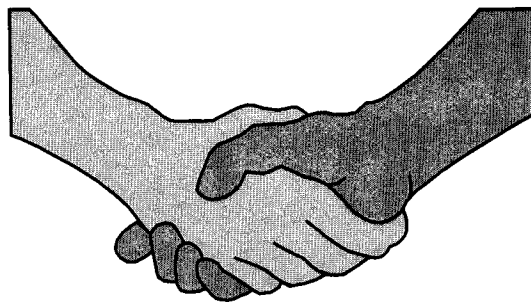


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# Ministry of Health Annual Report

*“Ajmuur Ej Adwōj Jimor Eddo”*  
(Health is a Shared Responsibility)



**Fiscal Year 2002**

## **Message from the Ministry of Health**

The Ministry of Health has undergone a number of changes in the past year. One of these changes includes the ministry's official name change, as approved by the Cabinet, from Ministry of Health and Environment (MOHE) to Ministry of Health (MOH). The changes the MOH has undergone have been both positive and not so positive in that both have presented us with the same challenges: either sustaining improvements in the long term or improving on the status quo.

During the year, legislation was passed to allow the transfer of both the Health Care Revenue Fund and the Health Fund from the Marshall Islands Social Security Administration to the MOH. The administration and management of these funds is significant since it allows the MOH to fully utilize the funds for medical and other pharmaceutical supplies and services.

The referral program has also been evaluated by the Ministry of Health with technical assistance from Trinity Health International. To date, the Health Fund Board has been in operation to assist in the management of the program.

Capital improvements in the MOH during the year includes the opening of the newly constructed Leroy Kitlang Memorial Hospital in Ebeye that was dedicated in February 2002. With the hospital now fully operational, all MOH curative and preventive programs and services in Ebeye will be in one location.

There are also plans for the Majuro Hospital. A formal agreement with the Japanese government took place in November 2002 when a Memorandum of Agreement was signed by the Minister of Health and Japanese government representatives. The planned Majuro Hospital Annex is to house the Majuro Hospital clinical services, the Primary Health Care Administration, Public Health and outpatient clinics including various PHC programs and services and will be the first step in enhancing outpatient and public health services.

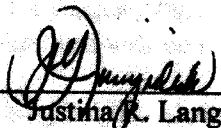
The hospital has also expanded its tertiary care services with the hiring of medical staff with specialties in urology, orthopedic surgery, pathology, radiology, otolaryngology, anesthesiology, and ophthalmology. In addition, the MOH has also begun to implement a nurse aide training program to supplement nursing services in the MOH. The Ministry recognizes that the shortage of trained Marshallese in the health professions and dependence on foreign-trained staff as a concern. It is expected that the practical nursing program will contribute to the enhancement of the health care services provided by the MOH by increasing the number of trained Marshallese staff as well as providing the educational and employment opportunities in nursing and other health professions to add to the two local doctors who recently completed their training at the Fiji School of Medicine. Improvements have also been seen in the diagnostic laboratories with the hiring of new staff, training of current staff and the procurement of diagnostic laboratory equipment.

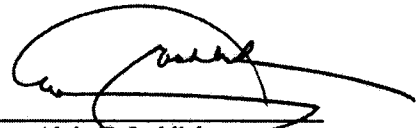
Mammography services at the hospital was initiated during the year. This service is a welcome and needed service for women. The mammography services will contribute to the early detection of breast cancer.

Primary Health Care services continue to be part of the Ministry's effort to expand community services. Health team visits to the outer islands have increased, community and zonal nursing programs have been enhanced, and public health clinics continue to see heavy patient loads. The PHC bureau has also completed a national measles campaign that covered all the outer islands.

Despite our accomplishments, major challenges remain. Increasing rates of diabetes and diabetes-related cases are being documented. Deaths from diabetes related causes are also rising. It is suspected that the importance of diabetes has been down played if it was not mentioned on the death certificates. Data compiled shows that diabetes and diabetes-related deaths is the number one cause of death from 1996 to 2001. In addition, the age group for those found at highest risk for diabetes is getting younger. There is also an increasing number of suicides among the population. Completed suicides has risen in recent years and is mainly males in their mid 20s to early 30s. This is a concern since a significant portion of the population is in this age group. Communicable diseases are also on the rise. Sexually transmitted diseases continue to increase. Several factors have been attributed to this increase. One of the setbacks has been that only those people who come for testing are known and that those who are often at highest risk do not come to be tested.

The community we serve has often exclusively looked to the MOH and the government in matters of health. One of the cornerstones of the health care services we provide is community participation. In order to decrease the prevalence of the many life-styles related diseases we see today, it is important that the community is educated and motivated to change those behaviors that enhance these health risks. International experience has shown that the most effective health interventions are those pursued by individuals and families for prevention of health problems before they arise. "Health is (and will continue to be) a Shared Responsibility."

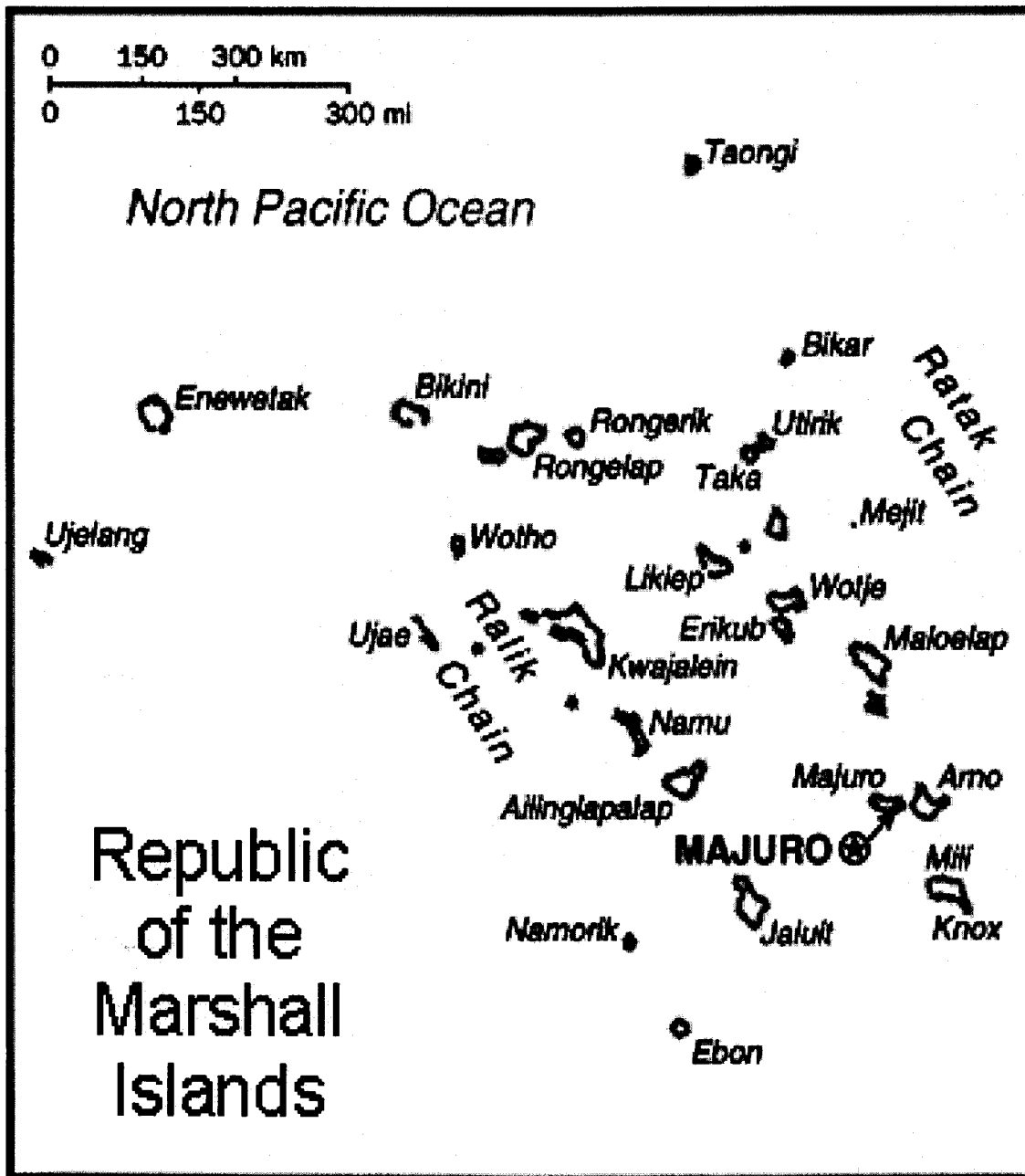
  
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Justina R. Langidrik  
Secretary of Health

  
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Hon. Alvin F. Jacklick  
Minister of Health

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# Map of the Republic of the Marshall Islands



## Executive Summary

Having adopted the World Health Organization concept of Primary Health Care, the Ministry of Health has continued to undergo a transformation in the services and programs it provides, as mandated by the Constitution of the Republic of the Marshall Islands, from a curative to primary health care perspective.

This transformation has not been an easy one. We recognize that while our health care sector is based on the principles of primary health care (PHC) that focus on the provision of accessible, affordable and appropriate health care services for the treatment of health problems, the cornerstones of PHC, namely intersectoral collaboration, community participation, self-reliance and equity, have been less dominant in the ways health and health-related services have been provided in the past. The endorsement of the *Yanuca Island Declaration for Health in the Pacific in the 21<sup>st</sup> Century* in 1995 that introduced the term "Healthy Islands" as a unifying theme for enhancing the health and quality of life of Pacific peoples provides the opportunity to undertake interventions incorporating the cornerstones of primary health care as envisioned in the opening lines of the Declaration:

*Healthy Islands should be places where:  
children are nurtured in body and mind;  
environments invite learning and leisure;  
people work and age with dignity; and  
ecological balance is a source of pride*

The last several years has seen the growing number of chronic diseases such as diabetes and hypertension. While these conditions are often seen in more developed countries, they nevertheless underscore the transition we are seeing in the Marshall Islands where both communicable and non-communicable diseases are prevalent. The MOH, through its Bureau of Primary Health Care, has implemented aggressive campaigns to address issues from tuberculosis, sexually transmitted diseases including HIV/AIDS, leprosy, reproductive health, and more recently, alcohol and tobacco use, mental health, and suicide to health care finance and information management. The focus on primary health care is enshrined in the MOH's Mission Statement:

***"To provide high quality, effective, affordable and efficient health services to all peoples of the Marshall Islands, through a primary health care program 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 Ministry of Health is aware of its important role in the Marshall Islands and has taken the lead in developing and building healthy public policy recognizing that health impacts of policy at high levels can have great effects on health; creating supportive environments for health that are both sustainable and relevant; supporting community action to address health and health-related issues; encouraging the development of skills so that people can exert greater options in ways that are conducive to health; and leading the reorientation of health services.

## Bureau of Primary Health Care



The Bureau of Primary Health Care, formerly Preventive Services, was renamed in 1997 to reflect the broad scope of the bureau's mandate for community based health promotion and service delivery to both urban and rural populations. There are four divisions in the bureau: Dental Services, Health Promotion and Human Services, Outer Islands Health Care, and the Division of Public Health.

The Division of Public Health is the largest division in the Bureau of Primary Health Care. The division is further divided into five programs: Reproductive Health Services, Immunization program, Sexually Transmitted Diseases (STD)/HIV program, Chronic disease control program, and the Tuberculosis and Leprosy program. All programs in the division are responsible for conducting regular clinic and outreach activities.

### Dental Services

The Division of Dental Services' main prevention and health promotion efforts has been the reactivation of the School Sealant Program with the hiring of staff to conduct the activities. The Sealant Program was conducted in Majuro elementary schools at the beginning of the year targeting grades 1, 2, 6, and 7. Implementing the program in Ebeye and the outer islands is being planned for the coming year.

A total of 1,762 students were examined throughout the year with 857 or 48.6% of the total examined receiving a total of 2,588 sealants. Approximately 87% of the children examined had at least one tooth decayed that brought the average number of decayed, missing, and filled teeth per child to 5.56. This is a high proportion considering that only Majuro was covered in the initial reactivation of the program.

Other work the dental division has undertaken are participation in the School Dental Health Program, Head Start Program, and the Early Childhood Caries Prevention Program. It is expected that work on a Prenatal Oral Health Education Program in collaboration with the Reproductive Health services Maternal and Child Health program will be undertaken in 2003.

Patient Visits	1,334	1,375	1,466	1,247	5,422
Extractions	699	698	753	687	2,837
Fillings	383	379	429	319	1,510
Sealants	0	0	8	5	13
Root Canals	31	25	36	21	113
Scaling and Cleaning	115	134	141	142	532

Dentures Delivered	19	23	45	32	119
Other	274	307	280	271	1,132
	2,855	2,941	3,158	2,724	11,678

### **Health Promotion and Human Services**

The Division of Health Promotion and Human Services was reorganized during the year consolidating key health services into one office. Formerly the Division of Human Services, the division underwent changes in its organizational structure with the addition of health services based in other divisions in the bureau.

The HP and HS division is responsible for providing a variety of counseling services and treatment related to alcohol and substance abuse, spouse and child abuse, suicide and mental health needs of the community. It also provides training programs and awareness raising activities for the community. The Division is comprised of three main units: Health Education, Human Services, and Nutrition and Diabetes Prevention.

The major accomplishments of the Division include the completion of a national survey on non-communicable diseases, a survey on mental health in the outer islands, and visits to more than 50% of the outer islands to conduct community education on primary health care.

### **Outer Islands Health Care**

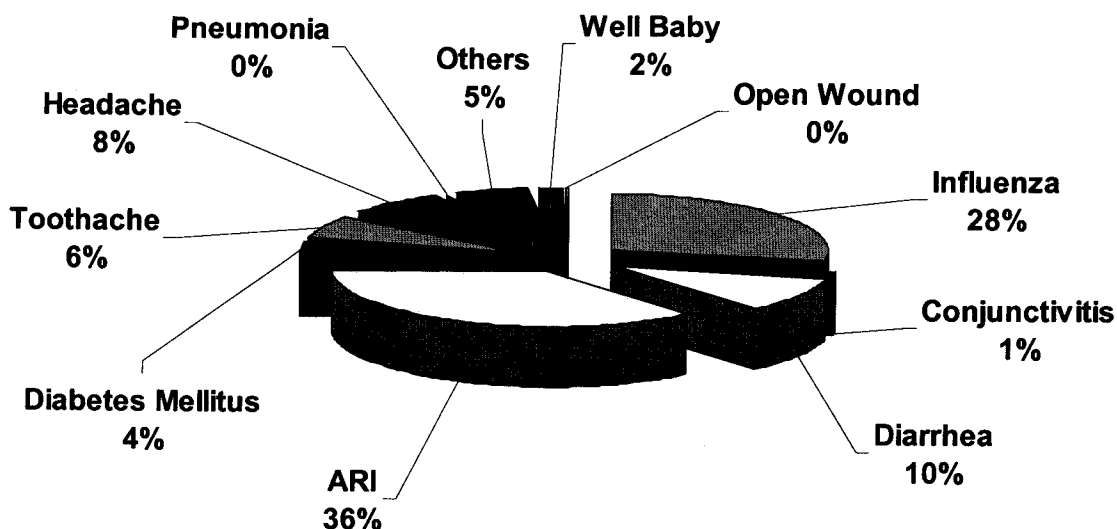
The Bureau of Primary Health Care has enhanced the services it provides to the outer islands. Preliminary assessments were conducted and the submission of monthly and quarterly reports from all of the 57 health centers was enforced. Combined with the increased number of public health trips to the outer islands, this has enabled the bureau to determine the current health status of each outer island community.

Health Assistants in the outer islands reported a total of 32,241 patient encounters at their clinics. This is a significant increase from previous years. For example, in FY 1999 and 1998 there were 11,769 and 14,699 visits respectively.

The Laura Health Center in Majuro reported the most encounters at 11,761 for 2002. This is high considering that this number of encounters accounted for nearly the total number of *all* health center encounters in 1998. The most common causes for visits to the Laura Health Center were Acute Respiratory Infection (2,642), Diarrhea (443), and Influenza (509). There are currently 3 health assistants assigned to the health center and are supervised by a medex. A new trailer has also been added to the current facilities to accommodate the increase in outpatient visits. Another result of the increased patient loads, the service fees have also been raised to supplement funds to cover the cost of pharmaceutical and other medical supplies.



### Reasons for Visits, Outer Islands 2002

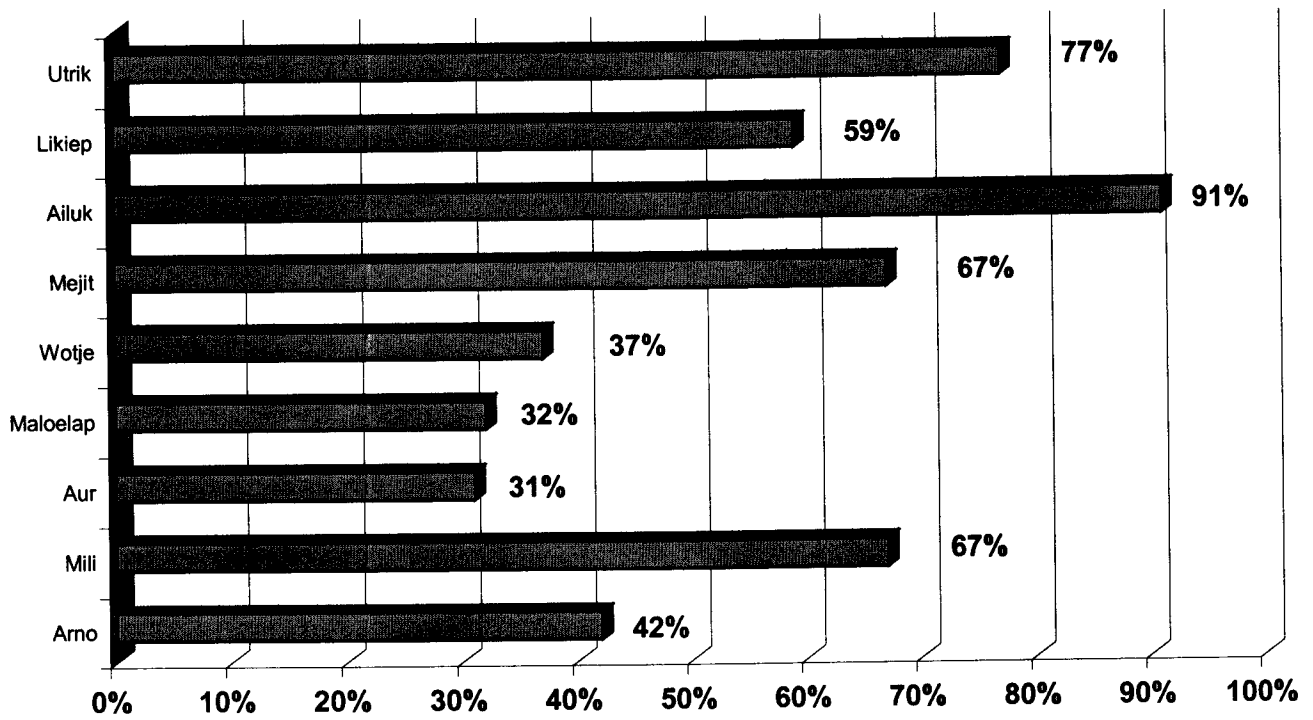


The three leading causes of illness reported in the health centers in the last year were Acute Respiratory Infections (3,635), Influenza (2,853), and Diarrhea (1,007). Unlike in previous years, there was a decrease in Conjunctivitis that is down from the FY 1999 high of 942 to 108 for the past year.

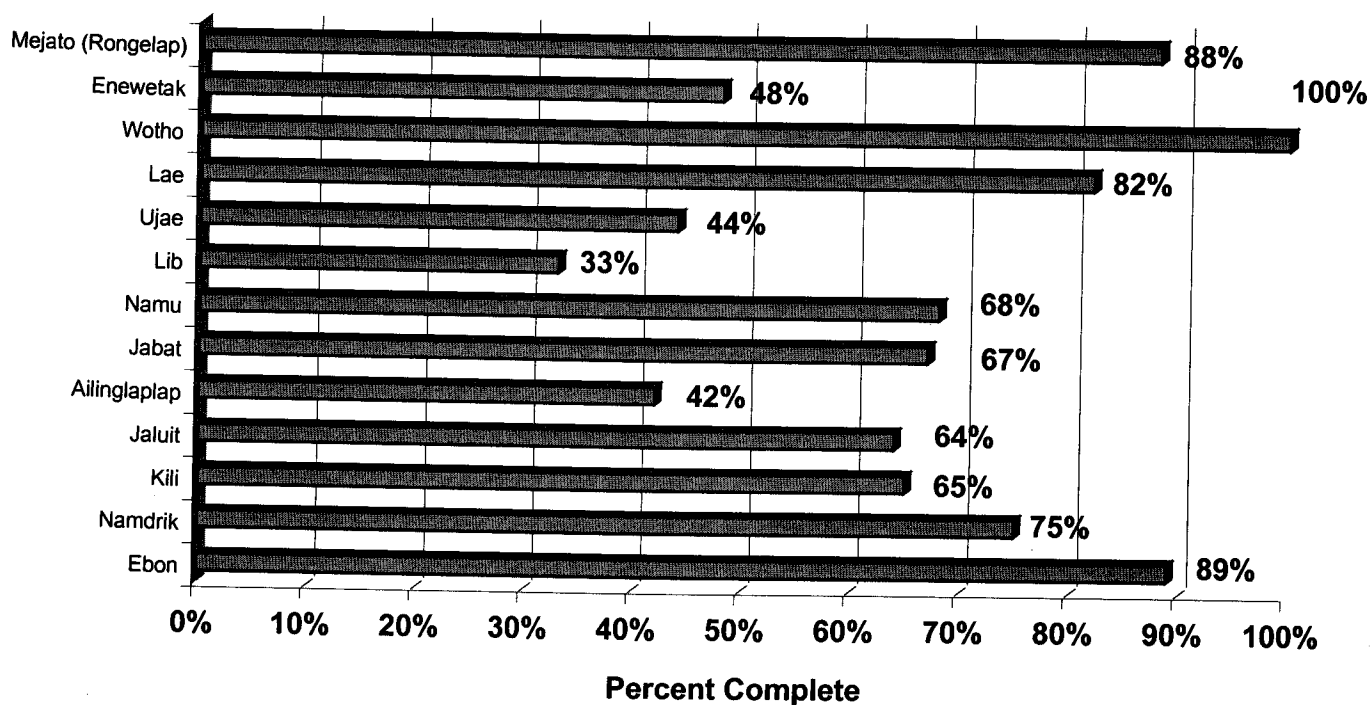
Other public health programs that were emphasized in the outer islands has been on public health activities such as those conducted in the urban centers of Majuro and Ebeye. Programs in communicable and non-communicable diseases such as sexually transmitted diseases, TB and Leprosy and diabetes and hypertension respectively, immunization of children less than 2 years old, reproductive health, and health education and promotion activities has been integrated into daily activities for all health assistants and the involvement of the Community Health Councils in each atoll.

With the increased coverage of outer island communities by public health teams from Majuro and Ebeye, the bureau has been able to implement preventive health programs such as the immunization program. A total of 641 children were immunized in the outer islands during 2002. The coverage of complete coverage for children less than 2 years old is 58.6%. The breakdown of coverage is listed in the following graphs:

**Percentage of Completed Immunization by Atoll of Children 12 months to 12 Years Old, Ratak Chain, 2002**



Percentage of Completed Immunization by Atoll, Ralik Chain, 2002



The graphs show the total percentages of children in each community who have completed the recommended immunization schedule during the year. The graphs do not show the *cumulative* total percentage of children in the community that have completed the immunization schedule. In order to ensure that children are immunized against vaccine preventable diseases such as measles, one of the protocols of the national measles campaign that was conducting during the past year has been to immunize all children in the community regardless of whether or not they have previously received the measles mumps rubella vaccine (MMR). This has ensured that *all* children seen by health staff in the outer islands are given at least one MMR vaccination.

## Division of Public Health

### Reproductive Health Services

In response to the growing concern on reproductive health issues, the RH services have integrated within its programs and services components that address adult and adolescent reproductive health. To date, there are a total of 4,724 family planning users with 2% are men. Strengthening the male clinic will be done in the next year particularly with increasing health education and promotion activities in collaboration with the Health Promotion Division.