

AP



General data

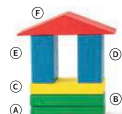
POPULATION, 2023
38,827
SURFACE, KM², 2022
180
PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
131
GDP PER CAPITA (US\$), 2023
6678,34
HEALTH EXPENDITURE (% GDP), 2021
12,55
UNIVERSAL HEALTH COVERAGE, 2021
59



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- ⓫ PROVISION OF PC



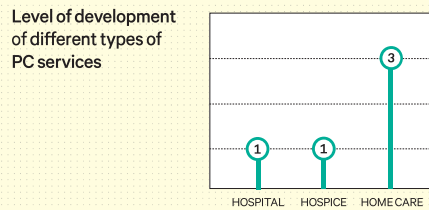
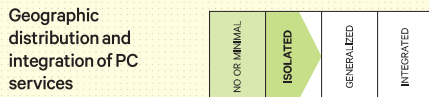
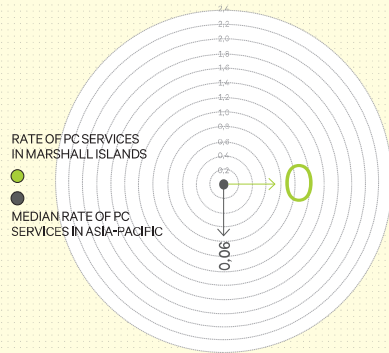
Marshall Islands

F Provision of PC (Specialized Services)

Total number of Specialized PC services **0**

Rate of PC services per 100,000 inhabitants **0**

Marshall Islands in the context of Asia-Pacific regions



Pediatric PC Services

LEVEL OF DEVELOPMENT **1** (Emerging)

GEOGRAPHIC DISTRIBUTION AND INTEGRATION **1**

TOTAL NUMBER **0**

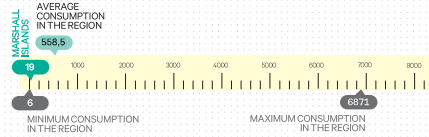
AP

Marshall Islands

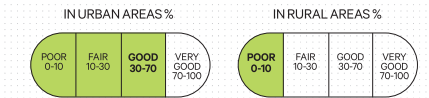
D Use of essential medicines

Opioids consumption (excluding methadone) **19** S-DDD/MILL INHABITANTS/DAY

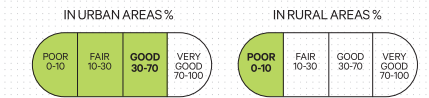
Marshall Islands in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **1**

Existence of PC congresses or scientific meetings **1**



National Association: -
Consultants: Jeannette Kojijane.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: No
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **0/0**

Nursing schools with mandatory PC teaching **0/1**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **1**

A Empowerment of people and communities

Groups promoting the rights of PC patients **2**

Advanced care planning-related policies **2**



AP Marshall Islands

People & Communities

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>The Cancer Council of the Pacific Islands (CCPI) has prioritized palliative care since 2012 as a crucial aspect of cancer care across U.S.-affiliated Pacific jurisdictions, including Palau, the Federated States of Micronesia, and the Marshall Islands. In the Marshall Islands, both the national Cancer Control Program and the Ministry of Health, work actively to support cancer patients, their families, and caregivers, with a cancer survivor group receiving ongoing administrative and financial assistance from the Cancer Control Program. This community support is essential given the unique and tragic history of the Marshall Islands, where nuclear testing in the 1950s and early 1960s has had lasting effects on health and displacement for generations. Cancer awareness remains high, and specific programs provide care to those affected by radiation exposure, including treatment options in Honolulu. This extensive support network addresses the complex needs of cancer patients and survivors within the Pacific Island communities, fostering awareness and long-term care across the region and among the Marshallese diaspora.</p>
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<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	<p>There is no national policy or guideline on advance directives or a POLST (Physician Orders for Life-Sustaining Treatment). However, patients can designate a representative to make decisions on their behalf if they lose the ability to do so, and this information is documented in their health record.</p>
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Policies



<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	 <p>Developed over 5 years ago.</p>	<p>There is no standalone national palliative care program, legislation, or policy in the Marshall Islands. However, palliative care is recognized as an essential strategy within the national cancer plan, and state-level CDC strategies include goals for palliative care services, with evaluation measures in place for over five years. These strategies emphasize the registry, awareness initiatives, and education. Additionally, a pain control protocol was commissioned by the Marshall Islands' government in 2022, while it has been widely shared through the Cancer Council of the Pacific Islands (CCPI), it has not been yet implemented.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	 <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	

AP Marshall Islands

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators to monitor and evaluate progress exist but have not been yet implemented.</p>	
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<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Not at all.</p>	<p>Palliative care is included as a priority within the national cancer control plan and is recognized as an important component of the strategy. However, it is not formally mandated or implemented through any specific decree or law at the primary care level within the national health system.</p>
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<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	 <p>There is no authority defined.</p>	
<p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	

AP Marshall Islands

Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



There are no national congresses or scientific meetings related to palliative care.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Indicates a minimal or non-existent number of articles published on the subject in that country.

While there is extensive research on cancer, and survivorship, especially regarding the impact of U.S. nuclear testing and high cancer rates, no peer-reviewed palliative care research has been published in the last five years with an author from the country.

Medicines

Ind8

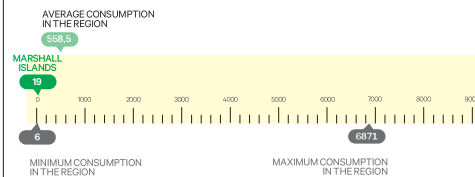
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 19 S-DDD



S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Marshall Islands

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

In the Republic of the Marshall Islands, access to pain and palliative care medications at the primary care level is limited. While pain management medications are generally available at the main hospitals in urban centers like Majuro and Ebeye, there are no dedicated palliative care units, and PC services are not available in rural areas. A 2019 survey found that only 12% of health facilities had all the essential medicines needed, and there are frequent stock-outs of medicines and supplies, particularly in remote islands. According to the last Primary Health Care Performance Assessment, not all facilities, especially those in rural areas, have the operational capacity to provide these services. Even when palliative care medications are listed on the Essential Medicines List, availability and access to the full palliative care package remain inconsistent.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

In the Republic of the Marshall Islands, access to pain and palliative care medications at the primary care level is limited. While pain management medications, including morphine, are generally available in urban hospitals, there are no palliative care services in rural areas, and morphine is not available. A 2019 survey found that only 12% of health facilities had the full range of essential medicines, with frequent stock-outs, particularly in remote islands due to logistical challenges.

AP Marshall Islands

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

0/0



While there is no medical school in the Marshall Islands, the College of the Marshall Islands (CMI) offers nursing programs, including an associate degree in nursing, aimed at equipping nurses to meet the healthcare needs of the local population. Palliative care was previously integrated into the nursing curriculum before the pandemic, but there is currently no clear evidence of its ongoing inclusion. Additionally, CMI has organized training programs for caregivers to support the provision of palliative care at home.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

0/0

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/1

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

0/1

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialization for palliative care physicians.

AP Marshall Islands

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Isolated provision: Exists but only in some geographic areas.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Not at all.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

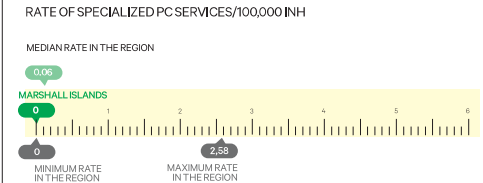
13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.



Found in many parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

Currently, there is no comprehensive, specialized palliative care system or dedicated teams in the Republic of the Marshall Islands. While palliative care is included in the national cancer care strategies, there are significant service delivery gaps, especially in rural and remote areas. Palliative care is available at main hospitals in urban centers like Majuro and Ebeye, but these hospitals do not have dedicated palliative care units, and services are unavailable in rural areas. There are no specialized, coordinated palliative care teams across the islands. Although some home health teams provide care in rural communities and have some training in palliative care skills, the country lacks an organized palliative care infrastructure. Furthermore, frequent stock-outs of essential medicines and logistical challenges hinder the widespread delivery of services, particularly in remote islands.



Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.



In the Republic of the Marshall Islands, there is a referral system for sending both adults and children abroad for treatment. However, there are no on-island palliative care services specifically for children. When children return from receiving palliative care abroad, they face significant challenges accessing similar services locally, including limited availability of essential medications. This gap highlights the difficulties in maintaining continuity of care for pediatric patients once they return from overseas treatment.