Ministry of Health & Medical Services

Annual Report 2017

Role and Responsibility of Ministry of Health and Medical Services

The purpose of the Ministry of Health and Medical Services is to lead and shape the Solomon Island health system in service to the government and the people to deliver quality health service, reduce sickness, prevent the loss of young lives and relieve suffering. The Ministry of Health intend to contribute to the wellbeing of all Solomon Islanders to achieve the vision of being healthy, happy and productive.

The key role of the ministry is to ensure everything works well at each stage of the health system apart from other cross cutting leadership roles. This is done by ensuring the 24 targets under Sustainable Development Goal (SDG) 3 and Universal Health Coverage (UHC) which is under a different indicator in the SDG are achieved. The guiding principle of UHC is integrated quality care that is accessible to all without financial hardship.

To achieve this the ministry developed a five-year National Health Strategic Plan 2016-2020. The plan intends to target four key areas; improve service coverage, build strong partnerships, improve service quality and lay the foundation for the future. National Health outcomes and indicators are developed to ensure all operational plans of the ministry is directed and guided towards achieving this targets and other international objectives.

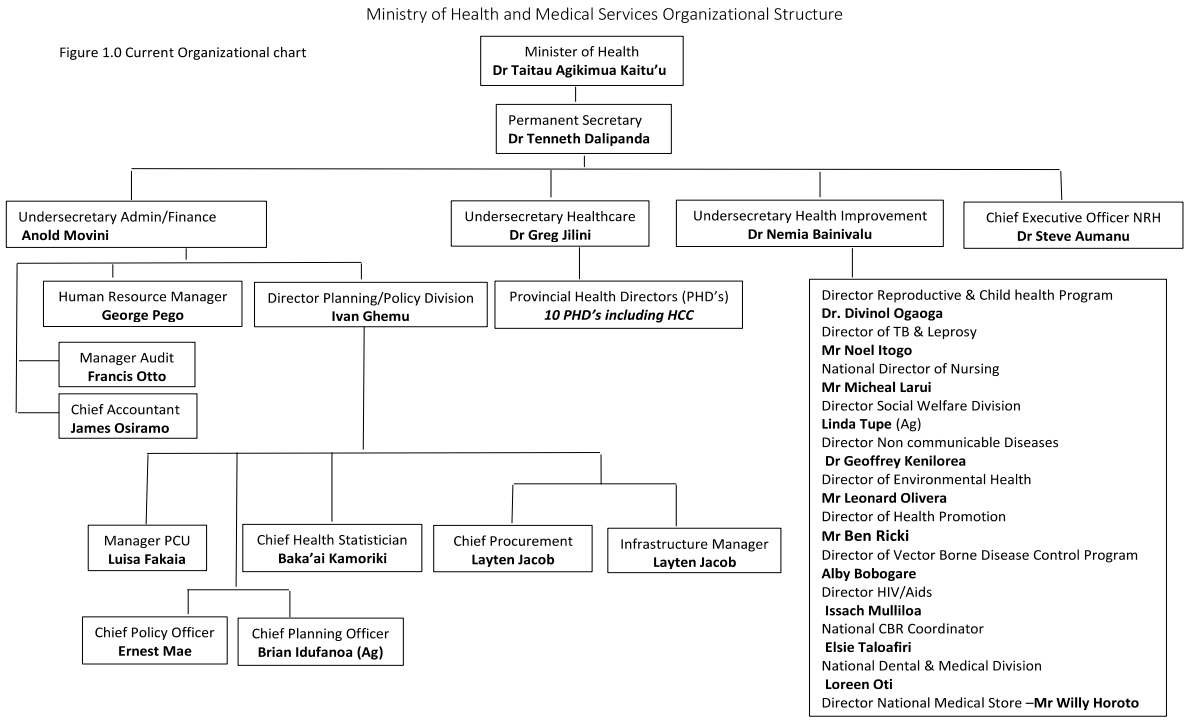
Key roles and responsibilities

- To ensure all national divisions, programmes and provinces plan and implement operational plans according to priorities, budget allocated, SIG regulations and international standards.
- To ensure all resources are used effectively and efficiently
- Report, regulate and monitor health funds throughout the health system in the Solomon Islands down to rural health facilities, communities and the peripheral.
- Enforce and develop all health standards, regulations and guidelines in the Solomon Island in accordance with Health service acts and policies.
- Provide health services and raise awareness to the people of Solomon Island on behalf of SIG
- Develop and improved partnership with all development partners and donors in all different programmes in the Ministry of Health.

In 2017 the ministry implements 70.6 % of its budget which is 229.3 million of the 324.6 million budget, apart from payroll. This includes SIG, donor funding and development funds where WHO and DFAT has a cross cutting role in the ministry of health apart from KOICA and other donor partners.

Organizational Structure

Figure 1.0 Current Organizational chart



Planning and Budgeting Cycle

Planning and budgeting cycle for the Ministry of Health and medical services is done in two components. The first component is planning and budgeting in collaboration with key central ministries mainly Ministry of Finance and Treasury (MOFT), Ministry of Public Service (MPS) and Ministry of Development Planning & Aid Coordination. The aim is to do consultations, review previous and current budget implementations including all development projects and other ministry subheads. The second component is where MHMS draft the actual budget for the next year. This is where consultation with provinces, national programs, national divisions and Donor partners occur initially with a planning and budgeting workshop. This is the most significant as it entails prioritization of activities towards achieving the NHSP 2016-2020 and based on the budget allocated. Following completion of budget drafts, the Planning and Budget Committee of the MHMS will then review and scrutinize all budget submissions before an overall budget is submitted to MOFT and the standards committee for final review and approval before formalization of budget implementation.

	Milestones as per SIG Planning cycle	January	February	March	April	May	June	July	August	September	October	November	December	Key Milestones
MOFT / MPS / MDPAC	Previous Year Financial Statement	Financial Statement released												Unaudited and Audited Expenditure Report
	Audit Report of the Previous Years		Audit Report Released											Audit Report from Internal Audit and Auditor General
	MTDP & MTEF/MTEP updates		Review meeting with MDPAc	Review meeting with MDPAc		Review			Review				Review	MTDP / MTEF-MTEP report produced
	MOFT Budget Circular, Strategy, Baselines, Templates					MOFT Budget baselines								Memorandum produced
	Budget consultation with MOFT & MDAPC		Budget consultation with MOFT and MDPAC				Budget consultation with MOFT and MDPAC							Consultation meetings
	Budget Submission to MOFT								Budget Submissions to MOFT					Budget and Bids Submitted to MOFT on Time
	Appraisal by MOFT, MDPAC and MPS									Budget appraisal by MOFT, MPS, MDPAC				Feed back report from MOFT to MHMS
	Budget approval (2015 we expect this to be in March and others years will be Oct/Nov)										Budget Approval			Budget Brick released
	Warrant of Expenditure(March f0r 2015 and Nov for other years)											Warrant Release by MOFT		Minister Finance Releases Warrant of Expenditure

	Milestones as per SIG Planning cycle	January	February	March	April	May	June	July	August	September	October	November	December	Key Milestones
MHMS	Monthly Executive Meetings	EXCO-1	EXCO-2	EXCO-3	EXCO-4	EXCO-5	EXCO-6	EXCO-7	EXCO-8	EXCO-9	EXCO-10	EXCO-11	EXCO-12	12 Meeting or More conducted - Minutes record kept
	Audit Risk Committee Meetings		Audit & Risk Comm-1		Audit & Risk Comm -2		Audit & Risk Comm -3		Audit & Risk Comm -4		Audit & Risk Comm- 5		Audit & Risk Comm- 6	Audit report produced and meetings conducted
	Planning & Finance Committee meetings (Monthly, however can be regular)	PFC -1	PFC - 2	PFC -3	PFC - 4	PFC -5	PFC - 6	PFC - 7	PFC - 8	PFC - 9	PFC - 10	PFC - 11	PFC - 12	12 PFC Meeting or More conducted
	Monitoring: Quarter, Biannual and Annual Performance Reports (Activities & Financial)			Q1- Report / Review and Annual Report of previous year due			Q1 - Report / Review			Q1 - Report / Review			Q1 - Report / Review	Quarterly, Biannual and Annual report and review reprot produced.
	Line Ministry Expenditure report analysis			With MDPAC			With MOFT & MDPAC			With MOFT, MPS,MDPAC				Expenditure Analysis report produced
	Provincial Health Directors Conference (March, July, & Oct)		Combine 1st PHD Conference (2 days) and AOP Workshop					2nd PHD Conference			3rd PHD Conerence			
	Annual Operational Plan preparation 2018			Combined AOP Workshop	AOP preparation for 2018			Submission to P&P /A& F					AOP Finalization	Annual AOP confirmed and implemented
	National Health Conference(NHC) last week of April					NHC								Health conference with records of the Meeting kept
	JAPR/DPCG Meetings (07th March, 10th June, 8th Sept, 1st Dec)				JAPR jointly with NHC		DPCG -2			DPCG -3			DPCG -4	JAPR meeting held and DPCG meeting conducted quarterly
	Nat Planning and Budgeting WorKshop							NPBW						National Planning & Budgeting Workshop

Different Health Programmes in the Ministry of Health

Public Health Programmes

1. National Health Promotion Division (NHPD)
2. National Social Welfare Division
3. Vector Borne Disease Control Program
4. National Environmental Health Division & RWASH
5. Sexually Transmitted Infection & HIV Programme
6. Non Communicable Disease Programme
7. Tubercolosis & Leprosy Control Programme
8. Reproductive & Child Health Programme
9. Community Based Rehabilitation Programme

Healthcare Services

1. National Imaging Services
2. National Pharmacy Services
3. National Medical Store
4. National Nursing Administration & Nursing Council
5. National Medical Laboratory
6. Department of Obstetric & Gynacology (Referral Hospital)
7. National Dental Division
8. Mental Health Division
9. National Eye Division

Finance Unit – National Division

Introduction

2017 has been successful year for the Finance Division. There were a number of new initiatives implemented with four new staff joining the team; two of which were funded through the DFAT local TA fund. Two finance staff on the DFAT local TA fund also got transferred to permanent establishment posts in 2017; one to the Internal Audit division and one to NRH, both sharing their financial skills with the broader ministry, and building greater financial knowledge through peer learning.

The Finance Unit's 2017 team comprised 11 staff and two DFAT funded TAs; the team worked in payment processing, compliance validation, budget execution, and financial reporting at both national and provincial level. A total of 7686 payments were processed including 153 special imprest payments. The implementation rate across the three ministry budgets were 70.6%, amounting to 229.3 million SBD from a budget of 324.6 million SBD; excluding payroll. *[N.B. Figures based on Siginfo report 31st Jan 2018, MoFT still yet to close 2017 accounts for final figure]*

Budget Execution	276 - (SIG)	376 - (Donor)	476-(Development)
PV's	5770	1661	102
Imprest	52	100	1
Expenditure in SBD	139,836,496	80,940,016	8,541,879
Budget	166,948,991	129,612,755	28,000,000
% of expenditure	84%	62%	31%

Key Achievements

- Whilst the quality of special imprest retirement could be better, the retirement timeliness and completeness improved significantly in 2017. From the 152 special imprest payments approved,

there was a 98% retirement of the 376 special imprest totalling SBD 1.78; and a 93% retirement rate of the SIG special imprest, totalling SBD 742,000.

- The 11-person finance team processed 5822 SIG payments, 1761 donor payments and 103 payments from the development budget in 2017. Based on an estimated processing time of two hours per payment, the total man hours amounted to 30 hours each week just for payment processing. Additional hours were spent on budgeting preparation, expenditure monitoring and reporting.
- There was a significant reduction in the number of payment queries returned from MoFT; which demonstrates compliance improvements within the ministry.
- There were significant improvements from the provincial reports. An activity-based reporting template was created with World Bank support and actively adopted by all provinces. Monthly and quarterly reports are returned with minimal adjustments required.
- Coordinating with the 12 development partners that work on budget and on system is a considerable achievement; the 12 donor partners both in and out of country operate under eight different funding modalities and payment arrangements.
- The minor office refurbishment funded through the DFAT TA fund provided new curtains and a fresh coat of paint which showed tremendous improvements to the working environment. Together with the new uniforms and meeting facilities, it brought together a more cohesive and collaborative working culture.

Challenges

There were a number of challenges with the budget implementation and day-to-day work for the Finance Unit. These were due to various internal capacity and outside constraints from donors and MoFT.

- Some divisions have limited financial awareness and are not in the practice of always using the correct budget line according to their AOP and bringing payments for processing with sufficient lead time. Often payments are not urgent in nature, but only became urgent due to delays in sending the payments to the Finance Unit and queries.
- Cash flow at MoFT caused numerous payment delays and the MoFT circular that came in October to cut 'non-essential' payments caused additional payment delays and payment cancellations. This prevented normal implementation of the budget.
- The donors that are working on system are using a number of different funding modalities and timeframes that are different to the SIG financial year which required adjustments and estimation. This creates significant pressure on the local staff and local system as often there is a need to maintain parallel processes for each donor.
- The donor cash payments are not always aligned to the agreed budget which causes low implementation in some divisions and miss alignment of the budget.
- The donor cash refund process also creates limitations in activity implementation/payments in the next year. This is due to the need for advance warrants for refunds to be loaded and refunds paid before funding for a new year can be transferred.
- Inland Revenue Division at MoFT is not always up-to-date with the vendor on hold check for tax compliance and tax clearances are often not timely fixed causing payment hold ups.
- Bank transfer from donor accounts to the HSSP account handled by MoFT is not always on time and caused numerous grant and contract payment delays. Bank reconciliation is not always

accurate from MoFT for donor funds which made it difficult to trace cash payments and expenditure on the donor level.

Recommendations

- Better coordination and alignment amongst the donors and better adoption of SIG system to streamline funding processes
- Perform donor budget and cash reconciliation both at the national level and provincial level; to allow better cash monitoring of donor direct funding contributions (DFC) and donor refunds; as well as imprest cash returns, salary deduction refunds that impact the financial year
- Head of divisions should take more ownership of budget and expenditure and work more closely with the approved AOP to minimize adjustments at Finance Units
- Divisions to better plan payments and provide the Finance Unit with sufficient processing time and lessen need for 'urgent' payments
- Provide training to provincial accountants and provincial directors on the payment compliance and special imprest management to ensure alignment with national policies
- Provide training to ministry staff on the special imprest retirement requirements, to improve the quality of retirement.
- As part of the restructure, the Finance Unit will review the current roles and responsibilities to match actual tasks and update job descriptions and levels.

Human Resource Department

Introduction

The Human Resource Department in the last 12-month period has indeed striven towards fulfilling its roles and staying responsive to the demand of the health workforce. Though encountering different levels of operational and structural challenges, the inclusion of three new young and fulltime officers and the engagement of a new advisor has brought hope to the division to perform to its fullest to provide the HR services demand by the health workforce.

Achievements

Establishment & Recruitment

Correcting staff establishment – working in collaboration with the MPS, provinces and divisions, and with posting and transfer provisions, the staff establishment has been corrected to a certain extent.

Recruitment – increased recruitment to fill the long-standing vacancies.

Training & Development

In 2017, the unit was given a mandate to execute a budget of 2.7 million under 376 in-service training budget to cover for full time training at SINU and almost 1.5million for overseas short-term training under 276 SIG budget. The approach of centralizing the training budget has a benefit of better control and reduce provinces funding commitment to training and more focus in the service delivery.

The unit has strengthened its support to the provinces and division through supervision and regular communication. The five toured provinces, which included, Isabel, Malaita, Choiseul, Western and Makira/Ulawa, have already established provincial training committees and have agreed in principle that the current nurse educator post holder to be the training officer for provinces.

Housing Unit

In 2017, with an allocated budget of 30M the housing committee managed to cover 750 officers with a new inclusion of 100.

Challenges

Divisional budget -AOP

The HR department budget is placed under the HQ overall Administration Budget lines. The departments overall budget execution rate for 2017 is 80%. Most of the delay in execution skews towards the noncompliance to financial processes, insufficient budget that demands the division to do virements.

Due to lack of proper monitoring and control on how HQ Admin general budget is spent, few discrepancies were seen in implementing some of the activities.

Policy & strategic roles

During this reported period, the HRM strategic roles were interrupted with routine HR management roles, due to none availability of the Chief Administration Officer.

Performance management

The effective implementation of the performance management policy is still an issue for all managers and heads of department. Knowledge gap on the policy and process can be seen as the core reason. However, the division has realized that managers and respective supervisor do not have the drive to push the implementation of this policy.

A proper coordination and support mechanism at the national, divisional and provincial level has been considered as the key driver to improve the implementation of this policy.

Registry unit

The unit requires effective leadership to provide successful supervision and in-house capacity building job. Moreover, a need for a shift from manual tracking and storage of incoming correspondence to electronic tracking system has to be consider by 2018 onwards.

Payroll & salary unit

One of the ongoing challenges of this unit is the administration of the SOS allowances. From the recent review done by the USAF on the payroll of the medical doctors and dentist in response to the demand of SIMA, it was evident that there are more under pay of allowances than overpay.

Recommendations

To improve its efficiency and effectiveness, the department's functional structure is currently under review with the support from the HRM Advisor. The core part of the structure is to re-align the roles of the division and individual positons to ministry's plans and policies and linking the roles of the Central HR department to the divisions and provinces.

Considering the importance of the HR Management roles to the needed ministry reform, the division is recommending a separate budget line, if not consider an improvement to the coordination and monitoring of the requisition process of HQ Admin Budget.

Moreover, the establishment of the department Cooperate plan 2018-2020 will help to guide the department choices in the approaches and resource to accomplish demand in the given timeframe.

Infrastructure Unit

Introduction

The infrastructure unit primarily manages infrastructure projects associated with the Solomon Island Government (SIG) Development Budget (476) for Primary and Secondary Healthcare. It also assists the Provincial Health Offices with planning, design and procurement of infrastructure work.

The highlight for the unit in 2017 is the successful project management of the Tigoa Area Health Center (AHC) redevelopment. The new and improved AHC and staff house which started in July 2017 is on-track for a successful project completion in March 2018.

The expenditure of the primary and secondary development budget for 2017 was $5 million (20%) of the allocated SBD$20 m. The MHMS was unable to spend the development budget due to a shortfall in SIG revenue saw; in the second half of the year, $7 million of 476 invoices went unpaid. Also, two significant projects were not approved by MOFT including the Gizo Second Level Medical Store ($4 million) and a grant to the Choiseul Provincial Government for the construction of the Wagina Area Health Centre ($5 million).

Despite the governments' financial problems, in the second half of 2017 the infrastructure unit improved their output in design and tendering of projects for the Provincial Health Offices including:

Taro staff house water tanks, construction of ablutions at Buala Provincial Hospital and the Kiluúfi back-up power generator.

Key Achievements

- Improved contract management and contractor engagement for the redevelopment of the Tigoa Area Health Centre project has seen the project progress within budget and on schedule
- The completion and approval of the Role Delineation Policy standard facility design(s) was also a key achievement for the infrastructure unit
- Improved project planning and monitoring of priority work to ensure contracts are being managed properly and improved reporting.
- Resolution and/or termination of legacy housing projects completed for projects located at Nila, Seghe, Munda, Boletei, Tangarare, Kiluúfi, Tigoa and Buala

Challenges

- As outlined in the summary the SIG budget deficit was a considerable constrain on the implementation of key MHMS infrastructure projects in 2017.
- Capacity of the Infrastructure Unit remains a key constraint. The two senior positions (National Infrastructure Manager and Facilities Manager) remains vacant since the 2014 fraud investigation. The MHMS advertised for the National Infrastructure Manager in December 2017 and hope to fill this role in Q1 2018.

Recommendations

With the standard design plans now approved, the infrastructure unit has the ability to significantly improve the tendering and delivery of Area Health Centers and Rural Health Centers in accordance with the priorities set out in the Role Delineation Policy implementation strategy.

Further it is expected that the recruitment of the National Infrastructure Manager will greatly improve the capacity and capability of the unit to improve implementation of the 476-development budget and Provincial Health Offices with their infrastructure planning and project management.

National Health Procurement Unit

Introduction

The Procurement Unit manages procurement of goods, works and services for the ministry throughout the Solomon Islands. The Procurement Unit works under the ministry's Corporate Services Department and works closely and collaboratively with all departments and provinces in the ministry to facilitate smooth procurement processes and on time delivery.

Tables below summarizes the various contracts under the 2017 annual procurement plan:

Type	Awarding authority (SBD)		Method of procurement (SBD)	
	CTB	MTB	Open	Restricted
Goods	$ 7,111,712.00	$ 479,792.00	$ 7,591,504.03	$ 2,791,645.70
Work	$ 13,260,183.00	$ 916,566.73	$ 14,176,749.80	N/A
Services	$ 7,251,544.56	$ 520,300.00	$ 7,771,844.56	N/A
Total	**$ 27,623,439.63**	**$ 1,916,658.76**	**$ 29,540,098.39**	**$ 2,791,645.70**

Key Achievements

- Preparation and submission of the 2017 annual procurement plan linked to the budget.
- A total of 31 contracts were awarded during the period and 11 successfully completed.
- Four officers in the ministry successfully graduated from Procurement Certificate IV Level training funded by DFAT.

Challenges

- A number of contracts were awarded in 2017 for which MOFT has not processed payments. This results in an accumulation of arrears in the system, which needs to be cleared to avoid lawsuit.
- Increase in the number of RFQs issued. The RFQ method is prone to abuse and is generally expensive.
- Late implementation of the 2017 national budget which had impacted negatively on the implementation and delivery of the procurement plan
- Capacity of the Procurement Unit is challenging and is supported by adequate specialised staff.

- Flawed evaluation process of the prequalification exercise for pharmaceuticals and medical supplies tender resulted in incomplete prequalification process. This will affect delivery of pharmaceuticals and medical supplies in 2018.

Recommendations

In order to strengthen the procurement function in the ministry, a decision to centralize procurement has been made. While this is good, there is a need to quickly improve both the structure and staffing of the procurement function in the ministry. The vacant positions of Chief Procurement officer and Procurement Manager needs to be filled quickly. A well-functioning procurement unit will not only improve the budget execution process, but, will also improve the delivery of the essential health care package for the country.

A restructuring of the procurement function is underway. With moves towards centralization, all procurement positions at NRH, NMS, RWASH and Vector Borne Disease Control Program need to come under the central Procurement Unit of the ministry in order to strengthen this function at the ministry headquarters.

PART II:

REPORTS BY HEALTH IMPROVEMENT & PUBLIC HEALTH SERVICES

Department of Health Promotion

Introduction

In 2017 the Department of Health Promotion implemented its activities as per the seven focal areas of the Ministry of Health. As one of the departments responsible for public health, the division focuses on activities that provide the right information, conduct trainings, media communication activities, establish healthy island setting models and do more follow-ups with all the healthy island settings. More significantly, establishing healthy village settings, schools, workplaces, towns and markets.

People in the communities and public at large are concerned about their own health problems every day. So, it is far more important that people themselves make decisions and are able to take the initiatives to improve their own health rather than people from outside imposing ideas and strategies to lessen their burden of health problems in this country. Department of Health Promotion also embarked more on people ownership of preventative concepts, consultations that are made to build on what communities believe and work on enabling factors to sustain healthy behaviours, practices within people themselves in their own context.

Key Achievements

Policy & Regulations

- Completion of second draft of National Health Policy and partial completion of National Health Promoting School Policy.

Capacity Building

- Specialized qualifications in public health were obtained by nine personnel. These included five diplomas, one bachelor's degree and three master's degrees. Community Knowledge and Personal skills training.
- Further 563 personnel received related training at national and provincial levels.
- 1138 persons in the community received training on food handling, village health promotion, HIV/AIDS and drug abuse and healthy island concept.

Out-reach

- A total of 51 schools were visited in the provinces for Health Promoting School Visits.
- A total of nine provincial communities were visited covering a total population of 3026 for assessments, training, providing instructions, work plans and follow-ups.
- Social Mobilization Activities at national and provincial level were held covering a population of 11,250
- Health Communication via printed and audio materials was held at national and provincial levels
- Research and evaluation at provincial level involving community profiles and surveys were completed.

Challenges

- Shortage of manpower and logistics support to implement the department's activities especially inclusion in the implementation of policy
- Communication to officers within the province
- Inadequate office space in both the headquarter and provinces
- No responsible staff to document activity reports
- Poor staff work morale and attendance
- Some health committees need to always follow up on actions
- Nurses' lack of familiarity with healthy setting concept monitoring tools
- Need for staff house and rental scheme offered for provincial staffs
- No proper office/shed at AHC/RHC
- Delay in funding when requested for activities
- Poor logistics and support

Recommendations

The way forward for health promotion in Solomon Islands is to concentrate on it its aspirations, which are reflected to the national goals, visions and strategies of the Ministry of Health & Medical Services. Most importantly, the listed HPD constraints have to be addressed to improve the department and to continue providing the services in the years to come.

Social Welfare Division

Introduction

2017 has been a year of significant progress for the division as the staff, with the continuous support of the MHMS executive and stakeholders, has strived to worked together to meet the needs of individuals, children and their families and the country as a whole. The data collected showed improvements in a number of key areas as well as in maintaining the division's service delivery for women and children and upholding the strong partnership with key stakeholders. Aware of the challenges and opportunities for further development, the division is committed towards making a difference.

Data of Daily Cases Received during the Reporting Period – January to December 2017

Type of Cases	Action Taken	No of Cases
1. Adoption	1. Advices & Referrals	28
	2. Interviewing/Home Assessment/ Reports for Courts	12
	Total	**40**
2. Enquiries on Child Custody and Maintenance	1. Advice given	102
	2. Refer to PSO	57
	3. Written Letters to Husband/Others	48
	Total	**207**
3. Child Custody	1. Advices & Referral	102
	2. Interviews/Home Assessment/Reports	12
	Total	**114**
4. Family Problems	1. Counselling & Advice	16
	Total	**16**

5. Destitute	1. Information Given	5
	2. Assistance in terms of goods	5
	Total	**10**
6. Domestic Violence	**Counselling & Referral to:**	
	NRH	6
	Police	2
	CCC	3
	Seif Ples	3
	Transportation	2
	Total	**16**
7. CSSI Visit	**Total**	**6**
8. Child Protection Cases	1. Advice Given	7
	2. Home Visits	2
	3. Police Cases	8
	Police sit- ins (a) Child Sexual Abuse	16
	(b) Juvenile	4
	Total	**37**
9. General Enquiries thru front Desk (Secretary) on SWD issues	1. Seeking help from SWD (***All clients recorded in the General Register***)	265
	Total	**265**
10. Student Research	1. **TOPICS:** Child Abuse	23
	Domestic Violence	24
	Total	**47**
11. Declaration Letters	1. Letters Written	2
12. # of Workshops Conducted	3	60 participants

Key Achievements

The new Child and Family Act 2017 highlights the achievements for 2017. Since the establishment of the Social Welfare Division back in the early 1960s, there is now an act of parliament that provides a legal basis for the child protection work of the division in the prevention of violence against children in homes and communities. A minimum standard of care for survivors of sexual and gender-based violence has also being developed for health workers by the GBV Unit with two additional staff. The division has also developed SAFENET standard operating procedures for referral and coordination of sexual and gender-based violence services. And lastly, the division now has a community facilitation package for positive parenting training in the communities, where parents and care-givers are trained in protecting the children and to thereby lead to strengthened, healthy families and villages.

Challenges

Inability to cover all provinces. The division strives to work in partnership with other stakeholders in meeting the social welfare needs of others in those provinces, with the support of the government to ensure all provinces have social welfare officers. For the new law to be effectively implemented the division will be needing resources plus more awareness down to the communities on the new Child and Family Welfare Act.

Recommendations

With the challenges the division is faced with in providing services to the most vulnerable population mainly, women and children in the hard to reach provinces and communities, it is recommended that the government through MHMS's executive will recognize and negotiate with other donor partners for the expansion and well-resourced services in other provinces. This will enable to establish and strengthen the response systems at the community level to ensure the protection of women and children.

National Environmental Health Division

Introduction

The Environmental Health Division exist at the National Level of the Ministry of Health & Medical Services and has offices with similar set-up in HCC and all provinces of the country. Its primary task is to protect and promote a totally healthy environment that can sustain a resilient and healthy community. The division is basically structured to deliver environmental health services through four fully operational units namely; Rural Water and Sanitation Hygiene (RWASH), Food Safety Unit (FSU), Health Quarantine Unit (HQU) and the Environmental Health & Occupational Health Management Unit (EOHMU). The units are expected to deliver huge areas of responsibilities and programs.

Besides contributing to the reduction of environmental hazards, play cross cutting roles and support to achieve other expected health outcomes and objectives in the National Health Strategic plan.

Key Achievements

Rural water & sanitation hygiene

- CLTS implementation - Support of CLTS continued in 2017 with sector partners such as Water Aid and Red Cross. In total 21 villages reached Open Defecation Free (NOD) in 2017, a big increase from 2016.
- Develop Sanitation Marketing Plan - Several drafts of a sanitation marketing plan were developed, to be finalised in early 2018. The big rollout of CLTS in North Malaita will require the sector to focus on the supply side of sanitation as well, not just the demand side.
- Monitor project implementation - The RWASH M&E system got fully revised after adopting the SDG targets as the new Core Indicators. All forms and systems have been adjusted and training to provincial staff provided during the RWASH Conference in Oct/Nov.
- Implementation of water supply projects
  - 69 water supply projects in communities;
  - Four school WASH projects;
  - Four projects in health facilities.

- Outsource project implementation - Seven community water supply projects were co-funded with RDP. A grant was provided to UNICEF for a big sanitation program in North Malaita.
- Sector coordination meetings - Three WASH Stakeholder Group and two RWASH Oversight Committee meetings were held in 2017;
- Training in Community Engagement Guidelines - A "Caretaker Training' was conducted in June to EHD and NGO staff. This is part of the Community Engagement Guide the RWP has developed.
- Organise RWASH Conference - A three-week RWASH Conference for EHD staff was held in October/November. Strategic Planning was a key theme.

Food safety unit

- The focus of food safety in 2017 was mainly preparing towards sanction Audit by the European Union since its announcement in May 2017 to audit Solomon Islands. In preparation for this the unit also increases its official control activities and this covered the following responsibilities:
  - Approval and registration and listing of new food establishments
  - The team been able to effectively cover all areas of responsibility mentioned resulted in the biggest achievement for this unit and Solomon Islands as a whole, that is Solomon Islands been able to pass the sanction audit conducted in November 28th – 1st December Additionally, on the job training for the newly recruited training officer by PHAMA has really boosted, enhanced and increased the skills and knowledge in CA aspect during this period.

Health quarantine unit

- Health Quarantine achievements are measured against the operational plan activities. These include:
  - Improvement of sanitation facilities at the Henderson International Airport and daily inspection for water availability and hygiene condition of the facilities.
  - Completion of the assessment room for sick travellers at the International Airport. This is one of the core capacity requirements of the IHR for International Port of Entry.
  - Vector/Rodent control program in and around the airport to control mosquitoes and rats.
  - Issue of import permits for human corpse, infectious agents, biological materials containing suspected infectious agents, and issue of cremation permits. - Human Corpses Permits issued for six bodies repatriated and five received.
  - 554 overseas vessels were cleared and 47 ship sanitation certificates issues.
  - 500 international flights attended to with 37,077 passenger arrivals.

Environmental & occupational health management unit

- Submission of the following documents to the Health Planning Unit: National Health Impact Assessment Policy 2018-2022, National Occupational Health and Safety Policy 2018-2022, and the National Environmental Health Strategic Plan 2018-2022.
- Engaged in Health Impact Assessments of developments/institutions in the country. These includes: Gold Ridge Mining Operation (Guadalcanal Island), Worldlink Company Ltd (Rennell Island), Bintand (ABID) Mining Company Ltd (Rennell Island) and Betikama Adventist College.
- Participated in various technical working groups; National Trade Development Council, Health Care Management Training as part of SPREP and Pac Waste Project and Phase 2 of JPRISM project on Solid Waste Management.

- Participated in regional initiatives which includes: Global Environment Facility (GEF) project on Building Health Systems Resilience to the impacts of Climate Change. Consultation meetings were conducted both in country and in Nadi organized by WHO, Western Pacific, on addressing the Health Impact of Air Pollution, 23-25 October 2017, Manila, Philippines
- Provided technical advice on occupational health, solid waste management, pollution control to both government agencies and general public

Human resource development

- 90% of all vacant positions in EHD were advertised, interviews conducted, and new staff recruited at the HQ, HCC and provinces.
- Three staff currently undergoing in service training at Fiji National University for bachelor level, one for engineering and two for environmental health respectively.
- One staff successfully completed master's degree at University of Queensland, Australia
- Develop capacity of RWASH Program through recruitment of 3 engineers, 1 M&E officer, 1 finance officer, 1 admin officer, 1 training officer and a hygiene officer.
- Officers continued to be nominated to attend IPAM training as well as overseas short training and courses upon invitations.
- One-week staff induction training was conducted for new recruits in the division.
- Completion of EHD staff data and an EHD training plan.
-

Challenges

- Capacity issues both in terms of quantity and specialised manpower continues to hamper progress, certainly the current EHD structure is not capable of delivering quality services.
- Environmental Health Functions are supported by laws, but all current legislations are seriously out of date and needs to be given priority support for review to meet the changing circumstances.
- The Environmental Health and Occupational Health Management Unit, a key function of the division, is inadequately staffed to support monitoring of EH hazards and enforcements of the legislations.
- Budgetary support to the competent authority needs to be increased for specific activities to meet the requirements.
- Leadership in EHD to be recognised and supported in ensuring consistency of quickly filling up the director and deputy directors positions each time the incumbent post holder leaves.
- Absence of a post and manning officer as Food Import Control Officer at the sea port.
- Process and procedures on accessing funds continues to delay carrying out of planned activities.
- Weak communication and management support to provinces to improve delivery and reporting of activities.

Recommendations

- Executive from the Ministry of Health to work on the process of ensuring the NEHSAP is approved and becomes part of the National Health Strategic Planning.
- In the short term EHD to identify clear performance areas and develop EH indicators to be intergraded into the Ministry of Health Core Indicators and SDG, as for RWASH.
- Strong emphasis as budgeted for in the AOP for 2018, the EH act and Quarantine Act to be reviewed and all policies to be approved.
- Set up an enforcement unit of the division to effectively enforce EH legislations.
- Ensure short term support to EHOHM, Food Safety and Quarantine Units in terms of additional manpower.

National STI/HIV Program

Achievements

- Reached a total of 2,798 HIV testing (379 through VCCT and 2,419 through ANC). The data received was above 90% by the time of compiling this report (Only data from Central and Makira provinces were yet to be received). No new HIV cases were reported in the year 2017, showing a positive indicator of the HIV prevention interventions by the programme.
- 100% ART enrolment among People Living with HIV (PLHIV) was achieved in 2017 compared to 77 % in 2016. ART treatment, care and support continued for all 13 PLHIV in the country. One AIDS related death was registered in 2017, showing that more needs to be done to strengthen adherence to treatment.
- Conducted a mapping and population size estimation (MPSE) of female sex workers (FSM) and men who have sex with men (MSM) in Solomon Islands, to derive strategic information to inform decisions on HIV/STI programme planning and resource allocation for responding to the health needs of these populations and provide evidence for advocacy towards creating an enabling legal environment for key populations in the country.
- Conducted an Integrated Bio Behavioural Surveillance Survey on HIV and Syphilis among selected key populations (FWS and MSM) to assess the prevalence of HIV and Syphilis among them and establish the existing behavioural risk factors among these populations. No HIV cases were reported, whereas syphilis prevalence was generally over two times higher than in the general population.
- Developed a differentiated service delivery model for provision of HIV and STI prevention and treatment interventions targeting sex workers and men having sex with men in Solomon Islands.
- Global AIDS Reporting was done for the year 2016, as well as mid-year reporting for 2017, submitted to UNAIDS to monitor the HIV epidemic in the country.

- Staff Capacity Building (Two staff attending HIV Prescribers training in Mendi, Southern Highlands of Papua New Guinea).
- Conducted a rapid assessment of adherence challenges among PLWHIV to develop appropriate adherence strategies and eliminate AIDS related deaths in Solomon Islands
- Conducted capacity building of people living with HIV together with their care takers and treatment buddies on adherence; empowerment and self-esteem treatment adherence. Ten PLWHIV, ten Care givers and three Provincial Coordinators.
- Procured HIV Test kits, STI reagents and other HIV and STI testing supplies with the support from WHO and UNICEF Conducted ongoing review, monitoring, management and follow-up of people living with HIV.
- Supported APTC in HIV awareness (three times).
- Supported in capacity building for nurses in Honiara City Council and Guadalcanal (Comprehensive Case Management of Sexually Transmitted Infections).

Challenges

- UNICEF funded activities were not implemented due to pending audit queries that prevented the transfer of funds from UNICEF to MHMS.
- Poor timeliness of funds availability for program implementations.
- Non-availability of HIV supplies (treatments, Test Kits etc.) for provinces in a timely manner
- Lack of funds for printing of pamphlets.
- Lack of medical officer.

Recommendations

- Solomon Islands has a concentrated HIV epidemic. Although throughout 2017, no new HIV case was detected and reported through the health system, as well as no cases being detected during the IBBSS among MSM and FSW, it should be noted that Syphilis and other STIs are still significantly high in the country, especially among key populations. Also, the unmet need for HIV is high and thus the current statistic may not give a true reflection of the disease burden in the country. HIV testing is still very low, even among ANC mothers (about 15%). It is therefore important to strengthen HIV and STI testing and treatment among ANC mothers and key populations (MSM and FSW).
- STI/HIV is now not perceived and prioritized in the top 10 priority diseases lists of the MHMS. This notwithstanding, SIG should continue funding the program in order to prevent the spread of the epidemic and keep it as low as it is.
- Most previous HIV stakeholders and NGOs (ADRA, SCA, and World Vision etc.), shift their program priorities and focus to deal with other areas, not relating to HIV (e.g. World Vision now focuses on livelihood). Consequently, the Ministry of Health would be the key player to address STI/HIV

related issues in the Solomon Islands. Therefore, special consideration should be on National STI/HIV Program in terms of financial support.

- More collaboration with Regional, NGOs and International Partners in the fight against HIV/AIDS.
- Two officers from the division that deal with training/mentoring, advocacy and counselling and adolescents health have retired this year. Thus, prompt recruitment of two new officers is required to address their areas of work.

Non-Communicable Diseases Programme

Introduction

As in most Pacific Island countries, non-communicable diseases (NCDs) are a major challenge in the Solomon Islands. Recent data from the STEPs 2015 Report clearly indicates the burden the program is faced with as good part of the population is being exposed to NCD risk factors. Anecdotal evidence from the clinical settings also indicate a mass influx of patients suffering from cardiovascular disease –heart attack and stroke – presenting on alternative days and on a daily basis respectively. GYTS and GSHS results further show that this problem is also affecting the children and youth of the country. With more people exposed to NCD risk factors, increased deaths secondary to disease such as heart attack and stroke, cancer and complications of uncontrolled diabetes, is now faced by us.

NCDs impose large but often preventable financial costs on already overstretched government health budgets. Several NCD-related programs in the country are already unsustainable financially. However, there are proven, affordable, and cost-effective interventions. Some cost-saving interventions can pay for themselves over the longer term.

Multiple factors inside and beyond the health sector are driving the rise in NCDs, so a multi-sectoral approach is essential. Health challenges that involve factors beyond the health sector include: limitations in availability of water and sanitation, the level and quality of girls' education, policing of traffic violations, and domestic violence.

Key Achievements

Multi-sectoral national NCD strategic plan 2017-2021

- A follow-on plan to the Solomon Islands National NCD Action Plan: A Multi-Sectoral Approach to Prevent Lifestyle-Related Diseases 2010-2017, formulated with the support of the Pacific Community (SPC) and WHO
- Presented to multiple stakeholders last 6-8 June 2017, with ongoing consultations
- Revised draft being routed for possible endorsement of the Health Executive by end of August
- Has three main strategic components:
  - Prevent NCDs and promote health and wellness for all
  - Improve control of NCDs through capacity building and health systems strengthening
  - Monitor and evaluate interventions to track progress to achieve set targets
- Areas where parliament is requested to intervene:
  - Imposing taxes on sugar sweetened beverages
  - Increasing excise taxes (on sale) of tobacco and alcohol products
  - Regulation and control of betel nut
  - Appropriation of funds for programmes in the strategic plan (note: forthcoming funds from the Healthy Lifestyles Promotion Fund)
  - Championing NCD prevention and control (e.g., more visibility, as when the prime minister launched World No Tobacco Day)
- National Strategic Plan for 2017 – 2021 in its final stages now awaiting some minor inputs as well as an attached monitoring and evaluation plan before final submission to the health executive for endorsement

Alcohol harm reduction

- Draft Policy to supplement the Liquor Act (which is already outdated and revenue-focused)
- Formulated with the support of WHO (consultant: Mr Francis Waleanisia and associates)
- Consulted with Ministry of Home Affairs, Ministry of Justice, Police, others
- Revised draft being routed for possible endorsement of the Health Executive by end of August
- Has main policy components on:
  - Role of national and provincial governments, including communities and villages
  - Education and training
  - Counselling and rehabilitation
  - Promotion, advertisement and awareness
  - Licences
- The parliament has been requested to intervene once it reaches legislation stage, because this is in preparation for a new alcohol law (drafting instructions for AG's chambers are being prepared)
- PS/Ministerial Briefing notes have been prepared and awaiting a meeting of consultants with PS Health. As mentioned above, drafting instructions, as well as a cabinet paper, has also been prepared as

Tobacco-free initiative

- Work on the Enforcement and Compliance Strategic Plan for Tobacco Control with the support of WHO. While comprehensive, it has three main priority areas for enforcement:

  - Sale of cigarettes to minors
  - Second hand smoke
  - Sale of single rolls
- Enforcement of the Tobacco Control Act (TCA) 2010 at the industry level is ongoing with companies meeting standards at worksite as well as providing required reports as per provisions in the TCA. The payment of licences has been on time on an annual basis.
- Work on amendment of the Tobacco Control Act 2010 continues and approaching its final draft. In this work, parliament is requested to support the amendment of the Tobacco Control Act 2010, to include:
  - Spot fines
  - Plain packaging
  - Protections against tobacco industry interference
  - Bans on tobacco industry corporate social responsibility
- Incremental Tobacco and Alcohol Tax increases has been welcomes with a 15% excise increase.

Sugar sweetened beverages tax

- Scoping work and situational analysis on this agenda showing much progress with the involvement of Melbourne University under FAO support

SolPEN expansion in Guadalcanal province and Honiara city

- WHO Package of Essential NCD interventions for primary health care was piloted in 2012 in Western Province
- Expansion has been steady but slow, to Malaita, and this year to Guadalcanal Province and Honiara City (always with external support – WHO, etc.)
- Recently it has been renamed into "SolPEN" or the Solomon Islands Package of Essential NCD interventions, a local adaptation to Solomon Islands' context
- Key areas of concern are operational:
  - Capacity of human resources – training on SolPEN protocol is needed; many partners are available, and support is ongoing to update protocols (WHO)
  - Equipment and devices – essential equipment and devices are non-functional in many health centres; SolPEN is expanding based on donated equipment (not sustainable)
  - Medicines – stock-outs happen, and some medicines cannot be dispensed in primary care because doctor's prescriptions are needed (even for refills)
  - Information systems – data collection is still paper-based; ministry is now exploring eHealth options (e.g., HeartCare software on laptops and tablets – with WHO support)
- Parliament is requested to appropriate sufficient funds for nationwide SolPEN expansion to support the operational concerns noted above (note: forthcoming funds from the Healthy Lifestyles Promotion Fund)

Challenges

- Lack of numbers and the capacity of officers available to mitigate the NCD crisis which demands much more than what is being offered at the moment
- An enabling system to ensure that funds are available when it is needed is still lagging

- Lack of a clear guideline or instructions for the Healthy Lifestyle Promotion Fund (HLPF) has warranted a stall in the use of the HLPF account which in turn has stalled tobacco control enforcement activities to be carried out resulting in poor implementation (enforcement/compliance) of the Tobacco Control Act 2010.
- Lack of NCD medications available on shelves as and when required has dented the flow of SOLPEN Program to a certain extent. The transition from WHO to medical stores to fund medications and technologies needs to be done smoothly to ensure the program is sustainable.

Recommendations

- Recognize that networking and partnerships in carrying out NCD activities is paramount, the need to revive the NCD multi-sectoral committee still remains. Thus, a national NCD group has to be revived and established.
- Submission of Alcohol Harm Reduction Policy for cabinet approval and subsequent submission of drafting instructions towards the amendment/repealing of the Liquor Act.
- Finalize evidence-based policy paper for guidance and legislation for taxing of sugar sweetened beverages
- Complete final draft of the NCD National Strategic Plan 2017-2021 and submit to health executive for endorsement
- Launch STEPs 2015 document
- Conduct two global youth surveys this year in August – Global School Health Survey as well as Global Tobacco Youth
- Finalize and submit documents to get executive endorsement for:
  - Tobacco Control Enforcement and Compliance Strategy
  - Enforcement and Compliance Training Manual
  - Tobacco Control Enforcement and Compliance Policy
- Progress discussions between Ministry of Health and Ministry of Finance on the use of Healthy Lifestyles Promotion Funds and develop utilization guidelines for its use
- Continue to roll out SOLPEN program in HCC and Guadalcanal and expand SOLPEN to include three provinces, Temotu, Choiseul and Malaita for 2018

The Solomon Islands is committed to strategies reflected in the Pacific NCD Roadmap and the way forward includes the four key strategies as agreed on by Pacific Island Countries during the Economic and Health Minister's meeting in Honiara, 2014 and these four strategies include:

1. Strengthening tobacco control, including raising the excise duty to 70% of the retail price of cigarettes.
2. Reducing consumption of food and drink directly linked to obesity, heart disease and diabetes such as sugar-sweetened drinks, salty and fatty food.
3. Improving the efficiency and impact of the health sector for prevention and early treatment.
4. Strengthening monitoring and evaluation around activities.

Effective implementation of the recommendations in this roadmap is the most likely way of 'bending' the cost curve for NCD treatments. The strategies put forward in the NCD Roadmap are achievable and affordable but will take much determination and good leadership.

National Tuberculosis and Leprosy Program

Introduction

Tuberculosis program

The National Tuberculosis Program (NTP) is among the six priority programs of the Ministry of Health and Medical Services. The NTP though vertically coordinated, is operationally integrated into the general health services. The ultimate goal of the program as outline in the National Strategic plan 2016-2020 and in the National TB Strategic plan 2018-2020, is to reduce the burden of TB in Solomon Islands. This optimistic goal can only be realized if the current support from the government, donor partners such as the Global Fund, Ausaid and WHO is maintained or increased.

TB is still a major public health challenge in Solomon Islands with more than 300-400 TB cases registered and notified every year- mainly young adults and 20% are children, indicating high transmission; Solomon Islands has the highest number of TB cases in the Pacific Island Countries and Territories (PICTs) after Papua New Guinea.

In 2017, a total of 377 TB cases were notified representing a notification rate of 61/100,000 population. There is 8% drop in the number of TB cases notified compared to the previous year.
In 2017 with the great support the NTP received from the donor and technical partners the program had made some tangible achievements.

Leprosy program

The Leprosy Control Program is coordinated with the TB Program. Though leprosy has been eliminated in the country it remains a public health concern. Reducing the burden of leprosy to 50% by 2020 has been the goal for further elimination. Pockets of leprosy are still in areas of endemicity prior to elimination. With limited funding but constant efforts, cases with low but increasing proportion of with visible deformity but fluctuating number of children within threshold of affected large

communities, are being detected. The leprosy program though vertically coordinated, is operationally integrated into the primary health care facility. Other contributing elements are staff mainly at the peripheral level including community and family members. CBR had also been assisting in monitoring and supervision including facilitations for physical and socio-economic rehabilitation.

Key Achievements

Tuberculosis program

The National TB Program through the support of the government and donor partners such as the Global Fund with the technical support from WHO have made some tangible achievements as reported here. One of the profound achievements being that Solomon Islands has reached the WHO Western Pacific Region's goal to reduce the morbidity and mortality of TB (all forms) by 2015 relative to 2000 levels and by 2013 the morbidity was reduced by 59% and the mortality by 64%.

The TB Program working in collaboration with Health Promotion Department and Provincial TB Coordinators was able to conduct TB awareness programs in selected schools and communities including the successful hosting of the 2017 world TB day here in Honiara and other provincial centres.

The TB program with the support of WHO TB medical officer successfully conducted training for provincial paediatric doctors and nurses on Childhood TB. This training was such that it assisted the doctors in diagnosing and managing children affected by the disease.

The TB Program with the technical support from WHO have procured 8 GeneXpert machines, a new and more sensitive tool to diagnose TB and also can detect Rifampicin resistance. These new GeneXpert machines will be placed in Choiseul, Western, Malaita and Makira provinces.

The TB program with the support from WHO submitted funding request to the Global Fund for programme continuation for the next three years 2018-2020 was successful and approved.

The TB program with the support from WHO developed TB National Strategic Plan 2018-2020 aligned to the End TB Strategy and National Health Strategic Plan 2016-2020, which will provide a strategic direction towards ending TB in Solomon Islands. It was eventually endorsed by the MHMS Executive.

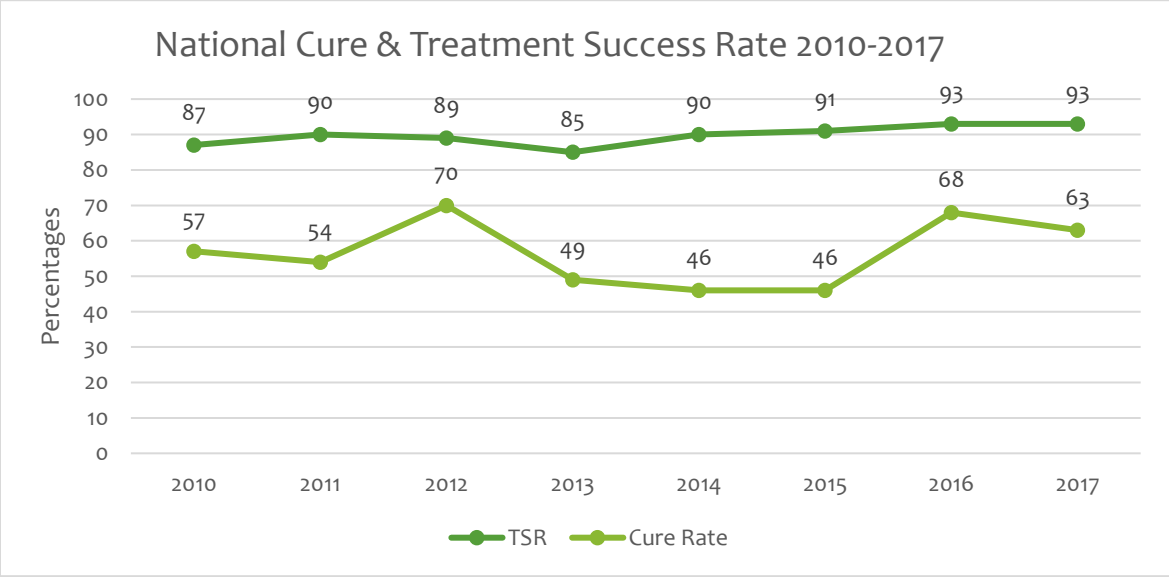
One of the important achievements made by the TB program was the 100% cash reimbursement received from the Global Fund for having achieved high quality rating against two pre-agreed programmatic indicators.

- TB O-2a: Treatment success rate - all forms: Percentage of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed, new and relapse cases) successfully treated (cured plus treatment completed). The target was 85% and the program achieved 90% and 93% respectively
- DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse. The targets were 358 and 371 and the program notified 416 and 402 respectively.

Table 1: Notified TB Cases by Provinces from 2010 -2017 including years of COD assessment by Global Fund

PROVINCE	2012	2013	2014	2015	2016	2017
Choiseul Province	5	8	20	15	15	14
Central Province	6	17	4	17	16	12
Guadalcanal Province	36	42	35	34	44	40
Honiara City Council	121	102	110	141	105	114
Malaita Province	116	83	76	115	117	87
Makira Province	22	35	16	28	42	46
Rennel Bellona	5	2	0	1	7	2
Temotu Province	22	24	21	15	12	7
Western Province	33	45	52	45	36	48
Isabel Province	13	3	10	5	8	7
Solomon Islands	**379**	**361**	**344**	**416**	**402**	**377**

Fig 1: Cure and Treatment Success Rate (TSR) from 2010 – 2017 including years of COD assessment by Global Fund



Leprosy program

The program gained some recognition in recent years and as a result had separately earned funds from donor funding within the appropriate budget. Because of availability of funds the program was able to carry out leprosy elimination campaigns (LEC) in Western Province, Malaita, Guadalcanal and HCC. The continual collaboration with Health Promotion and CBR has impelled the program to successfully host the first leprosy day outside Honiara, in Western province. The Pacific Leprosy

Foundation (PLF) with continual financial and technical assistance, has helped in the development of a separate strategic plan for Leprosy 2018-2020. With elimination status standing at 0.75 per 10,000 population the detection of 41 new cases last year is a significant increase in new cases if intensive case finding is continued. The leprosy trained nurses in the clinics and other stakeholders had significantly contributed to suspecting, consequently diagnosing 112 new cases recorded last three years. The program has trained some nurses, health promotion officers and CBR officers in contextually high burden provinces.

Fig 1. National Performance Indicators 2015-2017

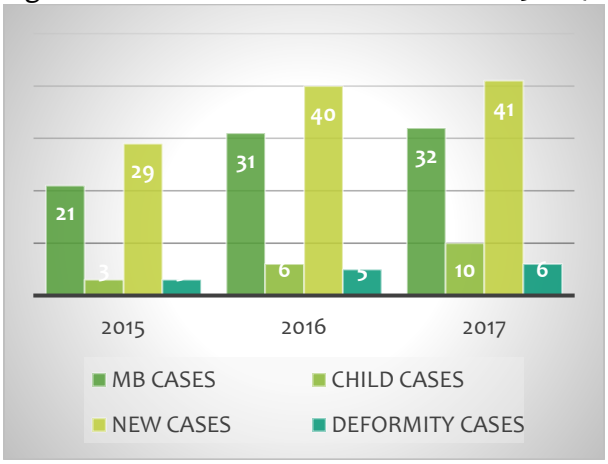


Table 2. Notified Cases by Province 2015-2017

Province	2015	2016	2017
Honiara	24	25	30
Guadalcanal	3	7	3
Malaita	2	5	11
Western	0	2	2
Choiseul	1	2	2
Temotu	1	0	0
Other Prov	0	2	0
Total	**31**	**43**	**48**

Challenges

Tuberculosis program

Although the TB Program has achieved and gained a lot of support, it also faced with some operational and programmatic challenges which in many ways affects the implementation and progress of the program both at the national and provincial level.

Long processes and procedures enforced by the MoFT in acquiring funds affect the implementation of program activities.

Low capacity together with inadequate staffing at the provincial level also affects implementation.

Delays in distribution of TB supplies from central level to the provinces.

Delay in implementing the TB Cost Study on Catastrophic inquired by TB patients.

Some of the programmatic challenges include:

- Finding missing cases – enhanced case finding strategy.
- Improve TB HIV collaboration.

- Inadequate screening TB in high-risk populations.
- Transportation of TB specimens from rural health facilities to provincial laboratories and to NRH laboratory.

Leprosy program

Implementation of program has been affected by slow and untimely availability of funds causing irregularities to the year work schedule. Incapacity or less interest shown by nurses to attend to both leprosy suspects and patients; because of the wrong perception health workers still have about the disease and because the disease attracts high degree of social stigma. The concept of integration of leprosy services to the general health system is not effective. No proper follow-up of patients by clinics because of busy schedules compound by manpower inadequacy.

The isolation of patients in the past has created an environment of marginalization by patients themselves as well as the communities they come from, affecting the entire Case Holding Facility within the Program.

Recommendations

Tuberculosis program

- The Ministry of Health together with the MOF task force to identify procedures and practices that causes delays and to propose solutions.
- Strengthen the management capacity at provincial level and use grant system.
- Strengthen coordination between the NTP (central and provincial) and NMS.
- Corrective measures should be identified and training for provincial TB focal points on TB cost study on catastrophic cost inquired by TB patients be conducted.
- Plan to install new GeneXpert machines in identified provinces of Choiseul, Western Malaita and Makira provinces in the first quarter of 2018.
- Strengthen Community DOTS to improve case notification and treatment outcome.
- Strengthen TB laboratory networks and installation of 6 GeneXpert (MTB/RR) machines.
- Strengthen quality assurance.
- Capacity building for program staff and community health workers.

Leprosy program

The capacity of nurses in the clinics to diagnose and manage cases is vital for the sustainment and implementation of the program activities, this would enhance integration. Enlisting and adoption of the Uniform MDT PLUS (post exposure prophylaxis) is a focused strategy that will result in the reduction of cases within family lines consequently communities. Conduction of skin camps would serve as mass check points for leprosy suspects, this would reduce the burden of planning to many elimination activities that would almost serve the same purpose, thus reducing cost. The power of awareness remains a strategy the leprosy program; because of the perception people have on the disease and the stigma attached to it on going awareness is cardinal to changing people's attitude towards people affected and the disease. An MOU between the Ministry of Health and the Pacific

Leprosy Foundation is a cornerstone to mutual understanding with the NGO for the sustainment of funding assistance in the future.

Reproductive and Child Health Nutrition

Introduction

This summary captures the activities of the Reproductive and Child Health & Nutrition Division (RCHD) which includes the programmes:

New-born health

Initiated in 2015, the program implements new-born care coaching to all health care staff in the division. The program aims to improve new-born care practices and reduce the rate of infant mortality to less than 15 per 1000 births by the year 2020.

Integrated management of childhood illness (IMCI)

A total of ten activities were planned for 2017. Out of the ten, four were completed, three are in progress and three are incomplete. Some of the activities were funded by Provinces.

Nutrition & Food Security Unit

Operational plan for 2017 covers nutrition components:

1. Mother-Baby Friendly Hospital Initiative (MBFHI)
2. Integrated Management of Acute Malnutrition (IMAM)
3. Infant and Young Child Feeding and Growth Assessment (IYCF)
4. National Food Security, Food Safety and Nutrition Policy (NFSFSNP)
5. National Nutrition and Healthy Lifestyle Plan (NNHLP)
6. Rice Fortification and
7. School Health Nutrition

Expanded program on immunization (EPI)

Procurement and distribution of vaccines

Adolescent health and development (AHD)

The program goal is to strengthened preventive and curative health services for young people and the programs operational objective is to strengthened health worker's, peer educator's and teacher's competency on adolescent health issues.

Maternal safe motherhood (MSM)

The main focus for Safe Motherhood in 2017 includes improving quality of antenatal care and obstetric care at all levels of health services.

Cervical cancer screening program

Carrying out of Visual Inspection of Cervix using Acetic Acid

Key Achievements

New-born Health

- Completion of early essential new-born care in six provinces covering 113 nurses.
- Coaching of SINU child-health students, midwifery students, preservice nursing students and new medical interns.
- Ten health facilities were assessed, and strengthening was also carried out.

Integrated management of childhood illness (IMCI)

- Completion of bulk printing of training materials for nine provincial trainings
- Nine supervisors trained for Follow-Up & Support Supervisory for Makira/Ulawa province.
- Ten-day Case Management Training for HCC/Renbel, Central Islands Province and Temotu
- Province. Total of 50 nurses were trained including two participants from Renbel province.
- Five-day ICATT training for five national participants

Nutrition & Food Security Unit

- MBFHI internal assessments done in five hospitals; five MBFHI trainings done at NRH, Gizo and Kilu'ufi hospitals; 44 nurses and other health professionals were trained.
- IMAM Guidelines was developed and finalized, ready for MHMS executive brief/endorsement and launch in 2018.
- IMAM training: Community-based Management of Severe Acute Malnutrition (C-SAM) training done for 21 HCC nurses. Facility-based Management of Severe Acute Malnutrition (F-SAM) Training of Trainers done for 13 NRH & GP doctors, nurse and dieticians, and SINU Nutrition & Dietetic lecturers.
- IYCF: Nutrition Tally sheet, Nutrition summary sheet and inclusion of Nutrition Indicators into the HIS monthly report form
- NFSFSN Policy: was reviewed and finalised and ready for MHMS executive brief, endorsement and launch in 2018.

- Rice Fortification: Regulation- drafting instructions done and ready to be sent to AGs.
- School Health: Nutrition Assessment: Food vendors training: Monitoring of School Canteen and Foods Vendors

Expanded program on immunization (EPI)

- RED Trainings: Western province and Guadalcanal province
- Effective Vaccine Management Training (EVM)
- Support Supervisory Tour: Western, Guadalcanal, Central Island and Honiara Communication (IEC materials): Malaita Province

Adolescent health and development (AHD)

- Successfully trained 22 Peer educators to enhance the capacity to support Adolescent health program; Out of the nine AOP activities, six were implemented.

Maternal safe motherhood (MSM)

- EMOC was rolled out to additional three provinces (Malaita, Makira and Guadalcanal). These activities were funded by DFAT and KOICA.
- Series of EMOC training for NRH organized and run by O&G training officer after attending the master training.
- The Maternal Death Surveillance and Response training was done in three provinces (Makira, Malaita and Western Provinces). There was a reduction in the number of maternal deaths.

Cervical cancer screening program

- All targets achieved.

Challenges

New-born Health

- Tedious financial requirement and delay in release of funds.
- Delay in liquidation of funds from the provinces.
- Delay in establishment of Provincial Hospital New Born Health Teams and slow in EENC practice despite trainings. In addition, systems do not support the implementation of EENC in some provinces.

Integrated management of childhood illness (IMCI)

- Delayed funding due to SIG cash flow issues, and delayed Provincial retirements, especially donor funding, causing delayed funding from donors.
- Time constraint – due to delayed funding, activities pushed to third and fourth quarter
- No updated and locally adapted ICATT training software even though a TA has been allocated to do the job.

Nutrition & Food Security Unit

- Initial request for funding is lengthy and unfamiliar
- Delay in receiving funds once request was submitted
- Provinces do not prioritize national program activities due to delays in receiving funds
- Direct payments to vendors are not recorded in SIG /MHMS funds' performance rate system
- Funds and process for overseas and local consultant or TA was not clear

Expanded program on immunization (EPI)

- There is delay of liquidation of funds used on implementation of activities from provinces to the national program.

Adolescent health and development (AHD)

- Lack of development partners interested in adolescent health, due to competing priorities.

Maternal safe motherhood (MSM)

- Delay in release of funds and team work remains a challenge.
- Some provinces have competing priorities and hence the delay in the implementation of EMOC.
- Delay in the completion of the integrated comprehensive Sexual Reproductive Health manual. This will be carried on to 2018.

Cervical cancer screening program

- None

Recommendations

New-born Health

- Set up hospital early essential new-born care team to look after the practice in the provinces, with quarterly reviews.
- Trained coaching trainers to continue the coaching to cover all health workers working in the provinces.
- Frequent refresher courses to ensure practice is not forgotten

Integrated management of childhood illness (IMCI)

- A separate donor account for RCHD so that national programs can access these funding for faster implementation of AOP activities; MoH to create a monitoring system to screen undergoing activities.
- All activity funds to be sent through provincial accounts at quarter one so that they are ready in advance.
- Imprest should be allowed for national program officers when applying for provincial trainings. This is especially for donor funding provincial activities to avoid delay in retirements.
- There should be a clear TOR for any selected TA to update and locally adapt the ICATT training software.

Nutrition & Food Security Unit

Monitoring is a key challenge to most nutrition programs and activities. The inclusion of nutrition key indicators into the Solomon Islands Health Information system in 2017 was a step forward in monitoring and evaluation nutrition program implementation and measure outcomes. Therefore, recommending monitoring and evaluation components to all nutrition strategies.

Expanded program on immunization (EPI)

- Health facilities with no cold chain, hepatitis b vaccine outside of cold chain birth dose to be made available and accessible to mothers giving birth in those health facilities.
- Nationwide EPI Campaign moved to year 2019.

Adolescent health and development (AHD)

Advocate for more support for adolescent health and improve the planning process with provinces so that they will take onboard many of the AHD issues.

Maternal safe motherhood (MSM)

Improve in the timely submission of request for funds. Improve the spirit of team work. Improve planning and coordination with provinces. Address some of the outstanding policies, guidelines and standard operating procedures.

Cervical cancer screening program

- None

National Physiotherapy Rehabilitation Division

Introduction

This summary captures activities of the Physiotherapy Rehabilitation Division against the activities in the Annual Operation Plan 2017.

There were 17 activities planned which fell under programs and administration. This was a 70% achievement of the operational plan. The shortfalls were considered as challenges beyond the control of the department but, which could be improved along with other factors. Nevertheless, the successful implementation of the 2017 activities were progressive development in the delivery of the services under the department's mandates.

Key Achievements

NCBR-3: Achieved 66% on planned provincial supervisory visits. Six out of nine provinces planned to be visited were completed. Provinces visited include, Malaita, Temotu, Western, Honiara City Council and Guadalcanal.

NCBR-4:

- Achieved data base consultation workshop (two days) aimed to develop population data and service data for person with disability (11 participants from NSO MOH CBR NRH, GP and HCC coordinators and field officers) - Supported by WHO
- Achieved data systems workshop - implementation of database for national division and review/rationalization of referral and assessment forms (40 participants) – Supported by WHO
- Achieved ICF Training (two days). Brief overview of the international classification of functioning and disability targeting provincial field officers, coordinators, MDPAC NSO, NRH statistics and medical records (38 participants) -Supported by WHO

NCBR-6: Two field placements done for SINU CBR students supported by National CBR, NRH-Rehabilitation, GP-CBR and HCC-CBR.

NCBR-7: Achieved the draft of Child Protection Policy- Supported by Motivation Australia.

NCBR-8: Two training cohorts for Bethesda Disability Training Center as assistance into empowering people with disability in life skills training.

NCBR-9:

Two officers enrolled in the SINU Diploma in CBR Program

Two senior officers completed Certificate IV in Leadership and Management with the Australia Pacific Technical College.

Achieved 80% of staff in house in-service training - Professional development plan.

NCBR-13: Achieved the provisions of foot-ware, monthly welfare, educational support and home improvement for grade two leprosy clients.

NCBR-16: Achieved 50% provincial staff attachment at National Referral Hospital.

NCBR-5: Achieved 100% facilitation of staff annual leave travelling arrangements.

NCBR-10: Achieved purchase of a recondition vehicle, Toyota, Kluger, for the department.

NCBR-11: Achieved repair and maintenance of department's vehicle.

NCBR-12: Achieved purchase office of stationaries.

Challenges

- Process of obtaining finance and availability of finance on schedule planned activities including the cash flow problem experienced in 2017.
- Human resource capacity gap.
- PMP and AMP implementation including appraisal remuneration.

Recommendations

The department aspires to deliver services as required, more so, ensures to be effective and efficient. Therefore, to fulfil these aspirations as a way forward these are some of the recommendations:

- Improve finance administration processes towards obtaining funds on time for schedule activities.
- Strengthening integral activities to share costs.
- Strengthen partnership with internal and external stakeholders
- Improve communication according to the line of communication (Internal & external).
- Set priority and focus towards proper resource allocation as the MHMS is progressing towards the ratification of CRPD.
- Endorsement and implementation of the Division's Corporate Plan and Human Resource Plan.

Medical Imaging

Introduction

In 2017, the Medical Imaging Department's priority focus was in maintaining existing services as well as increasing outreach and support to provincial health services. Since the radiology workflow is electronic based, maintaining this service was largely dependent on the functionality of the radiology information system and picture archives computerized system. Service contracts to maintain software license fees and related IT hardware and software accounted for a large amount of department expenditure. Enhanced IT support from ICTSU was achieved through the migration of RIS-PACS server in the second half of the year.

The department continues to strengthen its human resource's capacity by taking part in IPPAM courses, workshops, provincial outreach training, and overseas training. AMP implementation also progressed with some challenges. Major x-ray, ultrasound and IT support infrastructure were functional, but risk of service disruption was not reduced because of lack of service contracts on equipment. Operational guidelines reversion and implementation was required in almost all radiological sites visited.

The key finding of the department for the year 2017 is the evidence that's starting to emerge from the mammography data that points to higher incidence in breast cancer in the Solomon Islands.

Key Achievements

- During the year 2017, the Medical Imaging Department at the National Referral Hospital performed 29,885 services, compared to 28,531 services performed in 2016. Response to demand continued undisrupted since the establishment of computerized radiography, RIS and PACS in 2014.
- The successful migration of the radiology PACS and RIS server to ICTSU central data system, occurred without major challenges.
- A new reporting software was installed in mammography, which provide a more efficient reporting format.
- Three provincial outreach tours were contacted in 2017. The team toured Kirakira hospital, Kiluúfi hospital, Gizo Hospital and Helena Goldie Hospital. The tour focused on: Quality Control & Assurance, Point of Care General Ultrasound
- Four medical imaging department staff participated in the basic paediatric echocardiography training for detection of rheumatic heart disease, conducted by overseas specialist at the National Referral Hospital.
- A radiologist from Kaohsiung Medical University visited the department to support interns training and reported mammography.
- In 2017, eleven staff attended various courses at IPAM.
- The Medical Imaging Department supervised the medical internship-training placement for 15 interns in 2017.

- The department implemented 98% of the allocated budget of SBD 497,881.00. Computer software service maintenance (such as Kestral License fees) and migration of PACS-RIS server to central ICTSU database, accounted for 79% of recurrent expenditure.

Challenges

- The major drawback is lack of good quality and functional ultrasound equipment both in the provinces and National Referral Hospital. National Referral Hospital, Gizo, Kiluúfi, Kirakira, and Helena Goldie hospitals are in need of new ultrasound units.
- Because of lack of ultrasound integration to PACS-RIS, there is no ultrasound image record-retrieval system in the current PACS-RIS system.
- The lack of CT-scan at the National Referral Hospital is a major drawback in the accurate and timely diagnosis of many clinical conditions.
- There is a need for a new x-ray unit to be installed in a safe and compliant radiation safety x-ray room at Helena Goldie Hospital.
- No service contract exists for the major radiological equipment. Lack of calibration and service maintenance has resulted in the unpredictability of image quality and radiation safety.
- IT enhanced ground support is not forthcoming from the MHMS IT Department. Coordination with ICTSU, to facilitate and provide the required support, is still a major drawback.
- Because of lack of radiology specialist manpower, reporting of examinations is still a major drawback.
- No radiography service exists at Good Samaritan or at Honiara City Urban Centre's.

Recommendations

- At least two radiology service registrars to be posted to the department to improve the radiology reporting time.
- Request Taiwan Government support to provide a roster for consultant radiologist support from Kaohsiung University Medical Centre, to provide support in teaching, reporting and consultation.
- Provide training for HCC and GSH midwives to perform ultrasound at HCC Clinic, and GSH where the unit is located.
- Plan to expand radiography positions at strategic located Area Health Centre's
- Plan a training program for ultrasound for staffs posted to provincial hospitals and Area Health Centre's. Medical Committee to develop a costed plan to replace one major ultrasound Unit at NRH, and ultrasound units for Gizo, Kiluúfi, Kirakira and Helena Goldie hospitals
- Plan for radiography and ultrasound equipment at strategic Area Health Centers
- Procure a General X-ray Unit for Helena Goldie hospital, to be installed in an appropriate and radiation safety compliant space.
- Perform a scoping for the service maintenance /radiation compliance check /replacement of radiology major equipment.
- Allocate funding to procure service contract for PACS-RIS, and other major equipment.
- Continue to feature CT –scan in the SIG development budget.
- NRH to create a position for local IT staff, to increase the ground support for hospital IT system, including PACS-RIS system.
- Train a midwife from Good Samaritan Hospital and HCC in basic ultrasound to provide ultrasound service at these Area Health Centers.
- Tender out site assessment, design, documentation, and Bill of Quantities for CT-building in 2018.
- Reverse radiology and ultrasound guidelines, tools, operation guideline and produce a revised edition.

National Pharmacy Services Division & National Medical Stores

Introduction

The National Pharmacy Division's prime responsibility is to ensure complete, equal and safe access to essential medicines for the entire population of the Solomon Islands and this stands as the division's vision. This can be achieved through rational use of medicines, transparent procurement of medicines and medical devices with appropriate quality control measure in place to avoid counterfeit and substandard products, essential medicines and policy management, provincial strengthening through human resource and appropriate infrastructure development, training and human resource development.

Key Achievements

- 2017 was a challenging year for the division, but with support from DFAT, Global Fund, UNICEF, UNFPA, JICA and Donor Partners the Division was able to maintain the availability of critical stock at the national level and second level medical stores.
- A mapping activity of the different facilities in health was also conducted along with TUPAIA – a DFAT supported program that aims to improve availability, visibility and usage of essential medicines and thus strengthen health service provision across the country.
- Antimicrobial resistance has become a global threat and has been detected in almost all parts of the world and it is one of the greatest challenges to public health today. In mitigating this risk, the division was engaged in preparing a country situational analysis, from which a National Action Plan (NAP) will be devised. An AMR consultant was tasked to assist the division develop a NAP through completion of a CSA (Country Situational Analysis) funded by WHO. The aim is to develop a global action plan through harmonisation of the different plans of action. Without this global action plan, it will be a challenge to tackle this post-antibiotic era where common infections could once again cause death. The division has also done awareness on AMR by visiting a number of schools and conducting a whole day awareness program in front of the NRH Dispensary.
- National Pharmacy Regulatory Affairs Unit oversees the implementation of the legislation, Pharmacy Board meetings and the issuing or permits and licenses for imports and companies. A

major step that was undertaken by the division through its regulatory arm is the review of the current legislation. This was again done with the support from WHO. Prof Krisantha, a consultant specialist in Essential Medicines Policy Development was engaged for a two-week stint in developing the review framework and eventually a narrative policy paper on the draft changes. The changes will be submitted to cabinet in 2018 for their approval to begin further wider consultations on the proposed policy.

- A daylong workshop was also held inviting the different ministries and officials as partners to equip newly appointed Pharmacy Officer Inspectors. The workshop is mainly to give basic knowledge on how inspections are conducted and the level of information sharing with other stakeholders.
- Pharmacy Training Unit has been working tirelessly to submit the proposal for the newly introduced Diploma of Pharmacy Technology to be accredited by Solomon Islands National University (SINU). The framework for the course was approved along with the approval of the Allied Health and Nursing School academic committee. The unit is hoping for the final approval of the submission by the SINU Senate Committee and looking forward to starting the course in 2019 if all goes according to plan.
- NMS continues to maintain availability of essential medicines above 80%. In 2017 there were disruptions to the NMS procurement cycle, however, the management team continues to monitor and fill in the gaps through assessment of stock and the different procurement methods used in line with the Finance, Procurement Units and MoFT.

Challenges

- No major procurement was done in 2017 for the annual tender due to the procurement cycle being disrupted. This has resulted in an increase in procurement in 2018 to cover for gaps.
- Allocation of sufficient drugs and dressings budget each year, taking into consideration rising costs and new products.
- Prioritisation of infrastructure upgrade at National Medical Stores and targeted strategic provincial centres to ensure sufficient storage space to improve availability and accessibility of essential medicines.
- Very few supervisory visits to Provincial Centres and Service Delivery Points in the periphery for data collection and training.
- NMTC quorum – attendance is an issue as members are busy with clinical work.
- Collecting quarterly reports from provincial pharmacies.

Recommendations

- Liaise properly with Planning Division, MoH Finance Unit and MoFT in budget preparation and the need for budget increase, swift payments of invoices and sustainability.
- Pharmaceutical procurement is unique thus needs qualified individuals both local and foreign, and support from stakeholders to be able to smoothly carry out the role efficiently and effectively.
- Working closely with telecommunication companies to ensure the existing SLMS are captured within their internet coverage areas. This is very important for the implementation for the mSupply mobile which enables effective and efficient management and ordering of medical supplies from SLMS.
- Pharmacy Board and NMTC meetings need to be properly conducted with budget allocated and allowances paid for attendees.
- Support for the update of Pharmacy and Poisons Act, Dangerous Drugs Act and Pharmacy Practitioners Act.
- Monthly reports for clinical pharmacy interventions and antibiotic surveys to counter AMR
- Quarterly reports from units and provincial hospitals

Medical Laboratory Department

Introduction

The Medical Laboratory Department continues to perform its National Program and NRH functions in the technical fields of haematology, biochemistry, microbiology, serology and blood transfusion. Histology testing started towards the end of the year. Other tests not provided by the department, including confirmatory tests, were sent to overseas reference laboratories for analysis.

Key Achievements

Haematology received around 120 samples a day with total of 43,800 samples during the year.

There are around 100 samples received per day with 150,000 tests for the year. 684 tests were sent to Royal Brisbane Hospital.

Microbiology received a total of 4,939 specimens with a total 17,802 tests performed on the specimens.

Microbiology received several donations of equipment ranging from incubators, fridges, microscopes and computers. These are from Sullivan Nicolaides in Brisbane.

TB and Leprosy - A total of 253 new cases were tested at NRH last year. 14 were positive and 239 negative, giving a positivity rate of 5.5%. There were 28 follow up cases out of which four cases remains positive. There are no Rifampicin Resistant TB out of 663 cases tested.

Table .1. NRH TB Statistics 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Patient – DX													
Total Tested	41	50	65	**71**	**76**	**73**	**71**	**96**	**79**	**103**	**90**	**60**	**253**
Total Positive	4	6	4	**8**	**6**	**7**	**9**	**15**	**8**	**6**	**4**	**4**	**14**
Total Negative	37	44	61	**63**	**70**	**66**	**62**	**81**	**71**	**97**	**86**	**56**	**239**
Positivity rate (%)													**5.5**
Smear Examination -DX													
Total Examined	89	129	158	**149**	**172**	**168**	**151**	**199**	**172**	**194**	**199**	**122**	**515**

Total Positive	10	15	9	**17**	**15**	**16**	**13**	**30**	**16**	**11**	**9**	**9**	**29**
Total Negative	79	114	149	**132**	**157**	**152**	**138**	**169**	**156**	**183**	**190**	**113**	**486**
Positivity rate (%)													**5.6**

A total of 12,860 samples were received by the serology section from wards, HTC clinics, and private clinics, for various serological tests. The unit received a qualitative machine to detect Influenza A and B viruses donated by WHO.

Table .2. Total Tests Done in Serology 2017

Tests	Positive %	Negative%	Total Tests
RPR/VDRL	1911 (19%)	8,124 (81%)	**10,035**
HBsAg	869 (17.2%)	4,176 (82.8%)	**5,045**
HAV	0	0	**0**
HCV	0	3690 (100%)	**3,690**
HIV	1 (0.02%)	4,367(99.9%)	**4,368**
Dengue	836 (58.3%)	597 (41.7%)	**1,433**

Histology received a total of 791 specimens. Histology has started examining tissues locally.

The Dengue lab received PCR machine for testing Dengue, Chikungunya, Zika and Yellow Fever for rapid preliminary confirmations.

Challenges

The third analyser for haematology remains faulty and needs to be fixed. ESR test was not done due to lack of reagents. Blood Film examinations were also not done due to staff incompetency denying appropriate diagnosis to patients. Antenatal Hb tests were partially done due to limited reagents, calling for the need to have them done at clinics using simple Hb meters. All analysers were not serviced therefore would require immediate servicing. Lack of maintenance budget has hampered servicing placing the machines at risk.

The replaced analyser for Biochemistry show inaccurate potassium and creatinine. The EIA Maglumi analyser remained unused due to insufficient funds, therefore endocrine and cancer makers were sent to Royal Brisbane Hospital.

Blood Bank continued to experience blood shortage due to low volunteer donor turnout. This section relies on family donations to meet the demand for blood transfusion.

The Lab NMS budget of $1.3m runs out in June. Nevertheless, almost all supplies were purchased but the department did not receive them until towards the end of the year. The lab overseas analysis budget of $1.8m was also exhausted in September whilst most bills have been paid. The division recommends an increase to the NMS budget to $2.5m to account for new work being introduced such as histology and laboratory surveillance. This would also cover for five months buffer stock whilst waiting for lead time in the next budget cycle.

The department undertook development of its LQMS since 2016 with technical advice from PPTC. This year's external audit revealed a drop to 62% (1 Star) from 68% achieved in 2016. The lowest scores

were in the areas of internal audits (5/100) and occurrence management for process improvement (45/120). This programme is funded by the New Zealand Government.

No new recruitment was made despite 11 new graduates being ready for recruitment. One resignation and unpaid leave was recorded. The division recommends recruitment of the 11 new graduates. No provincial tours or workshops have been implemented this year.

The department had trialled a shift system afterhours whereby the hours from 4:30pm-12:00mn during weekdays were covered by shift. This includes 8:00am-4:00pm and 4:00pm-12:00mn during weekends and public holidays. The department had experienced shortage of staff during working hours as officers take day off to compensate for shift hours.

It has been noted that PMP and AMP were not fully implemented resulting in uncontrolled staff behaviour. And also, the National Lab Policy and Blood Policy need to be endorsed to provide guidance to improving the laboratory performance in the country.

Recommendations

- Immediate recruitment of 11 new graduates to remedy staff shortage and newer functions, and to implement a shift system to provide 24/7 duty.
- An increase in budget for NMS Lab supplies to $2.5m to cater for current stocks and new histology and dengue labs.
- A dedicated equipment service and repair budget for all major equipment.
- The lab must improve and show progress on LQMS development.
- Endorse the National Lab and Blood Policy by MOH.
- Pursue project on National Blood Centre.
- PMP and AMP to be actively implemented to boost staff morale and monitor attendance and punctuality.

The department's external audit achieved 62% which reflects the department's general performance. In a life-saving institution the remaining 38% could be critical for patient care hence addressing the above recommendations are of paramount importance.

National Dental Division

Introduction

The year has been a challenging year for the department. The allocated budget caters for national programs, such as primary oral health programs including the schools and community, assisting in internship program, national training and workshops, both overseas and locally, procurement of Capex equipment, posting of staff and local fare for staff on annual leave.

Key Achievements

Renovation of midwifery building for Prosthetic Unit which consist of office space, laboratory and prosthetic clinic room (stage 1)

Although the above has not been completed as yet there has been a good progress. The unit hopes to open the service by end of March 2018. This will depend on some technical equipment that needs to be installed such as connection of gas purchase of Bunsen burners and installation of dental chair. Both budget from NRH and virement from the national budget was used in this project.

Three officers attended the FDA conference in Fiji. Extended to this conference was the OPIA meeting which was attended by DDS. This was partially funded by SSCIPS.

A local conference was held toward the end of 2017. Forty participants attended including NRH, and the provinces.

Receiving of supplies of toothpaste and toothbrushes from Palm Olive Colgate Fiji. This is a yearly donation to SI. The department's role is to send the supplies to the provinces utilizing the freight budget. These supplies are used for primary oral health programs in the provinces.

Initial process of purchase of vehicle for the department.

Recruitment of new staff and filing of vacant posts.

Installation of four dental chairs to the provinces namely Taro, Gizo, Buala, Kiluúfi, Lata and Marau.

Although it took the department the whole year to secure a specialist post, it was an achievement. Other recruitments are still to be processed.

Western Provinces have achieved most of its tours to its zones. More activities can be performed if the department has separate OBM and canoe.

Challenges

- Biggest constraint is the budget implementation.

- AOP implementation rate is low overall this is due to the fact that high component of the budget for 2017 is locked with the purchase of a vehicle. This has not been utilized in 2017. The unit hopes the budget will still be available in 2018 to actually purchase the vehicle.
- Delay in recruitment of new dental assistants. This is affecting the service.
- Timely ordering, purchasing and distribution of specialized dental materials needs to be improved as it is affecting continuous supplies for the provinces.
- The National Oral Health Survey which was organized by the POHU in 2013 has not been analysed yet. This is a big setback for the department as it lacks evidence-based statistics for SI to enable good planning for the future of Dental Service in SI.
- From the provinces the lack of OBM and canoe has affected planned activities.

Recommendations

Processes within the department and overall health services, and beyond continuously affect the services needs to be rendered to the population of SI.

The department recommends the following

- Improve on AOP and budget implementation – Budget and Accounts unit
- Improve on PMP process and submissions – HR unit
- To consolidate MOU with Palm Olive Colgate Fiji – PS /legal Advisor
- To recommend review of dental establishment, titles, levels in Solomon Islands – HR unit.
- Creation of dental posts for Area Health Centre's and mini hospitals. Starting with the bigger provinces and isolated areas. The following Area Health Centers need dental postings
    - Seghe, Helena Goldie, Batuna, Boro mini hospital, Sasamunga, Malu'u, Russell's, Marau, Kia, Atoifi, Namunga, Afio, and Reef within the next 10- 20 years.
- Extending dental service to the special needs population. Initiating a dental special needs unit in 2018, incorporated with oral surgery and POH
    - Population Oral Health, Primary Oral health component of dentistry to be under Public Health division of MHMS to have a budget of its own.
    - DDS office to be relocated to MHMS HQ.

Eye Department and National Eye Care Program

Introduction

- This report covers the National Eye Care Program activities and the Ophthalmology Departments services.
- Major causes of visual impairment and blindness in Solomon Islands are due to cataracts, refractive errors, diabetic retinopathy and eye trauma.
- Prevalence of avoidable blindness in Solomon Islands is estimated at 0.5%. The prevalence of Trachoma is 18% (range 12.0 – 25.0). The Rapid Assessment of Avoidable Blindness (RAAB) is currently underway. Upon completion it will provide an updated evidence-based blindness prevalence rate by March 2018.

Key Achievements

Annual Operational plan was fully implemented in 2017. This is reflected by the outreach activities and the training activities highlighted in this report.

A major highlight in 2017 was nationwide Rapid Assessment for Avoidable Blindness (RAAB) survey. The MHMS/DFAT funded survey will provide much needed blindness and causes of blindness statistics including prevalence of blindness in Solomon Islands. The results of the survey will be ready by April 2018.

Training

- National eye workshop - attended by all provincial and Honiara eye nurses and doctors (3 - 6 July 2017)
- Diabetic Retinopathy screening training at Regional eye Centre
- Primary Eye Care training at Regional eye Centre
- Overseas training for nurses
- Other Overseas training/workshops for doctors through Fred Hollows Foundation New Zealand (FHFNZ) funding.

Disease Prevention and Control

Cataract is still the major cause of blindness with eye surgical activities dominating provincial tours, however all eye conditions get treatment within the outreaches and at the National Referral Hospital. 80% of the population reside outside Honiara hence the focus on outreaches.

Challenges

- Due to the heavy involvement of the eye department staff with the RAAB survey in 2017, the number of eye surgical outreaches, diabetic retinopathy screening and operating numbers at the Regional Eye Centre were slightly affected as reflected by a slight drop in numbers as compared to 2016. However, the department place RAAB survey as a priority for 2017.

- Another issue was the delay for the release of the funds for the RAAB survey which impacted the proposed starting time for the survey in March 2017 to September 2017. The delay was due to the long process of requisition of DFAT funds from CBSI to MoFT then to MHMS and finally to the eye department.

- Regional Eye Centre is still seen as a foreign entity in various situations. There need to be a clear understanding by NRH and MHMS that the REC is the eye department of NRH and overtime all costs of running it will be covered by SIG.

Recommendations

- Improve and confine the front NRH carpark to enable safer and healthier environment for patients attending the eye clinic (and the NRH OPD). Improvement needed include tar sealing or cementing the whole carpark, and a daily visibility and audible presence of NHR security officers.

- NRH to lobby MHMS to increase NRH budget to be capable of absorbing AOPs of individual departments, including smaller departments like eye department which at present shares a budget with FHFNZ. This is to slowly but steadily shift maintenance and running costs of the Regional Eye Centre to be absorbed by SIG.

PUBLIC HEALTH EMERGENCY & SURVEILLANCE UNIT

Introduction

The Public Health Emergency & Surveillance Unit (PHESU) or Health Emergency & Surveillance Unit (HESU), coordinates three main activities in disaster risk management for health (DRM-H), national surveillance and infection prevention and responses. The prime role of the division is to coordinate all preparedness and response activities including infectious, hazards and international health regulations (IHR 2005).

Apart from these major activities, the unit also works collaboratively with World Health Organization (WHO) Emergency Medical Team (EMT) INITIATIVE which aims at improving rapid response to the health consequences of emergencies from all hazard by providing guidance/standards, training and coordination mechanisms and to ensure quality and accountability of deployable nationals and international EMTs through the global verification.

The other project is to support ongoing integration work by the risk resilience officer. Building capacity particularly support integration at sector level policies, strategies, work programs which promote and mainstream risk reduction into development programs. It also builds staff capacity on risk management and climate change adaptation within MHMS and across agencies. Additionally, capacity on risk management and climate change adaptation within MHMS and across agencies.

The unit has two full-time staff, a unit manager and national surveillance coordinator which are part of the Directorship of Policy & Planning Director in terms of administrations and budgeting. The unit also reports directly to the Undersecretary Health Improvement on public health issues mainly public health emergencies and surveillance response and planning. It comes under the roles of three officers (SSA or contracted) staff supported by World Bank (WB) and World Health Organisation (WHO).

Key Achievements

- In 2017 the unit was established into the government system for MHMS with two full-time staff.
- 69.1% of the $351,777 funds allocated for the 2017 Annual Operational Plan were implemented despite delays that affects activities due to the longest dengue outbreak recorded in June to November.
- International Health Regulations (IHR2005) gap analysis with its mission report was completed and has been presented to the MHMS Senior Executive.
- The National Health Emergency plan 2017 was completed and has been endorsed by MHMS Senior Executive on August 2017.
- The NHEP 2017 INCLUSION OF: Solomon Islands National Incident management systems (IMS) STRUCTURE AND CHAIN OF COMMAND, checklist of ongoing preparedness activities, National Health emergency response phases and triggers, early actions and performance standards and national IMS functions and contacts. Other plans include dengue plans and standard operational procedures.
- Supervisory visit and refresher trainings to six existing sentinel sites (Gizo Hospital, Kiluúfi Hospital, Kukum Clinic, Mataniko Clinic, National Referral Hospital and Rove Clinic) in three provinces.
- Expansion of the National Syndromic Surveillance System to three new sentinel sites in 2017 (Atoifi Adventist Hospital, Auki Clinic and Kirakira Hospital) bringing the total number of sentinel sites to 13.
- One national consultation workshop on strengthening influenza surveillance in Solomon Islands which led to the implementation of severe acute respiratory infection (SARI) surveillance in nine hospital syndromic surveillance sentinel sites.
- Roll out of mobile technology for weekly surveillance data collection using "WHO EWARS in a box system" to nine out of 13 sentinel sites.
- EMT Technical group was established in September 2017, comprising clinical, public health and technical professionals to advice the progress of the EMT project. TWG endorsed by the PS for the MHMS.
- EMT National Country Preparedness Workshop and Simulation was successfully completed in September 2017. Aim of this workshop was to raise awareness and understanding of the EMT initiative and to provide opportunity for the MHMS to network with relevant stakeholders. Outcomes of this workshop included the development of the term SOLMAT (Solomon Islands Medical Assistance Team) and the National SOLMAT manual.
- National SOLMAT Manual draft completed – now in consultation phase with Technical Working Group. SOLMAT member database is being developed; recruitment of health professionals to be part of SOLMAT.
- Support PHESU in responding to the Tinakula Volcano Ash Fall in Temotu in October.
- The Risk Resilience-Health Program has been executed by the Ministry of Environment, Climate Change, Disaster Management and Meteorology (MECDM) 'Community Resilience to Climate and Disaster Risks Solomon Islands Project' (CRISP). Under this arrangement a risk resilience officer (RRO) was recruited in June 2017 to drive the in streaming (mainstreaming) of risk resilience into MHMS plans and practices.

- The RRO worked with three MHMS subsectors including RWASH, Health Promotion and Infrastructure and had identified climate and disaster risks relating to their plans, strategies and practices and developed measures to address these risks. This has been aided through the use of a pre-screening tool and guide.
- Additionally, risk resilience awareness sessions have been conducted that targets health professionals working within MHMS to improve their understanding on climate and disaster risks, and how they can address these risks to build resilience.
- Provincial Training & Auditing of the four hospitals namely Kiluúfi Hospital, Kirakira & Gizo hospital with reports of the audits.
- National Infection Training of Infection Control Nurses at NRH by the Australian visiting infection control nurse specialists.

Challenges

- The provincial Health Emergency was not developed as planned.
- Lack of proper coordination in Makira tsunami responses.
- Delay in funding for responses.
- Implementations of AOP –slow process to access funds-requested on time.
- Risk resilience is a new concept, therefore is challenging for health professionals to apply this to their practice.
- Lack of willingness of health professionals to consider risk resilience into their practices and activities.
- National Infection control draft revised in 2015 has still not been finalised.

Recommendations

- Create a fast-tracking system for accessing funding for public health emergency responses and disaster responses especially for deployment of staff (investigations, provincial supports).
- Needs a full-time officer to coordinate national program and at provincial levels.
- There is a need for TA to finalise infection control guideline 2015.
- Provincial tour to Rebel and Central Islands for surveillance training and establishing event-based surveillance
- Draft Provincial Health Emergency plans for the four major provinces identified for 2018.
- Recruitment of the national infection prevention and response coordinator.

Medical Statistics Unit

Introduction

The Medical Statistics Unit of the Ministry of Health and Medical Services of Solomon Islands is a unit under the Policy and Planning Directorate which is responsible for the collection, compilation and analysis and reporting of all health information. The unit is primarily responsible for data collection from all health facilities in the country through its wider network of health information system coordinators in the provinces. Data collection from the facilities up to the provincial health directorates are paper-based and from thereon is computerised on the integrated DHIS2 platform.

The unit is also responsible for providing strategic direction in HIS, setting norms and standards in HIS, building HIS capacity in public health programmes and also producing statistical reports on health trends relating to disease burden, utility of health services, resource availability and on births, deaths and causes of deaths. Since 2016, quarterly summary has been produced to guide health programmes in its planning and decision making. Annual core indicator reports, and provincial profiles are also produced in time for the Joint Annual Performance Review and the Annual National Health Conference.

Key Achievements

- Average monthly reporting coverage was maintained at 90%
- Quarterly summary statistics were produced for the senior executive, programme managers and provincial health directors and all other key stakeholders
- Core indicator reports, both the statistical and descriptive versions for 2016 were produced by April 2017
- Supported the development of a national M & E framework for the NHSP 2016-2020
- Made significant progress in the medical certification of the causes of death, death notification and automated verbal autopsies using tablet PCs including ICD 10 coding of causes of death
- Supported the roll out of patient admissions, discharges and transfers summary system at the National Referral Hospital
- Compiled survey data from Tupaia for RDP implementation
- Revised the monthly report form, OPD, admission, birth and death registries and trained health facility nurses and nurse aides from all provinces
- Undertook a health information quality audit with the support of GAVI
- Provided key evidence on health facility closure and reasons for closure
- Supported independent data verification exercises for programme funded by the Global Fund

- Verification of over 10,000 birth notifications carried out following legislation review of Civil Registration which now does not recognize Statutory Declarations by Magistrates

Challenges

- Human Resources – In 2017, two out of the three Statistical Clerks at the Medical Statistics Unit, left the organization; one on fellowship for two years and another to Ministry of Education and Human Resources Development. Thus, core MHMS staffing at the MSU was limited to the Chief Medical Statistician, Principal Medical Statistician and one Statistical Clerk. The dearth is now being filled by two contractors of WHO and a newly appointed staff under MHMS for the vacant position of a Statistical Clerk.
- Provincial Health Directorates not having dedicated HIS staff is a challenge when it comes to meeting reporting completeness and deadlines. Eight out of ten provinces do not have a dedicated Provincial HIS Coordinator and are often engaged with other programmes which also have compelling priorities.
- The high demand for over 200 birth notification verifications per week has created a significant workload on the MSU team. Three personnel have been employed on contract to temporarily support the team.
- Growing demand for health information from a wide range of development partners in various format and different development partners wanting data on different health indicators which are not necessarily aligned with the national core indicator set.
- The National Health Information Committee has been dormant throughout 2017 and needs to be revived to garner wider stakeholder support.

Recommendations

- The immediate priority of the MSU is to ensure there is a smooth transition from the current reporting formats to the revised formats. This would include support to the provinces for the changeover in every health facility and that Provincial HIS Coordinators carry out supportive supervision. Delays is getting monthly reports in its new format, especially during the first few months of 2018 could be expected.
- Along with support from the Bloomberg Data for Health Initiative and WHO, the MSU intends rolling out automated verbal autopsies in all remaining provinces (Malaita and Central Islands Provinces) in 2018 and also improve death notification coverage through church networks.
- With support from the Bloomberg Data for Policy initiative and WHO, the MSU also intends improving data access through easy to use dashboards for MHMS officials at various levels.
- Timely production of quarterly and annual reports to continue throughout 2018 and also roll over to the new M & E Framework indicators in 2019.
- Conduct feasibility assessment of electronic health records in the three main hospitals in the country; National Referral Hospital, Kiluúfi and Gizo.

- Engage with other national, sub-national and programmatic surveys to bridge data gaps in the system.
- Work towards innovative approaches such as data collection using tablets, GIS mapping of health resources and disease trends.

Dental Department of NRH

Introduction

Dental Department of NRH comprises six specialty units which makes up the core dental tertiary functions. The units consist of the Oral Surgery Unit, Cons and Restorative Unit, Dental Paediatric Unit, Periodontal Unit, Prosthetic Unit and Population Oral Health Unit. These units provide a more selected and specialised role in various field in dentistry. These functions include main supervisory role in RDO program plus manage referrals from the provinces.

Facilities

There are three main facilities which house the units. They include oral surgery room at the outpatient area, dental caravan which houses the Paediatric and Conservative Unit and Mataniko dental clinic which houses the Periodontal and Population Oral Health Unit. The Prosthetic space is still under renovation.

Key Achievements

- One of achievement for the department was securing of a dental space within the midwifery building. The renovation is still going on and the first stage of the renovation is to be completed by March 2018. First stage of renovation involves the prosthetic lab and clinic. Second stage will involve three surgical rooms, store room and office space
- Specialist for Prosthodontic Unit. The returning of one of department's staff in prosthodontic field of dentistry at the beginning of 2017 is an achievement for the department. The specialist is also instrumental in liaising with the facility manager and providing technical information specifically in planning and equipping of the prosthetic lab.
- Creation of specialist post in prosthodontics was an achievement for the department.
- Increase budget allocation for the department.

Challenges

- In 2017 the department continues to experience space shortage. This is reflected on the activity output data presented, especially when two units occupying a dental caravan with only one chair. Prosthetic service is still affected in 2017 due to absence of space for dental lab.
- Training of dental specialists is also a challenge. The department requires one specialist to a unit and to gradually expand this service to the bigger provinces.
- Although a specialist post for prosthodontics was created, timely recruitment or promotion of officer to the post is a huge challenge to the department.
- Collection of data is one of the challenges. It is necessary to have computer desktop in each unit to be able to efficiently collect data for the activities done. In addition, need for x-rays to be sent directly especially OPG views to units.
- Delay in promotion and recruitment through the PMP/AMP process.
- Timely implementation of the AOP and budget for the department is also a challenge.
- Delay in completion of intern program due to lack of clinical space.

Recommendations

Challenges and constraints are inevitable and integral part of the organisation. However, the department would like to offer some recommendations

- To have a separate space each for the six specialty fields or units, to perform clinical service effectively. With the current arrangement at the midwifery building there is still a short fall of clinic space.
- Training of specialists in endodontics, paedodontics, periodontics and oral surgery.
- Creation of new posts for dental assistant and dental registrars at NRH.
- Install software to enable accurate data collection.
- Improve on AOP and budget implementation.

From the above brief report, one can appreciate the activities and functions of Dental Specialty Units. With adequate space, right equipment, motivated HR and adequate HR, oral health function in tertiary institution can be well established.

PART IV:

PROVINCIAL HEALTH SERVICE REPORTS

Western Provincial Health Service

Introduction

In 2017 Western Provincial Health Services (WPHS) have been working towards achieving the objectives according to the National Health Strategic Plan. The WPHS has put in effort on some of the strategic objectives of the health services. These efforts are driven by health system such as finance and human resources with health plans that should have maximum outcomes. These efforts are also guided by the Role Delineation Policy which aims at bringing the health services closer to the rural community. WPHS is now in the middle of the NHSP period and all the efforts and outcomes must be monitored and evaluated for improvements with the new introduced framework from the MHMS.

Key Achievements

WPHS have development a very robust financial system with assistance from the MHMS over the past two years and achieved nearly 100% compliance to the financial system by staffs. This have made it easy to distribute funds according to the health needs.

In terms of the infrastructure, the WPHS have focus on reopening the closed clinics as well as repair the existing health facilities. The provincial infrastructure committee has been able to coordinate efforts for this repair work.

The WPHS have been able to implement and monitor the performance of staffs using the PMP tools.

The WPHS HIS reporting rate and completion rate is 97% which is above the national target of 90%. The rolling out of the new dead audits and birth registration at the provincial level have taken place in 2017. The support training was done in 2017 which includes the rolling out of the new HIS and patient

registrations and essential drugs forms. The WPHS has supported the HIS process by meeting the cost of the new registration books and HIS forms printing for 2018.

The provincial health financial system has reached a new level in 2017 as the new activity report has been rolled out at the provincial level. The new financial system has been able to produce quarterly reports for the health services which is important in the planning process in financing and meeting the targets from the MHMS.

The special imprest has been one of the achievements for Western Province as WPHS was able to reduce the number of outstanding special imprest to less than 10% in 2017.

The Draft AOP 2018 passed with the financial objectives at the MHMS. The AOP submission have been very precise and directly focused on health need areas.

Challenges

- There have a low number of staff appraisals submitted by the WPHS in 2017 due to staff not being familiar with the process.
- The management of medical equipment at the hospital is one of the challenges facing the provincial health services. Managing broken down medical equipment at the provincial level has to be developed. Building the capacity of the biomed team is an ongoing aim of the health service.
- The availability of essential drugs at the health facility level is a challenge for the WPHS. The proper storage of drugs at the provincial level have been affected since fire have destroyed the Second Level Medical Store at Gizo.
- Low level of availability of the malarial drug at the health facilities.
- The fire that destroyed the old Gizo Hospital in 2016 had as impacted the Western Provincial Health Services in 2017. Most of the health programs offices were destroyed by the fire. The second level medical store was also destroyed by the fire. The medicine and drugs supplies including the immunization drugs were affected. The malaria bed nets for distribution have also been destroyed by the fire. The ante natal services were also affected. The biomedical equipment storage has also been destroyed including the old kitchen and the laundry.
- The provincial health service not having influence over the procurement decision making process.
- Establishing a good communication link between the health facilities is still a challenge. Although there are two mobile service providers operating in the country, there are some areas still requiring good communication links.

Recommendation

- Provinces must be part of the procurement decision making process.
- Posting of a general surgeon and an anaesthetic doctor for Gizo Hospital is still a priority to reduce patient referrals.
- The provincial financial report must be able to give feedback every month.
- The management of availability of essential drugs must improve.
- Look for other alternative power source to reduce the cost of electricity.

- Build new staff houses to reduce the cost of staff rentals.
- Development of a good attendance system.
- More resources needed to open the closed clinics.
- Increase TB and diabetes preventive activities in the province.

Choiseul Province

Introduction

Choiseul Provincial Health Services (CPHS) is the major provider of medical and public health services in Choiseul Province. The other two health service providers are, the United Church of Solomon Islands at Sasamunga Hospital and the Seventh Day Adventist Church at Nuatabu Rural Health Clinic (RHC). With 26 health facilities around the province, this gives a ratio of 1150 population to one health facility; Taro Hospital is the referral centre. However, with Taro being an island, the main mode of referral is by sea. In 2017, it costs CPHS $171,681.00, worth of fuel to transport patients to Taro. Taro Hospital refers patients to National Referral Hospital and to Gizo Hospital by air at a total expenditure of $423,815.00 in 2017. Thus, providing health service in Choiseul is expensive due to its geographical location from main centres and the lack of road infrastructure around the island.

With only three doctors, two medical doctors and one dentist, in the province, the ratio is 10,000 population to 1 doctor. For nurses, there are 40 registered nurses who are actually on the ground in 2017. This gives a ratio of 750 population per registered nurse. This shows that nurses' service coverage is better as compared to doctors. However, when staff are on annual leave and facilities are in need of repair and maintenance, seasonal closure of health facilities is common. With the limited human resource at its disposal, the CPHS in 2017, sought to improve coordination and communication to maintain performance.

Key Achievements

- Improving service coverage – medical coverage in the province was improved satellite clinics, new medical staff postings and reopening of Vurango Nurse Aid-post and Nuatabu Rural Health Clinic. Partnership with Choiseul Provincial Government (CPG) through the Provincial Government Strengthening Program (PGSP), resulted in completed Nuatabu Rural Clinic Renovation and handover of new staff house at Susuka RHC. Further, new quarters funded under the PGSP was allocated to the dentist.

- Infrastructure - Through the Rural Development Program (RDP), CPG was able to fund water supply projects in Mboe, Soranamola and Borokuni villages. Further, Taro Hospital received two new rota mould tanks from Solomon Islands Water Sector Adaptation Project (SIWSAP).
- New computers for officers to improve work output and productivity. Taro Hospital is now connected to new hybrid solar system.
- Improved service quality – new equipment in Taro Hospital to ensure improved service to patients.
- Surveillance - The Environmental Health Department investigated diarrheal deaths at Loimuni and Sipokana villages and conducted water quality monitoring with Taro laboratory and surveillance officer to contain spread of diarrhoea.
- The Malaria Department conducted a provincial meeting for coordination and updates.
- Monthly HIS tours to improve on health indicator reporting conducted.
- Training - Quarterly meetings were conducted with clinic nurses to coordinate and plan program activities. Social Welfare Department conducts a three-day workshop for stakeholders at Taro on child protection and update on family welfare bill. Nursing Department conducted a competency standard training for nurses at Taro Hospital.
- Further, one registered nurse graduated in Bachelor of Acute Care training at SINU, and nurses attended pre-degree (bridging) training at SINU.
- HR structuring - new provincial organogram for CPHS in alignment with the MHMS organogram.

Challenges

- Annual leave certificates were always very late to be received. This delay caused backload of staff not going on leave. It also affected implementation of annual operational plan.
- Late re-instatement of allowances of officers affected work moral and internal motivation of officers.
- No scan machine for Taro Hospital limited diagnostic options thus increases referrals.
- Shortage of staff limited service coverage opportunities.
- Lack of accommodation at Taro increased rental expenditure and limits number of staff posted to Taro.
- Lack of lights in the clinics is of concern for staff working at night times.
- Lack of water and sanitation for staff at rural clinics needs to be addressed as well.
- Wagina RHC needs a new building; it is beyond repair and maintenance.
- There is a need for regular visit and supervision of Program Managers from MHMS and also, from provincial level to rural clinics.

Recommendations

From 2014 to 2016 the focus is on strengthening finance and is ongoing. In 2017 to 2019, the focus now is on governance through: democratization of resource allocation, participatory budgeting process and decision making, creating venue for dissemination of information and timely feedback by organizing quarterly meetings for clinic staff, and invest in information technology and transport. 2018 will be the year to refocus on human resources; there is so much potential in our human resources.

The vision for Choiseul is this; "healthy, happy and prosperous Choiseul." If one is healthy and happy, one needs to get up and work in order to contribute back into the community and economy as a whole. The end game is not merely for people to be healthy, but, for one to be a productive individual with good health as a prerequisite. And the mission is this; "to be a responsive health service." That spells out the core business on a day to day. To be able to plan, mobilize resources and execute with effectiveness and efficiency at an affordable cost, and in the process, minimizing waste and maximizing the use of limited resources to achieve results. One way to do this is improve and expand on the routine activities such as satellite clinics. The province's aim is to ensure the people in Choiseul have universal health coverage.

Rennell and Bellona Province

Introduction

Rennell and Bellona Province is the smallest of the nine provinces in the Solomon Islands. It is located to the southern part of the Solomon Islands that borders to the Coral Sea towards Queensland.

There are four clinics that are currently operating in the province. Three of which are operated under the Renbel Province and the other operated by Worldlink, a mining company.

Though small, it is a difficult province to work in due to the following factors;

- Isolation and remoteness
- Poor communication, transportation and fail infrastructure.
- Lack of staff houses
- Custom and culture
- Politics

2017 was a challenging year for Renbel. However, with the transitional period during which a new Acting Provincial Health Director (Medical officer) was posted to Renbel after approximately 5 years without a doctor, along with a new mini hospital that is currently constructed right on the existing old health facility, it was a promising year. Before the posting of the new director, the province faced a few outbreaks of disease and accidents. Thanks to the doctor of the mining company these health concerns were overcome.

Key Achievements

- Medical officer/Provincial Health Director posted after 5 years without a doctor.
- Referral system now better compared to when there was no medical officer.
- New provincial mini hospital and doctor's quarters being constructed and nearing completion.
- Three more new clinics being constructed.

Challenges

- Lack of quarters to accommodate medical staff prevents deployment of medical assistance to the province.
- Lack of a hospital ambulance.
- Geographical location of the province makes tours of the area costly.
- Political issue still ongoing with regard to medical vehicle.
- Budget allocation for RenBel health service is not adequate.

Recommendations

- Build houses to accommodate staff deployed to serve in RenBel.
- To promote and place RenBel Health Director at the right level and right post with incentives.
- Procure a land transport/ambulance, especially in Rennel for transporting of patients.
- Provide training opportunity and other incentives for the nurses in RenBel.
- Increasing of provincial grant.
- Restructuring and strengthening RenBel manpower establishment.
- To upgrade and promote RenBel nursing staff to senior levels.
- Medical officers' and an accountant should all be stationed within the province to complete the RenBel Provincial health and medical team

Isabel Province

Introduction

Isabel Province Health and Medical services sector provides basic health services; administration, primary health care, secondary health services and public health.

The work carried out during the last year has been per the 2017 Annual Operation Plan (AOP). However, due to budget constraints in the last two quarters, medical activities were limited to very basic medical services. This in turn impacted some of the programs and activities.

Although all efforts were made to fulfil the four National Strategic Plans for 2017, only 50% of the planned activities were completed. Several factors, including stringent financial control, lack of substantial post holders, and some staff having more than one job function, contributed towards the said setback.

Following tables depict the Isabel Province's health and medical services in 2017-2018

Key Achievements

No	Main Activities	Achievement rate	Comments
1	Collecting monthly report (HIS)	98%	Increase of 1% from 2016
2	Immunization coverage in general – 2017	68%	Only Measles reached 98%
3	Visiting Teams i.e. surgery & Eye teams	100%	Less referrals to NRH for eye &surgical pts
4	Infrastructure – Buala Hospital/AHC/RHC	80%	Completion of admin block/completion of 1st phase hospital ablution block. R&M for AHC, RHC, staff houses
5	RWAS – Five (5) projects completed in 2017	80%	6 projects awaiting funding
6	In- service training – upgrading staffs	50%	Prepare for RDP
7	Outreach and Supervisory	60%	Financial constraint
8	Reproductive Health	80%	MMR -0%, CPR increase and VIA in 2017

Challenges

Human resources

- Staff shortage resulted in overload of work.
- Staff accommodated in rest houses burdened the health budget
- Increase number of unauthorized leave in all departments and clinics resulted in poor performance and services.

Infrastructure

- Buala OPD, environmental health, eye dept., NCD clinics, Buala AHC are still displaced after Buala AHC closed down.
- Budget unable to meet all deteriorating clinics; as some AHCs that are affected by termites only a few health facilities were refurbished.
- No fair distribution of major development of health facilities from the planning unit.
- Planning and infrastructure units hardly made visits for assessments.
- Limited budget allocated for R&M and capital done annually (major constrain)

Pharmacy

- Drugs are not always in time and most drugs are out of date and obsolete.

Communication

- Timely reporting is poor from all health facilities because of the breakdown of HF radios
  Unable to communicate during emergencies and natural disasters.

PMPs

- Neglected PMP forms due to Lack of knowledge among most supervisors on how to fill the form.

Recommendations

- In 2018 all positions in the Health and Medical services sector to be more substantive and less acting and supervisory.
- Repair or replace all broken down HF radios to enable proper and timey reporting, especially in times of emergency and natural disasters.
- Annual touring of Infrastructure department to provinces for HF assessment.
- Increased provincial health budgets and place plans to develop HF in the provincial level

Isabel Province faced many challenges in 2017 in terms of many differences among the staff, health facilities closing down, staff movements, transfers and absentees, affecting the health services

needed in the communities. Despite all these challenges, some of the committed staff strived to fill the gaps in trying to make sure the health services to the population continued.

Korea International Cooperation Agency (KOICA)

Introduction

KOICA has proceeded the project for strengthening RMNCAH service delivery capacity in Guadalcanal province in collaboration with WHO office which was started in 2015. During 2017 KOIKA provided New EmOC guidelines with training to Good Samaritan Hospital staff and checklist for EENC & EmOC competencies at health facilities.

Further, KOICA dispatched three new volunteers (nurses) to Guadalcanal province HQ in order to support capacity building of health staffs in the province.

Key Achievements

Project

Strengthening Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH) Service Delivery Capacity in Guadalcanal (15-19/USD 6M): Grant USD 1.01M through WHO.

Technical Assistance

Three nurse volunteers dispatching at Guadalcanal Province HQ: Grant USD 0.11M through volunteers.

Constraints:

The progress of RMNCAH project made during 2017 was behind schedule due to logistic and procurement difficulties. KOICA will try to find more efficient ways in consultation with WHO during 2018 in order to proceed with the project as planned.

Recommendations

In 2018 KOICA will try to achieve outputs that was planned at the first stage of the RMNCAH project and strive to find a way to align WFK activities with the project in order to get more improved and collaborated results in the health sector.

World Bank

Introduction

The World Bank maintained its multi-year focus on providing support to the MHMS around the core area of improving quality of resource allocation and use. Support was centred on providing support primarily to the Finance Unit and the Partnership Coordination Unit (PCU) in implementing their 2017 Annual Operational Plans and Budgets (AOP&Bs). This included technical an analytical assistance to inform and support the planning and budgeting process, including implementation and monitoring.

Challenges

Throughout 2017, and since late 2013, the position of financial controller (FC) has remained empty. While the World Bank health team has continuously worked to support the whole Finance Unit and the various acting FCs, the absence of a permanent FC has affected capacity building and limited the Finance Unit. Despite MHMS' significant efforts to engage with the central agencies regarding this situation, the financial controller remains empty as of March 2018.

Recommendations

The World Bank team intends to focus on the following areas as part of its agreed 2018 work-plan with MHMS and in support of the MHMS Finance Unit, Partnership Coordination Unit and other relevant units' AOP&Bs.

- **To support the annual planning & budgeting cycle,** the World Bank will provide technical assistance and analytical support to:
    a. Help MHMS in its tracking and managing of financing pressures in the health sector; and
    b. Assist MHMS explore options for improving efficiency and equity of resource allocation.
- **To support the implementation and monitoring of AOP&Bs,** the World Bank will provide technical assistance and analytical support to:
    a. Help MHMS monitor activity and budget implementation; and
    b. Assist the National Referral Hospital with its budget execution and monitoring.
- **Review and evaluation of Health Sector Performance** the WB will provide technical assistance and analytical support to:
    a. Assist MHMS with options for improving efficiency and quality of expenditure.

MHMS Internal Audit – Annual Report 2017

Prepared By: Francis Otto, Manager, Internal Audit

February, 2017

Introduction

The purpose of this Annual Report is to:

- Provide an opinion as Manager, Internal Audit, Ministry of Health & Medical Services on the adequacy and effectiveness of the ministry's control environment; and
- Provide a summary of the activities and achievements of Internal Audit for the 2017 financial year as per the requirements of the standards issued by the Institute of Internal Auditors.

Therefore, it is appropriate to provide, at least annually, an opinion on the adequacy and effectiveness of the ministry's control environment. This opinion is based on evidence from audits and other work (including investigations and advisory work) conducted during 2017.

Opinion on the Control Environment in MHMS

The reviews undertaken by Internal Audit in 2017 indicated a systemic breakdown of controls that would preclude management or the Audit & Risk Management Committee from relying on the ministry's key controls. The failure of the ministry to exercise proper controls of imprest retirements means a high risk of fraud and funds can be misappropriated easily. This problem is not restricted to the ministry but is still a whole of SIG issue which must be addressed urgently.

Accordingly, based on the work performed by Internal Audit and other information available, it is concluded that there generally is still a weak system of internal controls across the ministry's operations. However, the audit would like to acknowledge the positive work being done in Provincial Health Services in provinces in 2017 by implementing audit's recommendations.

Summary of Evidence Supporting Overall Opinion

Audits completed by Internal Audit

- During 2017 to date, 27 audit reports have been issued by the Internal Audit Unit.
- This comprises provincial health district clinic visits, NRH audit fuel management, NRH audit of printing supplies, payroll audit, performance audit and investigations

Internal Audit has also:

- Investigated and issued reports to MHMS Audit Risk Committee, Ministry of Finance & Treasury and to MPS into 10 cases of possible fraud/misappropriation and action being taken by MPS on discipline and even dismissal in one instance and in which seven reports are yet to be tabled at Audit Risk Committee.
- Provided training and advice on fraud and misconduct to ministry divisions and provincial health services as part of the value add to audit services;

Results of Audits completed

Provincial Audit

- A review of clinics in the Provincial Health Services found that four were closed. This has affected delivery of medical services in the area. Some closures were due to lack of staff accommodation, power, water supplies and sanitation and the conditions of the buildings that are in urgent need of repair. It was noted that all health facilities in provinces had problems which required urgent attention.
- Performance Audits were carried out in two provinces namely Malaita Health Service (Adolescent Health Development & Vector Borne Disease Control Program) and Renbel (Reproductive Health - in general)
- The AHD program held within the central region of Malaita Province has shown great positive impacts on youth including a decline in teenage pregnancy and STI disease being recorded.

- The performance audit conducted on VBDCP was based on bed net distribution. The audit found that the program achieved full coverage for mosquito net distribution but failed to show improvement in its primary objective of a reduction in reported malaria cases in the provinces. This was mainly due to:
- Insecticides used to spray bed nets starting to become ineffective as mosquitos have built resistance to the sprays; compliance failure by communities to take up preventative measures against mosquitos breeding around villages;
- The Reproductive Health Performance audit conducted in Renbel Health Service also showed signs of positive impact from activities conducted by the team, especially the decline in the number of maternal death as a result of frequent maternity home visits.

Investigations

Investigation reports were reported to Audit Risk Committee MHMS and to MPS.

Ministry Audits

- The audits of payroll highlighted control issues with respect to schemes of service in payroll
- Audit of overtime within the salary section in the MHMS.
- Audit of fuel management in NRH.
- The audit of printing supplies (NRH)
- Ten investigation reports, reported to Audit Risk Committee MHMS and to MPS

Internal Audit Performance

Summary of Key Internal Audit Achievements

- Completion of a diverse risk-based Annual Audit Plan.
- Provision of controls advice for financial systems.
- Continued functional Audit & Risk Management Committee with an approved charter.
- Having an approved three-year Strategic Internal Audit Plan.
- Completion of investigations into alleged fraud/misappropriation, several of which have resulted in action being taken by MPS on discipline and even dismissal.

Resourcing

Establishment for the Internal Audit Unit remained at three at the beginning of 2017. The position of manager, internal audit was confirmed, and the current assistant auditor was also promoted to senior internal auditor. However, with the resignation of the previous senior internal auditor to take up a position with Solomon Power, the audit unit only has two officers employed and the audit unit is

currently going through a recruitment process to fill the vacant position. As part of the recruitment process for the assistant auditor position, a contract has been renewed and funding has been approved by DFAT for a temporary position of an assistant auditor at NRH to continue. Hopefully, the internal audit unit will have a total staff of four in 2018.

The original budget allocation for internal audit for 2017 was approximately **$352,000.00** which included SIG and HSSP funding. Internal audit has a remaining balance of **$131,919.64** as at November 2017 due mainly to the restrictions on expenditure of HSSP funds by the former DFAT accounts advisor and not having full staff numbers in audit. This staff shortage also meant not being able to travel to as many locations as would have been liked.

Overall, the majority of audit findings made have been accepted by the client, and this acceptance was formally noted within each audit report. At this stage the audit reports did not distinguish those recommendations with regards to addressing extreme, high or medium risks.

The implementation of all audit recommendations is tracked throughout the year, and progress is advised to the Audit and Risk Management Committee.

Recommendations

- The imprest retirements must be better controlled by the Accounts Division MHMS by ensuring financial instructions are followed as most of investigations are on fraud and misappropriation of imprest.
- The funds that are allocated to each division must be used according to their annual approval budget as most of divisions did not achieve their objectives and goals due to shortage of funds.
- All Provincial Health Service facilities must be improved for better health service delivery through formal repairs and maintenance programs.

Conclusions

Through delivery of the 2017 Audit Plan, and completion of the other work highlighted in this report, it is believed that the Internal Audit has performed effectively and met its objectives. The outgoing audit advisor has greatly improved the internal audit function and helped it achieve more audits and investigations than in previous years. In 2018, the unit will be required to undergo an external quality review in line with requirements of IIA International if audit is to continue to use the words "comply with IIA standards."

The audit work has been assisted by recognition from senior management of the important role of internal audit in the corporate governance agenda, evidenced, for example, by the increase in referrals of possible misconduct to audit for investigation and recognition by the Chair of the Audit and Risk Management Committee of the work carried out by internal audit.

The unit continues to work closely with Divisions and Provincial Health Facilities and business units to ensure that internal controls are able to operate effectively. Through continually seeking to identify improvements and enhancements to the processes (e.g. the protocol for monitoring of implementation of audit recommendations), the unit is confident that it will continue to provide MHMS with an adequate, fit for purpose and effective internal audit service.