cooperatives. [<https://mcic.gov.ki/>] Accessed 05 August 2020.

[5] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 05 August 2020.

[6] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 05 August 2020.

[7] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020.

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati has biosafety legislation in place that involve the release of harmful biological substances.

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati." The Biosecurity Quarantine Measures in the Act deal with general safety measures to be adopted at the place of quarantine of articles, entered in Kiribati territory, which can pose a biosecurity threat. [1]

The Infection Prevention and Control Guidelines of the Pacific Public Health Surveillance Network - a voluntary network of countries and organisations dedicated to the promotion of public health surveillance and appropriate response to the health challenges of 22 Pacific Island countries and territories including Kiribati - provides preventive measures to maintain occupational safety for Health Care Workers. However, there is no evidence to establish that these guidelines have any enforcement in the Kiribati territory. [2,3]

There is no information on these capacities on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development [4,5].

There is no Ministry of Research. Kiribati is not party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [6]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their biosafety measures.

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [7]

[1] Kiribati, "Biosecurity Act of 2011". [<http://extwprlegs1.fao.org/docs/pdf/kir147512.pdf>] Accessed 09 August 2020.

[2] Pacific Public Health Surveillance Network, "Infection Prevention and Guidelines, 2010".

[<https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/02/0249f009fc03341d8f1cc0753cb173dc.pdf?sv=2015-12-11&sr=b&sig=tqaZxzX52FG0kLZ%2F%2BktPw3fkV%2FZDzBpJgE%2BQqIDNU4%3D&se=2021-02-03T09%3A54%3A37Z&sp=r&rsc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsc=application%2Fpdf&rsc=inline%3B%20filename%3D%22PPHSN-infection-prevention-control-guidelines-2010-rev.pdf%22>] Accessed 09 August 2020.

[3] Pacific Public Health Surveillance Network. [<https://www.pphsn.net/>] Accessed 09 August 2020.

[4] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 09 August 2020.

[5] Kiribati, Ministry of Environment, Lands and Agricultural Developments, Biosecurity and Plant Health.

[<https://www.melad.gov.ki/>] Accessed 09 August 2020.

[6] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 09 August 2020.

[7] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati has an established agency responsible for the enforcement of biosafety legislation and regulations.

The Biosecurity Act of 2011 defines biosecurity as "the control by legal and administrative means of pests and diseases affecting animals, plants and their products, in order to avoid adverse effects from such pests and diseases on the economy and health of Kiribati." The Act establishes a post of a Director of Biosecurity under the Ministry of Environment, Lands and Agricultural Development but it is not a part of an independent agency which deals with biosecurity or biosafety. [1]

There is no evidence of such a record on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3]

There is no Ministry of Research. Kiribati is not party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [4]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their biosafety measures.

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [5]

[1] Kiribati, "Biosecurity Act of 2011". [<http://extwprlegs1.fao.org/docs/pdf/kir147512.pdf>] Accessed 09 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 09 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Developments. [<https://www.melad.gov.ki/>] Accessed 09 August 2020.

[4] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 09 August 2020.

[5] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Kiribati requires biosafety training. According to the Biosecurity Act of 2011: "A person who is to perform duties as a biosecurity officer under this section must be given adequate training in biosecurity control measures and in the provisions of this Act before embarking on those duties." [1]

There is no additional information provided on the websites of the Ministry of Health or the Ministry of Environment, Lands

and Agricultural Development. [2,3]

There is no Ministry of Research. The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their biosafety measures. There is also no information on this in academic studies or articles.

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [4]

[1] Kiribati, "Biosecurity Act of 2011". [<http://extwprlegs1.fao.org/docs/pdf/kir147512.pdf>] Accessed 09 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 09 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Developments, Biosecurity and Plant Health. [<https://www.melad.gov.ki/>] Accessed 09 August 2020.

[4] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Kiribati has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, and/or other dual use research. There is no evidence of such an assessment on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [1,2]

There is no Ministry of Research and there is also no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such an assessment on their website. [3]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their biosafety measures. There is also no information on this in academic studies or articles.

Kiribati is not party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [4]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [5]

- [1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 05 August 2020.
- [2] Kiribati, Ministry of Environment, Lands and Agricultural Developments. [<https://www.meladgov.ki/>] Accessed 05 August 2020.
- [3] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 05 August 2020.
- [4] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 05 August 2020.
- [5] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a national policy requiring oversight of dual use research, such as research with especially dangerous pathogens, toxins, and/or pathogens with pandemic potential.

There is no information regarding oversight of dual use research in Kiribati available on the Verification Research, Training and Information Centre (VERTIC) database. [1] However, there is a reference, in Kiribati's Measures to Combat Terrorism and Transnational Organised Crime Act 2005, to criminalizing the " dissemination or impact of toxic chemicals, biological agents, toxins or similar substances or radiation or radioactive materials" but no specific reference to dual-use oversight. [2]

There is no evidence of such oversight on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [3,4]

There is no Ministry of Research in Kiribati. There is also no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such oversight on their website. [5]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There was no public evidence of such a record in academic sources.

Kiribati is not party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [6]

- [1] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020.
- [2] Verification Research, Training and Information Centre (VERTIC), "Measures to Combated Terrorism and Transnational Organized Crime Act, 2005". [https://www.vertic.org/media/National%20Legislation/Kiribati/KI_Measures_to_Combat_Terrorism_Act.pdf] Accessed 05 August 2020.
- [3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 05 August 2020.
- [4] Kiribati, Ministry of Environment, Lands and Agricultural Developments. [<https://www.meladgov.ki/>] Accessed 05 August 2020.

2020.

[5] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 05 August 2020.

[6] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 05 August 2020.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, and/or other dual use research in Kiribati.

There is no evidence of such an agency on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [1,2]

There is no Ministry of Research in Kiribati. There is also no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such an agency on their website. [3]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their biosafety measures. There is also no information on this in academic studies or articles.

Kiribati is not party to the Biological Weapons Convention, and as such, does not have publicly available Confidence Building Measures which provide information on this subject. [4]

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [5]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 05 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Developments. [<https://www.meladgov.ki/>] Accessed 05 August 2020.

[3] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 05 August 2020.

[4] United Nations Office At Geneva, Confidence Building Measures on BWC. [<https://bwc-ecbm.unog.ch/browse>] Accessed 05 August 2020.

[5] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available information on national legislation, regulation, policy, or other guidance, requiring the screening of synthesized DNA before it is sold in Kiribati.

There is no evidence of such regulations on the websites of the Ministry of Health, the Ministry of Environment, Lands and Agricultural Development. [1,2]

There is no Ministry of Research and there is also no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such regulations on their website. [3]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There is also no information on this in academic studies or articles.

There is no information available in this regard for Kiribati on the Verification Research, Training and Information Centre (VERTIC) Biological Weapons Convention Legislation Database. [4]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 05 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Developments. [<https://www.melad.gov.ki/>] Accessed 05 August 2020.

[3] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 05 August 2020.

[4] Verification Research, Training and Information Centre (VERTIC), BWC Legislation Database.

[<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/k/>] Accessed 04 September 2020

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 1

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1 , No = 0

Current Year Score: 0

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 0

There is no publicly available information that Kiribati has the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests.

There is no evidence of such capacities on the website of the Ministry of Health. [1]

The national referral hospital, Tungaru Central Hospital has no website and there is no other information available on its laboratory capacities. LabNet portal of the Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has a catalogue of laboratory facilities in the region which lists a Kiribati Health Laboratory and its testing capacities. Kiribati Health Laboratory cannot conduct at least 5 of the 10 WHO-defined core tests. Some of the WHO-defined tests are referred to labs outside the country. [2,3]

According to World Health Organisation (WHO)'s Country Cooperation Strategy for Kiribati one of the strategic priorities for Kiribati is to enhance their International Health Regulations core capacities which include laboratories to near full capacity by 2022. There is no further information available in this regard. [4]

There is also no information on this in academic studies or articles.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 06 August 2020.

[2] Pacific Public Health Surveillance Network, LabNet. [<https://www.pphsn.net/Services/LabNet/intro.htm>] Accessed 06 August 2020.

[3] Pacific Public Health Surveillance Network, "PPHSN LabNet Catalogue 2015 Edition".

[https://www.pphsn.net/Services/LabNet/PPHSN_LabNet_catalogL1L2L3_July2015-.pdf] Accessed 06 August 2020.

[4] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati," [https://apps.who.int/iris/bitstream/handle/10665/136905/ccsbrief_kir_en.pdf;jsessionid=D4B3E5E94A741E94C65B895292AF480D?sequence=1] Accessed 06 August 2020.

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 0

There is no publicly available evidence of a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing, including for the ongoing covid-19 pandemic.

Kiribati Biosecurity Act of 2011 has a section on Biosecurity Emergencies which relate to the provisions in a situation of incursion of regulated pests or disease in Kiribati but it has no provisions for conducting testing during the emergency. [1]

The Ministry of Health and Medical Sciences has no plan or a strategy available in this regard. The document in the Kiribati COVID-19 Emergency Response Project is a stakeholder engagement plan which has no provisions for conducting testing during the public health emergency. [2,3] In August 2020, the Presidential Portal of the Government of Kiribati published its 'Infectious Disease Regulation (No.:1 of 2020)' under Section 3 (1) of its overarching Public Health Ordinance Cap 80, which lists that covid-19 is specifically to be included in the category of Infectious diseases as it is no longer a novel virus. [4] Part 3 titled Border Control and Security states that a Medical Practitioner will be present at all ports of entry during an infectious disease outbreak including the active covid-19 pandemic to "test each person using the infrared handled thermometer" and that said Medical Practitioner must don use a PPE kit while conducting testing. The Regulation further states quarantine area and individual requirements including punishable offenses for non-compliance. However, no further information regarding conducting testing, including considerations for testing for novel pathogens, scaling capacity, and defining goals for testing, are mentioned in this 2020 Regulation. [4]

There is no evidence of such plan or strategy on the Ministry of Environment, Lands and Agriculture Development. [5] The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There is also no information on this in academic studies or articles.

[1] Kiribati. "Biosecurity Act of 2011". [http://extwprlegs1.fao.org/docs/pdf/kir147512.pdf] Accessed March 30, 2021.

[2] Kiribati Ministry of Health and Medical Services. "Home". [http://www.health.gov.ki/] Accessed March 30, 2021.

[3] Kiribati Ministry of Health and Medical Services. "Stakeholder Engagement Plan (SEP) Kiribati COVID-19 Emergency Response Project (P174219)". [https://www.mhms.gov.ki/doc/Stakeholder_Engagement_Plan_Worldbank.pdf] Accessed March 30, 2021.

[4] Ministry of Health and Medical Services. August 2020. "Infectious Disease Regulation (No.:1 of 2020)". [https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/08/Infectious-Disease-Regulation.pdf] Accessed March 30, 2021.

[5] Kiribati Ministry of Environment, Lands and Agricultural Development. "Home". [https://www.melad.gov.ki/] Accessed March 30, 2021.

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a national laboratory that serves as a reference facility which is accredited by International Organization for Standardization (ISO) or any other standards.

There is no evidence of such capacity on the website of the Ministry of Health, the Ministry of Environment, Lands and Agricultural Development [1,2].

The national referral hospital, Tungaru Central Hospital has no website and there is no other information available on its laboratory capacities. LabNet portal of the Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has a catalogue of laboratory facilities in the region which lists a Kiribati Health Laboratory. However, no information of its accreditation is available. In the same catalogue, LabNet also lists reference laboratories in the Pacific rim countries which work in collaboration with PPHSN member countries. [3,4]

No further evidence of national laboratory in Kiribati or its accreditation is available.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 06 August 2020

[2] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 06 August 2020.

[3] Pacific Public Health Surveillance Network, LabNet. [<https://www.pphsn.net/Services/LabNet/intro.htm>] Accessed 06 August 2020.

[4] Pacific Public Health Surveillance Network, "PPHSN LabNet Catalogue 2015 Edition".

[https://www.pphsn.net/Services/LabNet/PPHSN_LabNet_catalogL1L2L3_July2015-.pdf] Accessed 06 August 2020.

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a national laboratory that serves as a reference facility subject to external quality assurance review in Kiribati.

There is no evidence of such requirement on the website of the Ministry of Health, the Ministry of Environment, Lands and Agricultural Development [1,2].

The national referral hospital, Tungaru Central Hospital has no website and there is no other information available on its laboratory capacities. LabNet portal of the Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health

surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has a catalogue of laboratory facilities in the region which lists a Kiribati Health Laboratory and its testing capacities. However, it has no information on quality assurance reviews of the laboratory. [3,4]

There is no further evidence in this regard in academic studies.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 06 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Developments. [<https://www.melad.gov.ki/>] Accessed 06 August 2020.

[3] Pacific Public Health Surveillance Network, LabNet. [<https://www.pphsn.net/Services/LabNet/intro.htm>] Accessed 06 August 2020.

[4] Pacific Public Health Surveillance Network, "PPHSN LabNet Catalogue 2015 Edition".

[https://www.pphsn.net/Services/LabNet/PPHSN_LabNet_catalogL1L2L3_July2015-.pdf] Accessed 06 August 2020.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Kiribati has a specimen transport system. There is no evidence of such a system on the websites of the Ministry of Health, the Ministry of Environment, Lands and Agricultural Development or the Ministry of Information Communication Transport and Tourism Development [1,2,3].

Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has no information about specimen transport system. [4]

There is no available information in academic studies.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 06 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 06 August 2020.

[3] Kiribati, Ministry of Information Communication Transport and Tourism Development. [<https://www.micttd.gov.ki/>] Accessed 06 August 2020.

[4] Pacific Public Health Surveillance Network. [<https://www.pphsn.net/>] Accessed 06 August 2020.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is no evidence of a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak in Kiribati.

There is no evidence of such a plan on the website of the Ministry of Health, the Ministry of Environment, Lands and Agricultural Development [1,2].

The national referral hospital, Tungaru Central Hospital has no website and there is no other information available on its laboratory capacities. Kiribati Health Laboratory is listed with the LabNet portal of the Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati. However, it has no information of a plan to rapidly authorize or license laboratories during an outbreak. [3,4]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 06 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Developments. [<https://www.melad.gov.ki/>] Accessed 06 August 2020.

[3] Pacific Public Health Surveillance Network, LabNet. [<https://www.pphsn.net/Services/LabNet/intro.htm>] Accessed 06 August 2020.

[4] Pacific Public Health Surveillance Network, "PPHSN LabNet Catalogue 2015 Edition".

[https://www.pphsn.net/Services/LabNet/PPHSN_LabNet_catalogL1L2L3_July2015-.pdf] Accessed 06 August 2020.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,
Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati is conducting ongoing event-based surveillance and analysis for infectious disease.

There is a National Emergency Operations Centre (NEOC) which is tasked as: "a central command and control facility responsible for carrying out the principles of disaster management functions. It is responsible for the strategic overview, or "big picture", of the disaster, and does not directly control field assets, instead making operational decisions and leaving tactical decisions to lower commands. The common functions of all EOC's is to collect, gather and analyse data; make decisions that protect life and property, maintain continuity of the organization, within the scope of applicable laws; and disseminate those decisions to all concerned agencies and individuals." But while the NEOC also responds, via the Ministry of Health, to national health emergencies - there is no evidence of these capacities or equivalent. [1]

The South Pacific Community, a regional organisation of which Kiribati is a member, has developed a regional Epidemic Intelligence system for epidemic and emerging disease alerts. The system comprises an Event-Based Surveillance component which involves unstructured data and information usually gathered from informal sources (e.g. printed and online media,

personal communication) . However, there is no evidence to establish that the national government of Kiribati conducts event-based surveillance in the country. [2]

There is also no evidence of such capacities on the websites of the Ministry of Health, the Ministry of Environment, Lands and Agricultural Development [3,4].

[1] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 06 August 2020.

[2] SPC Public Health Division, Epidemic Intelligence [<https://phs.spc.int/programmes/surveillance-preparedness-and-response/epidemic-intelligence>]. Accessed 06 August 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 06 August 2020.

[4] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 06 August 2020.

2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the country reported potential public health emergencies of international concern to the World Health Organisation (WHO) within the last two years. According to the WHO Disease Outbreak News page, Kiribati did not report any disease last year. [1] There is no evidence of this on the website of the Ministry of Health [2]. Kiribati has not reported COVID-19 cases on WHO's Coronavirus Disease (COVID-19) Dashboard. [3]

[1] World Health Organisation (WHO). "Disease Outbreak News". [<https://www.who.int/csr/don/archive/country/kir/en/>] Accessed March 30, 2021.

[2] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[3] World Health Organisation. "WHO Coronavirus Disease (COVID-19) Dashboard". [<https://covid19.who.int/table>] Accessed March 30, 2021.

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that the government operates an electronic reporting surveillance system at both the national and sub-national level in Kiribati.

There is no evidence of such a system on the website of the Ministry of Health [1].

Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health

challenges of the Pacific islands including Kiribati - has no specific evidence of operating an electronic reporting surveillance system. [2]

Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their surveillance systems.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 06 August 2020.

[2] Pacific Public Health Surveillance Network. [https://www.pphsn.net/What_is_PPHSN.htm] Accessed 06 August 2020.

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that the government operates an electronic reporting surveillance system which collect ongoing or real-time laboratory data.

There is no evidence of such a system on the website of the Ministry of Health [1].

Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has no specific evidence of operating an electronic reporting surveillance system which collect ongoing or relal-time laboratory data. [2]

Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their surveillance systems.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] Pacific Public Health Surveillance Network. [https://www.pphsn.net/What_is_PPHSN.htm] Accessed 07 August 2020.

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 1

There is public evidence that electronic health records (EHR) are in use in Kiribati. There is no evidence of electronic health records on the website of the Ministry of Health [1].

Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their health records.

eHealth profile of Kiribati, published by the World Health Organization in 2016, mentions that the country has a National EHR system which was introduced in 2012. However, the report also mentions that not more than 25% of the health facilities at the primary, secondary and tertiary level have EHR systems in place. [2]

A 2015 document titled "Kiribati Health Sector Support Program Aide Memoire: Joint World Bank/WHO Health Team Visit" on the website of Kiribati Ministry of Finance and Economic Development mentions that "two electronic health record systems (have been) developed and maintained by JICA (Japanese International Cooperation Agency)". There is not further information available in the document on the capacities of the EHR systems. [3]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] World Health Organization. Global Observatory for eHealth, Kiribati.

[<https://www.who.int/goe/publications/atlas/2015/kir.pdf?ua=1>] Accessed 04 September 2020.

[3] Kiribati, Ministry of Finance and Economic Development. "Kiribati Health Sector Support Program Aide Memoire: Joint World Bank/WHO Health Team Visit".

[http://www.mfed.gov.ki/sites/default/files/Kiribati_Joint%20Donor%20Health%20Mission%20Aide%20Memoire%20%2012%20Oct.pdf] Accessed 04 September 2020.

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that the national public health system has access to electronic health records (EHR) of individuals in Kiribati. There is no evidence of electronic health records on the website of the Ministry of Health [1].

Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their health records.

eHealth profile of Kiribati, published by the World Health Organization in 2016, mentions that the country has a National EHR system which was introduced in 2012. However, questions related to digital data sharing between health professionals through the use of EHR remain unanswered. [2]

A document on an agenda item for the 7th Pacific Heads of Health (PHoH) Meeting held from 3 to 5 April 2019 in Nadi Fiji, identifies as a challenge around eHealth in the Pacific that "Many PICs still lack "good" eHealth policies and strategies with a clear understanding of the legal boundaries, regulatory frameworks and standards to support the national health system". [3]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] World Health Organization. Global Observatory for eHealth, Kiribati.

[<https://www.who.int/goe/publications/atlas/2015/kir.pdf?ua=1>] Accessed 04 September 2020.

[3] 7th Pacific Heads of Health (PHoH) Meeting. "Agenda Item 5.2 - Update on eHealth and Health Information Systems in the Pacific". [https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/a1/a1680ae4598e9c066384b5e44f3d41b8.pdf?sv=2015-12-11&sr=b&sig=ww1l9W4CthnfgqxFIGNYUm4OvLWtqNAOyHMz%2BIOHjTI%3D&se=2021-03-03T10%3A25%3A47Z&sp=r&rsc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsc=application%2Fpdf&rscd=inline%3B%20filename%3D%22WP4_Item5.2_Add_eHealth_HIS.pdf%22]

Accessed 04 September 2020.

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of data standards to ensure data is comparable (e.g., ISO standards) in Kiribati. There is no evidence of data standards for health records on the website of the Ministry of Health [1]. eHealth profile of Kiribati, published by the World Health Organization in 2016, mentions that the country has a National EHR system which was introduced in 2012. However, the report has no information on data standards to ensure data comparability in Kiribati. [2] Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their data standards.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] World Health Organization. Global Observatory for eHealth, Kiribati.

[<https://www.who.int/goe/publications/atlas/2015/kir.pdf?ua=1>] Accessed 04 September 2020.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of established mechanisms at the relevant ministries responsible for animal, human and wildlife surveillance to share data (such as through mosquito surveillance, brucellosis surveillance, etc.) in Kiribati. There is no evidence of such a mechanism on the websites of the Ministry of Health, or the Ministry of Environment, Lands and Agricultural Development. [1,2]

PacNet portal of the Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - is an alert and communication platform which connects more than 1000 professionals in the region for information sharing on epidemic threats. [3] However, no evidence is available to establish data sharing across the national ministries of Kiribati.

Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their data sharing practices.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 07 August 2020.

[3] SPC Public Health Division, Alerts and Information Sharing. [<https://phs.spc.int/programmes/surveillance-preparedness->

and-response/alerts-information-sharing] Accessed 07 August 2020.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati makes de-identified health surveillance data on disease outbreaks publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture or similar).

There is no evidence of such data on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development [1,2]. The Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has a disease surveillance system. However, the last report available on the system is from 2016 with no information on making available de-identified health surveillance data. [3] The Centers for Disease Control and Prevention (CDC) mentions that "Kiribati has not reported data on COVID-19 cases to the World Health Organization". [4] Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available in this regard.

[1] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[2] Kiribati Ministry of Environment, Lands and Agricultural Development. "Home". [<https://www.melad.gov.ki/>] Accessed March 30, 2021.

[3] Pacific Public Health Surveillance Network. "Pacific Syndromic Surveillance". [<https://www.pphsn.net/Surveillance/Syndromic.htm>] Accessed March 30, 2021.

[4] Centers for Disease Control and Prevention. "COVID-19 in Kiribati". [<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-kiribati>] Accessed March 30, 2021.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar).

There is no information available for COVID-19 surveillance data on Ministry of Health and Medical Sciences. [1]

Kiribati has no reported COVID-19 cases on World Health Organisation (WHO)'s Coronavirus Disease (COVID-19) Dashboard. [2]

Centers for Disease Control and Prevention mentions that 'Kiribati has not reported data on COVID-19 cases to the World Health Organization'. [3]

Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on COVID-19 data.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] World Health Organisation, WHO Coronavirus Disease (COVID-19) Dashboard. [<https://covid19.who.int/table>]. Accessed 07 August 2020.

[3] Centers for Disease Control and Prevention, "COVID-19 in Kiribati".

[<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-kiribati>] Accessed 04 September 2020.

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of laws, regulations, or guidelines that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities in Kiribati. There is no evidence of such regulations or legislation on the website of the Ministry of Health.[1]

The United Nations Conference on Trade and Development (UNCTAD) Worldwide Database of Data Protection and Privacy Legislation show that Kiribati does not have any legislation on Data Protection and Privacy. [2]

Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has no information on safeguarding the confidentiality of identifiable health surveillance data. [3,4,5]

Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such laws, regulations or guidelines.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] United Nations Conference on Trade and Development (UNCTAD), Data Protection and Privacy Legislation Worldwide. [https://unctad.org/en/Pages/DTL/STI_and_ICTs/ICT4D-Legislation/eCom-Data-Protection-Laws.aspx] Accessed 07 August 2020.

[3] Pacific Public Health Surveillance Network (PPHSN). "Strategic Framework".

[<https://www.pphsn.net/ENGLISH/Publications/InformACTION/SupplementIA16-ENG.pdf>] Accessed 04 September 2020.

[4] Pacific Public Health Surveillance Network (PPHSN). "Pacific Outbreak Manual".

[https://www.pphsn.net/Publications/Pacific_Outbreak_Manual_Mar_2016.pdf] Accessed 04 September 2020.

[5] Pacific Public Health Surveillance Network (PPHSN). Pacific Syndromic Surveillance

[<https://www.pphsn.net/Surveillance/Syndromic.htm>] Accessed 04 September 2020.

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of laws, regulations, or guidelines safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware) in Kiribati. There is no evidence of such regulations or legislation on the website of the Ministry of Health. [1]

A cybersecurity security strategy is reported to be under development. [2,3] The United Nations Conference on Trade and Development (UNCTAD) Worldwide Database of Data Protection and Privacy Legislation show that Kiribati does not have any legislation on Data Protection and Privacy. [4]

Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has no information on safeguarding the confidentiality of identifiable health surveillance data. [5,6,7]

Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their surveillance systems.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] Ministry of Information, Communication Transport and Tourism Development, Kiribati National Cybersecurity Strategy. [<https://www.micttd.gov.ki/news/kiribati-national-cybersecurity-strategy>] Accessed 07 August 2020.

[3] Cyber Policy Portal, Kiribati Cyber Policy Portal. [<https://cyberpolicyportal.org/en/state-pdf-export/eyJjb3VudHJ5X2dyb3VwX2lkIjoInzAifQ>] Accessed 07 August 2020.

[4] United Nations Conference on Trade and Development (UNCTAD), Data Protection and Privacy Legislation Worldwide. [https://unctad.org/en/Pages/DTL/STI_and_ICTs/ICT4D-Legislation/eCom-Data-Protection-Laws.aspx] Accessed 07 August 2020.

[5] Pacific Public Health Surveillance Network (PPHSN). "Strategic Framework". [<https://www.pphsn.net/ENGLISH/Publications/InformACTION/SupplementIA16-ENG.pdf>] Accessed 04 September 2020.

[6] Pacific Public Health Surveillance Network (PPHSN). "Pacific Outbreak Manual". [https://www.pphsn.net/Publications/Pacific_Outbreak_Manual_Mar_2016.pdf] Accessed 04 September 2020.

[7] Pacific Public Health Surveillance Network (PPHSN). Pacific Syndromic Surveillance [<https://www.pphsn.net/Surveillance/Syndromic.htm>] Accessed 04 September 2020.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 0

There is no public evidence that the government made a commitment via public statements, legislation, and/or a cooperative agreement to share surveillance data for one or more diseases during a public health emergency with other countries in the region. There is no evidence of such regulations or legislation on the website of the Ministry of Health [1].

The PacNet portal of the Pacific Public Health Surveillance Network (PPHSN) - a regional network under the South Pacific Community - is an alert and communication platform which connects more than 1000 professionals in the region for information sharing on epidemic threats. [2] However, there is no evidence is available of a commitment by the government to participate in PacNet data sharing.

Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their data sharing practices.

[1] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[2] SPC Public Health Division, Alerts and Information Sharing. [<https://phs.spc.int/programmes/surveillance-preparedness-and-response/alerts-information-sharing>] Accessed March 30, 2021.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no evidence of a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of active or future public health emergencies. There is no such system available on the Ministry of Health and Medical Services. [1] Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their data sharing practices.

Infection Prevention and Guidelines of Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has provisions for maintaining contact tracing records in case of an infection outbreak but there is no evidence of a system to conduct it in the event of a public health emergency. [2]

The Joint External Situation Report #9, on Novel Coronavirus (COVID-19) Pacific Preparedness & Response, published by the World Health Organization in March 2020 lists as a priority action to "support country readiness to scale up prevention and containment activities upon detection of the first case (first introduction and first cases in new geographical areas within a country), including readiness for intensive contact tracing". However, the document does not provide any evidence of a

national system in Kiribati to scale-up capacity in the event of a public health emergency. [3] Similarly, the more recent WHO Joint External Situation Report #31 by its COVID-19 Joint Incident Management Team Health Sector Preparedness & Response published in December 2020, noted that "New Zealand co-funded with Australia a mobile PCR laboratory set-up to increase the COVID-19 testing capacity and capability in Kiribati; the laboratory is likely to be operational by early March 2021" and that 3,510 GeneXpert® PCR-RT tests for covid-19 had been distributed in Kiribati. [4] The Australian government has also stated its commitment to deliver GeneXpert testing system and other PPE supplies. [5, 6] However, there is no evidence that Kiribati has a national system in place to conduct testing using said equipment or to provide other support activities (e.g. training, metrics standardization and/or financial resources) at the sub-national level as of April 2021.

[1] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[2] Pacific Public Health Surveillance Network. 2010. "Infection Prevention and Guidelines, 2010".

[<https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/02/0249f009fc03341d8f1cc0753cb173dc.pdf?sv=2015-12-11&sr=b&sig=tqaZxzX52FG0kLZ%2F%2BktPw3fkV%2FZDzBpJgE%2BQqIDNU4%3D&se=2021-02-03T09%3A54%3A37Z&sp=r&rsc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsct=application%2Fpdf&rscd=inline%3B%20filename%3D%22PPHSN-infection-prevention-control-guidelines-2010-rev.pdf%22>] Accessed March 30, 2021.

[3] World Health Organization. Novel Coronavirus (COVID-19) Pacific Preparedness & Response. "Joint External Situation Report #9". [https://www.who.int/docs/default-source/wpro---documents/dps/outbreaks-and-emergencies/covid-19/covid-19-pacific-situation-report-9.pdf?sfvrsn=56597bf5_2&download=true] Accessed March 30, 2021.

[4] World Health Organization. COVID-19 Joint Incident Management Team Health Sector Preparedness & Response. "Joint External Situation Report #31". 12 November – 10 December 2020. [<https://www.who.int/westernpacific/internal-publications-detail/covid-19-joint-external-situation-report-for-pacific-islands-31>] Accessed March 30, 2021.

[5] Australian High Commission in Kiribati. May 2020. "Boosting Covid-19 Testing in the Pacific".

[<https://www.facebook.com/australiainkiribati/posts/boosting-covid-19-testing-in-the-pacific-kiribati-will-be-better-able-to-detect-a/4204406576266903/>] Accessed March 30, 2021

[6] Australian Government. October 2020. "Partnerships for Recovery: Australia's COVID-19 Development Response".

[<https://www.dfat.gov.au/sites/default/files/covid-response-plan-kiribati.pdf>] Accessed March 30, 2021.

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Kiribati provides wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention. The Ministry of Health in Kiribati lists a 'COVID-19 Preparedness and Response Regulations 2020' and a 'Infectious Disease Regulation (No.:1 of 2020)', neither of which, mention wraparound services. [1, 2] No other plan for the wraparound services, either generally applicable public health or for covid-19 are available on the website. [1] Tuarua Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on their data sharing practices. Further, there is no evidence of such services on websites of the Government of Kiribati, Presidential portal of Kiribati, and the Ministry of Women, Youth, Sport and Social Welfare. [3, 4, 5]

[1] Ministry of Health and Medical Services. March 2020. "COVID-19 Preparedness and Response Regulations 2020".

[<https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/03/Public-Emergency-Regulation-iro-Partial->

Lockdown_fv.pdf] Accessed March 30, 2021.

[2] Ministry of Health and Medical Services. August 2020. "Infectious Disease Regulation (No.:1 of 2020)".

[<https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/08/Infectious-Disease-Regulation.pdf>] Accessed March 30, 2021.

[3] Government of Kiribati. "My Government". [<https://kiribati.gov.ki/>] Accessed March 30, 2021.

[4] Republic of Kiribati: Presidential Web Portal. "Home". [<https://www.president.gov.ki/>] Accessed March 30, 2021.

[5] Kiribati, Ministry of Women, Youth, Sport and Social Welfare. "Home". [<https://www.mwysa.gov.ki/>] Accessed March 30, 2021.

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the country makes de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar). There is no information about contact tracing data sharing on the Ministry of Health and Medical Services. [1]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on contact tracing data sharing.

Kiribati has no reported COVID-19 cases on World Health Organisation (WHO)'s Coronavirus Disease (COVID-19) Dashboard. [2]

The Public Health Division of South Pacific Community - a regional organization of which Kiribati is a member, which is also the parent organization for the Pacific Public Health Surveillance Network (PPHSN) - issues regular updates on COVID-19 in the Pacific Community region. The updates page has no information on de-identified data on contact tracing for COVID-19. [3]

Centers for Disease Control and Prevention mentions that 'Kiribati has not reported data on COVID-19 cases to the World Health Organization'. [4]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] World Health Organisation, WHO Coronavirus Disease (COVID-19) Dashboard. [<https://covid19.who.int/table>]. Accessed 07 August 2020.

[3] SPC Public Health Division, "COVID-19: Pacific Community Updates". [<https://phs.spc.int/covid-19#technical-information>] Accessed 04 September 2020.

[4] Centers for Disease Control and Prevention, "COVID-19 in Kiribati".

[<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-kiribati>] Accessed 04 September 2020.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 1

There is some evidence of a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of an active emergency.

The COVID-19 Preparedness and Response Regulations 2020 on the Ministry of Health website has guidelines for 14 days quarantine of international travellers and school closures among other lockdown measures during the pandemic. [1] Per these covid-19 guidelines, the Kiribati Ministry of Health and Medical Services (MHMS) and the Kiribati Customs Office (MOJ) may enforce the Quarantine Act of 1929, last ammended 1974, for vessels, persons and goods at infected places, ports of entry, emergency quarantine grounds, obligations of ships masters coming from infected places, and fumigation of vessels. [1, 2]

In August 2020, the Presidential Portal of the Government of Kiribati published its 'Infectious Disease Regulation (No.:1 of 2020)' under Section 3 (1) of its overarching Public Health Ordinance Cap 80, which lists that covid-19 is specifically to be included in the category of Infectious diseases as it is no longer a novel virus. [3] Part 3 of this regulation specifically address joint actions for Border Security Control and Health Agencies. It states that the Health Officer at the ports of entry are to collect health forms from people and administer tests for flu symptoms. In addition, Medical Practioners are assigned to ports of entry to administer further symptoms of covid-19 assign quarantine measure to both suspected and non-suspected persons in accord with its Quarantine Act. The regulation also lists standard operating procedures for isolation and quarantine for aricrafts, vessels, and ships entering the county for essential or emergency purposes. Part 4 of this regulation states that a multi-stakeholder taskforce including the MHMS and MOJ representatives will work together to further develop and comply with the 'Preparedness and Response Plan' for infectious diseases, including covid-19, in the future and further states criteria for designating quarantine areas, the restrictions imposed during quarantine, the fine for obstructing quarantine as a punishable offence. [3]

No other plans for future public health emergencies or for the currently active public health emergency, covid-19, are available on the website. [1]

The national referral hospital of Kiribati, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a joint plan or agreement. There is no evidence such a joint plan or agreement on the website of the Kiribati Police Services. [4] There is no separate border control authority.

[1] Ministry of Health and Medical Services. March 2020. "COVID-19 Preparedness and Response Regulations 2020". [https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/03/Public-Emergency-Regulation-iro-Partial-Lockdown_fv.pdf] Accessed March 30, 2021.

[2] Government of Kiribati. November 2004. "Information Paper Review of Kiribati Laws". [<https://www.sprep.org/att/IRC/eCOPIES/Countries/Kiribati/33.pdf>] Accessed March 30, 2021

[3] Ministry of Health and Medical Services. August 2020. "Infectious Disease Regulation (No.:1 of 2020)".

[<https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/08/Infectious-Disease-Regulation.pdf>] Accessed March 30, 2021.

[4] Kiribati Police Service. "Home". [<http://www.police.gov.ki/>] Accessed March 30, 2021.

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?

- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 0

There is no public evidence that Kiribati offers applied epidemiology training program or that resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP).

There is no evidence of such regulations or legislation on the website of the Ministry of Health [1].

According to the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) website there is no program for Kiribati.[2]

The South Pacific Community Public Health Division in collaboration with Pacific Public Health Surveillance Network (PPHSN), a regional health network of which Kiribati is a member, offers programmes in field epidemiology and applied epidemiology. However, there is no evidence to show that Kiribati government provides resources to send its citizens to pursue this training. [3]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] Training Programs in Epidemiology and Public Health Interventions Network. [<https://www.tephinet.org/>] Accessed 07 August 2020.

[3] SPC Public Health Division, Epidemiology Training. [<https://phs.spc.int/programmes/surveillance-preparedness-and-response/epidemiology-training>] Accessed 07 August 2020.

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Kiribati has available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV).

There is no evidence of such programs on the website of the Ministry of Health [1]. There is no evidence, from Center for Disease Control (CDC) or else, that Kiribati meets these criteria through a FETPV in the country. [2]

According to the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) website, there is no program for Kiribati. [2,3]

The South Pacific Community Public Health Division in collaboration with Pacific Public Health Surveillance Network (PPHSN), a regional health network of which Kiribati is a member, offers programmes in field epidemiology and applied epidemiology. However, there is no evidence that the offered programs include animal health professionals. [4]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 August 2020.

[2] Center for Disease Control, "Field Epidemiology Training Program (FETP),"

[<https://www.cdc.gov/globalhealth/healthprotection/fetp/index.htm>] Accessed 07 August 2020..

[3] Training Programs in Epidemiology and Public Health Interventions Network. [<https://www.tephinet.org/>] Accessed 07 August 2020.

[4] SPC Public Health Division, Epidemiology Training. [<https://phs.spc.int/programmes/surveillance-preparedness-and-response/epidemiology-training>] Accessed 07 August 2020.

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1 , No = 0

Current Year Score: 0

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 1

In Kiribati, there is evidence of a disease-specific national public health emergency response plan which addresses planning for specific diseases with epidemic or pandemic potential, but no evidence of an overarching plan.

The World Health Organisation (WHO) database on National Plans for Pandemic Preparedness and Risk Management includes the (Kiribati) Avian & Pandemic Influenza Preparedness and Response Plan 2008. [1] However, the plan document is not available publicly on either the WHO website or on the website of Kiribati Ministry of Health and Medical Services. [2]

The National Disaster Risk Management Plan 2012 has no specific plan for a health emergency. [3]

There is no evidence of any other overarching national public health emergency response plan.

[1] World Health Organisation (WHO), Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). [<https://extranet.who.int/sph/influenza-plan>] Accessed 10 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[3] Kiribati, National Disaster Risk Management Plan. [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no evidence that an overarching health emergency plan has been updated in the last 3 years.

Kiribati has a disease-specific national public health emergency response plan which addresses planning for specific diseases with epidemic or pandemic potential and there is no evidence of it being updated in the last 3 years.

The World Health Organisation (WHO) database on National Plans for Pandemic Preparedness and Risk Management includes the (Kiribati) Avian & Pandemic Influenza Preparedness and Response Plan 2008. [1] However, the plan document is not available publicly on either the WHO website or on the website of Kiribati Ministry of Health and Medical Services. [2]

The National Disaster Risk Management Plan 2012 has no specific plan for a health emergency. [3]

There is no evidence of any other overarching national public health emergency response plan.

[1] World Health Organisation (WHO), Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). [<https://extranet.who.int/sph/influenza-plan>] Accessed 10 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[3] Kiribati, National Disaster Risk Management Plan. [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no evidence that an overarching health emergency plan is in place and includes considerations for pediatric and/or other vulnerable populations.

Kiribati has a disease-specific national public health emergency response plan which addresses planning for specific diseases with epidemic or pandemic potential.

The World Health Organisation (WHO) database on National Plans for Pandemic Preparedness and Risk Management includes the (Kiribati) Avian & Pandemic Influenza Preparedness and Response Plan 2008. [1] However, the plan document is not available publicly on either the WHO website or on the website of Kiribati Ministry of Health and Medical Services. [2]

The National Disaster Risk Management Plan 2012 has no specific plan for a health emergency. [3]

There is no evidence of any other overarching national public health emergency response plan.

[1] World Health Organisation (WHO), Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). [<https://extranet.who.int/sph/influenza-plan>] Accessed 10 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[3] Kiribati, National Disaster Risk Management Plan. [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Kiribati has a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response.

Kiribati Avian & Pandemic Influenza Preparedness and Response Plan 2008 is not publicly available and there is no way to ascertain if it has mechanisms for engaging the private sector during an outbreak emergency. [1]

There is specific reference to private sector engagement for disaster management in the National Disaster Risk Management Plan, but no details of a proper mechanism. Health emergencies are also addressed by the National Disaster Risk Management Plan but there is no additional evidence on how this is managed or how specifically the authorities engage with the private sector during outbreak emergencies. [2] There is no additional information on the website of the Ministry of Health. [3]

[1] WHO, Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). [https://extranet.who.int/sph/influenza-plan] Accessed 10 August 2020.

[2] Kiribati, National Disaster Risk Management Plan. [http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf] Accessed 10 August 2020.

[3] Kiribati, Ministry of Health and Medical Services. [http://www.health.gov.ki/] Accessed 10 August 2020.

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease = 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 2

There is publicly available evidence that Kiribati has a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic for more than one infectious disease.

The 'COVID-19 Preparedness and Response Regulations 2020' on the Ministry of Health website has guidelines for 14 days quarantine of international travellers school closures and curfew orders for children and treating covid-19 related misinformation as a punishable offence with fines during the pandemic. [1]

In August 2020, the Presidential Portal of the Government of Kiribati published its 'Infectious Disease Regulation (No.:1 of 2020)' under Section 3 (1) of its overarching Public Health Ordinance Cap 80, which lists that covid-19 is specifically to be included in the category of Infectious diseases as it is no longer a novel virus. [2] Part 6 of the Regulation includes a section on restrictions on Public Meetings, Gatherings, and Assembly in the event of infectious disease outbreaks (including but not limited to covid-19), such as possible prohibitions on public gatherings, school closures, and partial or complete lockdown measures by the government. [2] Part 4 of the Health and Quarantine Measures section states that individuals asked to quarantine must maintain reasonable hygiene practices, practice social distancing per government guidelines at the time, and remain in their room as much as possible. Part 3 titled Border Control and Security also includes states that all vessels entering the country must adhere to social distancing inside the vessel per government guidelines.

[1] Ministry of Health and Medical Services. March 2020. "COVID-19 Preparedness and Response Regulations 2020". [https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/03/Public-Emergency-Regulation-iro-Partial-Lockdown_fv.pdf] Accessed March 30, 2021.

[2] Ministry of Health and Medical Services. August 2020. "Infectious Disease Regulation (No.:1 of 2020)".

[<https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/08/Infectious-Disease-Regulation.pdf>] Accessed March 30, 2021.

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?

- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is evidence that Kiribati has activated their national emergency response plan for an infectious disease outbreak in the past year. However, there is no publicly available evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year.

The COVID-19 Preparedness and Response Regulations 2020 has guidelines for 14 days quarantine of international travellers school closures and curfew orders for children and treating covid-19 related mis-information as a punishable offence with fines during the pandemic. [1] Additionally, covid-19 is now clubbed under infectious diseases as it is no longer considered a novel disease by law and has resulted in the activation of the Public Health Ordinance Cap 80 in under Section 3(1), called 'Infectious Disease Regulation (No.:1 of 2020)'. The 2020 addition of the Infectious Diseases Regulation lists various response procedures in the event of an infectious disease outbreak like covid-19, including border security measures, quarantine measures, food security measures, public gathering and lockdown measures, disease communication (risk communication) measures, and measures to combat misinformation regarding the disease. [2]

Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - conducted 'Outbreak Surveillance and Response Workshop' in Kiribati, which recommended adding 'simulation exercises' to the epidemiologist training module. No further information is available in this regard. [3]

There is no evidence of a national-level biological threat-focused exercised conducted in Kiribati on the WHO Simulation Exercise Database or the Ministry of Health and Medical Services. [4,5]

[1] Ministry of Health and Medical Services. March 2020. "COVID-19 Preparedness and Response Regulations 2020". [https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/03/Public-Emergency-Regulation-iro-Partial-Lockdown_fv.pdf] Accessed March 30, 2021.

[2] Ministry of Health and Medical Services. August 2020. "Infectious Disease Regulation (No.:1 of 2020)". [<https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/08/Infectious-Disease-Regulation.pdf>] Accessed March 30, 2021.

[3] Pacific Public Health Surveillance Network (PPHSN). 2013. "Outbreak Surveillance and Response Workshop".

[https://www.pacificclimatechange.net/sites/default/files/documents/3.%20Kiribati%20EHU%20EpiNet%20Workshop%20Report%20_Dec10_2013_final.pdf] Accessed March 30, 2021.

[4] World Health Organisation (WHO). 29 March 2021. "Simulation Exercise". [<https://extranet.who.int/sph/simulation-exercise?region=All&country=342>] Accessed March 31, 2021.

[5] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 31, 2021.

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 1

There is evidence that Kiribati has undergone an exercise to identify a list of gaps and best practices through either an after action review (post emergency response) or a biological threat-focused IHR exercise with the World Health Organisation (WHO). The WHO Strategic Partnerships Portal for After Action Review shows that an After Action Review activity on Measles is was conducted in Kiribati in 2020. [1] There is no available evidence to show that the activity was followed up by the development of a plan.

Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - conducted 'Outbreak Surveillance and Response Workshop' in 2013 in Kiribati, which recommended adding 'simulation exercises' to the epidemiologist training module. No further information is available in this regard. [2]

There is no evidence of such a record on the websites the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [3,4] Kiribati does have an Emergency Operations Center but there is no evidence of such an exercise in official documents. [5]

[1] World Health Organisation. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)," [<https://extranet.who.int/sph/after-action-review>] Accessed 10 August 2020.

[2] Pacific Public Health Surveillance Network (PPHSN), "Outbreak Surveillance and Response Workshop", 2013. [https://www.pacificclimatechange.net/sites/default/files/documents/3.%20Kiribati%20EHU%20EpiNet%20Workshop%20Report%20_Dec10_2013_final.pdf] Accessed 16 September 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[4] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<http://www.environment.gov.ki/>] Accessed 10 August 2020.

[5] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives.

The World Health Organisation (WHO) Strategic Partnerships Portal for Simulation Exercises does not show that any activity has been conducted. [1]

Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - conducted 'Outbreak Surveillance and Response Workshop' in 2013 in Kiribati, which recommended adding 'simulation exercises' to the epidemiologist training module. No further information is available in this regard. [2]

There is no evidence of such a record on the websites the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [3,4] Kiribati does have an Emergency Operations Center but there is no evidence of such an exercise in official documents. [5]

[1] World Health Organisation. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)," [<https://extranet.who.int/sph/simulation-exercise>] Accessed 10 August 2020.

[2] Pacific Public Health Surveillance Network (PPHSN), "Outbreak Surveillance and Response Workshop", 2013. [https://www.pacificclimatechange.net/sites/default/files/documents/3.%20Kiribati%20EHU%20EpiNet%20Workshop%20Report%20_Dec10_2013_final.pdf] Accessed 16 September 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[4] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<http://www.environment.gov.ki/>] Accessed 10 August 2020.

[5] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1 , No = 0

Current Year Score: 1

Kiribati does have an Emergency Operations Center. According to official documents, the National Emergency Operations Centre (NEOC) is "a central command and control facility responsible for carrying out the principles of disaster management

functions. It is responsible for the strategic overview, or "big picture", of the disaster, and does not directly control field assets, instead making operational decisions and leaving tactical decisions to lower commands. The common functions of all EOC's is to collect, gather and analyse data; make decisions that protect life and property, maintain continuity of the organization, within the scope of applicable laws; and disseminate those decisions to all concerned agencies and individuals." Health emergencies are also addressed by the NEOC but there is no additional evidence on how this is managed or how specifically the NEOC engages with on health emergencies. [1]

[1] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence the Emergency Operations Center is either required to conduct a drill at least once per year or that it does conduct a drill annually. There is no evidence of such requirements or past drills on the website of the Ministry of Health [1].

Kiribati does have an Emergency Operations Center. According to official documents, the National Emergency Operations Centre, NEOC is, "a central command and control facility responsible for carrying out the principles of disaster management functions. It is responsible for the strategic overview, or "big picture", of the disaster, and does not directly control field assets, instead making operational decisions and leaving tactical decisions to lower commands. The common functions of all EOC's is to collect, gather and analyse data; make decisions that protect life and property, maintain continuity of the organization, within the scope of applicable laws; and disseminate those decisions to all concerned agencies and individuals." Health emergencies are also addressed by the NEOC but there is no additional information or evidence of a drill requirement. [2]

There is no evidence of annual drills by the NEOC on the Kiribati government webpages, the presidential web portal of Kiribati, Kiribati's Ministry of Fisheries and Marine Resources Development, and Kiribati's Ministry of Environment, Lands and Agriculture Developments (MELAD). [3, 4, 5, 6]

[1] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 31, 2021.

[2] Relief Web. 2012. "Kiribati: Disaster risk management plan 2012".

[[https://www.preventionweb.net/english/policies/v.php?id=59846&cid=91#:~:text=The%20Plan%20embraces%20an%20all,Disaster%20Risk%20Management%20\(DRM\).&text=The%20Plan%20is%20also%20advised,Program%20for%20Action%20\(NAPA\).](https://www.preventionweb.net/english/policies/v.php?id=59846&cid=91#:~:text=The%20Plan%20embraces%20an%20all,Disaster%20Risk%20Management%20(DRM).&text=The%20Plan%20is%20also%20advised,Program%20for%20Action%20(NAPA).)] Accessed March 31, 2021.

[3] Government of Kiribati. "My Government". [<https://kiribati.gov.ki/>]. Accessed March 30, 2021.

[4] Republic of Kiribati: Presidential Web Portal. "Home". [<https://www.president.gov.ki/>]. Accessed March 30, 2021.

[5] Climate Change: Republic of Kiribati. "Kiribati Adaptation Program".

[<http://www.climate.gov.ki/category/action/adaptation/kiribati-adaptation-program/kiribati-adaptation-program-phase-iii/>] Accessed March 30, 2021.

[6] Ministry of Fisheries and Marine Resources Development. "Home". [<https://www.mfmr.gov.ki/>] Accessed March 30, 2021.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence to show that the Emergency Operations Center (EOC) in Kiribati has conducted within the last year, a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. There is no evidence of such activity on the website of the Ministry of Health [1].

Kiribati does have an EOC, the National Emergency Operations Centre (NEOC) which is tasked as: "a central command and control facility responsible for carrying out the principles of disaster management functions. It is responsible for the strategic overview, or "big picture", of the disaster, and does not directly control field assets, instead making operational decisions and leaving tactical decisions to lower commands. The common functions of all EOC's is to collect, gather and analyse data; make decisions that protect life and property, maintain continuity of the organization, within the scope of applicable laws; and disseminate those decisions to all concerned agencies and individuals.". However there is no evidence of such activity according to official documents.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[2] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?

- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no public evidence that Kiribati public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack) or any evidence of publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack).

There is no evidence of such regulations or agreements on the website of the Ministry of Health [1].

There is also no Ministry of Defense and security matters are covered by the Kiribati Police Service and there is no evidence

of legislation or exercises regarding bioterrorism for Kiribati. [2] Kiribati has a National Emergency Operations Center but there is no public information on these areas in official documents. [3]

World Health Organisation (WHO)'s Country Cooperation Strategy for Kiribati has no information on such capacities. [4]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[2] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 10 August 2020.

[3] Kiribati, National Disaster Risk Management Plan. [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

[4] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati," [https://apps.who.int/iris/bitstream/handle/10665/136905/ccsbrief_kir_en.pdf;jsessionid=D4B3E5E94A741E94C65B895292AF480D?sequence=1] Accessed 07 September 2020.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Kiribati has a risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) to outline how messages will reach populations and sectors with different communications needs (e.g. different languages, location within country, media reach). According to the World Health Organisation (WHO) country cooperation strategy for Kiribati (2018-2022), it is a strategic priority to enhance "risk communication" in Kiribati. No further information or context is given. [1]

There is no evidence of such a plan on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development [2,3]. Kiribati has a National Emergency Operations Center, and there is a police communications centre, but there is no available information on a communication plan of this type according to official documents.[4]

Kiribati Joint Implementation Plan (KJIP) for Climate Change and Disaster Risk Management 2019-2028 mentions that a Climate Change and Climate Risk Communications Strategy is under development. KJIP identifies infectious disease epidemics as a climate change risk for Kiribati. [5]

The Joint External Situation Report #9, on Novel Coronavirus (COVID-19) Pacific Preparedness & Response, published by the World Health Organization in March 2020 mentions about support provided to Kiribati for risk communication efforts during the COVID-19 pandemic. [6]

[1] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati,"

[<https://apps.who.int/iris/rest/bitstreams/1096358/retrieve>] Accessed 10 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 10 August

2020.

[4] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

[5] Kiribati, "Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028". [<https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>] Accessed 10 August 2020.

[6] World Health Organization, Novel Coronavirus (COVID-19) Pacific Preparedness & Response, "Joint External Situation Report #9". [https://www.who.int/docs/default-source/wpro---documents/dps/outbreaks-and-emergencies/covid-19/covid-19-pacific-situation-report-9.pdf?sfvrsn=56597bf5_2&download=true] Accessed 07 September 2020.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Kiribati has in place, either in the national public health emergency response plan or in other legislation, regulation or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency. According to the World Health Organisation (WHO) country cooperation strategy for Kiribati (2018-2022), it is a strategic priority to enhance "risk communication" in Kiribati. No further information or context is given. [1]

There is no evidence of such a plan on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development [2,3].

Kiribati has a National Emergency Operations Center, and there is a police communications centre, but there is no available information on a risk communication plan of this type according to official documents.[4]

Kiribati Joint Implementation Plan (KJIP) for Climate Change and Disaster Risk Management 2019-2028 mentions that a Climate Change and Climate Risk Communications Strategy is under development. KJIP identifies infectious disease epidemics as a climate change risk for Kiribati. [5]

The Joint External Situation Report #9, on Novel Coronavirus (COVID-19) Pacific Preparedness & Response, published by the World Health Organization in March 2020 mentions about support provided to Kiribati for risk communication efforts during the COVID-19 pandemic. [6]

[1] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati," [<https://apps.who.int/iris/rest/bitstreams/1096358/retrieve>] Accessed 10 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 10 August 2020.

[4] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 10 August 2020.

[5] Kiribati, "Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028". [https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf] Accessed 10 August 2020.

[6] World Health Organization, Novel Coronavirus (COVID-19) Pacific Preparedness & Response, "Joint External Situation Report #9". [https://www.who.int/docs/default-source/wpro---documents/dps/outbreaks-and-emergencies/covid-19/covid-19-pacific-situation-report-9.pdf?sfvrsn=56597bf5_2&download=true] Accessed 07 September 2020.

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) which designates a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. According to the World Health Organisation (WHO) country cooperation strategy for Kiribati (2018-2022), it is a strategic priority to enhance "risk communication" in Kiribati. No further information or context is given. [1]

There is no evidence of such a strategy on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development [2,3]. Kiribati has a National Emergency Operations Center, and there is a police communications centre, but there is no available information on a communication plan of this type or the designated spokesperson according to official documents.[4]

Kiribati Joint Implementation Plan (KJIP) for Climate Change and Disaster Risk Management 2019-2028 mentions that a Climate Change and Climate Risk Communications Strategy is under development. KJIP identifies infectious disease epidemics as a climate change risk for Kiribati. [5]

The Joint External Situation Report #9, on Novel Coronavirus (COVID-19) Pacific Preparedness & Response, published by the World Health Organization in March 2020 mentions about support provided to Kiribati for risk communication efforts during the COVID-19 pandemic. [6]

[1] World Health Organisation (WHO). "Country Cooperation Strategy: Kiribati," [https://apps.who.int/iris/rest/bitstreams/1096358/retrieve] Accessed 10 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [http://www.health.gov.ki/] Accessed 10 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [https://www.melad.gov.ki/] Accessed 10 August 2020.

[4] Kiribati, "National Disaster Risk Management Plan". [http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf] Accessed 10 August 2020.

[5] Kiribati, "Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028". [https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf] Accessed 10 August 2020.

[6] World Health Organization, Novel Coronavirus (COVID-19) Pacific Preparedness & Response, "Joint External Situation Report #9". [https://www.who.int/docs/default-source/wpro---documents/dps/outbreaks-and-emergencies/covid-19/covid-

19-pacific-situation-report-9.pdf?sfvrsn=56597bf5_2&download=true] Accessed 07 September 2020.

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 2

There is evidence that in the past year, the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation.

The Ministry of Health and Medical Services (MHMS) and also the Office of President operates active Facebook pages which regularly share messages to inform public about health concerns and other important information. [1,2]

A Facebook post from February 11, 2020 on the page of Ministry of Health specifically dealt with dispelling a rumour about confirmed COVID-19 cases in Kiribati. The MHMS Facebook page was created in January 2019 and has since been sharing regular health related information which includes updates on Measles Outbreak in Kiribati (November 2019), information related to polio, lymphatic filariasis and other general updates on MHMS activities. [3]

[1] Facebook, Ministry of Health and Medical Services Kiribati. [<https://www.facebook.com/info.mhms.gov.ki>] Accessed 10 August 2020.

[2] Facebook, Office of Te Beretitenti (Office of The President, Kiribati). [<https://www.facebook.com/ob.gov.ki/>] Accessed 10 August 2020.

[3] Facebook, Ministry of Health and Medical Services Kiribati.

[<https://www.facebook.com/info.mhms.gov.ki/posts/581273839350344>] Accessed 07 September 2020.

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is no evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years.

No such information is to be found on international and national/regional news outlets. [1,2] No such information is shared on social media handles of Kiribati leadership. [3,4]

[1] The New York Times. [<https://www.nytimes.com/>] Accessed 07 September 2020.

[2] The Fiji Times. [<https://www.fijitimes.com/>] Accessed 07 September 2020.

[3] Facebook, Ministry of Health and Medical Services Kiribati. [<https://www.facebook.com/info.mhms.gov.ki>] Accessed 10 August 2020.

[4] Facebook, Office of Te Beretitenti (Office of The President, Kiribati). [<https://www.facebook.com/ob.gov.ki/>] Accessed 10 August 2020.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 14.58

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 46.48

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 2.87

2018-2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 4.44

2018-2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

There is no evidence that Kiribati issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak.

There is no such information available on the websites of Ministry of Health, Ministry of Environment, Lands and Agriculture Development or the Ministry of Foreign Affairs. [1,2,3]

The World Integrated Trade Solution database of the World Bank has information on tariffs applied on imports of Medical Test kits from Kiribati latest in the year 2018. [4] However, there is no information to ascertain the reason and duration of the applied tariff.

There is no evidence of such restrictions on media outlets.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 10 August 2020.

[3] Kiribati, Ministry of Foreign Affairs and Immigration. [<https://www.mfa.gov.ki/>] Accessed 10 August 2020.

[4] World Integrated Trade Solution.

[<https://wits.worldbank.org/tariff/trains/en/country/ALL/partner/KIR/nomen/h5/product/300215>] Accessed 07 September 2020.

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

There is no evidence that Kiribati issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak.

There is no such information available on the websites of Ministry of Health, Ministry of Environment, Lands and Agriculture Development or the Ministry of Foreign Affairs. [1,2,3]

The World Integrated Trade Solution (WITS) database of the World Bank has information on tariffs applied on imports of Medical Test kits from Kiribati latest in the year 2018. [4] However, there is no information to ascertain the reason and duration of the applied tariff. The WITS database has no evidence of any tariffs applied by Kiribati on export/import of non-medical goods. [5] Further, there is also no evidence of such tariffs applied during the COVID-19 pandemic on websites of World Customs Organization and World Trade Organization. [6,7]

There is no evidence of such restrictions on media outlets.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 10 August 2020.

[2] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<http://www.environment.gov.ki/>] Accessed 10 August 2020.

[3] Kiribati, Ministry of Foreign Affairs and Immigration. [<https://www.mfa.gov.ki/>] Accessed 10 August 2020.

[4] World Integrated Trade Solution.

[<https://wits.worldbank.org/tariff/trains/en/country/ALL/partner/KIR/nomen/h5/product/300215>] Accessed 07 September 2020.

[5] World Integrated Trade Solution. [https://wits.worldbank.org/tariff/trains/country-byhs6product.aspx?lang=en#apl_K] Accessed 17 September 2020.

[6] World Customs Organization. [<http://www.wcoomd.org/en/topics/facilitation/activities-and-programmes/natural-disaster/list-of-countries-coronavirus.aspx>] Accessed 17 September 2020.

[7] World Trade Organization. "WTO members' notifications on COVID-19".

[https://www.wto.org/english/tratop_e/covid19_e/notifications_e.htm] Accessed 17 September 2020.

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 1

There is no evidence that Kiribati has implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak.

The Health Travel Advisory & Restrictions In Relation To The 2019 Novel Coronavirus (COVID -2019) issued by the Ministry of Health and Medical Services mentions that "All Travelers from areas and territories in countries with local transmission of novel coronavirus must spend 14 days in a country free of the COVID-2019, and to provide a medical clearance to confirm and/or prove this coronavirus free status". [1] There is no evidence that Kiribati has banned travelers from a specific country.

There is no such information available on the websites of Ministry of Health or the Ministry of Foreign Affairs. [2,3]

World Health Organization Disease Outbreak News portal has no posts on any outbreak in Kiribati recently. [4]

[1] Ministry of Health and Medical Services, "HEALTH TRAVEL ADVISORY & RESTRICTIONS".

[<https://www.mhms.gov.ki/important-notice.html>] Accessed 10 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 07 September 2020.

[3] Kiribati, Ministry of Foreign Affairs and Immigration. [<https://www.mfa.gov.ki/>] Accessed 07 September 2020.

[4] World Health Organization Disease Outbreak News , Kiribati. [<https://www.who.int/csr/don/archive/country/kir/en/>] Accessed 07 September 2020.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 20.39

2013

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 383.42

2018

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati has a public workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings. There is no evidence of such a strategy on the websites of the Ministry of Health, the Ministry of Labour and Human Resources Development or the Ministry of Education [1, 2,3].

The World Health Organisation (WHO) Human Resource for Health Country Profile for Kiribati (2014) mentions a 'MHMS (Ministry of Health and Medical Services) Workforce Plan 2012-2016 which identified major challenges to Kiribati health workforce. However, the plan is not available publicly and there is no evidence if the said plan has been updated in the past five years. [4]

The Ministry Strategic Plan 2016-2019 of the Ministry of Health and Medical Services identifies an 'ageing health workforce' as a challenge to Kiribati health system and the plan also mentions that a health workforce plan is underway. [5] However there is no evidence of such a workforce plan completed and publicly available.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[2] Kiribati, Ministry of Labour and Human Resources Development [<https://www.employment.gov.ki/>] Accessed 11 August 2020.

[3] Kiribati, Ministry of Education [<http://www.president.gov.ki/ministry-of-education/>] Accessed 11 August 2020.

[4] World Health Organisation (WHO), Human resources for health country profiles : Republic of Kiribati [<https://iris.wpro.who.int/handle/10665.1/10918>] Accessed 11 August 2020.

[5] Kiribati, Ministry of Health and Medical Services, Ministry Strategic Plan. [<https://extranet.who.int/nutrition/gina/sites/default/files/KIR%20MHMS%20Strategic%20Plan%202016-2019.pdf>] Accessed 11 August 2020.

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 186

2016

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation facility located within the country.

There is no evidence of such a capacity on the websites of the Ministry of Health.[1] Kiribati has one main hospital in the capital - Tungaru Central Hospital - and three other referral hospitals (two examples are Betio and Southern Kiribati) in surrounding areas but the online sources have no information on such a capacity. None of the hospitals have an online presence. [2] There is no mention of patient isolation capacities for COVID-19 in Kiribati in recent 'COVID-19 Joint external situation report for Pacific Islands' issued by the World Health Organization. [3,4,5]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[2] Tungaru Central Hospital (TCH), Kiribati. [<https://daisi.com.au/tungaru-central-hospital-tch/>] Accessed 11 August 2020.

[3] World Health Organization, "COVID-19 Joint external situation report for Pacific Islands #22".

[<https://www.who.int/westernpacific/internal-publications-detail/covid-19-situation-report-for-pacific-islands-22>] Accessed 08 September 2020.

[4] World Health Organization, "COVID-19 Joint external situation report for Pacific Islands #23".

[<https://www.who.int/westernpacific/internal-publications-detail/covid-19-situation-report-for-pacific-islands-23>] Accessed 08 September 2020.

[5] World Health Organization, "COVID-19 Joint external situation report for Pacific Islands #24".

[<https://www.who.int/westernpacific/internal-publications-detail/covid-19-situation-report-for-pacific-islands-24>] Accessed 08 September 2020.

4.1.2c

Does the country meet one of the following criteria?

- **Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?**

- **Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?**

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Kiribati has either developed, updated, or tested a plan or demonstrated the capacity to expand isolation capacity in response to an infectious disease outbreak in the last two years.

There is no evidence of such a development, update, test, or expansion for isolation capacity on the website of the Ministry of Health and Medical Services. [2]

In August 2020, the Presidential Portal of the Government of Kiribati published its 'Infectious Disease Regulation (No.:1 of 2020)' under Section 3 (1) of its overarching Public Health Ordinance Cap 80, which lists that covid-19 is specifically to be included in the category of Infectious diseases as it is no longer a novel virus. [2] Part 6 of the Regulation includes a section on restrictions on Public Meetings, Gatherings, and Assembly in the event of infectious disease outbreaks (including but not limited to covid-19), such as possible prohibitions on public gatherings, school closures, and partial or complete lockdown measures by the government. [2] Part 4 of the Health and Quarantine Measures section states that individuals asked to quarantine must maintain reasonable hygiene practices, practice social distancing per government guidelines at the time, and remain in their room as much as possible. Part 3 titled Border Control and Security also includes states that all vessels

entering the country must adhere to social distancing inside the vessel per government guidelines. However, the regulation does not mention whether the country's isolation capacity was expanded, developed, updated, or tested. [2]

Additionally, the COVID-19 Preparedness and Response Regulations 2020 has guidelines for 14 days quarantine of international travellers school closures and curfew orders for children and treating covid-19 related mis-information as a punishable offence with fines during the pandemic. This Regulation does not provide any evidence for developing, updating, testing, or expansion of isolation capacities either. [3]

No information is available on "KIRIBATI–WHO Country Cooperation Strategy 2018–2022" related to any evidence on the country capacity to expand or develop any isolation capacity in response to an infectious disease outbreak in the past two years [4]

[1] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[2] Ministry of Health and Medical Services. August 2020. "Infectious Disease Regulation (No.:1 of 2020)".

[<https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/08/Infectious-Disease-Regulation.pdf>] Accessed March 30, 2021.

[3] Ministry of Health and Medical Services. March 2020. "COVID-19 Preparedness and Response Regulations 2020".

[https://www.president.gov.ki/presidentgovki/wp-content/uploads/2020/03/Public-Emergency-Regulation-iro-Partial-Lockdown_fv.pdf] Accessed March 30, 2021.

[4] World Health Organization. 2017. "Kiribati–WHO Country Cooperation Strategy 2018–2022".

[<https://apps.who.int/iris/rest/bitstreams/1096358/retrieve>] Accessed 17 March 2021

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 0

There is insufficient evidence of a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory needs and medical supplies.

Ministry of Health and Medical Services has a "Stakeholder Engagement Plan (SEP)" under the Kiribati COVID-19 Emergency Response Project (P174219). In this document there is an evidence that "there is substantial COVID-19 support being provided for urgent procurement of the much-needed equipment and supplies for laboratory services and personal protective equipment (PPE)." [1, 2] But this is just for COVID-19 and there is no evidence of a national procurement protocol in place on Ministry of Health and Medical Services website. [3] The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record.

The public sector procurement for pharmaceuticals in Kiribati is centralised under the responsibility of Pharmacy Department, Ministry of Health and Medical Services. However, the information available mentions only pharmaceuticals and

medicines and there is no evidence to ascertain if the procurement protocol also covers acquisition of laboratory needs and medical supplies. [3]

There is a national procurement protocol - the 2002 Procurement Act. This can be utilized by the Ministry of Health, but there is no specific information that it can be used for the acquisition of laboratory needs (such as equipment, reagents and media) and medical supplies (e.g. equipment, PPE) or that it could be used by the Ministry of Environment, Lands and Agricultural Development. The Act does not specify this. [4]

It is worth noting that the World Health Organisation (WHO) notes one strategic priority for Kiribati is to: "support efforts to improve... effective procurement and supply management, and quality of service delivery, supervision and monitoring." There is no additional information on this in the report. [5]

Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028 mentions as a strategy result - "Refurbish(ing) and equip(ing) environmental health laboratory including equipment, reagents and computers". [6] However there is no evidence of a procurement plan in place for the same.

There is also no specific reference to such a capacity on the website of the Ministry of Environment, Lands and Agricultural Development. [7]

[1] World Health Organisation. 2018. "Kiribati Pharmaceutical Country Profile".

[https://www.who.int/medicines/areas/coordination/Kiribati_PSCP_NarrativeFeb18.pdf?ua=1] Accessed March 31, 2021.

[2] Ministry of Health and Medical Services. "Stakeholder Engagement Plan (SEP) Kiribati COVID-19 Emergency Response Project (P174219)". [https://www.mhms.gov.ki/doc/Stakeholder_Engagement_Plan_Worldbank.pdf] Accessed 17 March 2021.

[3] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 31, 2021.

[4] Kiribati. "Procurement Act of 2002," [www.paclii.org/ki/legis/num_act/pa2002158.rtf] Accessed March 31, 2021.

[5] World Health Organisation (WHO). May 2018. "Country Cooperation Strategy: Kiribati,"

[https://apps.who.int/iris/bitstream/handle/10665/136905/ccsbrief_kir_en.pdf;jsessionid=D4B3E5E94A741E94C65B895292AF480D?sequence=1] Accessed March 31, 2021.

[6] United Nations Framework Convention on Climate Change (UNFCCC) NAP Central. "Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028".

[<https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>] Accessed March 31, 2021.

[7] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 11 August 2020.

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is insufficient public evidence that Kiribati has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency.

The Ministry Strategic Plan 2016-2019 of the Ministry of Health and Medical Services has a strategic objective to address stock-out issues of family planning drugs and commodities but it doesn't have any information to establish the existence of a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for use during public health emergency. [1] There is no further evidence of such regulations on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3]

There is information of a Japan International Cooperation Agency (JICA) project in Kiribati, from 2015, aimed at strengthening the country's "capacity to oversee NCD (Non Communicable Disease) prevention and countermeasures and to create a system for monitoring and evaluation". [4] However, it has no information about maintaining a stockpile of medical countermeasures which could be used during a public health emergency.

Kiribati has a National Emergency Operations Center but there is no available information on these capacities according to official documents. [5]

There is no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such capacities on their website. [6]

[1] World Health Organisation. Policies in Kiribati. "Ministry Strategic Plan 2016-2019".

[<https://extranet.who.int/nutrition/gina/en/policies/1469>] Accessed March 31, 2021.

[2] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[3] Kiribati Ministry of Environment, Lands and Agricultural Development. "Home". [<https://www.melad.gov.ki/>] Accessed March 30, 2021.

[4] Japan International Cooperation Agency. July 29, 2015. "JICA Helps Fight Lifestyle Diseases in Fiji and Kiribati".

[https://www.jica.go.jp/english/news/field/2015/150729_01.html] Accessed March 30, 2021.

[5] Relief Web. 2012. "Kiribati: Disaster risk management plan 2012".

[[https://www.preventionweb.net/english/policies/v.php?id=59846&cid=91#:~:text=The%20Plan%20embraces%20an%20all,Disaster%20Risk%20Management%20\(DRM\).&text=The%20Plan%20is%20also%20advised,Program%20for%20Action%20\(NAPA\).](https://www.preventionweb.net/english/policies/v.php?id=59846&cid=91#:~:text=The%20Plan%20embraces%20an%20all,Disaster%20Risk%20Management%20(DRM).&text=The%20Plan%20is%20also%20advised,Program%20for%20Action%20(NAPA).)] Accessed March 31, 2021.

[6] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 11 August 2020.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is insufficient public evidence that Kiribati have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency.

The Ministry Strategic Plan 2016-2019 of the Ministry of Health and Medical Services has a strategic objective to "strengthen capacity of laboratory so it can provide timely diagnostic responses and review adequacy of equipment and test kits/tools" but it doesn't have any information to establish the existence of a stockpile of laboratory supplies (e.g. reagents, media) for use during public health emergency. [1]

Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028 mentions as a strategy

result - "Refurbish(ing) and equip(ing) environmental health laboratory including equipment, reagents and computers". [2]
However there is no evidence of a stockpile of laboratory supplies.

There is also no evidence of such regulations on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [3,4]

Kiribati has a National Emergency Operations Center but there is no available information on these capacities according to official documents. [5]

There is no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such capacities on their website. [6]

[1] Ministry of Health and Medical Services, Ministry Strategic Plan.

[<https://extranet.who.int/nutrition/gina/sites/default/files/KIR%20MHMS%20Startegic%20Plan%202016-2019.pdf>] Accessed 11 August 2020.

[2] Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028.

[<https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>] Accessed 11 August 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[4] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 11 August 2020.

[5] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 11 August 2020.

[6] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 11 August 2020.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Kiribati conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency.

The 2014 'Human Resources for Health on the Republic of Kiribati' published by the WHO in collaboration with the Ministry of Health and Medical Services mentions presence of a "Stock of essential medicines" prior to 2009, however, no mention of an annual review for said stock is made in this report. [1]

There is also no evidence of such regulations on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development (MELAD). [2,3] There is no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such capacities on their website. [4]

[1] WHO. 2014 "Human resources for health country profiles: Republic of Kiribati".

[<https://apps.who.int/iris/handle/10665/208197>] Accessed 17 March 2021

[2] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[3] Kiribati Ministry of Environment, Lands and Agricultural Development. "Home". [<https://www.melad.gov.ki/>] Accessed March 30, 2021.

[4] Kiribati Police Service. "Home" [http://www.police.gov.ki/kps_link.html] Accessed 17 March 2021.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency or a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency.

There is no evidence of such a plan/agreement in the Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028 or the Disaster Risk Management Plan 2012. [1,2]

There is also no evidence of such a plan on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [3,4] There is no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such capacities on their website. [5]

[1] United Nations Framework Convention on Climate Change (UNFCCC). "Kiribati Joint Implementation Plan (KJIP) for Climate Change and Disaster Risk Management 2019-2028".

[<https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>] Accessed March 30, 2021.

[2] Relief Web. 2012. "Kiribati: Disaster risk management plan 2012".

[[https://www.preventionweb.net/english/policies/v.php?id=59846&cid=91#:~:text=The%20Plan%20embraces%20an%20all,Disaster%20Risk%20Management%20\(DRM\).&text=The%20Plan%20is%20also%20advised,Program%20for%20Action%20\(NAPA\).](https://www.preventionweb.net/english/policies/v.php?id=59846&cid=91#:~:text=The%20Plan%20embraces%20an%20all,Disaster%20Risk%20Management%20(DRM).&text=The%20Plan%20is%20also%20advised,Program%20for%20Action%20(NAPA).)] Accessed March 31, 2021.

[3] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[4] Kiribati Ministry of Environment, Lands and Agricultural Development. "Home". [<https://www.melad.gov.ki/>] Accessed March 30, 2021.

[5] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 11 August 2020.

4.2.3b

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency or a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency.

There is no evidence of such a plan/agreement in the Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028 or the Disaster Risk Management Plan 2012. [1,2]

There is also no evidence of such a plan on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [3,4] There is no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such capacities on their website. [5]

[1] Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028.

[<https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>] Accessed 11 August 2020.

[2] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 11 August 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[4] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 11 August 2020.

[5] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 11 August 2020.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati has a plan, program, or guidelines in place for dispensing medical countermeasures for national use during a public health emergency (i.e. antibiotics, vaccines, therapeutics and diagnostics).

There is information of a Japan International Cooperation Agency (JICA) project in Kiribati, from 2015, aimed at strengthening the country's "capacity to oversee NCD (Non Communicable Diseases) prevention and countermeasures and to create a system for monitoring and evaluation". [1] However, it has no information on dispensing medical countermeasures for national use during a public health emergency.

Kiribati has a National Emergency Operations Center but there is no available information on these capacities according to official documents. [2] There is also no evidence of such regulations on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [3,4] There is no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such capacities on their website. [5]

[1] Japan International Cooperation Agency. "JICA Helps Fight Lifestyle Diseases in Fiji and Kiribati,"

[https://www.jica.go.jp/english/news/field/2015/150729_01.html] Accessed 11 August 2020.

[2] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 11 August 2020.

[3] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[4] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 11 August 2020.

[5] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 11 August 2020.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati has a public plan in place to receive health personnel from other countries to respond to a public health emergency. Kiribati has a National Emergency Operations Center but there is no available information on such a plan according to official documents. [1]

There is also no evidence of such a plan on the websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3]

There is no Ministry of Defense, as Kiribati's constitution bans the presence of a military or defense force. Security matters are covered by the Kiribati Police Service and there is no evidence of such capacities on their website. [4]

There is no information on this plan after searching the website of the Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati. A briefing paper issued by the Pacific Public Health Surveillance Network concerns deployment of Emergency Medical Teams (EMTs) between Pacific countries during the COVID-19 pandemic but there is no evidence available of a Kiribati national plan on receiving health personnels. [5,6]

[1] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 11 August 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<https://www.melad.gov.ki/>] Accessed 11 August 2020.

[4] Kiribati Police Service. [http://www.police.gov.ki/kps_link.html] Accessed 11 August 2020.

[5] Pacific Public Health Surveillance Network (PPHSN). [<https://www.pphsn.net/index.htm>] Accessed 11 August 2020.

[6] PPHSN, "Briefing paper (Supplementary to other EMT briefing paper on current state of preparedness)".

[https://phs.spc.int/sites/default/files/eventfiles/2020-](https://phs.spc.int/sites/default/files/eventfiles/2020-07/2020%20PHoH%20WP1%20Item%205.3%20Pacific%20Emergency%20Teams%20for%20Preparedness%20and%20Response%20Brief.pdf)

[07/2020%20PHoH%20WP1%20Item%205.3%20Pacific%20Emergency%20Teams%20for%20Preparedness%20and%20Response%20Brief.pdf](https://phs.spc.int/sites/default/files/eventfiles/2020-07/2020%20PHoH%20WP1%20Item%205.3%20Pacific%20Emergency%20Teams%20for%20Preparedness%20and%20Response%20Brief.pdf)] Accessed 11 August 2020.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 0

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

Current Year Score: 98.3

2010

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international \$)

Input number

Current Year Score: 0.26

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Kiribati has issued legislation, a policy or a public statement committing to provide prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency. There is no evidence of such legislation on the website of the Ministry of Health [1].

Kiribati has a National Emergency Operations Center but there is no available information on such legislation according to official documents. [2]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[2] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 11 August 2020.

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Kiribati has a system in place for public health officials and healthcare workers to communicate during a public health emergency. There is no evidence of such a system on the website of the Ministry of Health [1].

In the June 2020 project titled, 'Kiribati COVID-19 Emergency Response Project (P174219)', there is a mention of The National Health Emergency Operation Centre (HEOC) but it does not talk about any system in place for public health officials and healthcare workers to communicate. [2]

Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028 has provisions for

communications strategy to be adopted during an emergency, however there is no specific evidence that health workers/officials are included in the same. [4]

[1] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[2] Kiribati Ministry of Health and Medical Services. Stakeholder Engagement Plan (SEP). June 2020. "Kiribati COVID-19 Emergency Response Project (P174219)". [https://www.mhms.gov.ki/doc/Stakeholder_Engagement_Plan_Worldbank.pdf] Accessed 17 March 2021.

[3] United Nations Framework Convention on Climate Change (UNFCCC). "Kiribati Joint Implementation Plan (KJIP) for Climate Change and Disaster Risk Management 2019-2028".

[<https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>] Accessed March 30, 2021.

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Kiribati has a system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector as there is no evidence of a system for communication between healthcare officials and workers during emergencies [1].

In the June 2020 project titled, 'Kiribati COVID-19 Emergency Response Project (P174219)', there is a mention of The National Health Emergency Operation Centre (HEOC) but it does not talk about any system in place for public health officials and healthcare workers from either the private or the public sector to communicate during an emergency. [2]

Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028 has provisions for communications strategy to be adopted during an emergency, however there is no specific evidence that health workers/officials (whether from the private or public sector) are included in the same. [4]

[1] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[2] Kiribati Ministry of Health and Medical Services. Stakeholder Engagement Plan (SEP). June 2020. "Kiribati COVID-19 Emergency Response Project (P174219)". [https://www.mhms.gov.ki/doc/Stakeholder_Engagement_Plan_Worldbank.pdf] Accessed 17 March 2021.

[3] United Nations Framework Convention on Climate Change (UNFCCC). "Kiribati Joint Implementation Plan (KJIP) for Climate Change and Disaster Risk Management 2019-2028".

[<https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>] Accessed March 30, 2021.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence that the national public health system monitors and tracks the number of health care associated infections that take place in healthcare facilities in Kiribati. There is no evidence of such a system on the website of the Ministry of Health [1].

The Infection Prevention and Control Guidelines of the Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati - has its stated objective "to provide healthcare administrators and HCWs (healthcare workers) with a framework to prevent and control the transmission of infectious pathogens within, from, or to the healthcare setting, to patients, HCWs ((healthcare workers)) and the community alike". There is also evidence of monitoring of healthcare associated infections in the guidelines, but there is no evidence that the guidelines are followed in Kiribati. [2]

The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There is also no information on this in academic studies or articles.

[1] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed March 30, 2021.

[2] Pacific Public Health Surveillance Network. 2010. "PPHSN Infection Prevention and Control Guidelines – 2010". [<https://www.pphsn.net/Activities/PICNet/IC-Guidelines.htm>] Accessed 11 August 2020.

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence of a national requirement for ethical review (e.g. from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial in Kiribati. There is no evidence of such a requirement on the

websites of the Ministry of Health [1]. According to the Kiribati Pharmaceutical Country Profile, co-drafted by Kiribati's Ministry of Health and the World Health Organisation (WHO) in 2012, "In Kiribati, legal provisions do not exist requiring authorization for conducting clinical trials. There are no additional laws requiring the agreement by an ethics committee or institutional review board of the clinical trials to be performed". [2] There is no Ministry of Research and there is no additional evidence in studies or articles.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[2] World Health Organisation. "Kiribati Pharmaceutical Country Profile,"

[https://www.who.int/medicines/areas/coordination/Kiribati_PSCP_NarrativeFeb18.pdf?ua=1] Accessed 08 September 2020.

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Kiribati has an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics.

There is no evidence of such a process on the website of the Ministry of Health [1].

According to the Kiribati Pharmaceutical Country Profile, co-drafted by Kiribati's Ministry of Health and the World Health Organisation (WHO) in 2012, "In Kiribati, legal provisions do not exist requiring authorization for conducting clinical trials". [2]

There is no Ministry of Research. The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There is also no information on this in academic studies or articles.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[2] World Health Organisation. "Kiribati Pharmaceutical Country Profile,"

[https://www.who.int/medicines/areas/coordination/Kiribati_PSCP_NarrativeFeb18.pdf?ua=1] Accessed 08 September 2020.

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of a government agency responsible for approving new medical countermeasures for humans in Kiribati.

There is no evidence of such an agency on the website of the Ministry of Health [1].

Kiribati Country Page on Health Regulations of South Pacific Community (SPC) member countries mentions that Medicines

and Therapeutics Committee is the national regulatory authority in Kiribati as per the Medicines Act 2016. [2] However, the Medicines Act 2016 document is not available publicly and there is no mention of approving medical countermeasures for humans in the country page.

There is no such information available on the Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati. [3]

There is no Ministry of Research. The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There is also no information on this in academic studies or articles.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

[2] South Pacific Community, Kiribati. [https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/89/895d270f5dcc3c8c39875e63aec33c6e.pdf?sv=2015-12-11&sr=b&sig=DJekkR5FCpJCZGBqD3b7xfs%2BM7X9fo7YOoALXE%2FgGCc%3D&se=2021-02-07T13%3A44%3A26Z&sp=r&rsc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsct=application%2Fpdf&rscd=inline%3B%20filename%3D%22IP5_Item4_RSS_Country_Profile_Kiribati.pdf%22] Accessed 11 August 2020.

[3] Pacific Public Health Surveillance Network (PPHSN). [<https://www.pphsn.net/>] Accessed 08 September 2020.

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Kiribati has an expedited process for approving medical countermeasures for human use during public health emergencies.

There is no evidence of such a process on the websites of the Ministry of Health [1].

There is no Ministry of Research. The national referral hospital, Tungaru Central Hospital and the Kiribati Health Laboratory have no website and there is no other information available on such a record. There is also no information on this in academic studies or articles.

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 11 August 2020.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1 , No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that epidemics and pandemics are integrated into the national risk reduction strategy.

Kiribati Joint Implementation Plan (KJIP) for Climate Change and Disaster Risk Management 2019-2028 includes Epidemics in the country's Hazard Profile. KJIP mentions that "epidemics have a stronger relationship with climate change, such as water-, food- and vector-borne diseases, and are expected to increase because of climate change". KJIP has in place a strategy (Strategy 5) to deal with health risks emerging out of climate change impacts. Strategy 5 of the KJIP has achievement targets to spread awareness on reducing the spread of vector-, food- and water-borne diseases (Result 5.1); capacity enhancement for MHMS (Ministry of Health and Medical Services) Central Laboratory and Environmental Health Laboratory to test water and food, conduct vector control activities and analyse results, among others (Result 5.3). [1]

The section on rationale for the KJIP in the document mentions "The KJIP is an integrated plan that prioritises 104 climate adaptation and disaster risk reduction actions. Ultimately, the purpose of the plan is to enhance coordination and access to financial and technical support to accelerate the implementation of actions on climate adaptation and disaster risk reduction". [1]

National Disaster Risk Management Plan 2012 makes a distinction between natural and socio-economic sources of 'acute impact events which threaten Kiribati' including plagues and epidemics and HIV-AIDS respectively. [2]

- [1] Kiribati, "Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028". [<https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>] Accessed 13 August 2020.
- [2] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 13 August 2020.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

There is evidence that Kiribati have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies.

Pacific Islands Forum, of which Kiribati is a member, recently established a Pacific Humanitarian Pathway on COVID-19 (PHP-C), invoking the Biketawa Declaration, to collectively respond to the COVID-19 pandemic as a major crisis to The Blue Pacific - its peoples, wellbeing and economies. [1] The Biketawa Declaration provides the regional framework for responding to Member states' request for assistance in times of crisis. [2]

Kiribati is also a member of The Pacific Public Health Surveillance Network (PPHSN) - a voluntary network of countries and organisations under the South Pacific Community (SPC) dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the Pacific islands including Kiribati. [3] South Pacific Community (SPC) is the focal point of PPHSN and the SPC itself has been supporting its member countries deal with the current COVID-19 pandemic through public health surveillance, infection prevention and control, risk communication, disaster management, humanitarian response, statistics, educational assessment. [4]

[1] Pacific Islands Forum Secretariat, "Pacific Islands Forum Foreign Ministers Agree to Establish a Pacific Humanitarian Pathway on COVID -19". [<https://www.forumsec.org/2020/04/08/pacific-islands-forum-foreign-ministers-agree-to-establish-a-pacific-humanitarian-pathway-on-covid-19/>] Accessed 13 August 2020.

[2] United Nations, "A Message from the Pacific Islands Forum Secretariat". [<https://www.un.int/tuvalu/news/message-pacific-islands-forum-secretariat>] Accessed 13 August 2020.

[3] Pacific Public Health Surveillance Network (PPHSN). [<https://www.pphsn.net/>] Accessed 13 August 2020.

[4] South Pacific Community, "COVID-19: Pacific Community Updates". [<https://www.spc.int/updates/blog/2020/07/covid-19-pacific-community-updates>] Accessed 13 August 2020.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no public evidence that Kiribati has cross-border agreements, protocols or MOUs with neighbouring countries, or as part of a regional group, with regards to animal health emergencies. There is no evidence of such agreements on the website of the Ministry of Health [1].

Kiribati has a National Emergency Operations Center but there is no available information on such agreements according to official documents. [2] There were no agreements found in studies or external documents. Kiribati is also a member of the Pacific Public Health Surveillance Network (PPHSN) which deals with public health emergencies in Pacific Island countries but there is no evidence of PPHSN dealing with animal health emergencies. [3]

[1] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 13 August 2020.

[2] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 13 August 2020.

[3] Pacific Public Health Surveillance Network (PPHSN). [<https://www.pphsn.net/>] Accessed 13 August 2020.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the country have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 0

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1, No = 0

Current Year Score: 0

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1, No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years.

There is no evidence of fund allocation for epidemic threats in the last three available national budget documents for the years 2017, 2018 and 2019. [1,2,3]

The Ministry of Health and Medical Services Strategic Plan 2016-2019 has not allocated any budget amount to address epidemic threats. [4]

There is no evidence of such allocation on the Ministry of Agriculture or the Ministry of Finance and Economic Development. [5,6]

Kiribati received a World Bank funding of US\$2.5 million (approx. AU\$3.6 million), in 2020, to build capacity for essential service delivery during COVID-19 and other future public health threats. [7]

[1] Kiribati, "National Budget 2017".

[<http://www.mfed.gov.ki/sites/default/files/Government%20of%20Kiribati%202017%20Budget.pdf>] Accessed 13 August 2020.

[2] Kiribati, "National Budget 2018".

[<http://www.mfed.gov.ki/sites/default/files/2018%20Development%20Budget%20%28As%20presented%29.pdf>] Accessed 13 August 2020.

[3] Kiribati, "National Budget 2019". [<http://www.mfed.gov.ki/sites/default/files/Final%202019%20Budget%20-%20Approved.pdf>] Accessed 13 August 2020.

[4] Kiribati, Ministry of Health and Medical Services, Ministry Strategic Plan.

[<https://extranet.who.int/nutrition/gina/sites/default/files/KIR%20MHMS%20Startegic%20Plan%202016-2019.pdf>] Accessed 13 August 2020.

[5] Kiribati, Ministry of Environment, Lands and Agricultural Development. [melad.gov.ki] Accessed 13 August 2020.

[6] Kiribati, Ministry of Finance and Economic Development. [<http://www.mfed.gov.ki/>] Accessed 13 August 2020.

[7] World Bank. "COVID-19 Prevention Drives Boost for Public Health in Kiribati".

[<https://www.worldbank.org/en/news/press-release/2020/06/26/covid-19-prevention-drives-boost-for-public-health-in-kiribati>] Accessed 08 September 2020.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1 , No = 0

Current Year Score: 1

Kiribati is an International Development Association (IDA) eligible borrower, according to the World Bank and therefore is eligible for a World Bank pandemic financing facility. [1]

There is no supporting evidence to this however from the website of the Ministry of Health [2]. Kiribati has a National Emergency Operations Center but there is no available information on this issue according to official documents. [3]

Kiribati received a World Bank funding of US\$2.5 million (approx. AU\$3.6 million), in 2020, to build capacity for essential service delivery during COVID-19 and other future public health threats. [4]

- [1] International Development Association (IDA), World Bank. "Borrowing Countries" [<http://ida.worldbank.org/about/borrowing-countries>] Accessed 13 August 2020.
- [2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 13 August 2020.
- [3] Kiribati, "National Disaster Risk Management Plan". [<http://www.president.gov.ki/wp-content/uploads/2014/08/National-Disaster-Risk-Management-Plan-Part-1-2012.pdf>] Accessed 13 August 2020.
- [4] World Bank. "COVID-19 Prevention Drives Boost for Public Health in Kiribati". [<https://www.worldbank.org/en/news/press-release/2020/06/26/covid-19-prevention-drives-boost-for-public-health-in-kiribati>] Accessed 08 September 2020.

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence that senior leaders (president or ministers), in the past three years, have made a public commitment to improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity.

Commenting on the World Bank's approval for a US\$2.5m funding to strengthen health systems in Kiribati in June 2020, Kiribati's Vice President, Hon. Dr. Teuea Toatu said "this support from the World Bank will enable the Ministry of Health and Medical Services (MHMS) to respond to future epidemics, as well as build stronger longer-term foundations for health security and service delivery systems that will benefit Kiribati for years to come." [1]

The foreword of the Kiribati Joint Implementation Plan (KJIP) for Climate Change and Disaster Risk Management 2019-2028, written by then the President of Kiribati Taneti Maamau, mentions "furthermore, Kiribati appreciates past, ongoing and future support, whether financial or technical, from its development partners which will enable the effective implementation of this plan for the enhancement of sustainable development and more resilient communities". Supporting the foreword statement is the KJIP Strategy 10 which has provisions to strengthen the country's access to external financiers and donors for climate change and disaster risk management initiatives. [2] KJIP includes epidemics as one of the climate change risk factors for Kiribati.

[1] Reliefweb. "COVID-19 Prevention Drives Boost for Public Health in Kiribati". [<https://reliefweb.int/report/kiribati/covid-19-prevention-drives-boost-public-health-kiribati>] Accessed 09 September 2020.

[2] Kiribati, "Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management 2019-2028". [<https://www4.unfccc.int/sites/NAPC/Documents/Parties/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>] Accessed 09 September 2020.

5.5.4b

Is there evidence that the country has, in the past three years, either:

- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence that Kiribati has requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats. However, there is no evidence that Kiribati has provided other countries with financing or technical support to improve capacity to address epidemic threats.

According to the Global Health Security Funding Tracking Dashboard, during the period 2014-2020 a total amount of US\$ 23.34m has been disbursed to Kiribati and an additional US\$ 9.9m has been committed by different countries or organizations to build capacity. New Zealand is the largest funder for Kiribati with US\$ 20.22m disbursed during the period 2014-2020. Other major funders include the World Health Organization, the International Development Association, the Global Alliance for Vaccines and Immunisation (GAVI), and Japan among others. [1] However, there is no evidence that Kiribati has provided any funding to address epidemic threats on its funder profile on the Global Health Security Funding Tracking Dashboard. [2]

World Bank committed US\$ 2.5m to build capacity for essential service delivery to prepare Kiribati for covid-19 and other future public health threats. [3] There is no evidence of either any request or provision of technical support or financing by Kiribati on the websites of the WHO, the Ministry of Health and Medical Services, and the Ministry of Foreign Affairs and Immigration. [4, 5, 6]

[1] Global Health Security Funding Tracker. "Recipient profile: Kiribati".

[<https://tracking.ghscosting.org/details/978/recipient>]. Accessed 1 April 2021.

[2] Global Health Security Funding Tracker. "Funder profile: Kiribati". [<https://tracking.ghscosting.org/details/978/funder>]. Accessed 1 April 2021.

[3] World Bank. June 26, 2020. "COVID-19 Prevention Drives Boost for Public Health in Kiribati".

[<https://www.worldbank.org/en/news/press-release/2020/06/26/covid-19-prevention-drives-boost-for-public-health-in-kiribati>] Accessed 1 April 2021.

[4] World Bank. "The World Bank in Pacific Islands". [<https://www.worldbank.org/en/country/pacificislands/overview>]

Accessed 1 April 2021.

[5] Kiribati Ministry of Health and Medical Services. "Home". [<http://www.health.gov.ki/>] Accessed 1 April 2021.

[6] Kiribati Ministry of Foreign Affairs & Immigration. "Home". [<https://www.mfa.gov.ki/>] Accessed March 30, 2021.

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1, No = 0

Current Year Score: 0

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that there is a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza.

A report of the 2017 Regional Pacific Public Health Surveillance Network (PPHSN) Meeting mentions about facilitating sharing of specimen and information on influenza viruses with national and regional authorities. [1] However there is no further information available in this regard to ascertain whether member countries have a plan or policy for sharing specimen or not.

There is no evidence of such a mechanism on websites of the Ministry of Health or the Ministry of Environment, Lands and Agricultural Development. [2,3] There is no Ministry of Research, separate national laboratory system or national public health institute in place and no available information through academic studies.

[1] Pacific Public Health Surveillance Network (PPHSN), "2017 Regional Pacific Public Health Surveillance Network (PPHSN) Meeting Report". [https://spccfpstore1.blob.core.windows.net/digitalibrary-docs/files/e7/e722da96ecdabb0bb9f8eeba34f5a94ba.pdf?sv=2015-12-11&sr=b&sig=tVrbPM9%2Fs7%2FFUP8a5s%2F46RQEZuS101foROKCs3T%2Bjs%3D&se=2021-03-07T08%3A30%3A27Z&sp=r&rsc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsct=application%2Fpdf&rscd=inline%3B%20filename%3D%22PPHSN_Meeting_Report_2017.pdf%22] Accessed 08 September 2020.

[2] Kiribati, Ministry of Health and Medical Services. [<http://www.health.gov.ki/>] Accessed 13 August 2020.

[3] Kiribati, Ministry of Environment, Lands and Agricultural Development. [<http://www.environment.gov.ki/>] Accessed 13 August 2020.

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0, No = 1

Current Year Score: 1

There is no public evidence that Kiribati has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years.

There is no evidence of this via local media or via the World Health Organisation (WHO) reports on the PIP framework. [1]

[1] World Health Organisation (WHO), "Pandemic Influenza Preparedness Framework"

[<https://www.who.int/influenza/pip/en/>] Accessed 13 August 2020.

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no evidence that Kiribati has not shared pandemic pathogen samples during an outbreak in the past two years.

There is no such evidence via the local media or through the World Health Organisation (WHO) reports. [1]

[1] World Health Organisation (WHO), "Pandemic Influenza Preparedness Framework"

[<https://www.who.int/influenza/pip/en/>] Accessed 13 August 2020.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 35.94

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 4

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 4

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 0

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 4

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 4

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 70.3

2008-2018

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO);
The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

Current Year Score: 0.5

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 3.3

2006

World Bank; Economist Impact

6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 1

The share of employment in informal sector in Kiribati is between 25-50%. The Pacific Economic Monitor, published by the Asian Development Bank in December 2020, notes that "an ADB rapid assessment estimates that the informal sector in Kiribati is equivalent to 40% of the country's labor force". [1]

[1] Asian Development Bank. December 2020. "Pacific Economic Monitor".

[<https://www.adb.org/sites/default/files/publication/662406/pem-december-2020.pdf>] Accessed 17 March 2021.

6.2.3c

Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 1

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?

Input number

Current Year Score: 2

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient

Scored 0-1, where 0=best

Current Year Score: 0.37

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 54.84

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: 0

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 68.12

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 1281.4

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 4.08

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 52

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 46

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 71.62

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

Current Year Score: 47.8

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international \$)

Input number

Current Year Score: 212.26

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018