Solomon Islands Primary Health Care Vital Signs Profile

Governance

2.1

Inputs

1.9

Primary Health Care Progression Model²

\$ FINANCING

PHC spending:



Prioritization of PHC:

Overall health spending

Not Available

Government health spending

Sources of PHC spending:

Not available

Other

Government

Population Health & Facility Management



PERFORMANCE



100

Quality Index

0

HFRSA (2021), WHO/UNICEF (2020), WHO TB Country Profile (2022), MHMS Core Indicator Report (2021) (DHIS2 Data)

62

100

Service Coverage Index

UHC Global Monitoring Report 2023 (2021 data), WHO/UNICEF (2020), WHO TB Country Profile (2022), Global AIDS Monitoring Report, Ministry of Health and Medical Services, National HIV/STI Programme (2018)



ATA EQUITY

Access: % with perceived barriers due to cost, by wealth quintile

HIGHEST		LOWEST
0	Data unavailable	100

Coverage of RMNCH services, by mother's education

NONE		SECONDARY	
0	Data unavailable	100	

Outcomes: Under-five mortality, by province

MHMS Core Indicator Report (DHIS2 Data) (2021)



COUNTRY CONTEXT AT-A-GLANCE



bability of dying between ages 30 and 70 from cardiovascular diseas, cancer, diabetes, or chronic respiratory dis

2. The PHC Progression Model uses mixed methods to assess foundational capacities of PHC on a scale from 1 (low) to 4 (high

Note: Indicator values presented here may differ from country data sources due to the use of standardized categories and methods to enhance international comparability. See indicator Description Sheet for details Note: Scores for the Capacity, Performance, and Equity domains are color-coded to reflect good (green), medium (yellow),

and poor (red) performance, where comparable data are available. Cut-offs can be found in the Indicator Description Sheet. Last updated 10/2023 Scores based on data from non-comparable sources are colored gray. Finance indicators are not color-coded because these indicators lack common targets

References



Solomon Islands	SCORE
COVERNANCE	2.1
GOVERNANCE	
Governance and Leadership	2.2
Measure 1: Primary health care policies (1/2)	
Measure 2: Primary health care policies (2/2)	
Measure 3: Quality management infrastructure	
Measure 4: Social accountability (1/2)	
Measure 5: Social accountability (2/2)	
Adjustment to Population Health Needs Measure 6: Surveillance	2.0
Measure 7: Priority setting	
Measure 8: Innovation and learning	
INPUTS	
	1.9
Drugs and Supplies Measure 9: Stock-out of essential medicines	1.7
Measure 9: Stock-out of essential medicines Measure 10: Basic equipment availability	
Measure 10. Dasic equipment availability Measure 11: Diagnostic supplies	
Facility Infrastructure	1.7
Measure 12: Facility distribution	<u> </u>
Measure 13: Facility amenities	
Measure 14: Standard safety precautions and equipment	
Information Systems	2.3
Measure 15: Civil Registration and Vital Statistics	
Measure 16: Health Management Information Systems	
Measure 17: Personal care records	
Workforce	1.8
Measure 18: Workforce density and distribution	
Measure 19: Quality assurance of primary health care workforce	
Measure 20: Primary health care workforce competencies	
Measure 21: Community health workers	
Funds	2.0
Measure 22: Facility budgets	
Measure 23: Financial Management Information System	
Measure 24: Salary payment	
POPULATION HEALTH AND FACILITY MANAGEMENT	1.5
Population Health Management	1.8
Measure 25: Local priority setting	
Measure 26: Community engagement	
Measure 27: Empanelment	
Measure 28: Proactive population outreach	
Facility Organization and Management	1.2
Measure 29: Team-based care organization	
Measure 30: Facility management capability and leadership	
Measure 31: Information system use	
Measure 32: Performance measurement and management $(1/2)$	
Measure 33: Performance measurement and management (2/2)	

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PERFORMANCE DOMAIN: DETAILED VITAL SIGNS PROFILE INDICATORS

Solomon Islands	SCORE	PERCENTAGE	SOURCE	YEAR
ACCESS				
Financial				
Perceived access barriers due to treatment costs*		No data available		
Geographic				
Perceived access barriers due to distance*		No data available		
QUALITY	62			
Comprehensiveness				
Avg. availability of 3 RMNCH services∻		66%	HFRSA	2021
Avg. availability of services for 2 tracer communicable disea	ases*	57%	HFSRA	2021
Avg. availability of diagnosis & management for 3 tracer NCI	Ds	No data available		
Continuity				
DTP3 dropout rate*		11%	WHO/UNICEF	2020
Treatment success rate for new TB cases		92%	WHO Global TB Report	2022
Person-Centeredness				
% of caregivers who were told sick child's diagnosis		No data available		
Provider competence				
Antenatal care quality score based on WHO guidelines		No data available		
Family planning quality score based on WHO guidelines		No data available		
Sick child quality score based on IMCI guidelines		No data available		
Adherence to clinical guidelines		No data available		
Diagnostic accuracy		No data available		
Provider availability				
% of family planning, ANC, and sick child visits over 10 minu	tes	No data available		
Provider absence rate*		No data available		
Safety				
Proportion of facilities with basic water, hygiene, and sanitat	ion services**	41%	MHMS Core Indicator Report (DHIS2 Data)	2021
Proportion of facilities with basic waste management**		29%	MHMS Core Indicator Report (DHIS2 Data)	2021
SERVICE COVERAGE	58			
Reproductive, Maternal, Newborn and Child Health				
Demand for family planning satisfied with modern methods		53%	UHC Global Monitoring Report	2023 (2021 date
Antenatal care coverage (4+ visits)		65%	UHC Global Monitoring Report	2023 (2021 dat
Coverage of DTP3 immunization		94%	WHO/UNICEF	
Care-seeking for suspected child pneumonia		79%	UHC Global Monitoring Report	2023 (2021 date
Infectious diseases				
Tuberculosis cases detected and treated with success		74%	WHO TB Country Profile	2022
People living with HIV receiving anti-retroviral treatment		100%	Global AIDS Monitoring Report, Ministry of Health and Medical Services, National HIV/STI Programme	
Children under 5 with diarrhea receiving ORS		No data available		
Non-Communicable Diseases (NCDs)				
Prevalence of treatment among adults with hypertension *		14%	UHC Global Monitoring Report	2023 (2021 dat

Indicators where lower values are preferable were transformed before inclusion in the index. The modified indicator was defined as 100-X, where X is the original percentage shown in this table. **Country-specific (proxy) indicator, used in absence of globally comparable survey data. +The indicator reflects modeled estimate for prevalence of treatment (taking medicine) for hypertension among adults aged 30-79 with hypertension, based on age-standardized estimates. For more details see Tracking UHC: 2023 Global Monitoring Report. + The avg. availability of RMNCH services is comprised of the average number of facilities that provide services for family planning (FP), antenatal care (ANC), and prevention of mother-to-child transmission of HIV (PMTCT). The percentage of facilities that provide PS services is 100 percent, the percentage of facilities providing ANC is 96 percent, and the percentage of facilities that provide PS services is in the country. Note: Summary scores for the domains of Access, Quality, and Coverage are calculated by taking the average for values within each subdomain, and then taking the average across subdomains scores. #The avg. availability of 19 services is 98 percent, the percentage of facilities providing HIV services. The percentage of facilities providing HIV services is 10 percent, bringing the overall average of facilities providing the average across subdomains and then taking the average across subdomains cores. #The avg. availability of 19 services is 98 percent, the percentage of facilities providing HIV services in the average of facilities provide STI and HIV services. The percentage of facilities that provide STI services is 98 percent, the percentage of facilities providing HIV services is 16 percent, bringing the overall average to 57 percent. The inclusion of HIV services in the average should be noted given the low prevalence of HIV in the country.