

6-HEALTH

Development of **medical infrastructure** available to the population, **health sector staffing density**, and **total medical consumption** per inhabitant have lead to health sector results that place New Caledonia on the same level as the other regions of Overseas France, and continue to close the gap with Metropolitan France.

The health sector was significantly reorganised in 1990 subsequent to the establishment of the provinces. Since then, each province has had a Provincial health and social welfare department (DPASS), responsible for the implementation of provincial policy in the areas of health, public hygiene, welfare interventions and assistance, and **Medical Aid**. DPASS enforce legislation, implement actions, manage the provincial health organisations, socio-medical constituencies and specialist services. Within their governing DPASS, the 26 **medical constituencies** and their medical and paramedical staff undertake health and social welfare activities at a municipal level.

On a territorial level, the New Caledonian Health and Social Welfare Department (DASS-NC), formerly DTASS, is responsible for planning, co-ordination of certain programmes, elaboration of health and welfare legislation, oversight of health institutions, social welfare organisations, distribution of medicines, surveillance of populations' state of health and the level of hygiene in relation to the environment, training of health professionals, and lastly, health statistics. In 2001, the **New Caledonian Health and Social Welfare Department** was set up.

Care facilities, managed by DTASS up until in 1990, have been transformed into either autonomous public establishments (**Centre Hospitalier Spécialisé Albert Bousquet**), or incorporated under the **Centre Hospitalier Territorial de Nouvelle-Calédonie**, or transferred to the provinces (specialist services and **Centre Hospitalier du Nord**).

▶ **Medical infrastructure ; health sector staffing density.** See 6.2.

▶ **Total medical consumption.** See 6.5.

▶ **Medical Aid.** See 11.3.

▶ **Socio-medical constituencies.** *Managed by DPASS, there are five in the Loyalty islands province, 14 in the Northern province, and 7 in the Southern province. They include :*

- 23 socio-medical centres : health service with medical and paramedical staff (week days and weekends), with hospital beds ;
- 3 medical centres : health service offering day time medical care, 24-hour nursing care, and hospitalisation ;
- 14 infirmaries : health service with permanent paramedical staffing, and medical visits ;
- 72 visiting rooms : health services with visiting doctors and paramedics ;
- 22 dental chairs.

▶ **New Caledonian Health and Social Welfare Department.** *Public establishment of New Caledonia, the agency was created by deliberation n°264 dated November 23, 2001, modified by deliberation n°189 dated May 31, 2006. Its budget comes from a portion of the tobacco and alcohol tax. See 13.6.*

▶ **Centre Hospitalier Spécialisé Albert Bousquet.** See 6.2.

▶ **Centre Hospitalier Territorial de Nouvelle-Calédonie.** See 6.2.

▶ **Centre Hospitalier du Nord (CHN).** See 6.2.

SOURCES

[1] Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie (DASS-NC), Rapports annuels. Disponibles sur : www.dass.gouv.nc

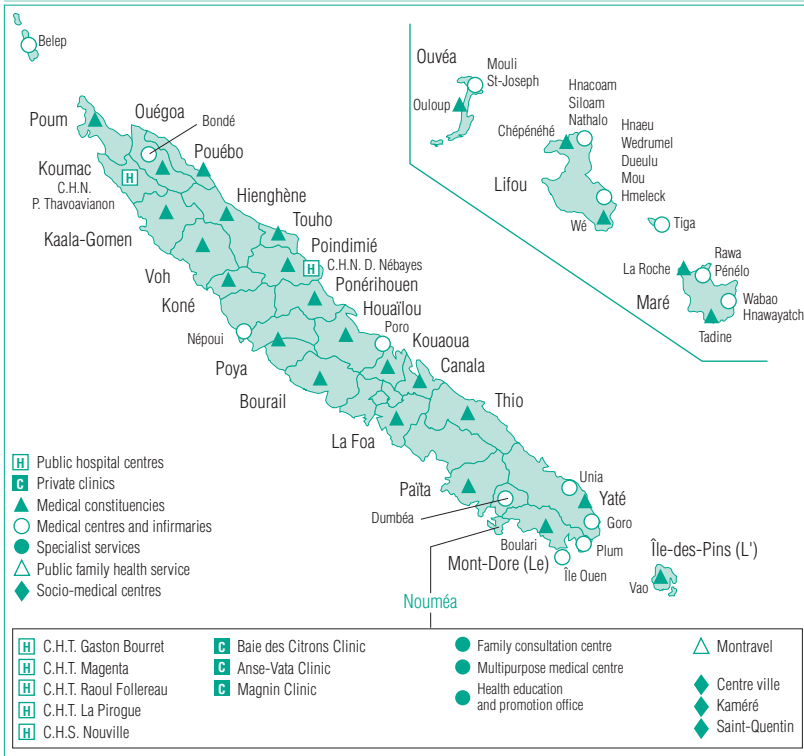
Délibération n°189 du 31 mai 2006 modifiant la délibération n°264 du 23 novembre 2001 portant création de l'Agence Sanitaire et Sociale, JONC n°7925 du 13 juin 2006.

SEE ALSO

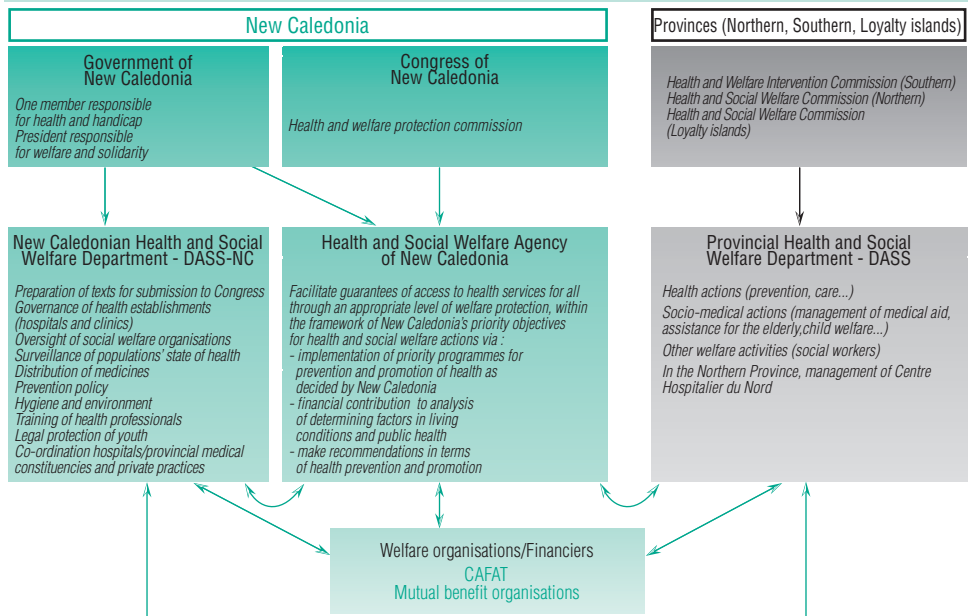
Code de la santé publique, ordonnance n°2000-548 du 15 juin 2000 (JONC n°7468 du 1^{er} juillet 2000 et n°7487 du 19 septembre 2000) modifiée par la loi n°2001-588 du 4 juillet 2001 (JONC n°7563 du 7 août 2001). Téléchargeable sur : www.dass.gouv.nc

Délibération n°113/CP du 20 mars 2003 complétant l'article L.577 du code de santé publique, JONC n°7690 du 1^{er} avril 2003 et n°7697 du 8 avril 2003.

Major health services in New Caledonia in 2004 [1]



Health and social welfare actors in New Caledonia [1]



6-HEALTH

Health infrastructure in New Caledonia includes both public and private entities.

In the public sector, the **Centre Hospitalier Territorial de Nouvelle-Calédonie** has 458 beds, of which 228 for general medicine, 129 in surgery, 77 in gynaecology-obstetrics, and 24 in intensive care. Subsequent to the September 2005 closure of 90 beds at **Gaston Bourret hospital** due to the unacceptable state of the buildings, a modular building with a 90 bed capacity was erected in 2006. The construction of a new hospital, with a capacity of approximately 600 beds, at **Dumbéa-Koutio**, is planned for completion by 2012. The **Col du pirogue medical centre** (26 beds) and the **Raoul Follereau centre** (25 beds), both autonomous specialist public establishments, are linked to CHT.

In 2004, the **Albert Bousquet specialist hospital centre** offered 184 full-time beds and 82 part-time beds.

The **Centre Hospitalier du Nord**, under management of the Northern province since 1990, has a capacity of 82 beds, including 43 in general medicine, 19 in surgery, 15 in gynaecology-obstetrics, and 5 in reanimation and intensive care.

Infrastructure also includes **socio-medical constituencies**.

These public establishments are complemented by 3 private clinics, all located in Nouméa : **Magnin clinic** (91 beds in 2004), **Anse Vata clinic** (34 beds at the end of 2004), and **Baie des Citrons clinic** (62 beds at the end of 2004), being a total 187 beds in the private sector.

In addition to these organisations, there are the semi-public services of **SLN**, the public servants' mutual benefit society and **CAFAT** (socio-medical centres at Receiving and Rivière-Salée) and the health services for the armed forces based in New Caledonia. When diagnosis and/or pathology are not possible in New Caledonia, be it due to a lack of infrastructure or specialist practitioners, emergency evacuations ("Evasan") are made overseas, mainly to Australia or Metropolitan France.

► **Centre Hospitalier Territorial de Nouvelle-Calédonie (CHT)**. Autonomous territorial public establishment :

- *Gaston Bourret hospital*, pavilion style establishment, located in the city centre, with general medicine and surgical services, technical capacities and the majority of administrative services.
- *Magenta hospital* which is the main mother/child centre (maternity services, obstetrics, neonatal, paediatrics, gynaecology) and also has a haemodialysis unit (nephrology and dialysis), logistics department, pharmacy and kitchens.
- *Col de la pirogue medical centre*, small pavilion-type unit located 40 km from Nouméa, used as a convalescence and medium-term re-education centre (in particular for the treatment of tuberculosis).
- *Raoul Follereau centre*, located in Ducos, specialising in the treatment of leprosy ; it has about 15 patients in permanent residence.

► **Albert Bousquet specialised hospital centre (CHS)**. Located at Nouville, offering psychiatric and geriatric care.

► **Centre Hospitalier du Nord (CHN - Northern hospital centre)**. At the Koumac site, the Paula Thavoavianon hospital centre has a 42-bed capacity in four areas : surgery, intensive care, general medicine and maternity. The Poindimié site, the D. Nebayes hospital centre, opened in 1996, has capacity of 40 beds.

► **Socio-medical constituencies**. See 6.1.

SOURCE

[1] Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie (DASS-NC), Rapports annuels, disponibles sur : www.dass.gouv.nc

SEE ALSO

Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie (DASS-NC) : www.dass.gouv.nc

6.2 INFRASTRUCTURE

Short-term hospitalisation capacity* by sector [1]

	2000		2001		2002		2003		2004	
	private	public	private	public	private	public	private	public	private	public
Medicine	48	252	50	268	58	280	60	302	68	271
Surgery	91	172	88	162	76	162	72	161	82	148
Obstetrics	22	85	26	79	31	79	26	93	26	92
Reanimation, intensive care, postoperative	12	45	11	41	11	27	11	32	11	29
Total	173	554	175	550	176	548	169	588	187	540
All	727		725		724		757		727	
Number of beds per 1 000 inhabitants	3.4		3.3		3.3		3.4		3.2	

* Means beds actually available (as opposed to number of beds authorised).

Unit : number of beds

Medium and long-term psychiatric hospitalisation capacity* by sector [1]

		2000		2001		2002		2003		2004	
		private	public	private	public	private	public	private	public	private	public
Psychiatry	Full-time care	-	104	-	105	-	108	-	108	-	108
	Part-time care	-	78	-	78	-	82	-	82	-	82
Medium-term stay	Full-time care	-	45	-	55	-	45	-	26	-	26
	Geriatrics-long term stay	3	73	3	73	3	76	-	101	-	101
Total beds	Full-time care	3	222	3	233	3	229	-	235	-	235
	Part-time care	-	78	-	78	-	82	-	82	-	82

Unit : number of beds

Short-term hospitalisation capacity in 2004* [1]

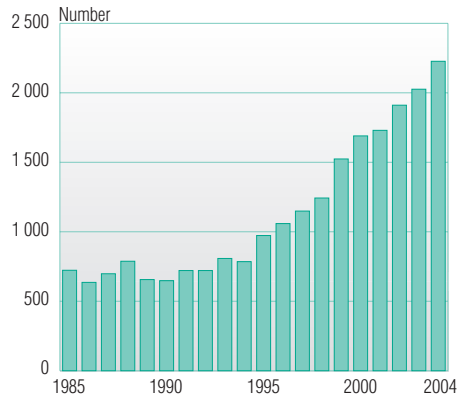
	Medicine	Surgery	Obstetrics	Reanimation (a)	Total
Private					
Magnin Clinic	16	49	19	7	91
Anse-Vata Clinic	26	1	7	-	34
Baie des Citrons Clinic	26	32	-	4	62
Private sector total	68	82	26	11	187
Public					
C.H.T. G. Bourret	228	129	77	24	458
C.H. P.Thavoavianon	17	13	9	3	42
C.H. D. Nebayes	26	6	6	2	40
Public sector total	271	148	92	29	540
All	339	230	118	40	727

* Beds actually available at December 31, 2004.

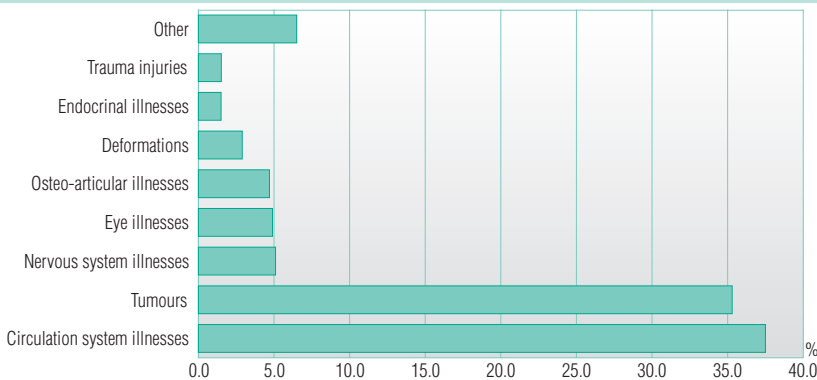
Unit : number of beds

(a) Reanimation, intensive care, postoperative.

"Evasan" emergency evacuations away from New Caledonia [1]



"Evasan" emergency evacuations by pathology in 2004 [1]



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According to DASS-NC, at the end of 2004 there were 485 practising doctors in New Caledonia, which represents total medical density of 211 doctors per 100 000 inhabitants (as opposed to 335 in Metropolitan France). This density has increased regularly, given a rate of 204 per 100 000 inhabitants in 2000, and 98 in 1980. The density varies considerably across the provinces (54 in the Loyalty islands province, 114 in the Northern province, and 277 in the Southern province). Among the doctors, 261 were employees (54%) and 224 private practitioners (46%), with the number of privately practising doctors being stabilised by limits on the number of contracts with social welfare organisations. There were 241 general practitioners (50%), which represents density of 105 per 100 000 inhabitants (as opposed to 168 in Metropolitan France), and 244 specialists (50%) or a density of 106 (as opposed to 175 in Metropolitan France).

In terms of the other health professions, there were 123 practising dental surgeons in New Caledonia (59% private practitioners), or 53 per 100 000 inhabitants (68 in Metropolitan France). 87 midwives work in New Caledonia, being a density of 149 per 100 000 **women of childbearing age** (as opposed to 114 in Metropolitan France). There were 127 pharmacists in the territory, being a density of 55 per 100 000 inhabitants, significantly less than in Metropolitan France (111 ; although this figure does not reflect the significant regional differences). 114 physiotherapists work in the territory (78% in private practice), being a density of 55 per 100 000 inhabitants (as opposed to 100 in Metropolitan France). Lastly, there were 1 318 nurses, or 573 per 100 000 inhabitants (747 in Metropolitan France). With regard to establishments providing hospitalisation services, and more particularly short-stay disciplines, the number of admissions averaged 42 643 for 2000-2004, with 70% in the public sector. In 2004, of the total 189 144 hospitalisation days, 49% involved general medicine, 32% surgery, 14% gynaecology-obstetrics, and 5% reanimation and intensive care.

► **Women of childbearing age.** See 5.5.

SOURCES

[1] Direction Sanitaire et Sociale de Nouvelle-Calédonie (DASS-NC), Rapports annuels, disponibles sur : www.dass.gouv.nc

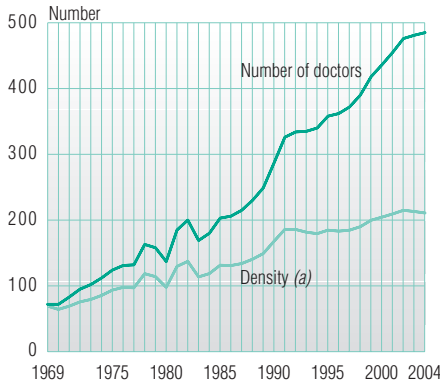
[2] Institut National de la Statistique et des Études Économique (INSEE), *Tableaux de l'Économie Française*, édition 2005-2006.

SEE ALSO

Direction Sanitaire et Sociale de Nouvelle-Calédonie (DASS-NC) : www.dass.gouv.nc

6.3 STAFF-ACTIVITY

Number of doctors and density [1]



(a) Number of doctors per 100 000 inhabitants.

Doctors according to status* [1]

	1990	1995	2000	2001	2002	2003	2004
General practitioners	na	175	211	224	233	237	241
Employees	na	79	100	110	117	119	123
Private practice	na	96	111	114	116	118	118
Specialists	na	182	225	231	243	244	244
Employees	na	96	122	126	136	135	138
Private practice	na	86	103	105	107	109	106
All	317	357	436	455	476	481	485
Employees	146	175	222	236	256	253	261
Private practice	171	182	214	219	220	228	224

* Including interns and Civil aid technical volunteers (VCAT).

Unit : number

Comparisons of medical density [1 and 2]

	1988	1998	2002		1988	1998	2002
United Kingdom	155	172	180	Germany	281	350	362
New Caledonia	149	190	211	Belgium	330	395	449
Finland	227	300	313	Spain	360	436	454
France	254	329	335	Italy	434	583	611

Unit : number per 100 000 inhabitants

Status and profession of health workers, excluding doctors [1]

	1970	1975	1980	1985	1990	1995	2000	2001	2002	2003	2004
Dental surgeons	22	36	40	33	78	98	108	122	126	132	123
Public	2	5	4	10	16	16	20	21	23	26	26
Private	20	31	36	23	62	82	88	101	103	106	97
Midwives	7	8	15	27	43	58	74	85	na	96	87
Public	7	8	11	27	38	48	53	64	na	na	67
Private	-	-	4	-	5	10	21	21	na	na	20
Nurses	247	428	407	na	na	804	986	1 024	1 128	1 228	1 318
Public	232	363	407	na	na	667	812	825	920	987	1 071
Private	15	65	na	na	na	137	174	199	208	241	247
Pharmacists	16	36	41	42	55	82	94	95	na	116	127
Public	2	2	4	9	6	6	7	7	na	na	7
Private	14	34	37	33	49	76	87	88	na	na	120
Physiotherapists	na	na	1	na	na	73	88	92	105	108	114
Public	na	na	1	na	na	12	9	9	9	14	16
Private	na	na	-	na	na	61	79	83	96	94	98
Nursing aids	na	na	45	na	na	279	199	221	na	na	na
Public	na	na	45	na	na	218	158	178	na	na	na
Private	na	na	-	na	na	61	41	43	na	na	na

* Including interns and Civil aid technical volunteers (VCAT).

Unit : number

Medical professions density in New Caledonia, excluding doctors [1]

	1970	1980	1990	2000	2004
Dental surgeons	20	29	46	51	53
Nurses	221	291	na	462	573
Pharmacists	14	29	32	44	55
Physiotherapists	na	1	na	41	50
Nursing aids	na	32	na	93	na

Unit : number per 100 000 inhabitants

Density of health professionals in Metropolitan France in 2004 [2]

Doctors	335	Nurses	747
Dental surgeons	68	Physiotherapists	100
Midwives	114	Speech therapists	26
Pharmacists	111	Orthoptists	4

Unit : number per 100 000 inhabitants

Total admissions by sector for short-stay hospitalisation [1]

	1995	2000	2001	2002	2003	2004
Public sector	24 166	30 623	28 966	27 529	33 044	28 864
Private sector	10 546	12 657	12 656	13 785	11 986	13 106
Total	34 712	43 280	41 622	41 314	45 030	41 970
Hospitalisation rate per 100 inhabitants (a)	17.9	20.3	19.2	18.7	19.9	18.2

(a) Total number of admissions (number of stays in hospitals) in relation to the estimated total population in the middle of the year under consideration.

Units : number, %

Number of complete hospitalisation days* by sector for short-stays [1]

	1995	2000	2001	2002	2003	2004
Public sector	142 155	153 645	150 893	147 127	159 579	149 234
Private sector	46 085	41 863	43 468	43 014	38 884	39 910
Total	188 240	195 508	194 361	190 141	198 463	189 144

* The day a patient leaves hospital is not included, except in the case of death. Unit : number

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The state of a population's health is measured by the cases of illness. **Compulsory declaration illnesses** can be both transmittable and non-transmittable. In 2004, there were 1 462 cases declared (excluding cancer), mainly by dispensaries and provincial medical centres, as well as CHT and CHS. DASS-NC notes a probable under-declaration from the private sector.

Of note in 2004 with regard to transmittable diseases were the 84 cases of tuberculosis. Furthermore, 7 new HIV seropositive cases were recorded bringing the total number of recorded cases to 272 since legislation was put in place in 1986. The data used comes almost exclusively from the free, anonymous testing centre in Nouméa (Centre Médical Polyvalent de la DPASS Sud), given that 95% of declared cases have come from these records over the last 11 years. The 2003 dengue fever epidemic (5 673 cases) was followed by a significantly better year in 2004 (792 cases). Over the last decade, there have been an average 6 cases of leprosy declared each year. In 2004, 50 cases of Severe Rheumatoid Arthritis were recorded ; this is one of the priority prevention areas.

In terms of non-transmittable diseases, the most common forms of cancer in 2004 were prostate (18%), breast (15%), the digestive system (14%), the respiratory system (13%) and thyroid gland (10%). At the end of 2004, 311 people were being treated for **chronic kidney failure**, and 674 possessed equipment to treat respiratory failure.

Records show that sexually transmitted diseases are prevalent, with 469 cases, particularly among women.

On average over the last five years, the main **causes of death** have been tumours (23%), illnesses of the circulatory system, followed by trauma victims (14%) and illnesses of the respiratory system.

► **Compulsory declaration illnesses.** Territorial congress deliberation n°100/CP dated March 13, 1991, modified by deliberation n°491 dated August 11, 1994, lists those illnesses that are subject to compulsory declaration, in three categories :

- Group A : Illnesses requiring exceptional measures nationally or internationally (nil declarations since 1990) ;
- Group B : illnesses requiring measures to be taken at a local level ;
- Group C : sexually transmitted diseases.

► **Chronic kidney failure.** A strong rise in the number of patients suffering from chronic kidney failure has been noted (313 cases in 2004, as opposed to 235 in 2000 and 140 in 1992), almost double those recorded in Metropolitan France. Diabetes remains the main cause of kidney failure for new cases in recent years. Sugar diabetes is considered a priority problem in New Caledonia, and in view of the risk factors, the battle is fought in terms of prevention of obesity and the promotion of the benefits of physical activity.

► **Causes of death.** The standard medical death certificate, with information on the cause of death, was made compulsory under territorial congress deliberation n°99/CP dated March 13, 1991. This part is attached to the death notice filled in by the registry office of the locality. Analysis of the causes of death relates to the initial cause, which is the one noted by the doctor as being the origin of the pathological series of events that led to death. Causes of death are divided into 17 groups.

SOURCE

[1] Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie (DASS-NC), Rapports annuels, disponibles sur : www.dass.gouv.nc

SEE ALSO

Direction Sanitaire et Sociale de Nouvelle-Calédonie (DASS-NC) : www.dass.gouv.nc

6.4 STATE OF HEALTH

New cases of declared illnesses* [1]

	1990	1995	2000	2001	2002	2003	2004
Group B : illnesses requiring measures to be taken at a local level	1 065	3 098	737	628	975	6 483	993
Typhoid fever and paratyphoid	4	7	-	3	-	-	-
Tetanus	2	-	-	1	-	-	-
Diphtheria	-	-	-	-	-	-	-
Tuberculosis and primo-infections	143	195	171	99	112	82	84
Meningococcal meningitis	3	2	4	9	10	11	3
Collective (households) food poisoning	15	1	3	9	1	6	-
Native and imported malaria / paludism	13	2	3	1	1	5	6
AIDS - Symptoms due to HIV	9	15	21	15	17	8	7
Amoebiasis	51	32	13	20	11	6	-
Leptospirosis	103	92	28	23	49	23	13
Leprosy	16	7	7	7	2	4	8
Dengue fever	318	2 211	12	34	105	5 673	792
Acute rheumatic fever and chronic rheumatic heart disease	-	26	55	56	66	34	50
Cancer	332	450	377	301	569	592	nd
Hepatitis B	37	54	40	49	31	39	29
Hepatitis C	-	2	-	1	-	-	-
Measles	18	2	-	-	-	-	-
Whooping cough	1	-	3	-	1	-	1
Group C : sexually transmitted diseases	1 261	1 072	902	744	607	521	469
Syphilis	276	175	24	16	11	10	20
Gonococcc infections	350	142	52	55	49	31	33
Other venereal diseases	107	200	339	225	182	102	62
Genital herpes	-	3	2	3	3	5	4
Acuminate condyloma	-	92	26	27	28	26	17
Mycoplasma infections	-	150	115	119	107	90	93
Uro-genital trichomonad	-	112	250	203	156	171	152
Chlamydia infections of the genitals	528	198	94	96	71	86	88

* Compulsory declaration illnesses.

Unit : number

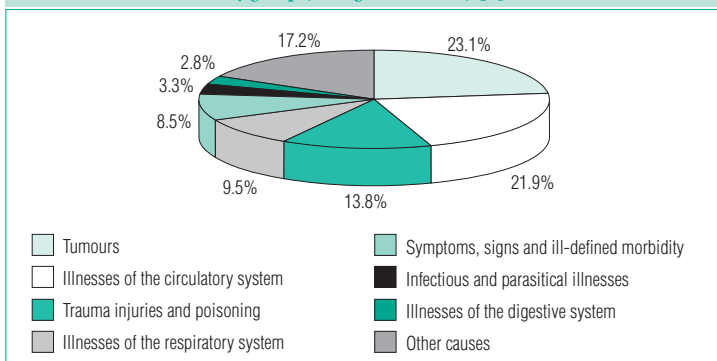
Causes of death* [1]

	1991	1995	2000	2001	2002	2003	2004
Infectious and parasitil illnesses	32	36	35	44	45	48	26
Tumours	192	231	266	278	297	287	278
Endocrinal, nutritional or metabolic illnesses and immunity problems	24	23	16	19	25	25	31
Blood diseases and of the haematopoietic organs	-	2	4	11	4	1	3
Mental troubles	10	23	6	9	11	13	3
Illnesses of the nervous system and sensory organs	21	15	17	20	24	22	27
Illnesses of the circulatory system	193	233	270	287	262	261	252
Illnesses of the respiratory system	73	82	134	124	99	110	113
Illnesses of the digestive system	25	35	31	34	33	38	32
Illnesses of the urinal - genital organs	11	15	18	23	18	23	29
Complications with pregnancies, birthing and afterbirth	3	4	1	2	-	-	2
Illnesses of the skin and subcutaneous cell tissue	2	2	3	4	7	7	9
Osteo-articular, muscle and connective tissue illnesses	-	2	3	1	1	4	5
Congenital abnormalities	10	10	8	6	9	5	3
Certain ailments, with origins in the perinatal period	4	14	9	8	6	5	15
Symptoms, signs and ill-defined morbidity	131	144	113	110	111	107	78
Trauma injuries and poisoning	130	149	143	151	169	165	211
incl. traffic accidents	69	60	49	57	58	56	83
Total	861	1 020	1 077	1 131	1 121	1 121	1 117

* The standard medical health certificate was made compulsory (Del/N°99/March 13, 1991) from May 1, 1991.

Unit : number

Major causes of death by group (average 1999-2004) [1]



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The health accounts illustrate two major aggregates : **total medical consumption** and **current health spending**.

In 2003, total medical consumption amounted to 383 million Euros, or 1 696 Euros per inhabitant. This result reveals an increase in consumption of 39% in five years, or an average 8% per year. For comparison purposes, total medical consumption in Metropolitan France amounted to 2 396 Euros in 2003.

Current health spending amounted to 423 million Euros in 2003.

Health spending, which accounted for 7 to 8% of GDP in the 1990s, is now 9.8% of GDP, a little less than Metropolitan France (10.4% of GDP in 2003). These figures place New Caledonia on a similar level to European Union countries, however the age structure of the population and life-expectancy are currently decreasing the significance of the largest consumers of care (the elderly in particular).

Care accounted for 88% of health spending, while the contribution to prevention amounted to 2%. All reimbursed services and care provided in medical centres grew, reaching 355 million Euros in 2003. Hospitalisation cost 2 109 thousand Euros, or 4.2% of the total, and **Evasans** 8%.

CAFAT's share has increased among the various reimbursement organisations, from 50% in 1999 to 63% in 2003, illustrating the "RUAMM effect" linked to the expansion of the basic "illness-maternity" cover. **Medical aid** accounted for 28% of reimbursements in 2003.

► **Total medical consumption (CMT)**. *Is the value of all medical assets and services used in New Caledonia for the direct satisfaction of individuals' health needs. It includes consumption of care and medical assets and the consumption of preventative medical services. Care covers all hospital and outpatient treatments delivered by hospitals, private practitioners, services in the medical constituencies, and provincial and social welfare organisations' treatment centres. Accordingly, all medical care and assets incorporates spending for hospitalisation, outpatient care, emergency evacuations, doctors' fees and prescriptions (medical assistants, pharmacy, analyses, artificial limbs, medical transport), to which dental care is added.*

► **Current medical spending**. *The financial contribution in a year by all persons and organisations for health. It is calculated by adding the total medical consumption (CMT), daily compensation, research, health staff education and the management costs of the health system.*

► **Medical constituency**. See 6.1.

► **Emergency evacuations**. See 6.2.

► **Medical aid**. See 11.3.

SOURCES

[1] Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie (DASS-NC), Rapports annuels, disponibles sur : www.dass.gouv.nc

[2] Institut de la Statistique et des Études Économiques (ISEE), Comptes économiques.

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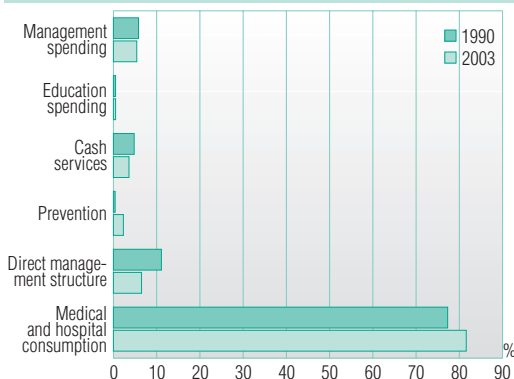
6.5 HEALTH SPENDING

Current health spending [1]

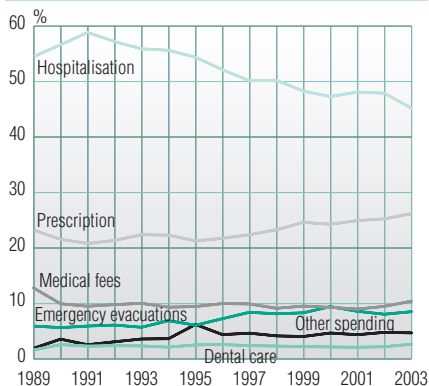
	1990	1995	2000	2001	2002	2003
Total medical consumption	136 167	211 453	294 834	310 856	341 284	382 748
Treatments	135 513	205 955	287 618	303 205	332 359	373 187
Prevention	654	5 497	7 215	7 651	8 925	9 562
Daily compensation, management costs, education	17 070	25 928	32 514	34 065	40 609	40 568
Cash services	7 416	10 064	11 405	13 333	15 193	15 319
Education spending	704	1 936	2 061	1 860	2 095	2 271
Management spending	8 950	13 936	19 048	18 872	23 322	22 978
Current health spending	153 237	237 380	327 340	344 921	381 893	423 307

Unit : thousand Euros

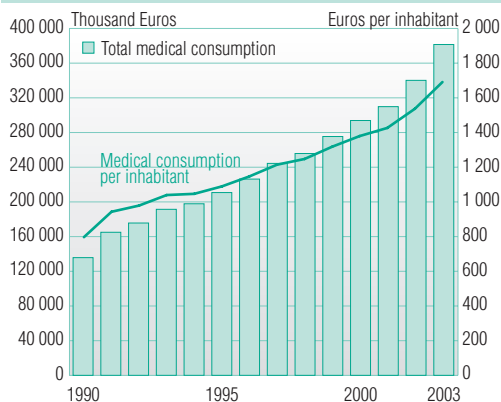
Comparison of current health spending items between 1990 and 2003 [1]



Medical consumption [1]



Medical consumption per inhabitant [1]

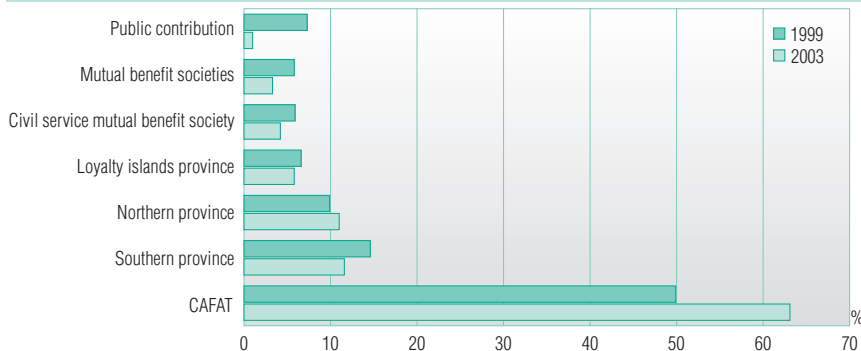


Current health spending share of GDP [1 and 2]

Year	Current health spending	Share of GDP (%)
1990	153 237	7.3
1995	237 380	8.6
2000	327 340	8.8
2001	344 921	9.4
2002	381 893	9.7
2003	423 307	9.8

Units : thousand Euros, %

Organisations share of reimbursed medical consumption [1]



6-HEALTH

715 accidents involving physical injury were recorded in 2005 in New Caledonia, which was 4% higher than the average over the last 15 years. The statistics are divided into two specific areas in the exercise of authority : Police Nationale for Nouméa and Gendarmerie Nationale for the rest of the territory. In Nouméa there were 528 accidents, or 3/4 of all accidents. 16 people were killed and 658 injured. The primary cause for accidents in urban areas in 2005 was failure to respect the road rules (failure to give way, to stop at lights and compulsory stop signs...). Outside of Nouméa there were 187 accidents. Although significantly less in number than accidents in Nouméa, they were far more serious (55 deaths in 2005) and led to a much larger proportion of victims requiring hospitalisation (almost half were “serious” injuries, as opposed to 6% for accidents in Nouméa). The seriousness of the accidents is explained by the major factors, often combined, that cause the accidents : drinking and driving (almost 1 of every 2 accidents) and speeding (1 in 3 accidents).

There were 3.1 accidents per 1 000 inhabitants in New Caledonia in 2005, compared to 1.4 in France. With a gross rate of 30.3 deaths per 100 000 inhabitants (about 9 in Metropolitan France), New Caledonia has a very high mortality rate for road accidents : 6% of all deaths in New Caledonia are caused by a road accident. Even though the situation has improved over the longer term, with due consideration of the larger population and increased numbers of vehicles on the road, it remains preoccupying. Improvements are indeed slow despite preventative and repressive measures by the police and gendarmerie, such as operation “Orchidée”, alcohol testing and speeding, and in spite of advertising campaigns undertaken by the authorities and a variety of legislative measures adopted by New Caledonia.

► **Accident involving physical injury.** Road traffic accident on a road open to public traffic involving at least one vehicle and leaving at least one victim (killed or injured).

► **Killed.** Victim dying immediately or in the 30 days following an accident (6 days prior to January 1, 2005).

► **Injured.** There are two categories :

- injury requiring hospitalisation (“serious”) : victims admitted to hospital for more than 24 hours (6 days in hospital prior to January 1, 2005) ;
- injury not requiring hospital treatment (“light”) : victim having received medical attention, but not admitted to hospital as a patient for more than 24 hours (less than 6 days prior to January 1, 2005).

► **Operation “Orchidée”.** Set up in 1994, information, prevention, as well as repression, targeting road users with regard to dangers on the road.

► **Alcohol testing.** Testing of drivers’ blood-alcohol levels ; if the level is equal or greater than 0.5 grams per litre (quantity of alcohol per litre of blood), a category 4 fine may be imposed, and for levels greater than 0.8 gm/l, the offence is punishable by 2 years imprisonment and a fine of 545 455 F.CFP (4 570.9 Euros) (articles R234-1 and L234-1 of the New Caledonian road code).

► **Legislative measures.** A variety of educational, preventative and repressive measures have been taken in an attempt to reduce the number of road accident victims : compulsory wearing of seat belts in the front seats (2001) and at the rear (2005), booster seats for children (2006), banning the use of mobile phones while driving (2005), loss of licence for drunk driving, high speeding offences and consumption of narcotics (2006), and soon to be prohibited is the transporting of passengers in the back of utility vehicles (2007). At the same time, the government has launched a campaign aimed at promoting access to drivers’ licences for specific sectors of the population.

SOURCES

- [1] Direction Générale de la Police Nationale, statistiques annuelles des accidents corporels et mortels de la circulation routière, commune de Nouméa, année 2005.
- [2] Gendarmerie Nationale, données relatives aux accidents de la circulation en Nouvelle-Calédonie (hors Nouméa), année 2005.
- [3] Direction des Infrastructures, de la Topographie et des Transports Terrestres (DITTT), données statistiques.
- [4] Institut National de la Statistique et des Études Économique (INSEE), *Tableaux de l’Économie Française 2006*. Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie (DASS-NC), Rapports annuels. Conseil Économique et Social (CES), voeu n°03-2006 relatif au danger de la route en Nouvelle-Calédonie. Code de la route de Nouvelle-Calédonie, consultable et téléchargeable sur www.juridoc.gouv.nc

SEE ALSO

- Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie (DASS-NC) : www.dass.gouv.nc
Direction des Infrastructures, de la Topographie et des Transports Terrestres (DITTT) : www.dittt.gouv.nc
Documentation juridique de Nouvelle-Calédonie : www.juridoc.gouv.nc

6.6 ROAD ACCIDENTS

Road traffic accidents in New Caledonia [1 to 3]

	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005 (a)
New Caledonia										
Involving injury	578	644	719	707	735	738	662	679	633	715
Injured	883	935	1 019	1 014	1 079	1 021	915	970	925	971
incl. serious	na	na	352	343	255	264	160	170	166	304 (a)
light	na	na	667	671	824	757	755	800	759	667
Killed	42	55	74	60	49	57	58	56	83	71
Incl. Nouméa										
Involving injury	280	455	504	483	525	526	463	469	444	528
Injured	376	600	621	626	684	614	597	603	557	658
incl. serious	na	na	199	205	107	104	73	53	36	160 (a)
light	na	na	422	421	577	510	524	550	521	498
Killed	11	26	18	11	3	6	11	14	11	16
and outside Nouméa										
Involving injury	298	189	215	224	210	212	199	210	189	187
Injured	507	335	398	388	395	407	318	367	368	313 (a)
incl. serious	na	na	153	138	148	160	87	117	130	144
light	na	na	245	250	247	247	231	250	238	169
Killed	31	29	56	49	46	51	47	42	72	55
Accidents per 1 000 inhabitants	4.1	4.2	4.2	3.6	3.4	3.4	3.0	3.0	2.8	3.1
Killed per 100 000 inhabitants	30.0	35.6	43.3	31.0	23.0	26.2	26.2	24.8	36.1	30.3
Share of deaths	4.2	6.2	8.0	5.9	4.5	5.0	5.2	5.0	7.4	6.2

(a) The changes in the number of "light" and "serious" injuries is related to the change in accounting method on January 1, 2005.

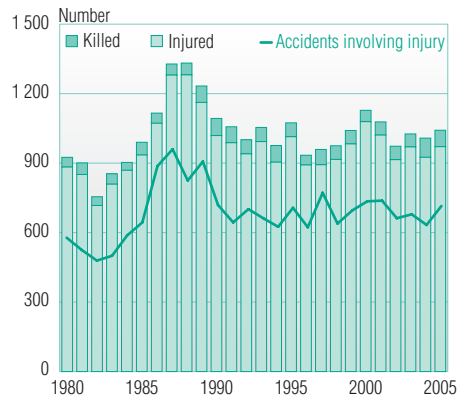
Unit : number

Road deaths in selected countries [3 and 4]

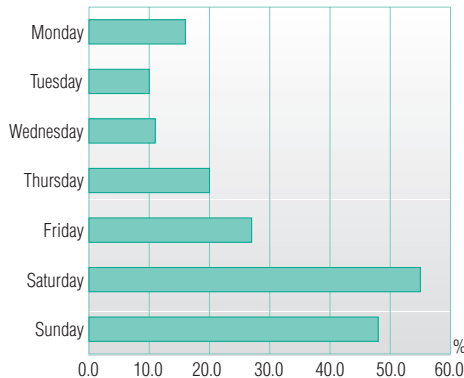
	2001	2002	2003	2004
Netherlands	62	61	63	49
Sweden	65	63	59	53
United Kingdom	63	63	62	56
Australia	89	87	82	na
Germany	85	83	80	71
Finland	83	80	73	72
Denmark	80	86	80	74
Metropolitan France	138	129	101	92
Ireland	107	96	84	95
Italy	116	118	104	98
New Zealand	118	103	na	na
Austria	119	119	115	108
Luxembourg	159	140	118	109
Belgium	144	127	118	109
Spain	134	131	131	111
Portugal	167	165	148	124
Hungary	122	141	131	129
Greece	178	159	146	135
Czech Republic	na	140	142	136
Poland	na	152	148	150
New Caledonia	262	262	248	361

Unit : deaths per 1 000 000 inhabitants

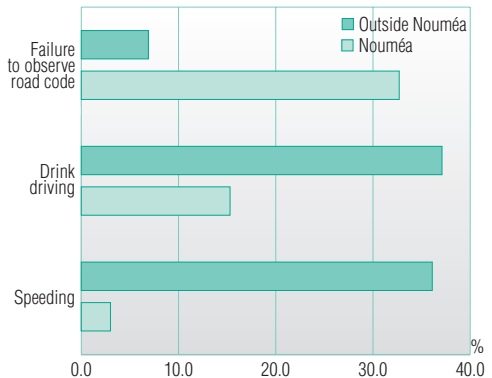
Road accidents in New Caledonia [1 to 3]



Daily breakdown of road accidents in 2005, outside Nouméa [2 and 3]



Factors contributing to accidents in "Nouméa" and "outside Nouméa" (average 2002-2004) [1 to 3]



6-HEALTH

In the course of 2005, 11.6 million litres of beer (90 litres per inhabitant aged over 14), 5.2 million litres of wine and 785 thousands of litres of spirits (of which 60% whiskey) were consumed in New Caledonia. These quantities represent 1 516 thousands of litres of alcohol content, or nine litres of pure alcohol (LAP), per inhabitant aged over 14 years. The result is slightly less than the average recorded since 2000 (9.2 LAP) and well down compared to the 1990s (9.7 LAP) and 1980s (10.3 LAP per inhabitant).

Alcohol consumption, especially excessive consumption, has grave consequences in terms of public health. Accordingly, alcohol is directly responsible for pathologies such as cirrhosis of the liver and foetal alcoholic syndrome ; it is also related to the incidence of other illnesses such as certain forms of cancer, respiratory problems, mental problems and, lastly, the cause of other damage such as accidents (road, work, home), suicides, fights and many social problems such as delinquency, assault and battery, and ill-treatment.

According to the Local Tobacco Authority, 335.3 tonnes of tobacco were imported into New Caledonia in 2005, which amounts to 5.44 cigarettes per day per inhabitant aged over 14. Consumption has decreased overall (7.92 in 1990) helped by successive rises in the prices of tobacco, and also changing consumer habits in favour of less expensive products such as roll-your-own tobacco. As is the case for alcohol, tobacco causes significant morbidity, particularly in terms of cancer (lungs, bronchial tubes and larynx) and other respiratory illnesses. In 2004, the standardised death rate due to respiratory cancers was 38.8 per 100 000 inhabitants, a figure that is destined to rise in reflection of tobacco consumption in past years.

To combat the killers that are alcoholism and tobacco use, the New Caledonian authorities have adopted a number of legal measures.

► **Litres of pure alcohol (LAP).** This unit of measure enables different types of alcohol to be added together, by only taking into account the alcohol content. To enable the calculation, it is assumed that beer has an average content of 5% alcohol, wine 12% and spirits 40%. Other than the fact that this enables surveillance of changes in consumption over time, it also provides the means for comparison with other countries using the same calculation. Accordingly, New Caledonian consumption (9 LAP) is less than Metropolitan France (14 LAP in 2003), but comparable to the English-speaking countries.

► **Local Tobacco Authority.** A department within the Various Contributions and Tax Departments, the local tobacco authority is responsible for the distribution of tobacco products monopoly. Its organisation and operation are defined by order n°83-586/T dated 8/12/1983 modified by order n°903/T dated 1/03/1995. The tobacco monopoly in New Caledonia was established by a decree dated October 17, 1916.

► **Relative price of tobacco.** Equal to the nominal value of tobacco divided by the general consumer price index. An upward trend in the curve indicates that the price of tobacco is increasing faster than the "cost of living" in general. Conversely, a diminishing curve reveals consumer pricing has increased, over a given period, faster than the price of tobacco.

► **Legal measures.** In 2003 and 2004, measures relating to the prohibition of the sale of cold beer were implemented in the Northern and Southern provinces. More recently, deliberation n°79 dated June 15, 2005 relating to the fight against tobacco and alcohol abuse provides for, among other things : for tobacco, banning advertising and free distribution of samples, smoking in public departments, sales of tobacco to minors ; for alcohol, partial ban on advertising, consumption of alcohol in schools, public departments, and prohibiting the supply/sale of alcohol to minors.

SOURCES

- [1] Direction Régionale des Douanes de Nouvelle-Calédonie, données statistiques.
- [2] Institut de la Statistique et des Études Économiques (ISEE), données statistiques.
- [3] Direction des Services Fiscaux de Nouvelle-Calédonie, données statistiques.

Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie (DASS-NC), *Situation sanitaire en Nouvelle-Calédonie*.

SEE ALSO

Conseil économique et social, Avis n°03-2005 portant sur le projet de délibération relatif à la lutte contre le tabagisme et l'alcoolisme.

Délibération n°79 du 15 juin 2005 relative à la lutte contre le tabagisme et l'alcoolisme, JONC n°7872 du 28 juin 2005.

Institut de la Statistique et des Études Économiques (ISEE) : www.isee.nc

Direction des Affaires Sanitaires et Sociales de Nouvelle-Calédonie (DASS-NC) : www.dass.gouv.nc

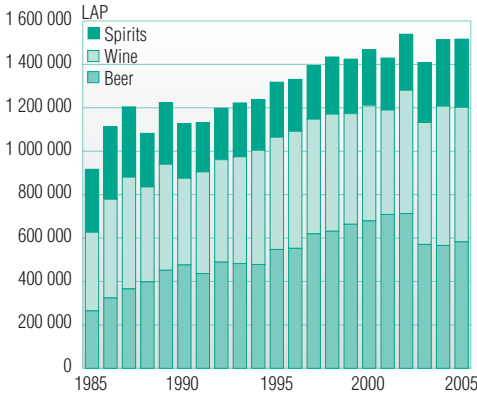
6.7 ALCOHOL-TOBACCO

Alcohol consumption [1 to 3]

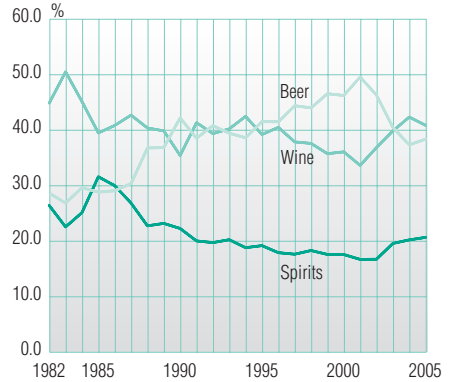
	1985	1990	1995	2000	2001	2002	2003	2004	2005
Beer	264 532	476 090	547 524	678 992	708 741	713 048	570 720	565 939	582 244
Wine	362 259	399 540	517 102	529 918	481 266	567 771	561 550	641 795	620 016
Spirits	289 858	251 361	253 256	258 470	239 184	258 040	276 253	306 706	313 911
Total	916 649	1 126 991	1 317 882	1 467 380	1 429 192	1 538 859	1 408 523	1 514 441	1 516 171
Consumption per inhabitant aged over 14	9.0	9.9	9.7	9.6	9.2	9.7	8.7	9.2	9.0

Unit: Litre of Pure Alcohol (LAP)

Alcohol consumption [1 to 3]



Alcohol consumption by product [1 to 3]



Tobacco consumption [1 to 3]

	1990	1995	2000	2001	2002	2003	2004	2005
French cigarettes	193 500	130 200	100 763	92 105	88 718	90 056	90 337	88 674
Foreign cigarettes	106 400	125 200	155 455	145 327	151 489	155 491	160 876	168 838
Total cigarettes (kg)	299 900	255 400	256 218	237 432	240 207	245 547	251 213	257 512
Pipe tobacco	2 485	1 432	981	943	786	657	583	662
Roll-your-own tobacco	16 259	46 474	67 519	72 150	73 716	80 955	74 291	73 200
Tobacco sticks	9 953	5 132	4 689	5 204	3 770	3 508	2 616	2 118
Cigars and cigarillos	845	661	1 542	1 621	1 748	1 712	1 733	1 842
Total other tobaccos (kg)	29 542	53 699	74 731	79 918	80 020	86 832	79 223	77 822
All tobacco (kg)	329 442	309 099	330 949	317 350	320 227	332 379	330 436	335 334

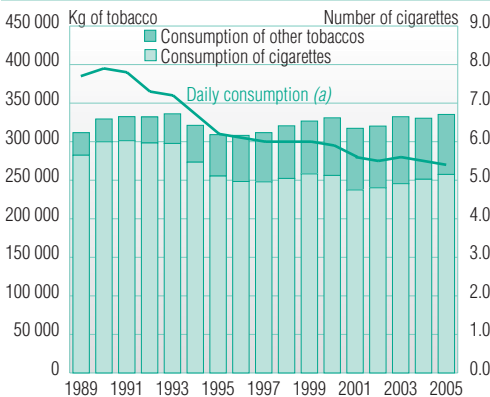
Daily consumption per person over the age of 14 (number of cigarettes) (a)

	1990	1995	2000	2001	2002	2003	2004	2005
	7.92	6.24	5.93	5.57	5.51	5.62	5.48	5.44

(a) 1 cigarette = 1 gram of tobacco (Seita convention)

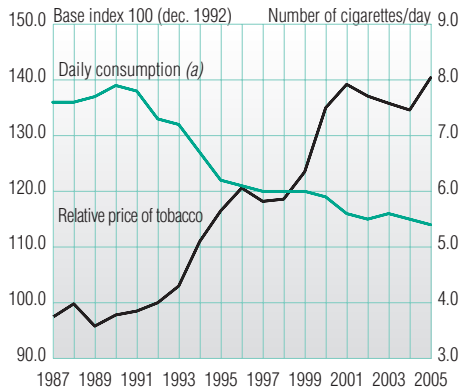
Units: kilogram, cigarette

Tobacco consumption [1 to 3]



(a) Per person aged over 14 years.

Consumption and relative price of tobacco* [1 to 3]



* Equal to the nominal price of tobacco divided by the general price index.

(a) Per person aged over 14 years.