

# MARSHALL ISLANDS

## 1. DEMOGRAPHICS, GENDER AND POVERTY

The Republic of the Marshall Islands covers an area of 181 square kilometres and comprises 29 atolls and five major islands that form two parallel groups – the *Ratak* (sunrise) chain and the *Rali* (sunset) chain. The Marshallese are of Micronesian origin. The matrilineal culture revolves around a complex system of clans and lineages tied to land ownership. The last census took place in 1999, and the next is scheduled for 2009. Therefore, available demographic data are either from the 1999 census or are estimates derived from it.

In the area of gender equality in primary and secondary education, the Marshall Islands is essentially on target to meet the Millennium Development Goals. Gross primary and secondary enrolment rates indicate female-to-male ratios of roughly 50:50. However, at both primary and secondary levels, female drop-out rates are higher than male, resulting in a higher proportion of males completing grades 6, 8 and 12 than females. General consensus suggests that the increasing drop-out rates for females are due to the following:

- the rise in teenage pregnancy rates;
- sociocultural expectations requiring females to be at home to help their parents take care of younger children and other family members;
- the high mobility of parents and families between islands, resulting in students being unable to complete the school year (both male and female); and
- cultural and familial expectations of young women requiring them to assist in events such as funerals, resulting in many students missing school for lengthy periods of time, often more than once during the school year (Unable to catch up, many students will simply drop out of school.).

The Marshall Islands is fortunate not to have extreme poverty and hunger. However, current surveys and socioeconomic indicators suggest that poverty and hardship are on the rise. This presents concerns as to whether the country has been developing, implementing and monitoring appropriate poverty reduction strategies and programmes.

Population	[Total]	61 218 est	Life expectancy at birth (years)	[Both]	62.00
	[0-14 years]	41.76% est		[Male]	60.00
	[65+ years]	2.07 % est		[Female]	64.00
Crude birth rate (per 1000 population)		24.70 est	Total fertility rate		5.71 (1999)
Crude death rate (per 1000 population)		4.05 est	% of population served with safe water	[Total]	85.00 (2002)
				[Urban]	80.00 (2002)
				[Rural]	95.00 (2002)
Infant mortality rate (per 1000 live births)		29.00 (2002)	% of population with adequate sanitary facilities	[Total]	82.00 (2002)
				[Urban]	93.00 (2002)
				[Rural]	59.00 (2002)
Maternal mortality ratio (per 100 000 live births)		73.80 (2002)			

est -Estimate

---

## **2. POLITICAL AND SOCIOECONOMIC SITUATION**

### **2.1 Political situation**

The Marshall Islands practises parliamentary democracy, constitutionally in free association with the United States of America. During the last elections, conducted in November 2002, President, H.E. Kessai Note was elected, along with 10 ministers. The Minister for Health and Environment is the Honourable Alvin Jacklick.

The legislative branch of government consists of the *Nitijela* (Parliament) with an advisory council of high chiefs. The *Nitijela* has 33 members from 24 districts, elected for concurrent four-year terms. Members are called senators. The President is elected by the *Nitijela* from among its members. Presidents pick cabinet members from the *Nitijela*. The Marshall Islands has four court systems: the Supreme Court, the High Court, district and community courts, and traditional rights courts. Trial is by jury or judge. The jurisdiction of the traditional rights courts is limited to cases involving titles or land rights or other disputes arising from customary law and traditional practices.

The relatively new democratic political system is combined with a hierarchical traditional culture. The first two presidents were chiefs, while the current president is a commoner. The new Government, running on a reform platform, has publicly confirmed its commitment to an independent judiciary.

### **2.2 Economic situation**

Assistance from the United States of America is the mainstay of the economy. The Government is the largest employer, employing 30.6% of the workforce, a reduction of 3.4% since 1988. The gross domestic product (GDP) is derived mainly from payments made by the United States of America under the terms of the Compact of Free Association. Direct aid accounts for 60% of the Marshall Islands' US\$ 90 million budget. The Compact of Free Association II, as amended in 2002-2003, stipulates heavy emphasis on United States foreign aid to target education and health. The economy combines a small subsistence sector and a modern urban sector. There is a developing agrarian and service-oriented economy. Subsidies are designed to help reduce migration from outer atolls to densely populated Majuro and Ebeye.

## **3. HEALTH SITUATION**

### **3.1 Health trends**

High population growth and crowded conditions in urban areas have caused the re-emergence and/or rise of certain communicable diseases, such as tuberculosis and leprosy. In addition, exposure to modern culture has brought about a rise in levels of adult obesity, noncommunicable diseases, teenage pregnancy, suicide, alcoholism and tobacco use.

The Government focuses on training native Marshallese health professionals, strengthening community health care programmes, upgrading the quality of health care services, and improving the dissemination of health care information to its citizens. Other health-related issues include the need to reduce population growth and urban population density, reduce malnutrition and strengthen the capacity of the health sector. Recent initiatives have included training basketball players in reproductive health issues so they can lead advocacy programmes.

### **3.2 Health systems**

During the 2004 fiscal year, the Ministry of Health received an annual government budget of US\$ 15 756 334, equivalent to 14% of the nation's budget. In line with its mission statement, the Ministry continues to explore avenues to provide the best quality health care possible to the people despite its meagre funding and limited human and capital resources.

The current health indicators reveal a much improved health status and steady progress in

community participation in implementing the theme “Health is a Shared Responsibility.” However, there is still a need to reflect more on the changing lifestyles associated with epidemiological transition from infectious to noncommunicable diseases.

A significant proportion of health services are funded under external aid or grant programmes, including the United States Federal Health Grants and grants under the Compact of Free Association between the Marshall Islands and the United States of America.

The Planning and Vital Statistics Department of the Ministry of Health is responsible for registration of birth, deaths and causes of death. Vital statistics are compiled from returns received by the Department from Majuro and Ebeye hospitals and from outer islands health service centres. Underreporting of births and deaths is a common problem in developing countries, including the Marshall Islands, where the geographically scattered population creates logistical challenges for the registration process. More generally, health information systems remain weak. Even where data are adequate, they are seldom used to drive policy development.

#### 4. NATIONAL HEALTH PLAN AND PRIORITIES

In April 2000, the Ministry of Health and Environment (the title changed to the Ministry of Health in 2002), prepared a pivotal document to guide health policies: the *Fifteen Year Strategic Plan 2001-2015*. The document encompasses the *Fifteen Year Plan 2001 to 2015*, the *Strategic Five Year Plan 2001 to 2005* and the *Operational Plan 2001 to 2005*. The overarching principle guiding activities of the Ministry of Health is stated in its mission statement as: “To provide high quality, effective, affordable, and efficient health services to all peoples of the Marshall Islands, through a primary health care programme to improve health status and build the capacity of each community, family and individual to care for their own health. To the maximum extent possible, the Ministry of Health pursues these goals using the national facilities, staff and resources of the Republic of the Marshall Islands.”

The national health priorities remain the same as in 2004 and are to:

- develop and strengthen the capabilities of indigenous personnel;
- institutionalize primary health care strategies, decentralize health care, promote community-based health care and take steps to make community-based health care systems as self-reliant as possible;
- strengthen and develop the health information system;
- secure a sustainable financial base from the government, community and private sectors for health care delivery;
- reduce transmission of sexually transmitted diseases and develop HIV/AIDS/STI prevention programmes;
- reduce population growth and urban densities;
- address and manage the causes and effects of malnutrition;
- address, prevent and manage the rising number of cases of diabetes and their health and social impacts;
- coordinate and strengthen the provision of health education; and
- coordinate all aspects of the health care delivery system through the National Health Services Board of the Ministry of Health.

#### 5. MAJOR INFORMATION SOURCES

*Fifteen Year Strategic Plan 2001-2015*. Ministry of Health and Environment, April 2000.

*Ministry of Health Annual Report 2003– “Health is a Shared Responsibility”*.

*Ministry of Health annual report 2004 – “Health is a Shared Responsibility”*.

Ministry of Health statistical abstract 1999-2001.

Statistical yearbook 2003. Economic Policy Planning and Statistics Office, Office of the President, 16th Edition, August 2004,

Economic Policy, Planning and Statistics Office (EPPSO) (<http://www.spc.int/prism>)

## 6. ADDRESSES

### MINISTRY OF HEALTH

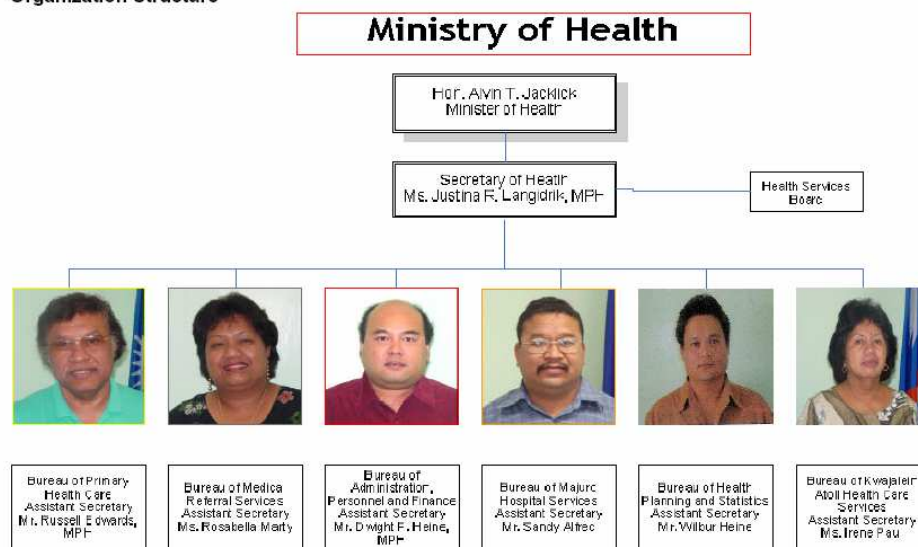
Office Address :  
Postal Address : P.O. Box 16, Majuro, Marshall Islands  
Official Email Address : [rmimohe@ntamar.com](mailto:rmimohe@ntamar.com)  
Telephone : + (692) 625 7246/5660/5661  
Fax : + (692) 625 3432/4543/4372  
Office Hours : 8:00 – 12:00 and 13:00 – 17:00  
Website :

### WHO REPRESENTATIVE IN THE SOUTH PACIFIC

Office Address : Level 4 Provident Plaza One  
Downtown Boulevard,  
33 Ellery Street, Suva  
Postal Address : P.O. Box 113, Suva, Fiji  
Official Email Address : [who@fij.wpro.who.int](mailto:who@fij.wpro.who.int)  
Telephone : (679) 3-304600/ 3-304631  
Fax : (679) 3-300462  
Office Hours :  
Website :

## ORGANIZATIONAL CHART: MINISTRY OF HEALTH

### Organization Structure



	INDICATORS	DATA			Year	Source
		Total	Male	Female		
1	Area (1 000 km <sup>2</sup> )	0.18				1
2	Estimated population ('000s)	61.22	31.28	29.93	2004 est	2
3	Annual population growth rate (%)	1.18	...	...	2005-2010	3
4	Percentage of population					
	- 0-14 years	41.76 <sup>a</sup>	41.89 <sup>a</sup>	41.63 <sup>a</sup>	2004 est	2
	- 65+ years	2.07 <sup>a</sup>	1.95 <sup>a</sup>	2.21 <sup>a</sup>	2004 est	2
5	Urban population (%)	66.70	...	...	2005-2010	3
6	Crude birth rate (per 1 000 population)	24.70 <sup>a, b</sup>	...	...	2004 est	2, 11
7	Crude death rate (per 1 000 population)	4.05 <sup>a, b</sup>	5.56 <sup>a, b</sup>	4.04 <sup>a, b</sup>	2004 est	2, 11
8	Rate of natural increase of population (% per annum)	4.90	...	...	1999	2
9	Life expectancy (years)					
	- at birth	62.00	60.00	64.00	2004	4
	- Health-adjusted Life Expectancy (HALE) at age 60	...	9.80	10.70	2002	5
10	Adult literacy rate (%)	97.00	96.80	97.20	1999	6
11	Neonatal mortality rate (per 1 000 live births)	...	...	...		
12	Infant mortality rate (per 1 000 live births)	29.00	...	...	2002	7
13	Under-five mortality rate (per 1 000 live births)	48.00	...	...	1999	7
14	Total fertility rate (women aged 15-49 years)			5.71	1999	2
15	Maternal mortality ratio (per 100 000 live births)			73.80	2002	7
16	Percentage of newborn infants weighing at least 2500 g at birth	88.00	...	...	1999	6
17	Prevalence of underweight children under five years of age	27.00	...	...	1999	7
18	Percentage of pregnant women with anaemia			8.00	1999	6
19	Immunization coverage for infants (%)					
	- BCG	91.00	...	...	2004	8
	- DTP3	64.00	...	...	2004	8
	- OPV3	68.00	...	...	2004	8
	- Measles	70.00	...	...	2004	8
	- Hepatitis B III	72.00	...	...	2004	8
20	MCH coverage (pregnancies, deliveries, infant care)					
	- Percentage of pregnant women cared for by skilled health personnel			...		
	- Percentage of pregnant women immunized with tetanus toxoid (TT2)			50.00	2004	8
	- Percentage of deliveries at home by skilled health personnel (as % of total deliveries)			...		
	- Percentage of deliveries in health facilities (as % of total deliveries)			...		
21	Percentage of women in the reproductive age group using modern contraceptive methods			34.00 <sup>c</sup>	2001	7
22	Condom use rate of the contraceptive prevalence rate	...	...	...		
23	HIV prevalence among 15-24 year-old pregnant women			...		
24	Number of children orphaned by HIV/AIDS <sup>sb</sup>	...	...	...		

## COUNTRY HEALTH INFORMATION PROFILE

INDICATORS		DATA			Year	Source			
		Total	Urban	Rural					
25	Proportion of population with sustainable access to an improved water source	85.00	80.00	95.00	2002	9			
26	Proportion of population with access to improved sanitation	82.00	93.00	59.00	2002	9			
27	Proportion of the population using solid fuels for cooking or heating (%)	29.90	...	...	1999	7			
28	Proportion of households with access to secure tenure	...	...	...					
29	Proportion of vehicles using unleaded gasoline (%)	...	...	...					
30	Health care waste generation (metric tons per year)	...	...	...					
31	Human development index	0.56	...	...	1998	10			
32	Per capita GDP at current market prices (US\$)	1817.00	...	...	2001	2			
33	Rate of growth of per capita GDP (%)	...	...	...					
34	<b>Health expenditure</b>								
	<b>Total health expenditure</b>								
	- amount (in million US\$)			12.70	1999	6			
	- total health expenditure on health as % of GDP			4.00	1999	6			
	- per capita total expenditure on health (in US\$)			248.00	1999	6			
	<b>Government expenditure on health</b>								
	- amount (in million US\$)			15.76	FY2004	12			
	- general government expenditure on health as % of total expenditure on health			96.70	2003	4			
	- general government expenditure on health as % of total general government expenditure			14.00	FY2004	12			
	<b>External source of government health expenditure</b>								
	- external resources for health as % of general government expenditure on health			...					
	<b>Private health expenditure</b>								
	- private expenditure on health as % of total expenditure on health			...					
	Exchange rate in US\$ of local currency is: 1 US\$ =			NA					
35	Health insurance coverage as % of total population			...					
INDICATORS		DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
36	<b>Health workforce</b>	Number			Rate per 10 000 population				
	- physicians	24	...	...	4.63	...	...	2000	6
	- dentists	4	...	...	0.77	...	...	2000	6
	- pharmacists	2	...	...	0.39	...	...	2000	6
	- nurses	152	...	...	29.34	...	...	2000	6
	- midwives	...	...	...	...	...	...		
	- other nursing / auxiliary staff	7	...	...	1.35	...	...	2000	6
	- other paramedical staff (e.g. medical assistants, laboratory technicians, X-ray technicians)	53	...	...	10.23	...	...	2000	6
	- other health personnel (health inspectors, assistant sanitarians, traditional workers, etc.)	...	...	...	...	...	...		
37	Yearly new graduates – physicians	...	...	...					
38	Yearly new graduates – nurses	...	...	...					

MARSHALL ISLANDS

INDICATORS		DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
39	<b>Ten leading causes of morbidity</b>	Number			Rate per 100 000 population				
	1. Gastroenteritis	1010	...	...	1614.22	...	...	1998	2
	2. Scabies	1003	...	...	1603.03	...	...	1998	2
	3. Influenza	998	...	...	1595.04	...	...	1998	2
	4. Conjunctivitis	890	...	...	1422.43	...	...	1998	2
	5. Diarrhoea – adults	610	...	...	974.92	...	...	1998	2
	6. Amoebiasis	340	...	...	543.40	...	...	1998	2
	7. Diarrhoea – infantile	210	...	...	335.63	...	...	1998	2
	8. Chickenpox	120	...	...	191.79	...	...	1998	2
	9. Fish poisoning	99	...	...	158.23	...	...	1998	2
	10. Typhoid and paratyphoid fever	32	...	...	51.14	...	...	1998	2
40	<b>Ten leading causes of mortality</b>	Number			Rate per 100 000 population				
	1. Malnutrition	20	...	...	31.96	...	...	1998	2
	2. Accidents (all types)	20	...	...	31.96	...	...	1998	2
	3. Sepsis	17	...	...	27.17	...	...	1998	2
	4. Pneumonia	12	...	...	19.18	...	...	1998	2
	5. Cancer (all types)	12	...	...	19.18	...	...	1998	2
	6. Prematurity	11	...	...	17.58	...	...	1998	2
	7. Myocardial infarction	9	...	...	14.38	...	...	1998	2
	8. End-stage renal disease	9	...	...	14.38	...	...	1998	2
	9. Cerebrovascular accidents	9	...	...	14.38	...	...	1998	2
	10. Septicaemia	8	...	...	12.79	...	...	1998	2
41	<b>Selected diseases under the WHO-EPI</b>	Number of cases			Number of deaths				
	- Diphtheria	0	0	0	0	0	0	2004	8
	- Pertussis (whooping cough)	0	0	0	0	0	0	2003	8
	- Tetanus	0	0	0	0	0	0	2004	8
	- Neonatal tetanus	0	0	0	0	0	0	2004	8
	- Poliomyelitis	0	0	0	0	0	0	2004	8
	- Hib meningitis	0	0	0	0	0	0	2003	8
	- Measles	0	0	0	0	0	0	2004	8
	- Mumps	6	...	...	...	...	...	2003	8
	- Rubella	0	0	0	0	0	0	2003	8
- Congenital rubella syndrome	0	0	0	0	0	0	2004	8	
42	<b>Selected communicable diseases</b>	Number of cases <sup>aa</sup>			Number of deaths				
	Hepatitis viral								
	- Type A	12	...	...	...	...	...	2002	13
	- Type B	31	...	...	...	...	...	2002	13
	- Type C	...	...	...	...	...	...		
	- Type E	...	...	...	...	...	...		
	- Unspecified	...	...	...	...	...	...		
	Cholera	0	0	0	0	0	0	2005	8
	Typhoid fever	14	...	...	0	0	0	2005	8
	Encephalitis	...	...	...	...	...	...		
	Plague	...	...	...	...	...	...		
	Syphilis	77	...	...	...	...	...	2002	13
	Gonorrhoea	230	...	...	...	...	...	2002	13
Leprosy	62	...	...	...	...	...	2004	8	

## COUNTRY HEALTH INFORMATION PROFILE

	INDICATORS	DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
42	<b>Selected communicable diseases</b>	Number of cases <sup>aa</sup>			Number of deaths				
	Malaria	...	...	...	...	...	...		
	Dengue/DHF	0	0	0	0	0	0	2004	8
43	<b>Malaria</b>	Prevalence rates			Death rates				
	- Rates associated with malaria (per 100 000 population)	...	...	...	...	...	...		
	- Proportion of population in malaria-risk areas using effective malaria prevention measures <sup>d</sup>							...	
	- Proportion of population in malaria-risk areas using effective malaria treatment measures <sup>e</sup>							...	
44	<b>Tuberculosis</b>	Number of cases			Number of deaths				
	- All types	119	...	...	...	...	...	2004	8
	- New pulmonary tuberculosis (smear-positive)	39	...	...	...	...	...	2004	8
		Prevalence rates			Death rates				
	- Rates associated with tuberculosis (per 100 000 population)	59.00	...	...	4.00	...	...	2004	8
		Detection rates			Success rates				
	- Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS)	246.00	...	...	90.00 (2003)	...	...	2004	8
		Number of cases			Number of deaths				
45	<b>Acute respiratory infections</b>	3703	...	...	...	...	...	2002	13
46	<b>Diarrhoeal diseases</b>	1954	...	...	...	...	...	2002	13
47	<b>Cancers</b>								
	All cancers (malignant neoplasms only)	...	...	...	12	...	...	1998	2
	- Trachea, bronchus, and lung	...	...	...	...	...	...		
	- Stomach	...	...	...	...	...	...		
	- Colon and rectum	...	...	...	...	...	...		
	- Lip, oral cavity and pharynx	...	...	...	...	...	...		
	- Liver	...	...	...	...	...	...		
	- Cervix			...			4	1998	14
- Leukaemia	...	...	...	...	...	...			
48	<b>Circulatory</b>								
	All circulatory system diseases	...	...	...	...	...	...		
	- Ischaemic heart disease	...	...	...	...	...	...		
	- Acute myocardial infarction	...	...	...	...	...	...		
	- Rheumatic fever and rheumatic heart diseases	...	...	...	...	...	...		
	- Cerebrovascular diseases	...	...	...	...	...	...		
	- Hypertension	...	...	...	...	...	...		
49	<b>Maternal causes</b>								
	- Haemorrhage			...			...		
	- Abortion			...			...		
	- Eclampsia			...			...		
	- Sepsis			...			...		
	- Obstructed labour			...			...		

## MARSHALL ISLANDS

INDICATORS		DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
		Number of cases			Number of deaths				
50	Diabetes mellitus	1612	...	...	...	...	...	1998	6
51	Mental disorders	...	...	...	...	...	...		
52	Injuries								
	- All types	...	...	...	...	...	...		
	- Motor and other vehicle accidents	...	...	...	...	...	...		
	- Suicide	...	...	...	...	...	...		
	- Homicide and violence	...	...	...	...	...	...		
	- Occupational injuries	...	...	...	...	...	...		
53	Proportion of population with access to affordable essential drugs on a sustainable basis					...			
54	Health infrastructure	Number			Number of beds				
	Public health facilities								
	- General hospitals			1			80	1999	6
	- Specialized hospitals			...			...		
	- District/first-level referral hospitals			1			25	1999	6
	- Primary health care centres			5			...	1999	6
	Private hospitals			...			...		
<b>Notes:</b>									
Red text	Millennium Development Goals (MDG) indicators								
...	Data not available								
est	Estimate								
NA	Not applicable								
FY	The financial year refers to the span from April 1 of respective year to March 31 next year.								
aa	Figures refer to number of new reported cases.								
ab	Proxy indicator for MDG indicator 20: Ratio of school attendance of orphans and school attendance of non-orphans age 10-14 years.								
a	Computed by Health Information and Evidence for Policy Unit of the WHO Regional Office for the Western Pacific.								
b	Figure based on projected population for 2004.								
c	Contraceptive prevalence rate.								
d	Prevention is measured by the percentage of children ages 0–59 months sleeping under insecticide-treated bednets.								
e	Treatment is measured by the proportion of children ages 0–59 months who were ill with the fever in the two weeks before the survey and who received appropriate antimalarial drugs.								
<b>Sources:</b>									
1	Pacific island populations 2004. Noumea, Secretariat of the Pacific Community <a href="http://www.spc.int">http://www.spc.int</a>								
2	Economic Planning, Policy and Statistics Office, Marshall Islands <a href="http://spc.int/prism/country/mh/stats/index.htm">http://spc.int/prism/country/mh/stats/index.htm</a>								
3	Demographic Tables for the Western Pacific 2005-2010. World Health Organization, Regional Office for the Western Pacific.								
4	Working Together for Health. The World Health Report 2006, World Health Organization.								
5	Changing History. The World health report 2004, World Health Organization.								
6	Information furnished by the Ministry of Health and Environment of the Marshall Islands through the WHO Representative for the South Pacific in a memo dated 6 April 2001.								
7	Pacific Islands Regional Millennium Development Goals report 2004. Noumea, Secretariat of the Pacific Community/ Un/ CROP MDG Working Group, November 2004.								
8	WHO Regional Office for the Western Pacific, data received from technical units.								
9	Meeting the MDG drinking water and sanitation target: A mid-term assessment of progress. WHO/ UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2004.								
10	Pacific human development report 1999 (Creating opportunities). New York, United Nations Development Programme, June 1999.								
11	Vital Statistics Division, Ministry of Health, Marshall Islands.								
12	Information furnished by the Ministry of Health and Environment of the Marshall Islands through the WHO Representative in the South Pacific in a memo dated 10 February 2005.								

## COUNTRY HEALTH INFORMATION PROFILE

13	Ministry of Health Services, Marshall Islands.
14	Information furnished by the Ministry of Health and Environment of the Marshall Islands through the WHO Representative for South Pacific in a memo dated 19 April 2000.