



MARSHALL ISLANDS–WHO

Country Cooperation Strategy 2018–2022



World Health
Organization

Western Pacific Region

OVERVIEW

The Marshall Islands covers 181 square kilometres in the Pacific Ocean and comprises 29 atolls and five major islands. The population was about 54 200 in 2013. The Marshall Islands is governed by a president elected from members of the Marshallese Congress and a legislature elected by popular vote. Major economic activities include agriculture, copra, tuna processing and tourism.

The United States Government provides direct aid to the Marshall Islands that is the mainstay of the economy.

HEALTH AND DEVELOPMENT

The Ministry of Health works collaboratively with the Community Health Councils to provide health-care services. The Marshall Islands has two hospitals (one each in Majuro and Ebeye) and 56 health care centres in the outer atolls and islands. Both hospitals provide primary, secondary, and limited tertiary care. Patients who need full tertiary care are referred overseas. Health centres are staffed by full-time health assistants and provide health promotion, prevention and essential clinical care services.

The shortage of funds to implement programmes contributes to the fragmentation of health service delivery. This is despite the fact that, during annual government programme reviews at the national level, the health sector is often found to have a low spending rate. By the same token, staff assigned to manage programmes would also benefit from better induction and training.

Diabetes-related diseases and cancer are the leading causes of death in the Marshall Islands. There is high mortality and morbidity for both noncommunicable and communicable diseases. The high consumption of imported canned and instant food, lack of physical exercise and use of tobacco products are all associated with the high prevalence of noncommunicable diseases (NCDs) and obesity. Tuberculosis (TB) is also a leading cause of death, and the country has reported multidrug-resistant TB. The Ministry of Health's response to emergencies and disasters is ad hoc, and multisectoral approaches remain a challenge.

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

1. To build resilient and sustainable health systems to enhance the availability of needs-based health services

- 1.1 Strengthen national health accounts.
- 1.2 Develop the health workforce through programme management courses.
- 1.3 Strengthen a supportive and sustainable social and physical environment to improve health through legislative approaches.
- 1.4 Strengthen governance and government leadership, especially the Ministry of Health, through a secretariat role to support multisectoral committees set up for health-related areas.

2. To support implementation of International Health Regulations (2005) for proactive preparedness and management in health emergencies and natural disasters

- 2.1 Establish a dedicated team to prepare for and respond to emergencies and disasters
- 2.2 Collaborate to achieve IHR (2005) core capacities.

3. To prioritize needs-based essential public health programmes delivered to the population

- 3.1 Scale up Package of Essential Noncommunicable in the dispensaries, community health centres and hospitals.
- 3.2 Draft legislation to restrict the use of food with a high sodium content, institute comprehensive nutrition facts labelling and pass state-level regulation to set up a traffic light system in stores to help consumers identify healthy foods.
- 3.3 Implement the WHO Framework Convention on Tobacco Control (FCTC) through several key aspects of tobacco control including graphic health warnings, tackling tobacco industry interference, reducing second-hand smoke and promoting cessation.
- 3.4 Intensify TB and leprosy screening and elimination efforts.
- 3.5 Strengthen vector control and ensure reduction of dengue cases and fatalities with the aim to achieve a 25% reduction of cases and 50% reduction of deaths by 2020, from the pre-2016 levels.

4. NATIONAL HEALTH POLICY

The Ministry of Health has introduced a dynamic three-year rolling plan, the *3-Year Rolling Strategic Plan 2017–2019*. The Ministry's theme is "Kumiti Ejmour" or "Health is a shared responsibility". The Ministry's vision is "to reaffirm the commitment to facilitate the concept of healthy islands and health promotion and protection where children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride; and the ocean is protected to sustain our needs". The mission is "to strengthen the commitment to healthy islands concept in implementing health promotion to protect and promote healthy lifestyles to improve the lives of the people through primary health care services, and to build the capacity of the Ministry of Health, communities, families and partners to actively participate and coordinate preventive services programs and activities as the core resources in primary health care services".

The health priorities are to: secure high-quality health care in the outer islands; achieve universal access to high-quality care for all people with communicable diseases; provide integrated NCD services along with the tools and support that people need to manage their health; strengthen national capacity to deliver high-quality maternal, infant, child and adolescent health and community-based interventions for family resource management; increase access to community-based care and supports for adults and children with mental illness and/or substance use disorders through a network of service providers that are committed to a person-centred and recovery-oriented system of care; increase immunization rates and reduce preventable infectious diseases; promote and educate the public on healthy lifestyle changes; and provide efficient and effective administrative and coordinated functions of preventive and public health care services.

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	40.1	2012
Per capita total expenditure on health at average exchange rate (US\$)	625.2	2014
Total expenditure on health as a percentage of gross domestic product (%)	17.4	2014
Tuberculosis incidence (per 100 000 population)	344	2015
Life expectancy at birth (both sexes)	71.8	2011
Under-five mortality rate (per 1000 live births)	36	2015
Absolute number of maternal deaths	2	2011
Maternal mortality ratio (per 100 000 live births)	NA	
Adult mortality rate from NCDs at ages 30–69 years (%)	NA	
Number of suicides	11	2015
Immunization coverage rate for diphtheria-tetanus-pertussis (three doses) (DTP3) (%)	71	2016
Immunization coverage rate for measles-containing vaccine (first dose) (MCV1) (%)	75	2016
Current tobacco smoking among persons 15 years of age and over (%)	NA	
Population using improved drinking-water sources (%)	94.6	2015
Population using improved sanitation facilities (%)	76.9	2015
Proportion of endemic neglected tropical diseases (NTDs) having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	100	2017

NA = not available

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




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