FSM HEALTH DIGEST 2025

July 2026

Contents

Introduction

This Health Digest Report primarily covers the year 2025 and presents key health statistics for the Federated States of Micronesia (FSM). The report includes vital health indicators such as births, deaths, leading causes of death, inpatient and outpatient encounters, top inpatient diagnoses, and selected notifiable diseases, among others. In addition to 2025 data, selected statistics from previous years are included to illustrate trends and patterns in the health status of the FSM over time.

It is important to note that the data presented in this report are derived primarily from the State hospitals, with limited contributions from Public Health Offices, Community Health Centers, dispensaries, and private clinics. As such, the report largely reflects hospital-based health service utilization and reporting across the FSM.

The Department extends its sincere gratitude to the State hospitals and health personnel for their invaluable contributions to this report, particularly through the timely submission of requested data. Their continued collaboration and support have been instrumental in strengthening national health reporting efforts and providing a clearer understanding of the health landscape across the FSM.

The Department remains committed to enhancing national health information systems, strengthening data collection and reporting processes, and improving the quality and completeness of health data to ensure future Health Digest Reports provide a more comprehensive reflection of health trends throughout the FSM.

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Executive Summary

The **2025 National Health Digest Report** provides an overview of the health status and service utilization patterns in the Federated States of Micronesia (FSM), using data reported primarily by state hospitals. Building upon the previous **2019–2024 Health Digest Report**, this edition places greater emphasis on trend analysis and interpretation of health data rather than solely presenting statistical tables and figures. While the report primarily presents health statistics for 2025, it also incorporates historical data from previous years to illustrate trends, provide context for observed changes, and support evidence-based planning and decision-making. It also provides clearer explanations of data sources, reporting limitations, and methodological considerations, including the use of the 2010 and 2023 FSM Census population data for calculating birth and death rates.

In 2025, the FSM recorded 1,380 registered births, 561 reported deaths, 45,083 outpatient encounters, and 6,322 inpatient encounters. Pohnpei accounted for the largest share of both outpatient and inpatient encounters, while Chuuk recorded the highest number of deaths. These figures highlight continued reliance on hospital-based services and reveal important differences in health service utilization across the four states.

Over the past decade, registered births in the FSM have generally declined, falling from **2,134 in 2015** to **1,380 in 2025**. This trend suggests reduced fertility and slower population growth. In contrast, deaths have shown an overall increase in recent years, rising from **550 in 2015** to **561 in 2025**, with the highest number recorded in **2023**. Birth and death rates from 2023 onward should be interpreted with caution because they were calculated using updated 2023 FSM Census population figures. Even so, the overall pattern points to a demographic transition characterized by fewer births and increasing mortality.

Health service utilization remained substantial in 2025, particularly in outpatient care. Outpatient encounters totaled **45,083**, with Pohnpei contributing the largest share, followed by Chuuk and Yap, while Kosrae reported the fewest encounters. Inpatient encounters totaled **6,322**, with Pohnpei accounting for the overwhelming majority of admissions. Over the 2019–2025 period, inpatient encounters declined considerably, suggesting possible shifts in healthcare access, service delivery, patient referral patterns, or reporting practices. The concentration of inpatient services in Pohnpei also highlights uneven utilization and capacity across the states.

The burden of disease reflected in both outpatient and inpatient encounters indicates that communicable diseases and non-communicable diseases (NCDs) continue to shape the health profile of the FSM. Respiratory diseases accounted for the largest number of outpatient visits in 2025, followed by symptoms and abnormal clinical findings, factors influencing health status and contact with health services, infectious and parasitic diseases, and musculoskeletal conditions. Among inpatient diagnoses, conditions originating in the perinatal period ranked highest, followed by pregnancy, childbirth and the puerperium, respiratory diseases, injuries, and circulatory diseases. These findings suggest the need for continued investment in maternal and child health, primary care, and early management of both infectious and chronic illnesses.

Mortality patterns continue to be dominated by non-communicable diseases. From 2019 to 2025, **diabetes mellitus with complications and unspecified causes** remained the leading cause of death in most years, while **ischemic heart disease** and **cerebrovascular disease** consistently ranked among the top causes. Other bacterial diseases, chronic lower respiratory diseases, cancers, hypertensive disease, and liver disease also featured prominently. This pattern confirms the ongoing heavy burden of NCDs in the FSM, while also showing the continued contribution of infectious diseases and selected injuries to overall mortality.

The report also highlights important trends in selected notifiable diseases. In 2025, **acute fever and rash (AFR)** remained high at **1,626 cases**, following a large increase in 2024. **Tuberculosis** remained a significant concern with **134 cases**, although lower than the 2023 peak. **COVID-19** declined sharply to **1 case** in 2025 after major surges in 2022 and 2023. **Gastroenteritis/possible food poisoning** remained persistently high, while sexually transmitted infections such as **chlamydia, gonorrhea, and syphilis** showed notable increases in 2025. These trends underscore the continued importance of disease surveillance, outbreak preparedness, laboratory capacity, and timely reporting across all states.

Overall, the *FSM Health Digest 2025* report shows that the FSM is experiencing a changing health profile marked by declining births, increasing mortality, persistent communicable disease risks, and a growing burden of NCDs. The findings reinforce the need to strengthen prevention and control of diabetes, cardiovascular disease, and other chronic illnesses; improve maternal and child health services; expand public health surveillance; and enhance the completeness and consistency of health reporting beyond hospital-based systems. Continued collaboration among state hospitals, public health programs, and national health authorities will be essential to improving health outcomes and building a more comprehensive and responsive health information system for the FSM.

2025 NATIONAL HEALTH DIGEST REPORT

Health Vital Statistics

Table 1: Registered Number of Births, Deaths, Inpatient Encounters and Outpatient Encounters

2025 Data	FSM	Kosrae	Pohnpei	Chuuk	Yap
Registered Births	1,380	94	562	558	166
Registered Deaths	561	65	160	270	66
Outpatient Encounters	45,083	1,769	19,160	12,423	11,731
Inpatient Encounters	6,322	338	4,664	732	588

Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Table 1 presents the registered numbers of births, deaths, outpatient encounters, and inpatient encounters reported in 2025 for the Federated States of Micronesia (FSM) and its four states. In 2025, the FSM recorded a total of 1,380 registered births and 561 registered deaths, resulting in a national birth-to-death ratio of approximately 2.5:1, or nearly three births for every death recorded.

Variations are evident among the states. Kosrae recorded 94 births and 65 deaths, representing the smallest difference between births and deaths among the states, with a ratio of approximately 1.4:1. Pohnpei recorded 562 births and 160 deaths, resulting in the highest birth-to-death ratio at approximately 3.5:1. Chuuk reported 558 births and 270 deaths, equivalent to a ratio of approximately 2.1:1, while Yap recorded 166 births and 66 deaths, resulting in a ratio of approximately 2.5:1.

The table also highlights health service utilization across the country. A total of 45,083 outpatient encounters and 6,322 inpatient encounters were reported nationwide in 2025, representing an outpatient-to-inpatient encounter ratio of approximately 7:1. This indicates that for every inpatient admission, approximately seven outpatient visits were recorded nationally.

At the state level, outpatient-to-inpatient ratios varied considerably. Kosrae reported an outpatient-to-inpatient ratio of approximately 5:1 (1,769 outpatient encounters to 338 inpatient encounters), while Pohnpei recorded a ratio of approximately 4:1 (19,160 to 4,664). Chuuk exhibited the highest ratio at approximately 17:1 (12,423 to 732), suggesting relatively greater reliance on outpatient services or lower inpatient utilization compared to the other states. Yap reported an outpatient-to-inpatient ratio of approximately 20:1 (11,731 to 588), the highest in the nation, indicating that the vast majority of reported health service utilization occurred in outpatient settings.

Pohnpei accounted for the largest share of both outpatient encounters (19,160) and inpatient encounters (4,664), followed by Chuuk with 12,423 outpatient encounters and 732 inpatient encounters. Yap reported 11,731 outpatient encounters and 588 inpatient encounters, while Kosrae recorded the lowest utilization figures, with 1,769 outpatient encounters and 338 inpatient encounters.

Registered Births

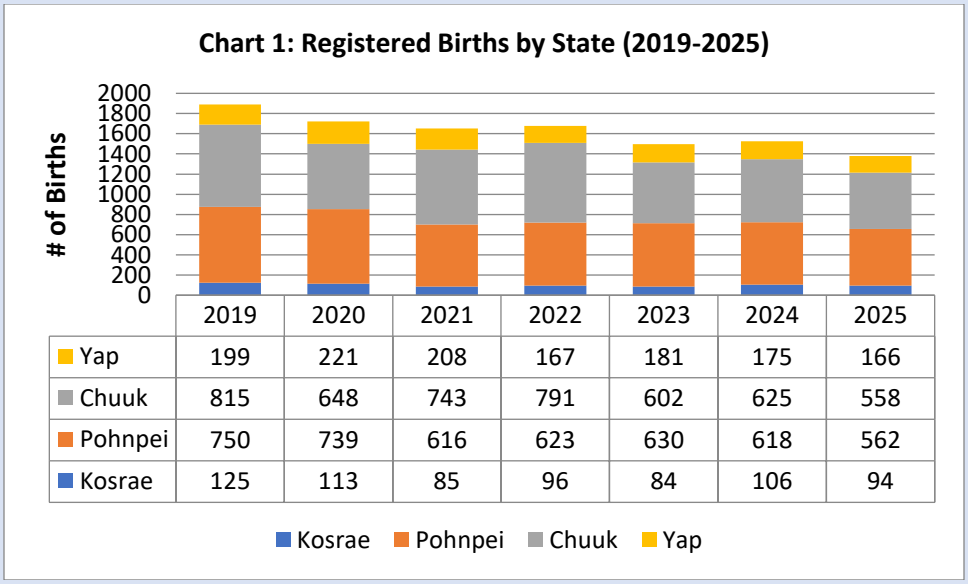
Table 2: Registered Births & Yearly Rates (2015 – 2025)

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Registered Births	2,134	1,937	1,986	1,996	1,889	1,721	1,652	1,677	1,497	1,524	1,380
Brith Rates/1000	20.7	18.8	19.3	19.4	18.3	16.7	16.0	16.3	19.7	20.1	18.2

Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Table 2 shows a general decline in the number of registered births in the FSM from 2015 to 2025. Registered births decreased from 2,134 births in 2015 to 1,380 births in 2025, reflecting an overall downward trend over the 11-year period. Although there were slight increases in 2017, 2018, 2022, and 2024, the overall pattern indicates reduced annual births over time.

Birth rates were calculated using two different population data sources. Birth rates for 2015–2022 were calculated using the 2010 FSM Census population data, while birth rates for 2023–2025 were calculated using the recently released 2023 FSM Census population data. Based on these calculations, the birth rate declined from 20.7 births per 1,000 population in 2015 to 16.0 in 2021, before increasing slightly to 19.7 in 2023 and 20.1 in 2024, then declining again to 18.2 in 2025. The increase observed beginning in 2023 may partly reflect the use of updated census population figures from the 2023 Census, in addition to changes in the number of registered births. Overall, the data suggests a gradual decline in fertility and population growth trends over the reporting period.



Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Chart 1 shows an overall declining trend across the FSM. Pohnpei consistently recorded the highest number of births among the four states throughout the reporting period, although births declined from 750 in 2019 to 562 in 2025. Chuuk recorded the second highest number of births, decreasing from 815 births in 2019 to 558 births in 2025.

Kosrae consistently recorded the lowest number of births, declining from 125 births in 2019 to 94 births in 2025. Yap also showed fluctuations but generally declined from 199 births in 2019 to 166 births in 2025. While there were slight increases in some years, particularly in 2022 and 2024, the overall trend across all states indicates decreasing registered births during the reporting period.

Registered and Reported Deaths

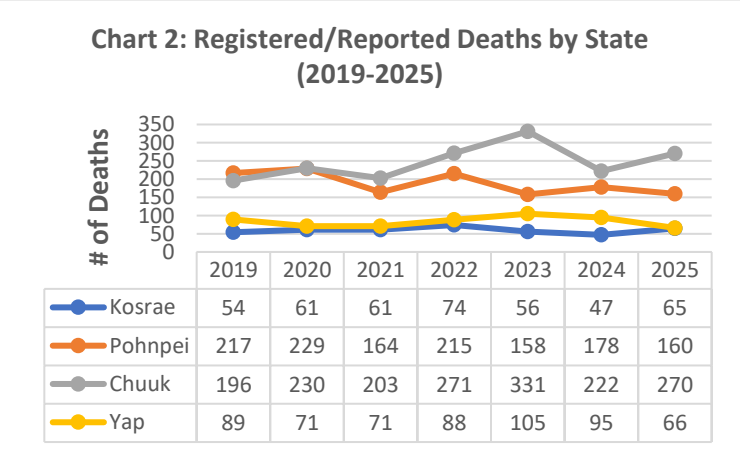
Table 3: Registered/Reported Deaths & Yearly Rates (2015 – 2025)

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Reported Deaths	**550**	**509**	**574**	**539**	**556**	**591**	**491**	**648**	**650**	**542**	**561**
Death Rates/1000	**5.3**	**4.9**	**5.5**	**5.2**	**5.4**	**5.7**	**4.7**	**6.3**	**8.5**	**7.1**	**7.3**

Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Table 3 shows fluctuations in the number of reported deaths in the FSM from 2015 to 2025, with an overall increasing trend in recent years. Reported deaths increased from 550 deaths in 2015 to 561 deaths in 2025. The highest number of deaths was recorded in 2023 with 650 deaths, followed closely by 648 deaths in 2022. Although deaths declined to 542 in 2024, the number increased again in 2025.

Death rates per 1,000 population were calculated using two different population data sources. Death rates for 2015–2022 were based on the 2010 FSM Census population estimates, while rates for 2023–2025 utilized the recently released 2023 FSM Census population data. Based on these calculations, death rates ranged from a low of 4.7 deaths per 1,000 population in 2021 to a high of 8.5 in 2023. The noticeable increase in death rates beginning in 2023 may partly reflect the use of updated population figures from the 2023 Census, in addition to changes in the number of reported deaths. Overall, the data indicates increasing mortality trends in recent years despite some annual fluctuations.



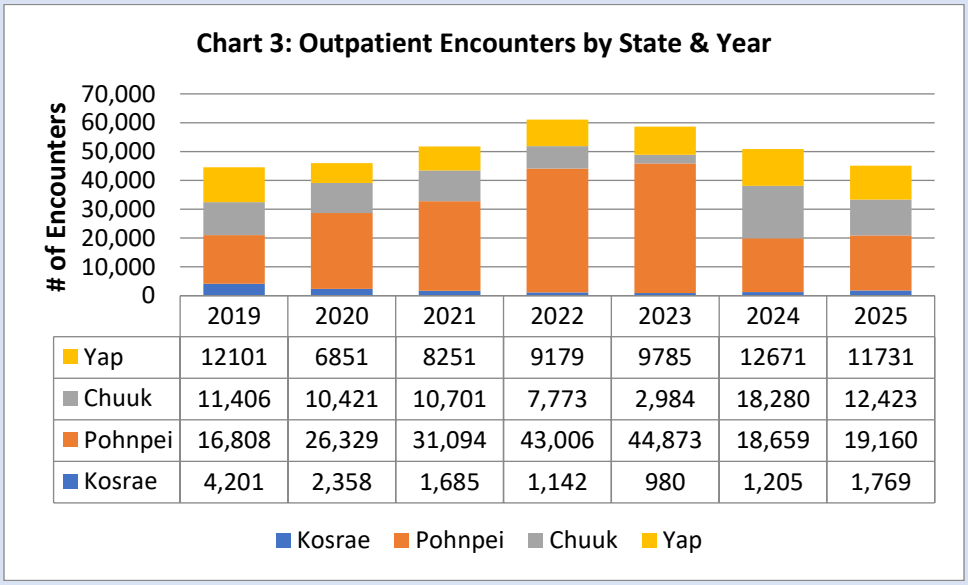
Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Chart 2 shows fluctuations across the FSM, with an overall increase in mortality in recent years. Chuuk consistently recorded the highest number of deaths among the four states, increasing from 196 deaths in 2019 to a peak of 331 deaths in 2023 before declining to 270 in 2025. Pohnpei recorded the second highest number of deaths, although deaths generally declined from 217 in 2019 to 160 in 2025. Yap showed moderate fluctuations, ranging from 66 to 105 deaths during the reporting period, while Kosrae consistently recorded the lowest number of deaths, fluctuating between 47 and 74 deaths annually. Although annual variations were observed across all states, the data indicates increased mortality levels during 2022–2023, followed by slight declines in 2024 and mixed trends in 2025.

Outpatient Encounters

Chart 3 below shows the total outpatient encounters by state in the FSM from 2019–2025. Overall, outpatient encounters fluctuated during the reporting period, increasing from approximately 44,516 encounters in 2019 to a peak of 61,100 in 2022 before declining to 45,083 encounters in 2025. Pohnpei consistently recorded the highest number of outpatient encounters among all states, with encounters increasing substantially from 16,808 in 2019 to 44,873 in 2023 before declining in 2024 and 2025.

Chuuk showed variable trends, with encounters declining sharply in 2023 before rebounding significantly in 2024. Yap maintained relatively stable outpatient encounters throughout the reporting period, while Kosrae consistently recorded the lowest number of encounters each year. The outpatient encounter data are primarily derived from hospital outpatient departments, with minimal contributions from public health clinics, public health mobile team clinics, dispensaries, community health clinics, and aid-posts. Overall, the data reflects continued reliance on hospital outpatient services as the primary source of healthcare utilization across the FSM.



	2019	2020	2021	2022	2023	2024	2025
Yap	12101	6851	8251	9179	9785	12671	11731
Chuuk	11,406	10,421	10,701	7,773	2,984	18,280	12,423
Pohnpei	16,808	26,329	31,094	43,006	44,873	18,659	19,160
Kosrae	4,201	2,358	1,685	1,142	980	1,205	1,769

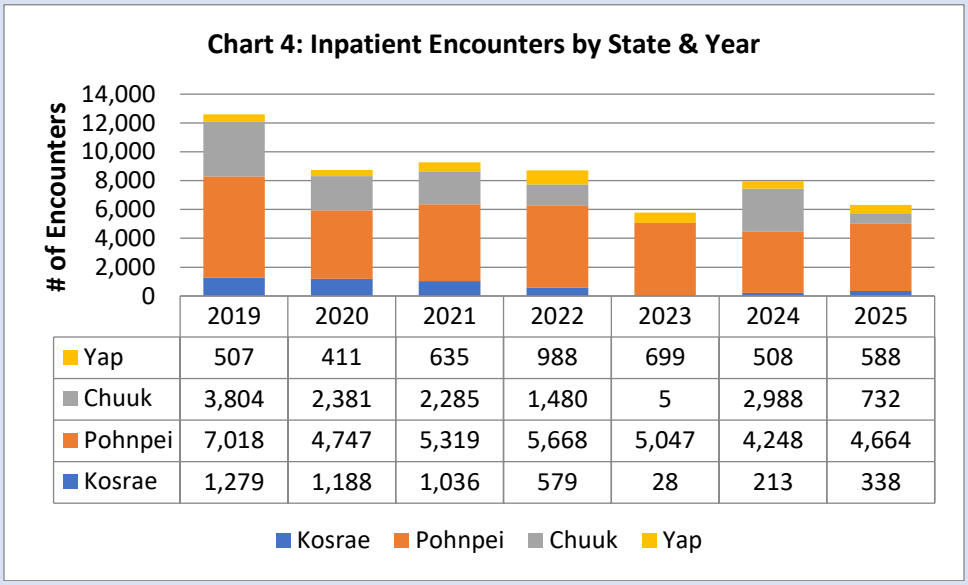
Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Table 4: Outpatient Encounters in 2025 – Hospital OPD Utilization by Body Systems of ICD-10

ICD Name	Kosrae	Pohnpei	Chuuk	Yap	FSM
Certain conditions originating in the perinatal period	1	8	4	9	22
Certain Infectious and parasitic disease	155	1437	1328	629	3549
Congenital malformation, deformation, and chromosol abnormalities	5	66	14	13	98
Diseases of blood and blood forming organs and certain disorder involving the immune mechanism	9	69	37	48	163
Diseases of circulatory system	214	1330	1164	577	3285
Diseases of digestive system	57	682	758	589	2086
Diseases of ear and mastoid processes	31	357	166	435	989
Disease of eye and adnexa	21	508	285	269	1083
Diseases of genitourinary system	66	737	730	622	2155
Diseases of musculoskeletal system and connective tissue	108	1639	1121	633	3501
Diseases of nervous system	26	162	176	105	469
Diseases of respiratory system	470	2925	2327	3010	8732
Diseases of skin and subcutaneous tissue	83	773	649	831	2336
Endocrine, nutritional and metabolic diseases	128	815	1333	512	2788
External causes of morbidity and mortality	18	354	76	184	632
Factors influencing health status and contact with health services	133	3292	207	1334	4966
Injury, poisoning and other consequences of external causes	54	621	296	450	1421
Mental and behavioral disorders	2	14	37	66	119
Neoplasms	15	282	104	158	559
Pregnancy, childbirth and the puerperium	20	66	37	66	189
Symptoms, signs and abnormal clinical and laboratory findings, NEC	153	3023	1574	1191	5941

Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Inpatient Encounters by State and Year



	2019	2020	2021	2022	2023	2024	2025
Yap	507	411	635	988	699	508	588
Chuuk	3,804	2,381	2,285	1,480	5	2,988	732
Pohnpei	7,018	4,747	5,319	5,668	5,047	4,248	4,664
Kosrae	1,279	1,188	1,036	579	28	213	338

Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

The inpatient encounter data by state from 2019–2025 shows considerable fluctuations across the FSM, with an overall decline in inpatient hospital utilization during the reporting period. Total inpatient encounters decreased from 12,608 encounters in 2019 to 6,322 encounters in 2025, with the lowest number recorded in 2023 at 5,779 encounters.

Pohnpei consistently recorded the highest number of inpatient encounters among all states, accounting for the majority of admissions each year despite fluctuations over time. Chuuk showed a significant decline in inpatient encounters, particularly in 2023 when only five encounters were reported, before partially rebounding in 2024 and declining again in 2025. Kosrae also experienced substantial reductions, especially in 2023, while Yap maintained relatively stable inpatient encounter numbers throughout the reporting period.

The sharp declines observed in some states during certain years may reflect changes in reporting practices, healthcare service availability, patient referral patterns, or disruptions in health service delivery. Overall, the data indicates varying levels of inpatient healthcare utilization across the FSM, with hospital-based inpatient services remaining concentrated primarily in Pohnpei.

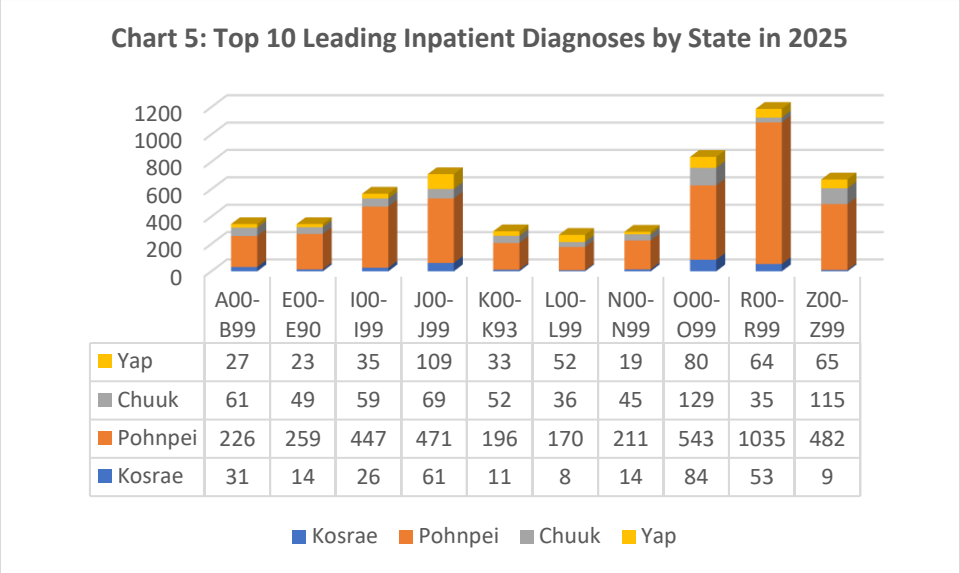
Ten Leading Inpatient Diagnoses

Table 5: Top 10 Leading Inpatient Diagnoses in 2025

ICD codes	ICD Name	FSM
A00-B99	Certain Infectious and parasitic disease	345
E00-E90	Endocrine, nutritional and metabolic disease	345
I00-I99	Disease of Circulatory System	567
J00-J99	Disease of Respiratory System	710
K00-K93	Disease of Digestive system	292

L00-L99	Disease of skin and subcutaneous tissue	266
N00-N99	Disease of genitourinary system	289
O00-O99	Pregnancy, Childbirth, and the puerperium	836
P00-P96	Certain Conditions originating in the perinatal period	1187
S00-T98	Injury, Poisoning and other consequences of external causes	671

Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs



Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Inpatient Encounters by sex, Age Groups, State Facility – 2025

Table 6: Inpatient Encounters by Sex, Age Groups, State Facility

Facility	Male	Female	Age-group	Chuuk	Kosrae	Pohnpei	Yap	FSM
Inpatient Encounters	2,653	3,669	0-4	169	117	729	77	1092
			5-9	9	12	87	18	126
Inpatient Encounters by State Facility			10-14	20	7	96	17	140
Kosrae Hospital	338		15-19	33	11	226	21	291
Pohnpei Hospital	4,664		20-24	44	15	320	41	420
Chuuk Hospital	732		25-29	62	12	250	47	371
Yap Hospital	588		30-34	42	18	217	46	323
			35-39	40	21	260	46	367
Inpatient Encounters by Ward			40-44	33	9	220	34	296
Medical Ward	3,216		45-49	32	16	236	31	315
Surgical Ward	837		50-54	35	10	299	26	370
Obstetric Ward	934		55-59	55	19	362	28	464

Pediatric Ward	1335		60-64	47	20	330	58	455
			65-69	46	18	463	35	562
			70-74	25	13	322	30	390
			75+	40	20	247	33	340
Total	**6,322**			**732**	**338**	**4664**	**588**	**6322**

Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Ten Leading Causes of Death

Table 7: Top 10 Leading Causes of Death (2019 – 2025)

Cause of death diseases	2019 Rank order	2020 Rank order	2021 Rank order	2022 Rank order	2023 Rank order	2024 Rank order	2025 Rank order
Other bacterial diseases	4	4	4	4	4	4	4
Cancer of respiratory & intrathoracic organs	6	6	6	9	7	7	
Cervix/Uterus/Ovary Cancer	5					10	
Malignant neoplasm of respiratory and intrathoracic organs							10
Malignant neoplasm of ill-defined, secondary and unspecified sites		7	8	7	6	5	8
Diabetes Mellitus with complications & unspecified	1	1	1	2	1	1	1
Ischemic heart diseases	2	2	2	1	2	2	2
Cerebrovascular diseases	3	3	3	3	3	3	3
Chronic lower respiratory diseases		5	5	5	5	6	7
Lung diseases due to external agents	7	8	10	10	10	9	
Other land transport accidents	10						
Accidental drowning & submersion	9	9	7	6	8		
Other accidental threats to breathing		10	9	8	9		9
Suicide	8					8	
Hypertensive diseases							5
Diseases of liver							6

Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Table 4 presents the top leading causes of death in the FSM from 2019–2025, highlighting the continued burden of non-communicable diseases (NCDs). Diabetes mellitus with complications and unspecified causes consistently ranked as the leading cause of death throughout the reporting period, except in 2022 when ischemic heart diseases ranked first and diabetes ranked second. Ischemic heart diseases and cerebrovascular diseases consistently remained among the top three leading causes of death each year, demonstrating the significant impact of cardiovascular-related illnesses in the FSM.

Other bacterial diseases consistently ranked fourth across all years, while chronic lower respiratory diseases remained within the top ten causes of death beginning in 2020. Malignant

neoplasms (cancers), including respiratory and intrathoracic cancers and ill-defined or secondary cancers, also remained significant contributors to mortality during the reporting period. Certain causes of death showed variability over time. Accidental drowning and submersion, other accidental threats to breathing, land transport accidents, and suicide appeared among the top ten causes in selected years but were not consistently ranked throughout the reporting period. In 2024 and 2025, hypertensive diseases and diseases of the liver emerged among the leading causes of death, indicating evolving patterns in mortality. Overall, the data reflects the continued dominance of NCDs as the primary causes of death in the FSM, alongside persistent infectious diseases and injuries.

FSM Selected Notifiable Diseases

Table 8: Selected Notifiable Diseases (Reported, FSM: 2015 – 2025)

Diseases	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Extremely Urgent Notification – Within 4 Hours											
Acute Fever & Rash (AFR)	778	826	578	500	489	548	665	760	1516	1,827	1626
AFP/Polio	0	0	0	0	0	0	0	0	0	0	0
Blood-transfusion associated infection	0	0	0	0	0	0	0	0	0	0	0
Chikungunya	0	0	0	0	0	0	0	0	0	0	0
Dengue fever	2	1	0	0	405	83	6	9	9	30	8
Diarrhea – acute watery diarrhea (including suspected v. cholera)	0	0	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0	0	0
Guillain-Barre Syndrome	0	0	0	0	0	0	0	0	0	0	0
Measles	2	0	0	0	1	0	0	0	0	0	0
Meningitis	0	0	0	0	0	0	1	2	2	5	0
Severe acute respiratory infection	0	0	0	0	0	0	0	0	0	0	0
Tetanus	2	0	0	0	0	0	1	0	0	0	1
Tuberculosis	100	147	140	95	91	92	72	48	211	140	229
Unusual events: e.g. Avian influenza (HPAI), MPOX, Malaria, Ebola Virus, and etc.	0	0	0	0	0	0	0	0	0	0	0
Zika virus	0	0	0	0	0	0	0	0	0	0	0
Urgent Notification – Within 24 Hours											
COVID-19	0	0	0	0	0	0	0	23314	1713	32	1
Diarrhea – bloody dysentery (including suspected salmonella, shigella, hemorrhagic E.coli, campylobacter, amebic dysentery, etc.)	2	0	4	4	1	0	0	0	0	25	55
Gastroenteritis/possible food poisoning	3528	3075	2958	2563	1506	2669	2120	2170	2880	2927	2458

HIV/AIDS	2	2	1	1	3	1	2	1	3	3	5
Leptospirosis	2	7	8	49	80	108	62	69	56	5	9
Mumps	0	0	0	0	0	0	0	0	0	0	0
Pertussis (whooping cough)	2	1	0	17	0	2	0	14	6	1	0
Typhoid fever	2	0	2	0	1	0	0	1	1	0	0
Standard Notification – Within a Week											
Chlamydia	1	0	0	5	1	79	211	66	0	0	546
Gonorrhea	0	3	4	4	1	17	66	28	0	0	110
Hansen's Disease/Leprosy	177	188	163	186	145	126	101	95	89	73	90
Hepatitis, Unspecified (acute)	0	1	0	1	0	1	1	0	0	0	43
Syphilis	0	16	0	3	0	3	8	2	6	4	32

Source: Health Planning & Statistics Unit, FSM Department of Health & Social Affairs

Conclusion

The FSM continues to experience a transition characterized by declining fertility, increasing mortality, and a dual burden of communicable and non-communicable diseases.

Strengthening prevention programs, expanding primary healthcare services, and improving surveillance and reporting systems are essential priorities for improving health outcomes nationwide.