

Solomon Islands



WHO region	Western Pacific
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	550
% Population under 15 (2012)	40.37
% Population over 60 (2012)	5.1
Life expectancy at birth (2012) Total, Male, Female	70 (Female) 69 (Both sexes) 67 (Male)
Neonatal mortality rate per 1000 live births (2012)	14 [8-21] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	31 [20-49] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	93 [41-220]
% DPT3 Immunization coverage among 1-year olds (2012)	90
% Births attended by skilled health workers (2007)	70.1
Density of physicians per 1000 population (2008)	0.17
Density of nurses and midwives per 1000 population (2008)	1.35
Total expenditure on health as % of GDP (2011)	8.8
General government expenditure on health as % of total government expenditure (2011)	25.5
Private expenditure on health as % of total expenditure on health (2011)	5.2
Adult (15+) literacy rate total	
Population using improved drinking-water sources (%) (2011)	79 (Total) 93 (Urban) 76 (Rural)
Population using improved sanitation facilities (%) (2011)	15 (Rural) 81 (Urban) 29 (Total)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender-related Development Index rank out of 148 countries	
Human Development Index rank out of 186 countries (2012)	143

Sources of data:
Global Health Observatory April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The Solomon Islands is diverse geographically, with 9 public hospitals, 4 private church funded hospital, approximately 25 Area Health Centres, 109 Rural Health Clinics and over 150 Nurse Aid posts across 992 islands (9 Provinces).

Communicable and non-communicable diseases are priorities for Solomon Islands. There is steady progress in combating malaria, TB and newly emerging vector borne diseases. The burden of NCDs is on the increase, showing in complications of diabetes. Early detection remains a challenge for the country. 30.8% of men and 44.4% of women are overweight or obese with the, highest prevalence of adults seen in the capital, Honiara, with 57.8% of women and 45.5% of men being overweight or obese. Hypertension is increasing from 32.2% to 34.3% in the last year. The Solomon Islands is on target to meet MDGs 4 and 5, reducing child and maternal mortality. 89.9% of births are now attended by skilled health workers. Acute respiratory illness incident in children under 5 is 745.7 per 1000.

Natural disasters of flooding and earthquakes are recurrent in recent years, adding to heavily laden health services with outbreak of dysentery, displacement of families and communities, with water and sanitation challenges remaining immediate for the government and health sector.

In the Solomon Islands 64% of women experience violence or abuse and 37% of girls experience sexual abuse before 15 years of age.

HEALTH POLICIES AND SYSTEMS

Key legislation has been passed by the Solomon Islands Government in response to health:

The tobacco legislation drafted in 2004 was passed in 2013, supporting Ministry of Health and Medical Services commence the enforcement (in alignment with FCTC) of a no smoking policy across the health sector, public transport and country.

With the increase in violence against women and children and in line with the CEDAW convention of eliminating violence against women and children, the Family Protection Bill and Child Protection Bill have been put to parliament, together with the multi-sectoral signing of the SAFENET Memorandum of Understanding by the major legal, health and welfare government entities of the country.

A reform process will see planning and budgeting decentralized to the Provincial level by defining the levels of service and functions or 'packages of care' to be provided at the different health facilities that make up the Solomon Islands health system.

An integrated health policy on reproductive, maternal, neonatal, child and adolescent health has been developed to support a stronger coordination of service systems.

Civil Registration and Vital Statistics systems developed in collaboration with other sectors (statistics, ICT, National registry, churches) are in place for Solomon Islands as part of COIA.

COOPERATION FOR HEALTH

The Sector Wide Approach is a partnership between the Ministry of Health and Medical Services and Development Partners commenced in 2008 and re-signed in 2013 for next four years. This mechanism focus is on core health system strengthening, including procurement and financial management, human resource management, health information systems, universal health coverage in particular role delineation, availability of essential medicines, infrastructure development, sustainability, sector performance framework and planning and policy.

MHMS also works in joint partnership with a number of UN and civil society agencies, in strengthening reproductive, maternal, child and adolescent health, multi-sectoral departments such as police, education, public solicitor's office and MHMS to prevent gender base violence and respond to the CEDAW convention.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2013-2017)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1:	<ul style="list-style-type: none"> Address the emerging NCD burden through addressing lifestyle risk factors, strengthening screening processes, implementing tobacco control legislation, strengthening food control and other health promotion activities.
STRATEGIC PRIORITY 2:	<ul style="list-style-type: none"> Improve and strengthen the health care system with particular focus on improving maternal and child health; vaccination-based disease elimination goals to eliminate communicable diseases such as measles, and the National Syndromic Surveillance programme.
STRATEGIC PRIORITY 3:	<ul style="list-style-type: none"> Continue work with the National Malaria and Vector Borne Disease Control Programme.
STRATEGIC PRIORITY 4:	<ul style="list-style-type: none"> Develop human resources in key areas where there is a capacity gap in Solomon Islands through efforts such as the Fellowship Programme for MHMS staff and facilitating the integration of foreign medical graduates into the national health services.
STRATEGIC PRIORITY 5:	<ul style="list-style-type: none"> Continue health sector reform, which will include strengthening the National Referral Laboratory and its infrastructure, as well as develop, implement and monitor the National Medicines Policy.
STRATEGIC PRIORITY 6:	<ul style="list-style-type: none"> Work on the development and implementation of National Health Accounts and identify optimal health-financing options, such as establishing tobacco tax legislation.
STRATEGIC PRIORITY 7:	<ul style="list-style-type: none"> Continue work on global health initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance.