

## Solomon Islands



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WHO region	Western Pacific
World Bank income group	Lower-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (2015) <sup>1</sup>	76.2
Pentavalent Vaccine (PENTA) 3 <sup>rd</sup> Dose coverage among 1-year-olds (%) (2017) <sup>2</sup>	82%
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015) <sup>3</sup>	67.9 (Male) 69.2 (Both sexes) 70.8 (Female)
Population (in thousands) total (2017) <sup>4</sup>	620.1
% Population under 15 (2015) <sup>4</sup>	41.0
% Population over 60 (2015) <sup>4</sup>	4.8
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2013) <sup>5</sup>	25.1
Literacy rate among adults aged >= 15 years (%) (1999) <sup>6</sup>	76.6
Gender Inequality Index rank	...
Human Development Index rank (2015) <sup>7</sup>	156
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2015) <sup>8</sup>	8.0
Private expenditure on health as a percentage of total expenditure on health (2015) <sup>8</sup>	3.3
General government expenditure on health as a percentage of total government expenditure (2014) <sup>8</sup>	10.6
Physicians density (per 1000 population) (2016) <sup>2</sup>	0.2
Nursing and midwifery personnel density (per 1000 population) (2016) <sup>2</sup>	1.7
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2015) <sup>1</sup>	10
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015) <sup>1</sup>	28
Maternal mortality ratio (per 100 000 live births) (2016) <sup>2</sup>	104
Births attended by skilled health personnel (%) (2015) <sup>1</sup>	86.2
<b>Public health and environment</b>	
Population having access to improved sanitation facility (%) (2015) <sup>1</sup>	24.1
Population having access to improved source of drinking water services (%) (2015) <sup>1</sup>	82.5

### HEALTH SITUATION

Solomon Islands is comprised of over 900 islands and atolls, with a population of approximately 620 000 dispersed over nine provinces. While 80% of the population lives in rural areas, the urban population is growing at 5% per annum – more than twice the overall rate of population growth. Solomon Islands per capita health expenditure is approximately US\$ 153. 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 skilled births attendance.

However, the country faces an epidemiological transition with communicable diseases, noncommunicable diseases (NCDs) and the effects of climate change. Among communicable diseases, 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 is constantly stretched by having 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.

### HEALTH POLICIES AND SYSTEMS

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 tuberculosis 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.

### COOPERATION FOR HEALTH

In implementing this strategy, WHO and the Ministry of Health 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.

<sup>1</sup> Demographic Health Survey – 2015, <sup>2</sup> Ministry of Health and Medical Services of Solomon Islands, <sup>3</sup> WHO Estimates, <sup>4</sup> Solomon Islands National Statistics Office estimates, <sup>5</sup> World Bank, <sup>6</sup> UN Data, <sup>7</sup> UNDP

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p><b>STRATEGIC PRIORITY 1:</b></p> <p>To improve service coverage</p>	<ol style="list-style-type: none"> <li>1.1. Support coordination of the reproductive, maternal, neonatal, child and adolescent health (RMNCAH) programme and scale best practice interventions through: the harmonization of RMNCAH activities within UN agencies, NGOs and partners to ensure timely implementation; and greater use of evidence-based planning for better immunization, family planning, health facility-based deliveries and newborn care.</li> <li>1.2. Strengthen malaria control to reduce transmission and accelerate elimination by: providing technical support to refine national malaria guidelines; and assisting the Ministry of Health and Medical Services to strengthen health systems.</li> <li>1.3. Increase coverage of community-based tuberculosis control activities. This includes: supporting the MoH and Medical Services to provide TB care for people with limited access to health care; regular assessments of the financial hardship sustained by TB patients and their households; and supporting the use of new rapid diagnostic tests and strengthening the TB laboratory network for optimal diagnosis/patient follow-ups.</li> <li>1.4. Scale up implementation of Package of Essential Noncommunicable to strengthen coordination in reviewing and monitoring the national multisectoral NCD plan, and monitoring enforcement of the tobacco/sugary substance control legislation; and support in conducting regular reviews of PEN scale-up, improved integrated service delivery, capacity-building and the monitoring of NCD indicators.</li> </ol>
<p><b>STRATEGIC PRIORITY 2:</b></p> <p>To improve service quality</p>	<ol style="list-style-type: none"> <li>2.1. Build capacity, deploy and retain health workers by providing support in reviewing and strengthening the health workforce policy in line with the ongoing reforms.</li> <li>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.</li> <li>2.3. Strengthen health information systems and disease surveillance. This involves: strengthening the health information system to include an integrated hospital information system and improve civil registration/vital statistics; and support in strengthening disease surveillance and expanding coverage for NCD surveillance through the STEPS survey.</li> <li>2.4. Provide technical support for the National Public Health Laboratory to improve/accredit it.</li> </ol>
<p><b>STRATEGIC PRIORITY 3:</b></p> <p>To build strong partnerships</p>	<ol style="list-style-type: none"> <li>3.1. Convene and coordinate health development partners by: continuing to play role of facilitator of development partners together with the MoH and Medical Services; supporting coordination between United Nations programmes working on RMNCAH; and support in convening and coordination between central and provincial health authorities on sectoral planning and review processes.</li> </ol>
<p><b>STRATEGIC PRIORITY 4:</b></p> <p>To set foundations for the future</p>	<ol style="list-style-type: none"> <li>4.1. Strengthen preparedness and response towards disasters and outbreaks. This includes: supporting cluster coordination, preparedness and response by developing/refining standard operating procedures; supporting vulnerability risk assessments for infectious hazards/disaster risk management, and strengthening country capacity for event-based and syndromic surveillance for routine/post-disaster monitoring; and supporting the Ministry of Health and Medical Services as a leader to strengthen health cluster coordination.</li> </ol>

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