This document reflects the country context, opportunities, challenges, and priorities developed by FP2020 focal points for the Solomon Islands in collaboration with the FP2020 Secretariat and other partners during the Asia Focal Point Workshop in Bali, Indonesia in January 2016. FP2020’s focal point representatives are from the government and two donor organizations, usually UNFPA and USAID, and serve as the key representatives of FP2020 in-country. They coordinate with each other, the government, partners and other stakeholders, and the FP2020 Secretariat to drive progress on the country’s family planning goals. These opportunities, challenges, and priorities serve as the foundation of the shared agenda of action across the next 12- to 18-month horizon.

COUNTRY CONTEXT

- Family Planning (FP) indicators have plateaued for about a decade (CPR is 27%), in contrast to the country target of 55% by 2015
- Higher usage of any modern FP methods amongst 30-49 year age group, compared with those under 30
- For medium term (2016-2020), FP is reflected as key area for MoH to address in National Health Strategic Plan
- Under this plan, there is a Reproductive Health, Adolescent, Newborn, and Child Health Strategic Plan (5 year plan)
- Mixed results on MDG indicators

OPPORTUNITIES

- FP is priority area in National Health Strategic Plan and therefore an opportunity to reorient government commitment
- Joint UN funding: UNICEF, WHO, UNFPA, and Ministry of Health and Medical Services (MHMS) committee was established, chaired by Undersecretary for Health Improvement (FP2020 government focal point)
- Funding from Australia DFAT ($3 million over 5 years) presents opportunity to highlight FP as key issue
- High-level buy-in from DPs on supporting the implementation of the National Health Strategic Plan (2016-2020) and RMNCAH Strategic Action Areas, in which FP is identified as priority
- Very strong and robust, centrally-managed supply chain system (using M-Supply software) – exploring information-sharing on commodities and tracking stocks at the provincial and clinic level.
- There is an opportunity to integrate and share information with partners (e.g. UNFPA, UNICEF, WHO and DFAT).
- Strengthen partnership with private sector through MoU between government and IPPF (including service delivery MoU between MHMS and Solomon Islands Planned Parenthood Association)
- Improve and support youth-friendly centers throughout the country, including in communities
- Further strengthen and support men as partners in FP program

CHALLENGES

- Data analysis: Data is available, but needs to be analyzed and contextualized if it is to inform advocacy for support from Ministry of Finance
- Need to disaggregate/analyze data to provide better picture of usage at provincial and community level
• Unmet need: Young population lacks information to make the right choices (preconceived notion in the
country is that FP is for married people/people who already have kids)
• Behavior study found high prevalence of STIs (syphilis), which is concerning given potential exposure to
other STIs, including HIV
• Access to services is a problem; clinics lack skilled staff and commodities
• High rate of domestic violence: Study shows that Solomon Islands has one of highest rates in region.
• Not enough information sharing, communication
• Culture and religion also present challenges: Need to broaden the conversation beyond just FP products;
FP is about empowering families to make the right choices on how to improve and develop their families
• Human resources: Availability of technical skills to administer services with high quality
• Lack of education also a barrier: Need to work with Ministry of Education to include FP in the secondary
school curriculum
• Outreach program needs to be supported: Actively prevent discontinuation, reach post-natal,
immunization clients through active approach
• Lack of harmonized data to inform decisions and policies
• Social determinants of FP: Issues that sit outside the Ministry of Health, need to have holistic perspective
on FP as a development agenda, rather than limit it to commodities alone

PRIORITIES

• Analyze data to better understand FP performance (disaggregated), impact of FP on other health
outcomes, and cost effectiveness, utility, and benefit; use data and analysis to inform plans moving
forward
• Set up FP Oversight Committee, which includes Ministry of Health, NGOs, civil society, youth, churches
and donor partners (committee should also work with private sector)
• Strengthen FP delivery mechanisms, including youth-friendly services
• Advocate to Minister of Health, Minister of Finance, Minister of Public Service, Minister of Planning and
Aid Coordination (FP Oversight Committee)