
NATIONAL HEALTH PLAN 2004-5:
PRIORITY STRATEGIES AND PROGRAM OF ACTIONS

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i. Preamble:

The Ministry of Health presents in this National Health Plan 2004-5, the Program of Action for the sector in 2004. The health sector has monitored its activities in the past years and draw up the priority strategies and actions to restore health services post-conflict. Whilst difficulties were experienced in the past year, the arrival of the Regional Assistant Mission to Solomon Islands (RAMSI) has significantly restored law and order situation, which is a positive for social sectors such as health and education. We hope that positive growth is seen in the real sector of the economy. The improvement of the revenue collection of the Government coupled with Budgetary Support from Australia and NZ and the continuation of the Health Sector Trust Fund will provide financial support to the activities in 2004 and hopefully cause added value to the population health of the country.

The National Health Conference held on the 10th to 13th November 2003 for senior health managers and officers in the country gave an opportunity to raise issues and draw up the priority activities for this plan.

Ensuring 100% implementation of the activities is crucial for the management team at the national and provincial level.

It is hereby an opportunity to thank all of those participating in drawing up this plan for 2004-5. What ever you do is for the betterment of the health of our people.

We are hereby reminded of our motto “our people’s health is our passion”.

(1) Mr. Benjamin Patrick Una (MP)
Minister of Health

(2) Dr George Manimu
Permanent Secretary
Ministry of Health

ii. Executive Summary:

The National Health Plan 2004 has the Program of Actions for 2004 and medium to long-term strategies and action plans. The plan also reiterates the key eight policies governing the broad strategies, the priority activities for the next twenty-four months, 2004-5.

The key focus for 2004 is restoring health services post-conflict. The program of actions therefore incorporates (a) restoring basic health services post-conflict and (b) build capacity at the national as well as provincial health services level to sustain and enable change management.

The eight policies have set directions of the program actions for 2004-5. The priority activities are precise and comprehensive with clear indicators for monitoring and evaluation. The continuation of the AusAID funded Health Institutional Strengthening Project and Health Trust Account Fund, the Solomon Islands Health Sector Development Project funded under the World Bank Loan, and the (new) Global Fund are the key drivers of the program of actions in 2004.

The Monitoring and Evaluation of the program of actions is very comprehensive including three main components (1) Epidemiological evaluation including a Situational Analysis, (2) Evaluation of Primary Health Care and Evaluation of the Essential Public Health Functions. The time frame (in the form Gants Chart attached) provide a flexible implementation period for the activities.

1. Introduction:

The Ministry of Health and Medical Services endorses the World Health Organization Constitution and that it is the fundamental right of every human being without distinction of race, gender, religion, political belief, economic, or social condition, to enjoy the highest attainable standard of health. In this context and through its efforts in the delivery of health care, the Ministry of Health and Medical Services has a:

: vision of “A healthy, happy and productive Solomon Islands people”. It must also continually upgrade that system to achieve its,

: “Mission” of “promoting, protecting, and maintaining the good health and well being, and hence improve the quality of life of all people in Solomon Islands”. The Ministry will do its best to fulfill that mission within the context of national health legislation and within the limits of resource availability.

:Value of Organization: “Our people’s health is our passion”.

The health care system in Solomon Islands underwent many difficulties in the past five years. It was related to the economic problems that resulted from the recent ethnic tension and civil conflict. Thus, the Ministry of Health has prioritized its activities towards (1) re-establishment and rehabilitation of the primary health care and enhancing capacity in management and financing, (2) reducing the health determinants or factors contributing to poor health and poverty, (3) maintaining a cost effective secondary care and (4) establishing a effective (capable and self-reliable) and efficient (less directive and robust and accountable) health manpower.

In sum, the population health status has not been severely affected despite the crisis but the health determinants and risk factors to poor health and poverty has been observed to have deteriorated significantly in the past few years at an alarming rate.

2. Current Situation:

Financial Resources

There are extreme resource constraints for the health sector. Out of the \$15 million appropriated for the Ministry of Health in 2002 budget, only \$2.7 million (20%) has been spent despite numerous requests for financial support. Funding through the Health Sector Trust Account, mostly AusAID, has been able to support some of the health services but this only accounts for one third of the running cost of the health services. The guidelines, which governs the HSTA is so restrictive such that it does not allow for urgent matters such as rental, electricity bills, etc to be settled.

The “true cost” of running the health services for 2003 is approximately \$71 million and the funds year marked for health in 2003 is only \$41 million. However, the actual amount obtained from the SIG 2003 health budget so far less than 20%. This implies that the Ministry will continue to be under funded for another year.

Lack of Updated Data and Information

Lack of up-to-date information in relation to the health status of the population would mean that the Ministry of Health is unable to ensure that planning for services delivery, including resource allocation reflects the needs of the people.

Medical Supplies and Equipment

Skilled health worker cannot provide effective curative and preventive health services without the essential elements such as drugs and equipment. The irregular supply of drugs and deteriorating condition of equipment affects the services provided. Approximately one third of surveyed clinics reported a need for new or replacement equipment and 45% of those clinics surveyed indicated non-functioning sterilization equipment.

Inadequate Transportation and Communication

Transportation is badly affected and inadequate. Transportation is essential for referral of cases, outreach services, medical supplies, and supervision and training. About 50% of health facilities reported that transports are not working. Radio communication systems in the health referral facilities supports the system in many important ways including clinical support, management, and administrative support, staff support and health promotion. About 68% of clinics surveyed were experiencing difficulties with radio communication.

Health Workforce

Management of human resources in health sector are often difficult as the Ministry does not have the authority to management them. Procedures are cumbersome and various levels of consultations make it difficult to implement effective decision. Due to delay in payment of salary, a lot of health workers are not willing to continue to work and resort to other means of supporting their families.

The financial income of health workers, especially doctors, does not match the cost of goods and services in the country. The restrictive regulations imposed on public officers do not

allow them to seek additional income through other means, thus resulting in doctors leaving the country to work elsewhere.

Slow Progress in the Public Sector Reform

The long-term capacity of the Ministry of Health to manage the sector effectively will depend on the systemic upgrading of the skills and capacities of its staff and systems. The general lack of the progress of the public service reform agenda, creates a problem for the Ministry in its own efforts to obtain more autonomy to manage its own affairs. The Public Service Division has not been pro-active in supporting the changes required by the Ministry, especially in establishing the key positions with the Ministry. Given the autonomy, the Ministry of Health would also be able to management its industrial relations effectively.

3. Priority Policies and Strategies:

The eight broad health policies, sign posts the direction, which the ministry will take in its strategic approach. The policies encompass the need for an effective and efficient management (and supervision) of health resources including manpower, finance, and infrastructure. Special emphasis is placed on the ability of the ministry to contain the escalating health cost by venturing in means of cost sharing, cost-containment and cost-recovery. Accessibility and quality of health services is being reviewed, and a policy placed more emphasis in consolidating the existing health (facilities) services with attempts to improve and maximize the health outcome.

A. Policy on Improvement Of Health Service Planning, Management and Supervision.

Appropriate actions will be undertaken to improve management and supervision of health services, and planning at all levels. Emphasis is placed in capacity building in the areas of management and strategic planning, health financing and budgeting, better use of resources, and human resource management and development, and improvement and upgrading of health information system and financial management system.

Policy Goals:

- To improve the capacity of the ministry to plan, implement, and evaluate the health services in the country.
- To improve and further strengthening of accountability, budgeting process, unit costing, resource allocation, and financial management at the central and hospital level.
- To establish a comprehensive integrated HIS to provide accurate and timely information necessary for management, planning monitoring intervention and evaluation of services events.
- To improve and upgrade the Hospital Information System

Priority Strategy / Actions**Immediate**

- a) SIG to contribute to the HSTA through regular bulk payment of the health budget
- b) Adopt a more flexible HSTA guideline to expand funds on critical areas
- c) Review the 1999-2003 National Health Policies and Development Plans
- d) Formulate and Develop the 2005 – 2010 National Health Policies and Development Plans
- e) Develop a more realistic 2005 National Health Budget and secure funds
- f) Recruitment of IT specialist to facilitate HIS improvement and enhancement

Medium-term

- a) Training of program managers and middle managers in the provinces on strategic planning and financial management
- b) Certain co-operative services and “non-core” businesses of the Ministry of Health be contracted out

Long-term

- a) Health sector reform with more autonomy delegated to Permanent Secretary of the Ministry.

B. Policy on Accessibility and Improvement of Care and Quality Of Health Services.

Rural people's accessibility to basic reasonable primary health care services is a priority importance as 80% of the population lives in the rural areas. Steps are envisaged to consolidate existing health facilities and to increase utilization as it is the constitutional right of each individual of the community to have access and equity to a minimum reasonable quality of health care, and essential drug, and other public health services.

Policy Goals:

- To provide reasonable minimal level of essential health care to all individuals and families, in an acceptable and cost-effective, affordable way, and with their full involvement.
- To achieve adequate supply of essential drugs and medical sundries and ensure the availability of essential drugs at all levels
- To achieve training and support of qualified personal
- To promote the primary health care services at the community level through consolidation of rural health infrastructure, and nursing development, according to the needs of the people.
- To consolidate existing health infrastructure and facilities by improving and upgrading the quality of service, and not establishing new facilities unless the criteria, approval and standards are met.
- To improve and upgrade the provision of Preventive, Control and Diagnostic Services at the National and Provincial Hospitals.

Priority Strategy / Actions

Immediate

- a) Pay all rental bills and provide houses for doctors, nurses, paramedical staff
- b) Recruit additional specialist doctors to serve at NRH, Gizo, and Kilu'ufi hospitals, and fill up all doctors' position at other provincial hospitals (except Rennell Bellona).
- c) Recruit additional nurses
- d) Implement doctors scheme of services which was approved by cabinet July 2002 to retain and attract doctors to work in the country
- e) Refurbishment and upgrading of all rural health facilities, especially the Area Health Centers
- f) Restocking and distribution of medical supplies and equipment to all health facilities

Medium-term

- a) Develop and adopt a more relevant frame work for PHC service delivery in the country
- b) Implement radio communication network, connecting all health facilities to improve communication

Long-term

- a) Upgrading of Provincial hospitals (Gizo and Kiluufi Hospitals) to provide some specialized services in accordance to the Role Delineation Guideline to Health Care in Solomon Islands.

C. Policy on Human Resource Management And Development For Health

The relevant cadres of health workers will be further developed, managed in a learning atmosphere, and given clear directions in relation to effective and efficient health service delivery. Staff motivation through skill enlargement and job enrichment will be pursued.

Policy Goal:

- To develop a health work force that is responsive professionally, effectively and efficiently. Emphasis will be focused on capacity building in areas to improve skills, knowledge, and attitude of health workers to promote the quality of health care services, management and strategic planning both at the clinical, and promotive and preventive health services in the country.

Priority Strategy / Actions

Immediate

- a) Recruit human resources development officer
- b) Review salaries and entitlements of all health workers in view to increase their personal emolument to meet the rising cost of living
- c) Funding support to continue the School of Nursing at Solomon Islands College of Higher Education.

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- d) Re-commence the Midwifery school funded under World Bank-Solomon Islands Health Sector Development Project (SIHDP).
 - e) Secure access to all health workers to and control of the open learning facilities established with support from WHO, USP and School of Nursing (called Pacific Online Health Network).
 - f) Ensure delegation of power from the PSD to manage health workforce effectively
 - g) Secure funds for training

Medium-term

- a) Establish improved medical library and resource center in the Ministry of Health
- b) Review and develop human resources requirement and forecasting
- c) Set up Health Workers Board as stipulated in the Health Workers Act 1989.
- d) Improvement of the Distance Education Unit of the Ministry

Long-term

- a) Establish Ministry of Health Public Service Commission

D. Policy on Morbidity and Mortality Reduction

Prevention, reduction and elimination (where possible) of the existing priority endemic diseases and emerging diseases are the government's main mission. The illness disability and deaths due to these diseases will be prevented through various prevention mechanisms with a shift of paradigm focus from curative to prevention health services.

Policy Goals:

- To decrease the transmission, morbidity and mortality due to the priority health problems.
- To prevent or delay onset of the non-communicable diseases, including reduction in occupational diseases, in order to maximize disability-free and productive lives in older age.
- To ensure the rights of everyone to enjoy a good quality of life, and to promote equity in access to resources necessary for optimal health.
- To control and reduce the burden caused by Malaria
- To further strengthen the National Nutritional Program, and increase collaboration with other public and private sectors, church and Non-Government Organizations.
- To reduce the incidence rate of STI, and prevent transmission of HIV/ AIDS infection in the country.

Priority Strategy / Actions

Immediate

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- a) Facilitate the disbursement of funds from the Global Fund through SPC to implement activities in Malaria, TB and HIV/AIDS, including recruitment of a global fund coordinator
 - b) Re-activate the National AIDS Coordinating Committee to manage, coordinate and monitor the implementation of the National Multi-sectoral Strategy on HIV/AIDS and STIs in Solomon Islands.
 - c) Draw up Protocols and Guidelines for HIV/AIDS treatment and management and Counselling and Partner Notification etc.
 - d) Ensure sufficient funds are allocated to disease control programs in 2005 health budget.
 - e) Revise and reform the public health divisions into a cohesive, effective and efficient public health intervention (Center of Disease Control).

Medium-term

- a) Recruitment of an Epidemiologist to manage the Disease Control Unit of the Ministry of Health
- b) Secure scholarship to train a local Epidemiologist

Long-term

- a) Increase the capacity of the Disease Control Unit to effectively fulfill its role of diseases surveillance, reporting and response to outbreak (as part of immediate actions in (d)).
- b) Establishment of school of public health through proper planning and accreditation.

E. Policy on Environmental Health Services:

Safe and healthy environment is the ultimate outcome for the people of the country. It needs wholistic approach of which the development and implementation of health initiatives that are consistent with the themes of New Horizons in Health and the *Yanuca* Island Declaration of health in the Pacific in the 21st Century is pursued.

Policy Goal:

- To further strengthen Environmental Health Services in particular promotion of clean water, proper wastes disposal (sanitation), food hygiene, inspections and quarantine, and occupational health and safety at work and at home.

Priority Strategy / Actions

Immediate

- a) Gazette the Pure Food Act 1996 and endorse its relevant regulations
- b) Intensify food safety programs including food and water inspections activities
- c) Construct proper water supply and sanitation facilities to all rural communities
- d) Review existing environmental health Act 1980 to adopt the new changes and related intervention conventions.
- e) Enforcement of the of the provisions in the Environmental Health Act 1980.

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- f) Gazette SARS and HIV/AIDS as notifiable disease under the Environmental Act 1980.
 - g) Community awareness on food hygiene and safe water
 - h) Improve the capacity of the Public Health Laboratory facilities at SIMTRI.

Medium-term

- a) Training and recruitment of additional environmental health officers

Long-term

- a) Establish a separate Public Health Laboratory

F. Policy on Health Promotion and Education

The people will be encouraged to improve personal hygiene, live healthy lifestyles and take responsibility for their own health through appropriate and effective means of communication. Formation of linkages with the community and dissemination of health information is an important strategy in achieving the policy's objectives.

Policy goal:

- To enhance behavioral changes, that promotes healthy lifestyle and family health especially family planning, maternal care, malaria prevention, and population education.
- To promote healthy lifestyles and make healthy choices possible for the people through a combination of education and strategies designed to create supportive environments.

Priority Strategy / Actions

Immediate

- a) Refurbishment and improvement of the Health Education and Promotion building
- b) Finalize and endorse the National Policy on Health Promotion

Medium-term

- a) Increase production of IEC materials

Long-term

- a) Train and recruit health education and promotion officer to be deployed to each program of the Ministry

G. Policy on Reproductive & Child Health And Family Planning

High quality, comprehensive health services will be provide to promote and maintain the development of a healthy family; reduce maternal and perinatal/infant morbidity and mortality; and raise the standard of living for mothers and children. The system will

continuously monitor and improve its services in order to produce the most effective and efficient delivery of services; and produce and retain a high quality workforce.

Policy Goal:

- To ensure that every mother has the best opportunities for appropriate timing and spacing of pregnancies, safe delivery of a healthy infant in an environment conducive to health with adequate antenatal care, sufficient nutrition and preparation of breast feeding her child.

Priority Strategy / Actions

Immediate

- a) Implement immunization catch up campaign
- b) Provide transportation facilities for outreach programs
- c) Implement IMCI pilot program in Gizo and Honiara
- d) Secure funding assistance from UNFPA to support the reproductive health program for the next cycle (2003-2007)
- e) Finalize information system for Reproductive and Child Health Division
- f) Social marketing of contraceptives.

Medium-term

- a) Continue with midwifery training abroad
- b) Secure funding for vaccine procurement and devise a sustainable mechanism
- c) Reproductive health subjects taught in schools
- d) Sentinel surveillance system established for HIV/AIDS and STIs

Long-term

- a) Cervical cancer screening facilities established in Solomon Islands

H. Policy on Developing Partnership In Health Development

Due to lack of capacity in many aspects of health development at all levels of the (Public) Health Sector, developing partnership in country and out of the country will be further developed and strengthened.

Policy Goals:

- Enhance collaboration with local NGOs and international health developing partners in particular health services delivery to rural population, health financing e.g. donor assistance, human resource development, and training and research, and tertiary health care.

Priority Strategy / Actions

Immediate

- a) Establishment of service agreement with NGOs and Churches
- b) Funding support to selected National NGOs (SIPPA, Red Cross, DPASI)

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- c) Conduct Development Partners and Stakeholders meeting
 - d) Small Grant Scheme to support communities needs, especially women and children

Medium-term

- a) Establish mechanism for community participation and involvement in health service delivery

Long-term

- a) Establishment of a mechanism for information sharing with development partners and stakeholders in health (website; web page; e-mail listing; etc).

4. Towards Achieving Health Sector Reform

Achieving a health sector reform is a real challenge however, not impossible as the Ministry does not have much option but to embark on this road of reform in order to maintain the services in the current political, social and economic environment. A review of the existing organizational structure revealed that the current arrangement will not be conducive and receptive to the Policy and Structural Reform Program of the Government. In summary, the Ministry has to answer the question of how best could the organizational **structural be, in order** to achieve efficiency, ‘better use of limited health resources’, and potential to redistribute resources?

The policy direction on Health Sector Reform that the Ministry is currently embracing is that *“more resources will be shifted towards preventive and promotive health services with concomitant rationalization of curative services through imperative cost recovery mechanisms and getting major hospital services to function as a large unit at a minimal production cost”*

In pursuing this policy direction, it is expected that the following goals are to be achieved:

- To establish a flatter structural organization of the Ministry of Health and Medical Services;
- To provide for clarity of lines of reporting and accountability;
- To ensure separation of policy development and management from operational delivery where appropriate;
- To ensure that Management of key stake holders are effective and to re-define the roles and powers of Health Statutory Bodies;
- To provide greater focus on the “customers” of health services;
- To focus on areas of the Ministry’s organization with greatest budgetary impact;
- To provide for budget efficiency and effectiveness.

Priority Strategies / Actions

Immediate

- a) Review appropriate health services legislation and regulations and make amendments to facilitate restructuring of the health services

- b) Seek Technical Assistance to review and development appropriate organization structure of the Ministry
- c) Review job description of officers
- d) Delegations of certain control from PSD to PS/MHMS

Medium-term

- a) Deploy staff appropriately to positions within the new structure
- b) Development appropriate staff establishment with appropriate costs

5. Priority Activities for 2004-5:

5.1: Overall: The Key Strategic Areas and the performance indicators:

Key Strategic Areas	<p>The Solomon Islands Government through the Ministry of Health recognizes WHO's call and Solomon Islands Constitution that health is a fundamental right of every human being in the country without distinction to race, gender, religion, political belief, and economic or social condition to enjoy the highest attainable standard of health. Mission in the near future is Re-establishing health services in all the communities post conflict.</p>	<p>Indicators Reestablishing health services post conflict</p>
	<p>1. Restoring health services delivery in full with particularly attention to undeserved areas such southern Guadalcanal</p>	<p>1. By end of 2004, all identified underserved areas are covered by primary health care activities (services). 2. By end of 2005, >70% of the rural people living more than 3 km to the nearest clinics have regular access (through outreach health team or primary health clinic).</p>
	<p>2. Strengthening of the primary health care network, and encourage community participation to increase and maintain access to basic health services and programs, and essential medicines, to protect and treat both communities from old and emerging diseases.</p>	<p>Key pillar indicators: 1. Reduction of incidence rate of malaria from 160/100,000pop in 2001 to <80/100,000 pop end 2005 2. Reduction of malaria mortality from 13/100,000pop in 2001 to <5/100,000 pop end of 2005. 3.Reduction of maternal and perinatal deaths due to poor antenatal and postnatal, and complications of delivery by >50% end 2005. 3.Increase % deliveries attended by trained personnel from 85% in 1999 to >90% end 2005. Others:</p>
	<p>3. Rehabilitation of the health infrastructure</p>	<p>1. Completion of provincial</p>

including communication, buildings and transport.

4. Strengthening of the management and supervision of finance, human resource, and assets, and legislative support, to boost service delivery in hospitals and primary health care centers, through building capacity at the national and provincial level.

5. Strengthening of the national health information and management system to improve the capacity to manage and supervise, improve disease surveillance and evaluation of the health services.

5. Strengthening of the national and provincial hospital management and supervision through improving the hospital communication system, information management systems.

6. Carry out a national health review and formulating a medium-longer term national

survey end 2003.

2. Identified clinics installed with radio systems by end of 2004.

3. Expansion of on-line health from Gizo, Taro and Helena Goldie to all other provincial hospital end of 2005.

4. Rapid Assessment of status and needs of the existing clinics and hospitals by end of 2004.

1. Budget structure revised to reflect programs-outputs-results in 2005.

2. Budget performance evaluation available end of 2004 (and regularly, thereafter).

3. Health workforce database established by end of 2004.

4. Draft Training Policy and Plan completed by end 2004.

5.

1. Establishment of an IT network within the MOH/ HQ in 2003.

2. Engagement of an information technologist and epidemiologist in 2004.

2. Review of the existing health data bank, and data collection systems in 2004, 3.

Development of a central repository at the Medical Statistics and establishment of an upgraded health data bank in 2005.

1. Review hospital functions (role delineation) in 2003.

2. Review hospital productivity in the National Referral Hospital and all provincial hospitals in 2004.

3. Establish the hospital information management system in 2004.

1. Draft national health review report completed by end of

<p>participation to increase and maintain access to basic health services and programs, and essential medicines, to protect and treat both communities from old and emerging diseases.</p>	<p>2. To support tanning of more registered and nurse aids to manned the rural clinics by ensuring adequate funding and resource personnel. 3. Adequately budget for primary health care services in the provinces. 4. Implementation and review of the new clinic supply kit (of medicines)..</p>	<p>3.2.High turn over rate for trained nurse aides. 3.3.% MOH Health Funds for provinces not less than 50.</p>	<p>3.2. MOH/ Nursing Division in liaison to HGH.</p>
<p>4.Rehabilitation of the health infrastructure including communication, buildings and transport</p>	<p>4.1. Do a rapid provincial assessment survey. 4.2. Develop a strategic plan for communication, clinic equipment and facilities. 4.3. Do a infrastructure review and strategic plan.</p>	<p>3.4.Clinic kit supply reviewed and improved. 4.1.Existing project reviewed. More than 50% of NDP for health infrastructure implemented. 4.2.100% implementation of the communication plan (HISP).</p>	<p>3.4. MOH / National Pharmacy services. 4.1.MOH/ Policy Planning Division.</p>
<p>5.Strengthening of the management and supervision of finance, human resource, and assets, and legislative support, to boost service delivery in hospitals and primary health care centres, through building capacity at the national and provincial level</p>	<p>1.Review and revised of Human Resource developments 2.Review and revised of Human Resource management policies and plans. 3. Review and revised of Human Resource Distribution.</p>	<p>5.1.Draft Long-term National Human Resource Development Plan. 5.2.Draft HRD Management Policy-performance management system, award system, Scheme Of Service guide. 5.3.HR Software established.</p>	<p>4.2. MOH/ HISP 5.1. MOH/ HISP</p>
<p>6.Reforming and building capacity of the health sector as guided by the review and strategic plan.</p>	<p>Review of the health sector (organization), its structure and functions (work), and human resource (staffing) and health financing mechanisms (funding).</p>	<p>6.1.Level restructuring applied. 6.2.Draft Level 2 restructuring.</p>	<p>6.1. MOH/ HISP</p>

5.3.Service/program Directions for 2004-5:

KSA	Activities/ Programs	Output/ Outcome Indicators
Pharmacy: Access to Essential Medicine	<u>Planning & Management:-</u> 1. Regulation & import control 2.Meds regulations. Equip:- 3. NMS procurement plan and budget <u>Access to Meds:-</u> (Medical Equipment-procurement Access to Meds) 4. EM List Review 5. Distribution review – kits 6. CC review and improvement & EFMI. <u>HR Management:-</u> 7. Structural reform and jdf alignment 8.Pharmcy Serices skills development (inservice training) 9.POC course - restarted and renewed modules 10.National dev plan for Pharmacists + o/seas training 11.SOS 12.Integrated Pharmacy Management System (IPMS) <u>Morbidity & Mortality</u> <u>Reduction:</u> better meds use educated public "understanding medicines" <u>Environmental Health</u> <u>Services:</u> Chemicals Control <u>Health Promotion & Education</u> Public education / QUM <u>RH & FP</u> RH Commodities security	
Infrastructure rehabilitation	1.Asset Manager 2.Develop strategic plan	Asset manager appointed through PSD. Draft Strategic Plan for Infrastructure.

<p>Oral Health Services: Ophthalmology and Primary Eye Care Services:</p>	<p>Primary oral health care activities in the communities. 1.Primary eye care activities continued. 2. Eye care nursing training. 3.Outreach services by PIP/RACS/Eye specialists</p>	<p>100% implementation of primary oral care services. 100% implementation of primary eye care services.</p>
<p>Diagnostic Services/ Paramedical and support services</p>	<p>1.Conventional pathology services (anatomical pathology-cytology, histology; chemical pathology-routine biochemistry; Hematology-borne marrow pathology; Microbiological-bacteriology, serology, virology). 2. Review of pathology services & existing support from QHPSS/RBH 3. Tele-pathology services</p>	<p>100% implementation of primary oral care services. Draft MOU with QPHSS/ RBH- Training & Upgrading of NRH Laboratory services.</p>
<p>Rehabilitation Services:</p>	<p>To assist individuals who have been disabled by disease, traumatic injury or other causes to achieve their maximum potential in terms of physical activity, functional ability, independence in daily living and the potential for useful and important member of the society</p>	<p>100% implementation of community based rehabilitation services.</p>
<p>Human Resource Management And Development For Health</p>	<p>A.Ongoing Education: -Implementation of 2004 trainings-Overseas/Local. -In-country trainings/midwifery -Distance Education/Open Learning Project/WHO B.improved HR management and evaluation-HR database/performance management system/service agreement implementation/ and review. C.Review Training Policy- Plan</p>	<p>1.>90% implementation of training scholarships for 2004 & 2005. 2.Increase local training by 50% or more. 3.Draft HR management policy and protocols. 4.HR database established. 5.Performance Management system established at the MOH level. 6.Draft National Training Plan for health workers.</p>
<p>Mental Health Services</p>	<p>1.Focus on Community Mental Health Services- training/outreach services 2.Mental Health Policy</p>	<p>1.All provinces have a provincial coordinator with annual programs. 2.Draft Mental Health Policy.</p>

Social Welfare services	<p>3.Mental Health Legislation Review</p> <p>1.Social Enquiry Reports to courts.</p> <p>2.Assistance to clients/counseling.</p> <p>3.Rehabilitation of Juvenile offenders through probation work.</p> <p>4.Setting up of the Child Protection Unit in Division.</p> <p>5. Implement Child Rights Bill</p>	<p>3.Draft revised Mental Health Legislation.</p> <p>1.Increased access to vulnerable people.</p> <p>2.Child protection unit established-function and structure.</p>
Environmental Health Services	<p>1.Public health laboratory:- health investigations-bacteria, human derived samples, potentially dangerous unknown, substances, viruses.</p> <p>2.Environmental contaminants investigations:-ambient & indoor air quality, disease surveillance (bacteria & virus), environmental waters (chemical, radiation, microbiological), poisons (e.g. pesticides, heavy metals), residues, toxins).</p> <p>3. Food & Nutrition: chemical & microbiological contamination, enzymes, food and drink statutory compliances, food quality, nutritional levels, vitamins.</p> <p>4. Water quality: bottled water (chemical, microbiological), enzymes, potable water standards (chemical, microbiological, radiological), purify of dialysis waters).</p> <p>5. Rural Water Supply & Sanitation: revitalize the project</p> <p>6. Sanitation expansion.</p> <p>7. Environmental health legislation review and strengthening</p> <p>8. Environmental health database</p>	<p>1.Nominal increase of 25% per year in public health activities in the next two years.</p> <p>2.Upgrading of the public health laboratory-functions, infrastructure and equipments.</p>

Health Promotion

1. Training of staff/ health workers in skills of health promotion.
 2. Tobacco awareness campaigns.
 3. Road traffic accident
 4. Physical exercise/ diet.
 5. Research in health promotion mediums-effectivity & exploring other innovative medium
 6. National Health Council
 7. Advocacy activities for health promotion-healthy islands settings. 8. Health Policy

1. 100% implementation of planned activities.
 2. Draft revised Health Promotion.
 3. Revival of the National Health Promotion Council.
 4. Draft research reports on Tobacco, NCD, Nutrition, and STI/AIDS.
 5. Draft Protocols, manuals and IEC production on Tobacco, NCD, Nutrition, and STI/AIDS.
 6. World Health Days implemented.

Reproductive Health Services

Adolescence/ Sexual health
 Child health services (IMCI)
 Nutrition
 EPI/ Immunization program
 Midwifery School

 More emphasis/ focus on:-

- Training of skilled health workers
- Malaria in pregnancy
- Maternal Mortality Rate: Moderate status
- Infant Mortality Rate

1. Expansion of IMCI to other parts of the country-nominal increase of 20% per year in the next two years.
 2. 100% implementation of reproductive health activities.
 3. More 30 nurses trained as Midwives by end of 2005.

5.4. Disease Control Program Directions For 2004

KSA	Activities/ Programs	Output Indicators	Outcome Indicators
<p>Vector Borne Disease Control Program:-</p> <p>1. Malaria: To control and reduce the burden caused by Malaria in bigger islands & eradicate in small (&isolated) islands).</p> <p>2. Filariasis-Eradicate</p> <p>3.Dengue-no outbreaks</p>	<p>Implementation the integrated malaria control program:- Global Fund SIHSDP Rotary Against Malaria</p>	<p>1.Additional microscopists trained.</p> <p>2.100% implementation of activities under the Global Fund project.</p> <p>3.Maintain surveillance on filariasis and denque.</p>	<p>1. Reduction of incidence rate of malaria from 160/100,000pop in 2001 to <80/100,000 pop end 2005</p> <p>2. Reduction of malaria mortality from 13/100,000pop in 2001 to <5/100,000 pop end of 2005.</p> <p>3.Eradication of Filariasis.</p> <p>4.No dengue outbreaks in the next two years.</p>
<p>Disease Prevention & Control Program:-</p> <p>1. HIV: To Prevent new HIV/AIDS cases/ control STI.</p> <p>2. NCD/Diabetes Control</p> <p>3.TB/Leprosy: Control of TB/ Eradication of Leprosy</p>	<p>Implementation the integrated control program:-</p> <ul style="list-style-type: none"> -Increase & strengthen partnerships with NGOS & Churches. -Implement Global Fund-TB/HIV -Implement the National STI/HIV/AIDS strategic plan -NCD STEPS Surveillance. -Strengthen DOTS strategy/ database 	<p>1.>80% implementation of strategies and activities of National Multi-sectoral Plan on HIV/ AIDS and STI in Solomon Islands 2003-7.</p> <p>2.Draft Research reports on NCD, Tobacco-Evidence for Policy development and evaluation.</p> <p>3.Maintain 100% DOTS coverage.</p>	<p>1.Prevent spread of HIV transmission.</p> <p>2.Reduce STI by 50% among young people.</p> <p>3.Reduce prevalence of diabetes (and other NCDs) among high risk group. Reduce complications of diabetes.</p> <p>4.Increase cure rates and treatment rates, and reduce mortality rate.</p> <p>5.Reduce mortalities due to NCD.</p>
<p>Control of ARI/ Diarrhea, /Malnutrition Programs (Reproductive Health</p>	<p>IMCI (Integrated Management of Childhood Illnesses)</p>	<p>Expansion of IMCI to other parts of the country-nominal increase of 20% per</p>	<p>1.To reduce episodes of diarrhoea from 3.5 per year in 1992 1</p>

Division:-

year in the next two years.

per year by 2005.
 2.To reduce deaths due to diarrhea from 1.7% deaths per 1,000 children per year to less than 1.0% by 2005.
 3.Reduce infant mortalities.

6. Health Financing and Budgeting for 2004:

6.1. SIG Recurrent Estimates 2004: 276: Ministry of Health:

The total budget estimate for health expenditure in 2004 is \$69,520,00 (million). This is 14.5% of the total Governments estimate of \$479,632,065 (million), compared to 27.9% to the education sector. Government allocates \$52.9M and Budgetary Support from Australia and NZ, \$16.5M.

In the past year (2003) the revised estimates for health expenditure was \$41,492,746. There is a significant increase of more than half (67.5% Budgetary support funds included, or 27.7% budgetary support not included). The significant increase is due to the injection of \$16.5M into the health budget from Australia and New Zealand Governments as part of the RAMSI.

6.2. Changes to the MOH Budget Structure (at MOH level):

There has been much changes to the MOH budget structure except re-emphasizes the concept of getting towards some realistic output-based budgeting that reflects the services provided and enable accountability and transparency.

The budget encompasses three key operational elements of the health care services in the country;

1. Primary Health Care-concerns with all primary health care centres such the Area Health Centres, Rural Health Clinics and Nurse Aide Posts.
2. Public Health Programs- are the programs and strategies to campaign against both the infectious and non-infectious diseases in the local communities.
- 3.Secondary Care-covers all secondary care centres such as the hospitals.

6.3. Allocation of Health Funds (at the Ministry of Health):

Rationale:

The rationale for further distribution of funds at the Ministry level is to ensure that there is equity and accountability and financial responsibility in the health expenditure across the health sector. Therefore, all services providers in the public health sector have the equal opportunity to use the limited fund maximize and cost-effectively through proper mechanism instituted by the Health Institutional Project.

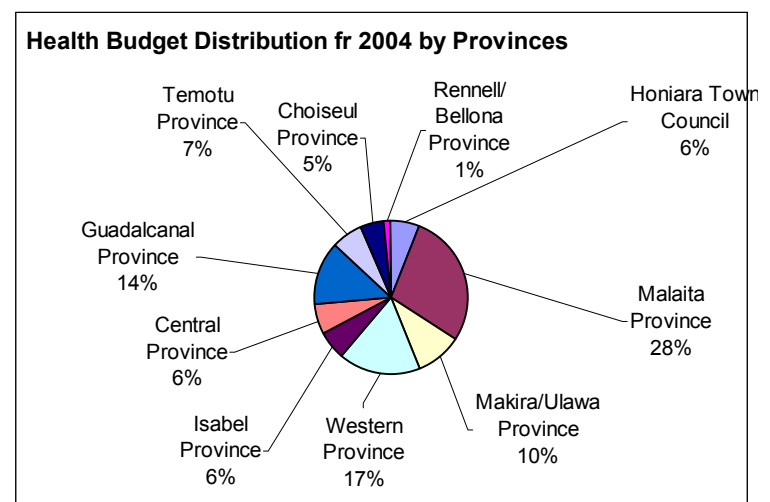
Methodology:

A Resource Allocation Formula (RAF) was formulated in 2000 with the assistance of the AusAID Interim Health Management Adviser. The RAF reflects the population of each province and its geographical implication on the delivery of health services.

Annex A: summarizes the RAF, which determines the distribution of the Recurrent Estimate for 2003.

Allocation: National Versus Provinces:

There is commitment to increase level of health activities in the provinces. Fifty-seven percent (56%) of the 2004 HBE is allocated to the provincial health services, whilst 44% is to maintain, sustain and strengthen the national health functions in support to the provincial health services.



6.3. Current Financial Management and accounting system at the Ministry of Health:

The Ministry of Health has further strengthened its financial and accounting management system in the past twelfth months through the Health Institutional Strengthening Project HISP funded by AusAID. The two key guide used are the (1) Solomon Islands Financial Instruction 1994 as the overriding guide, and (2) Solomon Islands Accounting Manual For Ministries.

There is a very comprehensive *acquittal system* set up by the MOH, and to be followed by all cost centres. The MYOB accounting software continues to gain strength in book keeping for all health funds.

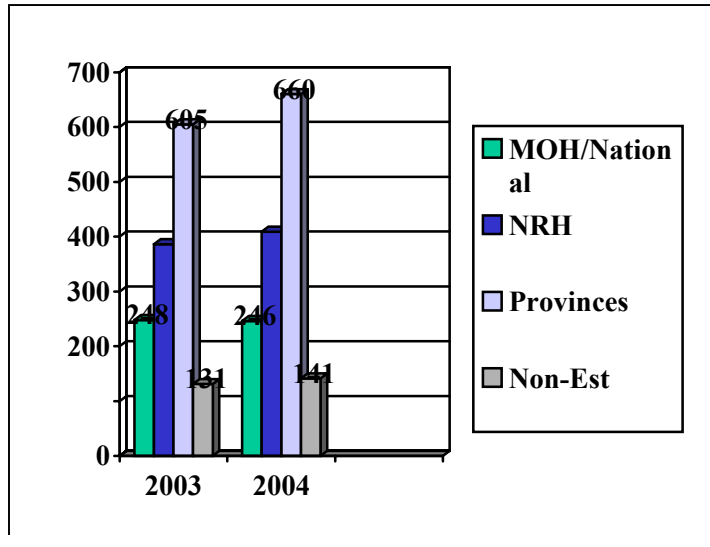
Slowly all provinces are instructed to create only *one main account* to coordinate all revenues and expenditures on health. It will help management to know where funds are coming from, and where and what is the money spent on.

7. Health Workforce for 2004 and the cost:

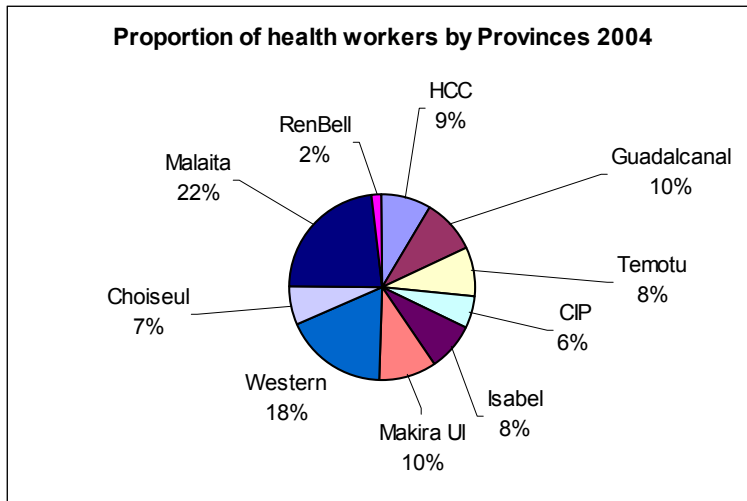
The instruction from the Public Services Division are as follows:-

- No promotion (but all actings to be recommended for substantial holder).
- No recruitment (except for health professionals).
- No Over time expenses (paramedics for SDA).
- No extension of Fixed Term Appointments (except for recommendations).

It was reported that there is an 6% increase of staffing into the Ministry of Health (not including the direct employees from total of 1,370 in 2003 to 1,455 in 2004. The figures below were presented as the distribution of the health workforce in the provinces as compared to the MOH and National Referral Hospital.



It was reported that of the total 1,455 staff positions for 2004, 91.6% are filled (which is 1,333 established and 119 non-established staff). However, 8.4% of the health workforce strengthen is there should no



recruitments is done to fill the positions (which is 100 established and 122 non-established vacant posts). The total workforce for 2004 will cost the SIG \$31.6Million. The total filled posts costs \$28.6Million whilst the vacant posts costs \$3.0Million. The MOH is not allowed to go beyond \$31.9Million for total workforce cost (ceiling).

8. Monitoring and Evaluation:

8.1. Monitoring:

There are three key approaches for the monitoring of the Business Plan at the implementation level:

[1] Input Monitoring: Monitoring of the availability of resources for implementation

Aim: Is to ensure that resources are available or planned for acquisition.

[1] Out-Put Monitoring: Monitoring of programs and activities

Aim: Is to ensure that activities are done (effectively) on time as planned with available resources.

Indicators: % of completion of work

[2] Out-come Monitoring: Monitoring of productivity and efficiency.

Aim: Is to ensure that maximum of people benefited through equal accessibility and equity system.

Indicators: 1. Health Status Indicators
2. Millennium Development Goal Indicators (+socio-economy)
3. Financial indicators

Monitoring application:

Use of Gants Chart is desired for Supervisors and Managers

8.2. Evaluation:

There are 3 key aspects of the health services to be evaluated during the plan period.

[1] Epidemiology and the disease burden on the individual and population health:

Question: What is the epidemiology of the diseases causing burden on the Solomon Islanders and the environment?

These includes:

- I. Trend and pattern of diseases
- II. Trend and pattern of resources utilization- hospitals, clinics and other health services.

[2] Evaluation of the Primary Health Care:

Question: How effective and efficient is the PHC in the past decade?

These includes:

- I. Evaluation of functions
- II. Evaluation of productivity and workloads etc.

[3] Evaluation of the Public Health Programs/ Functions:

This is utilization the WHO-Essential Public Health Functions (EPHF) approach. Whereby key eight functions of the public health is evaluated.

The 9 functions are listed below:-

- 1) Function 1: Health Situation monitoring and analysis.
- 2) Function 2: Epidemiological surveillance/disease prevention and control.
- 3) Function 3: Development of policies and planning in public health
- 4) Function 4: Strategic management of health systems and services for population health gain.
- 5) Regulation and enforcement to protect public health.
- 6) Human resource development and planing in public health.
- 7) Health promotion, social participation and empowerment.
- 8) Ensuring quality of personal and population-based health services.
- 9) Research, development and implementation of innovative public health solutions.

Methodology:

The Proposed National Health Review 2004-5 will be the main focus for the evaluation in this plan. The NHR focuses on the three above components.

9. Implementation Time Frame:

The time frame is attached.

The implementation time frame is flexible.

The effectiveness of implementing the activities depends very much on funding, and close integration with other key stakeholders such as AusAID, WHO, SPC and others. The activities cover wide range of providers locally and internationally. We had visiting medical teams and outreach mission from outside the country. The regular one is the Pacific Islands Project funded by AusAID and executed by Royal Australasian College of Surgeons, and they do interplast, paediatrics surgery, Ear Nose and Throat specialist services, and specialist eye services. The PIP team will come back this year.

There are wide collaborations with organizations such as WHO, UNFPA, UNICEF, SPC and other developing partners in the health developments of the country. The timing of the activities involving these partners may change for genuine reasons.

The Health Institutional Strengthening Project funded by AusAID and executed by an Australian Company (JTA International) is into Phase 2 in 2004. The Solomon Islands Health Sector Development Project funded by a World Bank Loan is into its fourth year. These projects are part of the health sector capacity building and service delivery mechanisms. There is hope that activities are implemented fully and on time.

The End

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Annex A:

Time -Frame for Implementation of Health Plan 2004-5-

Annex B:

Health Institutional Strengthening Project