2010 – 2011

MICRONESIA, FEDERATED STATES OF

The Federated States of Micronesia consist of four major island groups forming the states of Chuuk, Kosrae, Pohnpei and Yap. The total land area is only 704 km², and only about 65 of the 607 islands are inhabited. Pohnpei island constitutes about one half of the total land area and is home to about one third of the population, while about half of the population lives in Chuuk State, which consists of many small atolls and lagoon islands. The estimated population of the Federated States of Micronesia was 108,026 in 2008, 37.3% of which were below 15 years old, while 3.4% were 65 years or over.

Citizens enjoy a high level of healthcare in comparison with the rest of the Pacific region, but the population shows continuing susceptibility to both communicable and noncommunicable diseases. The Federated States of Micronesia falls under the responsibility of the WHO Representative Office of the South Pacific, together with 14 other countries and areas. A WHO epidemiologist based in Pohnpei supports the communicable diseases prevention and control programmes in Micronesia as well as in the Marshall Islands. The strategic development priorities have been articulated in the Federated States of Micronesia’s Strategic Development Plan, 2004–2023, The Next 20 Years - Achieving Economic Growth and Self-reliance.

In 2010–2011, WHO technical cooperation with the Government is expected to focus on the following WHO strategic objectives:

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<th>Strategic objective</th>
<th>Office-specific Expected Result</th>
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| **SO1** To reduce the health, social and economic burden of communicable diseases. | - Provision of technical support and logistics to the leprosy prevention and control programme in the FSM.  
- Support provided to the FSM to enhance its capacity to carry out surveillance and monitoring of all communicable diseases of public health importance.  
- Advice and support provided to the FSM to achieve the minimum capacities and functions required by the International Health Regulations (2005), specifically related to advocacy, National IHR Focal Points, national legislation, and the core capacities for points of entry.  
- Support provided to the FSM to achieve the minimum capacities required for the preparedness, detection, assessment of and response to emerging diseases, including major epidemic and pandemic-prone diseases (e.g. influenza). |
| **SO2** To combat HIV/AIDS, tuberculosis and malaria. | - Support provided to the Department of Health and Social Affairs, Federated States of Micronesia, for the printing and dissemination of guidelines, policies, strategies, and other tools developed for prevention, treatment and care for HIV/AIDS and TB and provision of laboratory supply.  
- Support provided to the FSM for the implementation and monitoring of the TB care, treatment and support programme particularly to reach the populations most in need and purchase TB drugs of assured quality. |
| **SO3** To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence, injuries and visual impairment. | - Support provided to increase the capacity in the FSM to collect analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions. |
| **SO7** To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches. | - Support provided to strengthen country capacity to promote more equitable, pro-poor, gender-responsive and human rights-based health policies, programme and actions. |
| **SO9** To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development. | - Guidance and support provided to the FSM for the development and implementation of national policies, plans of action, strategies, regulations and increased public awareness for nutrition, food safety, and food security.  
- Support provided to the FSM to strengthen capacity to monitor imported... |
SO10  To improve health services through better governance, financing, staffing and management informed by reliable and accessible evidence and research.

- To contribute to better knowledge and evidence for health decision-making in the FSM, by collection, consolidation and publication of existing evidence and facilitation of knowledge generation in priority areas, in particular to improve morbidity and mortality reporting in all 4 states and to establish a National Health Planning body.
- Support provided to the FSM to scale up health workforce production, improve performance and reduce imbalances in skill-mix and distribution.
- Health financing data, information and evidence in the FSM are broadly used for developing, implementing and monitoring health financing policies and strategies.

SO11  To ensure improved access, quality and use of medical products and technologies.

- Support provided to FSM to develop, monitor or revise a comprehensive policies on access, quality and use of medical products.