



# PALAU–WHO

## Country Cooperation Strategy 2018–2022

## OVERVIEW

Palau is a democratic republic with a population of about 17 770 in 2013, of whom approximately 69.9% are Palauan, 15.3% Filipino and 4.9% Chinese. Palau is divided into 16 states, with 79% of the population residing in the greater Koror urban area. Each state elects its own governor and legislature. The president and vice-president are elected by popular vote. The Council of Chiefs, comprising representatives from the 16 states, is an advisory body to the president. The Council is consulted on issues related to traditional laws and customs.

Palau is in free association with the United States of America. Economic activities include tourism, handicrafts, subsistence agriculture, construction and fishing.

## HEALTH AND DEVELOPMENT

Health services are available at the Belau National Hospital, four community centres known as super dispensaries and four additional satellite dispensaries. Belau National Hospital is the main health facility in the country. The hospital has been upgrading its facilities to mitigate its vulnerability to natural and technological disasters. While it is not economically feasible to decentralize inpatient care, steps to build inpatient management capacity on the other islands may further be explored. "Health for all" remains a priority in the socioeconomic development of Palau. The Government aims to have sufficient numbers of trained and qualified staff to provide quality services in all outlying dispensaries, including the more remote areas and islands as well as at Belau National Hospital.

Palau has undergone an epidemiological shift. The burden of diabetes, heart disease, obesity and kidney failure is increasing. Cost evaluations are needed for off-island medical referrals, haemodialysis and intensive care services, and for the financial sustainability of a secondary health care facility.

Environmental problems are expected to increase with more foreign investment and higher numbers of workers on the islands in coming years. Water pollution is a concern due to the lack of sufficient land area for proper waste disposal, and progressive industrial development will continue to worsen air and marine quality.

## 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 (SFAs) that are detailed in the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

### 1. To provide accessible and quality people-centred preventive, primary and hospital services for noncommunicable diseases (NCDs) as a priority

- 1.1 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.
- 1.2 Establish partnerships between community and primary health care services for community-based rehabilitation.
- 1.3 Work on alcohol harm reduction through restrictions or bans on advertising, marketing and promotions.
- 1.4 Endorse further “sin taxes” on unhealthy food based on experiences in the tobacco and alcohol areas.
- 1.5 Conduct NCD surveillance activities.
- 1.6 Draft traffic accident prevention regulation by 2018.

### 2. To effectively manage and support the health workforce through the existing fellowship and internship programmes for new graduates overseas

- 2.1 Increase the number of sponsored course students through Pacific Open Learning Health Network each year and strengthening continuing professional development.
- 2.2 Develop an internship programme and conducting a midterm evaluation by 2022.

### 3. To strengthen the role of communities as partners in health

- 3.1 Profile the health situation of individuals and communities, linking people’s health needs to the health system.
- 3.2 Develop capacities of communities on health planning to ensure health needs and challenges are reflected in national policies strategies and plans.

## **NATIONAL HEALTH POLICY**

The *Ministry of Health Strategic Plan 2014–2018* outlines the strategic priorities to: provide accessible and high-quality patient-centred hospital services; provide accessible and high-quality primary and preventive services; ensure effective partnerships are developed and maintained; value the people and support their growth and development; and ensure that the administrative and support services are accountable and sustainable.

According to the Health Strategic Plan, the vision of the Ministry of Health is one of healthy communities with access to comprehensive health-care services. The Ministry focuses on strengthening health systems by providing holistic care and integrating services. The Ministry also continues to develop respectful and effective partnerships with its staff, patients, community and partners.

An annual operational plan for each of the bureaus under the Ministry is also in place to provide details on how each of the bureaus achieves its priorities.

## **PARTNERS**

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.

## HEALTHY ISLANDS INDICATORS

Number of skilled health workers* per 10 000 population	<b>72.8</b>	2010
Per capita total expenditure on health at average exchange rate (US\$)	<b>1150.3</b>	2014
Total expenditure on health as a percentage of gross domestic product (%)	<b>9.02%</b>	2014
Tuberculosis incidence (per 100 000 population)	<b>76</b>	2015
Life expectancy at birth (both sexes)	<b>69</b>	2001-05
Under-five mortality rate (per 1000 live births)	<b>16.4</b>	2015
Absolute number of maternal deaths	<b>0</b>	2010-06
Maternal mortality ratio (per 100 000 live births)	<b>NA</b>	
Adult mortality rate from NCDs at ages 30–69 years (%)	<b>NA</b>	
Number of suicides	<b>NA</b>	
Immunization coverage rate for diphtheria-tetanus-pertussis (three doses) (DTP3) (%)	<b>98</b>	20
Immunization coverage rate for measles-containing vaccine (first dose) (MCV1) (%)	<b>96</b>	2016
Current tobacco smoking among persons 15 years of age and over (%)	<b>NA</b>	
Population using improved drinking-water sources (%)	<b>92</b>	2000
Population using improved sanitation facilities (%)	<b>100</b>	2015
Proportion of endemic neglected tropical diseases (NTDs) having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	<b>0</b>	2017

NA = not available

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


WPRO/2017/DPM/018

© World Health Organization 2017

Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.

Photo credits

Cover: ©AFP

 [facebook.com/whowpro](https://facebook.com/whowpro)  [@ whowpro](https://twitter.com/whowpro)  [youtube.com/whowpro](https://youtube.com/whowpro)