Republic of Marshall Islands
Ministry of Health

National Reproductive
Health Policy/Strategy

2014 -2016

Dr. Sophaganine Ty
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**ABBREVIATIONS:**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
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<tr>
<td>CPR</td>
<td>Contraceptive Prevalence rate</td>
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<tr>
<td>DHS</td>
<td>Demographic Health Survey</td>
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<tr>
<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>FGM</td>
<td>Female genital mutilation</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<tr>
<td>NCD</td>
<td>Non-communicable Diseases</td>
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<tr>
<td>PSRO</td>
<td>(UNFPA) Pacific Sub Regional Office</td>
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<tr>
<td>SPC</td>
<td>Secretariat of the Pacific Community</td>
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<tr>
<td>RH</td>
<td>Reproductive Health</td>
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<tr>
<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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FOREWORD

(need a statement form Secretary for health… )
ACKNOWLEDGEMENT

Need to come from MOH
1. **INTRODUCTION**

The availability of good quality reproductive health (RH) service is essential; it provides a social and economic investment benefit to the family and to the country. The World Health Organization (WHO) defined RH as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Reproductive health addresses reproductive processes, functions and systems at all stages of life. Thus, RH does not only focus on diseases, it is about human responsibility, safely, satisfaction, capability, and the freedom to decide on when couple chooses to have children.

In the context of primary health care, the International Conference on Population and Development (ICPD) defined RH care’s components includes:

a. Family planning;
b. Antenatal, safe delivery, and post-natal care;
c. Prevention and appropriate treatment of infertility;
d. Prevention of abortion and management of the consequences of abortion;
e. Treatment of reproductive tract infections;
f. Prevention, care and treatment of STIs and HIV/AIDS;
g. Information, education and counselling, as appropriate, on human sexuality and reproductive health;
h. Prevention and surveillance of violence against women, care for survivors of violence and other actions to eliminate traditional harmful practices, such as Female genital mutilation (FGM).

The Government of the Republic of Marshall Islands (RMI) is a signatory to the ICPD - which projects the concept of RH care as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive and sexual health problems. The RMI is also a signatory to the Millennium Development Goals – MDGs- which includes and integrates references to RH social and cultural determinants as well as specifying targets in maternal and reproductive health.
Over the last two decades the RMI has made a lot of progress towards meeting the ICPD and MDG goals. Access to basic health services throughout the country is generally good despite of many challenges such as geographical and topographical.

This RH Policy/strategy document for the Republic of Marshal Islands draws from ICPD program direction, the Republic of Marshall Islands National Health Plan (years); the Family Planning and Reproductive Health Needs Assessment, 2014; and Achievement Universal Access to Reproductive Health Services and Commodities and the Pacific Policy Frame work 2008-2015.

This policy document is also the outcome of an exhausting exercise, involving all key stakeholders, led by the Reproductive Health Unit with technical assistance from UNFPA Pacific Sub Regional Office (PSRO).

2. CONTEX

2.1. Geography and demography

The Marshall Islands are located in the Central Pacific Ocean, approximately 2,000 miles southwest of Hawaii and 1,300 miles southeast of Guam. They are comprised of 29 scattered chains of remote atolls, the Eastern Ratak (Sunrise) and Western Ralik (Sunset).

The total land area is 181 square kilometers and has some 370 km of coastline (less than 0.01 percent of the total surface area). The Marshall Islands face great challenges in the delivery of basic health services. Transportation and communications are limited by the isolated nature of many of the islands and atolls.

Two-thirds of the population are living on the two major urban atolls, Majuro and Kwajalein (including Ebeye Island). Population densities in some of the urban settlements exceed 28,000 people/km². More than half of the RMI total population lives in Majuro.

The total population count of the 2011 census is 53,158; which increased only by 2,300 people since the last census in 1999. The slow growth of the population in the country is primarily caused by the emigration of the Marshallese to the United States and elsewhere. (UNFPA, 2014)
Table 1: Population composition in Marshall Islands, UNFPA Estimated, 2014

<table>
<thead>
<tr>
<th>Age composition (2014)</th>
<th>Population in RMI by age and sex: 2015 (Shaded area) and 2050 (Outlined)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age composition</td>
<td>Value</td>
</tr>
<tr>
<td>Population 0-14 (%)</td>
<td>40</td>
</tr>
<tr>
<td>Population 15-24 (%)</td>
<td>18</td>
</tr>
<tr>
<td>Population 25-59 (%)</td>
<td>37</td>
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<tr>
<td>Population 60 and older (%)</td>
<td>5</td>
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The Total Fertility Rate (TFR) 2019-2011 is 4.1, 3.9 in the urban and 4.5 in the rural area. The RMI has the highest teenage fertility rate in the region. As a result of high levels of fertility, the Marshall Islands has one of the youngest populations in the region. Fourthly percent (40%) of the population age is below 15. (UNFPA, 2014)

Population Trend in Marshall Islands, 2014

2.2. Health Status

The life expectancy at birth in RMI for males 71.3, and 72.5 is for females. The average of maternal mortality ratio is 104 deaths per 100,000 live births. Over ninety percent (94.1%) of pregnant women are managed by skilled attendance at the delivery. The Total Fertility Rate (TFR) has slowly declined for the last three decades.

The RMI has a high teenage fertility, and this is much more prevalent in the outer islands. Over eighteen percent (18.68%) of teenage mothers have low birth weight (LBW). The Infant Mortality Rate (IMR) in the RMI remains high.

According to the Ministry of Health’s statistics, unmet need for contraception was 8.1 in the 2007, but had decreased to 2.4 in 2009. The rate of HIV is low (0.031%). However, the rate of chlamydia trachomatis infection still remains high. (UNFPA, 2014)

**Teenage Pregnancy: Mother’s age is less than 20 years old (2012 MOH Report)—**

<table>
<thead>
<tr>
<th>Description</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>Teen Pregnancy</td>
<td>253</td>
<td>232</td>
<td>198</td>
<td>122</td>
<td>182</td>
</tr>
<tr>
<td>VLBW for Teen Pregnancy</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>LBW for Teen Pregnancy</td>
<td>53</td>
<td>43</td>
<td>37</td>
<td>40</td>
<td>34</td>
</tr>
<tr>
<td>Premature Teen Pregnancy</td>
<td>31</td>
<td>18</td>
<td>10</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>% of Teen Pregnancy from all birth</td>
<td>17%</td>
<td>14%</td>
<td>14%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Teen Pregnancy rate per 1,000 population</td>
<td>39</td>
<td>36</td>
<td>31</td>
<td>41</td>
<td>34</td>
</tr>
</tbody>
</table>
2.3. Health System

The RMI has a well-developed public health system. There are two main hospitals, Majuro Hospital and Ebeye Hospital, and 56 health centers. Both hospitals offer out-patient, in-patient, Public health clinics, and other services. There are also two private clinics and one pharmacy located in Majuro. Special health care services have been set up for the four atolls affected by the nuclear testing, and it’s called 177 Health Care Programme.

The two main hospitals provide primary/secondary and some tertiary care services to the urban areas including surrounding islands throughout referrals and medical evacuation. Moreover, referrals for tertiary care patients are also referred to off-islands hospitals in the Philippines and Hawaii.

3. THE PROCESSES OF DEVELOPMENT OF THE POLICY

Follow the recommendation from international and regional development agencies; the government of RMI is very active in improving the safe motherhood/making pregnancy safe, family planning and other services in the country.

In response to the request to UNFPA for assistance in the development of the RMI Reproductive Health Policy/Strategy, the consultation was organized by MOH in September, 2014. The
representative from government and non-government organizations were at the meeting (see list of participants).

The causality analysis was made prior to set up of the policy statements. The analysis has helped to identify the strengths and weaknesses, and other factors affecting Reproductive Health Services in RMI. The policy statements derived from the experiences from the current intervention as well as addressing of the gaps.

The overall policies and commitment are stated toward improving health care, particularly to Reproductive Health Services.

**Guidance principles and Values**

The description of the values and principles of this policy are based on the following parameters:

- National ownership and country leadership
- Rights bases approach and respect for the reproductive rights for all individuals
- Gender and culturally sensitive participatory, aim to put emphasis on gender mainstream, equal opportunity to all citizen (including the marginalized) irrespective of their social status, religion, or beliefs.
- Ensuring implementation of evidence based interventions and quality in reproductive health care which includes access to services
- Multidisciplinary approach- Involve all sectors linked to health such as education, Law and Order, Justice, labor, and other disciplinary partners.

**4. POLICY/STRATEGY FOR REPRODUCTIVE HEALTH**

This developed policy is based on the specific context of RMI. It aims to assist the RMI’s health system to provide quality Reproductive Health care for all. The policy document is addressing beyond diseases. It ensures that the people of the RMI receive complete comprehensive care including support on physical, mental, and social wellbeing.

This policy has been formulated within the remits of various consultations with key stakeholders, it is aimed to enable the RMI meet its commitment to achieving Millennium Development
Gold (MDG) 5 and also contribute to the Millennium Declaration for achieving MDGs, particularly 3, 4, and 6.

**Vision**

This policy envisions quality services of Sexual Reproductive Health and Rights for all the people of the Republic of Marshall Islands.

**Mission**

The mission of this policy is to assure quality reproductive and sexual health care that women are safe during pregnancy and child birth; adolescent young children have optimal physical and sexual development; reduction STIs including HIV and reproductive tract infections, cervical cancer and other RH morbidities; and availability of quality of Family planning services in RMI.

**Thematic areas of Sexual and Reproductive Health**

In order to achieve the vision and mission of the National Reproductive Health Policy, nine priority areas have been encompassed as a guidance principle. The main eight priority areas include:

1. Maternal and Neonatal health: Antenatal, perinatal, postpartum & newborn care
2. Provision of Family Planning
3. Adolescent Sexual and Reproductive Health
4. The control of STIs/HIV and on integration with other SRH programs
5. Other gynaecological morbidities: abortions, cancer, infertility, and menopause
6. Cervical and Breast cancer
7. Gender and Reproductive Health
8. Reproductive Health Commodity Security
9. Men involvement in RH
POLICY STATEMENTS AND STRATEGIC ACTION

1) Maternal and Neonatal Health

POLICY STATEMENTS

Improve Pregnancy and Neonatal Outcomes by making quality Maternal and Newborn services more available and accessible.

The concept is to ensure all women receive appropriate health care throughout pregnancy and childbirth including proper nutrition and living a healthy life style during pregnancy, appropriate antenatal care, prevention of complications, early and effective diagnostics and the treatment of complications. The objective is to ensure women and infants are safe throughout pregnancy, during and after delivery.

Strengthened quality of antenatal care services at peripheral health centres and increased number of qualified midwives are needed to meet the current high demand of antenatal services. Women should be encouraged to receive antenatal services from community clinics. Facilities should be equipped to ensure private consultations and relevant screening and treatment. All facilities should have running potable water.

STRATEGIC AREAS AND ACTIONS:

<table>
<thead>
<tr>
<th>STRATEGIC AREAS</th>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>STRATEGIC AREA 1:</td>
<td>1. Conduct community awareness, promote early booking</td>
</tr>
<tr>
<td></td>
<td>of mothers before 12 weeks of gestation and mothers attend at least 4</td>
</tr>
<tr>
<td></td>
<td>Pre-Natal clinics before delivery</td>
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<td></td>
<td>2. Promote increased male participation in antenatal, intrapartum and</td>
</tr>
<tr>
<td></td>
<td>postnatal care</td>
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<tr>
<td></td>
<td>3. Promote pre-natal classes at first booking at all service deliveries</td>
</tr>
<tr>
<td></td>
<td>4. Conduct routine screening and treating for syphilis and STIs for all</td>
</tr>
<tr>
<td></td>
<td>pregnant women</td>
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<tr>
<td></td>
<td>5. Standardise quality of antenatal care at all facilities</td>
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</tbody>
</table>
| STRATEGIC AREA 2: Ensure every woman has skilled professional at delivery | 1. Conduct training to health staffs on Emergency Obstetric Care (EMOC)  
2. Provide training to traditional birth attendance on basic obstetric care  
3. Promote safe delivery at health facilities by skilled health professionals  
4. Provide clean delivery kits to skilled birth attendants for use in remote areas  
5. Develop clear referral system, facilitate prompt referrals of high risk cases to the main hospitals |
|-------------------------|----------------------------------------------------------------------------------|
| STRATEGIC AREA 3: Ensure all pregnant women are access to a comprehensive emergency obstetric care | 1. Review and standardise clinical guidelines and protocols for obstetric care  
2. Ensure service deliveries are met/and comply with a basic and/or comprehensive obstetric care standards  
3. Develop a system for the on-going up skilling of health care workers in emergency obstetric and neonatal competency and skills;  
4. Develop quality assurance and quality improvement (QA and QI) to monitor and evaluate the practice.  
5. Ensure client receive maximum benefit by strengthen communication and referral strategies amongst all levels service deliveries |
| STRATEGIC AREA 4: Facilitate Access and Availability of Effective Neonatal Care and Post-natal care | 1. Develop a basic comprehensive care package for new-borns and post natal mothers  
2. Ensure staffs working at postnatal and new-born units are undergo regular training in new-born resuscitation and clinical assessment to recognize danger signs  
3. Develop/review policies for strengthening postnatal clinic and MCH attendance |
4. Ensure client receive maximum benefit by strengthen communication and referral strategies at all levels of service deliveries
5. Establishment of mechanisms for on-going monitoring and evaluation of Paediatric services

| STRATEGIC AREA 5: Community awareness and participation on Maternal and Neonatal Health | 1. Engage communities, raising awareness and promoting Maternal and Neonatal Health
2. Conduct meeting/workshop develop a basic plan for referral for high risk cases
3. Create support network in community for women and family |

2) Provision of Family Planning

POLICY STATEMENTS

The provision of quality Family Planning services is available and accessible to the general population of RMI

Family planning reduces health risks in women and gives them more control over their reproductive lives. It’s allows people to attain their desired number of children and determine the spacing of pregnancies.

Family Planning is the means by which individuals and couples can freely and responsibly choose the number of children they want and when they want them for the health and well-being of themselves and their family.

Confidentiality, privacy and promotion of human and reproductive rights for each client seeking contraceptive service should be respected, as consistent with the constitution of RMI.

All clients have the right to information about each method and should make informed decisions about family planning, free of coercion in a private and comfortable environment that ensures
confidentiality. Contraceptive methods should be prescribed on the basis of informed choice with effective counselling.

**STRATEGIC AREAS AND ACTIONS:**

<table>
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<tr>
<th>STRATEGIC AREAS</th>
<th>ACTIVITIES</th>
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</table>
| **STRATEGIC AREA 1:** Ensure that the family planning’s client receives full sexual reproductive health care services | 1. Ensure other SRH services such as pregnancy test, counselling, STI screening and treatment, cancers screening are available at all family planning clinics  
2. Ensure client receive maximum benefit by strengthen communication and referral strategies at all levels of service deliveries  
3. Promote and re-enforce of best practice, ensure comprehensive physical examination is part of the routine clinic |
| **STRATEGIC AREA 2:** Ensure counseling of clients to utilize effective and appropriate methods of contraception thereby facilitating informed choice | 1. Conduct regular refresher training for the FP/RH/Maternity/PH/Dispensaries staffs and school nurses  
2. Strengthen counselling of clients in selecting appropriate contraceptive methods, and ensure proper documentation are completed at all visits  
3. Supply wide range of quality family planning methods at all service deliveries.  
4. Improve quality of service to increase access to existing FP methods  
5. Conduct regular monitoring and evaluation of services by getting feedback from clients (Provide a set of questionnaire to all the FP clients) |
<p>| <strong>STRATEGIC AREA 3:</strong> Strengthen the community | 1. Strengthen strategic health communication on FP to community, develop IEC materials, put up sign-board |</p>
<table>
<thead>
<tr>
<th>awareness of the Family planning clinic existence and services</th>
<th>in appropriate places</th>
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<tbody>
<tr>
<td>2. Promote access to health services, put up an eye catching clinic schedule around the MOH</td>
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<td>3. Conduct general public awareness through the media (radio, newspaper, channel, internet)</td>
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<tr>
<td>4. Continue to capacitate the community health workers and school health advocates of the FP clinic</td>
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**STRATEGIC AREA 4:**
Expand and improve the FP services within the MOH and the community

| 1. Provide FP services at all Public Health programs (physical exams, NCD clinics, STI/HIV, and zones). |
| 2. Provide FP services to the high risk population in the wards (maternity, delivery, and pediatric ward) |
| 3. Continue to provide emergency contraceptive in the ER |
| 4. Improve the FP services at the CMI clinic |
| 5. All FP services will be provided in the High School clinics and colleges. |
| 6. Continue and improve the FP services in YTYIH, Laura, and Outer island dispensaries |

**3) Adolescent Sexual and Reproductive Health**

**POLICY STATEMENTS**
Improved sexual and reproductive health of adolescents and young people in RMI through reduction of teenage pregnancy and STI cases and strengthened HIV prevention.

An adolescent is at a transactional stage of change from childhood to adulthood. In this stage, young people undergo differences changes in their life; include physical, emotional, social, and gained sense of identity and values. During this period attention to the sexual reproductive health, and the prevention sexually transmitted infection including HIV/AIDS is very important.
Addressing adolescent sexual reproductive health may delay first pregnancy, reduce maternal and child mortality, and improve healthy outcome for women and children.

Adolescent Sexual and Reproductive Health (ASRH) includes prevention of teenage pregnancy, STI/HIV; the provision of Information, Education and Communication including family life education; the provision of youth friendly services; the review and development of youth friendly policies and youth participation.

**STRATEGIC AREAS AND ACTIONS:**

<table>
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<tr>
<th>STRATEGIC AREAS</th>
<th>ACTIVITIES</th>
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</table>
| **STRATEGIC AREAS 1:** Ensure the rights of young people are protected | 1. Invention all the existing policies and laws application to Adolescent’ health (e.g. National Youth Policy, Domestic Violence Act, Children Protection, Statutory Rape, No Child Left Behind Policy, legislation related to Alcohol and Tobacco, Implementation of Curfew hours…etc.)  
2. Enforcement of policies and laws – e.g. Patients privacy laws, Domestic Violence Act  
3. Review and revision of policies that will enhance the services for Adolescent Sexual and Reproductive Health |
| **STRATEGIC AREAS 2:** Development a youth-friendly ASRH educational programme that offer school-based and teacher-facilitated information for different age groups. | 1. Develop and adapt evidence based Comprehensive Sexual Education Programs  
2. Training of teachers, educators and health care workers on the Curriculum on Sexual Education (CSE)  
3. Parents Teachers Association (PTA) briefings on Comprehensive Sexual Education  
4. Mandatory Comprehensive Sexual Education in School but option to opt-out  
5. Monitoring and Evaluation from the development to implementation. |
| STRATEGIC AREAS 3: Development of youth-friendly services that address the needs of young people. | 1. Establish and implement of Youth Clinics in the Schools (Middle School, High School, College)  
2. Set up a Referral System from school to public health programs (STD/HIV, FP, TB, Immunization and other programs)  
3. Available of train staff and volunteers that provide services for ASRH  
4. Conduct regular Wide Media Awareness Campaign on Family Orientation, FP, Tobacco, Alcohol, and Substance Abuse..etc)  
5. Declare and observe Teenagers Awareness Day  
6. Establish a sub youth committee to look specifically on ASRH  
7. Develop Monitoring and Evaluation plan – especially plans for regular review of health services data for informed decisions and evidence-based programming. |

4) Other gynecological morbidities: abortions, infertility, and menopause

**POLICY STATEMENTS**

All women and partners including girls have access to quality, affordable and sustainable gynaecological services both in urban and rural areas of RMI.

Infertility can cause enormous stress and pressure to individual women, partners as well as to families. The provisioning of the management of infertility should include counselling, prevention and early diagnostic and treatment of conditions that lead to infertility. Medical and physical abortions are illegal in RMI, except in cases if the mother’s is in danger. With improvement in the socio-economic status of individuals, life expectancy improves with a corresponding rise in the reproductive health needs of the elderly. Problems at the menopause are
increasingly being reported and are sometimes the source of emotional and psychological problems, sexual dysfunction and marital disharmony

**STRATEGIC AREAS AND ACTIONS:**

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<th>ACTIVITIES</th>
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</thead>
</table>
| **STRATEGIC AREAS 1:** Ensure quality of care provided to women with gynecological conditions | 1. Develop referral system to ensure women are received care appropriately and timely manner  
2. Develop and revised evidence base guidelines for Obstetrics and Gynecology Clinical Practice  
3. Conduct training to health care workers base on the National Guideline  
4. Regular support and monitoring staff performance |
| **STRATEGIC AREAS 2:** Ensure adequate supply for RH equipments and other commodities | 1. Develop strengthen guideline, inventory for RH’s commodities  
2. Provide training to health care workers on storage, inventory, and forecasting  
3. Monitoring and supply for RH’s commodities to all service deliveries |
| **STRATEGIC AREAS 3:** Strengthen community awareness on prevention of abortion, infertility, and menopause | 1. Conduct community awareness (including school) on prevention of abortion, infertility, and menopause  
2. Develop appropriate IEC materials related to difference gynecological conditions |
5) Cervical and Breast cancer

**POLICY STATEMENTS**

Improve quality cancer services-- All men and women have access to screening and cancer care both in urban and rural areas of RMI

Cervical, breast, and ovarian cancer are the most common cause of premature death in women. Cervical cancer is the second most common cancer in women worldwide. (WHO, 2013) Early diagnostic and timely management could save women's life. The health services shall ensure the functioning of services are available for prevention, screening, management, and follow-up of cancers of the reproductive system among men and women.

**STRATEGIC AREAS AND ACTIONS:**

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<th>STRATEGIC AREAS</th>
<th>ACTIVITIES</th>
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</table>
| **STRATEGIC AREAS 1:** Community advocacy, engagement and empowerment to enable women and men to access screening and detection services | 1. Provide education to schools (Middle School, High School and College) education on cancer, risk factors, early screening, and availability of services in the Ministry of Health  
2. Conduct comprehensive HPV Campaign in schools and local community  
3. Continue community visit for cancer and prevention awareness  
4. All clients should undergo cancer screenings based on the RMI National Cancer Screening Guidelines |
| **STRATEGIC AREAS 2:** Ensure up-skilling of hospital-based nursing and medical staff to provide quality of care to women and men diagnosed with reproductive tract cancers | 1. Review management guideline (screening and management) on breast, cervical and colorectal cancer by the two Cancer coalitions from Majuro and Ebeye.  
2. Provide training of staff in mammogram and ultrasound  
3. Develop strategy for retention of staff that has the skills to provide the services |
5. Capacity trainings on management of cervical, breast, and colorectal cancer
6. Retraining of VIA Screening
7. Improve and decrease turnaround time for Pap smear and pathology reports from laboratory.
8. Incorporate HPV vaccines in the regular immunization schedule.

| STRATEGIC AREAS 3: Ensure supplies needed for the screenings and management is readily and sufficiently available | 1. Re-enforcement the use of inventory system
- Flow of inventory
- Information system
2. Create an ordering and replenishing system guidelines |

| STRATEGIC AREAS 4: Advocacy to member of the public, politicians, medical and nursing leaders to support the setting up screening and vaccinations services for adults and young population | 1. Utilize NCD Coalition to advocate to the politicians and advisory group for support on the screening, prevention, management and treatment of cancer.
2. Collaborate with Faith Based Organization advocate to the politicians and advisory group for support on the screening, prevention, management and treatment of cancer.
3. MOH to work with its international partners to seek additional funding to support the cancer screenings and vaccination services. |

6) Gender and Reproductive Health

**POLICY STATEMENTS**

Ensure all SRHR services are providing in non-discrimination and gender sensitized environment with equal access to all.
Gender has emerged as a cross-cutting issue that now has been recognized as a key factor to strengthen a country ability to grow, to reduce the poverty and to improve standard of living. Gender-based violence in Pacific countries including in RMI is showing incidence and prevalence figures in excess of those found in other parts of the world.  
The response to GBV is everyone’s business. Most countries adopt a multipronged strategy when addressing GBV, combining legislative change, community advocacy and education and special training for health professionals.

**STRATEGIC AREAS AND ACTIONS:**

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| **STRATEGIC AREAS 1:** Ensure a key of hospital and clinic staff receives quality training on gender mainstreaming, to provide sensitive care of the women and girl victims of GBV. | 1. Capacity development: certified first responders—provide training on gender-sensitized response for the victim.  
2. Capacity building and in-service training for all staff involved in the care of victims of GBV, including training on the forensic role of health workers  
3. Clinical services available for men—available of make nurses/doctors and vice versa for female  
4. Review of current Gender Based Violence (GBV) response services and programmes for men to identify areas for improvement |
| **STRATEGIC AREAS 2** Ensure health professionals provide high level advocacy in support GBV victim are link to other services such as legal, police and support areas | 1. Establishment of a network for the care and support of victims of GBV. Linking services by creating proper referral mechanisms for all stakeholders |
| **STRATEGIC AREAS 3** Conduct community and school based awareness on GBV and on its detrimental social, cultural, | 1. Continues awareness on GBV and existing laws and protocol- especially in the outer islands  
2. Advocacy for the importance of gender equality in the health and development of RMI |
# 7) The control of STIs/HIV and on integration with other SRH programs

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<tr>
<th>POLICY STATEMENTS</th>
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<tbody>
<tr>
<td>Ensure quality of comprehensive STIs/HIV services provided to all health care setting.</td>
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<tr>
<td>Improved client-oriented SRH and STI-HIV services through strengthened linkages and integration between SRH and STI/HIV services</td>
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Sexually Transmitted Infections (STIs) have a great impact on sexual and reproductive health. It can lead to serious consequences beyond the immediate impact of the infection itself. Prompt treatment can help prevent the complications of some STIs as well as prevent further transmission. Several factors lead to the rise of infection include sexual attitude and life style, social economic factors, rape and violence...etc. STIs including HIV are still have a strongly associated to stigma. Thus, management of STI should be more comprehensive and should be looked at beyond the disease.

Base on case reporting, the rate of HIV in RMI is low, however, the rate of STI/RTI are high particularly Chlamydia. Hence the need for control of STI has become urgent since STIs are now recognized as independent risk factors for HIV transmission as well as are associated with significant STI morbidity for both males and females.

Delivering services for both STI-HIV and SRH target the same population. Clients seeking SRH services and those seeking STI-HIV services share many common needs and concerns. Therefore, by linking and integrating STI-HIV and SRH services, clients have access to both services and providers are able to efficiently and comprehensively provide them.

In sexual and reproductive health, "integration" is referred to various types of administrative and service integration. Undertaking sexual and reproductive health service delivery requires improved understanding of the conceptual and practical linkages between administration and service delivery to best utilize a limited pool of resources yet maximise its impact on those accessing it.
**Linkages.** In sexual and reproductive health, "linkages" is referred to ensuring continuity and sustainability of various types of sexual and reproductive health services where “integration” is not feasible, available or existing.

**STRATEGIC AREAS AND ACTIONS:**

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<tr>
<th>STRATEGIC AREAS</th>
<th>ACTIVITIES</th>
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| **STRATEGIC AREA 1:** Strengthening existing STI/HIV and reproductive health services to provide efficient and effective services through integration. | 1. Extend services to cover more geographical areas in the outer islands  
2. Development of specific protocols/or guidelines to support integration and linkages of STI/HIV to existing RH services (and vice versa)  
3. Dissemination of standard protocols and guidelines on integration and linkages between two programmes |
| **STRATEGIC AREA 2:** Development of strong linkages where reproductive health and STI/HIV services integration is not feasible, both at programmatic and implementation levels. | 1. Make available of resources to ensure health facilities are supported by strong linkage mechanisms.  
2. Review of current referral protocols and guidelines to identify areas for improvement and strengthening on linkages  
3. Integrate STIs/HIV and RH education materials in all school in RMI |
| **STRATEGIC AREA 3:** Development a simple system for collect report and manage essential data related to RH and STI/HIV integration and linkages. | 1. Review of current health information system to align with reporting indicators for both STI/HIV and RH  
2. Development of specific protocols and guidelines to support data reporting relating to STI/HIV and RH  
3. Dissemination of protocols and guidelines on reporting indicators for both STI/HIV and RH  
4. Conduct training and awareness on reporting indicators for both STI/HIV and RH integration and linkages  
5. Development of a Monitoring and Evaluation framework to monitor the integration and linkages of STI/HIV and RH services |
8) Reproductive Health Commodity Security

**POLICY STATEMENTS**

All women, men and children in RMI have access to reproductive health commodities at the right time, right place, right condition, in the right amounts for the right price.

Reproductive Health Commodity Security (RHCS) is defined as ensuring a **secure supply** and **choice** of **quality contraceptives** and other reproductive health commodities to meet every **person's needs** at the **right time** and in the **right place**.

RHCS has four essential features, namely:

- Estimation of requirements (forecasting);
- Allocation of budget (financing);
- Purchase and delivery of commodities (procurement);
- Warehousing and distribution of commodities.

**STRATEGIC ACTIONS**

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<th>STRATEGIC AREAS</th>
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| **STRATEGIC AREA 1:** Ensure the availability and adequate RH and Commodity supplies to the general population | 1. Develop a commodity inventory data system both for Ebeye and Majuro  
2. Improve the logging system in place  
3. Improve the commodity monthly inventory in all clinics including the outer island dispensaries  
4. Shorten the time frame of commodity forecasting, distribution, and ordering from annually to biannually.  
5. Conduct forecasting of all RH commodities based on the compiled data and Develop a Procurement Plan and finalise the budget  
6. Review the past consumption data of (RH/STI/Gynae/Ante-natal/Post-Natal/MCH) to establish Inventory levels |
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<tr>
<th>STRATEGIC AREA 2:</th>
<th>STRATEGIC AREA 3:</th>
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<tr>
<td>Undertake capacity building</td>
<td>Create supportive regulatory framework</td>
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7. Mandatory timely reporting to UNFPA office on overstock commodity

1. Conduct onsite training on forecasting and logistics management through appropriate use of stock cards for national and all service deliveries

1. Develop, implement and monitor Reproductive health commodity security (SHCS) plan
2. Established RHCS inventory policy

9) Men involvement in Reproductive Health

**POLICY STATEMENTS**

All men in RMI have access to men-friendly facilities and participate fully in reproductive health activities involving their partners and children.

Women cannot achieve gender equality and sexual and reproductive health without the cooperation and participation of men. In many situations, men are usually decided on the number and variety of sexual relationships, timing and frequency of sexual activity and the use of contraceptives. However, men are also has their specific needs of RH services.

In fact, neglecting to provide information and services for men can detract from women's overall health. For example, men who are educated about reproductive health issues are more likely to support their partners in decisions on contraceptive use and family planning, support that may be essential if women are to practice safe sex or avoid unwanted pregnancy. (Grady et al, 1996)

**STRATEGIC ACTIONS**

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<tr>
<td>STRATEGIC AREA 1:</td>
<td>1. Establish men-friendly facilities as an integral part of promoting, advocating for and implementing RH programmes</td>
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<tr>
<td>Advocate for, promote and ensure more participation of men in their own RH choices and activities.</td>
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2. Make available of resources at all health facilities that appropriate for men
3. Advocate and provide support for husbands and partners to accompany their wives/partners attending Antenatal Clinic, Post Natal and FP clinics.

| STRATEGIC AREA 2: Develop programs on FP, RH, STI/HIV specifically focusing on men’s health | 1. Training of health professionals on non-scalpel vasectomy procedure.  
2. Mobilize men to take part in promoting gender equity and advocate for issues such as sexual violence, prevention of STI/HIV and involvement in FP.  
3. Development of a practical Monitoring and Evaluation plan |

5. OPERATIONAL FRAMEWORK OF THE RH POLICY

a. Ministry of Health
The Ministry of Health will be responsible for the technical and management oversight in the implementation of the RH Policy and Strategy for improved delivery of RH care services in RMI. The Ministry of Health therefore, shall coordinate, evaluate and monitor the implementation of the policy.

The national Reproductive Health Working group and Perinatal Committee lead by the Secretary for Health shall provide technical advice, guidance, and facilitate the network of technical expertise in the implementation of this policy. The working group/committee shall also assist the Ministry in revision of the policy by providing the required technical inputs.

b. Reproductive health Unit
Reproductive Health Unit in the Ministry of Health shall carry out the functions of co-ordination monitoring and evaluation on behalf of the Ministry.
c. Non-Government organisation
The non-governmental organization and religious organizations shall continue to participate in Reproductive health activities. Due recognition and support shall be given base on their work, expertise, experience and resource capabilities.

d. Co-operation partners
Donor agencies and international non-governmental organizations will continue to play a vital role in providing support to the implementation of this policy.

e. Monitoring and Evaluation
The implementation of reproductive health policy will be monitored and evaluated on a regular basis in order to improve the quality of service provision. The monitoring and evaluation plan shall be continuous to measure outcomes, impacts and overall success and ultimately ensure strengthening of the reproductive health programme through field visits and reporting
GLOSSARY

Total Fertility Rate: The average number of children that would be born alive to a woman during her lifetime if she were to pass through her child bearing years confirming to the age – specific fertility rates of a given year.

Life Expectancy at Birth: The average number of years a newly born infant is expected to live if current mortality trends were to continue.

Maternal Mortality Rate: The number of women who die due to pregnancy and child birth complications per 100,000 live births in a given year.

Infant Mortality Rate: The number of deaths of children under one year of age in a given year per 1,000 live births in that year.

Parity: The number of children born live to a woman.

Adolescent: Person aged between 10 - 19 years.

Abortion: Is termination of pregnancy expulsion or extraction of embryo/fetus before 22 weeks of gestation or below 500gm weight of fetus.

Infertility: Absolute inability of a couple to achieve pregnancy after 12 months of active sexual inter-course.

Sub-fertility: relative inability / difficulty at conceiving.

Fertility: The actual output of births, as opposed to the potential output.

Cervical cancer: Cancer (Malignancy) arising from the neck of the womb (cervix).

Breast cancer: Malignant tumour arising from the breast.

Ante Natal Care: Ante Natal Care is the care provided to pregnant women from conception through to onset of labour.

Postnatal Care: This is the care provided to the woman and her baby at the follow up postnatal visit from the time of discharge from hospital to the end of the puerperium.
## List of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and station</th>
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<tbody>
<tr>
<td>Oling Debrum</td>
<td>Director of Primary Health care, MOH Ebeye</td>
</tr>
<tr>
<td>Neir Kabua,</td>
<td>Cancer Prevention Coordinator, MOH, Majuro</td>
</tr>
<tr>
<td>Betalyna Abo,</td>
<td>Family Planning Nurse, Majuro, MOH</td>
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<tr>
<td>Yoshiko Yamaguchi</td>
<td>UN JPO, UNDP/GEF/SGP Coordinator</td>
</tr>
<tr>
<td>Silomeci Sawaqe</td>
<td>Nurse at Maternity Ward, MOH, Majuro</td>
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<tr>
<td>Maybelline Ipil</td>
<td>MIEPI consultant</td>
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<tr>
<td>Ana V. Koliniwai</td>
<td>FP nurse, MOH Ebeye</td>
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<tr>
<td>Peter Hopkings</td>
<td>YTYIH</td>
</tr>
<tr>
<td>Aluka Rakin</td>
<td>YTYIH</td>
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<tr>
<td>Joni Nashion</td>
<td>MOH Majuro, Nursing Supervisor</td>
</tr>
<tr>
<td>Brooke Takala Abraham</td>
<td>USP, Majuro</td>
</tr>
<tr>
<td>Tomiko Maddison</td>
<td>WUTMI</td>
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<tr>
<td>Lydia Tibon, KIJLE</td>
<td>MOH, Majuro</td>
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<tr>
<td>Journal Jilly</td>
<td>Kunit Bobrae, Majuro</td>
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<tr>
<td>Eomra Lokeijak</td>
<td>FP nurse, MOH, Majuro</td>
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<tr>
<td>Tauki Korean</td>
<td>FP nurse, MOH, Majuro</td>
</tr>
<tr>
<td>Rina Heben</td>
<td>Maternity nurse, MOH</td>
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<tr>
<td>Malynee Joseph</td>
<td>YTYIH</td>
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<tr>
<td>Jacqueline Mojilong</td>
<td>Majuro FP nurse, MOH</td>
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<tr>
<td>Molly Murphy</td>
<td>MIEPI consultant</td>
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<tr>
<td>Edlen J. Anzuers</td>
<td>IT Department, MOH, Majuro</td>
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<tr>
<td>Ransen L. Hansen</td>
<td>Majuro-Vital Statistic, MOH</td>
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<tr>
<td>Helen David</td>
<td>Majuro FP Director, MOH</td>
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<tr>
<td>Dr. Aina Garstang</td>
<td>RH Programme Director, MOH</td>
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<tr>
<td>Luren Loeak-Ading</td>
<td>WUTMI</td>
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References


