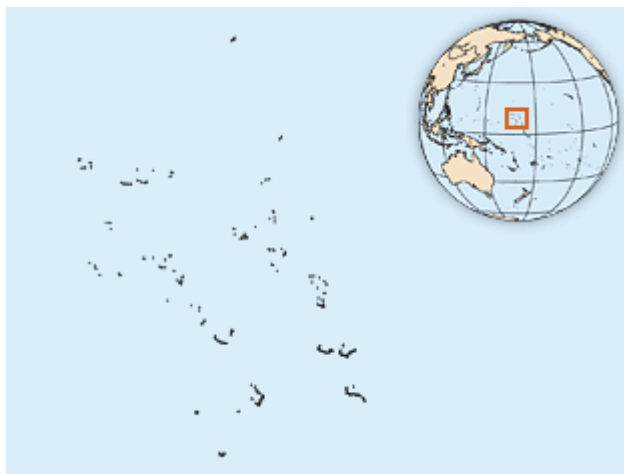


Marshall Islands



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2007)	31.3
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	71
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (I)	
Population (in thousands) total (2015)	53
% Population under 15 (2015)	29.6
% Population over 60 (2015)	9.7
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (I)	
Literacy rate among adults aged >= 15 years (%) (I)	
Gender Inequality Index rank (2014)	...
Human Development Index rank (I)	
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	17.14
Private expenditure on health as a percentage of total expenditure on health (2014)	15.68
General government expenditure on health as a percentage of total government expenditure (2014)	23.76
Physicians density (per 1000 population) (2012)	0.456
Nursing and midwifery personnel density (per 1000 population) (2012)	3.551
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	16.4 [10.5-25.3]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	35.4 [24.9-50.8]
Maternal mortality ratio (per 100 000 live births) (I)	
Births attended by skilled health personnel (%) (2011)	90.1
Public health and environment	
Population using safely managed sanitation services (%) (I)	
Population using safely managed drinking water services (%) (I)	

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The Marshall Islands is burdened by high mortality and morbidity for both noncommunicable and communicable diseases. Diabetes-related diseases and cancer remain the leading causes of death. 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. The shortage of funds to implement programmes contributes to the fragmentation of health service delivery within the country.

HEALTH POLICIES AND SYSTEMS

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.

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 "Kumi Ejmour" or "Health is a shared responsibility". The health priorities of the Strategic Plan 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.

COOPERATION FOR HEALTH

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.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1:</p> <p>To build resilient and sustainable health systems to enhance the availability of needs-based health services</p>	<ol style="list-style-type: none"> 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.
<p>STRATEGIC PRIORITY 2:</p> <p>To support implementation of International Health Regulations (2005) for proactive preparedness and management in health emergencies and natural disasters</p>	<ol style="list-style-type: none"> 2.1. Establish a dedicated team to prepare for and respond to emergencies and disasters. 2.2. Collaborate to achieve IHR (2005) core capacities.
<p>STRATEGIC PRIORITY 3:</p> <p>To prioritize needs-based essential public health programmes delivered to the population</p>	<ol style="list-style-type: none"> 3.1. Scale up the Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings 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.

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