

KIRIBATI

General data

PHYSICIANS/1,000 INH, 2022

COUNTRY INCOME LEVEL, 2022

Lower-middle

GDP PER CAPITA (US\$), 2023

HEALTH EXPENDITURE (% GDP), 2021

UNIVERSAL HEALTH COVERAGE, 2021

2106,76

14.81

48

Q

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

PROVISION OF PC
PROVISION OF PC

LEVEL OF DEVELOPMENT

EMPOWERMENT OF PEOPLE AND COMMUNITIES
POLICIES
RESEARCH
USE OF ESSENTIAL MEDICINES
EDUCATION AND TRAINING

1 2 3 4

Socioeconomic data

HUMAN DEVELOPMENT INDEX RANKING, 2021

POPULATION, 2023

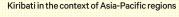
132,530 SURFACE, KM2, 2022 810

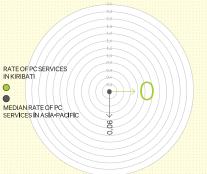
N/A



Rate of PC services per 100,000 inhabitants







Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION **AND INTEGRATION**



TOTAL NUMBER



Kiribati







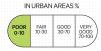
Kiribati in the context of Asia-Pacific regions



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



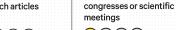
General availability of immediate-release oral morphine at the primary level





© Research

PC-related research articles







Existence of PC



National Association: -Consultants: Teanibuaka Tabunga.

Data collected: June-September

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



Nursing schools with mandatory PC teaching





Recognition of PC specialty



(B) Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



(A) Empowerment of people and communities



Groups promoting the rights of PC patients





Advanced care planning-related policies











Ind1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.



Only isolated activity can be detected.

Ind2

Is there a national policy or guideline on advance directives or advance care planning?



There is no national policy or quideline on advance care planning.

Ind3

- 3.1. There is a current national PC plan, programme, policy, or strategy.



Not known or does not exist.

- 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.



Not known or does not exist neither standalone nor is included in another national plan.

Kiribati includes palliative care (PC) into its National Health Plan, which prioritizes improving access to essential health services, including chronic illness management and end-of-life care. The plan emphasizes a holistic approach to addressing the needs of individuals with life-limiting conditions and out $lines\,strategies\,to\,en hance\,health\,system\,capacity.\,However,$ while PC is acknowledged within the broader health plan, Kiribati does not have a specifically defined national palliative care plan, programme, policy, or strategy with a detailed implementation framework.



Policies

Kiribati

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.



Not known or does not exist.

Ind4

- PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.



Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Palliative care (PC) is recognized as an essential component of the healthcare system in Kiribati, but its development is still in the early stages. There is a shortage of formalized PC services and trained personnel to deliver comprehensive end-of-life care. Efforts are underway to improve training and resources, integrating PC into primary healthcare to meet the needs of those with chronic and terminal illnesses. However, there is no legal framework to formally include PC in primary care services. despite government initiatives and support from organizations like the World Bank to enhance healthcare infrastructure.

Ind5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?



There is no authority defined.

- 5.2. The national authority has concrete functions, budget and staff.



Does not have concrete functions or resources (budget, staff,



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.

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.

Ind8

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

No data reported for Kiribati.

Kiribati

Ind9

Medicines

-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.

- 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.



COUNTRY REPORTS

Fair: Between 10% to 30%.

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Fair: Between 10% to 30%.

With a population of about 120,000 spread across 33 atolls, Kiribati is working to integrate palliative care (PC) into its health $care\,system, particularly\,at\,the\,primary\,health\,care\,level.$ Despite recognizing PC as essential, its development is still in the early stages, facing challenges related to limited resources and infrastructure. The government and organizations like the World Bank are focused on strengthening healthcare access and improving logistics for medical supplies, especially in remote areas, but comprehensive PC services remain a significant hurdle.

Ind₁₀

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



Poor: Between 0% to 10%.



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

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.

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

0/0

0/0

0/0



Kiribati does not have dedicated medical and nursing schools but collaborates with international partners, including Australia and Fiji, to train healthcare workers. Public education efforts raise awareness about the significance of palliative care for those with chronic illnesses and end-of-life needs.

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 but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities of institutions).

Kiribati collaborates with international partners, including Australia and Fiji, to train healthcare workers. NGOs and international organizations actively support palliative care initiatives, emphasizing capacity building, training, and resource provision. Notably, a palliative care workshop was conducted in July 2018, supported by Counties Manukau Health, alongside Essential Pain Management courses in 2014 and 2016, with recent follow-up training.

📭 Kiribati

Ind₁₃

Services

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

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.

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

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.

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



No or minimal provision of palliative care specialized services or teams exist in the country.



Not at all.

With a population of about 120,000 spread across 33 atolls, Kiribati is working to integrate palliative care (PC) into its healthcare system, particularly at the primary health care level. Despite recognizing PC as essential, its development is still in the early stages, facing challenges related to limited resources and infrastructure. The government and organizations like the World Bank are focused on strengthening healthcare access and improving logistics for medical supplies, especially in remote areas, but comprehensive PC services remain a significant hurdle.







Not at all.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION





← 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.

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



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



PPC TFAMS