

<b>Objectives</b>	Monitoring progress in the Sustainable Development Goals (SDGs) and universal health coverage (UHC) is a priority in the Western Pacific Region. This country profile aims to assist the country-led SDG and UHC monitoring process. Specifically, it will explore the current SDG/UHC situation, guide and direct discussion on possible areas (and population groups) where performance may be low, and foster policy dialogues.
<b>Country statistics</b>	Population <sup>1</sup> 2016 <b>53 066</b> GDP per capita (current US\$) <sup>2</sup> 2016 <b>3448.54</b> Income level <sup>2</sup> 2017 <b>Upper middle income</b> Income Gini coefficient <sup>3</sup> <b>N/A</b> 0 (equality) – 100 (inequality)
<b>Health system</b>	Total health expenditure as % of GDP <sup>4</sup> 2014 <b>17.1%</b> Total health expenditure per capita (current US\$) <sup>4</sup> 2014 <b>625.20</b> General government health expenditure as % of total health expenditure <sup>4</sup> 2014 <b>84.3%</b> Life expectancy at birth (in years) <sup>5</sup> 2011 <b>71.8</b>

## Key Messages

### Overall progress towards universal health coverage (UHC)

- The *3-Year Rolling Strategic Plan 2017–2019*, focuses on health as a shared responsibility. The mission is "to strengthen the commitment on healthy islands concept in implementing health promotion to protect and promote healthy lifestyles to improve the lives of the people through primary health, and to build the capacity of 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."
- Compared to other countries in the Western Pacific Region, the Marshall Islands has relatively low coverage of essential services. The UHC index also indicates relatively limited service capacity and access.
- The population in the Marshall Islands faces a relatively high risk of financial hardship.
- Based on the UHC index, major challenges remain in the prevention and control of infectious and noncommunicable diseases (NCDs) and in service capacity and access, specifically in the prevalence of raised blood pressure, which is high compared to other countries in the Region.

### Only a few SDG 3 indicators are reported

- Compared to other countries in the Region, the Marshall Islands is far from reaching the targets in reproductive, maternal, newborn and child health (RMNCH), except in the rates of skilled birth attendance and of neonatal and under-5 mortality; immunization and adolescent births might require further monitoring.
- Gaps exist in infectious diseases prevention and control and in health system resources and capacity; the Marshall Islands has one of the highest rates of tuberculosis (TB) incidence compared to other countries in the Region.
- The equity dimension is not known either because the country may not have disaggregated data or because data have not been reported to WHO.

UHC Overall Progress		
<b>UHC index<sup>6</sup> – coverage of essential health services (SDG 3.8.1)</b> 0–100 scale (Target: 100)		
<b>40</b> <i>Marshall Islands</i>	<b>40</b> <i>Region (lowest)</i>	<b>≥ 80</b> <i>Region (highest)</i>
<b>Financial risk protection:<sup>7</sup> proportion of population with out-of-pocket health spending exceeding 25% of household's budget or income (SDG 3.8.2)</b>		
<b>N/A</b> <i>Marshall Islands</i>	<b>0.0%</b> <i>Region (lowest)</i>	<b>5.0%</b> <i>Region (highest)</i>
Performance scorecard of 13 <b>UHC index – coverage of essential health services</b> indicators, in relation to a target of 100%		
<b>2 tracer indicators &gt; 80</b>	<b>3 tracer indicators 60–80</b>	<b>6 tracer indicators &lt; 60</b>
<i>Reproductive, maternal, newborn and child health</i>		
1	2	1
<i>Infectious diseases</i>		
1	1	1
<i>Noncommunicable diseases</i>		
0	0	3
<i>Service capacity and access</i>		
0	0	1

Note: Refer to page 2

SDG Overall Progress		
Performance scorecard of <b>23 SDG health indicators</b> , in relation to a target of 100% (as relative proximity to SDG targets)		
<b>3 indicators &gt; 70%</b>	<b>2 indicators 40–70%</b>	<b>4 indicators &lt; 40%</b>
<i>Reproductive, maternal, newborn and child health</i>		
3	2	2
<i>Infectious diseases</i>		
0	0	1
<i>Noncommunicable diseases</i>		
0	0	0
<i>Urban and environmental health</i>		
0	0	0
<i>Health system resources and capacity</i>		
0	0	1

Note: Refer to page 3

## Universal Health Coverage

UHC, which is a specific target under SDG 3, is the platform that brings health and development efforts together. UHC ensures that all people and communities receive the quality services they need, and are protected from health threats, without suffering financial hardship. It is measured by a country's **health service coverage and financial protection**.

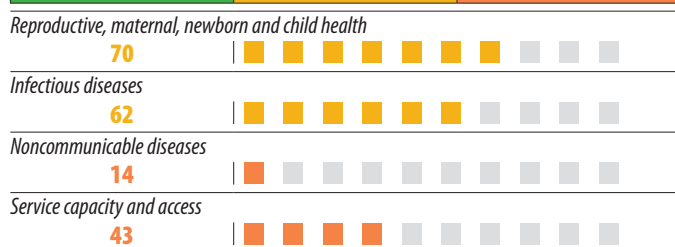
**Health service coverage** is measured by the UHC index that is a summary measure that combines 16 tracer categories. It has four main categories, namely: (1) RMNCH; (2) infectious diseases; (3) NCDs; and (4) service capacity and access.

### How is country performance on UHC indicators assessed?

Country performance on UHC was assessed based on the distribution of indicator values across Western Pacific Region countries. The overall UHC index coverage of essential health services available for 27 Western Pacific Region countries was used to determine the threshold values. The main threshold was set at the mean (close to 60 points). The other thresholds were set at equal intervals to 20 points (mean value minus lowest value).

The **UHC performance scorecard** colour code for the Western Pacific Region:

<b>&gt; 80%</b> Average of 27 Western Pacific Region countries	<b>60–80%</b> Average of 27 Western Pacific Region countries	<b>&lt; 60%</b> Average of 27 Western Pacific Region countries
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### What tracer indicators are included in the UHC index<sup>6</sup> – coverage of essential health services?

Tracer category	Indicator value	Indicator rescaled score, when applicable. Target: 100%
Reproductive, maternal, newborn and child health <sup>8</sup>	Family planning demand satisfied with modern methods (%), 2015	59 <sup>c</sup>   59
	Antenatal care, 4+ visits (%), 2004	77   77
	Child immunization 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine (%), 2015	85   85
	Care-seeking behaviour for child pneumonia (%), 2015	62 <sup>c</sup>   62
Infectious diseases <sup>9</sup>	Tuberculosis detection and treatment (%), 2015	65   65
	HIV antiretroviral treatment (%), 2015	41 <sup>c</sup>   41
	Access to improved sanitation (%), 2015	87   87
Noncommunicable diseases <sup>10</sup>	Prevalence of non-raised blood pressure (%), 2015	79   58
	Mean fasting plasma glucose (mmol/L), 2008	7.1   1
	Tobacco non-use (%), 2015	75 <sup>c</sup>   49

Service capacity and access <sup>11</sup>	Hospital beds per 1000 population, 2015	18.6 <sup>c</sup>   Reference point: 18 <sup>a</sup>
	Health worker density (per 1000 population), 2011–2014	5.7 <sup>b</sup>   Reference point: 10.5 <sup>a</sup>
	International Health Regulations compliance (%), 2013	51   51

a Minimum rates observed in countries of the Organisation for Economic Co-operation and Development (OECD)

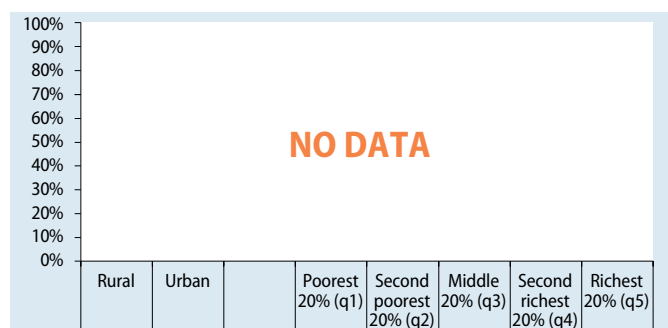
b 0.5 physicians per 1000 pop (2012); 0 psychiatrist per 100 000 pop (2014); 11.4 surgeons per 100 000 pop (2011)

c No estimate; regional or imputed value used as placeholder

### What does financial protection measure?

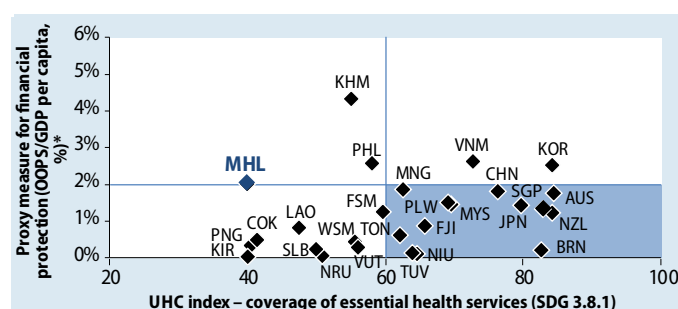
**Financial protection (SDG 3.8.2)<sup>7</sup>** measures direct health payments families incur, typically in the last month, in relation to a household's budget or income. In general, a higher value means increased financial hardship. The indicator summarizes the percentage of the population in a country for which health spending exceeds 25% of their household's budget.

### How does financial risk protection vary across population groups in the Marshall Islands?



### How does the Marshall Islands compare to other countries in the Region?

Relationship between UHC coverage of essential health services and financial risk protection in Western Pacific Region countries



**Legend:** AUS = Australia, BRN = Brunei Darussalam, KHM = Cambodia, CHN = China, COK = Cook Islands, FJI = Fiji, JPN = Japan, KIR = Kiribati, LAO = Lao People's Democratic Republic, MYS = Malaysia, MHL = Marshall Islands, FSM = Micronesia, (Federated States of), MNG = Mongolia, NRU = Nauru, NZL = New Zealand, NIU = Niue, PLW = Palau, PNG = Papua New Guinea, PHL = Philippines, KOR = Republic of Korea, WSM = Samoa, SGP = Singapore, SLB = Solomon Islands, TON = Tonga, TUV = Tuvalu, VUT = Vanuatu, VNM = Viet Nam

\* OOPS: out-of-pocket expenditure per capita in US\$, 2013; GDP: gross domestic product in current US\$ per capita, 2013. This indicator does not necessarily measure financial risk protection and is not a replacement for the UHC financial risk protection indicator (3.8.2). The 2% threshold is not a target. It was arbitrarily selected to map countries in a way that allows cross-country comparison and a baseline position for future trend analysis.

Quadrant	Interpretation
North-west	Limited coverage of essential health services, and relatively high risk of financial hardship
South-west	Limited coverage of essential health services, and relatively low risk of financial hardship; although this may indicate limited access to health services
North-east	Relatively high coverage of essential health services, and relatively high risk of financial hardship
South-east	Relatively high coverage of essential health services, and relatively low risk of financial hardship

## Sustainable Development Goals

World leaders committed to achieve the 17 Sustainable Development Goals (SDGs) by 2030 in an effort to end poverty, protect the planet and ensure prosperity for all. SDG 3 covers the unfinished Millennium Development Goal (MDG) agenda and newer challenges such as noncommunicable diseases (NCDs), health security, tobacco and injuries.

### How is country performance on the SDG indicators assessed?

There are two values displayed in each country profile: the indicator value and the rescaled value. The first corresponds to the actual value for a country at the baseline year, whereas the rescaled value shows the relative position of a country with respect to other countries in the Western Pacific Region.

The rescaled value measures the relative proximity to a target, i.e. explicit SDG targets or a best-performing country. Specific SDG targets (indicators shaded in grey) were used for the maternal mortality rate (70 per 100 000 live births), the neonatal mortality rate (12 per 1000 live births) and the under-5 mortality rate (25 per 1000 live births). A value of 100% means the indicator value is at the exact target value. The closer to the target the indicator value is, the higher the percentage.

The rescaled data should be interpreted in the following way: using the adolescent birth rate as an example, the Marshall Islands has a value of 20%, meaning it has performed at 20% of the best-performing country.

For all SDG indicators, rescaled values range from 0 to 100, therefore three equal bands have been used.

The **SDG performance scorecard** colour code for the Western Pacific Region:

> 70% Proximity from the target	40–70% Proximity from the target	< 40% Proximity from the target
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### How far is the Marshall Islands from the SDG targets?

SDG	Indicator value	Indicator rescaled score to 0–100% Target: 100%
<b>Reproductive, maternal, newborn and child health</b>		
3.1.1	Maternal mortality ratio (per 100 000 live births) <sup>12</sup>	
3.1.2	Proportion of births attended by skilled health personnel (%) <sup>13</sup> 2011	83% <sup>e</sup>
3.2.1	Under-5 mortality rate (per 1000 live births) <sup>14</sup> 2016	73% <sup>d</sup>
3.2.2	Neonatal mortality rate (per 1000 live births) <sup>14</sup> 2016	74% <sup>d</sup>
3.3.4	Infants receiving three doses of hepatitis B vaccine (%) (proxy) <sup>14</sup> 2016	40% <sup>e</sup>
3.7.1	Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods <sup>15</sup> 2007	70% <sup>e</sup>
3.7.2	Adolescent birth rate (per 1000 women aged 15–19 years) <sup>16</sup> 2011	20% <sup>e</sup>
3.b.1	Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) <sup>14</sup> 2016	24% <sup>e</sup>
<b>Infectious diseases</b>		
3.3.1	New HIV infections among adults 15–49 years old (per 1000 uninfected population) <sup>17</sup>	
3.3.2	TB incidence (per 100 000 population) <sup>14</sup> 2016	26% <sup>e</sup>
3.3.3	Malaria incidence (per 1000 population at risk) <sup>14</sup>	

## Noncommunicable diseases

3.4.1	Probability of dying from any of cardiovascular disease (CVD), cancer, diabetes, chronic respiratory disease (CRD) between age 30 and exact age 70 (%) <sup>18</sup>	Regional Average: 17.1
3.4.2	Suicide mortality rate (per 100 000 population) <sup>14</sup>	Regional Average: 10.8
3.5.2	Total alcohol per capita (≥ 15 years of age) consumption (in litres of pure alcohol), projected estimates <sup>19</sup>	
3.a.1	Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Female <sup>20</sup>	
3.a.1	Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Male <sup>20</sup>	

## Urban and environmental health

3.6.1	Road traffic mortality rate (per 100 000 population) <sup>21</sup> 2013	5.7	Regional Average: 17.3
3.9.1	Mortality rate attributed to household and ambient air pollution (per 100 000 population) <sup>22</sup>		
3.9.2	Mortality rate attributed to exposure to unsafe water, sanitation and hygiene (WASH) services (per 100 000 population) <sup>23</sup>		
3.9.3	Mortality rate attributed to unintentional poisoning (per 100 000 population) <sup>18</sup>		

## Health system resources and capacity

3.b.2	3.2.1	Total net official development assistance to medical research and basic health per capita (constant 2014 US\$), by recipient country <sup>24</sup> 2014
3.c.1	40.1	Skilled health professionals density (per 10 000 population) <sup>25</sup> 2010 Regional Average: 42.0
3.d.1	51.0	Average of 13 International Health Regulations (2005) core capacity scores <sup>14</sup> 2016 16% <sup>e</sup>

<sup>d</sup> Rescaled based on existing SDG targets.

<sup>e</sup> Rescaled based on targets identified in the Region.

## Are population groups in the Marshall Islands being left behind?<sup>26</sup>

### NO DATA

Poorest 20%	Richest 20%	Diff	Rural	Urban	Diff
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SDG 3.1.2	Proportion of births attended by skilled health personnel (%)				
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SDG 3.2.1	Under-5 mortality rate (per 1000 live births)				
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SDG 3.2.2	Neonatal mortality rate (per 1000 live births)				
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SDG 3.7.1	Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods				
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SDG 3.7.2	Adolescent birth rate (per 1000 women aged 15–19 years)				
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SDG 3.b.1	Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)				
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- Minor inequalities (< 10%)
- Moderate inequalities (10–50%)
- Major inequalities (> 50%)

- 1 World population prospects: the 2017 revision, DVD edition. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2017.
- 2 World Development Indicators. Washington (DC): World Bank (<http://wdi.worldbank.org>, accessed 26 September 2017).
- 3 World Development Indicators 2013. Washington (DC): World Bank (<http://data.worldbank.org>, accessed October 2013).
- 4 Global health expenditure database [online database]. Geneva: World Health Organization (<http://apps.who.int/nha/database/Select/Indicators/en>, accessed 26 September 2017).
- 5 WHO life expectancy ([http://www.who.int/gho/mortality\\_burden\\_disease/life\\_tables/en/](http://www.who.int/gho/mortality_burden_disease/life_tables/en/)).
- 6 SDG indicator 3.8.1 and its components have been computed by WHO using publically available data, including existing WHO/UN agency estimates, country data reported to WHO, and published results from household surveys available in UHC Data Portal (<http://apps.who.int/gho/cabinet/uhc.jsp>) and in the 2017 Global Monitoring Report on Tracking Universal Health Coverage ([http://www.who.int/healthinfo/universal\\_health\\_coverage/report/2017\\_global\\_monitoring\\_report.pdf?ua=1](http://www.who.int/healthinfo/universal_health_coverage/report/2017_global_monitoring_report.pdf?ua=1)).
- 7 Given the limited number of countries for which SDG indicator 3.8.2 on financial risk protection is available, an alternative proxy measure was used in some analyses to be able to assess financial hardship in a greater number of countries. The proposed measure was out-of-pocket health expenditure per capita as a percentage of GDP per capita. This measure showed a moderate correlation with SDG indicator 3.8.2. In addition, this proxy indicator does not necessarily measure financial risk protection and is not a replacement for the UHC financial risk protection indicator (3.8.2).
- 8 Reproductive maternal, newborn and child health measures the extent to which those in need for family planning, pregnancy and delivery care, child immunization and treatment receive the care they need.
- 9 Infectious diseases measures: (i) the extent to which those in need for TB and HIV treatment and malaria prevention receive the care and services they need; and (ii) access to improved sanitation.
- 10 Noncommunicable diseases measures the current status of NCD risk factors in the population, including blood pressure, glucose level and tobacco consumption, as a proxy indicator of success of both prevention efforts and screening and treatment programmes.
- 11 Service capacity and access measures general features of service capacity and access to care within a health system. Measures include hospital beds and health professionals per capita, and a measure of health security for responding to epidemics and other health threats.
- 12 WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015 (<http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>, accessed 17 March 2017). WHO Member States with a population of less than 100 000 in 2015 were not included in the analysis.
- 13 WHO/UNICEF joint global database 2017 ([http://www.who.int/gho/maternal\\_health/en/](http://www.who.int/gho/maternal_health/en/) and <https://data.unicef.org/topic/maternal-health/delivery-care>). The data are extracted from public available sources and have not undergone country consultation. WHO regional and global figures are for the period 2010–2016.
- 14 World health statistics [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (<http://www.who.int/gho/en/>, accessed 3 November 2017).
- 15 World contraceptive use 2016 [online database]. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2016. Regional aggregates are estimates for the year 2016. Model-based estimates and projections of family planning indicators 2016. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2016 ([http://www.un.org/en/development/desa/population/theme/family-planning/cp\\_model.shtml](http://www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml)).
- 16 World fertility data 2015. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2015 (<http://www.un.org/en/development/desa/population/publications/dataset/fertility/wfd2015.shtml>). Regional aggregates are the average of two five-year periods, 2010–2015 and 2015–2020, taken from: World population prospects: the 2015 revision, DVD edition. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2015 (<http://esa.un.org/unpd/wpp/Download/Standard/Fertility/>, accessed 13 April 2016).
- 17 UNAIDS/WHO estimates; 2016 ([http://www.who.int/gho/hiv/epidemic\\_status/incidence/en/](http://www.who.int/gho/hiv/epidemic_status/incidence/en/)).
- 18 Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: World Health Organization; 2015 ([http://www.who.int/healthinfo/global\\_burden\\_disease/estimates/en/index1](http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1)).
- 19 WHO global information system on alcohol and health [online database]. Geneva: World Health Organization; 2017 (<http://apps.who.int/gho/data/node.main.GISAH?showonly=GISAH>).
- 20 WHO global report on trends in prevalence of tobacco smoking 2015. Geneva: World Health Organization; 2015 ([http://apps.who.int/iris/bitstream/10665/156262/1/9789241564922\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/156262/1/9789241564922_eng.pdf), accessed 22 March 2017).
- 21 Global status report on road safety 2015. Geneva: World Health Organization; 2015 ([http://www.who.int/violence\\_injury\\_prevention/road\\_safety\\_status/2015/en/](http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/), accessed 22 March 2017). WHO Member States with a population of less than 90 000 in 2015 who did not participate in the survey for the report were not included in the analysis.
- 22 Public health and environment [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (<http://www.who.int/gho/phe/en/>). WHO Member States with a population of less than 250 000 population in 2012 were not included in the analysis.
- 23 Preventing disease through healthy environments. A global assessment of the burden of disease from environmental risks. Geneva: World Health Organization; 2016 ([http://apps.who.int/iris/bitstream/10665/204585/1/9789241565196\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/204585/1/9789241565196_eng.pdf?ua=1), accessed 23 March 2017); and Preventing diarrhoea through better water, sanitation and hygiene. Exposures and impacts in low- and middle-income countries. Geneva: World Health Organization; 2014 ([http://apps.who.int/iris/bitstream/10665/150112/1/9789241564823\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/150112/1/9789241564823_eng.pdf?ua=1&ua=1), accessed 23 March 2017). WHO Member States with a population of less than 250 000 in 2012 were not included in the analysis.
- 24 United Nations SDG indicators global database (<https://unstats.un.org/sdgs/indicators/database/?indicator=3.b.2>, accessed 6 April 2017). Based on the Creditor Reporting System database of the Organisation for Economic Co-operation and Development, 2016.
- 25 Skilled health professionals refer to the latest available values (2005–2015) in the WHO Global Health Workforce Statistics database (<http://who.int/hrh/statistics/hwfstats/en/>) aggregated across physicians and nurses/midwives. Refer to the source for the latest values, disaggregation and metadata descriptors.
- 26 Disaggregated data for SDG indicators on page 3 come from the WHO Health Equity Assessment Toolkit (HEAT), software for exploring and comparing health inequalities in countries. The tool includes reproductive, maternal, newborn and child health indicators, disaggregated by five dimensions of inequality, including economic status, education, place of residence, subnational region and sex (where applicable). Currently, Marshall Islands does not report data to this tool.