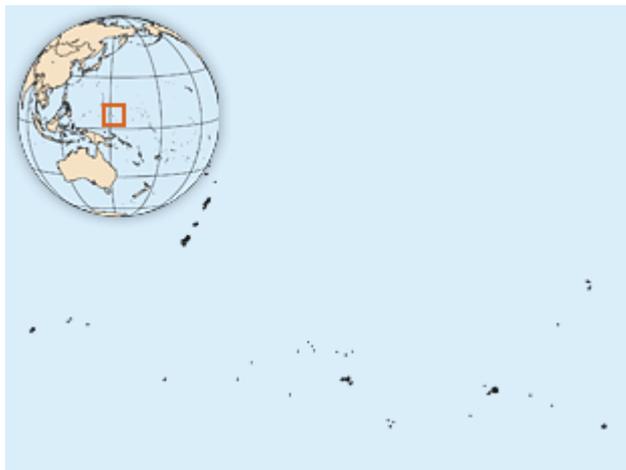


## Micronesia (Federated States of)



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	lower-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) ( )	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	69
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	69.4 (Both sexes) 70.6 (Female) 68.1 (Male)
Population (in thousands) total (2015)	104.5
% Population under 15 (2015)	34.1
% Population over 60 (2015)	7.5
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ( )	
Literacy rate among adults aged >= 15 years (%) ( )	
Gender Inequality Index rank (2014)	...
Human Development Index rank (2014)	123
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	13.71
Private expenditure on health as a percentage of total expenditure on health (2014)	9.29
General government expenditure on health as a percentage of total government expenditure (2014)	21.23
Physicians density (per 1000 population) (2009)	0.192
Nursing and midwifery personnel density (per 1000 population) (2009)	3.607
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2016)	17.2 [6.7-41.4]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	33.3 [14.6-75.5]
Maternal mortality ratio (per 100 000 live births) (2015)	100 [46 - 211]
Births attended by skilled health personnel (%) (2009)	100.0
<b>Public health and environment</b>	
Population using safely managed sanitation services (%) ( )	
Population using safely managed drinking water services (%) ( )	

### HEALTH SITUATION

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 in 2010 was 103 000. In total, there are six private health clinics in the country and one private hospital.

Access to hospital services remains an issue, particularly for outer-islands residents due to transportation difficulties between islands. Furthermore, noncommunicable diseases (NCDs) such as diabetes, cardiovascular diseases and cancers remain a major health problem. 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.

### HEALTH POLICIES AND SYSTEMS

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. The national Department of Health and Social Affairs oversees health programmes, including 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.

The *Framework for Sustainable Health Development in the Federated States of Micronesia: 2014–2024* guides the vision 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; reduce morbidity and mortality; and ensure supportive and sustainable social and physical environments to improve health.

### COOPERATION FOR HEALTH

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, 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.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<p><b>STRATEGIC PRIORITY 1:</b></p> <p>To achieve universal health coverage and microbial resistance by building resilient and sustainable health systems to enhance the availability of needs-based health services in the country</p>	<ol style="list-style-type: none"> <li>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.</li> <li>1.2. Implement an antimicrobial resistance strategy and action plan.</li> <li>1.3. Develop a health workforce that is critical to the needs of the country.</li> <li>1.4. Strengthen a supportive and sustainable social and physical environment to improve health through legislative approaches.</li> <li>1.5. Strengthen the national health accounts system through regular updates.</li> </ol>
<p><b>STRATEGIC PRIORITY 2:</b></p> <p>To build IHR (2005) core capacities for proactive preparedness in health emergencies and natural disasters</p>	<ol style="list-style-type: none"> <li>2.1. Establish a risk communication system with the capacity to manage public, internal and partner communication for all phases of public health emergencies.</li> <li>2.2. Set up a multisectoral approach to respond to events that may constitute public health emergencies.</li> <li>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.</li> <li>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.</li> </ol>
<p><b>STRATEGIC PRIORITY 3:</b></p> <p>To build capacity for NCD prevention and control</p>	<ol style="list-style-type: none"> <li>3.1. Set up a high-level forum such as a national NCD coordination mechanism and organize an annual NCD summit.</li> <li>3.2. Scale up Package of Essential Noncommunicable in the dispensaries, health centres and hospital in all states.</li> <li>3.3. Establish partnerships between community and primary health care services for community-based rehabilitation, and build the assistive technology capacity of health facilities.</li> <li>3.4. Conduct NCD surveillance activities.</li> <li>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.</li> <li>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.</li> </ol>
<p><b>STRATEGIC PRIORITY 4:</b></p> <p>To control communicable diseases</p>	<ol style="list-style-type: none"> <li>4.1. Follow the technical process to achieve and maintain the target of lymphatic filariasis elimination by 2022.</li> <li>4.2. Intensify TB and leprosy screening in Chuuk State.</li> <li>4.3. Strengthen vector control and ensure reduction of dengue cases and fatalities.</li> <li>4.4. Strengthen the immunization programme to increase vaccination coverage to meet the national targets.</li> </ol>