

Committee delegation visit to Solomon Islands



Source Lonely Planet

4.1 The Committee delegation visited Solomon Islands (SI) from Sunday 11 October 2009 to Friday 16 October 2009. In order to achieve its objectives, the delegation undertook site visits and held meetings with parliamentary and government officials and representatives of community organisations. The delegation travelled to the capital, Honiara, and Western Province, visiting the capital, Gizo, and the village of Vonunu on the island Vella Lavella.

Overview of Solomon Island's health infrastructure (physical and human resources)

- 4.2 There are over 300 health facilities in the Solomon Islands. This includes 12 hospitals, (the National Referral Hospital (NRH), one in each province and an additional one in Guadalcanal, Western and Malaita provinces).¹
- 4.3 There are 31 area health centres, 109 rural health clinics and 172 nurse aid posts.² The table below shows the breakdown by province, and the approximate numbers of health staff in each health facility. Like PNG, the Solomon Islands is classified as one of 57 countries deemed to have a critical shortage of health workers.
- 4.4 As mentioned in Chapter 2, the Solomon Islands has made gains in health indicators. While the AusAID website states that the country is on track to meet two of the Millennium Development Goals (MDG 4: reduce child mortality and MDG 5: improve maternal health), as with other Pacific countries, there are concerns about the accuracy of the data, and there remain significant challenges in child and maternal health.³ Life expectancy in the Solomon Islands is higher than PNG's at 65 for men and 68 for women.⁴ Compared with PNG, a higher proportion of the population – approximately 70% - has access to clean water.⁵ However, like PNG, strain is placed on the health system by a high population growth rate, estimated at 2.4% (2009). Unemployment is also high.⁶ There is an increasing incidence of non-communicable diseases like diabetes as diets westernise; high levels of tobacco use (some 43% of men smoke); 50% of presentations to outpatient clinics are for acute respiratory infections (due to malaria and fever); and a third of children in the Solomon Islands are stunted, with 9% of these being severely stunted.⁷

1 Personal communication from AusAID (figures an approximate), 15/02/2010.

2 Personal communication from AusAID (figures an approximate), 15/02/2010.

3 AusAID website, [Hhttp://www.ausaid.gov.au/country/country.cfm?CountryID=16](http://www.ausaid.gov.au/country/country.cfm?CountryID=16)H

4 WHO website, [Hhttp://www.who.int/countries/slb/en/](http://www.who.int/countries/slb/en/)H

5 ADB website, [Hhttp://www.adb.org/SolomonIslands/mdg.asp](http://www.adb.org/SolomonIslands/mdg.asp)H

6 Submission no. 6 from the Solomon Islands High Commission, [Hhttp://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub006.pdf](http://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub006.pdf)

7 Submission no. 6 from the Solomon Islands High Commission, [Hhttp://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub006.pdf](http://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub006.pdf)H

Total number of hospitals, area health centres and aid posts for every province in Solomon Islands as at end of 2009

<u>PROVINCE</u>	HOSPITALS	AHC	RHC	N/AID POST	Total clinic for each Prov.	ESTAB STAFF
Western	2	3	23	31	59	135
Isabel	1	4	9	18	32	71
Central	1	3	5	14	23	54
Honiara * including NRH	1	4	5	5	15	682
Guadalcanal	1	6	11	20	38	97
Temotu	1	1	5	11	18	67
Makira/Ulawa	1	3	14	18	36	78
Malaita	2	4	25	43	74	199
Choiseul	1	2	10	12	25	62
Ren/Bel		1	2		3	19
Total no. of each type clinic for SI.	11	31	109	172	323	1464

Source AusAID Post, Solomon Islands

Meetings with parliamentary and government officials

Deputy Prime Minister



The Australian High Commissioner to Solomon Islands, the Deputy Prime Minister, and committee delegation

- 4.5 The Committee delegation was honoured to meet with the Deputy Prime Minister of the Solomon Islands, the Hon. Mr Fred Fono, in his offices in Honiara. The delegation was accompanied by the Australian High Commissioner to the Solomon Islands, Mr Frank Ingruber.
- 4.6 The Deputy Prime Minister commenced discussions by conveying appreciation for Australian government support provided through the Health Sector Support program (HSSP), and noted that the delegation's visit was timely in light of the current parliamentary inquiry into the National Referral Hospital.
- 4.7 The delegation emphasised the importance that Australia places on partnership with the Solomon Islands and Papua New Guinea, and other Pacific nations, and referred to various visits made to both countries by the Australian prime Minister, government ministers, and parliamentary secretaries in the last 18 months.
- 4.8 The Deputy Prime Minister said that the most pressing health challenges for service delivery in the Solomon Islands include: difficulties in ensuring

the effective and prompt delivery of essential medicines to remote locations; the demands placed on the health system by one of the highest population growths in the region; and needing to improve the physical and human infrastructure, in particular, boost the health workforce.

- 4.9 High staff turnover has been a major problem in the Solomon Islands, especially since the ethnic tensions. The delegation learnt that some provinces have no doctors and some health clinics only have nurses.
- 4.10 One of the ways that the SI government is seeking to redress doctor shortages is by sending students to Cuba for medical training, through an arrangement with the Cuban government. Some 75 students are currently studying medicine in Cuba. It is one of the requirements of the Cuban Doctor Scheme that doctors return to their home provinces to practice medicine there for 5 years. An incentive scheme exists to provide housing assistance.
- 4.11 The Deputy Prime Minister spoke about the potential of bulk purchasing models for pharmaceutical procurement in the Pacific, as a way of reducing the costs of medicines. He said that this is something that the Pacific Islands Forum secretariat is investigating.
- 4.12 Most of the villages in Solomon Islands are located on the coast and the impact of climate change is a key concern of the Solomon Islands Government. The Deputy Prime Minister said that the government would likely require international assistance to relocate vulnerable villages.

Minister for Health and Medical Services



Minister for Health and delegates

- 4.13 The delegation was pleased to meet with the new Minister for Health and Medical Services, the Hon. Clay Forau MP, appointed in July 2009, and to be able to discuss a range of health matters with him directly. The delegation was also grateful for the opportunity to engage with a wide range of staff from his Ministry throughout the week.
- 4.14 The Minister welcomed the delegation. He said that the Solomon Islands partnership with AusAID through the HSSP is a very effective one and that it had played a vital role in supporting the Ministry of Health through a period of significant budget reservations, and assisted with the procurement and supply of essential medicines.
- 4.15 On improving health infrastructure, the Minister said he wishes to see a number of provincial hospitals, including the one in Western Province, upgraded to referral facilities in order to ease the burden on the National Referral Hospital.

- 4.16 Noting the gains made in reducing the incidence of malaria, the Minister said that the disease still remained a problem and that this deferred visitors, and important tourism revenue.
- 4.17 He also said that while the Solomon Islands had made significant inroads into achieving the MDGs, there is still some way to go. According to UNICEF, the rates of childhood immunisation remain low at approximately 60-70 %. The Minister noted the Ministry's current measles vaccination campaign, which featured prominently on the front page of the newspaper on the day that the delegation visited.
- 4.18 The Minister expanded on some of the health impacts of climate change. He stated that rising sea levels and king tides were a key concern, including in his own home village, which, he posited, may not even exist in 10 years time. The inundation of water means that there is less land to grow crops on and water quality has been affected. Where there was once fresh water, he says, now it is salty.
- 4.19 On the rise of non-communicable diseases in the Pacific region, the delegation asked the Minister whether diabetes was a significant health issue in the Solomon Islands.
- 4.20 The Minister responded that diabetes was indeed a problem, especially in Honiara, where it is affecting the working population who have adopted a fast food diet and an increasingly sedentary lifestyle. Diabetes is less of an issue, he said, in the rural areas where villagers tend to eat the food that they grow. He said that the Ministry's non-communicable diseases unit is developing a diabetes prevention policy.

National Parliament

Speaker



The Delegation Chair and Chair of the Australian Parliament Pacific Friendship Group with the Speaker of the Solomon Islands Parliament



The Delegation Secretary, delegates and the Sergeant-at-Arms in the Chamber of the Solomon Islands Parliament

- 4.21 It was a special privilege for the delegation to meet with the Speaker of the Solomon Islands Parliament, the Rt. Hon. Sir Peter Kenilorea, KBE, PC, a position Sir Peter has held for nearly 10 years.
- 4.22 Representing his country and the region in an official capacity since 1964, and one of the South Pacific's senior statesmen, Sir Peter was the country's first Chief Minister (now, Prime Minister) on gaining independence in 1978. Amongst numerous roles held over the ensuing decades, Sir Peter has served as a Finance Secretary, Fisheries Minister and Ombudsman, been the Director of the Forum Fisheries Agency and Co-chairman of the Peace Negotiation and Chairman of the Peace Monitoring Council.⁸
- 4.23 The Speaker spent some time describing how the Special Select Committee Inquiry into the Quality of Medical Services Provided at the National Referral Hospital (NRH Inquiry) came into being, and its progress to-date. The committee was formed by a motion made in Parliament in April 2009. At the time of meeting, 10 public hearings had been held, with a further 3 planned. The report has since been tabled (on 22 December 2009), and can be downloaded from the Parliament website.⁹
- 4.24 The Speaker and delegates spoke at length about governance. They discussed the differences and similarities in their respective parliamentary machinery (one difference being that MPs in the Solomon Island each receive \$2 million Kina to spend on projects of their own choosing in their electorates; the progress of RAMSI (now focusing its work on government and economic recovery); and parliamentary strengthening activities.
- 4.25 Capacity development from the UNDP and NSW Parliament to-date, ranges from strengthening parliamentary committees and the parliament's oversight role, to help with the website and revising the Standing Orders. There are also a number of proposed twinning initiatives between the NSW Parliament and SI Parliament, including the establishment of direct personal relationships between senior officers in procedural and committee areas of the house departments and other parliamentary departments; the secondment or exchange of staff for specific periods or specific projects; and the attendance of staff at training exercises such as those run by the Australian National University's Centre for Democratic

8 National Parliament of Solomon Islands website,
[Hhttp://www.parliament.gov.sb/index.php?q=node/238](http://www.parliament.gov.sb/index.php?q=node/238)H

9 National Parliament of Solomon Islands website,
[Hhttp://www.parliament.gov.sb/files/committees/SpecialSelectCommittee/Committee%20Report.pdf](http://www.parliament.gov.sb/files/committees/SpecialSelectCommittee/Committee%20Report.pdf)

Institutions.¹⁰ The delegation was informed that Hansard had been established in the Solomon Islands Parliament with the assistance of the NSW Parliament, as had televised committee hearings which were proving popular viewing.

- 4.26 The Speaker stated that MPs were being pulled in a number of different directions by constituents who have huge expectations and that this reduced the time parliamentarians could devote to law-making. However, he had noticed an increasing appreciation amongst MPs for their unique and important role in law-making.
- 4.27 On health priorities, the Speaker referred to equipment shortages and the need for more trained operators to maintain equipment. The Speaker informed delegates that land disputes were often behind construction delays, be they for roads or new health clinics.
- 4.28 The Speaker noted a range of governance challenges in the forestry and fisheries industries. He expressed concern at the nation's dependence on forestry as the main source of revenue and said that alternatives would need to be sought within the next 5 years or so.

Select committee inquiry into the quality of services at the National Referral Hospital

- 4.29 Delegates met with the Chair of the Special Select Committee Inquiry into the Quality of Medical Services at the National Referral Hospital (NRH), the Hon. Peter Boyers MP, and his committee colleague, the Hon. Patteson Oti MP.
- 4.30 The delegation was interested to learn more about the impetus behind the inquiry into the NRH. Mr Boyers spoke of friends' treatment which had been less than optimal at the hospital and informed the delegation that a 2006 audit report had identified a number of grave problems with the hospital finances and administration.
- 4.31 This was the first ever inquiry into the hospital's services and the Committee Chair said that health workers and the public were keen to participate in hearings. Mr Boyers emphasised that the Committee had travelled throughout the country, in addition to holding hearings in Honiara. He acknowledged AusAID's appearance at a recent hearing.

10 Legislative Council, *Business Plan 2009-2010, Capacity building to strengthen parliamentary democracy in the Asia-Pacific*, [Hhttp://www.parliament.nsw.gov.au/prod/web/common.nsf/cbe381f08171c2e8ca256fca007d6044/86277602f641a1fbca2575c400234593/\\$FILE/Business%20Plan%202009-2011%20Strengthen%20parliamentary%20democracy%E2%80%A6.pdf](http://www.parliament.nsw.gov.au/prod/web/common.nsf/cbe381f08171c2e8ca256fca007d6044/86277602f641a1fbca2575c400234593/$FILE/Business%20Plan%202009-2011%20Strengthen%20parliamentary%20democracy%E2%80%A6.pdf)

- 4.32 Mr Boyers told the Committee that the 33% budget reservation and freeze on public sector recruitment, and inefficient procurement processes were amongst the most significant constraints to achieving better health outcomes at the hospital. He said that the hospital was understaffed with, for example, a ratio of one nurse to 15-20 patients, and that diagnostic tools were inadequate. Moreover, parts to fix equipment provided by overseas donors (in this hospital's case, Taiwan) were often difficult to come by.
- 4.33 Like the Speaker, the Committee Chair highlighted the importance of twinning arrangements with Australian institutions. In this respect, he would like to see much greater linkages with St Vincent's Hospital and Westmead Hospital in Sydney.

Australian Leadership Awards (ALA) Fellowships



Delegates with Australian Leadership Awardees

- 4.34 The delegation enjoyed meeting with a number of Ministry of Health and Medical Services Australian Leadership Fellows. The Australian Leadership Awards Scheme (managed by AusAID) provides health staff with opportunities for study, research and professional attachment programs in Australia.¹¹
- 4.35 The delegation sought the fellows' views on a range of health issues and asked them what would make the greatest difference to improving health outcomes in their country.
- 4.36 Fellows said that information systems were in need of improvement. Whilst there is data collection at the community level, health information systems (including the NRH's) will need to be standardised and computerised in order for that information to be better utilised.
- 4.37 Delegates were informed that the hospital has neither the trained staff nor the equipment to conduct diagnostic tests, other than for malaria. Most diagnostic tests have to be sent to Australia, to Brisbane, or Adelaide (TB) at a cost of approximately \$700, 000 per year. Obtaining the results can take up to 6 weeks. In the interim, disease can spread and complications can arise. Alternatively, if the tests prove negative, as was the case with some suspected swine flu cases, beds in isolation wards are unnecessarily occupied.
- 4.38 Fellows spoke of acute nursing and doctor shortages. Delegates were told that on average some 30 nurses are trained a year. There will however be additional places in 2010 (47 nurse trainees at the SI Higher College of Education and 17 at the Atoifi Hospital in Malaita (64 in total). Compared with doctors, nurses have little to no further professional development. Delegates were advised that, in a situation not dissimilar to that in Australia, it is difficult to attract doctors to work in rural and remote areas. The lack of schools, transport and other services puts practitioners off relocating.
- 4.39 The delegation wished to know whether people's health was better or worse in the capital than in rural areas. It was generally agreed that, especially nutrition wise, people fare worse in Honiara and the settlements than in the villages where they can grow their own food. Overcrowding in homes also leads to the spread of TB and other respiratory diseases, and there is widespread malnutrition.
- 4.40 Delegates enquired about the level of domestic violence that exists in the community. Hospital staff said that a high consumption of alcohol fuels

11 See AusAID website for details, <http://www.ausaid.gov.au/scholar/alafellow.cfm>

serious domestic violence incidents. Fellows said that redressing violence against women was on the government's agenda.

- 4.41 On 10 December 2009, Deputy Prime Minister Fono publicly launched a Solomon Islands Government (SIG) study on violence against women and children. On 11 February 2010, Cabinet endorsed a Solomon Islands Government policy on eliminating violence against women.¹²
- 4.42 Fellows said that the ALA Scheme had provided them with wonderful learning opportunities for which they were very appreciative. However, they also believed it would be equally beneficial for similar leadership training to be offered at the NRH itself. Perhaps, trainers could come over and offer courses there, rather than always sending people to Australia.
- 4.43 They also expressed their desire to establish more formal ongoing relationships with Australian institutions.

Recommendation 13

The Committee recommends that the Australian government encourage and support further institutional partnerships, including reciprocal exchanges between Department of Health staff in the Solomon Islands and Australian institutions (such as hospitals, universities and laboratories), including the provision of training at the National Referral Hospital.

12 Personal communication from Ausaid Post in Solomon Islands, 18/02/2010.

Tour of the National Referral Hospital



Medical Superintendent (standing), NRH CEO (seated, second left) and delegates

- 4.44 The Medical Superintendent, Dr Tenneth Dalipanda, Hospital CEO, Mr Douglas Ete, and Deputy Director of Nursing, Ms Rachel Wate, gave delegates a presentation on and tour of the NRH. Delegates appreciated the opportunity to see for themselves conditions for patients and staff alike, and to speak with health professionals.
- 4.45 The delegation's interest in the hospital was welcomed. Dr Dalipanda said that it was the first Australian parliamentary delegation visit during his tenure of 2 years. He provided delegates with a copy of the hospital's comprehensive submission to the Select Committee Inquiry.
- 4.46 Dr Dalipanda spoke of the need to strengthen primary health care in the province, in order to reduce the burden on the NRH, which is the only referral hospital in the Solomon Islands. Unlike PNG, health care in the SI has been universal (free) for the last 30-40 years. The superintendent observed that completely free health care, whilst perhaps unsustainable into the future, was an entrenched premise, which would be difficult to overturn.

- 4.47 On the health impacts of climate change, the delegation was fascinated to learn that the NRH had had to be evacuated the week prior to its visit during a tsunami alert because of its proximity to the sea. Staff told delegates that the sea used to be 100 metres away from the buildings but had been getting closer and closer in recent years. The hospital would need to be moved to higher ground, not least because it was the frontline facility for any emergency response in the event of a tsunami.
- 4.48 The encroaching sea level on the national hospital is the most prominent example of what the delegation heard is happening all around the country to other existing health infrastructure along the coast. Aid posts are being flooded in coastal communities and people are hesitant to build new health structures in the same place for this very reason. This makes it difficult for governments and communities to plan for the future.



View of ocean from National Referral Hospital window, only metres away

- 4.49 The NRH provides surgery, physiotherapy, dentistry and medical laboratory services. The hospital has 290 beds and treats about 11, 000 patients in the course of a year, 60 % of these through the accident and emergency clinic. Some 30, 000 x-rays are done each year. Staff can teleconference with staff at St Vincent's Hospital to discuss x-rays. There are 50 doctors and 14 intern doctors.
- 4.50 The delegation was interested to learn more about the Cuban doctor scheme which supplements staff numbers with medical students from Cuba. Staff commented on language barriers, namely that it takes up to a

year for the student doctors to learn sufficient English and/or pidgin in order to be able to communicate with patients (requiring close supervision) and difficulties in finding housing for them all.

- 4.51 The delegation learnt that some 5000 to 6000 babies are delivered each year at the hospital. There are not enough beds in the maternity ward to cater for the numbers. The vast majority of women in the Solomon Islands deliver their babies at clinics or aid posts. Pregnant women are not routinely given pre-natal scans.
- 4.52 Hospital staff indicated that there were approximately 300 TB cases a year, with no recorded Multi-Drug Resistant TB (MDR-TB). TB patients are kept in isolation wards for a period of 2 months.
- 4.53 Cancer treatment is limited and sufficient to deal only with a single tumour or lymphoma. There is no mammogram service in the country.
- 4.54 The delegation observed a lot of people smoking in Honiara and enquired about the levels of smoking in the Solomon Islands. The superintendent advised that smoking is a major health issue. Cigarettes are cheap and they are a source of revenue for the government. Some 40% of the population is estimated to smoke, and it is a growing problem. Smoking, of course, increases the risk of heart disease. Delegates were told that an estimated 90% of parliamentarians are believed to smoke and/or have diabetes.
- 4.55 Hypertension, a precursor to cardiovascular disease, and diabetes are on the rise (through increased salt and sugar intakes), and the hospital has a dedicated diabetes clinic, which the delegation visited.
- 4.56 The delegation was taken with the plastic food used to demonstrate appropriate portion sizes and promote healthy food combinations to patients.
- 4.57 The delegation asked what was being done in respect of preventative health and was advised that it is much more difficult for the Centre to procure funding for prevention than it is to receive funding for treatment. The hospital had recently applied for funding from the World Diabetic Foundation and was awaiting advice on the outcome of that application.

Recommendation 14

The Committee recommends that the Australian government support education programs about diabetes prevention and nutrition in the Torres Strait, the Solomon Islands and Papua New Guinea, in areas where diabetes and nutrition are problematic.



Healthy foods on display at Diabetes Clinic at National Referral Hospital

National Malaria Program

- 4.58 Delegates met with staff of the Ministry of Health's vector borne disease unit to discuss the national malaria program. As mentioned in earlier chapters, government and multi-donor efforts in recent years have significantly reduced the incidence of malaria in the Solomon Islands. The delegation congratulated staff on the success to-date and asked staff to elaborate on some of the program's key components.
- 4.59 The Director, Mr Albino Bobogare, replied that there were new rapid diagnostic tools which take nurses 15 minutes to complete and do not require any special equipment or even power. Bed nets were also being

more widely distributed, and for free. There had also been an effective scaling up of efforts.

- 4.60 Delegates wished to know if there were matters that hampered ongoing efforts to eliminate malaria.
- 4.61 Mr Bobogare responded that human resources remain thin on the ground and there is a lack of adequate housing for health workers in outlying areas. He also expressed concerns about an overprescription of drugs and high presumptive treatment which contributes to drug resistance.

Regional Assistance Mission to Solomon Islands

- 4.62 The delegation rounded off meetings in Honiara with a visit to RAMSI headquarters to meet with the RAMSI Special Coordinator; Acting Development Coordinator; and other RAMSI staff for a progress update on RAMSI.
- 4.63 Delegates were briefed on the RAMSI development program which has been focusing its efforts on strengthening public administration; focusing on revenue, tracking and managing expenditure, and making sure that expenditure matches the budget.
- 4.64 The Special Coordinator emphasised Australia's strong ongoing commitment to the Solomon Islands and said that a recent people's survey had indicated that some 80-90 % of the population wanted RAMSI to remain in-country.
- 4.65 He added that RAMSI was a joint effort by Australia, New Zealand and a host of other Pacific nations who contributed various strengths and collectively lent credibility to the mission. That partnership, he said, is the pride of Pacific Islands Forum member countries.

Roundtables with Ministry of Health and development partners and NGOs



Delegates and Ministry of Health roundtable participants

- 4.66 The delegation welcomed the opportunity to host two separate interactive roundtable meetings with representatives from the Ministry of Health and Australia's development partners and NGOs on returning from visiting Western Province. All participants are gratefully acknowledged in Chapter 5.
- 4.67 Conducting the roundtable meetings towards the end of the visit allowed delegates to report on some of its findings from during the week and to seek further information.
- 4.68 A diverse range of topics was discussed at both sessions. Amongst issues covered was the need for a greater focus on child and maternal health, and in particular, expanding immunisation. The delegation learnt that whilst the measles campaign had successfully immunised some 95 % of children, a recent assessment of the Expanded Program of Immunisation (EPI) had identified gaps in cold chain¹³ preservation as a key constraint in others. Solar fridges, like the one delegates saw at Vonunu clinic, were not necessarily the norm in health clinics.
- 4.69 Speakers referred to a lack of resources for public health programs, in areas including nutrition, mental health, family planning and, especially, disability. Delegates were surprised to discover that there are only two nutritionists and not even one clinical psychologist practising in the country. Ms Langmead, an Australian Youth Ambassador working as a community based rehabilitation coordinator in Honiara, noted a serious shortage of disability workers. She said that in her work she saw a lot of secondary disability resulting from malaria, TB and diabetes, and that funding for disabilities was nowhere near commensurate with need. For instance, there is no provision for prosthetics. There are no government funded occupational therapists or speech pathologists either. Services for disabilities remain heavily reliant on NGOs and volunteers.
- 4.70 The delegation asked government representatives to comment on service provision for persons with disabilities. Delegates were told that \$ 600, 000 dollars are allocated in the budget for the whole country. Government officials concurred with Ms Langmead that some provinces have more scant human resources than others, and added that it was not just a matter of staff per se but ensuring they also had adequate transport and fuel in order to travel to people living with disabilities in outlying areas.

13 A cold-chain is a temperature controlled supply chain. An unbroken cold chain is an uninterrupted series of storage and distribution activities which maintain a given temperature range. It is used to help extend the shelf life of products including pharmaceutical drugs. Source: Wikipedia.

- 4.71 In addition to the \$ 600, 000 budget, there is an equipment budget of \$ 500, 000. Observing the steep inclines required to reach the health and education facilities at Vonunu village, the delegation enquired about the practicalities of using wheelchairs over such terrain. Officials noted that some donated wheelchairs were impractical for precisely these reasons. The delegation was interested to learn that negotiations are underway with an Australian company, Motivation, that has successfully adapted wheelchairs for use in remote indigenous communities that could work equally well in villages in the tropics. Whilst these wheelchairs do involve a greater initial outlay, they are generally of better quality and last longer.
- 4.72 Delegates remarked that disability does not necessarily receive the same profile as other health issues in Australia either. AusAID noted its disability policy and emphasised that its health priorities were determined by the Solomon Islands government.
- 4.73 Staff housing was cited as an ongoing major issue. There is little point it seems in constructing clinics without building accompanying housing for staff.
- 4.74 On the already well-documented problems with drug delivery, the Director of Pharmacy Services noted substantial improvements in recent years but emphasised the need for stand alone programs to be integrated into the mainstream system.
- 4.75 One of the key messages that the delegation took away from discussions with health officials was that local systems can sometimes be undermined by volunteers' actions. For example, visiting doctors from overseas might provide medicines that are not on the Solomon Islands' national drug list, which creates a mismatch for ongoing care. There can also be an expectation fostered that drugs and experts from overseas are to be relied upon as the solution.
- 4.76 The delegation believes that all donated drugs and services from Australian personnel should, as much as possible (and exceptions may apply), match the Solomon Islands' national treatment protocols.
- 4.77 The delegation was interested to learn from those present what their view was of the proposal for Pacific nations' bulk purchasing drugs in order to reduce the cost to each country. The general consensus was that more administrative and logistical problems may be created than solved with such a scheme. Reference was made to similar schemes having been tried in the Caribbean and Fiji and not having worked terribly well.

- 4.78 Similarly, donors' multiple reporting requirements add a significant administrative burden to health personnel already struggling to treat patients under difficult conditions. This appeared particularly an issue for nurses who are required to fill out a numerous forms for treatment given under different donor funded programs for malaria, TB and others.
- 4.79 The delegation understands that Australian organisations are, for the most part, cognisant of this administrative burden, but urges all to try and streamline or integrate their requirements with those of the Solomon Island government's so as not to add to the problem.
- 4.80 The Ministry of Health's chief statistician, Ms Baakai Iakoba, commented on deficiencies in data collection. She said that, for instance, whilst morbidity reporting rates were quite good, it was not so for mortality rates. She said that the deceased are often just buried. Communities see little point in paying to have a death certificate issued. On the issue of underreported HIV/AIDS cases, she conceded there may be cases not known about. The stigma associated with the disease means that people are reluctant to get tested and/or have it known that HIV/AIDS is what a relative died of.
- 4.81 Mr Bobogare expressed concerns that the successful reductions in the rate of malaria to-date might result in complacency. He stressed the importance of ongoing vigilance to eliminate the disease completely.
- 4.82 Delegates referred to the limited laboratory services that they witnessed at the NRH and the fact that lab services -other than for malaria detection - are undertaken in Australia at a cost of some \$700, 000. The delegation wanted to know whether it would not be more cost efficient to undertake these services in country. The delegation was advised that it was not just a case of building the lab, but also staffing it with trained personnel and being able to maintain the equipment. A massive physical and human infrastructure is required to operate the sophisticated laboratory services required. Whilst Australian Volunteers International (AVI) is seeking to develop capacity by placing pathologists at the NRH, any solutions beyond the interim, the delegation heard, will not lie with volunteer schemes.
- 4.83 One of the key messages that the delegation took away from discussions with health officials was that the local health systems can sometimes be undermined by volunteers' actions. For example, visiting doctors from overseas might provide medicines that are not on the Solomon Islands national drug list which creates a mismatch for ongoing care. There can also then be an expectation fostered that drugs and experts from overseas have to be relied upon to sort any issues out.

- 4.84 The delegation thinks that all donated drugs and services from Australian personnel should, where possible (and exceptions may apply), match the Solomon Islands national treatment protocols.
- 4.85 Much was made of the need to train and empower local staff through partnership with Australian institutions, be these laboratories, hospitals or peak bodies. Key to successful programs or projects, like the national malaria program, are ones that locals, in conjunction with donors, themselves can lead, sustain, be enthusiastic about and see results from.
- 4.86 Development partners and NGOs identified good working relationships with each other and the host government as integral to having an impact on the ground. There is general consensus that there is very good cooperation between the Ministry of Health and development partners, aided by technical advisory support provided by AusAID.
- 4.87 The Country Program Manager for AVI stated that the intention of the scheme was to partner Australian volunteers with a local counterpart but that there was not always an equivalent counterpart in waiting. She noted that it can be a long-term process. For example, it had taken 10 years of placing volunteers in the pharmacy to be able to hand over to a Solomon Islands counterpart for the first time.
- 4.88 Volunteer placements come with a number of different challenges the delegation heard. Sometimes there are cultural barriers between volunteers and their counterpart, if, for instance, the volunteers are very young. Equally, the delegation heard, some volunteers had proved extremely successful coaches, boosting staff morale and galvanising momentum in an organisation, fundamentally altering its culture.
- 4.89 Recognising the contribution of charismatic mentors, corporate leadership and management training, AusAID mentioned that it is in discussions with the Ministry of Health to establish a mentoring program that would partner senior bureaucrats in the respective countries.
- 4.90 Delegates said they thought such a scheme seemed a very good idea. They noted that the Department of Health and Ageing ran a Pacific Senior Health Officials Network which similarly aims to facilitate communication between senior health officials in the region.¹⁴

14 At the Canberra roundtable Health said the aim of the network is to support health system governance and the development and implementation of sound and effective health policies within the region. The network promotes a partnership and technical exchanges between health officials through a policy partnerships initiative and middle managers program, Department of Health, Official Transcript, 11 September 2009, p. 7.

Recommendation 15

The Committee recommends that a mentoring program (especially for women) be established that matches senior bureaucrats, in the Australian Department of Health and Australian health facilities with senior bureaucrats in the Solomon Islands Department of Health.

- 4.91 The delegation asked the Japanese International Cooperation Agency (JICA) representative at the roundtable meeting about the status of the new Gizo Hospital. Construction was due to start in a matter of weeks, she said. The representative added that Japanese capacity building included assistance with developing health information systems and training health workers in case management systems. JICA acknowledged AusAID's assistance on the project and said that it welcomed the opportunity for further collaboration.
- 4.92 Delegates referred to concerns brought to their attention about the difficulties of sourcing replacement parts from donor countries in Asia and the difficulties in trying to read manuals in foreign languages, be it Chinese or Japanese. The JICA official replied that the agency was mindful of these issues.
- 4.93 The delegation sought further information from the Director of the SI Planned Parenthood Association about education in regards to family planning. Mr Saleni responded that there was an increasing acceptance by Solomon Islanders that family planning was a necessity. Campaigns are mostly conducted via radios which more people had access to than television, and outreach visits were undertaken by family planning health workers. Mr Saleni referred to the Men and Boys Behaviour Change Program which the delegation had learnt about at its Canberra roundtable. He said that, while successful at teaching rather than just disseminating health information, it was expensive to run, and did not have as wide coverage as he would like.
- 4.94 A number of participants commented on concerns Solomon Islanders have about cross-border health issues, be it the transfer of HIV/AIDS from the PNG border with the Solomon Islands (the delegation learnt that there is a fair degree of movement between Bougainville (part of PNG) and Choiseul Province in SI); or from Australians visiting the Solomon Islands

with other infectious diseases. Every case of swine flu in the Solomon Islands was said to have come across from Australia.

Western Province

- 4.95 The delegation was warmly welcomed to Western Province by the Premier of Western Province, the Hon. George Solingi MP; the Provincial Minister of Health, the Hon. Sutcliff George; the Provincial Secretary, Mr Arnold Moveni; other officials from the provincial administration, and representatives of the community.
- 4.96 The delegation's visit to Western Province involved a number of engagements with provincial health administrators and health workers.

Meetings in Gizo

Premier



The delegation, Western Province Premier, Acting Health Director and Health Minister

- 4.97 The delegation appreciated the opportunity to meet with the Western Province Premier and the provincial Ministers for Health and Education,

together with the Acting Health Director of Gizo Hospital, in the Premier's office.

- 4.98 A range of health challenges facing Western Province was discussed at the meeting, with a focus on the impacts of climate change.
- 4.99 The Premier referred to the devastating tsunami which struck Gizo in April 2007, and from which it was still recovering, over two years later.
- 4.100 Delegates were advised that environment ministers from the region, including the Australian Environment Minister, the Hon. Peter Garrett MP, would be gathering in Gizo the following month to discuss the progress of safeguarding coral reefs, fisheries and food security in the Coral Triangle Region.
- 4.101 The Premier said that it was the first time that Gizo had hosted an international conference on this scale. They were greatly looking forward to hosting the environment ministers and, moreover, having attention focused on these important issues in the Pacific, a region so affected by climate change.

Hospital

- 4.102 The Acting Health Director, Dr Mike Buin, took the delegation on a tour of Gizo Hospital. It was useful for the delegation to compare a provincial hospital with the National Referral Hospital in the capital.



Gizo Hospital

- 4.103 Dr Buin told the delegation that the current hospital had 68 beds and was one of two serving a population of approximately 80, 000 people in the province. Staff deal with 2, 000 admissions each year and carry out emergency surgery, including most commonly for ectopic pregnancies, caesareans and ruptured appendices. Of those 2, 000 admissions, some 500 are for births, illustrating the country's high population growth.
- 4.104 More complex surgical cases are referred to the NRH in Honiara. If cases are life threatening and complex, the Aspen medical clinic (i.e the RAMSI medical facility) in Honiara can be called upon to medivac patients out with their helicopter.
- 4.105 Delegates learnt that there are only 7 doctors in the whole province, and some 140 nurses, 40 of whom operate out of the hospitals, the rest from posts.
- 4.106 The delegation asked the Director to elaborate on the incidence of TB; HIV/ AIDS; and malaria. The Director replied that there are certain 'hotspots' where TB is prevalent, especially where overcrowding is a factor. There had been one death from HIV/ AIDS and two confirmed cases of infection in 2009. With respect to malaria, he said that a new drug protocol, higher levels of indoor spraying and the wider distribution of treated bed nets had contributed to a reduction in cases. However, there had still been two deaths from the disease the previous year. Education on bed nets was still required, with some people still using them as fishing nets or as hammocks for infants.
- 4.107 The Director noted ongoing difficulties in obtaining medicines and supplies from the centralised drug store in Honiara, especially in outlying areas. Delays in deliveries, he said, often result in patients developing complications.
- 4.108 Dr Buin referred to budget cuts and delays in receiving their budgetary allocation, both of which had heavily impacted on the quality of the services that the hospital could provide.
- 4.109 Delegates were advised that a new hospital is being planned for Gizo, with an increased bed capacity of 80. The hospital is going to be built by the Japanese government if various conditions are met by the Solomon Island government, including the provision of a water supply. AusAID has had some input into the design phase and advisors are working on establishing a maintenance program for when the hospital is built.

Vonunu



Community welcome on Vonunu

AusAID clinic

- 4.110 The delegation travelled by boat from Gizo to the village of Vonunu on the island of Vella Lavella to tour an area health care centre funded by AusAID, which had been completed 18 months prior. The clinic was built under the RAMSI Infrastructure Related Support Program. Similar clinics to that in Vonunu were also built in Kia (Isabel Province); Malu'u (Malaita Province) and Tamboko (West Guadalcanal Province) in 2008-2009.
- 4.111 Staff at the health clinic proudly showed delegates around their new solar-powered centre. The clinic appeared to have sufficient staff, and a reasonable stock of medicines. Further, maintenance issues were being attended to.



Delegates being greeted by staff at Vonunu health clinic



Health staff showing delegates around the clinic

- 4.112 Delegates thought that the centre was light, bright and airy and were delighted to be introduced to some newborn babies and mothers who appeared to be in very good health.



Newborn baby in health clinic

- 4.113 Nurses told delegates about a measles vaccination campaign that had just been successfully completed in the area, with support from AusAID, WHO and UNICEF.

Vonunu High School

- 4.114 Vonunu high school is a boarding school that caters for 300 students from Vella Lavella and surrounding islands in the Province. The school motto is 'learning and working together.'
- 4.115 The delegation was delighted to spend time talking with the principal, teachers and students, and to have the chance to learn something of the

Solomon Islands education system and high school curriculum from those discussions.

- 4.116 Delegates learnt that resources were sparse with students sharing textbooks. The school had three computers but no access to the internet.
- 4.117 Despite the limited equipment and tools, the students whom delegates spoke with were enthusiastic about their studies and eager to chat about their plans for the future.
- 4.118 The committee delegation departed Solomon Islands and returned to Australia on Friday 16 October 2009.

School principal, AusAID advisor and Delegation Chair







