

AP

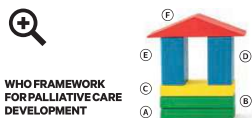


General data

POPULATION, 2023
11,875
SURFACE, KM², 2022
20
PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High
HUMAN DEVELOPMENT INDEX RANKING, 2021
N/A
GDP PER CAPITA (US\$), 2023
12982,76
HEALTH EXPENDITURE (% GDP), 2021
13,06
UNIVERSAL HEALTH COVERAGE, 2021
60



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



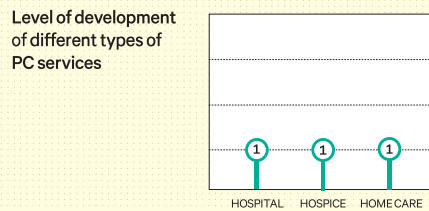
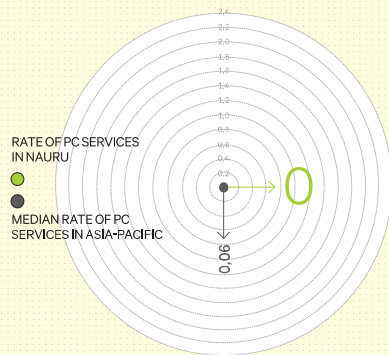
LEVEL OF DEVELOPMENT

Nauru

F Provision of PC (Specialized Services)

Total number of Specialized PC services **0**
Rate of PC services per 100,000 inhabitants **0**

Nauru in the context of Asia-Pacific regions



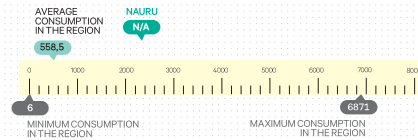
Pediatric PC Services
GEOGRAPHIC DISTRIBUTION AND INTEGRATION **1**
TOTAL NUMBER **0**

AP Nauru

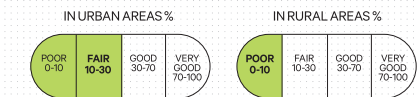
D Use of essential medicines

Opioids consumption (excluding methadone) **N/A**

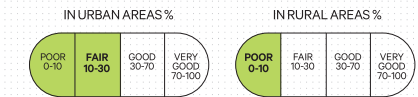
Nauru in the context of Asia-Pacific regions



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**

Data gathered through a literature review.

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 **1**

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 **1**



Advanced care planning-related policies **1**

AP Nauru

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>Only isolated activity can be detected.</p>	<p>Currently, there is no evidence of dedicated groups in Nauru that specifically promote the rights of patients in need of palliative care, their caregivers, or disease survivors.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is no national policy or guideline on advance care planning.</p>	<p>There is no publicly available information indicating that Nauru has a national policy or guideline specifically addressing advance directives or advance care planning.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	 <p>Not known or does not exist.</p>	<p>Nauru does not have a dedicated national palliative care plan, program, policy, or strategy. The Nauru Health Strategy (NHS) 2021–2025 emphasizes strengthening the health system and promoting universal health coverage for comprehensive services across the care continuum and life course. However, it does not specifically address palliative care. Similarly, the NCD plan includes a strategic intervention to assess workforce capacity needs for palliative and rehabilitative care, but it does not outline a palliative care plan or implementation framework.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	 <p>Not known or does not exist neither standalone nor is included in another national plan.</p>	


AP Nauru


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>	
<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 included in the list of priority services for Universal Health Coverage (UHC) at the primary care level in Nauru. While the Nauru Non-Communicable Disease Strategic Action Plan 2015–2020 recognizes the need to assess workforce capacity for palliative and rehabilitative care, there is no comprehensive framework for implementing palliative care. The national health system lacks formal palliative care services, and family support as part of palliative care is not mentioned in national documents. Nauru's health strategy focuses on strengthening health systems, primary care, curative health, and support services, with an emphasis on addressing non-communicable diseases (NCDs) and mental health gaps. The health workforce requires improvements to address these challenges. Despite ongoing efforts to enhance healthcare services, including specialist care and community engagement, palliative care remains unintegrated within the national health priorities.</p>
<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>There is no evidence of a dedicated national authority for palliative care within the government or the Ministry of Health in Nauru. While the government and health system acknowledge the need to address gaps in rehabilitative and palliative care, a formal framework or specific authority to oversee palliative care implementation is not mentioned in the national health strategy or related documents.</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 Nauru

Research

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p></p> <p>There are no national congresses or scientific meetings related to palliative care.</p>	<p>There is no mention of congresses or scientific meetings specifically related to palliative care at the national level in Nauru. The available information highlights efforts to strengthen the health system, address non-communicable diseases, and improve mental health care, but it does not reference organized national events, conferences, or scientific meetings dedicated to palliative care.</p>
--	---	---



<p>Ind7</p> <p>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.</p>	<p></p> <p>Indicates a minimal or non-existent number of articles published on the subject in that country.</p>	
--	--	--



Medicines

<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>		<p>No data reported for Nauru.</p>
--	--	------------------------------------

AP Nauru

Medicines

<p>Ind9</p> <p>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.</p> <p>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.</p>	<p></p> <p>Poor: Between 0% to 10%.</p> <p></p> <p>Poor: Between 0% to 10%.</p>	<p>In Nauru, no formal palliative care services or frameworks exist at the primary care level, and pain management medications, including opioid analgesics as defined in the WHO Model List of Essential Medicines, are likely limited. The Nauru Standard Treatment Guidelines (2014) do not include palliative or end-of-life care, indicating gaps in integrating such services. Efforts focus on prevention, health promotion, and addressing workforce shortages, with a call for WHO support to strengthen primary healthcare planning and expand rehabilitation and palliative care. However, the lack of specific guidelines and limited availability of essential medicines suggest minimal capacity for palliative care at primary care facilities.</p>
--	---	--

<p>Ind10</p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p></p> <p>Poor: Between 0% to 10%.</p> <p></p> <p>Poor: Between 0% to 10%.</p>	<p>The Nauru Standard Treatment Guidelines (2014) include injectable morphine but recommend it for tertiary-level interventions, with no evidence of opioid analgesics availability at the primary care level. The lack of formal palliative care services and guidelines further highlights gaps in integrating essential pain management medications into the primary healthcare system.</p>
---	--	--

AP Nauru

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



Nauru does not have medical schools. The country relies on external institutions for medical education, with Cuba playing a significant role in training Nauruan medical students and providing health professionals to address local workforce gaps. Cuban specialists have supported the Ministry of Health in key areas like Medicine, Pediatrics, and Obstetrics. While a Certificate in Nurse Aide is recognized by the Ministry of Health, palliative care is not included in its curriculum.

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.

Nauru does not have medical schools. The country relies on external institutions for medical education, with Cuba playing a significant role in training Nauruan medical students and providing health professionals to address local workforce gaps. Cuban specialists have supported the Ministry of Health in key areas like Medicine, Pediatrics, and Obstetrics.

AP Nauru

Provision of PC / Services

Ind13

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



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

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.

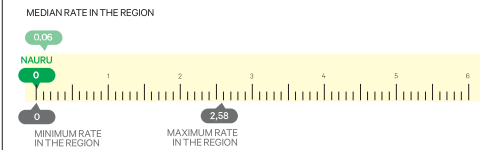


Not at all.

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

Nauru does not have a system of specialized palliative care (PC) services or teams. While the government provides healthcare services, including primary care and specialized curative services, there are no formal palliative care services or a PC implementation framework. The healthcare system priorities include management of non-communicable diseases (NCDs), addressing mental health gaps, and strengthening procurement and supply system of medicines. Despite efforts to engage communities and support from international medical teams, palliative care remains limited. The government has called on the WHO for technical support to strengthen health planning and augment palliative care services, but no dedicated teams or specialized services currently exist.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



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