

AP



General data

POPULATION, 2023
17,727

SURFACE, KM², 2022
460

PHYSICIANS / 1,000 INH, 2022
1,778

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2021
80

GDP PER CAPITA (US\$), 2023
15899,42

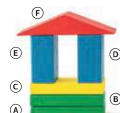
HEALTH EXPENDITURE (% GDP), 2021
16,38

UNIVERSAL HEALTH COVERAGE, 2021
65

Note: For the purposes of this study, we have included hospice care, end-of-life care, and palliative care concepts under the umbrella of palliative care as a whole.



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
③ POLICIES
② RESEARCH
① USE OF ESSENTIAL MEDICINES
⑤ EDUCATION AND TRAINING
⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT

1 2 3 4

EMERGING
PROGRESSING
ESTABLISHED
ADVANCED

Palau

F Provision of PC (Specialized Services)

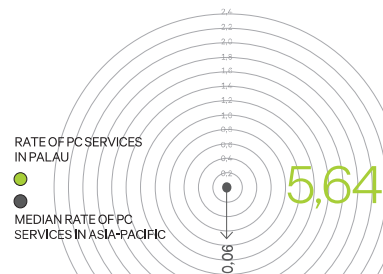
Total number of Specialized PC services

1

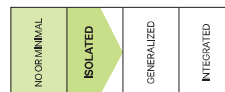
Rate of PC services per 100,000 inhabitants

5,64

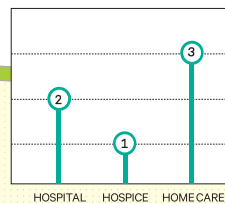
Palau in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION

1

TOTAL NUMBER

0

AP

Palau

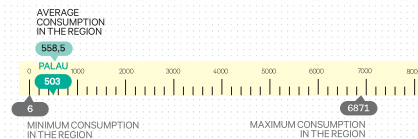
D Use of essential medicines

Opioids consumption (excluding methadone)

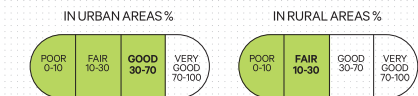
503

S-DDD/MILL INHABITANTS/DAY

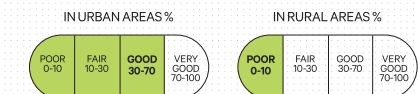
Palau in the context of Asia-Pacific regions



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



National Association: -
Consultants: Glenda Santos;
Jeannette Kojiane.

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

1/1

Recognition of PC specialty

1

B Policies

National PC plan or strategy

4

Responsible authority for PC in the Ministry of Health

1

Inclusion of PC in the basic health package at the primary care level

3

A Empowerment of people and communities

Groups promoting the rights of PC patients



2

Advanced care planning-related policies



2

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People & Communities





Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	 <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	Since 2012, the Cancer Council of the Pacific Islands (CCPI) has identified palliative care as an important factor in caring for those with cancer. CCPI works with all the US Affiliated jurisdictions in the Pacific including Palau, Federated States of Micronesia and Republic of the Marshall Islands. Currently, the Comprehensive Cancer Control program (CCCCP) with the Ministry of Health works to help people with cancer, caregivers, and cancer survivors and their families. There is a cancer survivor group that meets regularly and gets administrative and financial support from the Cancer Control Program.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	There is no national policy or guideline on advance care planning in Palau. However, patients can indicate a surrogate decision making when meeting with their doctor or in the hospital. In their record, they can indicate what their wishes for end of life care are as well as appointing an surrogate decision maker.

Policies

Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.	 <p>Actualized in last 5 years, and actively evaluated or audited.</p>  <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	Survivorship and palliative care are identified as key strategies in Palau's national cancer plan. However, there is not a stand-alone palliative care program, legislation, or policy in place. In the national cancer control strategy developed for the CDC, palliative care service goals are included, with monitoring and evaluation as significant component of the plan. This effort has been ongoing for over five years, with strategies focusing on a registry, awareness, education, and treatment.
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Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 <p>The indicators exist, but have not been updated (implemented out of the determined period).</p>	
Ind4 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>Included in the essential list of services recognized by a government decree or law but not in the General Health Law.</p>	Palliative care services are integrated into primary care and are included in Palau's National Cancer Plan. The Palau National Health Insurance also covers palliative care services as part of its universal health coverage (UHC) list of services. However, coverage is limited when patients are referred off-island for cancer treatment, particularly for palliative care services.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 <p>There is no authority defined.</p>  <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	Although there is no national authority for palliative care within the government or the Ministry of Health, the Bureau of Public Health is responsible for providing and overseeing progress related to preventive and primary care services, including integrating palliative care into the healthcare system.

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Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



There are no national congresses or scientific meetings related to palliative care.

Ind7

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.



Indicates a minimal or nonexistent number of articles published on the subject in that country.

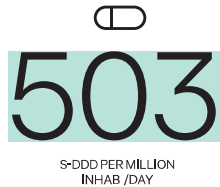
While research on caregivers in Palau has been published through the University of Hawaii, there are no known peer-reviewed articles on palliative care authored by local researchers from Palau.

Medicines

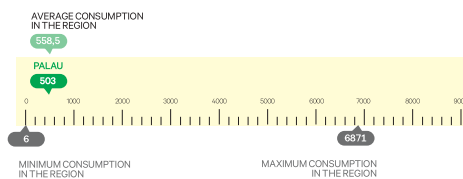
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 503 S-S-DDD (INCB 2023).



COUNTRY VS REGION



AP Palau

Medicines

Ind9

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.



Good: Between 30% to 70%.

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.



Fair: Between 10% to 30%.

Palau has only one state hospital, which has a good availability of medications. In contrast, rural health facilities, typically stock basic essential medicines for palliative care like ibuprofen and paracetamol. For patients with more complex needs or those requiring narcotics, a visit to the hospital is necessary. The hospital is generally within an hour's travel from most rural areas, except for those located on outlying islands.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

The state hospital is at the city center and is the only health facility with immediate release oral morphine available. Community health centers or dispensaries do not have morphine availability.

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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
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...
- 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.
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

0/0



There are no medical schools in Palau. **Palau Community College** offers a nursing program that includes compulsory teaching in palliative care, specifically addressing topics such as end-of-life care, pain management, home health nursing, and hospice services. Additionally, the program covers pharmacology relevant to end-of-life care, making palliative care an integral part of the nursing curriculum and its learning outcomes. In addition, there is a caregiving program at the college that incorporates skills and principles related to palliative care.

0/0

1/1

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.

AP Palau

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.



Isolated provision: Exists but only in some geographic areas.

- 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.



Ad hoc/ in some parts of the country.

- 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.

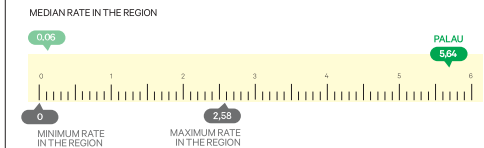


Found in many parts of the country.

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

In Palau, there is one main hospital, along with a few private health clinics and several rural community health centers. Staff at the hospital have received training in different aspects of palliative care, including pain assessment and treatment and palliative care services are available at hospital level. However, there is not an exclusive palliative care team available, but palliative care is integrated into hospital services. In 2022, a hospice unit was built near the hospital but is not yet operational. Home care teams trained in palliative care offer support, though not exclusively for palliative care needs. Palau has a referral system for off-island treatment of serious illnesses, but consistent care upon patients' return is challenging due to medication shortages. The rate of PC services is 5.64 per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



1 ← SPECIALIZED PALLIATIVE CARE SERVICES

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.
- 14.2. Please enter the total number of pediatric specialized PC services or teams in the country.



No or minimal provision of palliative care specialized services or teams for children exists in country.



0 PPC TEAMS