

20 July 1988

A Presentation of the Ministry's Mission  
with Status and Plan Summary

As it is with any new developing nation, "the morning after" was already upon this Republic even before the celebration of its new political status. We woke up to begin the task of dealing with:

- . high population growth rate. The population will be as high as 60,000 in the year 2000 with a growth rate above 3.5% per year.
- . high infant mortality rate. Our children have been dying from malnutrition, diarrhea, worm infections, premature births - mostly preventable deaths.
- . high suicide rate among our young men mostly. Bright young lives are being cut short. There is an increasing number of young male mental health clients.
- . high rates of communicable disease especially sexually transmitted diseases among our young people, TB contacts, and hepatitis.
- . high prevalence of diabetes and a growing prevalence of chronic diseases such as cancer and heart disease.

In short, all age levels have their health problems, and most of these health problems are preventable.

The disease rates described above greatly alarmed our Government and prompted it to act. A Task Force on Health was established 3 years ago to assess the situation and recommend necessary policies and action plans. Briefly, the bulk of its Cabinet-approved recommendations could be summed in one word; and, that is, SELF-RELIANCE. The mentality and the attitude of our Marshallese people with respect to health must be re-defined and re-directed. Otherwise, disease rates and the cost of treatment will keep escalating.

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The theme of self-reliance within the context of health is seen as community-based primary health care. Prevention of diseases takes precedence in both finances and human resources over curative care, most specifically tertiary care (e.g. referral care to Honolulu). The Ministry of Health routinely adapts its organizational structure to cater to this mission. The Bureau of Preventive Health Services is being injected with manpower and funds to establish the following programs:

- . Health Education for the general public, the community organizational units especially the family, the schools, the women & youth organizations, and the local governments.
- . Family Planning especially for the youth through the Youth-to-Youth volunteer corps program and the community organizational units.
- . Outer Islands Dispensary System development as the frontline arm of the Ministry in promoting and supporting the community-based efforts.
- . Maternal and Child Health wherein aggressive immunization outreach is effected, prenatal clinic attendance is strongly urged, growth-monitoring/oral rehydration and nutrition promotion activities are being strengthened.
- . Mental Health/Social Work services whereby surveillance, monitoring and counseling programs are constantly tailored as they are expanded.
- . Sanitation and Water Supply improvement activities in which clean water is constantly monitored, environmental health education is provided, water storage and toilet facilities construction is promoted, and hygiene maintenance in public facilities is encouraged.

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While the push for primary health care is actively pursued, the Ministry is still charged with the treatment of the sick population. The outpatient and inpatient cases are related mostly to malnutrition, uncontrolled diabetes, premature births, maternity admittance, infectious diseases and heart disease. This Republic is seriously handicapped because of inadequate local expertise in the medical field, hospital administration, nursing, and the other allied fields. To support and improve curative care in the hospitals, the Government has contracted for outside expertise to administer the overall curative services and to man specialized service areas. With the assistance of outside expertise, the areas for improvement have been:

- . quality assurance. Efforts to improve quality have led to better trained staff, better documentation of procedures and an overall improvement in care.
- . staff advancement. Continuing education for nurses (for both the hospitals and public health) has been strengthened. The health assistant and the traditional birth attendants continuing education programs are presently being improved. Onsite seminars as well as short-term/long-term off-island training programs are frequently offered.
- . improved and advanced appropriate technology in the areas of laboratory, radiology, and health information. Acquisition of needed equipment as well as the capability to maintain such equipment is a significant endeavor.
- . efficient system of supply and procurement. To constantly maintain adequate supplies of medicine, medical supplies, dietary, maintenance and housekeeping supplies is a challenge.
- . better management of funds. Although budget allocations are more in-line with the priority of needs, more sacrifices may need to take place soon to address the increasing cost of affordable, quality care. Off-island referral funds may not be available in order to have adequate funds for primary care programs. Additionally, hemodialysis at a cost of over \$250,000 per year may not be a services which the hospital can afford.

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- . improvement of other management structures by which planning and administration skills, collection, dissemination, and utilization of appropriate data is another area of endeavor.
- . health career development. There is a need to incorporate the young people at the junior high school level into the health delivery system to plant interest in the health field.

In conclusion, the mission of our Government and this Ministry is to aggressively promote community-based primary health care, support it with a competent curative health care system, and if funding is available, an optional tertiary care network. This is a policy statement which is followed both within and outside the Ministry, by our employees and by our volunteer and paid outside experts who support the health care system of the Republic.