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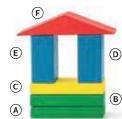


General data

POPULATION, 2023
112,630
SURFACE, KM², 2022
700
PHYSICIANS / 1,000 INH, 2022
0,963

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
134
GDP PER CAPITA (US\$), 2023
4084,17
HEALTH EXPENDITURE (% GDP), 2021
10,96
UNIVERSAL HEALTH COVERAGE, 2021
48



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC



Micronesia

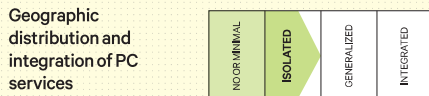
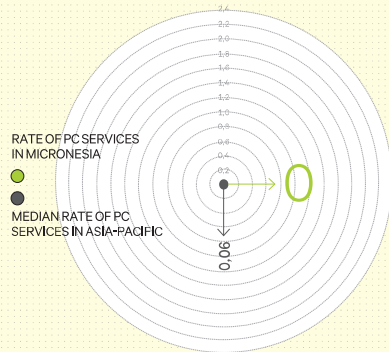
Federated States of

F Provision of PC (Specialized Services)

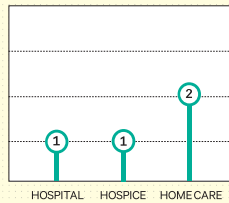
Total number of Specialized PC services **0**

Rate of PC services per 100,000 inhabitants **0**

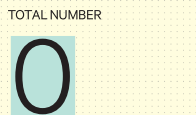
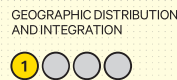
Micronesia in the context of Asia-Pacific regions



Level of development of different types of PC services



Pediatric PC Services



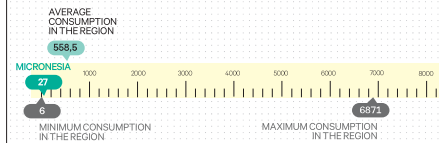
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Micronesia

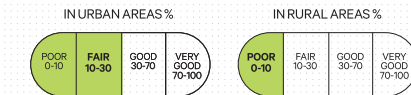
D Use of essential medicines

Opioids consumption (excluding methadone) **27**
S-DDD/MILL INHABITANTS/DAY

Micronesia in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **1**

Existence of PC congresses or scientific meetings **1**



National Association: -
Consultants: Jeannette Kojijane.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **0/0**

Nursing schools with mandatory PC teaching **0/1**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **1**


A Empowerment of people and communities


Groups promoting the rights of PC patients **2**

Advanced care planning-related policies **2**



AP Micronesia

People & Communities

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>In the Federated States of Micronesia, the Cancer Council of the Pacific Islands (CCPI) has been advocating for the integration of palliative care in cancer care since 2012. Additionally, the Comprehensive Cancer Control Program (CCCP), run by the Ministry of Health, supports palliative care initiatives and has organized several workshops to raise awareness. These efforts include a cancer survivor group that receives support from the CCCP, aiming to assist patients, caregivers, and healthcare professionals in managing serious illness through comprehensive care strategies.</p>
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<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	<p>In the Federated States of Micronesia, there is no formal national policy or guideline on advance directives or advance care planning (ACP). While patients can designate a surrogate decision-maker, this information is recorded in their health record, and regular discussions occur between healthcare providers and patients about surrogate decision-making, often with family involvement. However, there is no established formal framework for advance directives, such as POLST (Physician Orders for Life-Sustaining Treatment). In June 2024, Kokua Mau, a nonprofit organization based in Hawaii focused on improving palliative care and advance care planning across the Pacific region, facilitated a training session to enhance healthcare providers' knowledge and practices related to advanced care planning (ACP).</p>
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Policies



<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	 <p>Developed over 5 years ago.</p>	<p>In the Federated States of Micronesia (FSM), palliative care (PC) is recognized as a key component in the national cancer plan. However, there is no standalone palliative care program, policy, or legislation. Each state is required to develop strategies for the Centers for Disease Control (CDC), which include goals for palliative care services. Evaluation is also an integral part of these plans. Despite PC integration, this framework has not been updated for five years.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	 <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	

AP Micronesia

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>Not known or does not exist.</p>	
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<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Not at all.</p>	<p>Palliative care services are not explicitly highlighted as a primary care service in the broader national health system. However, palliative care is included as part of the national cancer control program, which is integrated into the national health plan. While the public health system is largely state-regulated, palliative care, alongside survivorship care, is recognized as a priority in the cancer strategy. As part of this plan, training in palliative care, including pain management and communication, has been conducted in 2024. Additionally, the Primary Health Care Strengthening Programme, supported by WHO, is part of the country's ongoing efforts to improve health services, though disparities in infrastructure and access exist, particularly in remote areas.</p>
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<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	 <p>There is no authority defined.</p>	
<p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	

AP Micronesia

Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



There are no national congresses or scientific meetings related to palliative care.

There are no national congresses or scientific meetings focused on palliative care in the Federated States of Micronesia.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Indicates a minimal or nonexistent number of articles published on the subject in that country.

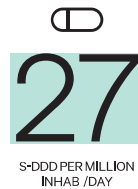
Palliative care-related research, such as studies on pain management, has been conducted in the country, but not by local researchers.

Medicines

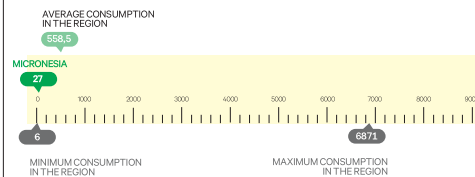
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 27 S-DDD



COUNTRY VS REGION



AP Micronesia

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

The country does not have a unified national essential medicines list. Instead, each of the four states has significant autonomy in managing healthcare services, including essential medicines. This means that the availability of medications may vary between states. For example, Pohnpei updated its formulary in August 2024 after a palliative care training session in June, with plans for incorporating essential medications discussed during the training. Additionally, a pain management protocol developed for the Marshall Islands was shared with Pohnpei, and there is interest in implementing it not only in that state but also across the FSM, particularly in Yap state. The CCPI has played a role in facilitating this interest and collaboration.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

The country does not have a unified national essential medicines list. Instead, each of the four states has significant autonomy in managing healthcare services, including essential medicines. This means that the availability of medications may vary between states. Oral morphine is primarily available only in the main hospital of each state.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

AP Micronesia

Education & Training

Ind11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

0/0



In the Federated States of Micronesia (FSM), there is no dedicated palliative care curriculum at local medical or nursing schools. Whereas there are not any medical school in the country, students typically go abroad to institutions in Fiji or Papua New Guinea for medical training. There is a nursing school at the community college in Pohnpei, which serves students from across the country. A palliative care subject, "Caring the Pacific Way," was integrated in the nursing curriculum, but it stopped in 2020. Palliative care concepts are integrated into broader training efforts supported by regional health organizations CCPI.

11.2. The proportion of medical schools with OPTIONAL teaching in PC...

0/0

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/1

11.4. The proportion of nursing schools with OPTIONAL teaching in PC...

0/1

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialization for palliative care physicians.

AP Micronesia

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has GEOGRAPHIC reach and is delivered through different service delivery platforms.



Isolated provision: Exists but only in some geographic areas.

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Not at all.

13.3. Free-standing HOSPICES (including hospices with inpatient beds).



Not at all.

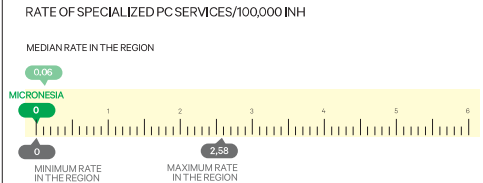
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.



Ad hoc/ in some parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

There is currently no established system of specialized palliative care services or teams with broad geographic reach. Palliative care is generally integrated within broader cancer care initiatives, and services are primarily delivered at the main hospitals in each of the four states, rather than through dedicated palliative care units or teams. All hospitals have providers who have some palliative care training but there are not dedicated palliative care teams or units. Although home health teams, connected to rural health clinics, sometimes have staff trained in basic palliative care skills, there is no palliative care infrastructure in rural areas, no hospices, and patients generally pass away in hospitals.



0 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.



PPC TEAMS

The Federated States of Micronesia (FSM) has a referral system for off-island treatment for both adults and children. However, there are currently no dedicated palliative care services for children available on the islands. When children return after receiving treatment abroad, they, like adult patients, often face challenges in accessing palliative care, including limited availability of necessary medications.