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VISIONS & VOICES

Tackling Systemic Inequities in The Solomon Islands Healthcare System: The Race-Health-Governance Nexus

By Andrew Taylor Awa



Su'uri'i canoe shed area (Big Malaita), looking over the Maramasike Passage that separates Big Malaita from Small Malaita, towards Afio (Apio) Area Health Center (Small Malaita Island). Photo courtesy Andrew T. Awa.

The Solomon Islands are an archipelago in the Southwest Pacific, extending from Papua New Guinea to Vanuatu. The country comprises nine provincial governments: Isabel, Guadalcanal, Temotu, Renbel, Central, Malaita, Western, Choiseul, and Makira. The population is predominantly Melanesian, with smaller groups of Polynesians and Micronesians, contributing to a rich cultural heritage reflected in the diverse languages spoken in each province. The geography and diversity of the islands make development and good governance a challenge for the Solomon Islands and pose more issues for rural communities that are dependent on governmental support for healthcare.

This paper will explore how institutionalized racism integrates inequities into the healthcare system, leading to unequal access to vital health services. It will discuss the correlation between institutionalized racism and health disparities and reflect on its systemic implications for rural education.

Institutionalized racism is evident in established hierarchies that disadvantage specific communities while benefiting others.¹ It manifests as limited access to quality healthcare, resulting in poorer

¹ See Camara Phyllis Jones, *Levels of Racism: A Theoretic Framework and a Gardener's Tale*, 90 AM. J. PUB. HEALTH 8 (Aug. 2000), <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.90.8.1212>.

outcomes and diminished prospects.² For example, healthcare workers in rural areas often face inadequate housing and fewer resources compared to their urban counterparts. As a result, healthcare disparities arise as access to hospitals and medical services varies significantly, leaving some groups without essential health facilities, which perpetuates disadvantages for certain racial groups.

I grew up in Su'uri'i Village, a remote area adjacent to the Afio Area Health Center in the southern region of Malaita Province. From an early age, I encountered systemic inequities that shaped my experiences. I was unaware that I had been born in a canoe shed near a kakake (swamp taro) farm until my peers began to tease me about it. One afternoon, after being teased, I cried, prompting my mother to comfort me. She recounted her own experiences from March 14, 1994, around 4:00 a.m., in the canoe shed. It was a windy night with rough seas, leading them to delay paddling the dugout canoe to the Afio Area Health Center until dawn. Her account highlighted the challenges faced by women during childbirth in our village and surrounding communities.

Growing up, I came to understand that childbirth involves a challenging journey: a 20-minute walk to the canoe shed, followed by a 20-minute paddle across Maramasike Passage to reach the Afio Area Health Center. In some instances, women must walk for hours to reach Afio, only to find that the health center lacks essential birthing equipment and supplies. Sadly, after three decades, these issues continue to hinder women's access to adequate healthcare in our rural communities. I was fortunate to be born safely outside a birthing center, and I am grateful for the traditional midwifery knowledge passed down from my grandmother to my mother and aunts, a skill that is diminishing among younger generations.

Living near the Afio Area Health Center, I observed the perilous journeys many individuals undertake to access medical services. Critically injured or ill patients often rely on ships, which may take two days to reach the National Referral Hospital in Honiara, or on outboard motorboats to Kulu'ufi Hospital in Auki Town, a journey lasting over six hours, fraught with risks due to rough seas.

Access to healthcare is essential not only for survival but also for social and educational opportunities. At the age of 10, while attending Grade 2 at Maka Primary School, I encountered significant health issues that necessitated a referral to the hospital in Honiara.

In June 2004, I was diagnosed with severe abdominal pain that impaired my ability to walk and eat properly. The nurses at the Afio Health Center prepared a referral letter for my mother, recommending that I be taken to Honiara for an x-ray and further

treatment. I spent four months in Honiara before returning home in November 2004. My extended absence from school presented challenges upon my return, and despite my eagerness to advance, I was informed that I would need to repeat Grade 2. This news was disheartening; however, I persevered, demonstrating my capabilities to continue my education. My experiences underscored broader issues of accessibility within our healthcare system and their detrimental impact on students' academic progress in rural communities. Today, many children in these areas continue to face health challenges that impede their educational advancement.

My health struggles continued in 2014 while I was enrolled at Waimapuru National Secondary School in Makira Province, where I experienced significant health challenges necessitating a three-month hospitalization at Kirakira Hospital. It became apparent that Kirakira Hospital was severely lacking in essential medical equipment and supplies, including adequate bedding, wheelchairs, and x-ray machines. This prompted me to withdraw from school to seek medical treatment in Honiara. To this day, there have been no substantial improvements to the healthcare facilities at Kirakira Hospital, highlighting the chronic neglect of healthcare infrastructure in remote areas.



Kirakira hospital in Makira/Ulawa Province. Photo courtesy Andrew Taylor Awa.

Inadequate healthcare services in rural areas primarily stem from developmental challenges, poor governance, and insufficient infrastructure. Many healthcare professionals are hesitant to work in rural areas due to substandard housing conditions, inadequate medical facilities, and limited access to governmental services.³ Furthermore, a significant number of healthcare workers migrate abroad for improved salaries and working conditions, particularly in countries such as Australia.⁴ This phenomenon of brain drain has resulted in chronic understaffing in rural clinics and hospitals, exacerbating existing healthcare problems.⁵ The lack of decentralization in health services, compounded by the geographical isolation of islands and communities, severely hampers access to

² See *id.*

³ See Lionel Taorao, *Community Elder Calls on MUP Health Authority to Improve Taheramo Clinic's Malaria Technician Facility*, SUNDAY ISLES NEWSPAPER (Sept. 9, 2021), <https://sundayisles.islesmedia.net/community-elder-calls-on-mup-health-authority-to-improve-taheramo-clinics-malaria-technician-facility/>.

⁴ See Prianka Srinivasan, *Pacific Hospitals Suffer Nursing Shortage as Workers Leave for Australia's Labour Scheme*, ABC NEWS (Nov 21, 2022 at 10:00), <https://www.abc.net.au/pacific/programs/pacificbeat/pacific-hospitals-suffer-nursing-shortage/101681728>.

⁵ See *id.*

medical care.⁶ Urban hospitals often receive more resources, while rural populations endure inadequate facilities.⁷ Additionally, corruption, misallocation of healthcare funds, and the neglect of rural health needs contribute to the inequities faced in the rural communities.⁸

Moreover, proximity to urban areas significantly contributes to disparities in access to adequate healthcare and the distribution of medical equipment and services. This disparity can be attributed to the high transportation costs for medical supplies to rural areas, the absence of proper road infrastructure, and a lack of prioritization in resource allocation. Health security is a critical issue for citizens; promoting human rights and national security should benefit not only the affluent who can afford quality healthcare abroad but also the hardworking individuals who face medicine shortages and limited access to services. Rural populations often resort to unregulated local remedies for unknown illnesses, which pose substantial health risks.

Strong leadership and effective governance are essential for mobilizing communities to address systemic biases and promote health equity. Engaging in open dialogues between government

officials and rural communities can enhance healthcare access and critically assess governance inequalities contributing to health disparities. National conversations on race and equity must prioritize examining structural barriers that marginalize vulnerable groups. Decentralizing healthcare services is crucial for timely medical care, necessitating increased budget allocations and improved transportation infrastructure. This can significantly mitigate systemic inequities, fostering poverty alleviation and rural development while ensuring equitable access to essential resources.

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⁶ See SOLOMON IS. GOV'T, *Minister Bosawai Visits Naha Birthing and Urban Health Centre with Australian Health Ambassador* (Mar. 12, 2025), <https://solomons.gov.sb/minister-bosawai-visits-naha-birthing-and-urban-health-centre-with-australian-health-ambassador/>.

⁷ See SOLOMON IS. GOV'T, *SI and PRC Sign Agreement to Build New Medical Centre* (Nov. 24, 2022), <https://solomons.gov.sb/si-and-prc-sign-agreement-to-build-new-medical-centre/>.

⁸ See RADIO NEW ZEALAND, *Solomons Police Charge Sixth Suspect in Million Dollar Fraud Case* (Dec. 15, 2016, 7:50 pm), <https://www.rnz.co.nz/international/pacific-news/320534/solomons-police-charge-sixth-suspect-in-million-dollar-fraud-case>.