



# SOLOMON ISLANDS–WHO

## Country Cooperation Strategy 2018–2022

## OVERVIEW

Solomon Islands is a double-chain volcanic archipelago comprised of more than 900 islands and atolls. Its population of approximately 620 000 is scattered over nine provinces. While 80% of the population lives in rural areas, while the urban population is growing at 5% per annum – more than twice the overall rate of population growth.

Solomon Islands is governed by a prime minister elected by the Parliament and a governor general appointed by the British Monarchy. The Parliament is elected by popular vote. The Regional Assistance Mission to Solomon Islands (RAMSI), which was deployed in 2003 during the ethnic conflict, is scheduled to withdraw in 2017.

The economy is based largely on subsistence agriculture supplemented by cash cropping (cocoa and palm oil), fishing, forestry and mining.

## HEALTH AND DEVELOPMENT

The Ministry of Health and Medical Services is responsible for most of the health-care services in the country. Nongovernmental and faith-based organizations partnered with the Ministry in service delivery and financing. The private sector has a minimum role in health delivery.

Solomon Islands' per capita health expenditure is approximately US\$ 102. Despite the geographic challenges for service delivery, the country has made steady gains in reducing malaria morbidity and mortality and continues to achieve high coverage rates of immunization and births attended by skilled health workers. However, the country faces a new epidemiological transition with communicable diseases, noncommunicable diseases (NCDs) and the effects of climate change. Communicable diseases, particularly malaria and dengue, continue to be a challenge. Sedentary lifestyles and dietary changes have contributed to a steady increase in obesity, diabetes, hypertension and other associated complications. The health system has also had to grapple with frequent natural disasters and the effects of climate change. The dearth of health workers remains a chronic problem. Declining external funding is also a growing concern.

## NATIONAL STRATEGIC PRIORITIES WHO AND THE GOVERNMENT 2018–2022

The World Health Organization (WHO), working with partners, will support the Government in pursuing its national strategic priorities. Each strategic activity is linked to at least one of the subregional focus areas that are detailed in the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

### 1. To improve service coverage

- 1.1 Support coordination of the reproductive, maternal, neonatal, child and adolescent health (RMNCAH) programme and scale best practice interventions:
  - Support the harmonization of RMNCAH activities within United Nations agencies, nongovernmental organizations and donor/partners to avoid duplication and ensure timely implementation;
  - Support greater use of evidence-based planning to prioritize and enhance better immunization, family planning, health facility-based deliveries and newborn care.
- 1.2 Strengthen malaria control to reduce transmission in order to accelerate elimination:
  - Provide technical support to refine national malaria guidelines and strategies guided by the National Health Strategic Plan and action frameworks in the Western Pacific Region;
  - Help the Ministry of Health and Medical Services to strengthen health systems, especially health service delivery and surveillance, in order to concentrate on reducing and eliminating malaria by maintaining universal case management and vector control, and strengthening case and entomological surveillance.
- 1.3 Increase coverage of community-based tuberculosis control activities:
  - Support the Ministry of Health and Medical Services to provide TB care for people with limited access to health care, including those living in remote and urban areas who are marginalized without access to health information and high-risk populations including people living with HIV;
  - Assess regularly the financial hardship sustained by TB patients and their households with a view to advocating universal health coverage and social protection;
  - Support the use of new rapid diagnostic tests and strengthen the TB laboratory network for optimal diagnosis and follow-up of TB patients.
- 1.4 Scale up implementation of Package of Essential Noncommunicable:
  - Support implementation of PEN to strengthen coordination in reviewing and monitoring the national multisectoral NCD plan, and monitoring enforcement of the tobacco and sugary substance control legislation, as well as alcohol policy;
  - Support regular reviews of PEN scale-up, improved integrated service delivery, capacity-building and the monitoring of NCD indicators.

### 2. To improve service quality

- 2.1 Build capacity, deploy and retain health workers:
  - Support the review and strengthening of health workforce policy in line with the ongoing reform, including supporting fellowships, on-the-job training, strengthening human resource information management, and a human resources deployment and retention plan, including projections.

- 2.2 Strengthen implementation of the monitoring and evaluation framework of the National Health Strategic Plan by supporting its use to conduct periodic evaluation reviews and promote evidence-based decision-making.
- 2.3 Strengthen health information systems and disease surveillance:
  - Support the strengthening of the health information system (HIS) to include an integrated hospital information system and improve civil registration and vital statistics;
  - Support the strengthening of disease surveillance and expanding its coverage for NCD surveillance through the STEPS survey.
- 2.4 Strengthen the National Public Health Laboratory by providing it with technical support to improve and accredit it.

### **3. To build strong partnerships**

- 3.1 Convene and coordinate health development partners:
  - Continue to play the role of convener and coordinator of development partners together with the Ministry of Health and Medical Services;
  - Support coordination between United Nations programmes working on RMNCAH;
  - Support convening and coordination between central and provincial health authorities on sectoral planning and review processes.

### **4. To set foundations for the future**

- 4.1 Strengthen preparedness and response towards disasters and outbreaks:
  - Support cluster coordination, preparedness and response by developing and refining standard operating procedures for public health and clinical services for emergency response management in outbreaks and disasters;
  - Support vulnerability risk assessment for infectious hazards (all hazards) and disaster risk management, and provide support to strengthen country capacity for event-based and syndromic surveillance for routine and post-disaster monitoring;
  - Support the Ministry of Health and Medical Services as a leader to strengthen health cluster coordination in all graded and protracted health emergencies.

## **NATIONAL HEALTH POLICY**

The health system is in transition and the Government has embarked on an ambitious reform agenda focused on devolving health services to the provinces and integration of health services. The *Solomon Islands National Health Strategic Plan for 2016–2020* looks at four key result areas: improving service coverage; improving service quality; building strong partnerships; and setting the foundations for the future. The NHSP has also identified six priority interventions: immunization; family planning; water, sanitation and hygiene; supervised hospital or facility-based deliveries and neonatal care; malaria control; and TB control. The plan also identifies four underserved provinces (Malaita, Makira, Choiseul and Central Islands) and two priority population groups (people with disabilities and women exposed to violence and abuse). The overarching goal is UHC and the main driver to achieve this is the Role Delineation Policy.

## **PARTNERS**

In implementing this strategy, WHO and the Ministry of Health and Medical Services will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

## HEALTHY ISLANDS INDICATORS

Number of skilled health workers* per 10 000 population	<b>22.1</b>	2011
Per capita total expenditure on health at average exchange rate (US\$)	<b>102.24</b>	2014
Total expenditure on health as a percentage of gross domestic product (%)	<b>5.05</b>	2014
Tuberculosis incidence (per 100 000 population)	<b>89</b>	2015
Life expectancy at birth (both sexes)	<b>69.2</b>	2015
Under-five mortality rate (per 1000 live births)	<b>28.1</b>	2015
Absolute number of maternal deaths	<b>19</b>	2015
Maternal mortality ratio (per 100 000 live births)	<b>114</b>	2015
Adult mortality rate from NCDs at ages 30–69 years (%)	<b>26</b>	2015
Number of suicides	<b>NA</b>	
Immunization coverage rate for diphtheria-tetanus-pertussis (three doses) (DTP3) (%)	<b>94</b>	2016
Immunization coverage rate for measles-containing vaccine (first dose) (MCV1) (%)	<b>82</b>	2016
Current tobacco smoking among persons 15 years of age and over (%)	<b>NA</b>	
Population using improved drinking-water sources (%)	<b>80.8</b>	2015
Population using improved sanitation facilities (%)	<b>29.8</b>	2015
Proportion of endemic neglected tropical diseases (NTDs) having reached elimination goals envisaged in the global NTD Roadmap to 2020 (%) – target 100%	<b>0</b>	2017

NA = not available

\*Skilled health workers are defined as physicians, nurses and midwives.

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