Executive Summary

This Health Systems in Transition (HiT) report provides an overview of the Solomon Islands health system, one that faces many challenges in meeting the increasing demand for health care from a highly dispersed and rural population during a time of limited inclusive economic growth.

Chapter 1 introduces the country, its people and economic context. It will also describe the significant gains in health outcomes in the decades up to the 1990s, and Solomon Islands continued achievement of above-average health outcomes relative to its fiscal context.

Chapter 2 provides an overview of how the health system is organized, governed, planned and regulated; its main actors and their decision-making powers; and patient empowerment. It forms the basis for all the following chapters. The Ministry of Health and Medical Services (MHMS) is the central actor in the Solomon Islands health system. The MHMS functions as funder, regulator and provider of nearly all services. Nongovernmental organizations (NGOs) and faith-based service providers play a small but important role, with support from government. The private sector plays a very minimal role within the health sector. The service delivery model reflects the highly dispersed population: about 80% of Solomon Islanders live in small villages. A hierarchy of facilities from nurse aide posts to the National Referral Hospital (NRH) delivers primary and secondary care services. Services at the provincial level are managed as a network by Provincial Health Offices, with public health programmes operating through facilities, outreach tours and community level “Healthy Setting” activities. Services at the NRH are tailored to the Solomon Islands fiscal context.

Chapter 3 considers how much is spent on health and the distribution of health spending across different service areas. It describes the different sources of revenue for health, focusing on how revenue is collected, pooled and used to purchase health services. It also describes health coverage, which services are covered, and the extent of user charges and other out-of-pocket payments. The Solomon Islands health system
is characterized by moderate levels of health expenditure relative to national income. It is financed through general government revenue and external donor resources, with minimal out-of-pocket spending. As a consequence, the system provides relatively good financial risk protection, with negligible rates of catastrophic health spending. The current system of health financing and service delivery has produced above-average health outcomes relative to income per capita, and has been resilient to the political and economic crises that have affected the country in recent years.

However, the system is facing significant additional costs that will need to be absorbed. Fiscal space for health is unlikely to grow. Government outlays on health are already high by international standards with very limited potential for higher patient contributions or donor financing. The system is already having to do more with less at a time when there is pressure to increase the basic package. External advisers and partners can inadvertently drive costs and inefficiency, for example the current pressure on government to include new expensive vaccines in the package, with little gain in overall health outcomes. Expectations about noncommunicable disease (NCD) treatment are also driving costs. Solomon Islands already achieves reasonable coverage of a basic package of primary care services, although there are significant geographic disparities between provinces. The next step towards universal health coverage (UHC) is to ensure uniform coverage of preventive and primary care services, with expansion of the range of health interventions in the package as a secondary priority. Additional resource requirements will have to be financed through greater efficiency to maintain the high levels of financial risk protection and coverage that are the hallmarks of the present system.

Physical and human resources are described in Chapter 4. This chapter provides an overview of resources in the health system, including infrastructure, capital stock, medical equipment and information technology. The section on human resources discusses health workforce issues, such as planning, training, and mobility. The physical health network in the Solomon Islands is made up of a National Referral Hospital, provincial hospitals, area health centres, rural health clinics and nurse aide posts. Most of the provinces have access to at least one level of health facility, based on the size and distribution of their population. The condition of area health centres and rural health clinics was assessed in 2005 and again in 2012. Both surveys highlighted the urgent need for
upgrade, repair or renovation; many facilities were operating without proper water and sanitation, electricity and basic medical equipment. There are serious shortages of clinical equipment and medical supplies at most health facilities, with hospitals often relying on old and poorly maintained medical, diagnostic and surgical equipment. The availability of medicines in rural areas is improving.

Solomon Islands is served by a well-trained nursing workforce which provides the backbone of service delivery in rural areas. The number of doctors is set to rapidly increase as large numbers of medical students trained in Cuba begin to return from late 2014, placing considerable cost onto the system. Strategic workforce planning is weak, resulting in potential oversupply of some cadres (such as doctors) and workforce deficits in other areas such as medical laboratory staff, radiologists and other allied health professionals. As well as limited absolute numbers of health workers, high staff turnover is a constant issue, largely due to financing constraints, along with the migration of some specialized health workers to other countries for better salary and working conditions.

Chapter 5 concentrates on patient flows, organization and delivery of services. The respective subsections of this chapter focus on the organization and provision of services, and also provide a brief summary on the accessibility, adequacy and quality of services, as well as current developments and future reform plans. These issues are covered in depth in subsequent chapters. The health service delivery system is based on a network of primary care facilities and an integrated public health care approach. This serves the nation well, given the country’s geography as an archipelago. The MHMS provides overall stewardship of the health sector. The Provincial Health Offices of the Ministry, headed by provincial directors, are responsible for the delivery of primary health care services and outreach programmes. There are a number of established public health programmes within Solomon Islands, including Safe Motherhood, Expanded Programme on Immunization, Integrated Management of Childhood Illnesses, nutrition, and malaria and tuberculosis control.

Services are provided by various categories of health workers within the system, which include nurse aides, registered nurses, doctors and specialists. While there is a formalized referral system in place, it is not consistently adhered to by patients or health-care workers in the provinces, with many people bypassing provincial hospitals and going directly to the NRH for care. This is also due in part to the available
transportation routes that make it easier to reach Honiara. Specialist hospital care is provided at the National Referral Hospital (NRH), with visiting specialist teams augmenting services at the NRH as well as outreach to provincial hospitals. For reasons of cost and efficiency, and to maximize coverage, most public health activities, as well as dental, mental and eye health services, are integrated into the primary care system. The Community-Based Rehabilitation (CBR) programme was established to ensure people living with disabilities have access to rehabilitation services. Faith-based and nongovernmental organizations also play a small role in the provision of a number of these services.

Individual health reforms, policies and organizational changes are set within the context of the overall reform agenda in Chapter 6. Following an initial stabilization phase after the civil unrest, a new phase of reform began when the Government set down its reform agenda for the sector in the National Health Strategic Plan (NHSP) 2011–2015. The NHSP made prevention the primary focus of service delivery and stressed the need to plan, cost and implement a basic package of primary care (including preventive) services at the provincial level as the highest priority. The “theory of change” was that by having the right mix of community-level health settings in place to encourage people to care for their own health, and the right range of services in place through the facilities to address illness promptly, the groundwork would be laid for sustained improvements in health outcomes over the medium to long term. The success of the MHMS-led malaria programme showed that good implementation could lead to rapid improvements in health outcomes.

While the pace of reform on some aspects has been slow, considerable achievements have been made. The Solomon Islands health system has both strengths and weaknesses: the ambition is to have an affordable but strong system. Success in the short term is framed around the basics: funding and resources reaching the periphery; well-trained nurses and nurse aides providing the majority of care, low drug stock-outs and minimal out-of-pocket costs. Service access and patient transport have been maintained, ensuring the referral system functions and sustaining equity of access. New national disease strategies and better provincial planning and budgeting have supported moves towards better integration and efficiency. Given Solomon Islands vulnerability in the face of economic, climatic and social shifts, the system will continue to face challenges – particularly the future costs of treating NCDs if prevention efforts fail.
Chapter 7 presents an assessment of the Solomon Islands health system against a set of internationally-recognised criteria based on the World Health Report 2000. Overall, despite the range and difficulty of issues facing policy-makers in the Solomon Islands, there have been significant achievements in health, including considerable progress in advancing population health status. The performance of the health system is positive, achieving high coverage, high satisfaction levels and steady progress on health outcomes. Both the Household Income Expenditure Survey (HIES) and the Demographic and Health Survey (DHS) show a relatively high-performing public health care system based on several indicators (antenatal care, facility-based delivery, postnatal care, immunization, and bed nets in the household), although trends will not be confirmed until repeat studies are available in late 2014 and 2015 respectively. However, considerable challenges to population health remain, including the high incidence of malaria, high maternal mortality for out-of-facility births, recent increases in sexually transmitted infection (STI) incidence, and a steady rise in patients diagnosed with noncommunicable diseases. Concerns over the quality of care provided are also valid, including ineffective vaccines due to broken cold-chains and questionable diagnosis and treatment plans.

There is a high degree of financial risk protection with low out-of-pocket payments. Possibly for this reason, health service contact rates are high by regional comparison and have been resilient to the service disruptions caused by political instability and unrest. Access and utilization of health services compares favourably with other low-income countries. Data from both the 2006 DHS and the HIES suggest that the system is relatively equitable, with no evidence of lower utilization by the poor. Average rates of use of three key maternal and child health service indicators are high and public hospital inpatient and outpatient care use are distributed equally between the richest and poorest quintiles. Gender inequality remains a matter of concern in the country; however there remains little survey data or other sources of information on which to base firm conclusions. Women, especially those living in rural areas, continue to face difficulties in accessing family planning services. Furthermore, access to healthcare services varies between provinces.

There remain several issues in terms of the health system’s efficiency in allocating finances; continuing duplication of public health programme activities at the provincial level (each supported by different donors at the central level), inefficient utilization of staff in some facilities, excessive
allocation to in-service training and workshops, and a weakly-developed service model for community-based health promotion Healthy Settings activities. Some important health interventions, such as family planning, seem to be underfunded.

Chapter 8 concludes that the Solomon Islands health system can be characterised as conceptually fit for purpose but needing ongoing maintenance and development in some key areas such as management and service administration. Analysis of the health financing system has reinforced the view that the current service delivery model, based on public sector delivery alongside small-scale, co-financed/integrated private sector/non-state provision, is efficient and cost-effective given market realities and the current limited prospects for significant economic growth. A range of analyses reinforces the point that social health insurance and a bigger private sector are not viable and would not increase health system efficiency or equity at this time.

The system has significant weakness but also considerable strengths. With limited resources, the country achieves comparatively high rates of equitable access to basic services. It achieves this through a nurse-run provincial primary care system, with a relatively functional referral system and subsidized patient transport. Coverage of basic interventions is high, with the exception of family planning services. Current reform efforts are focused on increasing coverage and quality of a basic package of preventive and primary care interventions to the whole population, and ensuring strategies are translated into services. Work is underway to reassess and cost the package, and to define the service model to be used for each. As in many low-income countries, public financial management has until recently been a neglected public health priority in Solomon Islands, but parallel reforms are focusing on strengthening operational planning, budgeting, monitoring and financial controls to ensure strategies are translated into services.