As written

STATEMENT BY
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Mr. President
Fellow Ministers
Distinguished Guests
Ladies and Gentlemen

It is my honour to bring you greetings and Yokwe from the Republic of the Marshall Islands.

It is especially an honour and a privilege for The Marshall Islands Delegation to be a part of this very important gathering because although the Marshall Island's population may be small in numbers, our population and development issues are greater than many countries with larger population sizes represented here today.

The Marshall Islands, like many developing countries, is faced with challenges that effect its economic and social development. The total population of the Marshall Islands is estimated at 60,000 of which more than 50% of the population is under 15 years old with more than 60% of the population living in the two major urban centres of Majuro, the national capital and Ebeye, one of the islets with Kwajalein Atoll. The country's population growth rate of 3.6% is the highest in the Pacific Region.

In 1986, the government of the Marshall Islands adopted the concept of primary health care as declared by the World Health Organization in Alma Ata in 1978. The Bureau of Primary Health Care was established to target and strengthen preventive programmes and services at the community levels. Ministerial staff were re-oriented and trained in primary health care in order to effectively collaborate with community leaders in implementing preventive and primary health care programmes in the communities.

In 1997, the Preventive Services was re-named to the Bureau of Primary Health Care (PHC) to reflect the broad scope of the Bureau's mandate for community based health promotion and health care delivery to both urban and rural populations. All of the PHC Bureau's programmes co-ordinate their activities to deliver health care services and promotion. We recognize that delivering health care services to a dispersed population, particularly to the outer islands rural communities, can be challenging. Therefore, we developed a network of 60 community health centres in the outer islands each staffed by an health assistant. In addition, there are 48 Community Health Councils that were established with the task in assisting in community-based primary health care delivery and services.

The Ministry of health and Environment has also implemented a Health and Population Project funded through a loan from the Asian Development Bank, which began in March 1995. The project aims to assist in improving the quality of health and family planning services, strengthening Primary Health Care (PHC) programmes through community involvement, upgrading of health personnel, managerial, and the infrastructure

improvements.

By adopting recommendations made at the International Conference on Population and Development in Cairo, the Marshall Islands revised its National Population and Development Policy to reflect the ICPD Programme of Action. In September 1993, the National Population Council was established by the Cabinet and tasked with drafting a population policy document that would target a rate of population growth to be achieved before the year 2005. The draft was reviewed by a National Seminar on Population and Development organized jointly by the Marshall Islands National Population Council (NPC) and the United Nations Population Fund. The revised Population and Development Policy was approved and adopted by the Government in 1995.

The Five Year Population and Development Action Plan was drafted in 1997 to implement the Population and Development Policy and incorporate the population strategies into the development planning process to achieve sustainable economic and social development. The action plan's goals and objectives were divided into long-term and immediate objectives. Long-term objectives include reducing the rate of population growth rate to a level compatible with the country's resource base and potential, improve the societal status of women, improving the quality of education, increasing the production of local food crops, and food security, lowering fertility, morbidity, and mortality rates, improving access to family planning services, reducing teenage pregnancies, increasing employment opportunities and upgrading the skills of the labour force, and improving women's participation in the labour force. Immediate objectives include creating greater awareness of population-related issues, increasing environmental awareness, nutritional awareness, and encourage behavioural changes in relation to diet and life styles

The institutional bodies responsible for implementing population concerns at the national level and implementing the national population policy and action plans are the National Population Council (NPC) and the National Population Co-ordinating Committee (NPCC). Both were established with members from the various ministries and agencies. In addition, we have included other institutions we hope will contribute towards achieving the national policy and action plan's goals and objectives. These include local governments, local communities, business enterprises, and non-governmental organizations like the National Council of Women, Youth to Youth in Health, and various Church groups.

The Republic of the Marshall Islands (RMI) Govemment has taken steps to address potential constraints and challenges, such as the need for qualified and experienced staff and sufficient financial resources we may encounter in integrating population concerns into development strategy. In order to strengthen the capacity of our local staff, we plan to provide on-the-job training (workshops, seminars, short-term courses), seek technical assistance from international organizations, NGOs and the private sector, and recruit qualified and experienced personnel with short term contracts. Currently, international organizations like UNFPA, UNICEF, WHO, and the ADB are major funding sources, which help with the implementation of population programmes and projects. Funds extended by the United States government under the Compact Funding Agreement have been another source.

The challenges we face include cultivating and improving local staff and seeking financial assistance from multilateral and bilateral sources, and developing, implementing, and

mobilising measures to optimise domestic savings.

The culture and traditions of the Marshall Islands make it a matrilineal society where women play a central role. Virtually all aspects of the individual, family, and community interactions are based on land rights and titles, which are inherited primarily from one's mother and maternal lineage. Traditionally, women make up the majority of health providers as midwives, local healers, and herbalists. This continues today with women trained as traditional birth attendants. From the cultural tenets upon which our society was founded, women are included and integrated into most social and political institutions and are not systematically excluded from leadership roles.

Main issues effecting women in the Marshall Islands include the comparatively low participation of women in paid employment, high rate of dropout among schoolgirls, high teenage pregnancies, high rate of malnutrition, and anaemia and iron deficiency. The government established the Office of Women's Affairs and tasked it with co-ordinating all government activities concerning women and development.

In the outer island rural communities with community health centres, the health assistants have often been male. This has limited health care access, particularly in family planning and other health issues. Cultural barriers and taboos have crippled a number of vital health programmes in the Marshall islands. To remedy this, the Marshall Islands has implemented a number of strategies to address these issues. Under the current Health and Population Project funded through a loan from the Asian Development Bank, training of 28 females health assistants was begun. We expect that the 18-month health assistants training programmes will graduate its class of female heath assistants later this month. In addition, we have also developed public education programmes on Family Planning, sex education, including Sexually Transmitted Diseases (STDs) and have taken steps to ensure that they are informative and culturally sensitive.

Since the government's 1986 adoption of the concept of primary health care, primary health care services and outreach activities have been developed and implemented. The government has taken measures to strengthen its current health care services being offered to the population and in particular to women and children.

A cornerstone in our primary care services is community involvement. The government, through the Ministry of Health and Environment, has developed and implemented health promotion and outreach activities aimed at encouraging community participation and ownership of the programmes that requires community involvement to be successful. This is especially true for primary health care where the major focus is more preventive than curative.

The Marshall Islands Government has taken steps in ensuring the successful implementation of the ICPD Programme of Action. Through our National Population and Development Policy, we have integrated population concerns into development strategies. In addition, we have strengthened our primary health care services and emphasised community involvement in all of our programmes.

Mr. President, thank you for this opportunity to address this distinguished gathering.