1. **CONTEXT**

1.1 **Demographics**

Solomon Islands is a double-chain archipelago of more than 900 coral atolls located in the south-west Pacific Ocean about 1800 kilometres north-east of Australia. Its total land area of 30 400 square kilometres is widely scattered over 1.3 million square kilometres (exclusive economic zone) of the Pacific, with most of its smaller islands uninhabited.

The population at the latest National Census in 2009 was 515 870. The growing population and its relatively young structure dominate concerns about future development. In 2009, estimated life expectancy at birth was 67 years. An estimated 93% of the total population are Melanesians, 4% are Polynesians and 3% are from other ethnic groups. According to the 2009 Census, the population is growing at a rate of 2.3% per annum. Most live in rural areas, with only 18% living in urban areas. The median age of the population is 19.7 years old. This demographic trend is creating increasing pressure on infrastructures and jobs, as well as raising growing environmental issues.

1.2 **Political situation**

The country has continued its peaceful development since the end of unrest in 2003 with the help of the Regional Assistance Mission to Solomon Islands (RAMSI). RAMSI comprises soldiers and policemen from Cook Islands, Fiji, New Zealand, Papua New Guinea, Samoa and Tonga, led by the Australian Army and Police. With the restoration of law and order, RAMSI has been scaled back to approx 300 police officers and 100 soldiers, in addition to civilian technical advisors, since the end of 2004.

The country successfully conducted parliamentary elections on 4 August 2010 and elected Danny Phillip as the new Prime Minister.

1.3 **Socioeconomic situation**

Since 2004, the country’s economy has shown a positive recovery along with the restoration of law and order. According to the Pacific Regional Information System, gross domestic product (GDP) was US$ 528 million in 2008. Total government revenue was US$ 1.7 billion and expenditure was US$ 1.7 billion in 2009. Contributions to government revenue were derived mainly from export duties on timber and growth in both company and personal income tax receipts.

1.4 **Risks, vulnerabilities and hazards**

Solomon Islands is in the Pacific “ring of fire” and is thus prone to earthquakes. Some parts were devastated during the tsunami of 2007. Some of the islands are also being threatened by rising tides and sea levels related to global warming.

2. **HEALTH SITUATION AND TREND**

2.1 **Communicable and noncommunicable diseases, health risk factors and transition**

The country is in a phase of epidemiological transition. Having to deal with both the control of infectious diseases and an increasing incidence of noncommunicable diseases, with very limited resources, poses a major challenge for the Government.

With the dissipation of ethnic conflict during 1999-2003 and with support in 2004 from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the Australian Agency for International Development (AusAID), the World Bank and Rotary International, progress has been made in malaria control. The malaria burden, measured by annual parasite incidence (API), has been declining steadily over the years. From an API of 167 per 1000 population in 2002, data from 2010 show an API of 75.9 per 1000 population. The maintenance of that progress, however, is dependent on continued efforts and financial support.
The tuberculosis prevalence rate in 2009 was 185 per 100,000, with a 94% cure rate through directly observed treatment, short-course (DOTS) therapy in the 2008 cohort of patients. Support for activities was received from the Global Fund, Round 8, and the national TB programme is set to make further rapid improvements in TB prevention and control.

2.2 Outbreaks of communicable diseases

There was no major disease outbreak in 2009/2010. A cholera outbreak in nearby Papua New Guinea in March 2011 triggered emergency measures, including intensified and improved surveillance, at central, provincial and local levels, resulting in zero cholera cases being reported to the national authority. In addition, the worldwide threats of influenza A(H1N1) and HIV/AIDS have resulted in the development of new policies and strategies to strengthen and revitalize disease prevention, control and surveillance activities, as well as preparedness for action.

2.3 Leading causes of mortality and morbidity

Although infectious diseases are still the major causes of morbidity and mortality, there is some evidence that noncommunicable diseases like cancer (cervical and breast cancers are reported to be the most common, followed by lung cancer), diabetes mellitus, hypertension, mental illness and risk-factors like tobacco use, chewing of betel nut, obesity, and alcohol abuse are increasing.

In 2005, cardiovascular diseases, neoplasms, malaria, respiratory diseases and neonatal causes were major public health problems in terms of mortality.

2.4 Maternal, child and infant diseases

A reduction in childhood mortality and morbidity from diarrhoeal diseases is attributed to the improved status of sanitation; better access to safe water supplies; with 84.2% of the population having access to an improved drinking-water source; better personal hygiene; and increased breastfeeding. The reduction in mortality due to neonatal causes is attributed to the improved status of maternal/safe motherhood programmes (85% of births are attended by skilled personnel) and services, supported by much improved paediatric care and a focus on the integrated management of childhood illness (IMCI) approach.

2.5 Burden of disease

The top causes of morbidity and mortality indicate the country is dealing with a “double burden of disease” and must manage both the control of infectious diseases and the increasing incidence of noncommunicable diseases.

3. Health System

3.1 Ministry of Health’s mission, vision and objectives

The National Health Strategic Plan 2011-2015, issued by the Ministry of Health and Medical Services in April 2011, has eight substantive and 14 organizational policies. The priority focus for the medium term is on the top four priorities in each category. These are:

- to reduce the most important individual and family behaviour-related risk factors;
- to reduce the most important causes of the disease burden;
- to reduce the most important environmental risk factors;
- to reduce the most important risk factors for medical conditions;
- to focus on improving human resource planning, production and development, and management;
- to develop and maintain health service infrastructure;
- to have better financial management (planning, budgeting, disbursement/accounting/audit procedures);
- to decentralize the decision-making process to provinces and have closer cooperation with provincial governments.

The new plan shifts the focus from medically-oriented interventions towards more intersectoral efforts to tackle the social determinants of health and reduce risk factors, mostly related to unhealthy lifestyles, at the root of the disease burden. The plan also envisages major efforts to increase efficiency in the way resources (human and financial) are managed and infrastructures are planned, used and preserved, and calls upon provincial governments to play a more substantial role in the management of all aspects of health care delivery to their respective populations.
3.2 Organization of health services and delivery systems

Seven of the nine provinces have a public hospital: Guadalcanal Province is served by the National Referral Hospital and Rennel/Bellona Province has no hospital. Additionally, there is one private hospital in the Western Province, one in Malaita Province and one in Choiseul Province. This gives a total of eight public and three private hospitals throughout the country. The public hospital in Choiseul has recently been upgraded from health centre status, and the Central Islands Province Hospital now has one doctor. The Government of Japan is funding the rebuilding of the Gizo hospital, destroyed by the tsunami of 2007 and now almost completed.

The area and rural health centres and nurse aid posts are well distributed throughout the provinces, based on the size and geographical distribution of their populations.

3.3 Health policy, planning and regulatory framework

The National Health Strategic Plan 2011-2015 emphasizes the role of the Ministry of Health and Medical Services in providing stewardship to different sectors (education, agriculture, labour, transport, infrastructure, etc.), communities and local governments in working towards the establishment of efficient and effective partnerships for health. In order to better fulfil its new role, the Ministry has restructured its organigram by appointing new directors and strengthening technical programmes, especially those benefitting from donor support.

3.4 Health care financing

Recent increases in funding for the health sector have been dramatic. Since 2005, the per capita budget of the Ministry of Health and Medical Services has increased in real terms at an average annual rate of over 16%. Actual per capita spending also increased by 19% per year in real terms from 2006 to 2009. Both in terms of percentage GDP and percentage of total government revenue (4%-5% for the former and 9%-16% for the latter) the allocations to health are high. Per capita expenditure has also risen significantly, from SBD 299 (US$ 40.71) in 2005 to a budgeted SBD 533 (US$ 72.57) in 2010.

3.5 Human resources for health

According to Ministry of Health and Medical Services data, as of February 2011, a total of 36 dentists and 44 pharmacists/pharmacy officers were employed by the Government and were working in the country. At the same date, there were a total of 130 doctors, 913 nurses and 146 midwives. The Ministry is in the process of completing its Human Resources for Health Plan.

3.6 Partnerships

Overseas development assistance increased from US$ 122 million in 2004 to over US$ 350 million in 2009, with key contributions from Australia, Japan, New Zealand, Taiwan (China) and the European Union.

In 2009, expenditure by the Ministry of Health and Medical Services amounted to US$ 32.2 million, compared with US$ 12 million in 2004, representing an increase of well over 100%. Although the Government is the major source of funding for health services at both the central and provincial levels, there is still heavy reliance on external financial assistance, with 35.9% of financing being external.

An increase in the recurrent budget would undoubtedly strengthen the provision of quality health care services and also enhance the implementation of the WHO programme of assistance.

3.7 Challenges to health system strengthening

According to the National Health Strategic Plan 2011-2015, in the last two years, the Ministry’s health information system (HIS) has not produced aggregate numbers or any analysis as a result of the previous database being reprogrammed. This has resulted in no routine health information outputs in summary form being produced for provinces, programmes or the Ministry as whole. The information has continued to be collected manually, although no analysis has been performed. Therefore, the current status of many of the indicators that should be tracked is unknown for the country as a whole.

4. Listing of major information sources and databases

Title 1 : Corporate Plan 2011-2015; National Health Strategic Plan 2011-2015; Global Fund Periodic
Update Reports for 2010 for Malaria and TB; GAVI APR 2011
Operator: Honiara, Ministry of Health and Medical Services

Title 2: Solomon Islands Health Status Assessment Report.

Title 3: Health Workforce for the Solomon Islands, 2011
Operator: Ministry of Health Human Resources Unit

Title 4: Death records 2005
Operator: Heath Statistics Unit, Ministry of Health and Medical Services

Title 5: Press releases 2011
Operator: Department of Prime Minister and Cabinet
Web address: http://www.pmc.gov.sb/

5. ADDRESSES

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6. ORGANIZATIONAL CHART: Ministry of Health