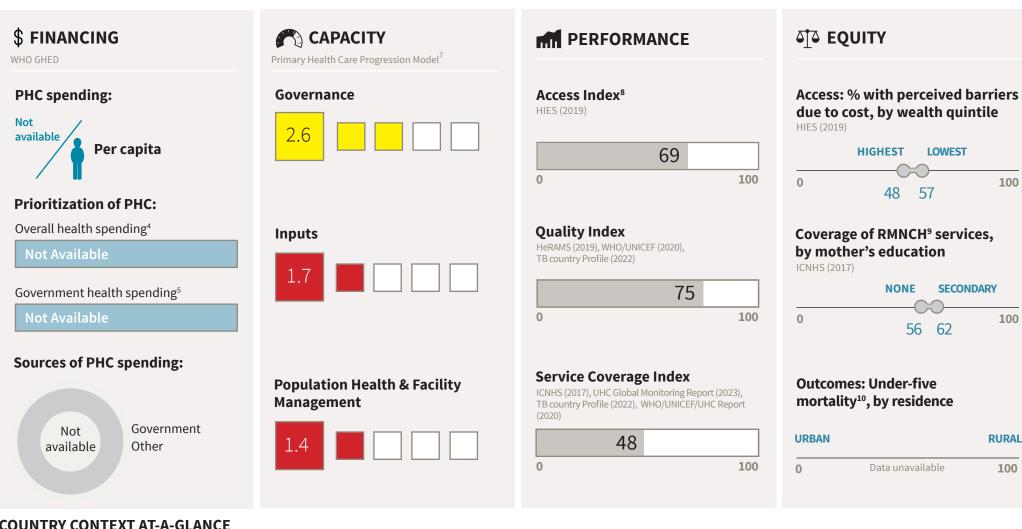
Marshall Islands Primary Health Care Vital Signs Profile





COUNTRY CONTEXT AT-A-GLANCE

GDP per capita

(PPP int'l dollars) WDI (2022)

\$7,228

Living in poverty

(Under \$2.15 int'l dollars / day) WHO GHED (2019)

1%

Government health spending as % of GDP1

WHO GHED (2020)

6%

Life expectancy at birth (Years)

WHO Global Health Observatory (2019)

65

Maternal mortality ratio

(per 100,000 live births) UNSD database / country data (2017)

92

Neonatal mortality

(Per 1.000 live births) WHO Estimate (2021)

14

Premature NCD mortality²

(Probability) MoHHS annual performance key indicators (2022)



Global Health Observatory (2020)





lote: Indicator values presented here may differ from country data sources due to the use of standardized categories and methods to enhance international comparability. See indicator Description Sheet for details

Note: Scores for the Capacity, Performance, and Equity domains are color-coded to reflect good (green), medium (yellow), and poor (red) performance, where comparable data are available. Cut-offs can be found in the Indicator Description Sheet. Scores based on data from non-comparable sources are colored gray. Finance indicators are not color-coded because these

- Probability of dying between ages 30 and 70 from cardiovascular diseas, cancer, diabetes, or chronic respiratory disease

- The PHC Progression Model uses mixed methods to assess foundational capacities of PHC on a scale from 1 (low) to 4 (high 8. Because different data/indicators are used in each country, composite index values may not be comparable across
- The composite coverage index is a weighted score reflecting coverage of eight RMNCH interventions along the continuum

CAPACITY DOMAIN: DETAILED VITAL SIGNS PROFILE INDICATORS

Marshall Islands	SCORE
COVERNANCE	2.5
GOVERNANCE	2.6
Governance and Leadership	2.8
Measure 1: Primary health care policies (1/2)	
Measure 2: Primary health care policies (2/2)	
Measure 3: Quality management infrastructure	
Measure 4: Social accountability (1/2)	
Measure 5: Social accountability (2/2)	
Adjustment to Population Health Needs	2.3
Measure 6: Surveillance	
Measure 7: Priority setting	
Measure 8: Innovation and learning	
INPUTS	1.7
Drugs and Supplies	1.0
Measure 9: Stock-out of essential medicines	
Measure 10: Basic equipment availability	
Measure 11: Diagnostic supplies	
Facility Infrastructure	1.3
Measure 12: Facility distribution	
Measure 13: Facility amenities	
Measure 14: Standard safety precautions and equipment	2.2
nformation Systems Measure 15: Civil Registration and Vital Statistics	2.3
Measure 16: Health Management Information Systems	
Measure 17: Personal care records	_
Norkforce	2.3
Measure 18: Workforce density and distribution	2.3
Measure 19: Quality assurance of primary health care workforce	
Measure 20: Primary health care workforce competencies	
Measure 21: Community health workers	
Funds	1.3
Measure 22: Facility budgets	
Measure 23: Financial Management Information System	
Measure 24: Salary payment	
POPULATION HEALTH AND FACILITY MANAGEMENT	1.4
Population Health Management	1.5
Measure 25: Local priority setting	
Measure 26: Community engagement	
Measure 27: Empanelment	
Measure 28: Proactive population outreach	
Facility Organization and Management	1.2
Measure 29: Team-based care organization	
Measure 30: Facility management capability and leadership	
Measure 31: Information system use	
Measure 32: Performance measurement and management (1/2)	
Measure 33: Performance measurement and management (2/2)	



PERFORMANCE DOMAIN: DETAILED VITAL SIGNS PROFILE INDICATORS

Marshall Islands	SCORE	PERCENTAGE	SOURCE	YEAR
ACCECC	60			
ACCESS	69			
Financial				
Perceived access barriers due to treatment costs*		No data available		
Geographic	. C 111 W	210/	11150	2010
% of population who travel more than 30 minutes to reach the nearest		31%	HIES	2019
QUALITY	75			
Comprehensiveness				
Avg. availability of 5 tracer RMNCH services		62%	HeRAMS	2019
Avg. availability of services for 3 tracer communicable diseases		90%	HeRAMS	2019
Avg. availability of diagnosis & management for 3 tracer NCDs		70%	HeRAMS	2019
Continuity				
DTP3 dropout rate*		85%	WHO/UNICEF	2021
Treatment success rate for new TB cases		90%	TB country Profile	2022
Person-Centeredness				
% of caregivers who were told sick child's diagnosis		No data available		
Provider competence				
Antenatal care quality score based on WHO guidelines		No data available		
Family planning quality score based on WHO guidelines		No data available		
Sick child quality score based on IMCI guidelines		No data available		
Ad herence to clinical guidelines		No data available		
Diagnostic accuracy		No data available		
Provider availability				
% of family planning, ANC, and sick child visits over 10 minutes		No data available		
Provider absence rate*		No data available		
Safety				
Ad equate waste disposal		65%	HeRAMS	2019
Ad equate infection control		63%	HeRAMS	2019
SERVICE COVERAGE	48			
Reproductive, Maternal, Newborn and Child Health				
Demand for family planning satisfied with modern methods		72%	UHC Global Monitoring Report	2023
Antenatal care coverage (4+ visits)		68%	UHC Global Monitoring Report	2023
Coverage of DTP3 immunization		82%	UNICEF/WHO	2021
Care-seeking for suspected child pneumonia		66%	UHC Global Monitoring Report	2023
Infectious diseases			-	
Tuberculosis cases detected and treated with success		51%	TB country Profile	2021
People living with HIV receiving anti-retroviral treatment***		55%	UHC	2023
Children under 5 with diarrhea receiving ORS		24%	ICNHS	2017
Non-Communicable Diseases (NCDs)				
Prevelance of hypertension treatment *		30%	UHC Global Monitoring Report	2023

*Indicators where lower values are preferable were transformed before inclusion in the index. The modified indicator was defined as 100-X, where X is the original percentage shown in this table. **Country-specific (proxy) indicator, used in absence of globally comparable survey data. ***Data from Multi-Country Western Pacific Integrated HIV/TB Programme indicate that HIV treatment coverage in RMI is 100 % (7/7) **UHC 2023 reported estimate based on WHO NCD Risk Group (2021 data) for prevalence of treatment (taking medicine) for hypertension among adults aged 30–79 with hypertension