HOSPITAL PREPAREDNESS PROGRAM

MARSHALL ISLANDS

HPP FUNDING

14% decrease in funding since FY 2013

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>$330K</td>
</tr>
<tr>
<td>14</td>
<td>$310K</td>
</tr>
<tr>
<td>15</td>
<td>$290K</td>
</tr>
<tr>
<td>16</td>
<td>$270K</td>
</tr>
<tr>
<td>17</td>
<td>$250K+</td>
</tr>
</tbody>
</table>

HIGHLIGHTS

- The Republic of the Marshall Islands (RMI) uses HPP funds to build an emergency preparedness and response foundation for the country’s 53,000 residents, most of whom live on the atolls of Majuro and Ebeye.
- Both of RMI’s hospitals participate in the country’s health care coalition (HCC), which is managed by Emergency Preparedness staff at the Ministry of Health and Human Services.
- The HCC members meet and train together to enhance and strengthen the readiness and response capabilities in the RMI.

SPOTLIGHT ON RESPONSE

On September 3, 2019, the Jaluit Health Center nurse reported by phone to Outer Islands Coordination Office in Majuro an apparent outbreak among students at Jaluit High School. Students presented with complaints of fever, headache, cough, and gastrointestinal upset. Due to the rapid increase in daily case counts and concern that these illnesses may represent an extension of the outbreak of dengue fever on Majuro and Ebeye, a team supported by HPP dispatched to Jaluit to assess the cause and severity of the outbreak at the high school, to prepare or respond to the possible presence of dengue fever, and to institute outbreak response measures.

COVID-19 RESPONSE

- The Ministry of Health and Human Services collaborates internally, between sectors, and internationally to supplement country response capacities.
- RMI’s dedicated multidisciplinary Exposure Prevention Information Network (EpiNET) team had the flexibility to manage concurrent events and reallocate human resources to take on the functions of the incident command structure as required during the COVID-19 response.
- RMI’s strong surveillance system had the capacity to collect, collate, and report surveillance data within the country and to external partners to maintain situational awareness.

HCC CORE MEMBER PARTICIPATION

- 50% of acute care hospitals
- 0% of emergency medical services
- 25% of public health agencies
- 25% of emergency management agencies

FY19 end-of-year data and HCC count as of 6/30/2020. Participation rate equals # of HCC member organizations divided by the total # of organizations in MH.

http://rmihealth.org/
kcandle@rmihealth.org

www.PHE.gov/HPP
HPP@hhs.gov