

MARSHALL ISLANDS

1. CONTEXT

1.1 Demographics

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 Ralik (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 currently under way. Available demographic data are, therefore, either from the 1999 census or are estimates derived from it. The estimated population in 2010 was 54 440.

In the area of gender equality in primary and secondary education, the Marshall Islands is essentially on target to meet the Millennium Development Goals, with enrolment rates indicating a roughly 50:50 female-to-male ratio. 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 or hunger. However, current surveys and socioeconomic indicators suggest that poverty and hardship are on the rise, giving rise to concern as to whether the country has been developing, implementing and monitoring poverty-reduction strategies and programmes appropriately.

1.2 Political situation

The legislative branch of the 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 and the President appoints his cabinet members from the *Nitijela*. The Minister of Health is currently the Honourable Amenta Matthew.

The judicial system comprises the Supreme Court, the High Court, the district and community courts, and the traditional-rights courts. Trial is by jury or judge. The jurisdiction of the traditional-rights court is limited to cases involving titles or land rights, or other disputes arising from customary law and traditional practices.

Citizens of the Marshall Islands live with a democratic political system combined with a hierarchical traditional culture.

1.3 Socioeconomic situation

Government assistance from the United States of America is the mainstay of the small island economy. Agricultural production, primarily subsistence, is concentrated on small farms, the most important commercial crops being coconuts and breadfruit. Small-scale industry is limited to handicrafts, tuna processing and copra. The tourist industry, now a small source of foreign exchange employing less than 10% of the labour force, remains the best hope for future added income. The islands have few natural resources, and imports far exceed exports. Under the terms of the Amended Compact of Free Association, the United States will provide millions of dollars per year to the Marshall Islands (RMI) until 2023, at which time a Trust Fund made up of United States and RMI contributions will begin perpetual annual payouts. Government downsizing, drought, a drop in construction, a

decline in tourism, and reduced income from the renewal of fishing licenses have held gross domestic product (GDP) growth at an average of 1% over the past decade.

1.4 Risks, vulnerabilities and hazards

The country is affected by rising sea levels, desertification, pollution from ships, coral reef erosion and infrequent typhoons. The Department of Defense of the United States conducted a series of nuclear tests in the Republic of the Marshall Islands in the 1940s and 1950s. Among the most famous and devastating of those tests was the Bravo test conducted in March 1954 at Bikini Atoll. That test devastated the atoll and resulted in its population having to disperse to remote atolls and islands due to the resulting levels of radiation. Residents of Rongelap, Utrik and Enewetak were similarly affected due to wind dispersal of the radiation cloud. Most of the population remains dispersed today.

The United States Government, through the Compact of Free Association sought to provide reparation, including the provision of health care services, by creating the 177 Health Care Plan (HCP) for citizens of the Marshall Islands affected by the nuclear tests and later, including their descendants. In September 2003, however, the First Compact of Free Association ended and the source of funding became an issue. While the 177 HCP is not a clearly defined entity in the succeeding compact, the Congress of the United States has been able to fund the programme from other sources on the basis of an annual grant. In 2009, the 177 Health Care Plan received US\$985 000 in funding.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

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 disease, 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, urban population density and malnutrition, and to strengthen the capacity of the health sector. Recent initiatives have included training basketball players in reproductive health issues so they can lead advocacy programmes.

2.2 Outbreaks of communicable diseases

Communicable diseases continue to be a major cause of morbidity and mortality. An epidemiological investigation revealed a total of 10 cases of multidrug-resistant tuberculosis (MDR TB) between 2004 and 2009, indicating a serious problem with that emerging infectious disease. A multifaceted approach has been taken to combat the problem, involving multiple government, nongovernmental and international partners. Contact-tracing was conducted in 2010 with support from the Global Fund.

One case of infection with the pandemic influenza A (H1N1) 2009 virus has been recorded in the Marshall Islands, but the disease has thus far not caused a considerable degree of morbidity or mortality. However, preparedness and response may be a significant challenge to the health care system.

In June 2010, with WHO's assistance, the country started issuing a syndromic surveillance report. Majuro Hospital and Ebeye Hospital reported on surveillance for diarrhoea, influenza-like illness, acute fever and rash, and prolonged fever to the focal person in the Ministry of Health on a weekly basis. A weekly syndromic surveillance report is submitted to WHO and the Ministry of Health to monitor any possible outbreak.

2.3 Leading causes of mortality and morbidity

Noncommunicable diseases are emerging as the leading cause of mortality. Diabetes-related diseases and cancer (all types) are the leading causes of death.

2.4 Maternal, child and infant diseases

Four maternal deaths were recorded in 2009. Two occurred in the outer islands due to postpartum haemorrhaging, one was in Majuro Hospital and was due to pre-eclampsia, and the other one occurred in Ebeye Hospital, where the cause was gestational hypertension. In 2010, there were two maternal deaths, one in Majuro Hospital and the other in the outer islands, both due to postpartum haemorrhage.

Sepsis, malnutrition, pneumonia, drowning and prematurity were the major causes of mortality among children less than 12 months of age in 2010, while severe malnutrition, bacterial meningitis, gastroenteritis, and pneumonia accounted for deaths among children aged one to four years.

2.5 Burden of disease

No available information.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

The overarching principle guiding the activities of the Ministry of Health can be found in its mission statement: “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.”

3.2 Organization of health services and delivery systems

Medical and health services in the Marshall Islands are delivered in three distinct settings: two hospitals—in the urban areas of Majuro and Ebeye—and 60 health centres on the outer islands.

3.3 Health policy, planning and regulatory framework

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 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, the community and the private sector for health care delivery;
- reduce the 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 impact;
- 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.

3.4 Health care financing

In 2007, total health expenditure amounted to US\$ 22 million, 97.4% from the Government and only 2.6% from the private sector. Government expenditure on health represented 14.6% of the nation's total government expenditure. In line with its mission statement, the Ministry of Health continues to explore avenues to provide

the best quality health care possible to the population despite its meagre funding and limited human and capital resources. A significant proportion of health services are funded under external aid or grant programmes, including United States Federal Health Grants and grants under the Compact of Free Association between the Republic of the Marshall Islands and the United States of America.

3.5 Human resources for health

To review and develop a strategic plan for human resources for health and related aspects, the Cabinet approved the establishment of a Task Force on Human Resources for Health. The Task Force has carried out a situational analysis of the current situation as regards human resources for health and has identified key issues. They have also developed short- and medium-term recommendations for initial strategies aimed at ensuring a sufficient, balanced, skilled, productive and cost-efficient health workforce to promote equitable access to quality and safe health services and support improved health outcomes.

3.6 Partnerships

No available information.

3.7 Challenges to health system strengthening

The reliability of data, staff turnover and migration, and donors' multiple reporting requirements are current challenges.

One of the barriers to delivering health services in the outer islands is the unpredictable flights of Air Marshall Islands. Outreach teams visiting the outer islands deliver all primary health care services, such as immunization clinics, diabetes clinics, TB and leprosy clinics, prenatal services, and health promotion services.

4. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

<i>Title 1</i>	:	<i>Fifteen Year Strategic Plan 2001-2015</i>
<i>Operator</i>	:	Ministry of Health and Environment, April 2000
<i>Title 2</i>	:	<i>Ministry of Health annual report 2004-"Health is a shared responsibility"</i> <i>Ministry of Health statistical abstract 1999-2001</i>
<i>Operator</i>	:	Ministry of Health and Environment
<i>Title 3</i>	:	<i>Statistical yearbook 2003.</i>
<i>Operator</i>	:	Economic Policy Planning and Statistics Office
<i>Title 4</i>	:	Economic Policy, Planning and Statistics Office (EPPSO) interview
<i>Web address</i>	:	http://www.spc.int/prism
<i>Title 5</i>	:	<i>CIA world fact book</i>
<i>Web address</i>	:	http://www.cia.gov

5. ADDRESSES

MINISTRY OF HEALTH

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

WHO COUNTRY LIAISON OFFICE FOR NORTHERN MICRONESIA

<i>Office Address</i>	:	The Federated States of Micronesia National Government Department of Health and Social Affairs 1/F Mogethin Building, Palikir, Pohnpei
<i>Postal Address</i>	:	P.O. Box PS70, Palikir, Pohnpei FM 96941 Federated States of Micronesia
<i>Official Email Address</i>	:	who.fsm@wpro.who.int
<i>Telephone</i>	:	(619) 320-2619
<i>Fax</i>	:	(619) 320-5263
<i>Office Hours</i>	:	0800 – 1700 Mon. – Fri.

6. ORGANIZATIONAL CHART: Ministry of Health

6.

MINISTRY OF HEALTH
REPUBLIC OF THE MARSHALL ISLANDS

