



**SOLOMON ISLANDS GOVERNMENT
MINISTRY OF HEALTH**

**THE NATIONAL HEALTH POLICIES AND
DEVELOPMENT PLANS 1999 – 2003**

***TOWARDS A HEALTHY HAPPY AND PRODUCTIVE
SOLOMON ISLANDS***

PREFACE

The National Health Policies and Development Plan 1999 – 2003 is the third of such document to be produced by the Ministry of Health since mid-1980s. It has two principle objectives. Firstly, to improve the national health status, and secondly, to strengthen the Ministry of Health's capacity to manage developmental changes within the health sector over the next five to ten years. It also encompasses the need to narrowing the gap between the ever-increasing demand for health care services and the limited available resources.

The document is expected to be used by all stakeholders who are involved in health services delivery in Solomon Islands. At the Policy and planning level, the Ministry of Health (MOH) is guided by the eight key policy statements, which provide directions for the planned period and future development in health service delivery in the country. Certainly, without specifying the necessary activities, the objectives of the plan can not be achieved, therefore at the Operational level, the Departments and the Implementing Agencies of the Ministry, are expected to draw up Activity Plans within the framework of this document for implementation on annual basis. At the Customer and Community levels, services are delivered through specific activities and programs. Seen in this light, it is crucial that the network of service delivery from the Policy and Planning level to Service Delivery level is efficient, effective and able to respond to change. Whilst there is top-down approach in policy formulation and planning, the Ministry of Health in the development of this plan encourages bottom-up approach through the National Senior Health Officers conferences and other meetings. The conceptual developmental process that underpins the formulation of this plan is *Plan-Do-Check*. In this regard, there is significant emphasis in monitoring and evaluation of health services through performance indicators.

The process leading to the development of this document involves a review the National Health Plan 1990-1994, which is well documented in 'The Comprehensive Review of Health Services Report'. Between 1995 and 1996, the Ministry decided to review the current status of health care system in Solomon Islands, to identify strengths and weaknesses as well as opportunities and threats the health sector considers in developing strategies and specific programs. The National Senior Health Officers Conference of May 1998 recommended strategies, which were in built in the document. Compiling the document was slow, nonetheless, the Ministry is confident in its position for development of health services in the next five to ten years.

The data and information used in forecasting and assimilation of the health needs and demands of the health service is obtained from local sources, primarily from the Statistics Unit, MOH, the Comprehensive Review of Health Services Report, annual reports from provinces and divisions, and consultant reports. Nonetheless, there are lots of room for improvement in the area of health management information systems

to ensure that evidence-based policy are developed and a more strategic planning and management of health services are conducted.

However, despite these shortfalls, it is with the *invaluable* input of the different departmental and divisional heads that form the overall organizational framework for future direction for health services development in the country. We therefore wish to acknowledge the contributions from the following officers: Dr. Junilyn Pikacha and staff of the Reproductive Health Division Mr. Ken Konare and staff of Disease Control Center, Mr. William Same Chief Nursing Officer Psychiatric Unit, Mr. Alby Lovi and staff of Health Education and Promotion Division, Mr. Robinson Fugui and staff of Environmental Health/ RWSS, Mr. Peter Wale and staff of Statistics Unit, Mr. Keith Williams, Waletobata, Anna Chao and staff of the Pharmacy Division, and Mr. Bernard Bakote'e and Albino Bobogare and staff of Malaria Control Program.

We also wish to extend our appreciation to Mr. Albert Punifimana, Director of Nursing and his Assistant Mr. Edward Daiwo with contributions on nursing development aspects. Dr. Richard Nesbitt, Dr. Kevin Palmer, Dr. R.Velayudahn of the World Health Organization Office Honiara for their technical assistance to specific programs and in meetings and conferences. Dr. George Manimu, Dr. Aaron Oritaemae, Mr. Michael Meone, Dr. Douglas Pickacha, Dr. Obed Alemaena, Dr. James Auto, Dr. Daniel Maemaruki, Dr. John Seztu and other Clinicians of the National Referral Hospital for their individual participation in meetings and conferences on aspects of curative services. Mr. Wilson Kikolo, Alfred Dofai and staff of Medical laboratory. Mr. Sam Savakana and staff of X-ray Division. Mr. Chris Laore, Diana Yates and staff of Rehabilitation Division for their contribution one way or another.

Special mention is made here for the contributions from the provincial health staff. They are Dr. Andrew Stirling, Dr. Mata Strickland, Charles Sigoto and staff of Western Province. Dr. John Kure, Mr. Gabriel Kaula and staff of Malaita Province. Mr. Wilson Lyno and staff of Temotu Province, Dr. Patrick Paia, the late Joses Filoa, and staff of Isabel Province. Dr. Jackie Glenon, Dr. Lisbson Sisiolo, Mr. George Maebata and staff of Guadalcanal Province. Dr. H.K.Balachandra, Mr. Stephen Waketaku and staff of Makira Province. Mr. Belzzar Sasa and staff of Choiseul Province. Mr. Stewart Kaipua and staff of Rennell Bellona. Dr. Susan Williams, Dr. Don Kelly and staff of Honiara Town Council.

We would also like to acknowledge the efforts by Mr. Robert Natei (former Chief Health Planning Officer) and Mr. George Clay in assisting the two Undersecretaries in putting the document together. The process of compiling the document was hindered by regular power cut which shuts down the computer leading to loss of information, and re-doing of the work.

Finally, at the political front, we would like to commend the political commitment from our Ministers for Health and Medical Services Hon. Stephen Sanga Aumanu (Dr) and his predecessor Hon. Dickson Warakohia. All in all, for the continuous support from our Permanent Secretary Dr. Lester Ross and his predecessors, Mr. Francis Ramoifuila, Mr. Sam Gaviro and Mr. Eliam Tanirogo.

To all our colleagues, we hope that by effecting the policies, strategies and action steps in the document, we will be able to deliver the health services more effectively and efficiently. Improved health status of our customers, who are the people and residents of Solomon Islands, should be the paramount outcome of all our efforts. Let this be our challenge and teamwork is the only way forward. We once again thank you ever so much for your contributions.

LET US ALL WORK TOWARDS A HEALTHY, HAPPY AND PRODUCTIVE SOLOMON ISLANDS.

Dr. George Malefoasi
Undersecretary Health Care

Dr. Dennie Iniakwala
Undersecretary Health Improvement

FOREWORD

I am pleased to present this third National Health Policies and Development Plan 1999-2003. This document sets the future direction for health development of the country and encompasses at the National level, the Ministry's mission and vision for health of Solomon Islanders. The documents also put into perspective the key health policy areas, the goals, objectives, strategies and activities of the various services departments and divisions of the Ministry.

The underpinning legal basis of the plan is the Health Services Act 1979 (Amendment) 1988. It entrusts that health is a constitutional right of the people of the country. The Government believes that good health is essential to the nation's social and economic development. However, with limited health resources the Ministry is inevitably obliged to allocate these resources fairly equally. Thus, good planning, monitoring and evaluation of the health service delivery system is crucial.

It has taken the Ministry four years since the review of the last Development Plan 1990-1994, to finally complete the document as the process involves a lot of consultation and the need to accommodate present governments reform program. The document devotes various sections on the key policy issues and a chapter on its progress towards health reform. I am pleased to note that progress has been made to address priority health issues despite the delay in finalization of the document.

I am proud of the efforts put into producing the document, however this should not be seen as an end, but rather a means to an end. The document should act as framework or guide to program development for various departments of the Ministry. The ultimate outcome is the improvement of the health status Solomon Islanders as well as the capacity of the Ministry to respond to developmental changes within the country and the region.

It is hoped that with this document, the Ministry will achieve its mission with vigour and enthusiasm that results from a clear sense of direction, and further boosted by unified efforts of its workforce and other key stakeholders.

Let us work together towards a healthy, happy and productive Solomon Islands.

Hon. Stephen S. Aumanu (Dr)
Minister of Health and Medical Services

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ABBREVIATIONS AND ACCRONOMES

A&E	Accidents and Emergency
ANC	Ante Natal Clinic
ARI	Acute Respiratory Infection
ARI/CDD	Acute Respiratory Infection/ Common Diarrhoeal Diseases
BOR	Bed Occupancy Rate
BSc.	Bachelor of Science
CBR	Community Based Rehabilitation
CDD	Common Diarrhoeal Diseases
CE	Continuing Education
CIP	Central Islands Province
CP	Choiseul Province
DCD	Disease Control Unit
DGO	Diploma in Gynaecology and Obstetrics
DOTS	Direct Observed Treatment Strategy
DPHS	Director of Provincial Health Services
EHD	Environmental Health Division
EQC	External Quality Control
GP	Guadalcanal Province

HCC	Honiara City Council
HIS	Health Information System
HQ	Head Quarter
HRMD	Human Resource Management and Development for health
HTC	Honiara Town Council
IEC	Information Education Communication
IP	Isabel Province
IQC	Internal Quality Control
LOS	Level Of Service
MCH	Maternal Child Health
MCH/FP	Maternal Child Health / Family Planning
MHMS	Ministry of Health and Medical Services
MHMS/HQ	Ministry of Health and Medical Services Head Quarter
MLA	Medical Laboratory Assistant
MOH	Ministry Of Health
MOU	Memorandum Of Understanding
MP	Malaita Province
MUP	Makira Ulawa Province
NGO	Non Governmental Organization
NMS	National Medical Stores
NHPD	National Health Planning Division
NRH	National Referral Hospital
OT	Operating Theater
O&G	Obstetrics and Gynecology
ORS	Oral Rehydration Solution
PHC	Primary Health Care
PNG	Papua New Guinea
POC	Pharmacy Officer Certificate
Pop.	Population
PS	Permanent Secretary
PSRP	Policy and Structural Reform Program
RBP	Rennell and Bellona Province
RWSS	Rural Water Supply and Sanitation
EHD/RWSS Sanitation	Environmental Health Division/Rural Water Supply and Sanitation
SCC	Short Course Chemotherapy
SDA	Seventh Day Adventists
SI	Solomon Islands
SIAC	Solomon Islands Alliance for Change (Government)
SICHE	Solomon Islands College of Higher Education
SICHE/USP	Solomon Islands College of Higher Education/ University of the South Pacific
SIMTRI	Solomon Islands Medical Training and Research Institute
SIPPA	Solomon Islands Planned Parenthood Association
SPC	South Pacific Community / Commission
STD	Sexually Transmitted Diseases
STI/HIV Virus	Sexually Transmitted Infections/Human Immune Deficiency Virus
STIs/HIV/AIDS	Sexually Transmitted Infections/Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome

TA	Technical Assistance
TB	Tuberculosis
TP	Temotu Province
UC	United Church
UNFPA	United Nations Fund for Population Assistance
USHC	Under Secretary Health Care
USHI	Under Secretary Health Improvement
USP	University of the South Pacific

SECTION I:

INTRODUCTION

The Ministry of Health (MOH) Five-year National Health Policies and Development Plan (1999 – 2003) is based on the past four years, the current and future time frame to 2003. It takes into account the government's restructuring and reform program. The National Health Planning process is designed to assist the government in focusing on the nation's health. The Plan is a framework used by MOH to its endeavors in achieving the vision for health of Solomon Islands' citizens.

External factors impinge upon the health services delivery in the country, such as its geographical; socio-economical; demographical; environmental; political and infrastructural characteristics. The Plan recognizes socioeconomic and demographic trends as major factors affecting health services in the country. Environmental,

political and infrastructural factors are also viewed more generally for the country as a whole, as these are expected to have a lesser impact on health services delivery in the country.

Within the health sector, the gap between supply and demands (current and future) focuses on the five main areas: namely the Health Structure and Resources; Management and Finances; Primary Healthcare or Community Health services; Communicable and Emerging Non-communicable Diseases; and Population-related issues.

The Government's future direction in the National Health Developmental Plan 1999-2003 focuses on 'New Horizon in Health', cemented by the Western Pacific Region's 'Healthy Islands concept' as a guide to health development in the country. Most of the projects and programs aimed at achieving the health goals, involve people and organizations outside the traditional health sector, including the international development partners, churches and other non-government organizations, and the local communities.

The approach taken in this plan is a wider-systematic approach, and in two folds. First, capacity building in areas of management and supervision, health financing, human resources and infrastructure development, health information systems and health services planning. The long-term goal is the ability to better use of resource, value for money, and redistributes resources rationally to support primary health care services. Second, is strengthening the primary health care services in the rural areas where 80% of the country's population live.

The eight broad health policies are indications of directions (at the policy planning level), which the ministry intends to take in the next five years, with annual formative evaluations. 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 health outcomes.

Vision Statement

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

Mission Statement

The Ministry of Health aims to provide a high quality national health system that is accessible; appropriate; responsive; and equitable. 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.

SECTION II

THE NATIONAL HEALTH PLANNING ENVIRONMENT

The Nation's Health Status

There has been improvement in the basic health indicators of the country. Although there has not been any formal study done recently, 1996 and 1997 estimates showed marked improvements since 1986:

Table 1

Solomon Islands Basic Health Indicators 1996 to 1998

INDICATORS	1996	1997	1998
<i>Number of health facilities</i>	256	252	
<i>Total Population</i>	410,368	425,488	
<i>Population <1 year</i>	15,209	15,772	
<i>Population 1-4 years</i>	56,432	58,516	
<i>Population women 15 – 49 years</i>	87,294	90,486	
<i>Expected births</i>	17,235	17,868	
<i>Total deaths</i>	863	884	
<i>Total Births</i>	7,235	7,360	
<i>Maternal Deaths</i>	8	5	
<i>% Family Planning Coverage</i>	7.7	8.5	
<i>% Antenatal Coverage</i>	74.4	68.9	
<i>% Postnatal Coverage</i>	36.6	39.9	
<i>% Detected malnutrition</i>	1.6	1.5	
<i>Touring Satellite Clinics</i>	2,309	2,068	
<i>Touring Schools</i>	890	720	
<i>Village Health Meetings</i>	1,600	1,767	
<i>EPI - BCG</i>	58.1 %	69.4 %	
<i>- Measles</i>	63.8 %	65.2 %	
<i>- DPT3</i>	71.9 %	68.6 %	
<i>- TT2 + Booster</i>	56.1 %	54.8 %	
<i>- Polio 3</i>	69.0 %	69.2 %	
<i>- Hepatitis B 3</i>	68.3 %	69.6 %	
<i>- DPT1 / DPT3 drop out</i>	4.6 %	5.3 %	
<i>- BCG / Measles drop out</i>	- 9.8 %	6.0 %	

The crude birth rate improved from 42 to 38/1000¹, crude death rate from 10 to 7/1000), maternal mortality rate reduced from 549.0 [1992] to 209/1000 live births, total fertility rate reduced from 6.1 to 5.8, and population growth rate from 3.4 to 2.8. These figures indicate likely trends but are crude estimates used due to lack of update population census data.

External Environment

1.1. Geographical location:

Solomon Islands has a total land area of 28,369 sq. km from a sea area covering 1,632,964 sq. km. It is a widely scattered archipelago of rugged mountainous islands and low lying coral atolls, stretching over some 1,667 km in a southeast direction between Papua New Guinea and the Republic of Vanuatu, and North-East of

¹ MHMS (1997), Unpublished Paper.

Australia. The people live in some 5,000 villages, seven townships, and one main town.

1.2. Demographic trends

Table 2: Demographic Trends 1995 - 1999

<i>Year</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>	<i>1999</i>
<i>Population Projection</i>	395848	409939	425488	441840	459380

Solomon Islands has a population annual growth rate of 3.5%, a total fertility rate of 6.1, crude birth rate of 42 per 1,000 per year, and crude death rate of 10 per 1,000 (1986 census)². The estimated population in 1995 and 1998 is 395,848 and 459,380 respectively. It has an ethnic composition of 93 % of the Melanesians; 4% Polynesians; and remaining 3% of other ethnic groups. Linguistics put the spoken language at 87 distinct language groups. Solomon is predominantly Christians with 97% of the population belonging to a Christian church organization.

Review of these indicators in 1997 showed reductions in crude mortality rate. It has a young population structure with 43.6% (1996 estimate) of total population in age group 0-14 years. The number of children 0-4 years continue to increase but at a declining rate. The population of female of childbearing age considerably increases in the past ten years with more children entering adulthood after census. It is projected that the population will increase in the next five years in the similar composition of age-structure. The majority of total population (80-85%) is rural dwellers, despite significant migration from rural areas to Honiara, the capital.

The health implication of these demographic trends is that the demand for health service by the age group of 0-4 and female of childbearing age is high, and the Ministry needs to focus health services towards this category of age group. The ministry is faced with challenges of maintaining primary health care services at the community levels, and meeting the increasing demand for higher level of secondary and tertiary health care services at the capital and other urban areas.

1.3. Socio-economic trends:

Solomon Islands has experienced rapid social and cultural changes, which affects people's behaviour. Women and children are considered vulnerable because of their position in society, and the roles they play in development are limited. However, there has been progress in certain sectors such as in education, leadership, and employment.

² Statistics Unit, MHMS, 1999.

The current government's structural reform program has acknowledged gender as an important socio-economic development strategy.

Education has become an important factor to health, namely factors such as 'custom and miss-conception of traditional medicine' and very low literacy rate. Men are more literate than females, who are the main target group in terms of health promotion development. National Literacy Committee survey 1991 revealed adult male literacy rate of 27% and female literary rate of 17% respectively, whilst the Ministry of Finance recent statistics showed that the national rate is 28% literacy and 38% illiterate. These figures are the lowest amongst the Pacific Island Countries.

The current economic downturn could not provide opportunities for employment, and had impacted on urban families, especially in Honiara, as people turn to *wantoks* for support. Wage employment is scarce or non-existence to the 80% of population that live in villages. These factors caused the Ministry to question the feasibility of 'cost-sharing' means through users-pay and health insurance. How long will health services remain 'free at point of delivery' in a difficult financial environment is an issue the government is anticipating to address.

Epidemiological studies indicate that urbanization could give rise to social problems that ultimately impacts on health status thus greater demand for health services. A lack of workers' accommodation results sprouting squatter settlements. Lack of sanitation, poor water supply drainage system encourages disease-promoting conditions. In the number of squatter settlements in the outskirts of Honiara, problems of crime, domestic violence, substance abuse, teenage pregnancy etc. are common. Women and young people are vulnerable groups. Changes in lifestyle attributed to development of conflicts between modern and traditional values. 54% of all criminal offenses recorded for 1992 were alcohol-related³. In 1992 there were 320 family related offenses of assaults with 71% of the assaults causing actual bodily harm. Injuries sustained as a result of domestic violence for 1994/1995 was 33 of which 26 were alcohol related⁴.

1.4. Environmental factors:

The development of new industries, such as mining and logging will result in new challenges to the environment. In particularly the expansion of logging and the development of mining will need to be carefully monitored for any adverse effects on the environment. The continued urban expansion has already overwhelmed the capacity of the Honiara Town Council to provide basic services. Planned urban development of Honiara is major challenge for the present and the future and will require close collaboration of different ministries and authorities. A 'Healthy City' initiative may be way in which to achieve concerted action.

1.5. Political Factors:

³ Criminal Record Unit (1992), RSIPF, Unpublished Paper.

⁴ Orberli, H., (1997), Unpublished Paper, Central Hospital, Honiara.

There are political factors that will shape the actions in the country. For example the current Solomon Islands Alliance for Change (SIAC) is embarking on policy structural reform programs, which constitute number of proposed reforms in the public sector.

The need for privatization of some areas of the public health sector, and cost-sharing mechanisms remained issues. Review and strengthening of user-pay system will be very sensitive politically and needs public education. It is premature to experience the impact of the government's Policy and Structural Reform Program (PSRP)⁵. The government has placed mechanisms in collaboration with assistance and support from overseas development partners to monitor the impact of the reform program.

Health reforms are a Ministry of Health's micro level strategy to complement the macro-level reforms. The main areas of health reforms cover broad areas of the organization structure and function, and health management and financing. To achieve these objectives, strategies and action steps have been planned, focusing on human resources as critical factor.

1.6. Infrastructure factors:

Transportation in the rural areas is inadequate or non-existent. This affect the aged, frail and elderly to access health services from their area of residence. Air transport facilities are practically non-existent in most parts of the country. This could have a huge impact on emergency health services in the country. Motor vehicle accident rates are expected to increase. This could imply the need for ambulatory or emergency services in the country.

Internal Environment

2.1. The Health Care Referral System:

The health care referral system consists of a network of six different levels of health facilities from village health worker posts to the National Referral Hospital. This referral system forms the structural backbone of the health care system in the country. Table 3 shows the Health Care Referral System with principle workers.

Table 3: The Health Care Referral System

⁵ Solomon Islands Government (1997), Policy and Structural Reform Program(PSRP), Unpublished Paper, Prime Minister's Office.

Level	Authority	Institution	Numbers	Principle Workers
6	National	National Referral Hospital	1	Specialists, GPs, Nurses, Paramedics
5	Provincial	Provincial Hospitals	7	GP Doctors, Nurses, Paramedics
4	Area Council	Area Health Center	14	Assistant Nursing Officers, Nurses, Nurse Aides
3	Wards	Rural Health Clinics	123	Nurses, Nurse Aides
2	Wards	Nurse aides Posts	61	Nurse Aides
1	Village	VHW Posts	128	Village Health Workers

Source: The Comprehensive Review of Health Services Report, 1996, MHMS, p.3.

2.2. Hospitals:

There are total of 8 hospitals in the country. One is the major National Referral Hospital, which is in the capital, Honiara. Seventh Day Adventists (SDA) and United Church (UC) run two private hospitals (Atoifi and Helena Goldie) respectively.

Table 4 shows Break down of beds by service and levels of service at the Six Government Hospitals.

Table 4. Breakdown of Beds By Hospital (Government Owned Only)

Service	National Referral Hospital, Honiara, Guadalcanal Province	Kiluufi Hospital, Malaita Province	Gizo Hospital, Western Province	Kirakira Hospital, Temotu Province	Lata Hospital, Temotu Province	Buala Hospital, Isabel Province
Medical [Beds]	58	11	15	19	10	11
LOS	L3	L2	L1	L1	L1	L1
Surgical [Beds]	56	20	15	18	6	3
LOS	L3	L2	L2	L2	L2	L2
Paediatrics [Beds]	24	22	10	16	9	8
LOS	L4	L2	L2	L2	L2	L2
Maternity [Beds]	67	24	14	7	8	7
LOS	L6	L5	L4	L4	L4	L4
Orthopaedic [Beds]	12	-	-	-	-	-
LOS	L4	-	-	-	-	-
Total Beds	256	130	54	60	46	28

Source: MHMS, 1998; LOS - Level of Service

From table 4, the Honiara based National Referral Hospital is operating at a higher level of services with specialist, mostly levels 3 to 6. Malaita and Western followed at levels 2 to 4, while Makira, Isabel and Temotu operate mostly at levels 1 to 4.

Guadalcanal, Central Islands, Rennell and Bellona and Choiseul Provinces use the National Referral Hospital as their main hospital. Choiseul Province uses Gizo Hospital as its first point of referral. These provinces with an overall population of 124,400 (1997 estimates) depend on the primary health care as the major means of receiving health care services. About 29.3% of the total population of Solomon Islands depend on Primary Health Care (PHC) services exclusively. The Comprehensive Review of Health Services Report (1996) reiterated the need for improvement of PHC is furthered by the fact that hospital utilization rates at the provincial level are low at around 60%. This low rate could be attributable to the external factors as well.

2.3 Primary (Community) Health Services:

Primary health services are delivered at community levels at urban and rural areas. Accessibility of health services improved with the upgrading of the physical state and equipping of health facilities and establishment of additional ones through out the country. Approximately 70% of rural communities are within an hours-walking distance from a health facility. Health facility to population ratio has improved from 1: 1131 in 1992 to 1:800 in 1996, in half of the total number of the provinces⁶. About half of the population (national average of 53.7%) lived within 3 kilometers from a health facility (1996). However, a sizable population lived more than 5 km away (19.4%). The majority of people (58.2%) walk to health facilities and therefore the cost to them in monetary terms is negligible. Nevertheless, remote provinces such as Temotu and Choiseul are still affected by distance and cost of travel to nearest clinic respectively.

Except for Choiseul, Isabel and Western provinces, less than half of the health facilities conducted health programs in their communities. This is a cause for concern as health workers in rural health facilities are expected to conduct health programs in their respective designated areas. On the other hand, lack of adequate staffing at the rural level and logistic support to run the primary health care activities could be a contributing factor. It was revealed in the Comprehensive Review of Health Report 1996 that supervisory management of the system needs to be strengthened.

It was shown in 1991-94 that about 58% of rural population the Solomon Islands has access to safe water (UNFPA). This is encouraging compared to PNG, Fiji and Marshall Island who are less than the 40% mark. However, more emphasis is needed in improving access to proper disposal of human excreta, as Solomon Islands has the lowest (less than 10%) compared to Fiji, Vanuatu and Western Samoa.

2.4. Health Workforce:

Majority, 70% of the health work force is in the provinces including Honiara City, who are engaged in primary health care (Annex 2: *Chart 1*). With the increasing need

⁶ MHMS (1996), The Comprehensive Review of Health Services, Unpublished Paper, MARCH 1996.

to decentralize more specialized services along with the need to improve quality of care, it is seen that hospital based services require improvement. About twenty four percent (24.3%) of the total health work force is in the National Referral Hospital. However, deployment of qualified well-trained health workers and professionals centrally biased with 59.5% of the total qualified well-trained health workers in the Central Hospital. More than seventy percent (72.9%) of total number of doctors in Solomon Islands are at the National Referral Hospital. In relation to registered nurses, 32.5% of nurses are in the NRH, while 67.5% are in the provinces including HCC. Nevertheless, there is hospital-bias in relation of deployment of Registered Nurses in the provinces by more than half (59.2%), excluding CIP, GP, CP, and HCC who are without public hospitals. (Annex 3: *Chart 2*). It is the universal picture that the nurses constitute the major component of the health workforce. The implications are the need to strengthen the primary health care in terms of human resource development.

Due to the nature of the scattered islands, multi-skilling of health workers is appropriate so that a health worker is trained to perform several functions. Geographical distribution of manpower has shown more concentration in hospitals where facilities and equipment are available. The rural population of 85% of population is served with a small proportion of health workers especially in clinical areas and diagnostic services.

The trend now is to focus on improving quality of work rather than increasing the numbers needed to deliver health services. Skilled training that is appropriate for the health services should be emphasized. The Ministry should examine workload as an output indicator of health workforce utilization. Also, there is need for all health workers to come to terms with use of such indicators through proper record keeping and management of data and record keeping. This is because personnel emolument accounts for 65-70% of the recurrent budget each year.

Table 5 **Level of staffing By Provinces including Honiara Town Council**

Staff	HTC	GP	TP	CIP	IP	MUP	WP	CP	MP	RBP
Doctors	2	1	1	1	1	1	4	1	4	0
Nurses	31	35	27	18	32	37	54	25	73	6
Nurse Aides	11	31	16	30	29	39	64	25	64	3
Eye Nurse	-	1	1	1	1	1	1	0	2	0
Midwives*	2	1	1	2	1	1	3+1=4	1	2+3=5	0
Lab. Technician	-	-	1	-	1	1	2	1	2	-
Malaria Technic	5	21	9	5	10	16	15	5	24	-
Radiographer	-	-	1	-	1	1	2	-	2	-
Rehabilitation/ CBR	1	6	2	1	2	1	2	1	5	1
Dentist	0	0	0	0	0	0	0	0	1	0
Dental Therapist	1	1	1	1	1	1	2	1	1	0
Pharmacy Assist.			1		1	2	3	1	2	2
Health Educator	6	3	2	3	3	2	4	1	2	0
Environment Health Worker	7	5	3	4	3	3+6=9	7	3	6	3
Supporting staff	1	1	1	1		3	8	1	3	0
Catering	-		2	-	3	3	3	-	5	-
Transport	2		2	1	1	0	6		6	-
Laundry	-		1	-	2	0			2	-
Maintenance	-		2	-		2			9	5
Domestic	9	-	4	2	3	7	7	2	10	-
Total	76	104	76	67	93	125	186	67	221	20

Source: MHMS, 1999.

* National Hospital has 5 midwives

**Total No. Of (Registered) Nurse = 495 in 1999

Keynotes:

HTC Honiara Town Council Health Services

MUP Makira Ulawa Province

WP Western Province

CP Choiseul Province

MP Malaita Province

RBP Rennell Bellona Province

IP Isabel Province

GP Guadalcanal Province

TP Temotu Province

CIP Central Islands Province

Table 6 shows the staffing situation of the 6 main Government public hospitals in the Country in 1999.

Table 6 Staffing levels of 6 Government Main Hospitals 1999

Staff	Central Hospital (National Referral Hospital)*	Lata Hospital Temotu Province	Buala Hospital Isabel Province	Kirakira Hospital Makira Province	Gizo Hospital, Western Province	Kiluufi Hospital, Malaita Province
Doctors	43	1	1	1	4	4
Nurses	157	19	22	15	31	45
Nurse Aides	35	5	10	10	11	14
Eye Nurse	6	1	0	1	1	2
Midwives	5	1	1	1	3	1
Lab. Technician	20	1	1	1	2	2
Malaria Technic	10	5	4	11	5	4
Radiographer	11	1		1	1	2
Rehabilitation/ CBR	11	1		1	0	1
Dentist	3	0		0	0	0
Dental Therapist	16	2	1	1	2	1
Pharmacy Assist.	18	1	1	2	3	3
Health Educator	-	-	-	-	-	-
Environment Health Worker	-	-	-	-	-	-
Supporting staff	6+6+5=17	1	14	3	11	4
Catering	2+12=14	2		3	3	2
Transport	1+8=9	2		0	6	5
Laundry	2	1		0	2	2
Maintenance	3	2		2	5	4
Domestic	22+5=27	4	-	7	3	9
Total Staff	396	48	55	58	89	102
Total Admissions (average 1996-1998)	5873	877	945	962	1602	3700

Source: MHMS, 1999.

* Central Hospital (the National Referral Hospital) serves Guadalcanal, Central Islands Province and Rennell Bellona Provinces.

Table 7 Proportion of health workers to population by province including HTC

Ratio	HTC	GP	TP	CIP	IP	MUP	WP	MP	CHP	RBP
Pop[Est	77141	85461	20459	23784	21376	33638	64869	107,851	22241	2550
Doctors	1:38,570	1:85,461	1:20,459	1:23,784	1:21,376	1:33,638	1:16,271	1:26,963	1:22,241	0
R/.Nurses	1:2,488	1:2,442	1:758	1:1,321	1:668	1:909	1:540	1:1,438	1:890	1:425
PHCNurses	-	1:1,295	1:1,077	-	1:737	1:659	1:854	1:1,382	1:890	1:425
Midwives	1:3,240	1:17,770	1:20,459	1:2,354	1:4,772	1:7,064	1:16,222	1:47,204	0	0

Source: MHMS, 1999.

The four bigger provinces are Guadalcanal, Honiara, Western and Malaita Provinces. The province with the highest number of population is Malaita. Nevertheless there is high chance of over estimation of population figures.

2.5. Health Financing:

The national government provides the major source of funding for health services at both the provincial and central levels. Successive governments have always considered health services as an important political priority and a right of its citizen. This has been reflected in the high proportion of government allocation to health.

Table 8 Total government budget and the allocations from 1988 to 1993.

Years	Total Govt Rec Budget	Health Rec. Budget	Share to Health (%)	Health Revenues	Per capita	
	SBD\$MN	SBD\$MN		SBD\$MN	Nominal	Real
1988	101.2	12.7	12.5	0.1	42.5	27.5
1989	125.2	14.8	11.8	0.2	47.9	27.2
1990	146.6	18.3	12.5	0.2	57.4	29.9
1991	162.8	20.5	12.6	0.2	62.4	28.1
1992	208.8	24.3	11.6	0.2	71.7	28.9
1993	231	26.9	11.6	0.2	76.8	28.4

Source: The Comprehensive Review of Health Services Report, 1996, p.7.

Table 9 Distribution of the Recurrent Health Budget 1991-1995 (SBD\$'000)

Sections	1991	1992	1993	1994	1995
Total Central	11901.1	15907.8	16758.9	24525.1	23776.8
Total Province	6632	6994.4	8180	10044.2	14928.3
Total National	18533.1	22307.2	24939.3	34569.3	38705.1
% Provincial	35.8	28.7	32.8	29.1	39.6
% Central	64.2	71.3	67.2	70.9	60.4
% National	100	100	100	100	100

Source: The Comprehensive Review of Health Services Report, 1996.

The National Referral Hospital consumes the larger portion of 45% of the share, followed by Pharmacy Division 22.9%, MOH/HQ 13.5%, Nursing Division/ HQ 12.8%, and Public Health Divisions 10.8%. The Provincial Health Services is allocated 18.8% of the total recurrent budget (other charges).

Basic budget estimates financial assessment results

- MOH personnel emoluments constitute between 56% and 67% of the total health budget estimates between 1997 and 2000.
- Allowances constitute between 13% and 28% of the personnel emoluments in the 1997 to 2000 period.
- The National Referral Hospital services cost as a percentage of the total health recurrent budget ranged between 38% and 45% between the 1997 to 2000 period.
- NRH personnel emoluments constitute between 18% and 27% of total health budget between 1997 and 2000.
- Provincial health services costs ranged between 39% and 45% between 1997 & 2000.
- Public health services costs constitute between 4% to 7% between 1997 and 2000.
- Revenue collected in health was between 0.27% to 1% during the 1997 to 2000 period.
- All other charges (services costs) during the period 1996 to 1998 showed that the budget estimates were higher than the actual expenditures (see Annex 4).
- Personnel emoluments during the period 1996 to 1998 showed that the actual were higher than the estimates (see Annex 4).

The issues of concern implied from the above allocation of the health budget are as follows:

(a) There is an imbalance of health financing between curative, which consumes the major portion, and preventive, and provincial health services, which served 80% of the population.

(b) There is evidence of doubt as to whether there is efficient and effective or better use of resources at the National Referral Hospital, and other major stakeholders such as pharmacy, and MOH, Head Quarter.

(c) Resource allocation is centrally biased in relation to funding, and distribution of qualified and skilled manpower, but the output and outcome of these central cost centers are being questioned. For example the role of the NRH plays in the Solomon Islands was discussed at some length in the Comprehensive Review of Health in 1996.

These issues form the conceptual underpinning of this project. Despite the Government's commitment to health as reflected by an increase to 14% of total governments budget from previous years, there is the need to review the issue of health financing and management of health care delivery, particularly at the NRH. The Government in its Solomon Islands Policy and Structural Reform has set the direction towards increasing proportion of the recurrent health budget to community and public health programs, provincial health services, environmental services, and health education and promotion.

Other sources of health funding besides the government are aid donors from local and international agencies, Non-Government Organizations, and individuals. An estimate in 1991 on resources devoted to health by source, showed that the government provided 60%, 26% by donors, 6% by churches and industries providing health service to their employees, and the rest by private individuals. Aid donors invest most of their funds on public health programs.

2.5. Organization, Management and Planning:

Organizational Structure & Function of the Ministry of Health:

The two broad main functions of the Ministry of Health, viz.: Health Care Provision, and Health Improvement form the underpinning framework of the organizational structure. The former is concerned with provision of reasonable minimal quality of curative services, while the latter, is responsible for prevention and public health programs.

The MOH through the Hon. Minister of the Crown is ultimately accountable to the Cabinet and the National Parliament for Health Policy Development, coordination and the provision of health services as a constitutional right of the people of Solomon Islands. The Permanent Secretary (PS) through the Undersecretary Health Care (USHC) and Undersecretary Health Improvement (USHI) then translate the political aspirations into technical, practical and operational National Health Policies and Development Plan. The Heads of the Divisions and Departments of the MOH including Directors of the Provincial Health Services have the operational and implementation role. This involves operationalising the health policies stipulated above.

Management and Planning:

There is no mechanism formally in place to assess whether human resource for health is meeting the requirements of the country in terms of defined needs. It is difficult at this point in time to have proper needs-analysis result because of lack of trained

personnel and logistic support facilities such as efficient health information system. Staffing of services and facilities is often the basis of personnel deployment in the Solomon Islands. Proper accounting data for financial management is lacking or inadequate. The budget is far from a reflection of the health services delivered. There is no cost-sensitivity or incentives in placed. The budgeting procedure is traditionally cost-based. There is need to improve the financial management system at the central ministry and hospital levels.

SECTION III

MAJOR HEALTH CONCERNS

3.1. Analysis of the severity and impact of key health problems:

Figure 9 highlights the major health problems, group of people affected, the social and environmental attributive factors and service factors, and planning and management factors affecting efficient and effective control of these problems.

Table 10 Major Health Problems

MAJOR HEALTH PROBLEMS	GROUP AFFECTED	SOCIAL ENVIRONMENTAL FACTORS	SERVICE DELIVERY FACTOR	FINANCING & MANAGEMENT FACTORS
Malaria	All	<ul style="list-style-type: none"> . Compliance (treatment/ prevention) . Poor environmental sanitation . Behaviour of vector . Parasite resistance 	<ul style="list-style-type: none"> . Inadequate diagnostic services . Bed net compliance . Shortage of trained staff and funds . Lack of staff 	<ul style="list-style-type: none"> . Resource allocation . Human resources . Training . Poor supervision
Malnutrition	< 5years old	<ul style="list-style-type: none"> . Short birth intervals . Teenage pregnancy and child neglect . Poor understanding of child Nutrition infection weaning foods . Duration of breast feeding & poor Diet 	<ul style="list-style-type: none"> . Children not always weighed . Health workers skills . No education provided . Poor management of underweight children . Equipment broken or unavailable 	<ul style="list-style-type: none"> . Pre-service content of training . Lack of in-service training . Lack of clinical protocols
ARI	< 5 years old	<ul style="list-style-type: none"> . Overcrowding . Poor nutritional status . Multiple infections . Poor child care . Use of traditional medicine . Lack of recognition of ARI carriers . Smoking 	<ul style="list-style-type: none"> . Parent education or early Recognition . Incomplete treatment leading to resistance . Knowledge of when to bring child back . Health workers 	<ul style="list-style-type: none"> . Health worker training . Pre-service . In-service Supervision
Maternal Health	Adult women	<ul style="list-style-type: none"> . Malaria . Recognition of risk . Short birth intervals . High parity . Late presentation to antenatal clinics . Cultural and religious 	<ul style="list-style-type: none"> . Shortage of trained doctors and nurses . Inadequate ante/post natal care . Inadequate referral for emergency . Poor iron & malaria prophylaxis compliance 	<ul style="list-style-type: none"> . Staff training . Logistics . Equipment . IEC/community education

		opposition to family planning Infection/STI/PID	Availability of contraceptives IUD insertion skills	
STI	Young Adult	Population mobility Breakdown of cultural values Prostitution Knowledge of STI Knowledge of protection Alcohol use Imported infections	Availability of drugs Treatment knowledge Attitude of health workers Treatment of pregnant women poor	Costs Health worker training
Diarrhoea	<5 years old	Poor hygiene Poor sanitation Knowledge of prevention	Knowledge of ORS Ability to assess for multiple Problems Nutritional advise	Training
NCD (Diabetes, Cancer Hypertension)	Adults	Diet & exercise Cash economy	Service almost non existent	Lack of appropriate
TB	All	Overcrowding Poor nutrition Spitting /coughing	Poor compliance Contact tracing Resistance	Staff training Funds
Skin diseases (including yaws)	All	Water Personal hygiene Recognition Knowledge of protective foods	Personal hygiene education Health worker recognition of yaws Treatment failure Poor compliance	
Leprosy	Young	Overcrowding	Poor compliance	

3.2. Rating Existing Services:

Promotive: promotive health refers to health communication/ education services provided by both government and nongovernmental channels;

Preventive: preventive health refers to services directed at minimizing the incidence of the major health problem classifications outlined in the glossary of the terms

Curative: curative health refers to pure curative services provided at rural health facilities and hospitals.

Table 11

Rating of existing services

MAJOR HEALTH PROBLEMS	PROMOTIVE SERVICES	PREVENTIVE SERVICES	RURAL HEALTH	HOSPITALS
Malaria	3	3	1	1
Malnutrition	4	4	3	2
ARI	3	4	3	2
Maternal Health	4	3	3	2
STD	4	4	3	3
Diarrhoea	4	3	3	2
NCD	5	5	3	2
TB	3	3	3	2
Leprosy	3	3	3	2
Skin Disease	5	5	3	2

Source: MHMS, 1999.

Good	1	Over 8 out of 10 people have access to the service
Adequate	2	5-8 people out of every 10 people have access to the service
Insufficient	3	3-5 out of every 10 people have access to the service
Poor	4	Less than 3 out of every 10 people have access to the service

Insignificant 5 No service of significance available to the population group

It is clear from the table that preventive and promotive health services have been observed to be weak.

3.3. Expected Service Demand:

It is impossible to provide an internal analysis of all service areas in this report because of lack of adequate data and information. It is therefore necessary to narrow the analysis to the core health issues that will be important in the country.

It is envisaged that demands for health services in the region currently and in the future will focus on these service areas:

1. Improvement of management and supervision of health services at all levels, to bring about efficient and effective health services delivery.
2. Maternity services
3. Child health care services
4. Community health services through Primary Health Care (including psychiatric and emergency services)
5. Reproductive Health, family planning and Population concerns

SECTION IV:

MAJOR POLICY DIRECTION IN HEALTH

Summary Of Priority Health Policy

Policy 1: Improvement of management and supervision of service.

Appropriate steps will be undertaken to improve management and supervision of health services at all levels, with emphasis on capacity building in the areas of management and planning, health financing and budgeting, better use of resources, and human resource management and development, and improvement and upgrading of health information and financial management systems.

Policy 2: Access and Improvement of Care and Quality of service

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 (not to construct new ones) and to increase utilization, because of the limited resources. Staff training and community motivation is vital.

Policy 3: Human Resource 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 4: Morbidity and Mortality Reduction

Prevention, reduction and elimination (where possible) of the existing key health problems, and new and emerging disease is the government's main mission. The illness disability and deaths due to key health problems will be prevented through various prevention mechanisms. There is a shift of paradigmical focus from curative to prevention health services. Special emphasis is also in child survival.

Policy 5: Environmental Health

Safe and healthy environment is the ultimate outcome for the people of the country. It needs holistic 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 6: 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. The main principles are building healthy public, creating supportive environments, community participation and partnerships. Health education and IEC are strategies used in health promotion.

Policy 7: Reproductive Health, Family Planning and Population Concerns.

This policy framework approaches reproductive and population concerns in a more wider scope. It focuses on human well being rather than numbers, as the focal of national activities. It envisages in promoting reproductive health and safe motherhood and sexual health, family planning, adolescence health, and reducing maternal mortality.

Policy 8: Developing Partnership in Health Development

Due to lack of capacity in many aspects of health development by the government, developing partnership within and outside the country is being encouraged and will be further developed and maximized.

SECTION V

MAJOR HEALTH POLICY GOALS, OBJECTIVES, STRATEGIES AND PERFORMANCE INDICATORS.

<u>Policy 1: Improvement Of Health Service Planning, Management and Supervision.</u>

1.1.1. Policy Statement:

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. The above actions are aimed at two aspects of management viz. 'control' and 'support'. The former concerns with getting the job done while the latter ensures that staff have appropriate training and resources, and that there is proper working environment.

1.1.2. Policy Goals:

- To improve the capacity of the ministry to plan, implement, and evaluate the health services in the country.

1.1.3. Objectives:

- To develop efficient and effective organizational health structure within the plan period.
- To improve networking and coordination of major public health divisions in particular, nursing, Disease Prevention & Control Center, SIMTRI, Health Education Divisions.
- To improve and strengthen the National health Information and Planning Division of MHMS.
- To improve management and planning capabilities of heads of divisions within the plan period.
- To improve monitoring and evaluation of health services.

1.1.4. Performance Indicators:

- Fully documented and implemented structure
- Improved integration and coordination
- Improved planning documented at National, Provincial and Program levels
- Improved Monitoring and Evaluation
- Professional Staffing

1.1.5. Strategies:

- Restructuring or reorganization of the central ministry level.
- Reorganization and further strengthening of the National Planning Division and Health Education to Health Promotion Center.
- Reorganization and further strengthening of the Disease Prevention and Control Center and MCH/ FP Division to Reproductive Health Division.
- Improving planning, budgeting, and monitoring & evaluation health services.
- Improve networking and coordination within the ministry through reorganization and establishing clear organizational goals, objectives, guidelines, and outcomes.
- Increase utilization of Non-Government Organizations as an integral medium of linkages with the community level.
- Improve and further strengthening the ministry's strategic planning and research capabilities.
- Institutionalization of the major key health problems such as Malaria, ARI, Maternal Health Conditions, Diarrhoeal Diseases, Malnutrition, STI/ HIV, TB/Leprosy, and Non-Communicable Disease/ Diabetes, and improve collaboration and coordination of reporting and surveillance.
- To strengthen legislative support to the health services delivery in the country.

- To strengthen the administrative and planning capabilities of provinces through networking provision of management and planning tools for health managers and planners.
- Strengthening the office of Directors of Provincial Health Services (DPHS) in terms of their roles, job description, line of command and authority.
- Staff motivation and appraisal based on output and outcome of work performances.

1.1.6. Action Steps:

- Realignment (including creation and deletion) certain posts at the central ministry level and institutional level.
- Redirection of certain functions, and review of job descriptions and duties of the divisions to be specific and reflective to the ministry's goals, objectives, and outcomes, to enable more specific and sensitive evaluation.
- Increase resourcing of the National Health Planning and Information/ Statistics Division of the Ministry, in terms of manpower, functions, equipment and infrastructure. Special attention to information for planning, monitoring, and evaluation, human resource functions, and health financing and budgeting.
- Establishment of a small unit of Health Financing and Budgeting in the National Health Planning and Information Division at the central ministry level.
- Reorganization of the MCH/FP to Reproductive Health Division with incorporation and special emphasis of Reproductive Health, Sexual Health, and Family Planning as integral to population stabilization, to be conducive to *Health For All by 2000 Strategy*.
- Regrouping or Amalgamation of institutionalized key health problems under the National Disease Prevention and Control Center with more emphasis on research.
- Close collaboration with Provincial Directors of Health in relation to developments of plans, budgeting, and evaluation process for different provinces through staff training.
- Review of the Health Service (Amendment) Act 1988 to be conducive to health reform cost-recovery mechanisms.
- Review of Medical and Dental Practitioners Act 1988, and other outdated health legislation.
- Develop career pathways for all health workers as important element for the scheme of services
- Review (and develop) guidelines and performance indices based on output and outcome for staff appraisal

1.2.1. Health Financing:

1.2.2. Policy Goals:

- To improve and further strengthening of accountability, budgeting process, unit costing, resource allocation, and financial management at the central and hospital level.

1.2.3. Objectives:

- To contain production cost at the Central Hospital, National Referral Hospital below 40% of total health expenditure by 2003.
- To recover 50% of the production cost at the Hospitals within the plan period.
- To raise revenue collection at the NRH from 0.06% in 1994 to 25% of the health budget to NRH by 2003.
- To increase in terms of nominal budget allocation for prevention and promotive health services within the plan period.

1.2.4. Performance Indicators:

- Annual NRH Expenditure.
- Annual Health Budget [Estimates)
- Annual Revenue Collection by NRH
- Budgetary allocation to preventive and promotive health services

1.2.5. Strategies:

- To improve Financial Management System both at the central level, NRH and the provinces. With particular attention financial accounting, and flow of funds including disbursement of operating expenditures to provinces.
- Improve budgeting process and resource allocation at the central ministry level.
- Establish mechanisms for cost-containment in order to improve the control of financial expenditure through provision of quarterly expenditure report from the MOH and improvement of accounts departments at the central and provincial hospitals.
- To formulate strategies for resources allocation to improve realistic health services grant allocation. Special grant allocation is also considered for medical touring officers from National Referral Hospital and improvement of health education and promotion in provinces.
- To strengthen the emphasis on cost recovery, user pay system as an integral component of the cost recovery mechanisms.

1.2.6. Action Steps:

- Establishment of Health Financial Management function in the National Health Planning Division of the MOH, and the NRH.

- Review existing budget system including resource allocation, and recommend changes to the budget process.
- Develop framework for unit costing, expenditure (cost containment) and budget monitoring.
- Define performance indicators and cost allocation for proposed system.
- Regular assessment of cost-behavior of each division/ cost centers by way of monthly report on expenditure and performances from each division / cost center.
- Review the current hospital charges/ fees
- Evaluate the public health expenditure and unit costing
- Education and public awareness raising should be of paramount importance to effectively implement any form of cost recovery.

1.2.7. Implementation Division/ Department:

- National Health Planning Division – Health Financing Management Unit, Accounts Section, National Referral Hospital & Provincial Health Services:
- Undersecretaries in collaboration with Director of Health Planning, Financial Controller, Chief Medical Statistician, Medical Superintendents and Provincial Health Directors.

1.3.1 Health Information System:

1.3.2 Policy Goals

- 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

1.3.3 Objectives

- To increase timely clinic reporting coverage form the current level to 100% by 2003
- To design and implement a comprehensive HIS for SI within the plan period.
- To establish a 100% computerized hospital information system in the NRH by 2003.
- To extend this system to the 6 provincial hospitals, and 2 church hospitals by 2003.

1.3.4. Performance Indicators;

- Clinic reporting coverage
- Implemented Comprehensive HIS
- Implemented computerized hospital information system
- Extended computerized system in provinces

1.3.5. Strategies:

- To strengthen and improve the existing PHC information system within the project period
- To improve supervision
- To design and implement a comprehensive HIS for SI within the project period
- To ensure routine utilization of the HIS information for planning and management purposes by senior managers at both central and provincial levels
- To plan and implement the electronic integration of the HIS within the project period

1.3.5. Action Steps:

Central level:

- Strengthen the information management and planning capabilities of the Statistics and Planning Division of the MOH.
- Define the different elements of a comprehensive HIS
- Collaborate with the Electoral Commission on the functions of vital statistics registration
- Strengthen and improve processing and analysis of vital statistics data
- Training and support in areas of software, data analysis and interpretation
- Supervision & Feedback to clinics on information submitted
- Assessment of system integration potential by system analyst, Identify areas where integration is currently not possible.
- Upgrade or modify system components to make them suitable for integration
- Coding of hospital information system.

Provincial level:

- Decentralize data processing and analysis to the province level
- Training and workshops for clinic staff in reporting and its importance
- Automation and computerization of the hospital medical records

1.3.6. Implementation Authority/ Division:

- Health Planning Division, MOH, HQ & Provincial Health Services
- Chief Medical Statistician in collaboration with Provincial Health Directors and
- Medical Superintendents, Program Managers and Directors.

Policy 2: 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 (not to construct new ones) and to increase utilization, because of the limited resources. Staff training and community motivation is vital.

2.0. Policy Statement:

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. (Health For All Strategy).

2.1 Curative Health Services:

2.1.1. 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.

2.1.2. Objectives:

- To improve doctor to population ratio from 1:7031 in 1995 to 1:4500 by 2003.
- To improve nurse to population ratio from 1:836 in 1995 to 1:500 by 2003.
- To improve nurse aide to population ratio from 1:1208 in 1995 to 1:800 by 2003.
- To improve hospital utilization rate in the provincial hospitals from 45-65% in 1995 to 90% by 2003.
- To improve hospital utilization rate at the National Referral Hospital (Central Hospital) from 70% in 1995 to 80-90% by 2003.
- To increase self-reliance specialist care in 2 major provincial hospitals (Kilu'ufi and Gizo) to reduce number of referrals by 50% by 2003.

2.1.3. Performance Indicators.

- Doctor to Pop. Ratio
- Registered Nurse to Pop. Ratio
- Nurse Aide to Pop. Ratio
- Hospital utilization Rate
- No. Of referrals

2.1.4. Strategies:

- To maintain pre and in-service training for doctors, registered nurses, and nurse aides.
- To strengthen and improve the quality of primary health care services at the community level, with special emphasis to the rural and remote areas, through further training of health workers.
- To improve the utilization of basic secondary health care services at the provincial level through availability of appropriate skilled manpower e.g. specialists; and community awareness.
- To improve the curative and specialized care of the hospital services in order to ensure that high quality and cost-effective care is available in the country by providing appropriate medical technology prior to proper screening by the Equipment Committee.
- To re-establish and re-affirm current practice in management, inventory and monitoring of equipment and drugs both at the central and provincial level. More emphasis to be placed on controlling drug wastage, compliance, inventory and maintenance of equipment.
- To provide access to tertiary health care to those in need at a declining marginal rate, and cost-effective means.
- To improve and upgrade nursing development in the country, including management, supervision and planning of workforce

2.1.5. Action Steps:

- Rehabilitation of existing rural health clinics and nurse-aid post within set guidelines.
- Upgrading of the National Referral Hospital, increasing the bed capacity from 288 to 400 by 2003.
- Upgrading hospital information system to allow utilization review, product costing and quality management.
- Development of career pathway for nurses in major specialties such as midwifery, child health, medicine, O.T, and surgery

- To Maximize utilization of Memorandum of Understanding with St. Vincent Hospital and NSW Government for training of doctors and nurses in specialist care.
- Development of a national health policy to govern health infrastructure and facilities, which stipulate the minimum criteria and standards. NGOs and Churches also included.
- To enhance partnership with NGOs and Churches in health care delivery.
- Computerization of nursing database and workforce planning projections.
- Development of Hospital Staffing formulas to include an acuity-based patient classification system for central and provincial hospitals to calculate staffing needs, taking account ward bed occupancy rates.
- Appointment of a clinical Nurse Tutor or Educator at the National Referral Hospital, to strengthen the quality of nursing care and standards of care at the NRH through training in quality assurance.
- Strengthen the collaboration and linkages between Distance Education Program, MOH, and SICHE.
- Bridging course and a conversion program for nurse aides, to enable them to become registered nurses in a short term.

2.1.6. Implementation Authority/ Division:

- USHC, Nursing, Hospitals-National Referral Hospital & Provincial Hospitals.
- Undersecretary Health Care in collaboration with Heads of Department/ NRH, Directors of Nursing Services and Provincial Health Directors.

2.2.1. Medical Services:

2.2.2. Policy Goal:

- To improve and upgrade medical services in the country

2.2.3. Objectives:

- To upgrade the Level of Service (LOS) at NRH to LOS 3 by 2003.
- To upgrade Level of Service at Gizo & Kilu'ufi Hospitals from LOS 2 to LOS 3 by 2003.
- To upgrade Level of Service in Makira, Isabel, Temotu, Choiseul from LOS 1 in 1998 to LOS 2 by 2003.
- To increase the bed capacity in the 6 government hospitals to 80% BOR by 2003, in order to increase hospital utilization rate without increasing the number of beds.
- To have at least two doctors permanently stationed at the 4 smaller provincial hospitals (Buala, Lata, Kirakira, Tulagi)

2.2.4. Performance Indicators:

- Level of Services (LOS)
- Bed Occupancy Rate %
- Hospital Utilization Rate
- Doctors posting in the province

2.2.5. Strategies:

- To upgrade the National Referral Hospital as the main Teaching Hospital
- Staff training of specialist in internal medicine, and nurses in general medical and intensive care
- Deployment of specialists to the provinces
- Increase touring of specialist to provinces
- Improve and upgrade medical statistics
- Establishment of facility to allow peer review and quality management
- Improve and upgrade medical technology

2.2.6. Action Steps:

- Computerization of medical registry at the NRH and some provincial hospitals; expanding it to allow utilization review, peer review and quality management.
- Post-graduate Masters training of local doctors
- Post basic training of nurses
- Distance Education Program for nurses.
- Increase establishment of doctors in the major provincial hospitals; Gizo & Kilu'ufi
- Overseas recruitment to fill the gaps.
- Obtained accreditation with University of Papua New Guinea and Fiji School of Medicine.

2.2.7. Implementation Authority/ Division:

- Divisions: Medical Department NRH, Nursing, Medical Superintendent NRH & Provincial Health Services.
- Responsible Officers: Head of Medical Department/ NRH, Medical Superintendent NRH, Directors of Nursing Services, Nursing Superintendent, and Provincial Health Directors.

2.3.1 Surgical Services:

2.3.2. Policy Goal:

- To improve and upgrade surgical services in the country.

2.3.3. Objectives:

- To upgrade the Level of Service (LOS) at NRH from LOS 3 in 1998 to LOS 4 by 2003.
- To upgrade Level of Service at Gizo & Kilu'ufi Hospitals from LOS 2 to LOS 3 by 2003.
- To increase the bed capacity in the 6 government hospitals to 80% BOR by 2003, in order to increase utilization rate without increasing the number of beds.

2.3.4. Performance Indicators:

- Level of Services (LOS)
- Bed Occupancy Rate % for surgery
- Hospital Utilization Rate

2.3.5. Strategies:

- To upgrade the National Referral Hospital as the main Teaching Hospital
- Staff Training of specialist in surgery, and nurses in general surgical care and Operating Theatre services
- Deployment of specialists to the provinces
- Increase touring of specialist to provinces
- Improve and upgrade medical statistics
- Establishment of facility to allow peer review and quality management
- Improve and upgrade medical technology

2.3.6. Action Steps:

- Computerization of medical registry at the NRH and some provincial hospitals; expanding it to allow utilization review, peer review and quality management.
- Post-graduate Masters training of local doctors
- Post basic training of nurses

- Distance Education Program for nurses.
- Increase establishment of doctors in the major provincial hospitals; Gizo & Kilu'ufi
- Overseas recruitment to fill the gaps.
- Deployment of a qualified surgeon to Kilu'ufi and Gizo Hospitals.

2.3.7. Implementation Authority/ Division:

- Divisions: Surgical Department NRH, Nursing, Medical Superintendent NRH & Provincial Health Services.
- Responsible Officers: Head of Surgical Department/ NRH, Medical Superintendent NRH, Directors of Nursing Services, Nursing Superintendent, and Provincial Health Directors.

2.4.1. Obstetrics and Gynecological Services:

Also see section on Reproductive Health

2.4.2. Policy Goal:

- To improve and upgrade the quality of obstetrics & gynecological services in the country.

2.4.3. Objectives:

- To upgrade the Level of Service (LOS) at NRH to LOS 5 by 2003.
- To upgrade Level of Service at Gizo & Kilu'ufi Hospitals from LOS 4 & to LOS 5 respectively by 2003.
- To upgrade Level of Service in Makira, Isabel, Temotu, Choiseul from LOS 1 in 1998 to LOS 2 by 2003.
- To increase the bed capacity in the 6 government hospitals to 75-80% BOR by 2003, in order to increase utilization rate without increasing the number of beds.
- To have at least a registrar with post-graduate diploma in O&G permanently stationed at the 4 smaller provincial hospitals (Buala, Lata, Kirakira, Tulagi).
- To have at least two qualified local obstetrician by 2003.

2.4.4. Performance Indicators:

- Level of Services (LOS)
- Bed Occupancy Rate % for O&G
- Hospital Utilization Rate
- O&G Registrar Posting in the provinces

2.4.5. Strategies:

- To upgrade the National Referral Hospital as the main Teaching Hospital
- Continue specialist training in O&G for doctors
- Continue Midwifery training for nurses
- Deployment of specialists to the provinces
- Improve and upgrade medical statistics
- Establishment of facility to allow peer review and quality management

2.4.6. Action Steps:

- Computerization of medical registry at the NRH and some provincial hospitals; expanding it to allow utilization review, peer review and quality management.
- Post-graduate Masters training of 3 local doctors
- Post basic training of nurses in midwifery
- Distance Education Program for nurses.
- Increase establishment of doctors in the major provincial hospitals; Gizo & Kilu'ufi
- Overseas recruitment of expatriate doctors to fill the gaps.
- To obtain accreditation with the University of Papua New Guinea and Fiji School of Medicine.

2.4.7. Implementation Authority/ Division:

- Divisions: O&G Department NRH, Nursing, Reproductive Health Division, Medical Superintendent NRH & Provincial Health Services.
- Responsible Officers: Head of O&G Department NRH, Medical Superintendent NRH, Directors of Nursing Services, Director Reproductive Health Division, Nursing Superintendent, and Provincial Health Directors.

2.5.1. Pediatrics (Child Health) Services:**2.5.2. Policy Goal:**

- To improve and upgrade child health services in the country

2.5.3. Objectives:

- To upgrade the Level of Service (LOS) at NRH to LOS 5 by 2003.
- To upgrade Level of Service at Gizo & Kilu'ufi Hospitals from LOS 4 by 2003.
- To upgrade Level of Service in Makira, Isabel, Temotu, to LOS 4, Choiseul and Guadalcanal to LOS 4 by 2003.
- To increase the bed capacity in the 6 government hospitals to 75% BOR by 2003, in order to increase utilization rate without increasing the number of beds.
- To reduce infant mortality from 42.7% in 1990 to less than 30% by 2003.
- To reduce child mortality rate (1-4) from 7.1% to less than 5% by 2003.

2.5.4. Performance Indicators:

- Level of Services (LOS)
- Bed Occupancy Rate % for Paediatric
- Hospital Utilization Rate
- Infant Mortality Rate
- Child Mortality Rate

2.5.5. Strategies:

- To upgrade the National Referral Hospital as the main Teaching Hospital
- Staff Training of specialist in child health, and nurses in Paediatric care
- Deployment of specialists to the provinces
- Increase touring of specialist to provinces
- Improve and upgrade medical statistics
- Establishment of facility to allow peer review and quality management
- Improve and upgrade medical technology
- Strengthening and improvement of primary health care activities at community level;
- Community awareness especially among adolescents, women and their husbands, community leaders with more emphasis to reproductive health and child health.
- Re-enforcement of prevention of ARI and disability in infants and young children by:
 - Appropriate weaning and nutrition practices and adequate diet
 - Protection from insects and other diseases vectors by using integrated control programs
- Involve non-government organizations and the private sectors to strengthen health promotion activities and health supporting living conditions and environment.
- To promote healthy lifestyles programs such as healthy diets, smoking-free environment and exercise
- In-service training of health workers on the management and treatment of ARI

2.5.6. Action Steps:

- Computerization of medical registry at the NRH and some provincial hospitals; expanding it to allow utilization review, peer review and quality management.
- Post-graduate Masters training of local doctors
- Post basic training of Paediatric nurses
- Distance Education Program for nurses.
- Increase establishment of doctors in the major provincial hospitals; Gizo & Kilu'ufi
- Overseas recruitment to fill the gaps.
- Obtained accreditation with University of Papua New Guinea and Fiji School of Medicine.

2.5.7. Implementation Authority/ Division:

- Divisions: Paediatric's Department NRH, Nursing, ARI/CDD-Reproductive Health Division, Medical Superintendent NRH & Provincial Health Services.
- Responsible Officers: Head of Paediatric's Department NRH, Medical Superintendent NRH, Directors of Nursing Services, Director ARI/CDD-Reproductive Health Division, Nursing Superintendent, and Provincial Health Directors.

2.6.1. Accident & Emergency Services:

2.6.2. Policy Goal:

- To improve and upgrade Accident & Emergency Services in the country

2.6.3. Objectives:

- To have at least one nurse specialist in Accident & Emergency at the NRH by 2003.
- To train one local doctor in specialist Accident & Emergency at the NRH by 2003.

2.6.4. Performance Indicators:

- No. Of nurse specialist in A&E

- No. Of doctor specialist in A&E

Strategies:

- Staff training – post-graduate training overseas
- Improve and upgrading of medical technology and equipment

2.6.5 Action Steps:

- Develop a training proposal with S. Vincent Hospital Sydney for training for A&E nurses
- Identify local doctor for specialist training

2.6.7. Implementing Division/ Department:

- Division: Head of A & E, Medical Superintendent of National Referral Hospital & Nursing

2.7.1. Access to Essential Drugs:

2.7.2. Policy Goals:

- To achieve adequate supply of essential drugs and medical sundries
- To achieve training and support of qualified personal
- To have control of dealings in medicinal products through legislative and regulatory mean

2.7.3. Objectives:

- To ensure that essential drugs are always available in 90-100% of rural clinics in a year for within the plan period. In particular reliable and adequate supply to rural health care facilities.

2.7.4. Performance Indicators:

- Availability of essential drugs at the rural clinics
- No. of trained pharmacy officers
- Legislature reviewed

2.7.5. Strategies:

- Organization infrastructure to provide for regular schedules demand-driven supply of essential medical supplies to rural healthcare facilities, from the responsible provincial distribution center.
- Provision of adequate staffing establishment and deployment to distribution centers to ensure prompt and efficient processing of orders and prompt and effective dispatch/delivery
- Maintenance and development of means of communication with customers (health care facility personnel) through radio, telephone, documentation and personal direct and indirect (through other health personnel) contact, at rural health care center or at province center. Reviewing comments and complaints from customers, and identifying shortcomings and needs.
- Maintaining and developing regular means of information provision and dissemination (Bulletins, memoranda, continuing education data etc)
- Development of information on usage of supplies through management of distribution and usage information. Identification of wastage, dead stock, etc. and recovery, recycling; determination of usage patterns for national, provincial groups and for individual health care providers.
- Maintenance of Essential Drugs List and other national standards for medical products, treatment protocols and monitoring of compliance
- Management and review of the procurement activities with attention to efficiencies in costs, quality and supplier performance.
- Strengthen the establishment

2.7.6. Action Steps:

- Appointment of current Pharmacy Officer Certificate graduates to established posts within existing establishment
- Appointment of qualified officers to existing vacancies in Patient Service and National Medical Stores.
- Expansion of province establishment to include Malaita Province
- Increase from 2 to 3 (1998) (based in Kilu'ufi, but responsible for South Malaita)

Western Province

- Increase from 2 to 3 (1998) (based in Helena Goldie Hospital, Munda, and responsible for rural clinics in New Georgia, Rendova, VonaVona, Morovo)

Choiseul Province

- Increase to 1 post at Sasamuga Hospital

Central Islands Province

- (1997/8) (based at Central Hospital, touring 2 monthly to Tulagi and at regular intervals to other province centers)

Training In Country:

- 1999 intake to Pharmacy Officer Certificate /POC (5-6 officers)
- Continuing education – departmental (composite of monitoring of performance and specific training together with more general CE activities)
- Short courses (SICHE/USP etc) as required

Overseas Training:

- 1998-2000 requirement for 4 to 5 appointments to Pharmacy Degree training (Australia/New Zealand) medicines
- Pharmacists – funding for 5 BSc (Pharmacy) degree students in 1998-2000 (see above)
- Director – Clinical Attachment (6 months)
- Manager (NMS) - Business management course
 - Supervising Pharmacy Assistant (Malaita) – middle management
 - Warehouse Supervisor – warehousing attachment
 - Supervising Pharmacy Assistant (Isabel) middle management
- Maintenance of regular meetings of Pharmacy and Poisons Board and Pharmacy Practitioners Board
- Review and updating of the schedules under the current acts
- Establishment and regular meeting of Pharmacy Practitioner Board
- Registration of Pharmacy Assistants and setting of standards for current and future qualification, training, monitoring of practice etc.
- Review of standard treatments and updating and maintenance of Essential Drugs List
- Control of no-medicinal poisons in common use
- Control of pesticides importation and use (Pesticide Registration Committee)

2.7.7. Implementing Division/ Department:

- Division: Pharmacy Division & Provincial Health Services
- Responsible Officers: Director of Pharmacy Services in collaboration with Provincial Health Directors and USHC.

2.8.1. Access to community health services through the primary health care nursing:

2.8.2. Policy Goals:

- To continue the program for the prevention and control of communicable and endemic diseases such as Malaria, ARI, Malnutrition, Diarrhoeal diseases, TB, STD, Leprosy and Skin Diseases.
- 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 ensure the availability of essential drugs
- To set up screening programs for early detection of high-risk groups

2.8.3. Objectives:

- To have 123 clinics staffed by at least one registered nurse, and a nurse aide at all times in a year, by 2003.
- To have 61 Nurse Aide clinics staffed by a nurse aide at all times in a year, by 2003.

2.8.4. Performance Indicators:

- No. Of registered nurses and nurse nurses posted at the clinics

2.8.5. Strategies:

- To encourage and motivate nurses to the provinces especially the rural areas
- To continue to support and strengthen the Distance Education Program for nurses
- To focus on health promotion and the prevention of diseases in order to ensure that every one has the best information on matters that affect their health, especially with regard to aspects of their behaviour and lifestyle that need modification to improve their quality of life.
- To train more nurses.
- To look at other means to relieve the acute shortage by filling nursing and nurse aide vacant posts.
- To further strengthen relationships with NGO's nurse training schools.
- Efforts to strengthen the quality of nursing care and standards of nursing care at both the central and provinces.

- Training of nurses according to the need for health services.

2.8.6. Action Steps:

- Deploy Senior Nursing Officers to the Area Health Center level for close supervision of clinics within its boundary.
- Increase number of new intakes to 50/ year at the School of Nursing, Solomon Islands College of Nursing.
- To train more midwives to cover all Area Health Centers and major rural health centers.

2.8.7. Implementing Division/ Department:

- Division: Nursing in collaboration with School of Nursing, SICHE
- Responsible Officers: Directors of Nursing in collaboration with Head of School of Nursing, SICHE

2.9.1. Health infrastructure development:

2.9.2. Policy Goal:

- 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.

2.9.3. Objectives:

- To strengthen the primary health care activities at the community level at the rural as well as some urban areas in the country.
- To repair and maintain more than 80% of the total health facilities identified to be in poor physical status in 1998, by year 2003.
- To increase utilization of the health facilities to prevent further impact and severity (disability) of preventable and curable illnesses affecting the vulnerable people particularly those in the periphery, rural remote areas, and women and children.

2.9.4. Performance Indicators:

- No. Of health facilities repaired and fully operational

2.9.5. Strategies:

- To consolidate the existing facilities by improving and up-grading the quality of services and not establishing new facilities unless the criteria, standards and approval are met.

2.9.6. Action Step:

- Form a working group to develop a policy governing health infrastructure and facilities; Setting the criteria, standards and approval process.
- Hospital & clinic rehabilitation program:
- Implement the National Health Infrastructure Development Plan

2.9.7. Implementing Division/ Department:

- Division: Health Planning Division, MOH, HQ.
- Responsible Officer: Director Health Planning in collaboration with Funding Agents, USHC and Provincial Directors.

2.10.1. Dental and Oral Health Services:**2.10.2. Policy Goal:**

- To improve and upgrade the provision of preventive, curative and rehabilitative dental services coverage in Solomon Islands

2.10.3. Objectives:

- To increase the preventive dental health services in the next five year

2.10.4. Performance Indicators:

- No. Of health education activities
- No. Of advocacy activities
- No. Of school visits

2.10.5. Strategies:

- Training and development of dental staff in both curative and preventative aspect of dentistry.
- Strengthen dental facilities in provinces to do basic dental surgery in terms of manpower and equipment.
- Strengthen the satellite clinics and school education programs.
- Strengthen dental facilities at NRH

2.10.6. Action Steps:

- Dental Training programs - ongoing
- Colgate Palmolive, Fiji project
- Dental officers touring programs - on going
- Dental health education program - on going
- Dental Infrastructure program

2.10.7. Implementing Division/ Department:

- Division: Dental Department
- Responsible Officer: Director Dental Services in collaboration with USHC and Provincial Directors.

2.11.1. Ophthalmology and Primary Eye Care Services:

2.11.2. Policy Goal:

- To improve and upgrade the accessibility and quality of eye services in the country.

2.11.3. Objectives:

- To reduce the national blindness rate to less than 0.5% by 2003.
- To upgrade the Level of Service (LOS) from LOS 4 at the National Referral Hospital in 1998 to LOS 5 by 2003.
- To upgrade LOS at Gizo and Kilu'ufi Hospitals from LOS 2 to LOS 3 by 2003.
- To have another local doctor qualified in ophthalmology by 2003.
- To train one more local doctor by 2003.
- To increase the number of nurses trained in ophthalmology from---in 1998 to --- by 2003.

2.11.4. Performance Indicators:

- National Blindness Rate %
- LOS
- No. of nurses trained in Eye specialty

2.11.5 Strategies:

- Promotion of eye health based on primary eye care by providing and upgrading of equipment and facilities at the central and provincial hospitals.
- Strengthen and improve services of the Ophthalmology Department through provision of adequate facilities, equipment and personnel.
- Further strengthen cataract services.
- PEC Program to emphasis on eye health, preventative and curative eye care and educating the public and health staff through refresher courses, workshops and media.
- Ensure training and development for ophthalmologists and eye nurses for the central and provincial hospitals through training attachments at the National Referral Hospital.
- Establish sound data collection system/medical records.
- Establish occupational health & safety legislation.
- Staff training

2.11.6 Action Steps:

- Training of a local doctor for specialist (ophthalmologist)
- Training of nurses in eye, who will be the provincial eye coordinators. 9 months clinical ophthalmology training and primary for identified nurses.
- Development of Ophthalmology in Nursing Curriculum in School of Nursing, SICHE
- Refresher courses and workshops for nurses
- Provincial tours
- Upgrading of facilities for eye program/ Equip provincial hospitals with basic PEC
- Computerization of ophthalmology data/ statistics
- Development of Xerophthalmia program

2.11.7 Implementing Division/ Department:

- Division: Ophthalmology Department, NRH & Provincial Health Services

- Responsible Officer: Head Ophthalmology Department in collaboration with Provincial Health Directors.

2.12.1. Diagnostic Services/ Paramedical and support services:

2.12.2. Policy Goal:

- To improve and upgrade the provision of Preventive, Control and Diagnostic Services at the Central and Provincial Hospitals.

2.12.3. Objectives:

- To establish and develop network of Medical and Health Laboratory Services in support of Primary Health Care by 2003.
- Expansion of Provincial hospital establishment;
- Kilu'ufi - from 3 technicians in 1998 to 4 by 2003
- Gizo-From 2 technicians in 1998 to 3 by 2003 Lata, Kirakira, Buala- To have at least 1 technician and 1 medical laboratory assistant (MLA) by 2003.
- Tulagi- To have 1 post by 2003
- Sasamuga- Upgrade post to technician level by 2003

2.12.4. Performance Indicators:

- Posting of technicians in the provinces

2.12.5. Strategies:

- Strengthen and improve laboratory services through provision of adequate facilities, equipment and staff.
- Establish appropriate legislation to coordinate National and Provincial Laboratory Services.
- To assess laboratory tests comprehensive before they are introduced. This assessment should take into consideration technical efficiency, cost effectiveness, logistics, maintenance of equipment and clinical/ public health relevance of each test.
- Establish a laboratory based disease surveillance program
- Ensure that required level of expertise in laboratory services is available at the identified provincial hospitals to assist the setting up of specialized clinical services.
- Establish a sound data collection system for antimicrobial activity pattern in the country.

- Determine the range of and complexity of training required to provide the appropriate level of expertise in the laboratory services.

2.12.6. Action Steps:

- Upgrading of techniques and equipment at all level of the laboratory services.
- Provide guidelines to the whole laboratory network on the preparation of reports, reporting of test results and record keeping.
- The Central Laboratory to take part in External Quality Control (EQC) program while Internal Quality Control (IQC) program is established at all level of the laboratory services.
- Rationalization and Standardization of operation procedures, reagents, chemicals, equipment and maintenance.
- Provincial tours.
- Training (local) of MLA. One (1) year on bench training.
- Provision for higher-level training in specialized areas of laboratory work.
- Computerization of data entry.
- Continuing education programs for refresher training of laboratory staff.
- Availability of expertise and facilities for training equipment.
- Prepare comprehensive guidelines for laboratory safety procedures.

2.12.7. Implementing Division/ Department:

- Division: Medical Laboratory Department, NRH and Provincial Health Services.
- Responsible Officers: Head of Laboratory Services, NRH in collaboration with Provincial Health Directors

2.13.1. Rehabilitation Services:

2.13.2. Policy Goal:

- 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.
- To ensure that people with disabilities are rehabilitated to be adaptive to the national, provincial and community environmental changes through the National Community Based Rehabilitation (CBR) program/ MOH.

2.13.3. Objectives:

To increase the quality and quantity of services provided to ‘all’ known or registered people with disability in the country.

2.13.4. Performance Indicators

No. Of people with disability registered in CBR database.

No. Of activities and programs organized for people with disability and respective stakeholders.

2.13.5. Strategies:

- Training of technical officers
- Work in collaboration and partnership with other NGOs.
- Supporting for the targeted less advantaged members of the rural community especially those with physical disabilities and handicaps.
- A category of health workers trained and called ‘Community Rehabilitation Workers’ will be deployed at the village or community levels to provide community based rehabilitation services.
- Programs and activities will be developed to suit cultural and traditional aspirations but at the same time appropriate for the care of individual patients.
- Strengthen acute rehabilitative care at the National Referral Hospital.

2.13.6. Action Steps:

- Rehabilitation Technician Course
- Rehabilitation engineering workshop
- Occupational therapy program
- Physiotherapy program
- Speech therapy program
- Organizational management strengthening program
- Community Based Rehabilitation Program; training of CBR aides to serve at the rural areas.

2.13.7. Implementing Division/ Department:

- Division: Rehabilitation Unit, NRH and Community Based Rehabilitation Unit, MOH, HQ.
- Responsible Officers: Chief Rehabilitation Officer, NRH and Chief CBR Officer, MOH, HQ.

Policy 3: Human Resource Management And Development For Health

3.1.1. Policy Statement:

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.

3.1.2. 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.

3.1.3. Objectives:

- To develop a workforce plan based on the needs, and implement 75% of its programs by 2003.
- To increase the proportion of qualified skilled health workers at the provincial levels from 40.5% in 1999 to 60% by 2003.
- Increase training opportunities in health promotion and preventive health within the plan period.

3.1.4. Performance Indicators:

- Implemented training programs
- Proportion of qualified skilled health workers at the provinces
- No. training in health promotion and preventive health services

3.1.5. Strategies:

- Improve Human Resource Development functions of the ministry.
- Improve coordination of staff training and development with in the ministry.
- Needs assessment priority areas of training.
- Increase emphasis of training in health promotive and preventive fields, particularly in the areas of primary health care, health promotion, community

development, program planning and evaluation, community child health, infectious diseases, community rehabilitation of disabled and mentally ill, and reproductive/maternity services.

- Increase collaboration and understandings with overseas human resource development institutions e.g. universities.
- Improve and promote multiskilling, staff motivation, and good working relationship in workplace.
- Improve staff management and supervision
- Improve staff appraisal
- Improve local in country training

3.1.6. Action Steps:

- Strengthening of the Human Resource Function of the NHPD of MOH.
- Technical Assistance in HRMD
- Review the staff appraisal and work-performance indicators, and develop appropriate indicators.
- Develop a schedule for regular staff appraisal.
- Increase dialogue and collaboration with SICHE
- Strengthen in country training such Distance Education Programs and National Referral Hospital as Teaching Hospital, and the SIMTRI.

Training:

- Strengthening of the Fellowship & Training Committee of the MOH to attend to the following:
- Rationalization of the types of training programs which are appropriate and relevant to our needs
- Maintenance of a constant number of both pre-service and in-service training in identified areas of need.
- Ensuring that training programs are determined by identified needs and are implemented according to an approved health workforce plan.
- Promote both in country and out of country training in all areas of health.
- Establishment of formal associations or relationships with relevant overseas training institutions which could lead to accreditation of some of our in-country training programs e.g.; University of PNG and Fiji School of Medicine.
- Bonding (Contractual Agreements).
- Government assistance to fellow's family during postgraduate training.
- Attachment locally in appropriate departments for trainees to be part of training package
- Deployment/Placement:
- Development and implementation of deployment guidelines for all health workforce categories within MOH.

- Ensuring that staff deployment practices within the Ministry of Health is responsive to needs for qualified workers.
- Ensuring that highly trained staffs are equitably distributed to all provinces preventing concentration of highly qualified technical and professional people at the central level and to make services accessible.
- Staff Performance Appraisals
- Ensure that staff performance are done regularly
- Ensure that staff are rewarded accordingly
- Specific emphasis:
- Health Workforce Training:
- Expansion and upgrading of in-country pre-service training for the following categories of health workers: -

- Nurses
- Environmental health workers
- Health educators

- Institutional strengthening at SICHE to see to the expansion of training for the categories of workers concerned including post basic training programs. The following areas will be pursued:
- Development of recognized in-country in-service training programs for nurses in association with SICHE.
- Continuation of formal pre-service and in-service out of country training in identified areas of need.
- Establish linkages with relevant overseas training institutions for short term specialized attachments, staff exchange programs, seminars etc.
- Government assistance is distance-learning education for officers who cannot go overseas but could do such courses through extension.
- Nurse aides
- Strengthening of the Malu'u and Helena Goldie Nurse Aide Schools. Staffing, equipment and technical expertise.
- Pharmacy assistants
- Continuation of the current training program for pharmacy assistants run in Country at the Pharmacy Division.

3.1.7. Implementation Authority/ Division

- Human Resource Unit of Health Planning Division. MOH, HQ.
- Chief Human Resource Officer in collaboration with the Heads of Department and Program Managers.
- CHRO reports to the Training & Fellowship Committee of the MOH

Policy 4: Morbidity And Mortality Reduction

4.1.1. Policy Statement:

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 paradigmical focus from curative to prevention health services.

4.1.2. 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 promote environmentally sound practices and technologies for the effective prevention and management of environmental health-related disease and disability.
- To enhance people's quality of life by preventing disability, including blindness and deafness, and by rehabilitating the handicapped, infirm and disabled.
- 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.

4.2.1. Malaria:

4.2.2. Policy Goal:

- To control and reduce the burden caused by Malaria

4.2.3. Objectives:

- To reduce malaria incidence rate from 160 cases per 1000 population in 1997 to fewer cases less than 80 cases/ 1000 by 2003.
- To increase the insecticide treated bed net coverage from 70% end of 1997 to 95% of the population by 2003.
- To improve diagnostic services (microscopists coverage) to all provinces by 2003.

4.2.4. Performance Indicators:

- Malaria Incidence Rates
- Bed net coverage Rate
- Number of Malaria microscopy facilities in provinces

4.2.5. Strategies:

- Strengthen the integrated malaria control program
- Improve Malaria Reporting System
- Re-introduction of primaquine against *p.viax*
- Strengthen and expansion of distribution of treated bed net to communities
- Community awareness and participation
- Staff training and deployment
- Strengthen NGO and Private Sector participation
- Improve supply of Quinine to all rural clinics

4.3.6. Action Steps:

- Participation of developing partners in the local integrated malaria control program
- Survey on safety of primaquine in Honiara and review of treatment protocol for malaria cases
- SPC funding the integrated malaria program in Malaita Province.
- Refresher courses for malaria technicians and microscopists
- Initial training for microscopists
- Continue support and assistance to church health facilities

4.3.7. Implementing Division/ Department:

- Division: Malaria Division, MOH & Provincial Health Services
- Responsible Officer: Head of Malaria Division in collaboration with USHI and Provincial Directors

4.4.0. Acute Respiratory Infection (pneumonia):

4.4.1. Policy Statement:

ARI remain the commonest causes of morbidity and mortality in children in Solomon Islands. At present, there is no specific ARI prevention activities (such as vaccination against specific causes of ARI-influenza etc.) undertaken but for educational and training of both health workers and the public on identification of severity, management and treatment of various forms of ARI at home or in health facilities and prevention.

4.4.2. Policy Goals:

- To reduce morbidity and mortality due to ARI

4.4.3. Objectives:

- To reduce the incidence rate of ARI from 422/1,000 in 1993 to less than 100/1000 cases by 2003.
- To reduce the incidence rate of ARI in children under 5 years from 1073/1000 to less than 500/1000 by 2003.

4.4.4. Performance Indicators:

- Incidence Rate of ARI/ 1000 pop.
- Incidence Rate of ARI in children under 5 yrs/ 1000 population.

4.4.5. Strategies:

- Strengthening and improvement of primary health care activities at community level;
 - Community awareness especially among adolescents, women and their husbands, community leaders with more emphasis to reproductive health and child health.
- Re-enforcement of prevention of ARI and disability in infants and young children by:
 - Appropriate weaning and nutrition practices and adequate diet
 - Protection from insects and other diseases vectors by using integrated control programs

- Involve non-government organizations and the private sectors to strengthen health promotion activities and health supporting living conditions and environment.
- To promote healthy lifestyles programs such as healthy diets, smoking-free environment and exercise
- In-service training of health workers on the management and treatment of ARI
- Improve networking, and linkages and collaboration between clinicians and preventive aspects

4.4.6. Action Steps:

- Development and implementation of Integrated Management of Childhood Programs (ARI/CDD, Nutrition-Growth Monitoring, Malaria).
- Ensure adequate supply of antibiotics in the clinics by supervisory check list
- Production of IEC materials
- Community health talks
- Assist provinces establish the Family Health Record Card

4.4.7. Implementing Division:

- Division: ARI/CDD unit of Reproductive Health Division, Paediatric Department NRH, and Provincial Health Services.
- Responsible Officers: Officer in charge ARI/CDD, Head of Paediatric Department NRH and Provincial Health Directors.

4.5.0. Malnutrition:

4.5.1. Policy Statement:

The National Nutrition Survey of 1989/90 revealed that malnutrition is a problem of children and women, with 23% of children being underweight, 7% women underweight and 39% overweight (obese). Vitamin A deficiency is evident to be increasing and related to Malnutrition in children.

4.5.2. Policy Goal:

- To further strengthen the National Nutritional Program, and increase collaboration with other public and private sectors, church and Non-Government Organizations.

4.5.3. Objectives:

- To reduce the proportion of children under weight from 23% in 1989/90 to less than 10% by 2003.
- To reduce the proportion of women underweight from 7% underweight to less than 5% by 2003.
- To reduce the proportion of women overweight from 39% in 1989/90 to less than 10% by 2003.

4.5.4. Indicators:

- Proportion of children reported under weight %
- Proportion of women reported underweight %
- Proportion of women reported overweight %

4.5.5. Strategies:

- Strengthening and improvement of primary health care activities at community level;
 - Community awareness especially among, women, mothers and children
 - Re-enforcement of prevention of diseases and disability in infants and young children by:
 - Provision and increase access to safe water and adequate sanitation.
- Provide appropriate weaning and nutrition practices and adequate diet
- To promote healthy lifestyles programs such as healthy diets, smoking-free environment and exercise

4.5.6. Action Steps:

- Endorsement of the National Food and Nutrition Policy 1992 by the cabinet in 1994
- Development of guidelines for nutritional Surveillance in 1991
- Development of Plan of Action for Food and Nutrition
- Development of National Breast-Feeding Policy in 1995
- Establish Growth Monitoring System
- Establish and extend Family Health Card to provinces

4.5.7. Implementing Division/ Department:

- Division: Nutrition Unit of Reproductive Health Division, MHMS,HQ, and Provincial Health Services
- Responsible Officers: Nutritionists and Provincial Health Directors.

4.6.0. Diarrhoeal Diseases:

4.6.1. Policy Statement:

A national diarrhoeal disease survey conducted in 1992 revealed that children suffered 3.5 episodes of diarrhoeal per year, and the proportion of childhood deaths from diarrhoea was 14% with 1.7 deaths per 1,000 children per year (i.e. for every 10,000 children in the country, 17 are expected to die of diarrhoea during year.

4.6.2. Policy Goal:

- To reduce morbidity and mortality due to diarrhoea

4.6.3. Objectives:

- To reduce episodes of diarrhea from 3.5 per year in 1992 to less than 2.0 per year by 2003.
- To reduce deaths due to diarrhea from 1.7% deaths per 1,000 children per year to less than 1.0% by 2003.
- 4.6.4. Indicators:

- Episodes of diarrhea in children per year
- Deaths due to diarrhea

4.6.5. Strategies:

- Strengthening and improvement of primary health care activities at community level;
- Community awareness especially focuses more on identification of dehydration in children with diarrhea.
- Encourage coconut water for prevention of severe dehydration
- Re-enforcement of prevention of diseases and disability in infants and young children by:
 - Immunization against the target diseases of the expanded program on immunization (including hepatitis B).
 - Provision and increase access to safe water and adequate sanitation.
 - Appropriate weaning and nutrition practices and adequate diet
 - Protection from insects
 - Early detection and treatment of dehydration
- To promote healthy lifestyles programs such as healthy diets, and smoking-free environment.
- Increase availability of Oral Rehydration Solution (ORS)

- Staff training

4.6.6. Implementing Division:

- Division: Division: ARI/CDD unit of Reproductive Health Division, Paediatric Department NRH, and Provincial Health Services.
- Responsible Officers: Officer in charge ARI/CDD, Head of Paediatric Department NRH and Provincial Health Directors.

4.7.0. Diabetes:

4.7.1. Policy Goal:

- To alleviate the impact (morbidity) and severity (disability) of diabetes in the target population.

4.7.2. Objectives:

- To improve information (IEC production) in diabetes in the next five years.
- To improve clinical management and treatment of diabetes in the next five years.
- To prevent disability due to diabetes through community awareness.

4.7.3. Indicators:

- IEC production on diabetes.
- Clinical Management and Treatment Protocol fully documented and implemented
- Improved collaboration links with the community.
- No. Of diabetic cases per year
- No. Of diabetic foot ulcers reported

4.7.4. Strategies:

- Increase public awareness,
- Earlier diagnosis and treatment,
- Improved quality of care,
- Improved infrastructure and organization of care.

4.7.5. Action Steps:

- Prevention through:
 - Public Awareness using the media, church groups, and other non-government organizations and community health talks from the unit.
 - Healthy life-style promotion
 - Development of health promotion and education materials
- Improvement of Quality of Care through:
 - Improve data collection system.
 - Training of staff at the hospital and rural clinic levels.
 - Development of clinical guidelines and education and clinical care kits.
 - Training workshops of health workers within the country.
 - Establish gestation diabetes program for pregnant mothers.
 - Provision of adequate equipment and supplies for diagnosis and monitoring patients.
 - Participation in regional and international conferences and organizations for the control of diabetes.
- Infrastructure and organizational development:
 - Upgrading of facilities at the National Referral Hospital and establishment of diabetes center.
 - Procurement of necessary equipment for provincial hospitals and the National Referral Hospital
 - Strengthen role of primary health care centers
 - Improve health information system for surveillance purposes
- Development of an overall diabetes policy
- Formation of a National Diabetics Society

4.7.6. Implementing Division:

- Division: Disease Control Unit of MOH, HQ, Medical Department, NRH and Provincial Health Services.
- Responsible Officers: Officer in charge Diabetes Control Program of DCU in collaboration with Head of Medical Department, NRH and Provincial Health Directors.

4.8.0. Tuberculosis:

4.8.1. Policy Goal:

- To reduce transmission, morbidity and mortality due to Tuberculosis

4.8.2. Objectives:

- To improve cure rate
- To reduce mortality rate

4.8.3. Indicators:

- Cure Rate
- Mortality Rate
- Treatment Completion Rate

4.8.4. Strategies:

- Improve case holding and treatment
- Improve contact tracing
- Implementation and extension of short course chemotherapy (SCC)
- Implementation of Direct Observation Therapy Strategy (DOTS)
- Health education and promotion-community awareness

4.8.5. Action Steps:

- Intensified disease surveillance-intensified contact tracing in hospitals and rural facilities by health workers whilst index case still on treatment.
- Use of chronic cough registry
- The standardization of the treatment regimes, SCC in the country.
- Modification of TB forms for disease notification
- Computerization of TB registry at the center and province/ entry of all data for monitoring and evaluation purposes in the central data bank/ standardize evaluation epidemiological and operational indicators for reporting and planning.
- Conduct refresher courses, workshops, conferences for TB & Leprosy coordinators
- Skilled training for staff in program management for middle level managers, program administration for national TB & Leprosy managers, laboratory staff TB specialists, and communication skills for IEC officers
- Training for officers in new TB protocol
- Annual supervisory visits to provincial TB coordinators
- Capacity building of TB & Leprosy staff
- Automation of TB/ Leprosy unit at the center
- Continue public health education through media and community talks

4.8.6. Implementing Division/ Department:

- Division: TB/ Leprosy Unit of DCC/ MOH
- Responsible Officer: National TB/Leprosy coordinator, MOH in collaboration with Provincial Health Directors and Provincial TB coordinators

4.9.0. Leprosy:**4.9.1. Policy Goal:**

- To eradicate Leprosy in the country

4.9.2. Objectives:

- To reduce the prevalence rate of leprosy from 0.6/10,000 pop in 1998 to less than 0.3/10,000 pop by 2003.

4.9.3. Indicators:

- Prevalence Rate of Leprosy

4.9.4. Strategies:

- To strengthen and improve case finding, contact tracing and case holding
- Improve current recording and reporting system

4.9.5. Action Steps:

- Staff training by workshops on management and treatment of leprosy
- Community awareness campaigns

4.9.6. Implementing Division/ Department:

- Division: TB/ Leprosy Unit of DCC/ MOH
- Responsible Officer: National TB/Leprosy coordinator, MOH in collaboration with Provincial Health Directors and Provincial TB coordinators

4.10. Sexually Transmitted Disease:

4.10.1. Policy Goal:

- To reduce the incidence rate of STI, and prevent HIV/ AIDS infection in the country.

4.10.2. Objectives:

- To reduce the morbidity rate of STI from 1,464 cases in 1995 by 50% by 2003. To prevent HIV/ AIDS infection.

4.10.3. Indicators:

- Morbidity Rate
- HIV infection Rate

4.10.4. Strategies:

- Improve data collection system
- Implement the standard diagnosis and treatment guideline nation wide
- Improve surveillance and screening for STIs/HIV
- Intensify public information and education on STIs/HIV/Aids

4.10.5. Action steps:

- Review of Treatment Guidelines for STI
- Development of National Policy on HIV/AIDS

4.10.6. Implementing Division/ Department:

- Division: Disease Control Center, MOH
- Responsible Officer: National STI/HIV Coordinator

4.11.0. Mental Health Services:

4.11.1. Policy Statement:

Over the past years the number of people seeking psychiatric treatment increases. It is expected to increase further in the next five years. The gap between the demand for services and the limited supply will further. The utilization of this service is very low compared to general medical services, because of limited access to the services. Most other provincial hospitals do not offer any psychiatric counseling or treatment but do follow-ups, and supply psychiatric drugs. Unless something is done, the situation will be even difficult. Social problems such as alcohol and drug abuse are now recognized in the communities as significant problems. Criminal offences are in the rise. The need for psychiatric counseling and treatment is great.

The ministry through the National Psychiatric Board resolved that the Primary Health Care Approach would be maintained to address the issue of accessibility and equity. The people should be accessible to certain level of psychiatric services. The ministry sees the importance of rehabilitation of psychiatric patients in the community, and would like further strengthening it by involving communities.

4.11.2. Policy Goal:

- To improve accessibility to basic Mental Health services in the country.

4.11.3. Objectives:

- To improve National Psychiatry Services using the Primary Health Care approach within the next five years.
- To in-built Social Psychotherapy (or community rehabilitation) in the National Psychiatric Services by 2003.

4.11.4. Indicators:

- Fully documented and implemented primary health care approach in the National Psychiatric Services.
- Fully documented and implemented Social Psychotherapy component of the

4.11.5. Strategies:

- To incorporate the primary health care approach into the psychiatric services.
- Human resource development
- Infrastructure development
- Upgrading of logistic support to the primary health care approach

- Review of Mental Treatment Ordinance 1970

4.11.6. Action Steps:

Component 1: Program one: Psychiatric Health Work Force Requirement.

It involves recruitment of specialists or technical assistance (TAs).

Establishment of Social Psychotherapy Component.

It involves recruitment of local occupational therapist in mental health
Technical Support through T.A from overseas

Component 2: Staff Training.

It involves training of personnel.

Component 3: Provincial Coordinators Annual Workshop.

Provincial Psychiatric Coordinators will be invited to participate in an annual workshop to deliberate on important matters of psychiatry in the Solomon Islands.

Component 4: National Psychiatric Unit Staff Housing scheme.

This project should also cater for accommodation of staff and trainees.

Component 5: Transport Support.

This project should cater two vehicle for the National Psychiatric Unit at Kilu'ufi and the Psychiatric Coordinating Unit at the central ministry Headquarters.

vi. Component 6: Extension and Renovation of the Psychiatric Coordinating Office at the Ministry HQ.

vii. Psychiatric Situation Survey in Solomon Islands.

This is a national cross-sectional survey to ascertain the magnitude of the psychiatric problem. It is a problem-orientation as well as need assessment study to use for strategic planning of the service.

viii. Community awareness campaign.

This component involves community outreach.

ix. Automation of office

This project should provide for computers and printers for surveillance, follow-up and record keeping.

x. Upgrading of forensic psychiatric health services at the Central Prison Services, Rove.

This project should provide for building of a separate room or compartment at the Central Prison, Rove.

X1: Review (and update) of Mental Health Treatment Ordinance 1970.

4.11.7 Implementing Division/ Department:

- Division: Psychiatric Department, National Psychiatric Unit, Kilu'ufi Hospital
- Responsible Officer: Head of Psychiatric Department in collaboration with USHC and Provincial Health Director, Kilu'ufi Hospital.

Policy 5: Environmental Health Services:

5.1. 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.

5.2.Objectives:

- To improve productivity of the Environmental Health Division and Rural Water Supply & Sanitation Project (EHD/RWSS) in the next five years.
- To increase environmental public health activities in food hygiene, inspections and quarantine, and occupational health and safety at work in the next five years.

5.3. Indicators:

- No. of EHD Activities
- No. Water supply & Sanitation projects constructed
- Water Supply coverage
- Sanitation coverage
- No. Of Public Health Activities implemented

5.4. Strategies:

- Review of existing legislation and regulations.

- Establishment of a Public Health Laboratory.
- Establishment of refuse dumping sites and incinerators.
- Inspection of food processing outlets, places of work, settlements and villages.
- Establishment of quarantine and vector control units.

5.5. Action Steps:

- Legislative review: Review Environment Health Act 1987. Repeal of 1987 Act to re-install 1970 Act with modifications: To allow expansion of the role of the division and govt.
- Food hygiene and Safe water
- Safe drinking water and proper sanitation facilities are basic necessities to better health. Commitment is made to further strengthen and expand the activities of the Rural Water Supply and Sanitation Program to achieve national coverage by year 2000. The sanitation component will be given greater emphasis to increase the level of coverage by the same target year.
- National Rural Water Supply and Sanitation Program
- Community awareness and training in maintenance of systems.
- Health promotion and personal hygiene on and sanitation.
- Implement the construction of systems as in the 1997 - 2001 project.
- Staff training to improve the management of project activities.
- Improve reporting systems.
- Food safety and Hygiene:
- Operationalise the provisions of the "Pure Food Act 1996".
- Training and awareness on the requirements of the Pure Food Act 1996.
- Occupational Health
- Training of staff as part of capacity building
- Establish effective collaboration with other sectors

5.6. Implementing Division/ Department:

Division: Environmental Health Division/ Rural Water Supply and Sanitation
 Responsible Officer: Director EHD/RWSS in collaboration with Provincial Health Directors.

Policy 6: Health Promotion And Education

6.1. Policy Statement:

The people of this country will be encouraged to improve and promote 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.

6.2. 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.

6.3. Objectives:

- To increase focus and reorient commitment to enhance preventive and promotion health services to the local community, especially the vulnerable people, the women and children, in the next five years.
- To carry out more health education and promotion activities in the rural clinics from 37.3% in 1995 to 80% by 2003.
- Increase integration of IEC into all health programs within the ministry as well as other stake holders (NGOs) in the next five years
- To promote family health from within the village to encourage and support efforts of parents to make responsible decisions regarding family size and family health.
- To strengthen capacity of the health workers to plan, coordinate, implement and evaluate health promotion activities/ programs in the next five years.

6.4. Indicators:

- No. Of health education and health promotion activities
- Fully documented and implemented orientation
- No. Of health promotion activities implemented.
- Individuals, and families aware, informed and more responsible for their own health and family' health.
- Integration of IEC into all health programs and other stakeholders (NGOs) involved.
- Families aware, informed and more responsible for their own family health.
- Human resource development which reflects new health promotion orientation
- Improved planning, implementation and evaluation
- Key nurses and health educators up to date on promotion on current health issues and problems.

6.5. Strategies:

- Reorientation of the Health Education Division from health education to a wider scope health promotion.
- Review of roles, job descriptions to reflect health promotion priorities.
- Increase funding
- Secure donor assistance
- Identify appropriate IEC training courses.
- Organize regular meetings
- Establish guidelines for development of IEC materials
- Redirect Staff training to health promotion
- Organize regular health promotion workshops for local communities, church, and leaders.
- Improve community out reach programs and establish village health committees
- Strengthen the health education division and the production of IEC materials
- Review & change training programs to reflect health promotion focus, partnership and principles of sharing resources.
- Improve social research capabilities of health promotion supervisors through training.
- Staff training -conduct refresher courses on health promotion

6.6. Action Steps:

- Reorientation of the Health Education Division
- T.A for IEC & Health Promotion
- Increase funding to Health Promotion from Health Budget
- Staff training
- Resourcing of the division Hard ware & soft ware
- Workshops

6.7. Implementing Division/ Department:

- Division: Health Education Division
- Responsible Officer: Director Health Education in collaboration with USHI and Program Managers.

Policy 7: Reproductive Health And Family Planning

7.1. Policy Statement:

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.

7.2. 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.

7.3. Objectives:

- To reduce maternal mortality rate from 357/100,000 live births by 50% by 2003.
- To have one trained midwife per shift by 2003 at NRH, and 7 provincial hospitals.
- To have one trained midwife at all 14 Area Health Centers by 2003.
- To reduce teenage pregnancy from 9% to less than 2% by 2003.
- To increase contraceptive prevalence from 18.7% to 25% by 2003.
- To increase supervised deliveries from 80% to 90% by 2003.
- To increase first antenatal attendance in the first trimester from 25% by 2003.
- To increase ANC visits from 79% to 90-100% by 2003.
- To decrease the perinatal mortality rate from 40/1,000 to 30/1,000 by 2003.
- To decrease neonatal mortality from 20/1,000 to 15/1,000 by 2003.
- To have 95% of all health workers trained in contraceptive technology update and adolescent reproductive health by 2003.

7.4. Performance Indicators:

- Maternal Mortality Rate
- No. of midwives trained
- Teenage pregnancy rate
- Contraceptive prevalence Rates
- % Supervised deliveries
- First antenatal attendance
- ANC coverage rate

- Perinatal Mortality Rate
- Neonatal Mortality Rate
- % Health workers trained in contraceptive update

7.5. Strategies:

- Staff training - midwifery training/paediatric nursing training
- Community awareness
- Educate women and involvement of men
- Strengthen midwifery program
- Train more midwives and obstetricians
- Train some paediatric nurses
- Review midwifery training curriculum at the School of Nursing, SICHE
- Increase intakes to School of Nursing
- Adequate supply of fefol, chloroquine and oxytocin at all health facilities
- Strengthen middle, level management by training middle level managers
- To equip medical staff better to pregnancies and to perform the required procedures for a clean and safe delivery including tetanus toxoid immunization during pregnancy.

7.6. Action Steps:

- Assist School of Nursing, SICHE establish a midwifery school.
- Training of (more) midwives, 10-12 midwives per year for the next 3 years, for NRH provincial hospitals, and Area Health Centers.
- Provide scholarships for a local doctor to do post-graduate Masters Degree in 2000.
- Provide scholarship support for 2 local doctors to do post-graduate DGO in PNG.
- Training of anaesthetic technician health worker.
- Review of current pre-service training for nurses in obstetrics and assess the need for curriculum review to expand the practical midwifery training in the pre-service course.
- Setting up of a post-basic training program in liaison with SICHE and NRH. Involve building of a hostel and class, physically sited at the hospital compound.
- Inventory of equipment and replacement.
- Training of nurses on family planning and community health.
- Review of pre-service RN family planning curriculum.
- Support and assist NGOs such as SIPPA & Training Support Center for more radio shows on family planning and population awareness topics.
- Production of IEC materials e.g. Comic books focusing on family planning.

7.7. Implementing Division/ Department:

- Division: Reproductive Health Division, O&G Department, NRH and Provincial Health Services.

- Responsible Officers: Director Reproductive Health Division, Head O&G Department NRH and Provincial Health Directors.

Policy 8: Developing Partnership In Health Development

8.0. Policy Statement:

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.

8.1. 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.

8.2. Objective:

- To enhance and improve collaboration and coordination between the Government and developing partners with in the planned period.

8.3. Indicators:

- More collaboration links through MOU developed with local NGOs, and international developing partners.
- More donor assistance available for health.
- Greater participation of NGOs in providing health and related services secured.

8.4. Strategies:

- Develop Memorandum Of Understandings (MOU) in Health Development with local NGOs including churches, and with international donor partners in line with the Government's policy objectives.
- Increase collaboration with (appropriate) international human resource development institutions e.g. schools, colleges, universities.
- Improve donor coordination

8.5. Action Steps:

- Review existing MOUs with different stakeholders.
- Promote and establish MOU with NGOs including Churches, to assist in health prevention and promotion, and secondary health care delivery to the rural population.
- Enhance efforts to secure donor assistance
- Enhance efforts to secure accreditation with international universities and other human resource development sources.

SECTION VI:

PRIORITY PROGRAM AREAS

6.1: Priority Programs:

Annex 5 outlines the specific priority program component.

Source: MHMS, 1999.

6.2. Strategic Approach:

The Ministry in its five year National Health Plan 1998-2002 instituted strategic measures, firstly, to enhance capacity building in areas of management and supervision, health financing, human resources development and infrastructure development, health information systems and health services planning. The long-term goal is the ability to ‘better use of resources or redistribute resources rationally in support to the primary health care services.

Secondly, is to strengthen the primary health care services in the rural areas. The emphasis in this plan is to fully utilize existing facilities and resources.

In short, there is inevitable need for changes from the traditional ways of managing and administering health services to the people.

The main focuses lies in the review and changes to policy directions and health legislation, management and supervision style, human resource development,

appropriate medical technology, health facilities and infrastructure, and alternative health financing mechanisms.

SECTION VII

TOWARDS ACHIEVING HEALTH REFORM

A review of the existing organizational structure revealed that the current arrangement would not be conducive and receptive to the Policy and Structural Reform Program of the Government. The driving factors for the need to review of current organizational structure are being alluded to in the planning environment section (section II). 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?

7.1. Policy Directions on Health Sector Reform:

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.

7.2. Policy Goals:

- To establish a flatter structural organization of the Ministry of Health;
- 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.

7.3. Policy Objectives:

- Restructuring of the Ministry of Health
- Review job description
- Cost shifting from urban based health services to rural based services
- Cost efficient operation of the major hospital
- Improvement of the planning capacity of the Ministry of Health

7.4. Indicators:

- New organizational structure of the Ministry
- New posts identified
- Improved planning office facilities
- Reduction of costs in urban based health services

7.5. Strategies:

- Seek Technical Assistance to review and development appropriate organization structure of the Ministry
- Review job description of officers
- Deploy staff appropriately
- Development appropriate staff establishment with appropriate costs
- Review appropriate health services legislation and regulations

7.6. Action Steps:

- Develop new organizational structure with appropriate staff development
- Seek provision for funds for deployment of staff in new posts
- Deploy staff accordingly

7.7. Implementing Division / Department:

- Executing Office of the Ministry of Health
- Responsible Officers: Secretary to Ministry with Undersecretaries

SECTION VIII

EVALUATION

8.1. Goal:

Periodically (formative evaluation) and by end of 2003 (summative evaluation) the Ministry will be able measure efficiency and effectivity of health services delivery in the country.

8.2. Objectives:

- Periodically and by 2003 the Ministry should be able to measure the results (effectiveness) and cost (efficiency) of the health service programs planned as the means to achieve the ultimate goals.

8.3. Methodology:

- The integral part of the Ministry's Evaluation Program is the Health Information System. The 'measurable objectives' will form the basis of the evaluation process.
- Evaluation Measurements will be in two forms; [1] Results – Effectivity and [2] Costs – Efficiency (if possible).

8.4. Sources of information Collection:

1. Monthly Clinic Reports (for the H.I.S)
2. Monthly Hospital Reports (for the H.I.S)
3. Annual Reports from Provinces, Programs and Clinical Departments
4. Periodical Epidemiological Study.

The evaluation process will be embedded in the National Health Plan 1998-2002 Evaluation Program. Two forms of evaluation process will be undertaken:

1. Formative Evaluation: which means that plans are evaluated periodically during its operation with intention to alter or modify either the ways or means if it appears they will not meet the objectives.
2. Summative Evaluation;-in general terms is the measurement of a program to determine whether it has met its objectives. The time frame suggested for this form of evaluation will either mid-term of the five year plan period or end of the plan period. See Time frame for the National Health Plan 1999-2003 Evaluation Program below.

8.5. What to measure:

External Assessment:

In our context we will measure the positive impact our health programs have on the 'population health or the community health'.

Secondly, we would like to measure the 'Cost-Benefit (Analysis) of our health service programs.

Internal Assessment:

Here we will measure the 'Cost-effectiveness and (technical) efficiency of the health care activities. This encompasses evaluating performances and productivity of individuals, departments and an institution as a whole. Hence, the main concern will be efficiency and effectiveness.

SECTION IX

IMPLEMENTATION TIME LINE

(SEE ANNEX 1)