The Marshall Islands

Illustrative Human Capital Indicators

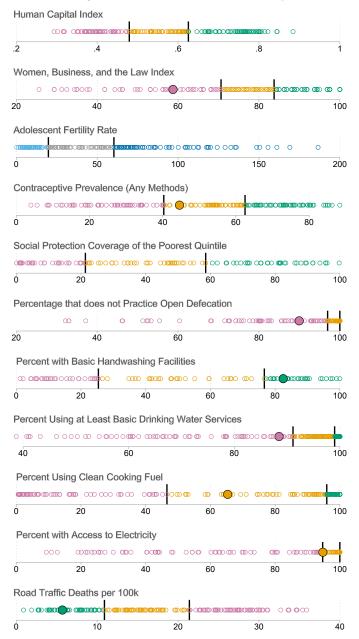
This country profile presents a snapshot of illustrative indicators to guide discussions during the Annual Meetings while the set of more strategic indicators are under development. It is intended to be a conversation starter on where a country is on various aspects of human capital development and, as such, it includes indicators from various sectors. It is to be noted that not all the indicators included here are relevant for each country. Information contained here should be complemented with other more context-specific indicators.

In the Marshall Islands there are no enough data to calculate the productivity as a future worker of a child born today. The HCI has three components: survival to age 5, health, and education. For more information on the HCI, please visit www.worldbank.org/humancapitalproject.

ILLUSTRATIVE OUTCOME AND OUTPUT INDICATORS

- Women, Business and the Law Index. This index measures gender equality in the law (how the economic decisions women make are affected by the law), with a larger value showing higher gender equality. In the Marshall Islands, the value is 59 out of 100. This is lower than both the average for its region (72) and the average for its income group (76).
- Adolescent Fertility Rate. In the Marshall Islands, data on the adolescent fertility rate do not exist. The average for the country's region is 27 births per 1,000 women ages 15-19 and for its income group is 27.
- Contraceptive Prevalence. In the Marshall Islands, 45 percent of women ages 15-49 uses some form of contraceptive method. This is lower than both the average for its region (51) and the average for its income group (56).
- Social Protection Coverage. In the Marshall Islands, data on the
 percentage of the population that is covered by social safety nets
 do not exist. The average for the country's region is 46 percent and
 for its income group is 46 percent.
- Open Defecation. In the Marshall Islands, 10 percent of the population practices open defecation. This is higher than both the average for its region (7) and the average for its income group (2).
- **Hygiene.** In the Marshall Islands, **83 percent** of the population has basic hygiene services (soap and water). This is higher than both the average for its region (63) and the average for its income group (78).
- Source of Drinking Water. In the Marshall Islands, 88 percent of the population has at least basic source of drinking water. This is lower than both the average for its region (92) and the average for its income group (95).
- Cooking Fuel. In the Marshall Islands, 65 percent of the population primarily uses clean cooking fuels. This is higher than the average for its region (52) but lower than the average for its income group (81).
- Access to Electricity. In the Marshall Islands, 95 percent of the population has access to electricity. This is higher than the average for its region (92) but lower than the average for its income group (96).
- **Road Traffic Deaths.** In the Marshall Islands, for every 100,000 people **6 people** die due to road traffic injury. This is lower than both the average for its region (13) and the average for its income group (17).

1. Key Indicators on Human Capital

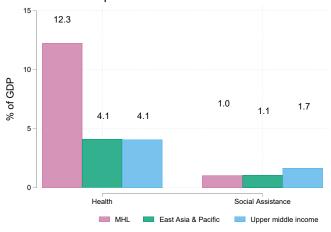


- Large circle=Marshall Islands ; small circles=other countries.
- Vertical lines separate terciles of the distribution.
- Colors indicate the terciles of the distribution across countries.

DOMESTIC RESOURCE USE AND MOBILIZATION

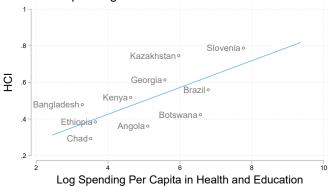
- Health Spending. the Marshall Islands spends 12.3 percent of its GDP on health. This is higher than both the regional average (4.1) and the average for its income group (4.1).
- Education Spending. In the Marshall Islands, data on education spending do not exist. The average for the country's region is 4.8 percent and for its income group is 4.8 percent.
- Social Assistance Spending. the Marshall Islands spends 1 percent of its GDP on social assistance. This is lower than both the regional average (1.1) and the average for its income group (1.7).

2. Government Expenditure on Health & Social Assistance



• Efficiency of Spending. Given the lack of data, it is not possible to predict if the HCI in the Marshall Islands is higher or lower than what would be predicted for its level of per capita government spending.

Spending on Health and Education and HCI



- A selection of 146 countries in the regression are displayed.

• Domestic Resource Mobilization. The tax revenue in the Marshall Islands is 18.2 percent of GDP. This is higher than both the regional average (17.4) and the average for its income group (16.8).

4. Domestic Resource Mobilization



- A selection of countries are displayed. Countries with DRM greater than 33% of GDP are excluded.

OTHER RELEVANT INDICATORS

- Human Capital Project. the Marshall Islands has not yet signed up to be a member of the Human Capital Project.
- Building Human Capital. The Country Policy and Institutional Assesment rating for building human resources in the Marshall Islands is 3 (1 is low and 6 is high). This is lower than both the regional average (3.3) and the average for its income group (3.8). This indicator assesses the national policies and public and private sector service delivery that affect access to and quality of health and education services.
- Identification. In the Marshall Islands, 2.1 percent of the population is not registered. This is lower than both the regional average (13.4) and the average for its income group (8.9).

This country profile is based on most recent data available under the Human Capital Project, the World Development Indicators, Atlas of Social Protection - Indicators of Resilience and Equity (ASPIRE) and Identification for Development (ID4D).

For more information on data sources, please contact the Human Capital Project team: humancapital@worldbank.org.