



FEDERATED STATES OF MICRONESIA–WHO

Country Cooperation Strategy 2018–2022

OVERVIEW

The Federated States of Micronesia comprises over 600 volcanic islands and atolls across 1.5 million square kilometres of the Pacific Ocean. The estimated population was 103 000 in 2010. Among them, 35.7% were under 15 years of age and 3.3% were 65 years or older. The country is a constitutional federation of four states. Approximately 49% of the population lives in Chuuk, 32% in Pohnpei, 11% in Yap and 8% in Kosrae. Almost 23% of the population lives in urban areas.

Congress elects the president of the Federated States of Micronesia from among the four at-large senators representing each of the states. The Federated States of Micronesia is in free association with the United States of America. Major economic activities include tourism, construction and fish processing. While there has been some slow growth in the private sector, geographical isolation and poorly developed infrastructure remain major impediments to long-term growth.

HEALTH AND DEVELOPMENT

The national Department of Health and Social Affairs oversees health programmes and ensures compliance with all laws and executive directives. The Department of Health Services in each state provides medical and public health services through a hospital, community health centres and dispensaries. Each state system is autonomous. Health services are highly subsidized by the state governments, except in private clinics. There are six private health clinics in the country and one private hospital. Transportation difficulties between islands often prevent outer island residents from accessing hospital services.

noncommunicable diseases (NCDs) such as diabetes, cardiovascular diseases and cancers are major health problems. The overconsumption of imported packaged food, lack of physical activity and use of tobacco products are contributing to the high prevalence of NCDs and obesity in the country. Intentional (violence) injury and suicide are other issues, whose contributing factors are likely to be the burden of cultural and economic dislocation, particularly among young adult males. Alcohol use often leads to violent incidents. Tuberculosis (TB) has a high prevalence, as does leprosy – the latter being among the highest in the Pacific.

NATIONAL STRATEGIC PRIORITIES WHO AND THE GOVERNMENT 2018–2022

The World Health Organization (WHO), working with partners, will support the Government in pursuing its national strategic priorities. Each strategic activity is linked to at least one of the subregional focus areas that are detailed in the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

1. To achieve universal health coverage antimicrobial resistance by building resilient and sustainable health systems to enhance the availability of needs-based health services in the country

- 1.1 Define an essential package of quality health services and role delineation based on lessons gleaned from demonstration programmes in all states, including integrated outreach services.
- 1.2 Implement an antimicrobial resistance strategy and action plan.
- 1.3 Develop a health workforce that is critical to the needs of the country.
- 1.4 Strengthen a supportive and sustainable social and physical environment to improve health through legislative approaches.
- 1.5 Strengthen the national health accounts system through regular updates.

2. To build IHR (2005) core capacities for proactive preparedness in health emergencies and natural disasters

- 2.1 Establish a risk communication system with the capacity to manage public, internal and partner communication for all phases of public health emergencies.
- 2.2 Set up a multisectoral approach to respond to events that may constitute public health emergencies.
- 2.3 Put indicator- and event-based surveillance system(s) in place to detect public health threats with systematic data analysis, risk assessment and reporting.
- 2.4 Put in place a national laboratory system capable of conducting 3–4 core tests, along with a system to transport specimens to international reference laboratories for timely diagnosis and quality assurance.

3. To build capacity for NCD prevention and control

- 3.1 Set up a high-level forum such as a national NCD coordination mechanism and organize an annual NCD summit.
- 3.2 Scale up Package of Essential Noncommunicable in the dispensaries, health centres and hospital in all states.
- 3.3 Establish partnerships between community and primary health care services for community-based rehabilitation, and build the assistive technology capacity of health facilities.
- 3.4 Conduct NCD surveillance activities.
- 3.5 Draft legislation to restrict the use of high-sodium foods, institute comprehensive nutrition facts labelling and pass state-level regulation to set up a traffic light system in stores to help consumers identify healthy foods.
- 3.6 Implement the WHO Framework Convention on Tobacco Control through several key aspects of tobacco control including graphic health warnings, tackling tobacco industry interference, reducing second-hand smoke and promoting cessation.

4. To control communicable diseases

- 4.1 Follow the technical process to achieve and maintain the target of lymphatic filariasis elimination by 2022.
- 4.2 Intensify TB and leprosy screening in Chuuk State.
- 4.3 Strengthen vector control and ensure reduction of dengue cases and fatalities.
- 4.4 Strengthen the immunization programme to increase vaccination coverage to meet the national targets.

NATIONAL HEALTH POLICY

The Division of Health in the Department of Health and Social Affairs conducts health planning, donor coordination, and technical and training assistance. It is also responsible for public health programmes funded by the United States Department of Health and Human Services. Access to and provision of quality health services greatly depend on governance and management of the Division of Health. Capacity-building is needed for planning and programming the medical and public health services for the Department of Health in most of the states.

In 2014, a Health Summit was held to unify national and state-level policies, directives, initiatives, commitments and programmes to improve, guide and sustain health development. The summit recommendations were translated into the *Framework for Sustainable Health Development in the Federated States of Micronesia: 2014–2024*. The vision of the strategic framework is to ensure that people and communities are healthy and enjoy universal access to quality health services.

The strategic framework sets out six goals: ensure accountability, sustainability and quality of health service delivery; achieve universal access to an essential package of health-care services; increase financial sustainability and ensure universal access to essential health services; improve availability, accessibility, quality and use of health information for evidence-based decision-making across the health sector; reduce morbidity and mortality; and ensure supportive and sustainable social and physical environments to improve health.

PARTNERS

In implementing this strategy, WHO and the Department of Health and Social Affairs will work with other government departments, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

HEALTHY ISLANDS INDICATORS

Number of skilled health workers* per 10 000 population	38	2009
Per capita total expenditure on health at average exchange rate (US\$)	414.99	2014
Total expenditure on health as a percentage of gross domestic product (%)	13.71	2014
Tuberculosis incidence (per 100 000 population)	124	2015
Life expectancy at birth (both sexes)	69.4	2015
Under-five mortality rate (per 1000 live births)	34.7	2015
Absolute number of maternal deaths	2	2015
Maternal mortality ratio (per 100 000 live births)	100	2015
Adult mortality rate from NCDs at ages 30–69 years (%)	26	2015
Number of suicides	18	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (three doses) (DTP3) (%)	69	2016
Immunization coverage rate for measles-containing vaccine (first dose) (MCV1) (%)	70	2016
Current tobacco smoking among persons 15 years of age and over (%)	NA	
Population using improved drinking-water sources (%)	89	2015
Population using improved sanitation facilities (%)	57.1	2015
Population using improved drinking-water sources (%)	0	2017

NA = not available

*Skilled health workers are defined as physicians, nurses and midwives.

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