

Marshall Islands

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Marshall Islands. For a category and indicator-level summary, please see the Country Profile for Marshall Islands.

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 0

There is no publicly available evidence that the Marshall Islands has developed a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens. Although the Joint External Evaluation for Marshall Islands, conducted in September 2019 states that "the process for a national AMR plan was initiated in 2017 and the AMR National Action Plan is expected to be finalised and endorsed in 2019", but there is no evidence that the plan was completed. [1] The WHO's AMR Library of national action plans does not include anything from the Marshall Islands. [2] There is no evidence of a national AMR plan on the website of the Ministry of Health and Human Services of the government of the Marshall Islands. [3] A WHO resolution adopted at the 70th session of the WHO Regional Committee for the Western Pacific in October 2019 endorsed the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region. [4]

[1] World Health Organisation (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 11 November 2020.

[2] WHO. "Library of national action plans". [<https://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>]. Accessed 11 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 11 November 2020.

[4] WHO. 2019. "Antimicrobial Resistance" [<https://iris.wpro.who.int/bitstream/handle/10665.1/14427/WPR-RC070-Res02-2019-en.pdf>]. Accessed 11 November 2020.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2, Yes, but not all 7+1 pathogens = 1, No = 0

Current Year Score: 0

There is no public evidence that the Marshall Islands has a national laboratory/laboratory system, which tests for priority AMR pathogens. The World Health Organisation (WHO)'s national health security status shows the presence of no national laboratory/laboratory system capable of conducting tests for priority AMR pathogens in Marshall Islands. [1] The WHO's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019, states that there are two non accredited hospital laboratories in Marshall Islands with limited capacities and capabilities to test for priority AMR pathogens, but there is a no national coordination. The JEE further recommends that a national laboratory system with standardised testing methods be established in Marshall Islands. [2] The World Health Organisation's AMR Library of national action plans does

not include anything from the Marshall Islands. [3] There is no evidence of an AMR national plan on the website of the Ministry of Health and Human Services (MOHHS) of Marshall Islands [4] There is no evidence of a national laboratory/laboratory system on the MOHHS website. [4] The MOHHS's "3-Year Rolling Strategic Plan 2017-2019" prioritized the establishment of "effective and efficient laboratory services" in the country's healthcare system. [5] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [6]

[1] World Health Organisation (WHO). "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 11 November 2020.

[2] WHO. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 11 November 2020.

[3] WHO. "Library of national action plans". [<https://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>]. Accessed 11 November 2020.

[4] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 11 November 2020.

[5] Ministry of Health. "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 13 November 2020.

[6] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 12 November 2020.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the government of the Marshall Islands conducts detection or surveillance activities (e.g. in soil, waterways, etc.) for antimicrobial residues or AMR organisms. The World Health Organization's (WHO) health security status indicates that no such activity is conducted by authorities. [1] WHO's Joint External Evaluation for Marshall Islands, conducted in September 2019, states that "there is currently no formal system that oversees human, animal and environmental health testing activities relating to the priority diseases". [2] There is no evidence of a national AMR plan on the Ministry of Health and Human Services of Marshall Islands. [3] There is no evidence that the Ministry of Health and Human Services has conducted such activity. [3] There is no website available for the Ministry of Environment. [4] The National Environment Management Strategy 2017-2022 of Marshall Islands does include a strategy for the detection or surveillance activities for antimicrobial residues or AMR organisms. [5] The JEE states that "environmental health and water, sanitation and hygiene standards exist and are monitored" by the Environmental Protection Authority (EPA) of Marshall Islands, but they are not "fully implemented". [2] There is no website available for EPA.

[1] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 12 November 2020.

[2] WHO. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 11 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 11 November 2020.

[4] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 12 November 2020.

[4] The Parliament of the Republic of Marshall Islands. 2018. "Ministry of Environment Act"
[https://rmiparliament.org/cms/images/LEGISLATION/PRINCIPAL/2019/2019-0108/MinistryofEnvironmentAct2018_1.pdf].
Accessed 12 November 2020.

[5] Secretariat of the Pacific Regional Environment Programme. 2017. "The Republic of the Marshall Islands National Environment Management Strategy". [<https://www.sprep.org/sites/default/files/documents/publications/RMI-NEMS-2017-2022.pdf>] Accessed 13 November 2020.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a national legislation or regulation in place requiring prescriptions for antibiotic use for humans. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "there is no legislation or regulation on the use of antimicrobials". The JEE report mentions that "guidelines for infection prevention and control (IPC) in humans have been developed" in Marshall Islands, however, out of the two hospitals in the country, the IPC have been implemented only in the hospital situated in the capital city, Majuro.

[1] The JEE report also states that there is one pharmacy and one general practitioner in Marshall Islands, and "both are covered by the AMR and IPC plans." [1] There is no publicly available evidence on the website of the parliament of Marshall Islands that legislation for antibiotic use for humans has been passed. [2] The WHO's AMR Library of national action plans does not include anything from the Marshall Islands. [3] The Ministry of Health and Human Services of Marshall Islands does not have published information on a national AMR plan or regulation. [4]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 11 November 2020.

[2] The Parliament of the Republic of Marshall Islands. "Legislation". [<https://rmiparliament.org/cms/legislation.html>]. Accessed on 13 November 2020.

[3] WHO. "Library of national action plans". [<https://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>]. Accessed 11 November 2020.

[4] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 11 November 2020.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is no public evidence that the Marshall Islands has national legislation or regulation in place requiring prescriptions for antibiotic use for animals. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "there is no legislation or regulation on the use of antimicrobials". The JEE report mentions that "there is no national infection prevention and control policy or plan in animal health care". The JEE report recommends a "plan to develop a surveillance system for AMR in animals, with the involvement of the environmental and animal livestock breeding sectors". [1] WHO has no record showing that there is a system of requiring prescriptions for

antibiotic use for animals. [2] The World Organization for Animal Health provides no information on animal drug safety in the Marshall Islands. [3] The Ministry of Health and Human Services does not have information on antibiotic use for animal health care. [4] The Division of Agriculture at the Ministry of Natural Resources and Commerce does not have information on antibiotic use for animals. [5]

- [1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 11 November 2020.
- [2] WHO. Western Pacific. [<https://www.who.int/marshallislands/>]. Accessed 21 January 2019.
- [3] World Organization for Animal Health. [<http://www.oie.int/>]. Accessed 13 November 2020.
- [4] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 11 November 2020.
- [5] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 13 November 2020.

1.2 ZOOBOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Marshall Islands has a national law, plan, or equivalent strategy document, on zoonotic disease. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "there is no formal multi-sectoral policy or national multi-sectoral coordination committee for zoonotic diseases and no exercises on responding to zoonotic diseases conducted in the past two years". However, the JEE report mentions that Ministry of Natural Resources and Commerce (NRC) has control policies in place for certain zoonotic diseases including swine flu, avian influenza, rabies, leptospirosis and brucellosis, "which focus on reducing their spread into the human populations", by controlling "border and pre-border inspection, inter-island surveillance, reporting and monitoring of imported animals and products". [1] The World Organization for Animal Health provides no information on the zoonotic disease situation in the Marshall Islands. [2] There is no evidence of a national law, plan, or equivalent strategy document, on zoonotic disease on the website of Ministry of Health and Human Services (MOHHS) of Marshall Islands. The MOHHS has reports on dengue and covid-19 outbreak, but it has not been updated since February 2020. [3] The national EpiNet team was activated in July 2019, in response to a dengue outbreak, but there is no evidence that this response mechanism exists for other zoonotic diseases. [4] The Division of Agriculture at the NRC does not have information on zoonotic disease. [5]

- [1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 11 November 2020.
- [2] World Organization for Animal Health. [<http://www.oie.int/>]. Accessed 17 November 2020.
- [3] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 17 November 2020.
- [4] MOHHS. 25 July-20 October, 2019. "Dengue-3 Outbreak in Republic of the Marshall Islands". [<http://mtshc.com/rmihealth/attachments/article/200/10-20-2019-RMI%20Dengue%20Sit%20Rep.pdf>]. Accessed 17 November 2020.

[5] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 17 November 2020.

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Marshall Islands has a national legislation, plan or equivalent strategy document which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "there is no formal multi-sectoral policy or national multi-sectoral coordination committee for zoonotic diseases and no exercises on responding to zoonotic diseases conducted in the past two years". The JEE mentions that Ministry of Natural Resources and Commerce (NRC) has control policies in place for certain zoonotic diseases including swine flu, avian influenza, rabies, leptospirosis and brucellosis, "which focus on reducing their spread into the human populations", by controlling "border and pre-border inspection, inter-island surveillance, reporting and monitoring of imported animals and products". [1] The JEE recommends that Marshall Islands should strengthen "mechanisms to link surveillance activities between the human and animal health sectors" [1] The World Organization for Animal Health provides no information on the zoonotic disease situation in the Marshall Islands. [2] There is no evidence of a national legislation, plan or equivalent strategy document for zoonotic disease on the website of Ministry of Health and Human Services (MOHHS) of Marshall Islands. [3] The Division of Agriculture at the NRC does not have information on zoonotic disease. [4]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 11 November 2020.

[2] World Organization for Animal Health. [<http://www.oie.int/>]. Accessed 17 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 11 November 2020.

[4] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 17 November 2020.

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Marshall Islands has a national plan, guideline, or law that account for the surveillance and control of multiple zoonotic pathogens of public health concern. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that although "there is no formal multi-sectoral policy or national multi-sectoral coordination committee for zoonotic diseases", "the national surveillance system allows for detection and reporting of suspect cases of zoonotic diseases in humans". The JEE report mentions that the Ministry of Natural Resources and Commerce (NRC) has control policies in place for certain zoonotic diseases including swine flu, avian influenza, rabies, leptospirosis and brucellosis, "which focus on reducing their spread into the human populations", by controlling "border and pre-border inspection, inter-island surveillance, reporting and monitoring of imported animals and

products". [1] The World Organization for Animal Health provides no information on the zoonotic disease situation in the Marshall Islands. [2] There is no evidence of a national legislation, plan or equivalent strategy document for zoonotic disease on the website of Ministry of Health and Human Services (MOHHS) of Marshall Islands. [3] The MOHHS has no information on the national surveillance system". [3] The Division of Agriculture at the Ministry of Natural Resources and Commerce does not have information on zoonotic disease. [4]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 11 November 2020.

[2] World Organization for Animal Health. [<http://www.oie.int/>]. Accessed 17 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 11 November 2020.

[4] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 17 November 2020.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has a department, agency or similar unit dedicated to zoonotic disease that functions across ministries. The World Health Organization's Joint External Evaluation of Marshall Islands, conducted in September 2019 states that "there is no formal multi-sectoral policy or national multi-sectoral coordination committee for zoonotic diseases". [1] The World Organization for Animal Health has no evidence indicating the existence of a government entity responsible for interministerial coordination over zoonotic disease issues in the Marshall Islands. [2] There is no evidence on the Ministry of Health and Human Services of the Republic of the Marshall Islands of a department, agency or similar unit dedicated to zoonotic disease that functions across ministries. [3] The Division of Agriculture at the Ministry of Natural Resources and Commerce does not have information on zoonotic disease. [4]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 17 November 2020.

[2] World Organization for Animal Health. [<http://www.oie.int/>]. Accessed 17 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[4] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 17 November 2020.

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "there is no formal multi-sectoral policy or national multi-sectoral coordination committee for zoonotic diseases". [1] The JEE also states that "routine reporting of zoonotic diseases to the World Organization for Animal Health (OIE) occurs every six months, with all being zero reports, and these have not been shared with human health surveillance". [1] The OIE has no information indicating the presence of such a national mechanism in the Marshall Islands. [2] There is no evidence on the Ministry of Health and Human Services of a national mechanism for disease surveillance in animals. [3] The Division of Agriculture at the Ministry of Resources and Commerce does not have information on disease surveillance. [4]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 17 November 2020.

[2] World Organization for Animal Health. [<http://www.oie.int/>]. Accessed 17 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[4] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 17 November 2020.

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals (for owners). The World Health Organization's Joint External Evaluation for Marshall Islands, conducted in September 2019 states that "there is no formal multi-sectoral policy or national multi-sectoral coordination committee for zoonotic diseases". [1] There is no evidence on the Ministry of Health and Human Services of a national mechanism for disease surveillance in animals. [2] The Division of Agriculture at the Ministry of Natural Resources and Commerce does not have information on disease surveillance. [3] According to the United Nations Conference on Trade and Development, Marshall Islands does not have a legislation for Privacy and Data Protection. [4]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 17 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[3] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 17 November 2020.

[4] United Nations Conference on Trade and Development. "Data Protection and Privacy Legislation Worldwide". [<https://unctad.org/page/data-protection-and-privacy-legislation-world>]. Accessed 8 December 2020.

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that the Marshall Islands has conducted surveillance of zoonotic disease in wildlife (e.g. wild animals, insects, other disease vectors, etc.). The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "there is no formal multi-sectoral policy or national multi-sectoral coordination committee for zoonotic diseases" and "the current operational mechanism for the detection and response to outbreaks of zoonotic diseases by human, animal and wildlife sectors requires improvement". [1] There is no evidence on the Ministry of Health and Human Services of a national mechanism for disease surveillance in animals. [2] The Division of Agriculture at the Ministry of Natural Resources and Development does not have information on disease surveillance. [3]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 17 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[3] Division of Agriculture at the Ministry of Natural Resources and Development. [<http://www.rmimrd.com/programs>]. Accessed 17 November 2020.

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?

Yes = 1, No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people

Input number

Current Year Score: -

No data available

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: -

No data available

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has a national plan on zoonotic disease or other legislation, regulation or plan include mechanisms for working with the private sector in controlling or responding to zoonoses. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019, states that "there is no formal multi-sectoral policy" for zoonotic diseases. [1] The World Organisation for Animal Health has no evidence of a national plan existing to address zoonotic disease. [2] Ministry of Health and Human Services has no information on the inclusion of the private sector in zoonotic disease control efforts. [3] The Division of Agriculture at the Natural Resources and Commerce does not have information on zoonotic disease. [4]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 17 November 2020.

[2] World Organization for Animal Health. [<http://www.oie.int/>]. Accessed 17 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[3] Division of Agriculture.

[4] Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 17 November 2020.

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence showing that the Marshall Islands has in place a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "there is no record or inventory of human pathogens and toxins that can be used for bioterrorism, and collection of pathogens are not identified". The JEE report also states that there is no national laboratory system in Marshall Islands, but two hospital laboratories situated in Majuro and Ebeye handle "risk group 2 microorganisms for diagnostic purposes" but these two laboratories do not have an inventory of stored microorganisms

either. [1] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [2] The Ministry of Health and Human Services does not have information available on facilities handling dangerous pathogens. [3] The Division of Agriculture at the Ministry of Natural Resources and Commerce does not have information available on facilities handling dangerous pathogens. [4] The Marshall Islands has no regular military forces. [5] VERTIC BWC Legislation Database shows no legislation containing relevant information on biosecurity. [6]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[2] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[4] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.

[5] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.

[6] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 8 December 2020.

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the "draft Biosecurity Bill of 2008 remains under review, therefore there is no comprehensive biosecurity regulatory framework", however previous legislations on Solid Waste and Animal Quarantine address some aspects of biosecurity. [1] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" mandates a biosecurity protocol in the only two hospitals in Marshall Islands located in Majuro and Ebeye. [2] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The JEE report mentions that Majuro hospital laboratory has biosafety policy draft in place. [1] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [4] The JEE report and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [5] The Ministry of Health and Human Services does not have information available on biosecurity. [6] The Division of Agriculture at the Ministry of Natural Resources and Commerce does not have information available on biosecurity. [7] VERTIC BWC Legislation Database shows no legislation containing relevant information on biosecurity. [8]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[2] Ministry of Health. "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 18 November 2020.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.

[4] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[5] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[6] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[7] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.

[8] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has an established agency responsible for the enforcement of biosecurity legislation and regulations. The Ministry of Health and Human Services' (MOHHS) "3-Year Rolling Strategic Plan 2017-2019" states that the MOHHS is responsible for the enforcement of biosecurity protocol through the Bureau of Majuro Hospital Health Care Services and the Bureau of Kwajalein Atoll Health Care Services, which administer Majuro Hospital and Ebeye Hospital, respectively. [1] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [2] The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states there is "no comprehensive biosecurity regulatory framework" since the 2008 draft Biosecurity Bill is still under review. The JEE report mentions a Division of Biosecurity at the Ministry of Natural Resources and Commerce (NRC), but no evidence can be found of it on the NRC website. [3] [4] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [5] The JEE report and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [3] [6] The Ministry of Health and Human Services does not have information available on biosecurity. [7] The Division of Agriculture at the NRC does not have information available on biosecurity. [8] The Marshall Islands has no regular military forces. [9] VERTIC BWC Legislation Database shows no legislation containing relevant information on biosecurity. [10]

[1] Ministry of Health and Human Services. "3-Year Rolling Strategic Plan 2017-2019".

[https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 18 November 2020.

[2] World Health Organization (WHO). Country Planning Cycle Database.

[<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.

[3] WHO. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands".

[<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[4] Ministry of Natural Resources and Commerce. Divisions. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.

[5] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[6] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

- [7] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.
- [8] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.
- [9] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.
- [10] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that shows that the Marshall Islands has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the two hospital laboratories in Majuro and Ebeye, that handle pathogens and toxins have no inventory of stored microorganisms. [1] There is no evidence either from the World Health Organization (WHO)'s website or from the Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" that indicates that any healthcare facility in the Marshall Islands has an inventory of dangerous pathogens and toxins. [2] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [4] The JEE report and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [5] The Ministry of Health and Human Services does not have information available on biosecurity. [6] The Division of Agriculture at the Ministry of Natural Resources and Commerce does not have information available on biosecurity. [7] VERTIC BWC Legislation Database shows no legislation containing relevant information on biosecurity. [8]

- [1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.
- [2] Ministry of Health and Human Services. "3-Year Rolling Strategic Plan 2017-2019". [https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 18 November 2020.
- [3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.
- [4] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.
- [5] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.
- [6] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.
- [7] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.
- [8] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

materials/bwc-legislation-database/m/]. Accessed 18 November 2020.

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen. The Ministry of Health and Human Services (MOHHS) and the Division of Agriculture at the Ministry of Natural Resources and Commerce do not have published information on such in-country capacity. [1] [2] The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 mentions a 2016-17 Ebola biosafety plan, but no evidence for it can be found on the MOHHS website. [3] [1] The World Health Organization stated that "the overall risk of Ebola spreading to the WHO Western Pacific Region remains low", but recommends that the "countries across the Western Pacific Region to continue to strengthen preparedness for health emergencies of all kinds". [4] The WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [5] The Marshall Islands has no regular military forces. [6] VERTIC BWC Legislation Database shows no legislation containing relevant information on biosecurity. [7]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[2] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.

[3] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[4] WHO. Western Pacific. 18 July 2019. "News releases". [<https://www.who.int/westernpacific/news/detail/18-07-2019-risk-of-ebola-in-the-western-pacific-remains-low>]. Accessed 18 November 2020.

[5] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[6] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.

[7] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands requires biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working

with especially dangerous pathogens, toxins, or biological materials with pandemic potential. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that biosecurity trainings related to plant and animal health for the Ministry of Natural Resources and Commerce (NRC) "are available in Guam (Micronesia) annually, with one to two persons trained each year". The JEE report also mentions "an annual training needs assessment and adequate funding for both NRC and Ministry of Health". [1] The Ministry of Health and Human Services (MOHHS) and the Division of Agriculture at the NRC and do not have published information on biosecurity training of any kind. [2] [3] The JEE report mentions a Division of Biosecurity at the NRC, but no evidence can be found of it on the NRC website. [1] [3] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" requires Majuro Hospital to "develop a training plan based on the needs of staff". Its biosecurity training requirements for Ebeye Hospital include "off-island training" and "on-site training". [4] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [5] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [6] The JEE report and World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [7] The Marshall Islands has no regular military forces. [8] VERTIC BWC Legislation Database shows no legislation containing relevant information on biosecurity. [9]

- [1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.
- [2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.
- [3] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.
- [4] Ministry of Health and Human Services. "3-Year Rolling Strategic Plan 2017-2019". [https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 18 November 2020.
- [5] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.
- [6] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.
- [7] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.
- [8] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.
- [9] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to drug testing, background checks, and psychological or mental fitness checks. The Ministry of Health and Human Services (MOHHS) and the Division of Agriculture at the Ministry of Natural Resources and Commerce (NRC) do not have published information on biosecurity personnel requirements. [1] [2] The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the biosecurity and biosafety system in the country has "no mechanism to ensure that personnel are suitable and competent". The JEE report mentions a Division of Biosecurity at the NRC, but no evidence can be found of it on the NRC website. [3] [2] The biosecurity requirements for Majuro Hospital and Ebeye Hospital do not address staff qualifications in the MOHHS' "3-Year Rolling Strategic Plan 2017-2019". [4] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [5] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [6] The JEE report and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [7] The Marshall Islands has no regular military forces. [8] VERTIC BWC Legislation Database shows no legislation containing relevant information on biosecurity. [9]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[2] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.

[3] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[4] Ministry of Health and Human Services. "3-Year Rolling Strategic Plan 2017-2019". [https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 18 November 2020.

[5] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.

[6] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[7] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[8] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.

[9] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient information on national regulations on the safe and secure transport of infectious substances (Categories A and B). The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the biosecurity system in the country has "access to transport providers for national and international

transportation of infectious substances through an agreement with courier companies in Hawaii and Guam" due to the "specimen referral system in the Pacific Islands Health Officer Association laboratory network for referral of priority organisms for further characterization and possibly storage in the Hawaii state laboratory and Guam Public health Laboratory". [1] However, the Ministry of Health and Human Services and the Division of Agriculture at the Ministry of Natural Resources and Commerce (NRC) do not have published information on the safe and secure transport of infectious substances. [2] [3] The JEE report mentions a Division of Biosecurity at the NRC, but no evidence can be found of it on the NRC website. [1] [3] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [4] The JEE report and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [5] The Marshall Islands has no regular military forces. [6] VERTIC BWC Legislation Database shows no legislation containing relevant information on biosecurity. [7]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[3] Divisions. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.

[4] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[5] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[6] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.

[7] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a national legislation, regulation, or other guidance in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the biosecurity system in the country has "access to transport providers for national and international transportation of infectious substances through an agreement with courier companies in Hawaii and Guam" due to the "specimen referral system in the Pacific Islands Health Officer Association laboratory network for referral of priority organisms for further characterization and possibly storage in the Hawaii state laboratory and Guam Public health Laboratory". The JEE report also states that the "laboratory staff are trained and certified every two years as shippers of infectious substance according to International Air Transport Association regulations". [1] However, the Ministry of Health and Human Services and the Division of Agriculture at the Ministry of Natural Resources and Commerce (NRC) do not have published information on the cross-border transfer and end-user screening of highly dangerous pathogens. [2] [3] The JEE report mentions a Division of Biosecurity at the NRC, but no evidence can be found of it on the NRC website. [1] [3] No

Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [4] The JEE report and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [5] The Marshall Islands has no regular military forces. [6] VERTIC BWC Legislation Database shows no legislation containing relevant information on biosecurity. [7]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[3] Divisions. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.

[4] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[5] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[6] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.

[7] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has in place national biosafety legislation and/or regulations. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 does not mention a biosafety legislation but states that two hospital laboratories situated in Majuro and Ebeye "have a class 1 biosafety cabinet for handling risk group 2 microorganisms for diagnostic purposes only". However, "these cabinets have not been certified as fit for use on a routine basis nor are they routinely maintained". The JEE report also mentions that "Majuro Hospital Laboratory has a draft biosafety policy and has shared these with the Ebeye Hospital Laboratory". The Ministry of Health and Human Services and the Division of Agriculture at the Ministry of Natural Resources and Commerce (NRC) do not have published information on the existence of such legislation or regulations. [2] [3] The country's public health safety legislation does not include biosafety regulations. [4] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [5] The JEE report and World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [6] VERTIC BWC Legislation Database on the Marshall Islands shows no legislation containing relevant information on biosafety. [7]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[3] Divisions. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.

[4] Pacific Islands Legal Information Institute. 10 February 2017. "Index of Marshall Islands Revised Code 2014". [http://www.paclii.org/mh/indices/legis/MIRC_2014_TOC.html]. Accessed 18 November 2020.

[5] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[6] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[7] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence as to if and how the Ministry of Health and Human Services (MOHHS) enforces biosafety legislation or regulations. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "Majuro Hospital Laboratory has a draft biosafety policy and has shared these with the Ebeye Hospital Laboratory", but no agency responsible for the enforcement of biosafety legislation and regulations is mentioned. The report also mentions that these "two hospital laboratories have a class 1 biosafety cabinet for handling risk group 2 microorganisms for diagnostic purposes only", but no enforcement procedures have been mentioned. [1] The websites of MOHHS and Ministry of Natural Resources and Commerce do not provide any biosafety-related information. [2] [3] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [4] The JEE report and World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [5] VERTIC BWC Legislation Database on the Marshall Islands shows no legislation containing relevant information on biosafety. [6]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[3] Ministry of Natural Resources & Commerce. [<http://www.rmimrd.com/>]. Accessed 18 November 2020.

[4] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[5] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[6] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands requires biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that biosafety trainings for the Ministry of Natural Resources and Commerce (NRC) "are available in Guam (Micronesia) annually, with one to two persons trained each year". The JEE report also mentions that "there is an annual training needs assessment and adequate funding for both NRC and Ministry of Health" for biosecurity training. [1] The websites of the Ministry of Health and Human Services and NRC do not provide any information on biosafety training. [2] [3] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [4] The JEE report and World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [5] VERTIC BWC Legislation Database on the Marshall Islands shows no legislation containing relevant information on biosafety. [6]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[3] Ministry of Natural Resources & Commerce. [<http://www.rmimrd.com/>]. Accessed 18 November 2020.

[4] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[5] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[6] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Marshall Islands has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, and/or other dual use

research. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 has no information on dual use research. The websites of the Ministry of Health and Human Services and NRC do not provide any information on dual use research. [2] [3] The Marshall Islands has no regular military forces. [4] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [5] The JEE report and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [6] VERTIC BWC Legislation Database on the Marshall Islands shows no legislation containing relevant information on dual use research. [7]

- [1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 18 November 2020.
- [2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.
- [3] Ministry of Natural Resources & Commerce. [<http://www.rmimrd.com/>]. Accessed 18 November 2020.
- [4] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.
- [5] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.
- [6] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.
- [7] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has a national policy requiring oversight of dual use research, such as research with especially dangerous pathogens, toxins, and/or pathogens with pandemic potential. The Ministry of Health and Human Services and the Ministry of Natural Resources & Commerce do not have published information on dual use research. [1] [2] The Marshall Islands has no regular military forces. [3] The United Nations Office for Disarmament Affairs has no information on the Marshall Islands' activity as a state party to the Biological Weapons Convention. [4] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [5] World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [6] VERTIC BWC Legislation Database on the Marshall Islands shows no legislation containing relevant information on dual use research. [7]

- [1] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.
- [2] Ministry of Natural Resources & Commerce. [<http://www.rmimrd.com/>]. Accessed 18 November 2020.
- [3] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.
- [4] United Nations Office for Disarmament Affairs. [<https://www.un.org/disarmament/>]. Accessed 18 November 2020.
- [5] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[6] WHO "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)".

[<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[7] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, and/or other dual use research. The websites of the Ministry of Health and Human Services and the Ministry of Natural Resources & Commerce of the Republic of the Marshall Islands do not have published information on dual use research. [1] [2] The Marshall Islands has no regular military forces. [3] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [4] The World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [5] VERTIC BWC Legislation Database on the Marshall Islands shows no legislation containing relevant information on dual use research. [6]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 17 November 2020.

[2] Ministry of Natural Resources & Commerce. [<http://www.rmimrd.com/>]. Accessed 18 November 2020.

[3] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 18 November 2020.

[4] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 18 November 2020.

[5] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

[6] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 18 November 2020.

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has a national legislation, regulation, policy, or other guidance, requiring the screening of synthesized DNA before it is sold. The Marshall Islands is a party to the Convention on Biological Diversity. Its 2000 "National Biodiversity Strategy and Action Plan" highlights the island country's lack of capacity for screening synthesized DNA by stating that "the country does not have the resources to test the safety of genetically modified foods, neither does it have access to information that allows authorities to know whether imported foods are genetically modified or not, and the

potential risks to the environment and human health". [1] The Office of Environmental Planning and Policy Coordination under the Office of the President issued a "Biosafety Legislative Review" in 2006, which states that "no single domestic regulation or legislation explicitly mentions the topic of biosafety or GMOs". [2] The websites of the Ministry of Health and Human Services and the Ministry of Natural Resources & Commerce of the Republic of the Marshall Islands do not have published information on dual use research. [3] [4] The Marshall Islands has no regular military forces. [5] No Confidence Building Measures (CBMs) Reports for the Marshall Islands were submitted under the Biological Weapons Convention. [6] The World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [7] VERTIC BWC Legislation Database on the Marshall Islands shows no legislation containing relevant information on dual use research. [8]

[1] Convention on Biological Diversity. 2000. "National Biodiversity Strategy and Action Plan".

[<https://www.cbd.int/doc/world/mh/mh-nbsap-01-en.pdf>]. Accessed 19 November 2020

[2] Office of Environmental Planning and Policy Coordination. 6 February 2006. Biosafety Legislative Review".

[http://biormi.org/oeppc/en/documents/Biosafety_Regulatory_Review.pdf]. Accessed 19 November 2020

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 19 November 2020.

[4] Ministry of Natural Resources & Commerce. [<http://www.rmimrd.com/>]. Accessed 19 November 2020.

[5] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 19 November 2020.

[6] United Nations Office at Geneva. BWC Electronic Confidence Building Measures Portal. "Marshall Islands". [<https://bwc-ecbm.unog.ch/state/marshall-islands>]. Accessed 19 November 2020. [57 World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 19 November 2020.

[7] VERTIC. BWC Legislation Database. "Marshall Islands". [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/m/>]. Accessed 19 November 2020.

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 0

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1, No = 0

Current Year Score: 0

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a national laboratory system capable of conducting diagnostic tests for at least 5 of the 10 WHO-defined core tests. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that although there is no national laboratory system, two hospital laboratories at Majuro and Ebeye "have the capacity to test for Salmonella, Shigella, Yersinia, cholera, influenza A, influenza B, dengue virus, chikungunya virus, zika virus, mumps virus, norovirus, rotavirus, measles and hepatitis A virus". The type of test conducted for each of the disease has not been mentioned in the report. The JEE report also mentions that the country recognises "eight priority diseases identified in the country: influenza, tuberculosis, dengue, typhoid, chlamydia, HIV, leptospirosis, and cholera". [1] The Ministry of Health and Human Services does not have published information on the national laboratory system. [2] The World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [3]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 19 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 19 November 2020.

[3] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 19 November 2020.

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "there are legislation, regulations and planning documents for disaster preparedness, response, and early recovery, which are currently undergoing updates and revision". The plan also states that "the National Emergency Response Plan 2010 is being updated". The JEE report mentions that Marshall Islands has an "adequate human resources for epidemic preparedness and control at the national level" which includes the "national multi-disciplinary EpiNet team". According to the JEE, the Public Health Emergency Operations Plan, Communicable Disease Response Plan and Majuro Hospital Emergency Operations Plan are still being drafted. [1] The National Action Plan for Disaster Risk Management has no information on testing during a public health emergency. [2] The Ministry of Health and Human Services and the Division of Agriculture at the Ministry of Natural Resources & Commerce does not have published information on testing during a public health emergency [3] The World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [4] The "Proclamation Declaring State of Emergency due to the nCoV" on the Ministry of Health and Human Services of the Republic of Marshall Islands has no information on testing strategy.[5]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 19 November 2020.

[2] Sustainable Development Goals. 2007. "National Action Plan for Disaster Risk Management 2008-2018". [<https://sustainabledevelopment.un.org/content/documents/1476marshall%20islands.pdf>]. Accessed 19 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 19 November 2020.

[4] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 18 November 2020.

[5] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 19 November 2020.

[6] Ministry of Health and Human Services of the Republic of the Marshall Islands. "Proclamation Declaring State of Emergency due to the nCoV".

[<http://mtshc.com/rmihealth/attachments/article/205/Proclamation%20Declaring%20State%20of%20Emergency%20due%20to%20the%20nCoV.PDF>]. Accessed 3 May 2021

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has an accredited national reference facility. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 mentions that the two hospital laboratories (at Majuro and Ebeye) in Marshall Islands are not accredited. The JEE report and the WHO's national health

security status shows the presence of no national laboratory system in the Marshall Islands. [1] [2] The JEE report states that Marshall Islands has "an established referral system with two reference laboratories located in Hawaii (state and private)" and "specimens are also referred to reference laboratories in Guam, Japan and Australia as required". [1] The websites of the Ministry of Health and Human Services and the Division of Agriculture at the Ministry of Natural Resources and Commerce do not have published information on the national laboratory system. [3] [4] The Marshall Islands has an "L1" laboratory with access to "L2" regional laboratories and "L3" reference facilities within the three-tier laboratory network operated by the Pacific Public Health Surveillance Network. There is no information available pertaining to its accreditation status. [5]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 19 November 2020.

[3] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 19 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 19 November 2020.

[4] Division of Agriculture. Ministry of Natural Resources & Commerce. [<http://www.rmimrd.com/programs>]. Accessed 19 November 2020.

[5] Pacific Public Health Surveillance Network. "LabNet - The Three-tier network of public health laboratory services". [<https://www.pphsn.net/Services/LabNet/intro.htm>]. Accessed 19 November 2020.

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of a national laboratory that serves as a reference facility subject to external quality assurance review in the Marshall Islands. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 mentions that the two not-accredited hospital laboratories at Majuro and Ebeye are "enrolled in the external quality assurance programme for the tests performed for priority diseases provided by the Pacific Pathology Training Centre in New Zealand (a WHO-Collaborating Centre) and the US CDC Tuberculosis Elimination Programme in collaboration with the Queensland Mycobacterial Reference Laboratory for bacteriology, serology, biochemistry, haematology, parasitology and transfusion medicine". However, the report states that the tests conducted by the two laboratories "are not overseen by a national body for internal quality monitoring". [1] The websites of the Ministry of Health and Human Services and the Division of Agriculture at the Ministry of Natural Resources and Commerce do not have published information on the national laboratory system. [2] [3] The JEE report and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [4]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 19 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 19 November 2020.

[3] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 19 November 2020.

[4] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 19 November 2020.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence of a nationwide specimen transport system existing in the Marshall Islands. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 scores the country a 5 in the indicator D.1.2 "Specimen referral and transport system", which denotes that the specimen referral and transport system covers at least 80% of the country. The JEE report states that the two hospital laboratories at Majuro and Ebeye "have courier arrangements to ship specimens to overseas laboratories with vehicles available for urgent transport of specimens to the airport", however, receiving specimens from the outer Islands is delayed. Marshall Islands has a guideline on the transit time of specimens. The JEE report also mentions that "there is access to transport providers for national and international transportation of infectious substances through an agreement with courier companies in Hawaii and Guam". [1] The website of the Ministry of Health and Human Services has no published information on the nationwide specimen transport system. [2] The JEE report and the World Health Organisation's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [3]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 19 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 19 November 2020.

[3] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 19 November 2020.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is no evidence of a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak in Marshall Islands. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 has no information on rapidly authorize or licensing laboratories during an outbreak. The JEE report mentions a "draft Public Health Emergency Operations Plan, the draft Majuro Hospital Emergency Operations Plan and the Medical Countermeasures Plan", but these cannot be found on the Ministry of Health and Human Services (MOHHS) website. [1] [2] The MOHHS, the Division of Agriculture at the Ministry of Natural Resources and the National Disaster Management Office do not have any published information on supplementing the capacity of the national public health laboratory during an outbreak. [2] [3] [4] The National Action Plan for Disaster Risk Management 2008-2018 does not mention the national public health laboratory. [5] The MOHHS' "3-Year Rolling Strategic Plan 2017-2019" does not have any information on supplementing the capacity of the national public health

laboratory during an outbreak. [6] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [7] The JEE plan and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [8]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 20 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 20 November 2020.

[3] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 20 November 2020.

[4] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 20 November 2020.

[5] Sustainable Development Goals. 2007. "National Action Plan for Disaster Risk Management 2008-2018". [<https://sustainabledevelopment.un.org/content/documents/1476marshall%20islands.pdf>]. Accessed 20 November 2020.

[6] MOHHS. "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 20 November 2020.

[7] World Health Organization (WHO). Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.

[8] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 20 November 2020.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,
Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0

Current Year Score: 1

There is some evidence that the Marshall Islands is conducting ongoing event-based surveillance and analysis for infectious disease, but no evidence that the data are being analyzed on a daily basis. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 mentions that the "Communicable Disease Surveillance System includes syndromic surveillance for four conditions recommended by WHO - diarrhoea, acute fever and rash, influenza like illness and prolonged fever", including "both indicator-based and event-based surveillance at the national, regional and local levels". However there is no evidence in the JEE report that the data is being analyzed on a daily basis. If JEE report states that infection prevention and control (IPC) guidelines exist and "a programme is established at the Majuro hospital using best practice in surveillance and implementation of IPC policy guidelines". The JEE report also states that "regular reporting occurs through standardised weekly surveillance reports to MOHHS staff, other government stakeholders and the public". [1] The Ministry of Health and Human Services and the Ministry of Natural Resources & Commerce does not have published information on event-based surveillance. [2] [3] The World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [4] The Marshall Islands is a member of the Pacific Public Health Surveillance Network, a voluntary network that provides syndromic surveillance, routine surveillance

and outbreak monitoring. [5]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 20 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 20 November 2020.

[3] Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com>]. Accessed 20 November 2020.

[4] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 20 November 2020.

[5] Pacific Public Health Surveillance Network. "Communicable Disease Monitoring". [<https://www.pphsn.net/Surveillance/Syndromic.htm>]. Accessed 20 November 2020

2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Marshall Islands reported a potential public health emergency of international concern (PHEIC) to the World Health Organization (WHO) within the last two years including for Covid-19. The WHO's disease outbreak news cites no incidence in the Marshall Islands during the first ten months 2020 and all of 2019 and 2018. [1] The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have published information on PHEIC reported to the WHO in the last two years. [2]

[1] World Health Organization. "Disease Outbreak News". [<https://www.who.int/csr/don/en/>] Accessed 20 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 20 November 2020. Accessed 20 November 2020.

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1 , No = 0

Current Year Score: 1

There is some evidence that the Republic of Marshall Islands' government operates an electronic reporting surveillance system at the national, regional and local levels. According to the World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019, the country has a "Communicable Disease Surveillance System includes both indicator-based (syndromic and reportable diseases) and event-based surveillance at the national, regional and local levels, with clear guidance provided" in the standard operating procedures. The JEE report states that surveillance data is "entered into the hospital health information systems" and "surveillance reports are generated and distributed weekly, and in some instances more frequently, to local, regional and international stakeholders, including the public". [1] The JEE also notes that "Surveillance data is obtained from the electronic health information system in the Majuro hospital and via email or phone reports from Ebeye hospital, health clinics in the outer islands, the MOHHS laboratories and external reference laboratories. Laboratory data is manually linked to case data. Active case finding and chart reviews are

conducted to validate the surveillance data. The surveillance systems are not currently linked in one national surveillance database." [1] However, the Ministry of Health and Human Services of the Republic of the Marshall Islands does not have any published information on the surveillance system in the country. [2]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://apps.who.int/iris/bitstream/handle/10665/333361/9789240008168-eng.pdf?sequence=1&isAllowed=y>]. Accessed 20 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 20 November 2020.

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a system of collecting ongoing/real time laboratory data in place. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019, mentions the country has a "Communicable Disease Surveillance System which includes both indicator-based (syndromic and reportable diseases) and event-based surveillance at the national, regional and local levels, with clear guidance provided" in the standard operating procedures. The JEE report also states that "laboratory confirmation of cases and contact tracing is conducted by public health nurses". The report further states that "regular reporting occurs through standardised weekly surveillance reports to Ministry of Health and Human Services staff, other government stakeholders and the public". However, the report states that "laboratory data is manually linked to case data". The JEE report also states that Marshall Islands does not have a national laboratory system. [1] The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have any published information on the electronic reporting surveillance system in the country. The WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [3]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 20 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 20 November 2020.

[3] WHO. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 20 November 2020.

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 0

There is no evidence supporting a conclusion that electronic health records are commonly in use in the Marshall Islands. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 mentions that the country has a Communicable Disease Surveillance System, however, there is no mention of electronic health records of patients. The JEE report states Surveillance data is obtained from the electronic health information system in the Majuro hospital and via email or phone reports from Ebeye hospital, health clinics in the outer islands, the Ministry of Health and Human Services (MOHHS) laboratories and external reference laboratories". [1] The MOHHS of the Republic of the Marshall Islands does not have any published information on electronic health records in the country. [2] The JEE report and WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [1] [3]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 20 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 20 November 2020.

[3] WHO. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 20 November 2020.

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1 , No = 0

Current Year Score: 0

There is no strong evidence that suggests that the Marshall Islands' national public health system has access to electronic health records of individuals. The Ministry of Health and Human Services' (formerly known as the Ministry of Health) "3-Year Rolling Strategic Plan 2017-2019" prioritizes improved recordkeeping and information technology standards at the country's two hospitals.[1] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [2] The WHO's "Human Resources for Health Country Profiles: Marshall Islands" has made the following assessment of medical recordkeeping in the Marshall Islands: "The health information system in the Marshall Islands is under-developed" and "data are not centralized and are still recorded manually". [3] The World Health Organisation's "Atlas of eHealth country profiles 2015" does not cover the Marshall Islands. [4] . WHO's Joint External Evaluation for Marshall Islands, conducted in September 2019 does not mention electronic health records of the country. [5] The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have any published information on electronic health records of individuals. [6] The WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [7]

[1] Ministry of Health and Human Services (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 18 November 2020.

[2] World Health Organization (WHO). Country Planning Cycle Database.

[<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.

[3] WHO. 2014. "Human Resources for Health Country Profiles: Marshall Islands".

[<http://iris.wpro.who.int/handle/10665.1/10534>]. Accessed 20 November 2020.

[4] WHO. February 2016. "Atlas of eHealth country profiles 2015: The use of eHealth in support of universal health coverage".

[https://apps.who.int/iris/bitstream/handle/10665/204523/9789241565219_eng.pdf?sequence=1]. Accessed 20 November 2020.

[5] WHO. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands".

[<https://www.who.int/publications/i/item/9789240008168>]. Accessed 20 November 2020.

[6] MOHHS. [<http://rmihealth.org/>]. Accessed 20 November 2020.

[7] WHO. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 20 November 2020.

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has data standards to ensure data is comparable. The World Health Organization (WHO)'s "Atlas of eHealth country profiles 2015" does not cover the Marshall Islands. [1] WHO's Joint External Evaluation for Marshall Islands, conducted in September 2019 does not mention data standards. [2] The Republic of Marshall Islands' Ministry of Health and Human Services' (MOHHS) "3-Year Rolling Strategic Plan 2017-2019" does not mention data standards. [3] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [4] The website of the MOHHS does not have any published information on data standards. [5] The WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [6]

[1] World Health Organization (WHO). February 2016. "Atlas of eHealth country profiles 2015: The use of eHealth in support of universal health coverage".

[https://apps.who.int/iris/bitstream/handle/10665/204523/9789241565219_eng.pdf?sequence=1]. Accessed 20 November 2020.

[2] WHO. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 20 November 2020.

[3] Ministry of Health and Human Services (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 18 November 2020.

[4] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.

[5] MOHHS. [<http://rmihealth.org/>]. Accessed 20 November 2020.

[6] WHO. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 20 November 2020.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of established mechanisms at the relevant ministries responsible for animal, human and wildlife surveillance to share data (such as through mosquito surveillance, brucellosis surveillance, etc.). The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "mechanisms to link surveillance activities between the human and animal health sectors" need strengthening. The JEE

report also mentions that there is no "national multi-sectoral coordination committee for zoonotic diseases". [1] Ministry of Health and Human Services, formerly known as the Ministry of Health has no published information on the mechanism to share data for animal, human and wildlife surveillance. [2] The Ministry of Natural Resources & Commerce has no published information on animal and wildlife surveillance. [3] The country's agricultural authorities are solely responsible for animal quarantine controls, quarantines and regulations under the Animal and Plant Inspection Act. [4] The MOHHS' "3-Year Rolling Strategic Plan 2017-2019" states the role of the ministry as a response coordinator in handling Zika virus outbreaks. The plan states that the ministry should "update guidelines/recommendations on emergency Aedes mosquito control and surveillance; and coordinate and collaborate between partners on risk communication messaging and community engagement for Zika". [5] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [6]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 22 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 22 November 2020.

[3] Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/>]. Accessed 22 November 2020.

[4] Pacific Islands Legal Information Institute. "Animal and Plant Inspection Act [8 MIRC Ch.1]".

[http://www.pacii.org/mh/legis/consol_act/aapia253/]. Accessed 22 November 2020.

[5] Ministry of Health and Human Services (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 22 November 2020.

[6] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 22 November 2020.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Marshall Islands publishes de-identified health surveillance data on disease outbreaks via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture or similar). The Ministry of Health and Human Services (MOHHS) had published weekly reports on their website from August to October during the 2019 dengue outbreak in the Republic of Marshall Islands. The MOHHS website also published weekly "Covid-19 situation" reports in January and February 2020, however there is no evidence that the website has been updated since February 2020. [1] The Ministry of Natural Resources & Commerce, which has jurisdiction over agriculture, does not publish disease information. [2] MOHHS' (previously known as Ministry of Health) "3-Year Rolling Strategic Plan 2017-2019" cites the need for statistical infrastructure. The plan's epidemiology section makes it a priority to strengthen and improve of Ministry of Health Vital Statistics Registration". [3] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [4]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 22 November 2020.

[2] Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/>]. Accessed 22 November 2020.

[3] MOHHS. "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 22 November 2020.

[4] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 22 November 2020.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Marshall Islands publishes de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar). The Ministry of Health and Human Services has not uploaded any new covid-19 reports on their website 2020. [1] The National Disaster Management Office of Marshall Islands shares "RMI Covid-19 Update" on their website in either weekly or bi-weekly intervals. These reports include COVID-19 surveillance data, including number of active cases, number of reported cases and the number of people in quarantine. As of November 19, Marshall Islands had a total of four Covid-19 cases, out of which one is active.

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands. "Publications: Covid-19".

[http://rmihealth.org/index.php?option=com_content&view=category&layout=shaper_educon:blogrid&id=102&Itemid=694]. Accessed 22 November 2020.

[2] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 22 November 2020.

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1 , No = 0

Current Year Score: 1

There is some evidence that the Marshall Islands has a law that safeguards the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities though it is limited to a particular group of diseases. The Communicable Diseases Prevention and Control Act 1988 [7 MIRC Ch.15] provides privacy protection for sexually transmitted disease patients as follows: "Information, public or privately held, that identifies persons which have been infected with an STD, may have been infected with an STD, or have been tested for an STD, shall be kept confidential and not released or made public; and medical and emergency personnel who may have been exposed to communicable disease shall be notified by Public Health and offered testing, treatment and counselling; provided, however, the name of the source will not be revealed". The law does not cite other types of infectious diseases for privacy protection. [1] The Ministry of Health and Human Services has no published information on confidentiality of identifiable health information for individuals. [2]

[1] Pacific Islands Legal Information Institute. 24 October 1988. "Communicable Diseases Prevention and Control Act 1988 [7 MIRC Ch.15]". [http://www.pacii.org/mh/legis/consol_act/cdpaca1988427/]. Accessed 22 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 22 November 2020.

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a law that safeguards the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. The Communicable Diseases Prevention and Control Act 1988 [7 MIRC Ch.15], which contains some privacy provisions, does not include mention of protections from cyber attacks (e.g., ransomware). The law provides penalties for accidental or deliberate breaches as follows: "Anyone who knowingly or through gross negligence releases confidential information in violation of this Section shall be subject to a civil fine of One Thousand Dollars (\$1,000) for each offense, in addition to any rights and remedies the named person may have at law or equity". [1] There is no evidence of recent cybersecurity legislation in the Marshall Islands. [2] [3] The ministry of Ministry of Transportation, Communication, and Information Technology of the Republic of Marshall Islands does not have an externally accessible website. [4] The Ministry of Health and Human Services has no published information on confidentiality of identifiable health information for individuals. [5]

[1] Pacific Islands Legal Information Institute. 24 October 1988. "Communicable Diseases Prevention and Control Act 1988. [7 MIRC Ch.15]". [http://www.paclii.org/mh/legis/consol_act/cdpaca1988427/]. Accessed 22 November 2020.

[2] Pacific Islands Legal Information Institute. "Marshall Islands Legislation Indexes". [<http://www.paclii.org/mh/indices/legis/>]. Accessed 22 November 2020.

[3] United Nations Conference on Trade and Development. "Cybercrime Legislation Worldwide". [<https://unctad.org/page/cybercrime-legislation-worldwide>]. Accessed 22 November 2020.

[4] Office of The President and Cabinet. "Ministers". [https://rmigov.info/?page_id=111]. Accessed 22 November 2020.

[5] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 22 November 2020.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease = 2, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 0

There is no evidence that the government of Marshall Islands has made a commitment via public statements, legislation, and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region for more than one disease or for only one disease. However, the Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" includes an "environmental health program" in its objectives to "coordinate local alert, risk assessment and rapid outbreak response with partners and technical networks" and "regularly produce and disseminate

updated information products, including situation reports and risk assessments". [1] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [2] The Marshall Islands is a member of the Pacific Public Health Surveillance Network (PPHSN), a voluntary network that provides syndromic surveillance, routine surveillance and outbreak monitoring. The PPHSN's "EpiNet" outbreak response network facilitates communication among health professionals in member countries and territories who communicate regularly, "regarding surveillance and response to outbreak-prone communicable diseases". [3] The Ministry of Health and Human Services (MOHHS) has no published information on sharing surveillance data with other countries during a public health emergency. [4] The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019, states that "surveillance reports are generated and distributed weekly, and in some instances more frequently, to local, regional and international stakeholders, including the public", but no evidence can be found on the MOHHS website of a formal agreement with another country for the same. [4] [5]

[1] Ministry of Health and Human Services. "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 18 November 2020.

[2] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.

[3] Pacific Public Health Surveillance Network. "Communicable Disease Monitoring".

[https://www.pphsn.net/Surveillance/Routine_reports.htm]. Accessed 22 November 2020.

[4] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 22 November 2020.

[5] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 22 November 2020.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Marshall Islands has a national system to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a future or active public health emergency. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019, the country has the Public Health Emergency Operations Centre within the National Emergency Operating Center which is activated during a public health emergency. The JEE report states that the "response mechanisms have been tested and proven to be effective" during the real public health emergencies like the "2019 dengue fever outbreak". The JEE report does not mention the system in place to expand contact tracing in the event of a public health emergency. [1] The Ministry of Health and Human Services of Marshall Islands has no published information on the mechanism to conduct contact tracing in the event of a public health emergency. [2] The Ministry of Health and Human Services of Marshall Islands "3-Year Rolling Strategic Plan 2017-2019" does not mention contact tracing within its Public

Health Emergency Preparedness Program. [3] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [4] The WHO's national health security status shows the presence of no national laboratory system in the Marshall Islands. [5]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 22 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 22 November 2020.

[3] MOHHS. "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 18 November 2020.

[4] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 18 November 2020.

[5] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 18 November 2020.

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

There is insufficient information that Marshall Islands provides wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly both economic support and medical attention or only economic support or medical attention. The Ministry of Health and Human Services (MOHHS) website does not have published information on the policies adopted towards cases or suspected cases. There have been no new updates regarding Covid-19 on the MOHHS website since February 2020. [1] According to a report by the United Nations Economic and Social Commission for Asia and Pacific (ESCAP), in April 2020, the cabinet of Marshall Islands "approved an initial US\$6 million Economic Relief package to support local businesses who are currently affected by COVID-19 impact". The report also stated that the government "has spent around US\$9.5 million for medical equipment and supplies, personal protection equipment, surge capacity and major infrastructure projects such as the new isolation and quarantine buildings in both Majuro and Ebeye". [2] According to a report on the National Disaster Management Office (NDMO) website, as of November 19, Marshall Islands has only one active case of covid-19. The report also states that "contact tracing was conducted for the immediate contacts of the confirmed case", and "they too are safely in an isolated quarantine situation". [3] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" does not mention wraparound services to enable cases and suspected cases. [4] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [5] The "Proclamation Declaring State of Emergency due to the nCoV" has no information.[6]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 22 November 2020.

[2] United Nations Economic and Social Commission for Asia and Pacific (ESCAP). 4 November 2020. "Marshall Islands Policy responses".

[https://www.unescap.org/sites/default/files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdf]. Accessed 23 November 2020.

[3] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 24 November 2020.

[4] MOHHS. "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 22 November 2020.

[5] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 22 November 2020.

[6] Ministry of Health and Human Services of the Republic of the Marshall Islands. "Proclamation Declaring State of Emergency due to the nCoV".

[<http://mtshc.com/rmihealth/attachments/article/205/Proclamation%20Declaring%20State%20of%20Emergency%20due%20to%20the%20nCoV.PDF>]. Accessed 3 May 2021

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

Although there is some evidence that Marshall Islands makes de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available on a government website, the frequency of publication is unclear. According to a report on the National Disaster Management Office (NDMO) website, as of November 19, Marshall Islands has only one active case of covid-19. The also states that "contact tracing was conducted for the immediate contacts of the confirmed case", and "they too are safely in an isolated quarantine situation". The report also gives details on the number of people in quarantine and repatriated. The NDMO publishes biweekly (once in two weeks) update reports on covid-19. [1] The Ministry of Health and Human Services (MOHHS) website has not been updated since February 2020, and does not have published information on contact tracing efforts for COVID-19. [2] World Health Organization's national health security status shows the presence of no national laboratory system in the Marshall Islands. [3]

[1] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 24 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 24 November 2020.

[3] World Health Organization. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 24 November 2020.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is insufficient evidence that there is a joint plan or cooperative agreement between the public health system and border control authorities in Marshall Islands to identify suspected and potential cases in international travelers and trace

and quarantine their contacts in the event of a future or active public health emergencies. A travel advisory on the National Disaster Management Office website states that there is a "total suspension of international travelers" coming into Marshall Islands "via air travel until 5 December 2020". [1] The Ministry of Health and Human Services' (MOHHS) "3-Year Rolling Strategic Plan 2017-2019" and the government's "National Action Plan for Disaster Risk Management 2008-2018" do not mention a cooperative agreement between agencies to quarantine potential cases. [2] [3] Both the plans have lapsed and there is no evidence that they have been renewed. [4] The MOHHS website has no published information on cooperative agreement between agencies to quarantine potential cases. [5] The "Proclamation Declaring State of Emergency due to the nCoV" has no information.[6]

[1] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 24 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 24 November 2020.

[3] Sustainable Development Goals. 2007. "National Action Plan for Disaster Risk Management 2008-2018".

[<https://sustainabledevelopment.un.org/content/documents/1476marshall%20islands.pdf>]. Accessed 24 November 2020.

[4] World Health Organisation. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 22 November 2020.

[5] MOHHS. [<http://rmihealth.org/>]. Accessed 24 November 2020.

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?

- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is evidence that resources are available for citizens to participate in applied epidemiology training programs (such as FETP) abroad. The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "the size of the country might not favour establishing a national field epidemiology training programme, however staff from the Ministry of Health and Human services have completed the Data for Decision Making (DDM) public health epidemiology training", which is "accredited by Fiji National University and results in a graduate certificate in field epidemiology". [1] A report on Pacific community by the Pacific Public Health Surveillance Network states that DDM programme has been renamed to Postgraduate Certificate in Field Epidemiology, and is available to health officers from 17 Pacific Island countries and territories. [2] The JEE report mentions that the national epidemiologist in Majuro organizes an "annual in-service training". The report also states that that "there are external training programs to support continued professional education on epidemiology training for the health workforce" and "there are various funding opportunities to enroll public health professionals in epidemiology". [1] The US Centers for Disease Control and Prevention or

the Training Programs in Epidemiology and Public Health Interventions Network do not have a record of FETP participation by the Marshall Islands. [3, 4] The Ministry of Health and Human Services (MOHHS) website does not have published information on epidemiology training programs in the country. [5]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 24 November 2020.

[2] Pacific Community. 1 April 2019. "New Masters Programme to Strengthen Pacific's Health Services". [<https://www.spc.int/updates/news/2019/04/new-masters-programme-to-strengthen-pacifics-health-services>]. Accessed 24 November 2020.

[3] US Centers for Disease Control and Prevention. "Field Epidemiology Training Program (FETP)". [<https://www.cdc.gov/globalhealth/healthprotection/fetp/index.htm>]. Accessed 24 November 2020.

[4] Training Programs in Epidemiology and Public Health Interventions Network. [<https://www.tephinet.org/>]. Accessed 24 November 2020.

[5] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 24 November 2020.

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that there are available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV). The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands does not mention the presence of field epidemiology training programs explicitly inclusive of animal health professionals. The JEE report states that "there are no animal health professionals in Marshall Islands". The US Centers for Disease Control and Prevention or the Training Programs in Epidemiology and Public Health Interventions Network does not have a record of animal health field epidemiology training program participation by the Marshall Islands. [2, 3] The Ministry of Health and Human Services (MOHHS) website does not have published information on epidemiology training programs in the country. [4]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 24 November 2020.

[2] US Centers for Disease Control and Prevention. "Field Epidemiology Training Program (FETP)". [<https://www.cdc.gov/globalhealth/healthprotection/fetp/index.htm>]. Accessed 24 November 2020.

[3] Training Programs in Epidemiology and Public Health Interventions Network. [<https://www.tephinet.org/>]. Accessed 24 November 2020.

[4] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 24 November 2020.

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1 , No = 0

Current Year Score: 0

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has a national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 mentions that the country has a draft Public Health Emergency Operations Plan. [1] The Ministry of Health and Human Services of the Republic of the Marshall Islands website has no published information about a national public health emergency response plan. [2] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" incorporates the "Emergency Preparedness" section, which addresses the Public Health Emergency Preparedness Program and the Hospital Prepared Program. [3] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [4] The US Centers for Disease Control and Prevention's (CDC) "Public Health Emergency Preparedness (PHEP) cooperative agreement" assisting state, local, and territorial public health departments with public health emergency efforts covers the Marshall Islands. The program targets 15 public health preparedness capabilities including "community preparedness, medical material management & distribution, emergency public information and warning, emergency operations coordination, and public health surveillance & epidemiologic investigation". [5] The government of Marshall Islands' "National Action Plan for Disaster Risk Management 2008-2018" is the latest available plan on disaster risk management, and the plan does not include pandemic outbreak response measures. [6]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 22 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 22 November 2020.

[3] MOHHS. "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolli

ng_strategic_plan_fy2017-2019.pdf]. Accessed 22 November 2020.

[4] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 22 November 2020.

[5] US Centers for Disease Control and Prevention. "Public Health Emergency Preparedness (PHEP) Program: Republic of the Marshall Islands". [<https://www.cdc.gov/cpr/pubs-links/2018/documents/REP-MARSHALL-ISLANDS2018.pdf>]. Accessed 22 November 2020.

[6] Sustainable Development Goals. 2007. "National Action Plan for Disaster Risk Management 2008-2018". [<https://sustainabledevelopment.un.org/content/documents/1476marshall%20islands.pdf>]. Accessed 22 November 2020.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no evidence that the Marshall Islands has a national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential. The Ministry of Health and Human Services of the Republic of Marshall Islands (MOHHS) website has no published information on a national public health plan. [1] The MOHHS' "3-Year Rolling Strategic Plan 2017-2019", which addresses "Emergency Preparedness", covers the period between October 2017 and September 2019. This plan is supposed to be updated every year, but there is no update publicly available since its publication in 2017. [2] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The US Centers for Disease Control and Prevention's "Public Health Emergency Preparedness (PHEP) cooperative agreement" assisting state, local, and territorial public health departments with public health emergency efforts covers the Marshall Islands. The program targets 15 public health preparedness capabilities including "community preparedness, medical materiel management & distribution, emergency public information and warning, emergency operations coordination, and public health surveillance & epidemiologic investigation". [4] The PHEP program update on the Marshall Islands was made in 2018. The government's "National Action Plan for Disaster Risk Management 2008-2018" is the latest available plan on disaster risk management, and the plan does not include pandemic outbreak response measures. [5]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 22 November 2020.

[2] MOHHS "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 22 November 2020.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 22 November 2020.

[4] US Centers for Disease Control and Prevention. "Public Health Emergency Preparedness (PHEP) Program: Republic of the Marshall Islands". [<https://www.cdc.gov/cpr/pubs-links/2018/documents/REP-MARSHALL-ISLANDS2018.pdf>]. Accessed 22 November 2020.

[5] Sustainable Development Goals. 2007. "National Action Plan for Disaster Risk Management 2008-2018". [<https://sustainabledevelopment.un.org/content/documents/1476marshall%20islands.pdf>]. Accessed 22 November 2020.

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no evidence that the Marshall Islands has a national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential. The Ministry of Health and Human Services of the Republic of Marshall Islands (MOHHS) website has no published information on a national public health emergency response plan. [1] The "Emergency Preparedness" section of the Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" does not include considerations for pediatric and other vulnerable populations. [2] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The US Centers for Disease Control and Prevention's Public Health Emergency Preparedness (PHEP) program update only addresses Zika-specific activities for pregnant women. [4] The government's "National Action Plan for Disaster Risk Management 2008-2018" does not mention communicable diseases and pandemics. [5]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 22 November 2020.

[2] MOHHS "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 22 November 2020.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 22 November 2020.

[4] US Centers for Disease Control and Prevention. "Public Health Emergency Preparedness (PHEP) Program: Republic of the Marshall Islands". [<https://www.cdc.gov/cpr/pubs-links/2018/documents/REP-MARSHALL-ISLANDS2018.pdf>]. Accessed 22 November 2020.

[5] Sustainable Development Goals. 2007. "National Action Plan for Disaster Risk Management 2008-2018". [<https://sustainabledevelopment.un.org/content/documents/1476marshall%20islands.pdf>]. Accessed 22 November 2020.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response. The Ministry of Health and Human Services' "3-Year Rolling

Strategic Plan 2017-2019" requires the ministry to "coordinate with stakeholders to establish a collaborative mechanism on establishing a Mass Care and Shelter Plan for public health emergencies and preparedness," "identify other community partners and assess their needs and assets needed during a recovery process" and " identify community partners with the capacity to manage counselling and support for victims' families". [1] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [2] The website of the Ministry of Health and Human Services of the Republic of Marshall Islands has no published information on private sector engagement during a public health emergency. [3]

[1] Ministry of Health and Human Services (MOHHS) "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 22 November 2020.

[2] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 22 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 22 November 2020.

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease= 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Marshall Islands has a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic for more than one disease or only for one disease. The Ministry of Health and Human Services website and its "3-Year Rolling Strategic Plan 2017-2019" has no information on a plan/guideline for an epidemic or pandemic. [1] [2] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The US Centers for Disease Control and Prevention has signed a Public Health Emergency Preparedness (PHEP) cooperative agreement with Marshall Islands and in 2019 provided a funding of US \$0.4 million which includes investments for Non-Pharmaceutical Interventions. [4] The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands states that "vaccine procurement and forecasting is supported by the US CDC", and that "vaccines can only be stored in six health facilities" and "they are delivered at the Majuro and in Ebeye Hospitals and the 54 health centres across the 21 outer islands". [5] According to a report by the United Nations Economic and Social Commission for Asia and Pacific (ESCAP), Marshall Islands has declared a state of emergency since February 2020, and has social distancing rules, school closures, border closures, port screenings and travel bans in place. [6] According to a report by National Disaster Management Office "Marshall Islands has completed a COVID-19 Table Top Exercise and Simulation on August 12-14 with the assistance of WHO, IOM and other development partners", however, the report does not mention NPI policies. [7]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 24 November 2020.

[2] MOHHS. "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 24 November 2020.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed

24 November 2020.

[4] US Centers for Disease Control and Prevention. "Center for Preparedness and Response".

[<https://www.cdc.gov/cpr/epf/marshallislands.htm>]. Accessed 24 November 2020.

[5] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 24 November 2020.

[6] United Nations Economic and Social Commission for Asia and Pacific (ESCAP). 4 November 2020. "Marshall Islands Policy responses".

[https://www.unescap.org/sites/default/files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdf]. Accessed 24 November 2020.

[7] National Disaster Management Office. "Resource Library". [<https://ndmo.gov.mh/resource-library/>]. Accessed 24 November 2020.

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?

- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?

- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is insufficient evidence that Marshall Islands has activated their national emergency response plan for an infectious disease outbreak in the past year. There is evidence that Marshall Islands has completed a national-level biological threat-focused exercise in the past year. World Bank published the Republic of Marshall Islands (RMI) "COVID-19 Emergency Response Project" report, which states that the "the National Disaster Management Office in the Office of the Chief Secretary has activated the National Emergency Operations Center and its technical clusters (Water sanitation and hygiene, health, logistics, infrastructure and other relevant agencies) to provide coordination and implementation advice on COVID-19". [1] An article published by United Nations (UN) Pacific in August 2020 stated in the RMI "the UN, through International Organization for Migration and World Health Organization organized, conducted and facilitated a COVID-19 Tabletop Exercise (TTX) and Simulation in the middle of August 2020". The report added that this exercise was conducted "in close collaboration with the National Disaster Management Office under the Office of the Chief Secretary and the Ministry of Health and Human Resources (MoHHS)". [2] The World Health Organization Simulation Exercise page does not have any evidence of the COVID-19 Tabletop Exercise conducted in Marshall Islands. [3]

[1] The World Bank. "Documents & Reports". [<https://documents.worldbank.org/>]. Accessed 24 November 2020.

[2] United Nations Pacific. 13 August 2020. "Keeping COVID Out: Partnering for Preparedness in the Marshall Islands". [<https://pacific.un.org/en/95542-keeping-covid-out-partnering-preparedness-marshall-islands>]. Accessed 24 November 2020.

[3] World Health Organization. Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). [<https://extranet.who.int/sph/simulation-exercise>]. Accessed 8 December 2020.

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 1

There is some evidence that the Republic of Marshall Islands in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities. An article published by United Nations (UN) Pacific in August 2020 stated that in RMI, "the UN, through International Organization for Migration and World Health Organization organized, conducted and facilitated a COVID-19 Tabletop Exercise (TTX) and Simulation in the middle of August 2020". The UN article also mentioned that the TTX and Simulation was attended by the "Health Emergency Operations Center, the National Disaster Committee, the National Emergency Operations Center, the Points of Entry Working Group, the Decontamination Working Group, Kwajalein Emergency Operations Center, Risk Communications and Community Engagement Working Group and the National Clusters", and post this exercise they "drafted action plans based on gaps identified during the TTX". The Ministry of Health and Human Services has no published information on any national-level biological threat-focused exercise. [2] The World Health Organization (WHO) IHR portal does mention of any IHR-related activity in the Marshall Islands yet. [3] The WHO After Action Review page does not have any evidence of the COVID-19 Tabletop Exercise conducted in Marshall Islands. [4]

[1] United Nations Pacific. 13 August 2020. "Keeping COVID Out: Partnering for Preparedness in the Marshall Islands". [<https://pacific.un.org/en/95542-keeping-covid-out-partnering-preparedness-marshall-islands>]. Accessed 24 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 24 November 2020.

[3] World Health Organisation. "IHR Portal". [<https://www.who.int/ihr/access/en/>]. Accessed 24 November 2020.

[4] WHO. Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). "After Action Review". [<https://extranet.who.int/sph/after-action-review>]. Accessed 8 December 2020.

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Republic of Marshall Islands (RMI) in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives. An article published by United Nations (UN) Pacific in August 2020 stated that in RMI, "the UN, through International Organization for Migration and World Health Organization organized, conducted and facilitated a COVID-19 Tabletop Exercise (TTX) and Simulation in the middle of August 2020". However, UN article does not mention representatives from the private sector participating in this exercise. The Ministry of Health and Human Services has no published information on any national-level biological threat-focused exercise. [2] The World Health Organisation (WHO) IHR portal does mention of any IHR-related activity in the Marshall Islands yet. [3] The WHO Simulation Exercise page does not have any evidence of the COVID-19 Tabletop Exercise conducted in Marshall Islands.

[4]

[1] United Nations Pacific. 13 August 2020. "Keeping COVID Out: Partnering for Preparedness in the Marshall Islands". [<https://pacific.un.org/en/95542-keeping-covid-out-partnering-preparedness-marshall-islands>]. Accessed 24 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 24 November 2020.

[3] World Health Organisation (WHO). "IHR Portal". [<https://www.who.int/ihr/access/en/>]. Accessed 24 November 2020.

[4] WHO. Strategic Partnership for International Health Regulations (2005) and Health Security (SPH). "Simulation Exercise". [<https://extranet.who.int/sph/simulation-exercise>]. Accessed 8 December 2020.

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Marshall Islands has in place an Emergency Operations Center (EOC). The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands states that the country has a Public Health Emergency Operations Center within the National Emergency Operating Center, which is activated during a public health event. The report also states that "there have been many national emergency exercises conducted to test the emergency management system; however, there is a recognized need for a multi-sectoral exercise for an infectious hazard such as pandemic influenza". [1] United Nations (UN) Pacific published an article in August 2020, mentioning the Health Emergency Operations Center in Marshall Islands, whose employees attended the COVID-19 Tabletop Exercise and Simulation organized by the UN. [2] The World Bank published the "RMI COVID-19 Emergency Response Project", which states that the "the National Disaster Management Office in the Office of the Chief Secretary has activated the National Emergency Operations Center and its technical clusters (Water sanitation and hygiene, health, logistics, infrastructure and other relevant agencies) to provide coordination and implementation advice on COVID-19". [3]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 24 November 2020.

[2] United Nations Pacific. 13 August 2020. "Keeping COVID Out: Partnering for Preparedness in the Marshall Islands". [<https://pacific.un.org/en/95542-keeping-covid-out-partnering-preparedness-marshall-islands>]. Accessed 24 November 2020.

[3] The World Bank. "Documents & Reports". [<https://documents.worldbank.org/>]. Accessed 24 November 2020.

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Emergency Operations Center is required to conduct a drill at least once per year or that it conducts a drill once a year. The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" requires that "all PHEP personnel and stakeholders attend preparedness exercises and trainings". The plan also contains references to drills conducted in collaboration with the US Centers for Disease Control and Prevention and the World Health Organisation, such as mass care and sheltering and medical countermeasure receiving and dispensing. [1] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [2] The Ministry of Health and Human Services (MOHHS) does not have published information on an Emergency Operations Center. [3] The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands states that "international and regional partners are delivering regular emergency exercises" but the frequency of the drills have not been mentioned. [4]

[1] Ministry of Health and Human Services. "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 24 November 2020.

[2] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 24 November 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 24 November 2020.

[4] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 24 November 2020.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence to show that the Emergency Operations Center (EOC) of Marshall Islands has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. An article published by United Nations (UN) Pacific in August 2020 stated that in Marshall Islands, "the UN, through International Organization for Migration and World Health Organization organized, conducted and facilitated a COVID-19 Tabletop Exercise (TTX) and Simulation" in close collaboration with the "National Disaster Management Office under the Office of the Chief Secretary and the Ministry of Health and Human Resources (MoHHS)". Although Marshall Islands has declared a state of emergency since February 2020, due to the threat of a covid-19 pandemic, this exercise was conducted only in mid-August 2020. [1] [2] The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands states that the country has a Public Health Emergency Operations Center within the National Emergency Operating Center, which is activated during a public health event. The JEE report scores Marshall Islands a 3 in the indicator R.2.2, which indicates that the "EOCs in the country are not yet capable of activating a coordinated emergency response within 120 minutes of receiving an early warning or information of an emergency requiring EOC activation". [3] [4] The Ministry of Health and Human Services has no published information on any emergency response. [5] The WHO IHR portal does mention of any IHR-related activity in the Marshall Islands yet. [6]

[1] United Nations Pacific. 13 August 2020. "Keeping COVID Out: Partnering for Preparedness in the Marshall Islands". [<https://pacific.un.org/en/95542-keeping-covid-out-partnering-preparedness-marshall-islands>]. Accessed 24 November 2020.

[2] National Disaster Management Office. "Resource Library". [<https://ndmo.gov.mh/resource-library/>]. Accessed 24

November 2020.

[3] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 24 November 2020.

[4] World Health Organization, 2005. "Joint External Evaluation Tool".

[<https://apps.who.int/iris/bitstream/handle/10665/259961/9789241550222-eng.pdf?sequence=1>]. Accessed 24 November 2020.

[5] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 24 November 2020.

[6] World Health Organisation. "IHR Portal". [<https://www.who.int/ihr/access/en/>]. Accessed 24 November 2020.

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?

- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e. bioterrorism attack). There is no evidence that the Marshall Islands has publicly available standard operating procedures, guidelines, MOUs or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e. bioterrorism attack). The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "the National Emergency Response Plan describes the respective roles and responsibilities of all relevant agencies that collaborate and respond to a public health threat in a coordinated fashion". [1] There is no evidence of the National Response Plan or other bioterrorism response procedures on the Ministry of Health and Human Services and the National Disaster Management Office websites. [2] [3] The JEE report also mentions a "draft Public Health Emergency Operations Plan and the draft Communicable Disease Response Plan" which elaborate on the "roles and responsibilities of each authority in the response to an emergency event and their roles during an emergency", but there is no evidence that these have been passed. The JEE report states that Marshall Islands has "bilateral arrangements with the US government, and national preparedness and response is being improved via joint exercises, such as those conducted by the US Navy and Coast Guard in March 2019", but there is no evidence in the report that these joint exercises have included responses to a potential deliberate biological event. [1] The Marshall Islands has no regular military forces. [4] The Military Use and Operating Rights Agreement as a subsidiary agreement of the Compact of Free Association with the US provides security measures within the parameters of US military personnel stationed in the Marshall Islands, which imply the existence of counterterrorism safeguards. The agreement contains no reference to the existence of any bioterrorism response procedures. [5]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 8 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 1 December 2020.

[3] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 1 December 2020.

[4] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 1 December 2020.

[5] US Department of State. 30 April 2003. "Military Use and Operating Rights: Agreement between the United States of America and the Republic of the Marshall Islands". [<https://www.state.gov/wp-content/uploads/2019/02/04-501.3-Marshall-Islands-Com-Military-Use-wRelAgmtCS.pdf>]. Accessed 1 December 2020.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a strategy (or other legislation, regulation or strategy document used to guide national public health response) that outlines how messages will reach populations and sectors with different communications needs (e.g. different languages, location within country, media reach, etc.). The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the country has "a Public Information Officer (PIO) position" in the Ministry of Health and Human Services (MOHHS) which is "currently unfilled", " multi-language approaches to information dissemination; establishment of hotlines; funding; and mechanisms to fast track public information during emergencies". The JEE report further adds that "translation services are available to communicate during emergencies in both English and Marshallese, as well as other languages where appropriate. The JEE report recommends that Marshall Islands needs to strengthen and have "a formalised risk communication strategy that is agreed to by stakeholders". [1] The MOHHS website and National Disaster Management Office (NDMO) websites have no published information on the communication strategy during a national public health response. [2] [3] The NDMO website has covid-19 "Condition Description" and Covid-19 update reports available in English and Marshallese. [3] The MOHHS website has Covid-19 updates and other information available only in English, and has not been updated since February. [2] Geographical conditions make it difficult for the government to develop a strategy for reaching remote populations. The Marshall Islands comprised of two parallel island chains 200 kilometres apart, 29 atolls, and 5 islands in the North Pacific Ocean over a length of about 1,300 kilometres northwest to southeast. [4] Underdeveloped telecommunications infrastructure also hampers risk communication in the Marshall Islands. According to Emergency Telecommunications Cluster, "the National Telecommunications Authority (NTA) is the country's sole telecoms operator". [5] The NTA provides providing fixed-line and 4G LTE mobile telephones services". [5] [6]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 1 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 1 December 2020.

[3] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 1 December 2020.

[4] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 1 December 2020.

factbook/geos/rm.html]. Accessed 1 December 2020.

[5] Emergency Telecommunications Cluster. "Marshall Islands (RMI)". [<https://www.etcluster.org/countries/marshall-islands-rmi>]. Accessed 1 December 2020.

[6] Marshall Islands Guide. December 11 2017. "Internet Options". [<https://www.infomarshallislands.com/internet-options/>]. Accessed 1 December 2020.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has in place, either in the national public health emergency response plan or in other legislation, regulation or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency. The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the Ministry of Health and Human Services (MOHHS) and the National Disaster Management Office (NDMO) "are the lead authorities for risk communication for health and national emergencies respectively, as per the National Emergency Response Plan, the draft Public Health Emergency Operations Plan and the draft Majuro Hospital Emergency Operations Plan". [1] No evidence of these plans can be found on the MOHHS and NDMO websites. [2] [3] The JEE report also states that "MOHHS and the NDMO have established formal arrangements and support systems for risk communication during public health emergencies and disasters, delivered through the EpiNet and Incident Command structures, respectively". [1] The only reference to risk communication in the Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" is about Zika virus, which requires the ministry to "coordinate and collaborate between partners on risk communication messaging and community engagement". [4] The plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [5] Marshall Islands' "National Action Plan for Disaster Risk Management 2008-2018" does not mention a risk communication plan for a public health emergency. [6]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 1 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 1 December 2020.

[3] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 1 December 2020.

[4] MOHHS. "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 1 December 2020.

[5] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 1 December 2020.

[6] Sustainable Development Goals. 2007. "National Action Plan for Disaster Risk Management 2008-2018".

[<https://sustainabledevelopment.un.org/content/documents/1476marshall%20islands.pdf>]. Accessed 1 December 2020.

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

There is some evidence that as part of its risk communication during public health emergencies, the Marshall Islands designates a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "the risk communication capability of the MOHHS includes a Public Information Officer (PIO) position, currently unfilled. The PIO function works closely with the Health Incident Commander during emergencies to develop messages, agree on distribution methods and the clearance process for messages to the public. In the absence of a PIO, the Health Promotion Director serves as the PIO." The JEE report also states that Marshall Islands has a draft Public Health Emergency Operations Plan. [1] The MOHHS website has no published information on the PIO position or the draft Public Health Emergency Operations Plan. [2] The National Disaster Management Office website has no published information on the communication plan during a public health emergency. [3]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 1 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 1 December 2020.

[3] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 1 December 2020.

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 2

There is evidence that the Ministry of Health and Human Services of Marshall Islands (MOHHS) has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation. The MOHHS has an active Facebook account which is used to provide regular updates (at least once in a week), on the number of active cases in the country, activities ongoing within the ministry, new measures being implemented, give travel updates and address disinformation. The updates on public health emergency concerns include the covid-19 pandemic, the 2019 dengue outbreak. The MOHHS Facebook page has been actively disseminating public health information and information about potential public health concerns since 2015. [1] However, the MOHHS website has not been updated since February 2020. [2] The National Disaster Management Office (NDMO) website and Facebook page has regular updates about the covid-19 situation in the country. [3] [4]

[1] Facebook. "RMI Ministry of Health and Human services" [<https://www.facebook.com/rmimoh/>]. Accessed 22 November 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>].

[3] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 22 November 2020.

[4] Facebook. "National Disaster Management Office".

[https://m.facebook.com/RMINDMO/posts/?ref=page_internal&mt_nav=0]. Accessed 22 November 2020.

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is no evidence that senior leaders (president or ministers) in Marshall Islands have shared misinformation or disinformation on infectious diseases in the past two years, that is from November 2018 to November 2020. According to a report by Australian Broadcasting Corporation titled "Pacific Media Assistance Scheme", Marshall Islands has only one newspaper, the Marshall Islands Journal, which is privately owned and publishes weekly news. [1] The Marshall Islands Journal website has no evidence of misinformation being spread in Marshall Islands by senior leaders on infectious disease. [2] Cable News Network (CNN) and British Broadcasting Company (BBC) do not have published information on senior leaders spreading misinformation on infectious disease in Marshall Islands. [3] [4]

[1] Australian Broadcasting Corporation. 2013. "PACMAS: Pacific Media Assistance Scheme".

[<https://www.abc.net.au/cm/lb/9268974/data/marshall-islands%3A-state-of-the-media-report-data.pdf>]. Accessed 1 December 2020.

[2] The Marshall Islands Journal. [<https://marshallislandsjournal.com/>]. Accessed 1 December 2020.

[3] Cable News Network (CNN). [<https://edition.cnn.com/>]. Accessed 1 December 2020.

[4] British Broadcasting Company (BBC). [<https://www.bbc.com/>]. Accessed 1 December 2020.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 38.7

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 27.56

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 2.87

2018-2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 4.44

2018-2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 1

There is no evidence that Marshall Islands in the past year has issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak. The Ministry of Health and Human Services of Marshall Islands does not have published information on restrictions imposed on medical goods due to an infectious disease outbreak. [1] The Division of Agriculture at the Ministry of Natural Resources and Commerce does not have information available on restrictions imposed on medical goods due to an infectious disease outbreak. [2] The Ministry of Foreign Affairs of Marshall Islands does not have a permanently accessible website. [3] The

WHO's disease outbreak news cites no incidence in the Marshall Islands between January 2019 and November 2020. [4] OIE Weekly disease information cites no incidence in the Marshall Islands between January 2019 and November 2020. [5]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 1 December 2020.

[2] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 1 December 2020.

[3] The Parliament of the Republic of Marshall Islands. "33 members". [<https://rmiparliament.org/cms/members.html>]. Accessed 1 December 2020.

[4] World Health Organisation. "Disease Outbreak News". [<https://www.who.int/csr/don/archive/year/2019/en/>]. Accessed 1 December 2020.

[5] World Organisation for Animal Health. World Animal Health Information Database. "Weekly Disease Information". [https://www.oie.int/wahis_2/public/wahid.php/Diseaseinformation/WI]. Accessed 1 December 2020.

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

There is no evidence that Marshall Islands in the past year has issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak. The Ministry of Health and Human Services of Marshall Islands does not have published information on restrictions imposed on non-medical goods.

[1] The Division of Trade and Investment and the Division of Agriculture in the Ministry of Natural Resources and Commerce do not have information available on restrictions imposed on non-medical goods due to an infectious disease outbreak. [2] [3] The Ministry of Foreign Affairs of Marshall Islands does not have a permanently accessible website. [4] The WHO's disease outbreak news cites no incidence in the Marshall Islands between January 2019 and November 2020. [5] OIE Weekly disease information cites no incidence in the Marshall Islands between January 2019 and November 2020. [6]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 1 December 2020.

[2] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 1 December 2020.

[3] Division of Trade and Investment. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 1 December 2020.

[4] The Parliament of the Republic of Marshall Islands. "33 members". [<https://rmiparliament.org/cms/members.html>]. Accessed 1 December 2020.

[5] World Health Organisation. "Disease Outbreak News". [<https://www.who.int/csr/don/archive/year/2019/en/>]. Accessed 1 December 2020.

[6] World Organisation for Animal Health. World Animal Health Information Database. "Weekly Disease Information". [https://www.oie.int/wahis_2/public/wahid.php/Diseaseinformation/WI]. Accessed 1 December 2020.

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

There is evidence that Marshall Islands in the past year has implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak. A travel advisory on the Marshall Islands' National Disaster Management Office (NDMO) website states that there is a "total suspension of international travelers" coming into Marshall Islands "via air travel until 5 December 2020" because of the "national threat" posed by covid-19. According to a previous travel advisory on the NDMO website, this ban has been in place since 8 March 2020. [1] According to a report by the United Nations Economic and Social Commission for Asia and Pacific (ESCAP), Marshall Islands has declared a state of emergency since February 2020 due to the covid-19 pandemic, and has border closures, port screenings and travel bans in place. [2] The Ministry of Health and Human Services has not been updated since February 2020, and has no published information on the ban on international travelers due to an infectious disease outbreak. [3]

[1] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 24 November 2020.

[2] United Nations Economic and Social Commission for Asia and Pacific (ESCAP). 4 November 2020. "Marshall Islands Policy responses".

[https://www.unescap.org/sites/default/files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdf]. Accessed 1 December 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 1 December 2020.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 42.33

2012

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 333.9

2018

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has a public workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings. The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "there is no multi-sectoral workforce strategy that includes all human, animal and environmental health sectors involved in international health regulations (IHR) implementation". The JEE report also states that "human resources across all IHR sectors, including social scientists, veterinarians, livestock specialists and IT specialists, based on risk, are yet to be determined". [1] The WHO's "Human Resources for Health Country Profiles: Marshall Islands" states that "the health workforce is heavily reliant upon expatriate workers, particularly in the fields of medicine and nursing. This is due to a combination of factors: outmigration of health professionals (particularly to the United States); failure of scholarship receivers to fulfil their bonding agreements; ageing of the local workforce; poor continuing professional education opportunities to up-skill; lack of proper recruitment and retention plans; and an inadequate remuneration system". The WHO findings are based on an HRH Task Force report to the Cabinet, which is not publicly available. [2]. The Ministry of Health and Human Services does not have published information on any public workforce strategy. [3] Marshall Islands has a website for the Public School System, however the Ministry of Education, Sports and Training has no known website. [4]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 1 December 2020.

[2] World Health Organization. 2014. "Human Resources for Health Country Profiles: Marshall Islands". [<http://iris.wpro.who.int/handle/10665.1/10534>]. Accessed 1 December 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 1 December 2020.

[4] Republic Marshall Islands Public School System. [<https://pss.edu.mh/>]. Accessed 1 December 2020.

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 270

2010

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation facility located within the country.

According to a report by the United Nations Economic and Social Commission for Asia and Pacific (ESCAP), as of August 13 2020, Marshall Islands has constructed "new isolation and quarantine buildings in both Majuro and Ebeye". [1] The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 mentions that Marshall Islands only has two hospitals, at Majuro and Ebeye [2] The World Bank published the "RMI COVID-19 Emergency Response Project" report, which states that Majuro Hospital has "TB isolation wards", and "new isolation wards", where a "surge accommodation for COVID patients is planned". The World Bank report mentions that "Majuro also has Arrak Quarantine area". [3] The Ministry of Health and Human services (MOHHS) of the Republic of the Marshall Islands' Facebook page mentions the existence of a "temporary isolation room" in Ebeye hospital to prepare for "infectious diseases like Covid-19" in March 2020. [4] The MOHHS website does not have published information on biocontainment or isolation facilities in the country. [5] There is no evidence that any of the aforementioned isolation rooms is indeed a biocontainment patient care unit and/or advanced patient isolation facility for patients with highly communicable diseases.

[1] United Nations Economic and Social Commission for Asia and Pacific (ESCAP). 4 November 2020. "Marshall Islands Policy responses".

[https://www.unescap.org/sites/default/files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdf]. Accessed 1 December 2020.

[2] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [https://www.who.int/publications/i/item/9789240008168]. Accessed 1 December 2020.

[3] The World Bank. 24 May 2020. "World Bank RMI COVID-19 Emergency Response Project (P173887)".

[https://documents.worldbank.org/]. Accessed 1 December 2020.

[4] Facebook. RMI Ministry of Health and Human services. 17 March. [https://www.facebook.com/rmimoh/posts/ebeye-hospitals-temporary-isolation-room-in- -for-infectious-diseases-/1516537978508576/]. Accessed 1 December 2020.

[5] Ministry of Health and Human Services of the Republic of the Marshall Islands. [http://rmihealth.org/]. Accessed 1 December 2020.

[4] Ministry of Health and Human Services of the Republic of the Marshall Islands. [http://rmihealth.org/]. Accessed 1 December 2020.

4.1.2c

Does the country meet one of the following criteria?

- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?

- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that Marshall Islands has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years or developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years.

The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019", has no information on the demonstration capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years. [1] The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands doesn't have any information on the isolation capacity. [2] The "Proclamation Declaring State of Emergency due to the nCoV" on the Ministry of Health and Human Services of the Republic of Marshall Islands has no information on isolation capacity.[3]

According to a report by the United Nations Economic and Social Commission for Asia and Pacific (ESCAP), as of August 13 2020, Marshall Islands has constructed "new isolation and quarantine buildings in both Majuro and Ebeye". [4] The World Bank published the "RMI COVID-19 Emergency Response Project" report, which states that Majuro Hospital has "TB isolation wards", and "new isolation wards", where a "surge accommodation for COVID patients is planned". The World Bank report mentions that "Majuro also has Arrak Quarantine area". [5]

1] Ministry of Health and Human Services. "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 3 May 2021

[2] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 3 May 2021

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands."Proclamation Declaring State of Emergency due to the nCoV".

[<http://mtshc.com/rmihealth/attachments/article/205/Proclamation%20Declaring%20State%20of%20Emergency%20due%20to%20the%20nCoV.PDF>]. Accessed 3 May 2021

[4] United Nations Economic and Social Commission for Asia and Pacific (ESCAP). 4 November 2020. "Marshall Islands Policy responses".

[https://www.unescap.org/sites/default/files/Marshall%20Islands_COVID%20Country%20profile%20041120.pdf]. Accessed 1 December 2020.

[5] The World Bank. 24 May 2020. "World Bank RMI COVID-19 Emergency Response Project (P173887)".

[<https://documents.worldbank.org/>]. Accessed 1 December 2020.

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a national procurement protocol in place which can be utilized for the acquisition of laboratory needs (such as equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs. The Bureau of Administration under the Ministry of Health and Human Services is responsible for procurement and supply. The "3-Year Rolling Strategic Plan 2017-2019" sets out priorities for procurement and supply to "extend contract period from three months to six months for fast moving medical supplies and pharmaceuticals," "expand the number of legitimate suppliers," and "develop and implement standard operating procedures". [1] However, there is no evidence of a procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory needs. The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [2] The Ministry of Health and Human Services has no published information on a national procurement protocol for medical and laboratory supplies. [3] The Division of Agriculture at the Ministry of Natural Resources and Commerce does not have information available on procurement protocols. [4] The "Procurement Code Act 1988" of the Republic of Marshall Islands states that a "Chief Procurement Officer, the head of a Purchasing Agency, or a designee of either officer may make or authorize others to make emergency procurement when there exists a threat to public health, welfare, or safety under emergency conditions", but does not specify anything further. [5] The World Health Organisation (WHO)'s national health security status shows the presence of no national laboratory system in the Marshall Islands. [6] The WHO's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "vaccine procurement and forecasting is supported by the US Centers for Disease Control and Prevention (US CDC), resulting in no stock-outs at the central level in Majuro and rare stock-outs at the six outer island clinics" and "procurement processes for media and test reagents using government funding for core laboratory testing is available at the two laboratories" in Majuro and Ebeye, but it has no further information on the national procurement protocol. [7]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[2] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 2 December 2020.

[3] MOHHS. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[4] Division of Agriculture. Ministry of Natural Resources and Commerce. [<http://www.rmimrd.com/programs>]. Accessed 2 December 2020.

[5] The Parliament of the Republic of Marshall Islands. 1988. "Procurement Code Act 1988".

[http://rmi-parliament.org/cms/images/LEGISLATION/PRINCIPAL/1988/1988-0033/ProcurementCodeAct1988_1.pdf]. Accessed 2 December 2020.

[6] World Health Organization (WHO). "Strategic Partnership for International Health Regulations (2005) and Health Security

(SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 2 December 2020.

[7] WHO. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 1

There is some evidence that Marshall Islands has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency, which includes essential medicines but no further details are provided. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "the Republic of the Marshall Islands has a limited stockpile of medical countermeasures but has a formal agreement with the US for receiving medical countermeasures through the Strategic National Stockpile (SNS)". The JEE plan further adds that "vaccine procurement and forecasting is supported by the US Centers for Disease Control and Prevention (US CDC), resulting in no stock-outs at the central level in Majuro and rare stock-outs at the six outer island clinics" and "a plan for the management and distribution of national stockpiles has been drafted and is currently undergoing review". [1] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" mandates the ministry to "maintain and update an inventory list of state stockpile" [2] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The Ministry of Health and Human Services of the Republic of Marshall Islands has no published information on the laboratory supply stockpile. [4] The Marshall Islands has no regular military forces. [5] The National Disaster Management Office has no published information on medical supplies used during a public health emergency. [6]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 2 December 2020.

[4] MOHHS. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[5] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 2 December 2020.

[6] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Marshall Islands has a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency. The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "procurement processes for media and test reagents using government funding for core laboratory testing is available at the two laboratories" in Majuro and Ebeye, there is no information on the stockpile of these laboratory supplies. [1] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" mandates the ministry to "maintain and update an inventory list of state stockpile," "purchase emergency needed equipment," and "produce an inventory of all needed equipment and items within all departments" as part of emergency preparedness. The plan has no further detail on laboratory supplies in the "state stockpile". [2] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The Ministry of Health and Human Services of the Republic of Marshall Islands has no published information on the laboratory supply stockpile. [4] The Marshall Islands has no regular military forces. [5] The National Disaster Management Office has no published information on medical supplies used during a public health emergency. [6]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 2 December 2020.

[4] MOHHS. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[5] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 2 December 2020.

[6] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Marshall Islands conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. The World Health Organization (WHO)'s Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "personal protective equipment (PPE) is available at the two hospital laboratories" in Majuro and Ebeye "with supplies tracked manually by physical count", but there is no information on annual review of the national stockpile of medical supplies. The JEE report also states that "a plan for the management and distribution of national stockpiles has been drafted and is currently undergoing review". [1] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" mandates the ministry to "maintain and update an inventory list of state stockpile," "purchase emergency needed equipment," and "produce an inventory of all needed equipment and items within all departments" as part of emergency preparedness. The plan has no further detail on annual review of the national stockpile. [2] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The Ministry of Health and Human Services of the Republic of Marshall Islands has no published information on the medical supply stockpile. [4] The National Disaster Management Office has no published information on medical supplies used during

a public health emergency [5]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 4 May 2021.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 4 May 2021.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 4 May 2021.

[4] MOHHS. [<http://rmihealth.org/>]. Accessed 4 May 2021. Accessed 4 May 2021.

[5] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 4 May 2021.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is no evidence that Marshall Islands has a plan/agreement to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency. There is some evidence that Marshall Islands has a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency.

The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that Marshall Islands "has a formal agreement with the US for receiving medical countermeasures through the Strategic National Stockpile (SNS)". The Ministry of Health and Human Services (MOHHS)'s "3-Year Rolling Strategic Plan 2017-2019" does not have any information on the domestic manufacturing capacity or mechanism to procure medical countermeasures. [2] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The Ministry of Health and Human Services of the Republic of Marshall Islands has no published information on medical countermeasures manufacturing or procurement capacities. [4] Marshall Islands has no regular military forces. [5] The National Disaster Management Office has no published information on medical countermeasures manufacturing or procurement capacities. [6]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed

2 December 2020.

[4] MOHHS. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[5] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 2 December 2020.

[6] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

4.2.3b

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence that Marshall Islands has a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency. There is no evidence that Marshall Islands has a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency. The Ministry of Health and Human Services (MOHHS)'s "3-Year Rolling Strategic Plan 2017-2019" does not have any information on the domestic manufacturing capacity or mechanism to procure laboratory supplies. [1] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [2] The Ministry of Health and Human Services of the Republic of Marshall Islands has no published information on laboratory supplies manufacturing or procurement capacities. [3] The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 has no information on laboratory supplies manufacturing or procurement capacities. [4] The Marshall Islands has no regular military forces. [5] The National Disaster Management Office has no published information on laboratory supplies manufacturing or procurement capacities. [6] The World Health Organisation's national health security status shows the presence of no national laboratory system in the Marshall Islands. [7]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[2] World Health Organization (WHO). Country Planning Cycle Database.

[<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 2 December 2020.

[3] MOHHS. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[4] WHO. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

[5] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 2 December 2020.

[6] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

[7] World Health Organization (WHO). "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH)". [<https://extranet.who.int/sph/country/345>]. Accessed 2 December 2020.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Marshall Islands has a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics). While there is evidence of experience dispensing, there is insufficient evidence of plans to guide these efforts. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the Ministry of Health and Human Services of the Republic of Marshall Islands "has legislation and response mechanisms to address medical countermeasures and personnel deployment" and "can provide coordinated management of medical countermeasures through the designated Points of Dispensing in schools and outer island dispensaries". The JEE report also states that "actual request and deployment were conducted during the Zika outbreak in 2016, mumps outbreak in 2017, Hepatitis A outbreak in 2018 and the 2019 dengue outbreak response" in Marshall Islands, and the country "conducted an exercise" in 2018 "using a typhoon scenario which included aspects of receiving medical countermeasures and health personnel". The JEE report mentions the National Immunization Programme in Marshall Islands, through which vaccines are dispensed in the country. [1] Documentation regarding the actual legislation and response mechanisms are not available in the public domain. The Ministry of Health and Human Services (MOHHS)'s "3-Year Rolling Strategic Plan 2017-2019" does not have any information on a plan, program, or guidelines in place to dispense MCM. [2] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The Ministry of Health and Human Services of the Republic of Marshall Islands has no published information on the strategy to dispense MCM [4] Marshall Islands has no regular military forces. [5] The National Disaster Management Office has no published information on procedures of dispensing MCM. [6] There is no publicly available evidence on the website of the parliament of Marshall Islands that legislation mentioning the use of MCM has been passed. [7]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 2 December 2020.

[4] MOHHS. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[5] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 2 December 2020.

[6] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

[7] The Parliament of the Republic of Marshall Islands. "Legislation". [<https://rmi-parliament.org/cms/legislation.html>]. Accessed on 10 December 2020.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

Although there is evidence of procedures in place to facilitate the arrival of health personnel from other countries to respond to a public health emergency, there is no evidence of a public plan. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the Ministry of Health and Human Services of the Republic of Marshall Islands states that "the country has internal mechanisms to deploy personnel to support response efforts in Majuro and the outer islands" and when the capacity of local staff is "exceeded, or the required expertise is not available, international support is requested". The JEE plan also states that "there are written protocols to expedite the registration and licensing of international deployments to the country". The JEE plan mentions that Marshall Islands has a "has legislation and response mechanisms to address" the deployment of medical personnel. [1] However, the Ministry of Health and Human Services of the Republic of Marshall Islands has no published information on a plan to receive health personnel from other countries during a public health emergency. [2] Marshall Islands has no regular military forces. [3] The National Disaster Management Office has no published information on procedures to dispensing MCM. [4] There is no readily available evidence in the public domain of the plan to receive health personnel from other countries.

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands [<http://rmihealth.org/>]. Accessed 2 December 2020.

[3] Central Intelligence Agency. "The World Factbook". [<https://www.cia.gov/library/publications/resources/the-world-factbook/geos/rm.html>]. Accessed 2 December 2020.

[4] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 3

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

Current Year Score: 90.1

2011

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international \$)

Input number

Current Year Score: 88.1

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 0

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the government has issued legislation, a policy or a public statement committing to provide prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency. The Ministry of Health and Human Services of the Republic of Marshall Islands does not have published information on prioritized health care services to healthcare workers. [1] The US Centers for Disease Control and Prevention's Public Health Emergency Preparedness (PHEP) program, which covers the Marshall Islands, provides a guideline on "responder safety and health." One of the tasks identified in the PHEP standards is to "coordinate with health care partners to facilitate access to and promote the availability of mental/behavioral and medical support for responders, as necessary". [2] The National Disaster Management Office does not have published information on provision of prioritized health care services to healthcare workers. [3] The "National Action Plan for Disaster Risk Management 2008-2018" has no information

on public health emergency provisions. [4] The World Health Organization's Joint External Evaluation for Marshall Islands, conducted in September 2019 does not have any evidence of provisions of prioritized health care services to healthcare workers in the country. [5]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[2] US Centers for Disease Control and Prevention. October 2018. "2018 Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health". [https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf]. Accessed 2 December 2020.

[3] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

[4] Sustainable Development Goals. 2007. "National Action Plan for Disaster Risk Management 2008-2018". [<https://sustainabledevelopment.un.org/content/documents/1476marshall%20islands.pdf>]. Accessed 2 December 2020.

[5] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 10 December 2020.

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a system in place for public health officials and healthcare workers to communicate during a public health emergency. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the Ministry of Health and Human Services (MOHHS) and the National Disaster Management Office (NDMO) "work closely with key stakeholders to deliver risk communications in the national and local government, non-government and private sectors, civil society, public school system and community groups". The report also states that "the risk communication capability of the MOHHS includes a Public Information Officer (PIO) position, currently unfilled" and "PIO function works closely with the Health Incident Commander during emergencies to develop messages, agree on distribution methods and the clearance process for messages to the public". [1] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" provides health emergency communication protocol as follows: "coordinate with stakeholders to establish a collaborative mechanism on establishing a Mass Care and Shelter Plan for public health emergencies and preparedness; organize and facilitate Coalition Meetings and ensure all key players are involved; identify other community partners and assess their needs and assets needed during a recovery process; identify community partners with the capacity to manage counselling and support for victims' families; ensure a communication structure is in place with full capacity in information sharing; locate and establish a relationship with healthcare organizations with the capacity to plan a process to determine the need for volunteers; and establish a standard process of managing, deploying, and tracking of volunteers". [1] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The MOHHS and NDMO do not have published information on emergency healthcare communication. [4] [5]

- [1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.
- [2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.
- [3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 2 December 2020.
- [4] MOHHS. [<http://rmihealth.org/>]. Accessed 2 December 2020.
- [5] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Marshall Islands has a system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that the Ministry of Health and Human Services (MOHHS) and the National Disaster Management Office (NDMO) "work closely with key stakeholders to deliver risk communications in the national and local government, non-government and private sectors, civil society, public school system and community groups". The JEE report also states that "collaboration between stakeholders for risk communications during public health emergencies is well established and has been tested during tabletop exercises and during outbreaks over the last few years, including outbreaks of Zika virus, hepatitis A, influenza B, rotavirus and dengue". The health emergency communication protocol provided by the MOHHS's "3-Year Rolling Strategic Plan 2017-2019" includes engagement with "stakeholders," "community partners" and "volunteers" between the public and private sectors. [2] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The MOHHS and NDMO do not have published information on emergency healthcare communication. [4] [5]

- [1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.
- [2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.
- [3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 2 December 2020.
- [4] MOHHS. [<http://rmihealth.org/>]. Accessed 2 December 2020.
- [5] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the national public health system is monitoring for and tracking the number of health care associated infections that take place in healthcare facilities. Further, there is no information if the country is tracing HCWs who have contracted COVID-19 through their work. Ministry of Health and Human Services of the Republic of the Marshall Islands does not have published information on health care associated infections that take place in healthcare facilities. [1] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" briefly mentions the need to implement infection control training at the country's two hospitals. [2] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [3] The World Health Organization (WHO) has no mention of a national AMR plan attributable to the Marshall Islands. [4] The WHO's Joint External Evaluation for Marshall Islands, conducted in September 2019 does not have any evidence regarding the monitoring and tracking of HCAI in healthcare facilities in the country. [5]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 2 December 2020.

[2] MOHHS. "3-Year Rolling Strategic Plan October 2017- September 2019". [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[3] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 2 December 2020.

[4] World Health Organisation (WHO). Western Pacific. [<https://www.who.int/marshallislands/>]. Accessed 2 December 2020.

[5] WHO. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 10 December 2020.

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has a national requirement for ethical review (e.g. from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial. World Health Organization's 2009 report on "National Health Research Systems in Pacific Island Countries" states that all Pacific Island Countries, "with the exception of Nauru and Niue, have established processes for ethical review of research proposals", but no further details on an ethical review before beginning clinical trials are available. [1] The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have published information on ethical review. [2] The country's mainstay medical law, the "Public Health, Safety and Welfare Act [7 MIRC Ch.1]". does not include any information on ethic review. [3]

[1] World Health Organization. 2009. "National Health Research Systems in Pacific Island Countries".

[<https://www.who.int/en/>]. Accessed 2 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 2 December 2020.

[3] Pacific Islands Legal Information Institute. "Public Health, Safety and Welfare Act [7 MIRC Ch.1]".

[http://www.paclii.org/mh/legis/consol_act/phsawa275/]. Accessed 2 December 2020.

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have published information on clinical trials. [1] The country's mainstay medical law, the "Public Health, Safety and Welfare Act [7 MIRC Ch.1]". does not include any information on clinical trials.

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 2 December 2020.

[2] Pacific Islands Legal Information Institute. "Public Health, Safety and Welfare Act [7 MIRC Ch.1]".

[http://www.paclii.org/mh/legis/consol_act/phsawa275/]. Accessed 2 December 2020.

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the government of the Marshall Islands has an agency responsible for approving new medical countermeasures for humans. The World Health Organization's (WHO) Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 mentions that the government has been drafting the "Medical Countermeasures Plan, 2019". [1] The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have published information on medical countermeasures for humans. [2] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-

2019" indicates that the ministry's Department of Supply/Procurement is likely to be responsible for making medical countermeasures available at the country's two hospitals. [3] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [4] The WHO's draft report titled "Strengthening Regulation of Medical Products in the Pacific Island Countries: Assessment and Options", published in February 2019 states that Marshall Islands has no "Responsible Unit & Regulatory Body" for pharmaceuticals. [5]

[1] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 2 December 2020.

[3] MOHHS "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[4] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed 2 December 2020.

[5] WHO. February 2019. "Strengthening Regulation of Medical Products in the Pacific Island Countries: Assessment and Options". [https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/60/606e67d01385b734e9a163810377e005.pdf?sv=2015-12-11&sr=b&sig=5eUTKuvldS2bns%2FmDcs2Bp07hcM1zP4%2BRfVY9mYonOs%3D&se=2021-06-08T12%3A27%3A03Z&sp=r&rsc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsct=application%2Fpdf&rscd=inline%3B%20filename%3D%22IP5_Item4_Sub_Regulatory_Platform_Final.pdf%22]. Accessed 10 December 2020.

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has an expedited process for approving medical countermeasures for human use during public health emergencies. The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 mentions that the government has been drafting the "Medical Countermeasures Plan, 2019".

[1] The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have published information on medical countermeasures for humans. [2] The Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" includes no information on an expedited process for approving medical countermeasures for human use during public health emergencies. [3] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [4]

[1] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). [<http://rmihealth.org/>]. Accessed 2 December 2020.

[3] MOHHS "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[4] WHO. Country Planning Cycle Database. [<https://extranet.who.int/countryplanningcycles/planning-cycle/MHL>]. Accessed

2 December 2020.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1, No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that pandemics are integrated into the national risk reduction strategy. The National Action Plan for Disaster Risk Management 2008-2018 is the latest available national risk reduction strategy of the Marshall Islands, and one of the goals set by the plan is to secure "access to safe and adequate clean water at all times". Epidemics control is established as one of the objectives towards that goal with the aim to reduce "contamination of ground and surface water from sewage and solid waste to reduce the risk of disease". [1] However, there is no additional evidence of risk reduction strategies for pandemics or epidemics. The Ministry of Health and Human Services and the National Disaster Management Office of the Republic of the Marshall Islands do not have published information on national risk reduction strategy. [2] [3]

[1] Sustainable Development Goals. 2007. "National Action Plan for Disaster Risk Management 2008-2018".

[<https://sustainabledevelopment.un.org/content/documents/1476marshall%20islands.pdf>]. Accessed 2 December 2020.

[2] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[3] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies. The Marshall Islands is one of the freely associated states of the US supported by the Public Health Emergency Preparedness (PHEP) cooperative agreement, which provides funding, technical assistance and manpower support for public health preparedness activities in recipient countries. [1] The Compact of Free Association with the US signed in 1983 has a number of subsidiary agreements including the Agreement Concerning Procedures for the Implementation of United States Economic Assistance Provided in the Compact, as amended, of Free Association Between the Government of the United States of America and the Government of the Republic of the Marshall Islands". This agreement contains economic assistance from the US government, which covers the healthcare sector, although it does not include mention of public health emergencies. [2] The World Health Organization's Joint External Evaluation (JEE) for Marshall Islands, conducted in September 2019 states that "when a state of emergency is declared, under the draft Public Health Emergency Operations Plan, the Secretary of Health and Human Services, or a designee, can request the deployment of medical countermeasures from the US or other partners based on risk assessment and anticipated needs". [3] The Ministry of Health and Human Services and the National Disaster Management Office of the Republic of the Marshall Islands do not have published information on cross-border agreements with regards to public health emergencies. [4] [5]

[1] US Centers for Disease Control and Prevention. Center for Preparedness and Response. "Republic of the Marshall Islands". [<https://www.cdc.gov/cpr/partnerships/state-pages/republic-marshall-islands.htm>]. Accessed 2 December 2020.

[2] US Department of the Interior. "Subsidiary Agreements - Compilation for the RMI". [<https://www.doi.gov/sites/doi.gov/files/migrated/oia/about/upload/CompactRMISubsidiaryAgreements.pdf>]. Accessed 2 December 2020.

[3] World Health Organization (WHO). 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

[4] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[5] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no evidence that the Marshall Islands has cross-border agreements, protocols or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies. The Ministry of Health and Human Services and the National Disaster Management Office of the Republic of the Marshall Islands do not have published information on cross-border agreements with regards to animal health emergencies. [1] [2] The Marshall Islands' subsidiary agreements with the US under the Compact of Free Association do not contain provisions on response to animal health emergencies. [3] The Public Health Emergency Preparedness (PHEP) cooperative agreement with the US Centers for Disease Control and Prevention does not have provisions on response to animal health emergencies. [4]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[2] National Disaster Management Office. [<https://ndmo.gov.mh/>]. Accessed 2 December 2020.

[3] US Centers for Disease Control and Prevention. Center for Preparedness and Response. "Republic of the Marshall Islands". [<https://www.cdc.gov/cpr/partnerships/state-pages/republic-marshall-islands.htm>]. Accessed 2 December 2020.

[4] US Department of the Interior. "Subsidiary Agreements - Compilation for the RMI". [<https://www.doi.gov/sites/doi.gov/files/migrated/oia/about/upload/CompactRMISubsidiaryAgreements.pdf>]. Accessed 2 December 2020.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the country have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1, No = 0

Current Year Score: 0

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Marshall Islands has allocated national funds to improve capacity to address epidemic threats from December 2017 to November 2020. The Bureau of Administration under the Ministry of Health and Human Services' "3-Year Rolling Strategic Plan 2017-2019" does not mention the funds to improve capacity to address epidemic threats. [1] The strategic plan lapsed in September 2019, and there is no evidence that it has been renewed in 2020. [2] The Ministry of Health and Human Services and The Division of Agriculture at the Ministry of Natural Resources and Commerce of the Republic of the Marshall Islands do not have published information national funds allocated to improve capacity. [3] [4] "Budget Book 2016-2021" published by the Ministry of Finance of Marshall Islands has no evidence of national funds allocated to improve capacity to address epidemic threats. [5]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands (MOHHS). "3-Year Rolling Strategic Plan October 2017- September 2019".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/marshall_islands/rmi_moh_3year_rolling_strategic_plan_fy2017-2019.pdf]. Accessed 2 December 2020.

[2] WHO. Country Planning Cycle Database. [https://extranet.who.int/countryplanningcycles/planning-cycle/MHL]. Accessed 2 December 2020.

[3] MOHHS. [http://rmihealth.org/]. Accessed 2 December 2020.

[4] Division of Agriculture. Ministry of Natural Resources and Commerce. [http://www.rmimrd.com/programs]. Accessed 2 December 2020.

[5] Republic of the Marshall Islands Ministry of Finance. "Republic of the Marshall Islands Budget Book 2016-2021". [http://rmi-mof.com/wp-content/uploads/2017/02/MTBIF-RMI-2016-2021-2.pdf]. Accessed 10 December 2020.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1 , No = 0

Current Year Score: 1

The Marshall Islands is currently eligible to receive International Development Association (IDA) resources. [1] As one of the World Bank's low-income Pacific member countries, the Marshall Islands has access to the World Bank's Pandemic Emergency Financing Facility. [2] The World Health Organization's Joint External Evaluation for Marshall Islands, conducted in September 2019 states that "there are adequate funds, including the MOHHS federal grants and the Government Contingency Fund, to support a public health emergency response". [3]

[1] International Development Association. "Borrowing Countries". [<http://ida.worldbank.org/about/borrowing-countries>]. Accessed 2 December 2020.

[2] World Bank. "Pandemic Emergency Financing Facility".

[<https://fiftrustee.worldbank.org/en/about/unit/dfi/fiftrustee/fund-detail/pef>]. Accessed 2 December 2020.

[3] World Health Organization. 23-26 September 2019. "Joint External Evaluation of IHR Core Capacities of the Republic of the Marshall Islands". [<https://www.who.int/publications/i/item/9789240008168>]. Accessed 2 December 2020.

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence that the senior leaders of Marshall Islands in the past three years have made a public commitment to support other countries to improve capacity to address epidemic threats by providing financing or support. There is no evidence that the senior leaders of Marshall Islands in the past three years have made a public commitment to improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity. According to a report by Australian Broadcasting Corporation titled "Pacific Media Assistance Scheme", Marshall Islands has only one newspaper, the Marshall Islands Journal. [1] The Marshall Islands Journal website has no evidence that senior leaders have made a public commitments to improve its own domestic capacity to address epidemic threats by requesting support to improve capacity in the past three years. [2] The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have published information on commitments to improve its own domestic capacity to address epidemic threats. [3] The World Health Organization and UN News have no information commitment made by senior leaders from Marshall Islands to support other countries to improve capacity to address epidemic threats by providing financing or support. [4] [5]

[1] Australian Broadcasting Corporation. 2013. "PACMAS: Pacific Media Assistance Scheme".

[<https://www.abc.net.au/cm/lb/9268974/data/marshall-islands%3A-state-of-the-media-report-data.pdf>]. Accessed 2 December 2020.

[2] The Marshall Islands Journal. [<https://marshallislandsjournal.com/>]. Accessed 2 December 2020.

[3] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[4] Ministry of Natural Resources & Commerce. [<http://www.rmimrd.com/>]. Accessed 2 December 2020.

[4] World Health Organization. Western Pacific. [<https://www.who.int/marshallislands/>]. Accessed 11 December 2020.

[5] UN News. Marshall Islands. [<https://news.un.org/en/tags/marshall-islands>]. Accessed 11 December 2020.

5.5.4b

Is there evidence that the country has, in the past three years, either:

- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that the Marshall Islands has provided other countries with financing or technical support to improve capacity to address epidemic threats. There is also insufficient evidence that the Marshall Islands has requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats. The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have published information on financial or technical requests or support provided by the country to improve capacity to address epidemic threats. [1] Ministry of Foreign Affairs does not have an externally accessible website. The GHS Tracking Dashboard has evidence that countries including Japan, New Zealand, US, Germany and Finland (as well as the European Union) have disbursed funds to Marshall Islands for improved global health security. While the GHS Tracking Dashboard shows that the Marshall Islands have received funding support in the field of health, there is insufficient evidence of support focused on epidemic preparedness. Over the past three years, the tracker highlights funding for efforts such as NCDs, family planning and COVID-19 response. [2] Evidence shows that recent funding has focused on response efforts to the COVID-19 pandemic, such as the European Union's ongoing support to increase response capabilities for this emergency. [3]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands [<http://rmihealth.org/>]. Accessed 2 December 2020.

[2] Global Health Security Funding Tracker. [<https://tracking.ghscosting.org/#/data>]. Accessed 2 December 2020.

[3] World Health Organization. February 2021. "Strengthening vital partnerships in the Pacific to support health sector responses to COVID-19." [<https://www.who.int/westernpacific/about/how-we-work/pacific-support/news/detail/25-01-2021-strengthening-vital-partnerships-in-the-pacific-to-support-health-sector-responses-to-covid-19>]. Accessed 24 June 2021.

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1 , No = 0

Current Year Score: 0

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1 , No = 0

Current Year Score: 0

There are no publicly available government policy statements or plans by Marshall Islands for sharing genetic data, epidemiological data, clinical specimens, and/or isolated specimens (biological materials) with international organizations and/or other countries that goes beyond influenza. The Ministry of Health and Human Services of the Republic of the Marshall Islands does not have published information on government policy statements or plans for sharing data with other countries. [1] The Ministry of Natural Resources & Commerce, which has jurisdiction over agriculture, does not have information on sharing genetic data, epidemiological data, clinical specimens, and/or isolated specimens. [2]

[1] Ministry of Health and Human Services of the Republic of the Marshall Islands. [<http://rmihealth.org/>]. Accessed 2 December 2020.

[2] Ministry of Natural Resources & Commerce. [<http://www.rmimrd.com/>]. Accessed 2 December 2020.

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0, No = 1

Current Year Score: 1

There is no public evidence that the Marshall Islands has not shared samples in accordance with the PIP framework in the past two years. The World Health Organisation has no information on the status of the Marshall Islands' sample sharing with the PIP framework. [1] No information is available from top international and local media outlets.

[1] World Health Organisation. Western Pacific. [<https://www.who.int/marshallislands/>]. Accessed 2 December 2020.

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0, No = 1

Current Year Score: 1

There is no publicly available evidence that the Marshall Islands has not shared pandemic pathogen samples or Covid-19 samples during an outbreak in the past two years. The World Health Organisation has no such evidence. [1] No information is available from top international and local media outlets.

[1] World Health Organisation. Western Pacific. [<https://www.who.int/marshallislands/>]. Accessed 2 December 2020.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 43

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 4

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 4

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 0

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 4

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 98.3

2011

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO);
The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

Current Year Score: 0.67

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 0.13

2008-2018

World Bank; Economist Impact

6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 0

There is some evidence on the share of employment in the informal sector in the Republic of Marshall Islands. The Asian Development Bank (ADB)'s report titled "Juumemmej: Republic Of The Marshall Islands Social And Economic Report 2005" states that "informal employment plays a minimal role" in the economy of Marshall Islands. [1] The ADB report also stated that 2603 people were informally employed according to the 1999 census in the country, which was 9% of the total employed population. [1] [2] There is no evidence of informal sector employment data in the 2011 Population and Housing census conducted in the Marshall Islands. [2] ILOSTAT and the World Bank do not have published information on the employment sector in the informal sector in Marshall Islands. [3] [4] The Labor Division under the Ministry of Foreign Affairs does not have an externally accessible website. [5]

[1] Asian Development Bank. 2006. "Juumemmej: Republic Of The Marshall Islands Social And Economic Report 2005". [https://www.adb.org/sites/default/files/publication/28756/juumemmej.pdf]. Accessed 2 December 2020.

[2] Economic Policy, Planning, and Statistics office. 2011. "The RMI 2011 Census of Population and Housing Summary and Highlights Only". [https://www.doi.gov/sites/doi.gov/files/uploads/RMI-2011-Census-Summary-Report-on-Population-and-Housing.pdf]. Accessed 2 December 2020.

[3] ILOSTAT. https://ilostat.ilo.org/. Accessed 2 December 2020.

[4] The World Bank. "Informal employment (% of total non-agricultural employment)". [https://data.worldbank.org/indicator/SL.ISV.IFRM.ZS]. Accessed 2 December 2020.

[5] International Labour Organization (ILO). "ILO in Marshall Islands". [https://www.ilo.org/suva/countries-covered/marshall-islands/WCMS_634205/lang--en/index.htm]. Accessed 2 December 2020.

6.2.3c

Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 1

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient

Scored 0-1, where 0=best

Current Year Score: -

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 77.42

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: 0

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 73.6

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 666.23

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 4.7

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 28.94

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 52.9

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 88.49

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

Current Year Score: 83.49

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international \$)

Input number

Current Year Score: 294.06

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018