

Sexual and reproductive health and gender-based violence in Solomon Islands: A review of policy and legislation



Table of Contents

Acknowledgements	III
Acronyms	IV
Executive summary	VI
1 Introduction	1
1.1. Background and objectives	1
1.2. Methods	2
1.3. Limitations	3
2 Country profile	5
2.1. Background	5
2.2. Legal frameworks	5
2.2.1. The legal system	5
2.2.2. The Constitution	6
2.2.3. International commitments and conventions	7
2.2.4. Regional agreements and frameworks	10
2.3. Health system governance	11
3 Summary of key findings	13
4 Sexual and reproductive health law and policy	33
4.1. Background	33
4.2. Domestic legislation and policy	34
4.2.1. National Development Strategy 2016 – 2035	35
4.2.2. Medium Term Development Plan 2016-2020	37
4.2.3. National Health Strategic Plan 2016-2020	37
4.2.4. Role Delineation Policy (2014)	38
4.2.5. Reproductive Child Health and Nutrition Strategy 2016-2020	39
4.2.6. National Population Policy 2017-2026	41
4.2.7. Other national policies and plans relevant to SRHR in Solomon Islands	42
4.3. Contraception and family planning	43
4.4. Sexual health	45
4.4.1. HIV and STIs	45
4.4.2. HPV and cervical cancer	46
4.5. Comprehensive sexuality education	46
4.5.1. Menstrual hygiene management	47
4.6. Maternal health	48
4.6.1. Antenatal and maternal health care	48
4.6.2. Parental leave	48
4.6.3. Abortion	49

5 Gender-based violence in law and policy	50
5.1. Domestic legislation and policy	50
5.1.1. National Gender Equality and Women’s Development Policy 2016-2020	51
5.1.2. National Policy to Eliminate Violence Against Women and Girls 2016 - 2020	52
5.1.3. SAFENET Assessment and National Action Plan 2014-2016 and SAFENET Guidebook 2017: The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender Based Violence Services	53
5.1.4. National Development Strategy 2016 - 2035	55
5.1.5. Women, Peace & Security National Action Plan 2017-2021	56
5.1.6. National Population Policy 2017-2026	56
5.1.7. National Health Strategic Plan 2016 – 2020	56
5.1.8. Role Delineation Policy 2014	57
5.2. Domestic violence	57
5.2.1. Prevalence	57
5.2.2. The Family Protection Act 2014	58
5.2.3. Family law	60
5.2.4. Child welfare	61
5.2.5. Criminal law	62
5.3. Sexual violence	64
5.4. Other forms of GBV	65
5.4.1. Trafficking and modern slavery	65
5.4.2. Forced and early marriage	67
6 Law and policy in relation to key populations	68
6.1. Adolescents and youth	68
6.2. People with disabilities	70
6.3. LGBTIQ communities	72
6.4. Sex workers	73
7 Humanitarian and disaster contexts	74
7.1. Background	74
7.2. International frameworks, commitments and guidelines	75
7.3. Regional agreements and networks	76
7.4. Domestic policy and legislation	76
7.5. SRHiE	78
7.6. GBViE	79
7.7. Clusters	80
8 Conclusions and recommendations	82
8.1. General recommendations	83
8.2. SRHR recommendations	84
8.3. GBV recommendations	85
8.4. Humanitarian and disaster recommendations	86
References	87
Annex 1: Desk review search terms	93
Annex 2: Integrated sexual and reproductive health and rights	94

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Acronyms

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Comprehensive sexuality education
DHS	Demographic and Health Survey
DRM	Disaster risk management
ECPAT	End Child Prostitution and Trafficking (non-government organisation)
EVAWG	Elimination of violence against women and girls
FAO	Food and Agriculture Organisation (UN)
FLE	Family life education
FP	Family planning
FPA	Family Protection Act 2014
FRDP	Framework for Resilient Development in the Pacific
FWCC	Fiji Women’s Crisis Centre
GBV	Gender-based violence
GBVIE	Gender-based violence in emergencies
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
ICAAD	International Center for Advocates Against Discrimination
ICESCR	International Covenant on Economic, Social and Cultural Rights
IMPAC	Integrated Management of Pregnancy and Childbirth
ICPD	International Conference on Population and Development
IUCD	Intrauterine contraceptive device
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
MEHRD	Ministry of Education and Human Resources Development ¹
MHMS	Ministry of Health and Medical Services
MISP	Minimum Initial Service Package
MSM	Men who have sex with men
MTS	Medium-term strategy
MWYCFA	Ministry of Women, Youth, Children, and Family Affairs (MWYCFA)
NCDs	Non-communicable diseases
NDC	National Disaster Council
NEAP	National Education Action Plan 2016 – 2020
NGEWD	National Gender Equality and Women’s Development (Policy)
NHSP	National Health Strategic Plan 2016-2020
OHCHR	Office of the United Nations High Commissioner for Human Rights
PEP	Post exposure prophylaxis
PITC	Provider Initiated Testing and Counselling

1 It is recognised that LGBTIQ is contested as a descriptor, with some activists and scholars rather promoting a focus on the diversity of sexual orientation and gender identity and expression (SOGIE) in any community. However, LGBTIQ is most commonly used in policy documents in the Pacific region and is therefore what is used in these reports.

PJEP	Pacific Judicial Education Programme
PMTCT	Prevention of mother to child transmission (of HIV)
RCH	Reproductive and child health
RCHN	Reproductive Child Health and Nutrition (Strategy)
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
RRRT	Regional Rights Resource Team (SPC)
SAP	Strategic Action Plan
SBA	Skilled birth attendant
SBHC	High Court of Solomon Islands
SDG/s	Sustainable Development Goal/s
SGBV	Sexual and gender-based violence
SOP/s	Standard operating procedure/s
SPC	The Pacific Community
SRH	Sexual and reproductive health
SRHiE	Sexual and reproductive health in emergencies
SRHR	Sexual and reproductive health and rights
STI/s	Sexually transmitted infection/s
TRC	Truth and Reconciliation Commission
UHC	Universal health coverage
UN	United Nations
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPR	Universal Periodic Review
VCCT	Voluntary confidential counselling and testing (for HIV)
VAW/G	Violence against women and girls
VIAC	Visual inspection with acetic acid
WHO	World Health Organization

Executive summary

In 2015, the United Nations set an ambitious agenda of Sustainable Development Goals (SDGs) to address poverty, injustice, and environmental destruction. Through the SDGs, nations committed to gender equality and health and notably established universal access to sexual and reproductive health and rights (SRHR) as a global target. Additionally, and relatedly, the SDGs include a specific target to 'eliminate all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation' (UN General Assembly, 2015). While laws and policies alone cannot achieve these targets, scholars and practitioners agree that an enabling legal and policy environment continues to play an important role in advancing SRHR and eliminating gender-based violence (GBV).

Review of the policy and legal landscape for realising SRHR and preventing and responding to GBV is a high priority for the Pacific region. Governments in the Pacific have committed to international and regional strategies to address SRHR and GBV, but there is a need to analyse existing national legislative and regulatory frameworks to identify the ways policy and legislation may work to support SRHR and prevent GBV, or conversely may undermine appropriate services and responses. For instance, many Pacific countries have plural legal systems that draw upon multiple sources of law, which may lead to conflict between statutory and customary law. This can particularly impact policies and laws related to SRHR and GBV (McGovern et al. 2019; Garcia-Moreno et al. 2015). Consequently, UNFPA Pacific commissioned a review of sexual and reproductive health (SRH) and GBV related legislation and policy in six Pacific countries – Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. This report summarises findings from the review undertaken for the Solomon Islands and offers key legislative and policy recommendations to help promote SRHR and reduce GBV in the Solomon Islands.

Background

Solomon Islands is a culturally diverse and geographically widespread country that consists of nearly 1,000 islands. Having gained independence in 1978, Solomon Islands is a parliamentary representative democracy and constitutional monarchy within the Commonwealth in which the British monarch is represented by the appointed Governor-General. From 1998 to 2003, the country experienced major ethnic conflict, referred to as 'The Tensions', which included killings, torture, sexual violence, and other human rights violations. This broadly affected Solomon Islands' economy and society, and the displacement of many people led to a different population distribution post-conflict, influencing service planning and delivery. Domestically, Solomon Islands maintains a plural legal system, where British colonial laws, Acts of Parliament, and common law operate alongside customary law. At the international level, Solomon Islands is party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC), as well as a signatory to the Convention on the Rights of Persons with Disabilities (CRPD), (although it has not ratified the CRPD). These distinct factors all impact policies and legislation related to SRHR and GBV in Solomon Islands.

Methods

The purpose of this study was to identify and analyse policies and legislation related to SRHR and GBV in Solomon Islands. The study consisted primarily of a desk-based review, which examined national legislation, policies, peer reviewed literature, and other published reports relevant to SRHR and GBV in Solomon Islands. Document search and retrieval occurred from July 2020 to July 2021. The second stage

of the review involved a content analysis of the included documents. The analysis focused on key domains and corresponding indicators adapted from themes under SDG Indicator 5.6.2 and commitments under international frameworks (such as the 1994 International Conference on Population and Development Programme of Action) and conventions, including those relevant to priority populations outlined in the CRPD and the CRC.

Key findings

Gender equality and non-discrimination

- The *Constitution* (amended 2009) in Solomon Islands states that it will uphold the principle of equality but does not explicitly guarantee equality between men and women, and the anti-discrimination clauses refer specifically only to discrimination based on sex.

Sexual and reproductive health and rights

- The review found both evidence of progress and possible gaps in Solomon Islands' legislation and policies regarding SRHR. First, there is currently no standalone national SRH policy and strategy, and Solomon Islands instead relies on a patchwork of strategies and plans to guide its SRH approach. Furthermore, most of these strategies and plans are currently expired, which constitutes a major gap. It is however worth noting that the current *Population Policy 2016-2026* meets many of the international SRH standards and partially addresses gaps created in the absence of a standalone SRH policy. Additionally, the *Role Delineation Policy (2014)* outlines a comprehensive framework for a universal health system that should make it easier for women and girls to access SRH care.
- In the domain of sexual health, findings suggest gaps in the national response to HIV/AIDS in Solomon Islands. For example, the Constitution does not explicitly prohibit discrimination based on HIV status. There are also no laws that guarantee access to voluntary counselling and testing, although the *National Strategic Plan for HIV, STIs, and Viral Hepatitis 2019-2023* indicates that both client-initiated and provider-initiated testing and counselling are being implemented. Review findings also imply a need to support increased access to the HPV vaccine. Media reporting suggests Solomon Islands launched a national HPV vaccination program for girls aged 9 to 14 years old, but the authors of this review could not find current legislation or policy that enables or regulates the program.
- While legislative and policy structures do not restrict access to contraception and family planning services, findings indicate there are opportunities to strengthen law and policy to improve access. For instance, there is no standalone law that guarantees access to contraceptive services. Additionally, the *Reproductive Child Health and Nutrition Strategy 2016-2020* and the *National Health Strategic Plan 2016-2020* include valuable targets around contraception and family planning service provision, but both plans have expired, and the formation of new policies has been deferred to 2022.
- One key SRHR gap in Solomon Islands is the absence of legislation mandating the integration of comprehensive sexuality education (CSE) into the national school curriculum. While select policies (e.g. *National Population Policy 2016-2026*) help enable the provision of CSE, and evidence suggests family life education (FLE) is taught in some schools, the lack of standardisation is a barrier to SRH.
- In the domain of maternal health, there is no legislation that guarantees access to maternity care. The recently expired *Reproductive Child Health and Nutrition Strategy 2016-2020* noted the need for women and babies to have access to quality maternal and newborn care, and the *Role Delineation Policy (2014)* also declares that emergency obstetric care will be available at the Area Health Centre level and above.

While the *Labour Act* provides for up to 12 weeks of maternity leave, one notable gap is the lack of legislative provisions for paternity leave.

- The restrictive policy and legal regime around abortion in Solomon Islands constitutes a barrier to the SRHR of women and girls. Per the *Penal Code*, abortion is prohibited unless it is performed to save the life of a pregnant woman. This creates ambiguity, since the definition of “saving the life of a pregnant woman” is open to interpretation. The confusion regarding the lawfulness of abortion suggests a need for further clarification and guidance to reduce barriers to accessing safe abortion and post-abortion care.

Gender-based violence

- Desk review findings indicate that legislative and policy structures in Solomon Islands have made substantial progress to help foster an environment that reduces GBV, but barriers remain. Indeed, Solomon Islands currently lacks a standalone national plan on GBV, as the *National Policy to Eliminate Violence Against Women and Girls 2016-2020* has recently expired and development of a new plan has been delayed to 2022. In the absence of a current national plan, various policies guide Solomon Islands’ strategy to reduce GBV, including the *National Development Strategy 2016-2035* and the *National Population Policy 2017-2026*.
- The *SAFENET Assessment and National Action Plan 2014-2016* constitutes a key policy strength, and it importantly promotes a multisectoral referral system (SAFENET) to coordinate services for GBV survivors in the Solomon Islands. This Plan is significantly accompanied by the *SAFENET Guidebook 2017: The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender Based Violence Services* to ensure effective implementation.
- Findings demonstrate considerable legislative support to reduce GBV in Solomon Islands. For instance, the *Family Protection Act 2014* criminalises domestic violence and establishes a relatively comprehensive definition of domestic violence that encompasses physical, sexual, psychological, and economic abuse. Furthermore, there is a particularly strong legal regime around sexual violence. The *Penal Code (Amendment) (Sexual Offences) Act 2016* criminalises sexual assault, often setting higher penalties compared to domestic violence offences. Additionally, the *Penal Code (Amendment) (Sexual Offences) Act 2016* and the *Family Protection Act* both support a broad definition of sexual assault which includes important consent provisions.
- Legislation and policies generally help promote a strong health sector response to GBV in Solomon Islands. For example, the *SAFENET Guidebook 2017* outlines detailed instructions for responding to GBV victim-survivors, and the *Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and GBV (2017)* describes additional operating procedures. The Family Protection Act also notably directs health care providers to follow relevant policies or protocols for examining domestic violence victims issued by the Ministry of Health.
- From an overarching legal lens, it is also essential to mention Solomon Islands’ plural legal system and the conflicts that can arise from the application of state laws with traditional rules or custom. While customary law is only applicable to the extent it is consistent with the Constitution and legislation, it does take precedence over equity and common law rules and principles—which can impact SRHR and GBV victim-survivors.

SRH and GBV in key populations

- **Adolescents and youth:** While some policies and plans include adolescents and youth in targets, there is limited consideration specifically of young people in relevant legislation. A notable exception is the current *National Youth Policy 2017-2030*, which highlights meeting young people's SRH needs. However, various policy and legal gaps remain; for example, policies barely mention addressing GBV experienced by young people. Another major gap is that the legal minimum age of marriage for boys and girls is 15 years. To that end, there is no minimum age of marriage under customary law, and the *Islanders Marriage Act (1996)* allows for valid marriage outside the legislation if it aligns with the custom of Islanders. Finally, primary and secondary education is not compulsory in the Solomon Islands, although the *National Education Action Plan 2016-2020* proposed a pilot of compulsory education for six- to 15-year-olds in specific areas.
- **People with disabilities:** Findings indicate that the legislative and policy environment inadequately supports people with disabilities in Solomon Islands. There is limited consideration of people with disabilities in all relevant SRHR and GBV legislation, and the Constitution lacks an anti-discrimination clause related to disability. Solomon Islands has also signed but not ratified the CRPD. Furthermore, the *National Policy on Disability 2005-2010* is long expired and fails to include substantial plans to address the SRH needs of people with disabilities, as well as the intersection of disability and GBV.
- **LGBTIQ people:** Review findings reveal policy and legislation mostly exclude LGBTIQ people in Solomon Islands. The *Penal Code 1996* criminalises same-sex sexual relationships, which creates barriers for LGBTIQ people seeking SRH and GBV services. Policies rarely consider the needs of LGBTIQ individuals, and issues related to sexual orientation, gender identity and expression are largely invisible in relevant SRH and GBV policy measures.
- **Sex workers:** Current relevant policy and legal structures fail to consider and support the needs of sex workers in Solomon Islands. The *Penal Code 1996* in practice criminalises prostitution, as it prohibits living off prostitution earnings, soliciting sex in a public place, and operating a brothel. Such criminalisation creates barriers for sex workers in accessing SRH and GBV services.

Humanitarian and disaster contexts

- Policy and legislative frameworks in Solomon Islands do not sufficiently support SRHR and the reduction of GBV in humanitarian and disaster contexts. For instance, the *National Disaster Management Plan* does not reference SRHR or GBV. Similarly, disaster and emergency policies and legislation do not require the Minimum Initial Service Package (MISP) for SRH to be embedded. Nevertheless, there is evidence of continuing work in this area, with the *Women, Peace and Security National Action Plan 2017-2021* citing the need to ensure women's protection from SGBV in natural disasters and humanitarian crises. Additionally, the *National Sexual and Reproductive Health Emergency Response Plan* is currently in draft form.

Conclusion and recommendations

This desk review has demonstrated that there are important enabling factors in the Solomon Islands policy and legislative environment that help foster universal access to SRH and protection from GBV.

However, there are also numerous policies related to SRH and GBV that have promising content, but which have lapsed and are yet to be replaced, such as the *National Policy to Eliminate Violence Against Women and Girls* and the *National Disability Policy*. In addition to updating these policies, legislation and policies should more broadly focus on addressing the interrelationship between SRH, GBV and gender inequality. Finally, ensuring accountability for the full implementation of existing laws and policies is just as critical as developing new programs and regulations to support SRHR and eliminate GBV.

Below are more specific recommendations for actions that will strengthen policy and legislation related to SRH and GBV in Solomon Islands arising from this review.

General recommendations

- Consider reviewing the Constitution, ensuring it:
 - Aligns with Solomon Islands obligations as a signatory to international human rights treaties and conventions, specifically, CEDAW, CRC, and the CRPD;
 - Includes a commitment to the principle of gender equality;
 - Is written in gender-inclusive language;
 - Protects against discrimination based on sex, gender/gender identity, sexual orientation, age, disability, marital status, and health status (e.g. being HIV positive); and
 - Provides an enabling environment for the recognition of SRHR for all.
- Work to ratify international treaties the Solomon Islands is a signatory to, including the Optional Protocol to the Convention on Economic, Social and Cultural Rights, and the CRPD.
- As with the successful creation of the *Penal Code (Amendment) (Sexual Offences) Act 2016*, continue to review, repeal, amend and create new legislation in line with human rights commitments related to gender equality, SRHR and GBV. In doing so, consult with civil society organisations and people with lived experience, and undertake gender impact assessments to manage unintended consequences. Areas to prioritise for reform include:
 - Consider reform of legislation that currently criminalises some sexual activity between consenting adults, and ensure legislation addresses discrimination based on sexual behaviour, sexual orientation, gender identity and expression.
 - Increase the legal minimum age of marriage to 18 years and institute explicit marriage consent requirements, with no exceptions for customary practices.
 - Criminalise forced and early marriage, recognising that it is a serious breach of human rights and a form of GBV.
 - Consider steps towards decriminalising sex work. In view of clear evidence that the criminalisation of sex work leads to poorer SRH outcomes for both sex workers and their clients and endangers the personal physical safety of sex workers, decriminalisation would decrease stigma and increase women's access to SRH information and services.
 - Review and update the Role Delineation Policy (which was developed in 2014) in line with new and emerging policies and programs related to SRHR and GBV, with the aim of ensuring access to contraception and first response GBV health services are available at all levels of the health system.
 - Finalise drafting and implement a national policy on disability, based on the social model of disability and developed in consultation with people with disabilities in Solomon Islands. This policy should include specific provisions for access to SRHR and protection and response to GBV.

- Ensure national policies and plans related to SRH and GBV include resource allocation, budgets, governance arrangements, and monitoring and reporting frameworks, and name Ministries with responsibility for resourcing and implementation.
- Strengthen mechanisms for and dedicate resources to data gathering and evaluation of national policies and plans.

SRHR recommendations

- Develop a standalone national SRH policy that includes a clear definition of SRHR in line with the International Conference on Population and Development (ICPD) and an integrated essential service package (e.g. based on the Guttmacher Lancet commission). Ensure this policy is integrated with other relevant national policies (in particular new iterations of the *National Gender Equality and Women's Development Policy*, *National Health Strategic Plan*, *Role Delineation Policy*, *National Policy to Eliminate VAW*, *National Youth Policy*, *National Policy on Disability*).
- Include age-appropriate information and education on SRH in the proposed national SRH policy. Develop a resource for health professionals to use to assess children's competence to consent to SRH services (including contraception); provide training for children, parents, and health professionals to raise awareness and knowledge of the law; and consider introducing a new law to better embed the rights of competent children to consent, or refuse, treatment.
- Audit and align targets across multiple policies related to reducing adolescent pregnancy. Additionally, gather more data on and recognise the links between gender inequality, SGBV, access to SRH, and adolescent pregnancy in policy objectives.
- Embed the roll out of a national HPV screening, vaccination, and treatment program in policy, including setting targets according to timelines.
- Integrate CSE into the Solomon Islands national curriculum and prioritise SRH in the new National Education Action Plan (NEAP), including strategies to address backlash against SRH education in schools.
- Mainstream engaging men and boys in SRH policy, particularly in reducing adolescent pregnancy.
- Conduct further research into the causes and impacts of unsafe abortion practices. Legislate for post abortion care access regardless of legality of abortion, ensuring women are not liable to prosecution.
- Consider decriminalisation of abortion, particularly in cases of risk to a women's physical or mental health, rape or severe fetal impairment. While considering future law reform, provide clear policy and clinical guidance for medical practitioners on performing abortions to save a woman's life.
- Consider legislating access to contraception (including emergency contraceptives), family planning and maternal health services, guaranteeing free and voluntary access for all regardless of gender, sexual orientation, age, disability or marital status. Legislation should include provision for full, free and informed consent for services taking into consideration the evolving capacity of adolescents in line with international best practice.
- Update the *Essential Medicines List* in line with policy commitments to review it every two years.
- Finalise SRH Clinical Practice Guidelines as outlined in the *Reproductive Child Health and Nutrition Strategy 2016-2020*.

- Develop strategies that ensure access to comprehensive SRHR for LGBTIQ community members.
- Develop strategies that ensure access to comprehensive SRHR for Solomon Islanders who are engaged in sex work, including increasing uptake of condom use by people who purchase sex.
- Encourage collaboration between the Ministry of Women, Youth, Children, and Family Affairs, Ministry of Health and Medical Services and Ministry of Education and Human Resources Development to develop and implement policy that meets the menstrual hygiene management needs of women, especially for girls in education settings. Where relevant, this should be mandated in public health regulations. Similarly, work to ensure education policy enables pregnant girls and school-aged parents to stay in school.
- Review and consider amending the *Labour Act* to include paternity leave and explore options for regulating childcare.
- Consider further research into the low contraceptive uptake despite high awareness and knowledge of contraception and family planning.

GBV recommendations

- Develop and implement a new policy for gender equality and the development of women and girls that maintains a core focus on the elimination of GBV and violence against women and girls (VAW/G).
- Develop and implement a new National Policy to Eliminate VAW/G, incorporating evidence that health care and SRH services are often the entryway to support and assist women experiencing GBV. Furthermore, ensure the new National Policy to Eliminate VAW/G includes priorities, outcomes and strategies that address violence experienced by women and girls with disabilities, people who are LGBTIQ, and women engaged in transactional and/or commercial sex.
- In alignment with the new National Policy to Eliminate VAW/G, develop a fresh National Children’s Policy that addresses GBV against children, particularly girls and the impact of intimate partner violence on children.
- Clarify use of the *Standard Operation Procedures Clinical Management of Rape (Ministry of Health and Medical Services, 2019)* in relationship with SAFENET Guidelines. Update the SOP to more comprehensively align to latest UN guidance and to reflect Government role delineation models. This should include specific sections relating to care and treatment for violence against children
- Amend the SAFENET Guidelines to account for the unique support needs of women with disabilities, sex workers and LGBTIQ people experiencing GBV, including inviting organisations representing these communities to participate in SAFENET governance and building the capabilities of network partners and individual practitioners to respond appropriately using a rights-based approach.
- Consider further research into the extent of GBV experienced by women and girls with disabilities, women engaged in transactional and/or commercial sex, and LGBTIQ people with a focus on the impact of GBV on their SRHR.
- Prioritise full implementation of the *Family Protection Act 2014* within national policies, including providing resources and budget and building the capabilities of legal and judicial duty-bearers.

- Consider review and possible reform unifying family law that guarantees equal rights to women and men and that prohibits customary practices that discriminate against women in the family law setting, including allowing 'no-fault' divorce.
- Review the effectiveness of the *Child and Family Welfare Act 2017* in protecting children from harm associated with domestic violence and other GBV, including consideration of mandatory reporting.
- Review and examine the gendered impacts of any potential reform the defence of provocation in the *Penal Code*.
- Conduct further research and consultation analysing the impacts of customary compensation and reconciliation practices on sentencing and access to justice and safety for women and girls experiencing GBV. Use these findings to inform future policy and legislative reform.
- Consider policy and legal reform to provide protection from sexual harassment.
- Implement plans to develop standalone legislation on trafficking and slavery.

Humanitarian and disaster recommendations

- Finalise, endorse and resource the draft National Sexual and Reproductive Health Emergency Response Plan which explicitly incorporates the MISP and undertake the MISP Readiness Assessment at a national and sub-national level as a basis for policy implementation preparedness.
- Ensure future disaster risk management (DRM) legislation and policy promotes gender transformative objectives and approaches to to sexual and reproductive health in emergencies (SRHiE) and gender-based violence in emergencies (GBViE), including explicitly adopting the Essential Services for Women and Girls Subject to Violence and Minimum Standards for Gender-Based Violence in Emergencies Programming.
- Ensure requirements to Prevent Sexual Exploitation and Harassment (PSEAH) by aid and disaster personnel are embedded in relevant policy and legislation, including in a Code of Conduct for all Workers in Emergencies.

1 Introduction

1.1. Background and objectives

In 2015, the member states of the United Nations adopted 17 Sustainable Development Goals (SDGs) to address poverty, discrimination, abuse, preventable deaths and environmental destruction. Universal access to sexual and reproductive health and rights (SRHR) is among the global targets of the SDGs, reflected primarily under the goals for health and gender equality (UN General Assembly, 2015). SDG Targets 3.7 and 5.6, in particular, call for universal access to SRHR, in line with the 1994 ICPD Programme of Action, the Beijing Platform for Action and their respective review conferences, as a precondition for achieving gender equality and empowering all women and girls (UNFPA, 1995; United Nations, 1995).

The SDGs also include a specific target, 5.2, to ‘eliminate all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation’ (UN General Assembly, 2015). This is consistent with the *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)* (UN General Assembly, 1979), to which Fiji is a signatory, and the *Declaration on the Elimination of Violence Against Women* (UN General Assembly, 1993). Legislation criminalising violence against women (VAW) scaffolds the right of women to live free from violence. While recognising that laws alone are not enough to eliminate violence, legal sanctions can act as a deterrent and legislation can be responsive to victims by providing protection and access to support services (Klugman, 2017). The realisation of SRHR requires that women and girls live free from violence, with research repeatedly demonstrating the close and consistent relationship between exposure to violence and sexually transmitted infections, unintended/unplanned pregnancy, abortion, an increased number of sexual partners, and women not having reproductive autonomy (Grose et al., 2021). In addition, particular violations of women’s SRHR (including but not limited to forced sterilisation, forced abortion, forced pregnancy, and denial of SRH services) may in themselves constitute forms of VAW.

Many nation states, including a number in the Pacific, have plural legal systems in which multiple sources of law are drawn upon simultaneously, for example customary or religious law alongside statutory law. These plural systems can in some cases lead to contradiction in the interpretation or enforcement of laws and can undermine constitutional and statutory provisions that seek to address discriminatory or harmful practices. This is particularly evident in relation to gender justice, SRHR, and VAW (McGovern et al., 2019; Garcia-Moreno et al., 2015). In some countries, constitutional laws and legal structures sustain and foster discrimination in relation to SRHR and GBV, for example undermining women’s ability to freely enter or leave marriage, requiring third-party authorisation to access services, restricting access to particular health services (such as safe abortion care), and by not recognising all forms of GBV. Legislative review has been recommended to address high rates of GBV and discrimination faced by women and minority groups in the Pacific (Chetty & Faletua, 2015).

Stigmatisation and criminalisation of some sexual behaviours and SRHR services and entitlements influences people’s health-seeking behaviour (UNFPA, 2019). This in turn impacts on demand for SRH services including family planning. Given the scope of factors that shape individuals’ health care-seeking behaviour, it is vital to “promote policies, laws and initiatives that support non-stigmatizing, culture- and gender-responsive SRHR programmes and services” (UNFPA, 2019a). While governments in the Pacific have committed to international and regional strategies to address SRHR and GBV, there is a need for further analysis of current barriers and enablers arising from existing national legislative and regulatory frameworks.

The ability to achieve universal access to SRHR and elimination of GBV hinges on a supportive legal and policy environment.

A recent report indicated that women and girls in Solomon Islands are disproportionately affected by disasters and crises due to pre-existing gender inequality and discrimination. Disaster and climate change also exacerbate existing inequalities. This is important for policy and legislative reforms related to GBViE and SRHiE (CARE International, 2021).

A review of SRH and GBV legislation and policy has been undertaken in six Pacific Island countries including Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu. These reviews contribute to UNFPA's work in the Pacific that aims to support countries to meet human rights commitments, progress towards the SDGs, ICPD 1994 Programme of Action and ICPD25 national commitments, and commitments related to the UN High-level Meeting on Universal Health Care (2019).

Specifically, these reviews sought to address the following questions:

1. What national laws, regulations and policies exist in each of the six Pacific Island countries that govern (a) access to SRH; and (b) prevention of and protection from GBV?
2. What are the key factors influencing universal access to SRH and prevention of and response to GBV that may emerge as a result of existing legislative and policy frameworks in each of the six Pacific Island countries?
3. What are the legislative and policy gaps in the protection and promotion of the right to SRH and the elimination of GBV in each of the six Pacific Island countries?

This report provides a summary of findings from the review undertaken for Solomon Islands and key recommendations for further legal reforms and policy strengthening in relation to SRHR and GBV.

1.2. Methods

This study was primarily a desk-based review and analysis of national level policies and legislation related to (a) SRHR and (b) intersecting GBV in Solomon Islands. The review encompassed national legislation, policies, peer reviewed literature and other published reports relevant to SRHR and GBV in Solomon Islands (see references for full list of sources).

Legislation is used throughout the report to refer to legally enforced and enforceable Acts, Bills, subsidiary regulations and orders made under the Acts and the Constitution. Policies refer to government documents that provide a policy statement, position or guidance and broadly includes policies, plans and strategies.

The documents were identified through a systematic search of relevant data bases including Scopus, HeinOnline, AGIS, and other online sources including Pacific Islands Legal Information Institute (PacLII databases). The results are captured in Table 1. Refer to search terms in Annex 1.

Document search and retrieval was undertaken over the period July 2020 to July 2021.

Government websites were searched for up to date policies, legislation and reports, some linking directly back to PacLII. Lastly general internet searches were conducted to capture any other relevant reports and grey literature. UNFPA country focal points were contacted to provide assistance in accessing any policy documents, legislation or relevant reports not accessible online. Documents were categorised by type and analysed for relevance.

Table 1: Documents reviewed during the development of the Solomon Islands report

Source	Results	Omitted	Reviewed	
Databases	Scopus	138	81	57
	HeinOnline	25	6	19
	AGIS	2	1	1
	Index to Legal Periodicals and Books (H.W. Wilson)	3	3	0
Book chapters			1	
Grey literature			36	
Total			101	

The second stage of the review involved a content analysis of included documents. Analysis was completed according to key domains and corresponding indicators (refer to Table 4 under Section 3, Summary of Key Findings) adapted from:

1. Themes under SDG Indicator 5.6.2 (Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH care, information and education) including access to maternity care, contraception and family planning CSE and information, sexual health and wellbeing).
2. Commitments under international frameworks and conventions, particularly the 1994 Programme of Action of ICPD and respective review conferences and the CEDAW, general recommendations 19 (1992) and 35 (2017) provisions intersecting with SRHR.

While it is beyond the scope of this report to review commitments in relation to all international and regional instruments to which Solomon Islands is party, the report does consider commitments relevant to priority populations as outlined in the CPRD (which Solomon Islands signed in 2008), and the CRC (which Solomon Islands ratified in 1995).

Additionally, feedback was sought from relevant stakeholders in the field of SRHR and GBV in Solomon Islands, which aimed to ensure the accuracy and comprehensiveness of the report, and relevance of recommendations.

1.3. Limitations

There are a number of limitations of this review that need to be considered when interpreting findings and recommendations:

- The review is focused on the existence (or otherwise) of SRH and GBV policy and legislation. It was beyond the scope of the review to explore the implementation, enforcement and effectiveness of the documented policy and legislation.
- The documentation search was limited to documentation available online and in English. While effort was made to access documents referred to in literature not available online through UNFPA country focal points, it was not possible to complete a more comprehensive search of hard copy or other documents not publicly accessible in the available time.

- The study did not cover all implementation level documentation such as practice guidelines or sub-national documents that may have included more specific guidance on SRH and GBV.
- There are likely to be initiatives at a country level to address particular priorities and gaps in current national policy and legislation, including sub-national initiatives. As the scope of this review is on national level legislative, policy and strategic planning documentation, such initiatives may not be captured here.
- While the review did incorporate GBV legislation and policy in so far as it intersects with SRHR, it cannot be considered a comprehensive GBV legislative review in its own right. The review did not comprehensively cover for example access to justice, sentencing and policing.

2 Country profile

2.1. Background

Solomon Islands is a culturally diverse and geographically widespread country (Human Rights Council, 2013). It consists of nearly 1,000 islands that make up a land area of approximately 30,400 km² and a sea area of approximately 1.5 million km² (Solomon Islands National Statistics Office, Solomon Islands Ministry of Health and Medical Services, & the Pacific Community, 2017). There are six major islands: Choiseul, New Georgia, Isabel, Guadalcanal, Malaita, and Makira (Solomon Islands National Statistics Office et al., 2017), and the country is divided into 10 local government administrative areas (nine provinces and the capital, Honiara) (FAO, 2016). Solomon Islands is part of Melanesia, and has close cultural ties to Vanuatu, Papua New Guinea and Fiji (Solomon Islands National Statistics Office et al., 2017). Christianity has a large influence on Solomon Islands society, and there are a large variety of Christian denominations as well as rich linguistic diversity (Solomon Islands National Statistics Office et al., 2017).

The Solomon Islands is considered to be a lower middle-income country and is currently ranked 151/189 on the Human Development Index (UNDP, 2020).

Solomon Islands became an independent country in 1978. It is a parliamentary representative democracy, and constitutional monarchy within the Commonwealth in which the British monarch is represented by the appointed Governor-General (Solomon Islands National Statistics Office et al., 2017). Executive power lies with the national cabinet which is headed by the Prime Minister. Parliament consists of 50 members, each of whom is elected from a constituency (Solomon Islands National Statistics Office et al., 2017).

Ethnic conflict in the Solomon Islands between 1998 and 2003, referred to as 'The Tensions' (or 'tension'), were characterised by violent clashes between different ethnic groups - rooted in socio-economic, development, political and land issues (Kabutaulaka, 2002; Maebuta et al., 2009) - and included killings, torture, internal displacement, sexual violence and other human rights violations (Human Rights Council, 2013; RAMSI, n.d.; Vella, 2014). The tensions had far-reaching consequences for Solomon Islands' economy and society; the closure of major companies and displacement of a large number of people led to a significantly different population distribution within the country in the years following the tensions (Solomon Islands National Statistics Office et al., 2017). Post-conflict, a Truth and Reconciliation Commission (TRC) was conducted between 2008 and 2010, with a mandate that 'special attention be given to the subject of sexual abuses and the experiences of children within the conflict' (Vella, 2014, p. 9). Women found it difficult to tell stories of sexual violence perpetrated during the tensions (Vella, 2014). While the true extent of sexual violence is likely to be much greater, 62 cases of sexual assault were reported to the TRC (Jeffery & Mollica, 2017).

2.2. Legal frameworks

2.2.1. The legal system

The *Constitution 1978* ('the Constitution') establishes Solomon Islands' system of government (PJEP, 2004). It defines the roles, responsibilities and powers of the executive (comprising of the governor-general, prime minister and Cabinet), the legislature (a single chamber parliament with the power to make laws), and the legal system comprising of the judiciary and public prosecutions, independent from the executive and the

legislature and responsible for interpreting and applying the laws and creating case law.

Solomon Islands has a plural legal system, where pre-independence British colonial laws, Acts of Parliament, and common law exist alongside customary law (PJEP, 2004). Customary law is defined in the Constitution as 'rules of customary law prevailing in an area of Solomon Islands' (s 144). Customary law is only applicable insofar as it is consistent with the Constitution and legislation (s 76(2)), however it does take precedence over equity and common law rules and principles (sch 3 item 2.1(c)). As will be discussed later in this report, this can have implications for SRHR and victim-survivors of GBV.

The judicial system consists of Local Courts, Customary Land Appeal Courts, Magistrates' Courts, the High Court and a Court of Appeal. The High Court has original jurisdiction to hear constitutional cases, including those concerning fundamental rights, as well as more serious criminal and civil cases. The Local Courts can hear criminal cases where the maximum sentence is no greater than six months, civil cases which concern less than \$200, and customary land dispute cases (in circumstances where local customary decision-making processes have been exhausted). Community elders preside over the local courts, and also consider customary law issues and local by-laws (Commonwealth Governance, 2020).

Like other legal systems inherited from Britain, Solomon Islands is a dualist state. As such, in order for international legal conventions to be binding, they need to be expressly incorporated into domestic law by parliament once instruments are signed or ratified. However, some judiciary has shown a willingness to reference or rely upon international obligations that have not been incorporated into domestic law (see for example, *R v Bade* [2020] SBHC 1).

2.2.2. The Constitution

The Solomon Islands Constitution was drafted in 1976 and has been amended several times, most significantly following the civil conflict in the early 2000s with the current available version consolidating amendments to 2009.

While the Preamble contains a commitment to 'principles of equality' and 'social justice', and the Constitution sets out several fundamental rights protections, it is written using masculine pronouns and does not provide guarantees specifically related to gender equality (UN Committee on CEDAW, 2014), rights to SRH, or health care more broadly. Chapter II outlines the protection of fundamental rights and freedoms of the individual, some sections of which can be interpreted to offer inexplicit protections to SRHR. For example, Section 3 establishes the fundamental rights and freedoms of the individual, regardless of 'race, place of origin, political opinions, colour, creed or sex', to life, liberty, security of the person and the protection of the law (s 3(a)). These rights can be leveraged as grounds to ensure citizens' have access to a range of SRH services that enable life, liberty and security. Likewise, Section 7 protects against torture, inhuman or degrading punishment or other treatment and can be utilised to facilitate SRHR and protections against GBV.

Section 15 of the Constitution contains key protections against forms of discrimination on grounds of 'race, place of origin, political opinions, colour, creed or sex'. The provisions seek to protect against: laws that are directly or indirectly discriminatory (s 15(1)); treatment by public officers that is discriminatory (s 15(2)); and discrimination in relation to access to public spaces such as shops and hotels (s 15(3)). However, it is notable that the Constitution does not protect against discrimination on the basis of gender, gender identity, sexuality, age, and disability, nor does it specify any provisions related to marriage or provide specific protections for the rights of the child. Additionally, there are quite broad caveats throughout Chapter II that could be used to justify limiting SRHR. For example, provisions for making laws 'in the interests of defence, public safety, public order, public morality or public health' (ss 11(6), 12(2), 13(2)).

Parliament can alter the Constitution through the passage of bills without need for a referendum (s 61). Some

provisions require a three-quarters majority to alter, whereas others – including the provisions that protect human rights – may be altered through securing a two-thirds majority of all parliamentary members. A review of documents suggest that a new Constitution was being drafted (UN Committee on CEDAW, 2014), and that it was going to come into effect in 2017. However, the UN Committee on CEDAW (2014, p.3) noted ‘with concern that a new draft federal constitution maintains article 15, paragraph 5, subparagraphs (c)-(e), of the current Constitution, providing for exceptions for discrimination that is based on customary law in areas such as adoption, marriage, divorce, burial, devolution of property upon death, tenure, resumption and acquisition of land.’

2.2.3. International commitments and conventions

The SDGs were set in 2015 by the United Nations General Assembly, with Solomon Islands adopting the 2030 Development Agenda at this time. Targets that Solomon Islands has committed to under the SDGs, specifically relevant to this review, are shown in Table 2 below alongside their internationally agreed indicators:

Table 2: SDG targets and indicators

SDG target	Aligned indicator
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
3.7 By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (15-49 yrs) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (10-14 yrs, 15-19 yrs) per 1,000 women in that age group
5.2 Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15 yrs and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age 5.2.2 Proportion of women and girls aged 15 yrs and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
5.3 Eliminate all harmful practices, such as child early and forced marriage and female genital mutilation	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 5.3.2 Proportion of girls and women aged 15-49 yrs who have undergone female genital mutilation/cutting, by age
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population Development and the Beijing Platform for Action and the outcome documents of their review conferences	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 yrs and older to sexual and reproductive health care information and education

This review will assist Solomon Islands to report against SDG Indicator 5.6.2 in particular.

In addition to the SDGs, at the International Conference on Population and Development (ICPD) +25 in Nairobi, the Government of Solomon Islands reaffirmed its commitment to the ICPD 1994 Programme of Action. Further, the Government submitted several key commitments towards accelerating the implementation of the ICPD Programme of Action in the Solomon Islands, summarised in the table below:

Table 3: Solomon Island ICPD +25 Commitments

Commitment title	Commitment description
Demographic dividend	Harnessing the power of the demographic dividend through strategic investments in education, health and wellbeing of adolescent and youth, including family planning and sexual and reproductive health information and services; and in employment opportunities for young people.
Zero gender-based violence	Progressing towards Zero Sexual and Gender Based Violence, in particular, intensifying all efforts to achieve the <i>Gender Equality and Women's Development Policy (2016-2020)</i> , Policy Outcome 4 by "Preventing and responding to Violence against Women and Girls".
Adolescent and youth sexual reproductive health and rights	Ensuring access for adolescents and youth including those with disabilities to appropriate information, education and adolescent-friendly comprehensive, quality and timely services to be able to make informed choices about their sexuality and reproductive matters that protect them from unintended pregnancies.
Zero preventable maternal deaths	Progressing toward zero preventable maternal deaths by no later than 2030, in line with SDG 3.7 and SDG 5.6. in particular, accelerate the Solomon Islands National Population Policy Goal 2, which states that " Infant, child and maternal mortality reduced", through (2.1) improve awareness and educational resources on maternal health; (2.2) Assess accessibility of health facilities in rural and remote areas, particularly for emergency obstetric care; (2.3) Address overcrowding in maternal facilities; (2.4) Improve data collection on births and deaths; and (2.5) Immunization programme strengthened. Increase the number of supervised delivery by trained skilled birth attendants from 85% to 95 % by 2022, ensure access to basic and comprehensive obstetric care through quality services and referrals systems and increase ante-natal and post-natal coverage by 2020. Establish a national system for the maternal and perinatal Death Surveillance and response by 2022.
Zero unmet need for family planning	Achieving zero unmet need for family planning information and services and universal availability of quality, affordable and safe modern contraceptives by no later than 2030; in line with SDG target 3.7 and SDG target 5.6. Specifically, accelerating all efforts to achieve the Solomon Islands <i>National Population Policy</i> Goal 1 which states "Fertility and unintended pregnancy, particularly among adolescent girls significantly reduced."

Source: [ICPD \(2019\) Nairobi Summit Commitments](#)

Solomon Islands has signed or ratified various international human rights instruments that are relevant to SRH and GBV (see Table 3).

The right to health can be generally viewed as an economic, social and cultural right. This is enshrined within Article 12 of the *International Covenant on Economic, Social and Cultural Rights (ICESCR)*, which Solomon Islands acceded to in 1982. The Covenant states that parties are required to recognise the right to the highest standard of physical and mental health of all (art 12). General Comment 22 (Committee on Economic, Social and Cultural Rights, 2016) expanded on this to add the right for all individuals and groups, including adolescents, to 'evidence-based information on all aspects of SRH, including maternal health, contraceptives, family planning, sexually transmitted infections, HIV prevention, safe abortions and post-abortion care, infertility and fertility options, and reproductive cancer' (art 18). Article 44 of General Comment 22 adds

that States are especially obliged to ensure that adolescents have access to appropriate information on SRH, including early pregnancy, irrespective of their marital status or consent of their parents. The General Comment also called attention to the interdependence and indivisibility between SRHR and the realisation of other human rights (arts 9 and 10).

These obligations are further embedded through the *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*, which Solomon Islands became a state party to in 2002 (including the Optional Protocol). CEDAW obliges parties to pursue the elimination of discrimination against women in all its forms and to embody principles of gender equality in their national constitutions (UN General Assembly, 1979). To this end, parties must ensure access to 'appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation' (art 12) and 'access to adequate health care facilities, including information, counselling and services in family planning' (art 14).

Further, CEDAW establishes the obligation for signatories to 'take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education' - including supporting access to education for girls and women who have left school prematurely and to ensure access to information and advice on family planning in relation to education (art 10) - and ensure elimination of discrimination against women 'in all matters relating to marriage and family relations' (art 16).

In 2017, the CEDAW Committee established General Recommendation 35 aimed at 'accelerating the elimination of gender-based violence against women' (UN Committee on CEDAW, 2017, p.3), which subjects states to the broad obligation to take positive measures to prevent and respond to GBV under customary international law, which includes an obligation to hold perpetrators accountable.

Solomon Islands ratified the *Convention on the Rights of the Child (CRC)* in 1995. Under article 24(1) of the CRC, state parties 'recognize the right of the child to the enjoyment of the highest attainable standard of health... [and] strive to ensure that no child is deprived of his or her right of access to such health care services.' The article further provides that parties should take measures to 'diminish infant and child mortality' (art 24(2)(a)); ensure 'appropriate pre-natal and postnatal health care for mothers' (art 24(2)(d)); and 'develop preventive health care, guidance for parents and family planning education and services' (art 24(2)(f)).

The UN Committee on the CRC has made clear in General Comment 15 (2013) that the CRC requires the realisation of universal rights to SRH services, including young people:

States should ensure that adolescents are not deprived of any sexual and reproductive health information or services due to providers' conscientious objections'[69], including 'safe abortion and post-abortion care services, irrespective of whether abortion itself is legal' [70].

The CRC also protects a child's right to live free from violence, including domestic violence and other forms of GBV. The obligation to take action is broad. Article 19 states that parties:

shall take legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

In 2008, Solomon Islands signed but as discussed has yet to ratify the *Convention on the Rights of Persons with Disability (CRPD)* which outlines the right for persons with disabilities to access the same health care as other persons, including SRH (art 25). In addition to the Government of Solomon Islands ICPD +25

commitments, the Honiara Youth Council's submitted an additional ICPD +25 commitment to accelerate youth focussed actions including continued advocacy with local and national government to ratify the CRPD by 2030 (ICPD, 2019)

Table 4: Relevant international human rights conventions signed or ratified by Solomon Islands

Instrument	Ratification
International Convention on the Elimination of All Forms of Racial Discrimination (1969) See in particular Article 5 (Right to health and to live free from violence)	1982
International Covenant on Economic, Social and Cultural Rights (1976) See in particular Article 12 (Right to health) and General Comment no. 22 on the right sexual and reproductive health	1982
Convention on the Elimination of All Forms of Discrimination against Women (1981) See in particular Article 12 (Elimination of discrimination in access to health care services including family planning), Article 13 (2.b Access to health care facilities including family planning for rural women), Article 16 (Elimination of discrimination in marriage, including in relation to family planning and elimination of child marriage); and CEDAW Committee General Recommendation no.35 on gender-based violence against women	2002
Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (2000)	2002
Convention on the Rights of the Child (1990) See in particular Article 13 (Right to seek, receive and impart information), Article 19 (Right to be protected from all forms of violence and abuse), Article 24 (Right to health and health care), Article 34 (Right to be protected from sexual exploitation and abuse). General Comment no. 15 on the right of the child to highest attainable standard of health	1995
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2002)	Signed but not ratified 2009
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2002)	Signed but not ratified 2009
Convention on the Rights of Persons with Disabilities (2008) See in particular Article 16 (Freedom from exploitation, violence and abuse), Article 21 (Right to information), Article 23 (Right to marriage, parenthood, family planning and retention of fertility), Article 25 (Right to health and health care, including specific SRH)	Signed but not ratified 2008
Optional Protocol to the Convention on the Rights of Persons with Disabilities (2008)	Signed but not ratified 2008

(Source: OHCHR, 2020, 'Status of Ratification')

2.2.4. Regional agreements and frameworks

In addition to its obligations under international human rights conventions, Solomon Islands has committed to various regional agreements which concern the development of sexual and reproductive health in the Pacific. These include the regional *Moana Declaration (2013)* that recognizes the crucial role parliamentarians play in advocating for the implementation of the ICPD Programme of Action. The Moana Declaration saw Pacific countries commit to the integration of SRH into national development strategies, health plans and

budgets. Solomon Islands has also endorsed the *Pacific Youth Development Framework 2014-2023* (Pacific Community, 2015), the *Pacific Sexual Health and Well-being Shared Agenda 2015-2019* (Pacific Community, 2014), and the *2015 KAILA! Pacific Voice for Action on Agenda 2030: Strengthening Climate Change Resilience through Women's, Children's and Adolescent Health*. The KAILA! Declaration outlines governments' commitment that sexual and reproductive health and rights be an integral part of national development strategies, national plans and public budgets, and affirms the centrality of advancing gender equality for sustainable development. Solomon Islands is also a party to regional agreements relevant to the prevention of GBV, including the *Revised Pacific Platform for Action on the Advancement of Women and Gender Equality (2005-2015)*, and the *Pacific Leaders Gender Equality Declaration (PLGED) 2012*.

2.3. Health system governance

The Ministry of Health and Medical Services is the principal agency overseeing, funding, managing, and delivering public health services in Solomon Islands, which include free access to services and medicines (Hodge, Slatyer & Skiller, 2015). The Ministry of Health and Medical Services delivers services through its 25 divisions including the National HIV/STI Division, the Social Welfare and Gender-Based Violence Department, and the National Reproductive and Child Health Program. The Policy and Planning Division of the Ministry of Health and Medical Services is responsible for ensuring that all national divisions and programs are directed towards achieving the *National Health Strategic Plan 2016-2020 (NHSP)* and ensuring that new policies are developed, implemented and regulated in line with the *Health Services Act*.

Delivering universal health care in the Solomon Islands is challenging given the dispersed nature of the population over more than 600 islands. In 2014, the Ministry of Health and Medical Services produced a new *Role Delineation Policy* (MHMS, 2014) which sought to restructure the health system and improve coverage and access to health services in all regions. The proposed restructure comprised six levels of health services, based on a primary health care model: (1) community centres; (2) rural health centres; (3) area health centres; (4) urban health centres; (5) general hospitals; (6) the national referral hospital. The policy also sought to decentralise public health program management and transition from national health programs to provincial health management teams. This policy goes some way towards filling the gap arising from a lack of health legislation that guarantees provision of and access to health services.

The *National Health Strategic Plan 2016-2020 (NHSP)* has recently set the direction for the health system in Solomon Islands. The NHSP focuses on implementation under four key result areas that apply across the health system, including some areas of SRH. Outcome 2 of the action plan is 'Improved maternal health across all provinces, especially for high-risk mothers and those in hard-to-reach communities.' Targets under this outcome include reducing maternal mortality to seven per year by 2020, improving family planning practices and knowledge including monitoring adolescent births, and that by 2020, 100 percent of births occur at health facilities and are delivered by skilled health workers. The Plan outlines a budget strategy, but provides no details on committed resources. There is no data available regarding the progress towards these outcomes. It is reported that development of a new NHSP has been deferred to 2022.

Approximately half of Solomon Islands' funding for health care comes from donors and much of these funds have been provided to address particular diseases instead of bolstering the health system generally (WHO, 2017). This has implications for the provision of SRH services. According to the NHSP, there is a need to improve infrastructure and service delivery at all levels of the health system, with many locations not having access to adequate water supply or sanitation. The plan notes that:

of particular concern is the quality of the facilities available for women to give birth. We have 344 health facilities, most of which were built at least 30 years ago. They have not been well maintained so there is now a big backlog of repairs and replacement needed to bring the facilities up to a suitable standard (p.29).

The Ministry of Health and Medical Services is working closely with the Ministry of Women, Youth, Children and Family Affairs, which is the primary government body with responsibility to uphold, promote, protect and fulfill the rights of women, young people, children and families in Solomon Islands through five strategic objectives:

1. Advance gender equality;
2. End all forms of violence against women;
3. Development of Solomon Islands youth to achieve their full potential;
4. Protect and develop the rights of children; and
5. Develop and manage the MWYCFA's professional and organisational abilities to achieve the above.

The Ministry of Women, Youth, Children and Family Affairs is responsible for the implementation of national GBV policy commitments as well as putting in place measures to monitor their progress and effectiveness. In addition to the Women's, Youth, Children's and Family development divisions, the Ministry has a corporate services and management division which includes 'Research, Policy, Planning'. The Ministry of Women, Youth, Children and Family Affairs has a Corporate Plan which includes a high-level budget forecast as well as a detailed 'Action Plan' outlining specific activities and targets for each division; however, at the time of writing the authors were only able to source the 2015-2018 Plan. Based on previous CRC and CEDAW committee reporting, concerns have been raised about the human and financial resources available within the Ministry of Women, Youth, Children and Family Affairs to be able to effectively plan, implement and monitor legislation and key policies pertaining to GBV.

3 Summary of key findings

Table 5 summarises Solomon Islands’ legislation and policies according to key SRHR, and intersecting GBV, domains. Legislation and policy are mapped against the domains according to corresponding indicators, as outlined in the methodology. The indicators are intended to identify the extent to which Solomon Islands’ current national legislation and policies align with relevant international frameworks and commitments around universal access to SRHR and eliminating GBV. It should be noted that the GBV indicators included in this review are only those which intersect most closely with SRHR.

Table 5: Summary of the sexual and reproductive health and gender-based violence desk review

Domain	Sub-domain	Specific indicators	Status	Notes
Gender equality and non-discrimination		Constitutional guarantee of substantive equality between men and women	Partial	The Constitution (amended 2009) is not written using gender-inclusive language - using male pronouns throughout – and there is no specific reference to gender equality or equality between women and men. However, there is a generic statement in the Preamble referring to equality: ‘... we shall uphold the principles of equality, social justice and the equitable distribution of incomes.’
		Does the Constitution contain an anti-discrimination clause on the grounds of sex, gender, marital status, sexual orientation or disability?	Partial	Of the grounds listed in the indicator, the anti-discrimination in the Constitution clauses refer specifically only to sex.
SRH general	National SRH strategy	National sexual and reproductive health policy (or strategy) ²	Partial	While there is no single, unified national sexual and reproductive health policy or strategy, several other strategies or plans have goals and intended outcomes within them related to SRHR that can be taken to outline an overall – if fragmented - policy. However, except for the <i>National Development Strategy</i> (2016), all these strategies or plans are currently expired.
		Does it include allocation of resources (including budget) to achieve targets and indicators to measure implementation?	No	While several policies refer to ‘ensuring’ funding and resources are allocated, there is a lack of detail and no costings/investment amounts specified and all the relevant policies have expired.

² “Recognizing that countries are in different positions in terms of resources, capacity, and the policy and legal environment, the most realistic option is for countries to commit in principle to a comprehensive approach to SRHR by adopting the definition proposed by the Guttacher–Lancet Commission” (UNFPA, 2019). The Guttacher–Lancet commission provides an outline of a comprehensive SRH essential services package in line with the ICPD Program of Action and other key international frameworks (Starrs, et al., 2018). Refer to Annex 2. Official adoption of a defined package of SRHR health services is a clear commitment that helps to ensure accountability.

Domain	Sub-domain	Specific indicators	Status	Notes
		Population policy on fertility (raise, lower, maintain)	Yes	<p>The goals of the <i>National Population Policy 2017 – 2026</i> includes Fertility and unintended pregnancy, particularly amongst adolescent girls, significantly reduced.</p> <p>In addition to the <i>National Population Policy</i>, there is reference in the narrative of several policies that indicate an aspiration to reduce population growth by reducing birth/fertility rate via greater contraception uptake and family planning, and the benefits this will bring to Solomon Islands development. Some refer to specific targets or activities. For example, the <i>National Development Strategy 2016 -2035</i>, and the <i>National Children's Policy with National Plan of Action</i>.</p>
	Fertility	Population policy on adolescent birth rate	Yes	<p>In addition to the goal in the <i>National Population Policy (2016)</i> (see above), there are several other strategies and plans that outline policy on the adolescent birth-rate in Solomon Islands, namely to reduce it through increased uptake of contraception and family planning.</p> <p>Policies and plans that specifically target reducing the adolescent birth rate include the <i>National Youth Policy 2017 – 2030</i>, <i>National Health Strategic Plan 2016-2020</i>, <i>Reproductive Child Health and Nutrition Strategy 2016-2020</i>, <i>National Children's Policy with National Plan of Action and National HIV Policy & Multisectoral Strategic Plan 2005 – 2010 (Draft)</i>.</p>
SRH general				<p>s 10(1) of the <i>Islanders Marriage Act (1996 edition)</i> defines the legal age of marriage for both girls and boys as 15 years. However, marriage under the age of 18 requires written consent from the father. If he is deceased, of unsound mind or absent from the district, written consent can be provided by the mother. If both deceased, or unsound mind or absent from the district, then a guardian, judge or Magistrate (s 10.3).</p>
	Adolescent and youth SRHR	Legislated equal minimum age of 18 for marriage	No	<p>s 4 undermines both the above sections by allowing for valid marriage outside the legislation where it is celebrated in accordance with the custom of Islanders or in accordance with the provisions of the Pacific Islands Civil Marriages Order in Council 1907. There is no minimum age of marriage under customary law.</p> <p>Finally, the <i>Births, Marriages and Deaths Registration Act</i> does not require a birth certificate to register a marriage in order to confirm the ages of the marrying parties. However, there are penalties in the Penal Code for making false statements for the purpose of securing a marriage (s 104).</p>
		Law requires full and free consent of both parties to a marriage	No	<p>While s 11 of <i>Islanders Marriage Act (1996 edition)</i> provides for objection to marriage by any parties whose consent to the marriage is required, the Act does not specify that full and free consent is required from the parties to the marriage.</p>

Domain	Sub-domain	Specific indicators	Status	Notes
		Legislated minimum age of consent to sexual activity	Partial	<p>The <i>Penal Code (Amendment) (Sexual Offences) Act 2016</i> legislates 15 years as the minimum age of consent to sexual activity. However, as consensual same sex sexual relationships and anal sex are prohibited, this indicator only is partially met.</p> <p>It is not a defence to a charge for an offence under this section to prove that the child consented to the relevant act (s 139(3)).</p>
		Legislated compulsory primary and secondary education for boys and girls	No	<p>Primary and secondary education is not compulsory in the Solomon Islands.</p> <p>The <i>National Education Action Plan 2016 – 2020</i> proposed a pilot of compulsory education for 6-15 year-olds in specific areas, but at the time of writing it is unclear whether this has been implemented.</p>
SRH general	Adolescent and youth SRHR	Legislated prohibition on expulsion from school due to pregnancy	No	<p>No legislative prohibition or requirements, however an intention is expressed in previous policy to develop further policies that support pregnant girls and young mothers to stay in school.</p> <p><i>National Gender Equality and Women's Development Policy 2016–2020.</i></p> <ul style="list-style-type: none"> • Policy Outcome 6: Increased Access to Education and Providing a Supportive School Environment • Key Strategies and Actions 2: Institutional strengthening through gender sensitive education policies • Reinforce or introduce gender sensitive policies that allow girls who are pregnant to remain in school during and after pregnancy (p. 16). <p>The National Education Action Plan 2016-2020 makes reference to second chance education initiatives, but does not specifically provide for 'second chance' education following pregnancy.</p>

Domain	Sub-domain	Specific indicators	Status	Notes
		Law(s) or regulation(s) that guarantee access to:		
		Voluntary counselling and testing	Partial	<p>The <i>National Strategic Plan for HIV, STIs and Viral Hepatitis 2019 – 2023</i> indicates that both client-initiated (CITC) and provider-initiated testing and counselling (PITC) are being implemented in the Solomon Islands, and the definition of PITC states it must be voluntary, confidential and with consent. However, the Plan outlines an ‘opt-out’ policy to ‘strengthen’ PITC, using a generic consent form that enables the client to elect not to have a HIV test, that may not ensure those who do not ‘opt-out’ of an HIV test are doing so with informed consent.</p> <p>Two additional (expired) policies focus on expanding access and uptake of voluntary confidential counselling and testing (VCCT) (<i>National Strategic Plan for HIV and STIs: 2014 – 2018; National HIV Policy & Multisectoral Strategic Plan: 2005 – 2010 (Draft)</i>), but there is currently no law or regulation that guarantees access to VCCT.</p>
		Treatment and care	Partial	The <i>National Strategic Plan for HIV, STIs and Viral Hepatitis 2019 – 2023</i> focuses extensively on strengthening linkages between people living with HIV and STIs and treatment and care services, improving treatment guidelines and training, and ensuring patient confidentiality, but there are no guarantees for treatment and care, or confidentiality, in legislation or regulation.
Sexual health	STIs, HIV and AIDS	Confidentiality	Partial	
		No legislative restrictions to the above based on:		
		(a) age	Yes	
		(b) sex	Yes	
		(c) marital status	Yes	No legislative restrictions to access voluntary counselling and testing, treatment and care and confidentially based on age, sex, marital status, third-party authorisation.
		(d) third-party authorization (e.g. spousal, parental/guardian, medical)	Yes	
		Legal prohibition of discrimination based on HIV status	No	s 15 of the Constitution makes discrimination unlawful on several grounds, but HIV status is not specifically included. The <i>National Strategic Plan for HIV, STIs and Viral Hepatitis 2019 – 2023</i> has a focus on reducing stigma and discrimination towards people living with HIV in order to increase uptake of testing and treatment, and an action to develop and finalise legislation that protects people from discrimination and human rights violation in relation to accessing HIV services, but to date there is no indication that the legislation has been developed.

Domain	Sub-domain	Specific indicators	Status	Notes
	Human papillomavirus	Law(s) or regulation(s) mandating access to HPV vaccine for adolescent girls?	Partial	<p>The <i>Reproductive Child Health and Nutrition Strategy 2016 - 2020</i> and online articles describe a National HPV Vaccination Program for girls aged 9 – 12 years/9 – 14 years launched in May 2019, but no current legislative or policy provision found that enables or regulates the national program. The current EPI policy does not include HPV vaccination, though the cervical cancer program is currently developing a policy that should include HPV vaccination.</p> <p><i>Reproductive Child Health and Nutrition Strategy 2016-2020.</i></p> <ul style="list-style-type: none"> Refers to 2015 HPV vaccine pilot program for girls aged 9-12 in Honiara and Isabel Province, to be evaluated for national scale up (p. 14). Outputs: # of girls (age 9-12) vaccinated with HPV vaccination (p. 15). <p>HPV Vaccine (0.5ml Injection Gardasil®) is included on the <i>2017 Solomon Islands Essential Medicines List</i>.</p>
		Does any law(s) or regulation(s) guarantee access to contraceptive services?	No	<p>No specific law or regulation guaranteeing access to contraceptive services. However, there are some provisions in lapsed policy.</p> <p><i>Reproductive Child Health and Nutrition Strategy 2016-2020.</i></p> <ul style="list-style-type: none"> Key Result Area 5.5: Care for Family Health and Welfare Policy Statement: All women and men of reproductive age have access to quality family planning information and services; particularly long-term reversible methods.
Contraception and family planning	Contraception	Essential medicines include:		<p>National Pharmacy Division Ministry of Health & Medical Services. 2017. <i>Solomon Islands Essential Medicines List</i>.</p> <p>National Pharmacy Services Division Ministry of Health & Medical Services. 2015. <i>Solomon Islands Essential Medical Supplies List</i>.</p>
		Female condoms?	Yes	
		Contraceptive implants?	Yes	Copper IUD and Levonorgestrel (Jadelle®)
		Emergency contraception (levonorgestrel)?	Yes	Levonorgestrel 1.5mg
		Law(s) or regulation(s) that guarantee the provision of full, free and informed consent for contraceptive services (including sterilisation)?	No	No specific law or regulation guaranteeing the provision of full, free and informed consent for contraceptive services. The Constitution provides for broad protections which are insufficient to protect from forced contraceptive services.

Domain	Sub-domain	Specific indicators	Status	Notes
		Does any law(s) or regulation(s) guarantee access to emergency contraception?	No	No guarantee in law or regulation, but Levonorgestrel is on the <i>Solomon Islands Essential Medicines List</i> (2017), and provision of emergency contraception following instances of sexual violence is included in the <i>Safenet Guidebook 2017: Standard Operating Procedures for referral and coordination of sexual and gender based violence services</i> .
	Contraception	No legislative restrictions on the above based on:		
		(a) age	Yes	Contraceptives are not subject to any legal prohibitions.
		(b) marital status	Yes	However, consultation with stakeholders suggests that some health service and/or health care providers may require spousal consent for certain procedures (eg. tubal ligation).
		(c) 3 rd party authorization (e.g. spousal, parental/ guardian, medical)	Partial	
Contraception and family planning		Policy on provision of family planning services	Partial	Partially achieved on account of both relevant national policies (<i>National Health Strategic Plan 2016 – 2020</i> and <i>Reproductive Child Health and Nutrition Strategy 2016-2020</i>) being expired and the development of subsequent policies has been deferred to 2022. Current <i>National Youth Policy 2017 – 2030</i> includes some family planning policy provisions for adolescents (see above).
	Family planning	Through government sources?	Yes	The <i>Role Delineation Policy for Solomon Islands</i> (Ministry of Health and Medical Services) defines the different levels of service in the Solomon Islands Health System and provides guidance on types of services to be provided at each of the six levels of service to inform service planning and improve service quality. The <i>Role Delineation Matrix</i> (p. 16) indicates family planning services will be delivered at community level services/community centres, rural health centres, area health centres level 1 and 2, urban health centres (type 1 & 2), and general hospital levels.
		Financial support for provision through non-government?	No	While donor-supported family planning consumables are directed through government stores to SIPPA, specific provision of government financial support to NGOs to provide family planning services is not there.

Domain	Sub-domain	Specific indicators	Status	Notes
Comprehensive sexuality education (CSE) and information	CSE Law	Legislated mandatory integration of CSE into national school curriculum	No	<p>While there is evidence in the literature that suggests Family Life Education (FLE) is being taught in some schools as part of the health, science and/or home economics curriculum, there is no legislative requirement that mandates this. There are a number of policy provisions that provide the basis for provision of CSE in Solomon Islands:</p> <ul style="list-style-type: none"> The <i>National Gender Equality and Women's Development Policy (2016-2020)</i> under Policy Outcome 6 commits to continuing 'to develop and promote age-appropriate education on sexual and reproductive health' (p16). The <i>National Population Policy 2016 – 2026</i> lists integration of FLE in the school curriculum as a policy objective. The <i>Reproductive Child Health and Nutrition Strategy: 2016-2020</i> aimed to partner with the Ministry of Education curriculum department to support training for secondary school teachers on FLE.
		Minimum requirements for the curriculum to cover:		
		Relationships?	No	
		Understanding gender?	No	
		Violence and safety?	No	
		Sexuality and sexual behavior?	No	
		Sexual reproductive health?	No	
		Human body and development?	No	
		Does any law(s) or regulations (s) guarantee access to maternity care? Specifically:	Partial	Although there is a constitutional right to life, there is no legislative requirement that guarantees access to maternity care specifically. s. 10 of the <i>Health Services Act</i> allocates responsibility to the Ministry (of Health and Medical Services) for the provision of maternity health services and family planning but does not compel the Ministry to provide these services or guarantee access. While there are no legislative guarantees, there were some commitments to ensuring access to maternity care in the recently expired <i>Reproductive Child Health and Nutrition Strategy 2016-2020</i> and within the <i>older National Children's Policy with National Plan of Action (2010)</i> .
		Comprehensive prenatal care	Partial	As above.

Domain	Sub-domain	Specific indicators	Status	Notes
		Delivery by skilled birth attendants	No	While there is no law specifically guaranteeing access to delivery by skilled birth attendants, the Role Delineation Policy for Solomon Islands provides guidance as to staffing and services for deliveries at rural health centres, area health centres, urban health centres and hospitals.
		Emergency obstetric care	Partial	s 11(1) of the <i>Health Services Act</i> creates a duty for the Ministry [of Health & Medical Services] to provide, equip and maintain aid posts at convenient locations within Solomon Islands. S 2 of the Act defines an “aid post” as a premise within the area served by a clinic which provides limited primary health care services, including obstetric services in an emergency. The same duty does not exist in law for any other type of health service delivered by the Ministry.
Maternal health	Maternity care	Postnatal and newborn care	Partial	While the provision of emergency obstetric services is limited in law, the <i>Role Delineation Policy for the Solomon Islands</i> states that emergency obstetric care will be available at the Area Health Centre level and above.
		No legislative restrictions based on:		As above - no specific legislation or regulation guaranteeing post-natal and newborn care, but some provisions in <i>Role Delineation Policy for the Solomon Islands</i> which states that early newborn and post-partum care will be provided at Rural Health Centres, Area Health Centres (Level 1), the General Hospital, and the National Referral Hospital.
		(a) age	Yes	
		(b) Marital status	Yes	No specific legislative prohibitions on maternity care.
		(c) Third-party authorization (e.g. spousal, parental/ guardian, medical)	Yes	

Domain	Sub-domain	Specific indicators	Status	Notes
		Legal ground on which abortion is permitted?		
		To save a woman's life	Yes	There are mixed messages in the legislation regarding the lawfulness of abortion, with ss 157 - 159 of the Penal Code prohibiting it. However, s 221(1) and s 234 permits abortion to save a woman's life. The provision of abortion is referred to only in the draft National Sexual and Reproductive Health Emergency Response Plan, noting 'it is critical to ensure that safe abortion care is available, to the full extent of the law, in health center's and hospital facilities' (p. 4).
		To preserve a women's physical health	No	See above – Potentially if the risk to the woman's physical health is life threatening.
		To preserve a woman's mental health	No	See above – Potentially if the risk to the woman's mental health is life threatening.
		In case of rape	No	See above - Unless case can be made for threat to life of continuing with pregnancy (i.e. based on risk to mental health)
		In cases of foetal impairment	No	See above - Unless case can be made for threat to life of continuing with pregnancy (i.e. based on risk to physical health)
		If abortion is legal on some or all grounds, no restrictions based on:		
		Medical professional authorization	Partial	
		Parental or judicial consent for minors	Partial	
		Husband's consent for married women	Partial	
		Women cannot be criminally charged for illegal abortion	No	The <i>Penal Code</i> allows abortion to save a woman's life. Other than requiring a medical opinion in relation to the risk to the woman's life, there are no apparent restrictions based on these examples. Clarification and guidance are required to support implementation and reduce barriers to accessing abortion.
		Guaranteed access to post abortion care is mandated in policy or legislation, irrespective of legal status of abortion	No	
Maternal health	Abortion			

Domain	Sub-domain	Specific indicators	Status	Notes
		National list of Essential Medicines includes ³ :	Yes	Source: Ministry of Health and Medical Services. (2017c). Solomon Islands Essential Medicines List.
		Oxytocin	Yes	Oxytocin inj Oxytocin/Ergometrine (Syntometrine) inj
		Misoprostol	Yes	200mcg tabs
		Magnesium Sulfate	Yes	50% inj
		Injectable Antibiotics	Yes	Benzylpenicillin inj Procaine Benzylpenicillin (Procaine Penicillin) inj Gentamicin inj Ceftriaxone inj
Maternal health	Lifesaving commodities	Antenatal corticosteroids	Yes	Dexamethasone 4mg in 1ml inj
		Chlorhexidine	Yes	Chlorhexidine in spirit bottle 1L 0.5% in 70% solution Chlorhexidine in spirit bottle 2L 0.5% in 70% solution Chlorhexidine 100g 1% obstetric cream Chlorhexidine 4% hand wash
		Resuscitation devices for newborns	Yes	Masks, Resuscitation, Neonate
		Amoxicillin	Yes	Amoxicillin 250mg in 5ml suspension Amoxicillin 250mg tabs/caps
		Oral rehydration salts	Yes	Oral Rehydration Salts powder
		Zinc	Yes	Zinc sulfate (dispersible) 20mg tabs

3 [UN Commission on Life Saving Commodities](#)

Domain	Sub-domain	Specific indicators	Status	Notes
Maternal health	Family/ work balance	Legislated maternity leave	Yes	s 42(1) of the Labour Act provides for up to 12 weeks' maternity leave including a period of at least six weeks' compulsory leave after confinement, during which it shall be an offence for an employer or any other employer to give a female worker on maternity leave employment, and acceptance by a female worker of such employment from any other employer shall be deemed to be a breach of her previous contract. s 42(3): During the period of maternity leave the employee shall be entitled, for a maximum period of 12 weeks, to be paid not less than 25 per centum of the wages she would have earned had she not been absent from work and for any period of additional annual or sick leave at the full rate to which she is entitled during such leave.
		Legislated paternity leave	No	
Gender-based violence	National action plan or strategy on violence against women	Does legislation guarantee provision of childcare by the employer or state?	No	
		National action plan or strategy on gender-based violence? ⁴	Partial	The <i>National Policy to Eliminate Violence Against Women and Girls: 2016 – 2020</i> has recently expired and development of a subsequent plan has been deferred to 2022. In the meantime, the <i>National Development Strategy 2016 – 2035</i> includes a medium-term strategy focus on addressing GBV through implementing current laws and regulations, and the <i>National Population Policy 2017 – 2026</i> features a goal related to strengthen gender equality and 'substantially reduce' GBV reflected in seven objectives. Addressing SGBV is also a priority listed in the shortly to expire <i>Women, Peace, and Security National Action Plan 2017 – 2021</i> , although the associated activities are largely related to post-conflict justice and preventing GBV in conflict.

4 In line with Essential Services Package for women girls subject to violence <https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>.

Domain	Sub-domain	Specific indicators	Status	Notes
Gender-based violence	National action plan or strategy on violence against women	Does it include allocation of resources (including budget) to achieve targets?	Partial	<p><i>National Policy to Eliminate Violence Against Women and Girls 2016 – 2020</i> states: ‘Solomon Islands Government will provide sufficient resources for the implementation of this policy. The Ministry of Women, Youth, Children, and Family Affairs will advise the government so that sufficient resources are allocated to all involved Ministries to ensure a whole-of-government response to the elimination of violence against women (EVAW). The Government will also provide sufficient resources for the EVAW coordinator in the Ministry of Women, Youth, Children, and Family Affairs to implement the monitoring of the SAP. This is in line with the concluding observations of the UN Committee on CEDAW, which recommend to: “Allocate sufficient and sustainable budget and adequate staff with the necessary technical skills to the Women’s Development Division at the national, provincial and local levels, and ensure that it has a clear mandate to coordinate the implementation of public policies.” (Recommendation 19(a), p.5)’ (p. 27).</p> <p>However, no specific budget details for implementing the policy are provided.</p>
		Does it include benchmarks, indicators to measure implementation of legislation?	No	The Policy is written using outcome-based language, but no measures included.
		Does it establish multisectoral referral mechanisms?	Yes	<p>The Policy focuses on the implementation and strengthening of SAFENET, the multisectoral referral system for victims/survivors of violence against women and girls in the Solomon Islands (p. 9, 24).</p> <p>The SAFENET Guidebook 2017: <i>The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender Based Violence Services</i> provides detailed guidelines on implementation of SAFENET.</p>

Domain	Sub-domain	Specific indicators	Status	Notes
Gender-based violence	National action plan or strategy on violence against women	Does it establish mechanisms for collection of GBV data, including administrative and case management data?	Partial	<p>The Policy sets outcomes related to strengthening GBV data collection, including administrative and case management data, through improving existing information management systems, developing evaluation systems, and developing guidelines to address gaps in information and data, but does not articulate who has responsibility or is accountable for the data collection, performance indicators or target, nor a comprehensive mechanism or tools for the standardisation of data collection at the national level.</p> <p>However, the <i>SAFENET Guidebook 2017: The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender Based Violence Services</i> outlines a detailed strategy for collecting SAFENET referral information, with specific data capture noted for some partners (e.g. Ministry of Health and Medical Services in accordance to National Clinical Practice Guidelines). The data collection strategy includes reporting to Parliament bi-annually on SAFENET performance and case numbers. This is valuable data, however is not national in scope and does not address each policy outcome of the <i>National Policy to Eliminate Violence Against Women and Girls 2016 – 2020</i>.</p> <p>The Health Information System (HIS) used in the Solomon Islands captures data on patients presenting with physical and sexual violence or child abuse, and referrals made. It is unclear how cases of violence for entry into the HIS are identified.</p>
	Criminalisation & civil legislation	Are there measures in place to address domestic violence through civil and criminal law offenses?	Yes	<p>The <i>Family Protection Act 2014</i> s 2(2) describes domestic violence in all its forms as unlawful. s 58(1) makes it an offence to commit domestic violence: 'A person commits an offence if the person commits domestic violence', which has a penalty of a fine of 30,000 penalty units or imprisonment for 3 years, or both (s 2).</p> <p>s 59(1) establishes breaching a protection order or police safety notice as an offence. Committing domestic violence is considered a breach, further criminalising domestic violence (see Schedule 10, Form 1 (p. 44), Form 3 (p. 49) & Form 5 (p. 53)).</p> <p>The <i>Penal Code and Penal Code (Amendment) (Sexual Offences) Act 2016</i> also criminalise physical and sexual assault, generally with much higher penalties than for the domestic violence offence in the <i>Family Protection Act</i>.</p>

Domain	Sub-domain	Specific indicators	Status	Notes
		Criminalisation of sexual violence	Yes	<p><i>Penal Code (Amendment) (Sexual Offences) Act 2016</i> criminalises a range of sexually abusive and violent behaviours, including rape. The definition of sexual intercourse as it pertains to sexual violence is thorough.</p> <p><i>Family Protection Act 2014</i></p> <p>Sexual abuse is included in the definition of domestic violence in s 4 of the Act, which also designates domestic violence as an offence. The Act defines sexual abuse of a person as 'conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of the person;' (s 3, p. 12). Committing sexual abuse is also a breach of protection order, which is a criminal offence.</p> <p>Sexual harassment is not recognised in any Solomon Islands legislation and is not criminalised.</p> <p>As same sex sexual relationships are criminalised, there is a risk that victims of sexual violence perpetrated by someone of the same sex will be criminalised.</p>
Gender-based violence	Criminalisation & civil legislation	Comprehensive definition of domestic violence in legislation, including physical, sexual, psychological and economic violence	Yes	<p>The definition of domestic violence in the <i>Family Protection Act 2014</i>, s 4(1) includes physical, sexual, psychological, and economic abuse. s 4(2) provides for domestic violence to be a single act or a number of acts that form a pattern of behaviour. The definition could be further strengthened by referring to patterns of coercive power and control as a defining feature of domestic violence and expanding the specific types of domestic violence included, such as verbal abuse, social abuse, and spiritual or religious abuse.</p>
		Domestic violence legislation covers marital relationships	Yes	<p><i>Family Protection Act 2014</i>, s 4(1) defines domestic violence as 'committed by a person (the "offender") against another person with whom the offender is in a domestic relationship'.</p> <p>s 5(a) includes 'are or have been family members;' in the definition of domestic relationship, and s.6(2)(a) defines family members to include 'the person's spouse or de facto spouse.' Therefore, the legislation covers marital relationships.</p>
		Domestic violence legislation covers non-marital relationships	Yes	<p>s 5(c) states a person is in a "domestic relationship" with another person if they are or were in an engagement, courtship or customary relationship, including an actual or perceived intimate or sexual relationship of any duration. It could strengthen the legislative framework if these types of relationships were defined in the Act.</p>

Domain	Sub-domain	Specific indicators	Status	Notes
		Domestic violence legislation covers same sex relationships	Partial	There is no reference to sex or gender in the <i>Family Protection Act 2014</i> , so theoretically it could be used to apply to people in same sex relationships. However, same sex sexual relationships are criminalised in the Penal Code 1996, so it is unlikely the <i>Family Protection Act</i> offers any protection or access to justice to people experiencing family violence in same sex relationships.
		Domestic violence legislation covers non-cohabiting relationships	Partial	There is no explicit reference to non-cohabiting relationships in the <i>Family Violence Protection Act 2014</i> . It can be interpreted that they are included where the relationship is an engagement, courtship or customary relationship that is non-cohabiting, but the focus on relationships treated by a person as a member of the person's family or a member of the person's household opens an interpretation gap for non-cohabiting intimate relationships.
Gender-based violence	Criminalisation & civil legislation	Domestic violence legislation covers family relationships	Yes	<p>s 6. (1) A "family member", of a person, is a member of the person's family, whether related by blood, adoption, marriage or custom.</p> <p>(2) Without limiting subsection (1), each of the following is a member of a person's family—</p> <ul style="list-style-type: none"> (a) the person's spouse or de facto spouse; (b) the person's child, grandchild, step-child or child-in-law; (c) the person's parent, grandparent, step-parent or parent-in-law; (d) the person's sibling, half-sibling, step-sibling or sibling in-law; (e) the person's uncle or aunt or uncle-in-law or aunt-in-law; (f) the person's nephew or niece; (g) the person's cousin;
		Domestic violence legislation covers members of household	Yes	s 5. A person is in a "domestic relationship" with another person if—(d) one person is a domestic worker in the other person's household.
		Broad definition of sexual assault including rape, characterised as a crime against the right to personal security and physical, sexual and psychological integrity?	Yes	<p><i>Penal Code (Amendment) (Sexual Offences) Act 2016</i>, ss 136D – 145.</p> <p><i>Family Protection Act 2014</i>:</p> <p>s 3: "sexual abuse", of a person, means conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of the person;</p>

Domain	Sub-domain	Specific indicators	Status	Notes
		Sexual assault within a relationship specifically criminalized (e.g. "no marriage or relationship constitute a defense to a charge of sexual assault under the legislation")?	Yes	<p><i>Penal Code (Amendment) (Sexual Offences) Act 2016:</i> 136F Rape</p> <p>(1) A person commits an offence if the person has sexual intercourse with another person:</p> <ul style="list-style-type: none"> (a) without the other person's consent; and (b) knowing about or being reckless as to the lack of consent. <p>Maximum penalty: Life imprisonment.</p> <p>(2) To avoid doubt, subsection (1) applies even if the persons are married or in a marriage-like relationship.</p>
Gender-based violence	Criminalisation & civil legislation	In relation to sexual assault, defense of consent is defined as 'unequivocal and voluntary agreement' explicitly including a non-exhaustive list of circumstances which cannot constitute consent	Yes	<p><i>Penal Code (Amendment) (Sexual Offences) Act 2016:</i> defines sexual consent as freely and voluntarily given by a person with the necessary mental capacity to give consent, and the submission without physical resistance by a person shall not alone constitute consent. A non-exhaustive list of circumstances not constituting consent is outlined including circumstances of threat, intimidation, fear and authority.</p> <p>s.196 – Sexual intercourse or indecent act – Child under 15 & s.140 – Sexual intercourse or indecent act – Child under 18</p> <p>Prohibits consent as a defence for these offences.</p>
		Prohibitions on the use of corroboration, prior sexual conduct and proof of resistance in sexual offence proceedings	Partial	<p><i>Penal Code (Amendment) (Sexual Offences) Act 2016:</i></p> <p>s 136A(3) A person who does not offer actual physical resistance to an act is not, by reason only of that fact, to be regarded as consenting to the act.</p> <p><i>Evidence Act 2009:</i></p> <p>s 7: Subject to this Act, the principles and rules of the common law that relate to the need for corroboration of certain evidence are abrogated.</p> <p>s 18: Subject to any other written law, it is not necessary that evidence on which a party relies be corroborated.</p> <p>s 19: A court need not exercise caution before convicting an accused in reliance on the following evidence –</p> <ul style="list-style-type: none"> (a) evidence given by a child; (b) evidence given by a victim of an offence against morality; or (c) evidence in relation to an offence against morality where there was a delay in reporting the crime. <p>Nothing can be found in relation to prohibitions related to prior sexual conduct, therefore this indicator is considered partially met.</p>

Domain	Sub-domain	Specific indicators	Status	Notes
	Criminalisation & civil legislation	Legislation guarantees issuance and monitoring of eviction, protection, restraining or emergency barring orders against alleged perpetrators, including adequate sanctions for non-compliance	Yes	<p><i>Family Protection Act 2014:</i></p> <p>s 15 provides for Police Safety Notices that can include conditions that direct the respondent to not enter or remain in a specified place.</p> <p>ss 35-36 describes conditions available for Protection Orders made by the court, which include directions to the respondent to not enter or remain in a specified place and/or to vacate a residence or a specified part of the residence.</p> <p>s 59 makes it an offence to breach a protection order or Police Safety Notice, with a penalty for an offence of a fine of up to 30 000 penalty points or 3 years imprisonment or both. Clause 3 prohibits the defence of payment of customary compensation for the offence.</p>
Gender-based violence		Are there clinical guidelines/SOP for identification and management of cases of GBV, including sexual assault and domestic violence, for use in the health sector?	Yes	<p><i>The SAFENET Guidebook 2017: The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender Based Violence Services</i> provides comprehensive guidelines for responding to victim-survivors of SGBV. The Ministry of Health and Medical Services SOPs for physical and sexual abuse are aligned with the National Clinical Practice Guidelines (2016).</p> <p>There exists separately a Standard Operation Procedures Clinical Management of Rape (Ministry of Health and Medical Services, 2019). It is unclear how this SOP is used in practice and whether it is considered a companion resource to SAFENET Guidebook. The MHMS clinical SOP could be strengthened to more comprehensively align to latest UN guidance and to reflect Government role delineation models. This should include specific sections relating to care and treatment for violence against children.</p>
	Health sector response to GBV	Does legislation or policy guarantee access to healthcare and reproductive health care (incl. emergency contraception and post exposure prophylaxis against HIV) for victim/survivors of GBV?	Yes	<p><i>The Family Protection Act 2014, s 46</i> places a duty on health care providers to refer a victim to domestic violence support services and give them the opportunity to be medically examined and referred for further counselling or medical treatment. The Act mandates health care providers to follow any relevant policies or protocols for examining victims of domestic violence issued by the ministry responsible for health (i.e. <i>SAFENET Guidebook 2017</i>).</p> <p>SOPs for Sexual Abuse in both the <i>SAFENET Guidebook 2017: The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender-Based Violence Services</i> and <i>Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender Based Violence</i> documents below refer to providing STI/HIV PEP and emergency contraception as indicated, and referral to other health and community services.</p> <p>See also <i>the Role Delineation Policy 2014</i>.</p>

Domain	Sub-domain	Specific indicators	Status	Notes
Gender-based violence	Health sector response to GBV	No restrictions on the above based on marital status, residency, age or other factors?	Yes	
		No additional legislation that restricts access to SRH or GBV response services, or otherwise undermines the SRH and protection from GBV, for:		
SRH and GBV in key populations (cross-cutting)	Adolescents and youth	Adolescents and youth	Partial	While no additional legislation specifically restricts access to SRH or GBV services or undermines SRH and protection from GBV for adolescents and youth, there is limited consideration specifically of young people in relevant legislation.
		People with disabilities	Partial	While no additional legislation specifically restricts access to SRH or GBV services or undermines SRH and protection from GBV for people with disabilities, there is limited consideration specifically of people with disabilities at all in relevant legislation. There are no anti-discrimination clauses related to disability with the Solomon Islands Constitution (1978). Further, Solomon Islands has signed but not ratified the CRPD (OHCHR, 2020).
	LGBTIQ people	No	Criminalisation of same sex sexual relationships in <i>Penal Code 1996</i> (ss 160 - 162) creates a barrier for people identifying as LGBTIQ from seeking SRH &/or GBV services.	
	Sex workers	No	Criminalisation of living off earnings of prostitution, soliciting sex in a public place, or operating a brothel in ss 153 – 155 of the <i>Penal Code 1996</i> , in effect, criminalises prostitution. Criminalisation creates a barrier to sex workers accessing SRH &/or GBV services.	

Domain	Sub-domain	Specific indicators	Status	Notes
		Special provisions in legislation or policy to improve access to SRH and ensure protection from GBV for:		
		Adolescents and youth	Partial	Several mentions of prioritising adolescent and youth access and uptake of SRH in policy (e.g. <i>National Youth Policy: 2017 – 2030</i> , <i>Reproductive Child Health and Nutrition Strategy 2016-2020</i>), but none related to GBV. Children are covered in the Family Protection Act 2014.
SRH and GBV in key populations (cross-cutting)	Legislative protection	People with disabilities	Partial	As above, there are extremely limited provisions in legislation protecting the rights of persons with disabilities and no specific provisions in relation to access to SRH and protection from GBV. While there is the <i>National Policy on Disability 2005-2010</i> , it is significantly out of date and does not address SRH or access to SRH health services for people with disabilities with any tangible strategies, nor does it make any progress to address the intersection of disability and GBV. Disability is mentioned in varying degrees within key national policies including National Gender Equality and Women's Development Policy 2016-2020 and National Policy to Eliminate Violence Against Women and Girls 2016 – 2020.
		LGBTIQ people	No	People who identify as being members of the LGBTIQ community are rarely considered in policy, with issues relating to sexual orientation, gender identity and expression largely invisible in Solomon Islands policy measures relating to SRH and GBV.
		Sex Workers	No	Specific provisions to increase sex workers' access to SRH or protection from GBV have not been identified in current policies or legislation.

Domain	Sub-domain	Specific indicators	Status	Notes
Plural legal systems		No constitutional / statutory/ customary/ traditional/ religious laws contradictory to any of the above	No	<p>The Constitution Schedule 3, Paragraph 2. 1: Subject to this paragraph, the principles and rules of the common law and equity shall have effect as part of the law of Solomon Islands, save in so far as:—</p> <ol style="list-style-type: none"> they are inconsistent with this Constitution or any Act of Parliament; they are inapplicable to or inappropriate in the circumstances of Solomon Islands from time to time; or in their application to any particular matter, they are inconsistent with customary law applying in respect of that matter. <p>Schedule 3, Paragraph 3: Subject to this paragraph, customary law shall have effect as part of the law of Solomon Islands.</p> <p>The <i>Customs Recognition Act 2000</i> Sec. 3. Existence and nature of customary law matters: Subject to the provisions of section 5 [Proof of custom], questions as to the existence of any customary law and the nature of such customary law in relation to a matter, and its application in or relevance to any particular circumstances, shall be ascertained as though they were matters of fact.</p>
Humanitarian and disaster	Provisions for SRH in disaster legislation and national plans	Are there provisions in relevant health or disaster policy and legislation to require that the MISP for SRH objectives and related indicators are assessed, resourced and delivered?	Partial	<p>Indicator is partially met as the <i>National Sexual and Reproductive Health Emergency Response Plan</i> is still in draft form. <i>The National Disaster Management Plan</i> (2018) does not refer to SRH or GBV.</p> <p>The <i>Reproductive Child Health and Nutrition Strategy 2016-2020</i> recognises disaster and emergency preparedness as a cross-cutting issue and committed to developing a SOP for emergencies based on the MISP.</p>
Humanitarian and disaster	Provisions for GBV in disaster legislation and national policy and plans	Are there provisions to respond to VAW/GBV in emergencies in legislation, policy and plans? Are the specific provisions in policy and legislation to require alignment with the <i>Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies</i> .	Partial	<p>The <i>Women, Peace and Security National Action Plan 2017 – 2021</i> commits to protecting women's human rights and to ensure that women are secured from sexual and gender-based violence in natural disasters and humanitarian crises.</p> <p>The <i>National Policy to Eliminate Violence Against Women and Girls 2016 – 2020</i> had the objective of building capacity of humanitarian actors to respond to EVAWG in disaster risk reduction, emergency response and recovery, and to include EVAWG service providers in disaster planning and response. The Ministry of Women, Youth, Children, and Family Affairs was designated to support gender inclusion in disaster risk reduction programs, and to improve data collection in disaster assessment and the inclusion of existing EVAWG services (such as SAFENET) in disaster risk management planning and response (p. 39).</p> <p>There is no reference to SRH or GBV in the National Disaster Management Plan. No reference to requirement or intention to align with <i>Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies</i> in any of the above.</p>

4 Sexual and reproductive health law and policy

This section of the report outlines national policy documents, highlighting their relevance to SRHR. Policies along with legislation are then explored further according to key SRH domains developed for this review. As noted earlier, there is substantial overlap between issues relevant to SRHR and to GBV, though the current policy landscape specifically relevant to GBV will be the focus of Section 5 of this report.

4.1. Background

Overall, knowledge of family planning in the Solomon Islands is high, with 94 per cent of women and 98 per cent of men aged 15-49 knowing at least one contraceptive method (Solomon Islands National Statistics Office et al., 2017). Despite this, during the 2015 *Demographic and Health Survey* (DHS) (Solomon Islands National Statistics Office et al., 2017), the unmet need for contraception among married women aged 15-49 was found to be 35 per cent, the equal highest level in the Pacific (Solomon Islands National Statistics Office et al., 2017), with the contraceptive prevalence rate only 29 per cent. In 2018, the fertility rate in Solomon Islands was estimated by the World Bank (n.d.a) to be 4.4 births per woman and the adolescent fertility rate was 78 – the highest rates in the Pacific for both indicators. The population of the Solomon Islands continues to grow, with the provisional population as of the 2019 census being just over 721 000 (Solomon Islands National Statistics Office, 2020) and estimated to increase to at least 1,000,000 people by 2045 (Ministry of Development Planning & Aid Coordination, 2016). Accordingly, this population growth will drive social and economic changes and impacts on the environment, as well as increase demand for government services (Ministry of Development Planning & Aid Coordination, 2016) and add to pressure on already fragile infrastructure and scarce resources (Solomon Islands Government, 2016). Therefore, reproductive health is an important factor in Solomon Islands population policy.

Access to maternal health services in the Solomon Islands is relatively high. According to the 2015 Solomon Islands *DHS*, 94 per cent of women received antenatal care from a skilled provider, and only 5 per cent of women received no antenatal care (Solomon Islands National Statistics Office et al., 2017). Nine out of 10 council areas are delivering on the best practice target of at least four antenatal care visits per expectant mother during their pregnancy⁵ (Solomon Islands Resource Facility, 2019). In addition, 85 per cent of births occur at health facilities (Solomon Islands National Statistics Office et al., 2017). However, the median number of months of pregnancy before a woman seeks her first antenatal care visit is 5.6 months, indicating that Solomon Islands women start antenatal care at a relatively late stage in their pregnancy (Solomon Islands National Statistics Office et al., 2017). Despite steady improvements, maternal mortality remains an urgent issue in the Solomon Islands (Solomon Islands National Statistics Office et al., 2017), with the modelled estimate of the maternal mortality ratio being 104 in 2017, the second highest in the Pacific after Papua New Guinea (World Bank, n.d.b).

5 Honiara was the only council area that did not reach the best practice target. However, when adjusting for antenatal care (ANC) visits being made in home provinces rather than at the National Referral Hospital in Honiara, it is likely Honiara also met the target.

Solomon Islands recorded 31 cumulative cases of HIV and 15 AIDS related deaths between 1994 to 2018 (Ministry of Health and Medical Services, 2019), with the National Statistics Office et al. (2017) describing STIs as ‘rapidly increasing’ (p.xxiii). While only a small proportion of young people report more than two sexual partners in the last 12 months (4 per cent of young women and 11 per cent of young men), few of those reporting high-risk sex report using a condom during last sex (National Statistics Office et al., 2017). Cervical cancer ranks as the second leading cause of cancer in females in the Solomon Islands, with 55 cases diagnosed annually and age standardized incidence rate estimated to be 22.6 - lower than the average for Melanesia (HPV Information Centre, 2019).

4.2. Domestic legislation and policy

There is no current, single overarching SRH legislation or policy in Solomon Islands. However, SRH is provided for in various broader legislation and policies, some of which are outlined in Table 6 below. Many key elements of a good national SRH policy can be found in these separate policies, although a number of them have lapsed.

Table 6: Current domestic legislation and policies that relate to SRH

Domestic legislation and policies that relate to sexual and reproductive health	
Legislation	<i>Health Services Act (1996 edition)</i>
	<i>Penal Code</i>
	<i>Penal Code (Amendment) (Sexual Offences) Act 2016</i>
	<i>Islanders’ Marriage Act (1996 edition)</i>
	<i>Labour Act (1996 edition)</i>
	<i>Education Act (1996 edition)</i>
Policies and guidelines	
Ministry of Development Planning and Aid Coordination ⁶	<i>National Development Strategy 2016 – 2035</i>
	<i>Medium Term Development Plan 2016-2020</i>
	<i>National Population Policy 2017-2026</i>
Ministry of Women, Children and Poverty Alleviation (MWCPA)	<i>National Gender Policy (2014)</i>
	<i>Women’s Plan of Action (1999-2008); Women’s Plan of Action (2010-2019)</i>
	<i>Role Delineation Policy 2014</i>
	<i>Reproductive Child Health and Nutrition Strategy 2016-2020</i>
Ministry of Health and Medical Services	<i>National Policy on Disability 2005 – 2010</i>
	<i>Solomon Islands Essential Medical Supplies List (2015c)</i>
	<i>Solomon Islands Essential Medicines List (2017)</i>
	<i>National Strategic Plan for HIV, STIs & Viral Hepatitis 2019-2023</i>
	<i>National Sexual and Reproductive Health Emergency Response Plan (Draft) (2019)</i>

⁶ Now known as the Ministry of National Planning and Development Coordination.

Domestic legislation and policies that relate to sexual and reproductive health

Ministry of Women, Youth, Children and Family Affairs	<i>National Gender Equality and Women's Development Policy 2016-2020</i>
	<i>National Children's Policy with National Plan of Action (2010)</i>
	<i>National Youth Policy 2017-2030</i>
Ministry of Education and Human Resources Development	<i>National Education Action Plan 2016 – 2020</i>
	<i>Policy Statement and Guidelines for the Development and Implementation of the National Curriculum in Solomon Islands (2011a)</i>
	<i>National Curriculum Statement (2011b)</i>

These policies, plans and regulations where SRH is referred to all set useful intentions, targets and outcomes related to SRH, some of which set Solomon Islands on the path towards achieving the SDGs. However, the disparate policies also risk duplication and gaps in alignment, and provide challenges for coordinated implementation, monitoring and evaluation. Noting that there is a draft plan for responding to SRH in emergencies, and that many of the above policies have lapsed, it would be useful for Solomon Islands to consider one overarching, standalone SRH policy that is aligned with other key health, gender and emergencies policies.

The impact of legislation on Solomon Islanders' SRHR will be discussed under relevant thematic headings below. National policies and plans are more specifically related to SRHR and are outlined in some detail below.

4.2.1. National Development Strategy 2016 – 2035

Nationally, SRH services and activities are guided by policies and plans to improve SRH outcomes for Solomon Islanders and increase access to services and quality service delivery. The highest level of these is the Solomon Islands Government's 20-year *National Development Strategy 2016 – 2035 (NDS)*. This strategy aligns with the SDGs and outlines five national objectives, with one of these (Objective 3) being 'All Solomon Islanders have access to quality health and education'. It is made operational through the *Medium-Term Development Plan 2016-2020*. Both are discussed in detail below, along with the Ministry of Health and Medical Services *National Health Strategic Plan (NHSP)*.

The NDS maps out a strategic direction for the future development of Solomon Islands by setting out a framework for development policies, priorities, and programs. It contains five overarching objectives. The objective most relevant to SRH is Objective 3 'All Solomon Islanders have access to quality health and education'. Under this objective lies Medium Term Strategy 8 'Ensure all Solomon Islanders have access to quality health care; combat communicable and non-communicable diseases'.

As part of this strategy, there are a number of priority focus areas; those of which pertain to SRH (and their corresponding policies/programs) are outlined in Table 7 below. Each of these priority focus areas notes the importance of reaching disadvantaged, remote and hard to reach members of the Solomon Islands population.

Table 7: Summary of NDS medium-term strategy 8 priority focus areas pertaining to SRH

Priority focus area	Corresponding policies / programs pertaining to sexual and reproductive health
Improved child survival	Implement Reproductive Maternal Neonatal Child Adolescent Health Strategy Plan
	All health facilities have a competent workforce to provide antenatal care, childbirth care, essential newborn care, identify and care for sick children, and establish and strengthen neonatal death surveillance
Improved maternal health	All hospitals have staff competent to provide long acting reversible methods of contraception, as well as the counselling skills to address myths and misperceptions. Develop a certified family planning training course.
	Legislators, stakeholders, men, and end-users know the availability of long-term methods, can debunk myths of health concerns, and advocate for the use of these methods in advocacy.
	Strengthen linkages between health facilities.
Improved health and wellbeing of adolescents and youth	Strengthen maternal death surveillance and response.
	Strengthen health workers', peer educators, and teachers' competency on adolescent health issues and provide youth friendly space using a rights-based approach

The NDS also includes a section that aligns the medium-term strategies to the SDGs and sets out performance indicators targets accordingly. Examples where this relates to SRH are outlined in Table 8 below.

Table 8: Alignment of SDG goals pertaining to SRH with NDS performance indicator/target

SDG goal	NDS performance indicator / target
3.1. By 2020, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	Maternal mortality ratio and rate
	Maternal mortality rate reduced by 93 per 100,000 live births in 2010 to less than 80 by 2015 and less than 70 by 2020
3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	HIV incidence, treatment, and mortality rates
5.6. Ensure universal access to sexual and reproductive health and reproductive rights agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action	Total fertility rate

4.2.2. Medium Term Development Plan 2016-2020

This plan sets out the programs and projects supporting the objectives of the NDS, operationalising the Government of Solomon Islands' long-term vision for the country. It outlines improved maternal health, improved health and wellbeing of adolescents and youth, reduced incidence of non-communicable diseases (NCDs) and impacts, and reduced burden of communicable diseases as priority health issues for the period of the plan. Despite these priorities, the bulk of expenditure outlined in the plan for the health sector is allocated to the National Referral Hospital (which requires relocation).

4.2.3. National Health Strategic Plan 2016-2020

The *NHSP* includes a number of outcomes which relate to SRH.

The first key result area for the plan is to improve service coverage, with family planning and supervised hospital or facility-based deliveries being listed as programs to be given priority during the five years of implementation of the plan. The plan notes a focus on 'high risk mothers' and families in hard-to-reach communities

While there is specific focus on NCDs within the plan, there is no mention of strategies to prevent and/or respond to cervical cancer. However cervical cancer is discussed as a priority in the *Reproductive Child Health and Nutrition Strategy 2016-2020 (RCHN Strategy)*. There is also extensive discussion of the Healthy Islands framework in the *NHSP*, without specific clarification of how SRHR will be integrated into this, though some detail is provided under the *Role Delineation Policy (2014)*.

Another key result area in the *NHSP* is on the need to improve health infrastructure, noting that 'of particular concern is the quality of the facilities available for women to give birth' (p.29).

The plan explicitly aims to improve health and wellbeing of adolescents and youth and improve health sector responsiveness to GBV. The *NHSP* also notes that all initiatives under the plan will give particular priority to people with disabilities as well as women exposed to violence and abuse. The Ministry of Health and Medical Services has established a gender focal point to act as a resource to assist in the approaches required to ensure that these populations are prioritised.

The plan notes that a review of the *Health Services Act* was scheduled for 2018; however, no evidence was found of this review at the time of writing.

Outcome statements in the *NHSP* most relevant to this review are shown in Table 9:

Table 9: Outcome statements in the NHSP relevant to SRHR

Outcome statement	Objectives	Indicators
2. Improved maternal health across all provinces, especially for high-risk mothers and those in hard to reach communities	2.1 Reduce maternal mortality to 7 per year by 2020	Number of maternal deaths per year Percentage of maternal deaths audited Average number of ANC visits per mother
	2.2 Improve family planning practices and knowledge	Family planning contact rate Contraceptive prevalence rate Number of adolescent births
	2.3 100% health facility-based deliveries by skilled health workers by 2020	% of births attended by a skilled birth attendant % of births in health facilities
3. Improved health and wellbeing of adolescents and youth	3.1 Develop adolescent and youth health strategy by 2018	Availability of strategy

While maternal health and adolescent health are the focus of two outcome statements in the NHSP there is no specific detail as to how the four related objectives will be achieved in this high-level plan. More detail is provided in the *Role Delineation Policy* for increasing Solomon Islanders' access to services through the achievement of Universal Health Coverage (UHC), particularly in remote communities, and in the *RCHN Strategy*, both of which are discussed below.

4.2.4. Role Delineation Policy (2014)

The *Role Delineation Policy* is designed to achieve UHC and aims to restructure the health system to strengthen quality of health service provision at all levels. It outlines the services that should be provided to the population at each level of service provision, categorised into four packages in line with the priorities of the Ministry of Health and Medical Services. The first key package has reproductive, maternal, newborn, child and adolescent health (RMNCAH) as the core priority. The policy outlines where RMNCAH service delivery packages will operate at different levels of health service, that is within community centres, rural health centres, area health centres, urban health centres, general hospitals and the national referral hospital. Service packages include:

- Maternal health services, including antenatal care, skilled (midwifery) assisted delivery and postnatal check-ups
- Sexual and reproductive health, including family planning services and STI/HIV/AIDS counselling and testing
- Men as partners program
- Adolescent health and development services.

The *Role Delineation Policy* also sets out the essential medicines, and facility and infrastructure requirements in particular service areas. The policy suggests that family planning services should be available at community centres, the level of the health service closest to the community. Rural health centres are the next level of service and should be able to provide RMNCAH services (note it is not specified what these should

include other than antenatal and postpartum care, manage simple deliveries and provide stabilisation and referral of complicated pregnancies). The policy suggests that rural health centres should have the following registers, manuals, guidelines and forms relevant to SRHR:

- Antenatal register
- Antenatal care guidelines
- Clinical handbook and guidelines for the minimum standards for treatment of survivors of SGBV
- HIV reporting forms
- Reproductive health manual
- STI register
- STI treatment guidelines
- PMTCT and VCCT guidelines
- WHO IMPAC manual

Area health centres are the facilities where first-level referrals are sent, and should provide birthing facilities, emergency obstetric care and some obstetric inpatient services (with obstetric services supported by a resident or visiting medical officer), HIV counselling/testing and treatment, common cancer screening (it is unclear if this includes cervical cancer screening). Urban health centres (in Honiara) can also provide normal delivery services. Hospitals accept referrals from lower-level facilities based on clinical requirements, but other than for complex obstetric cases and emergency obstetric care would not usually be the first point of contact for services related to SRHR. The policy outlines what equipment and facilities should be available at each level of service, including those related to SRHR.

The policy notes that the Ministry of Health and Medical Services is looking to move responsibility for public health program management to the provinces (which would include SRHR related programs), though it is unclear to what degree this has been achieved.

4.2.5. Reproductive Child Health and Nutrition Strategy 2016-2020

The *RCHN Strategy* was developed in line with the *NHSP*, which identified children and women as priority target populations. The *RCHN Strategy* therefore contributes significantly to the overarching *NHSP*. The *RCHN Strategy* has six key result areas, each with corresponding goals. These are summarised in Table 10.

Table 10: Summary of key result areas and corresponding goals for the RCHN Strategy

Key result area	Goal
Care for family health and welfare	Reduce unintended pregnancies
Childbirth care for mother and baby	Eliminate preventable deaths of mothers and newborns
Preventing and care for sick children	Eliminate preventable deaths and illnesses of children
Care for young people	Strengthen sexual and reproductive health services for young people
Prevention and care for cervical cancer	Reduce morbidity and mortality due to cervical cancer.
Health systems support	Strengthen health systems support for RCH&N programs, which underpins and supports all the key result areas and corresponding goals.

Many of the desired outcomes of the key result areas directly relate to SRH, including that:

- >80 per cent of all reproductive age women (age 15-49) have knowledge of long-term reversible methods of contraception
- Change in percentage distribution of contraceptive methods (increasing use of long-term reversible methods and permanent methods, compared to short-term methods)
- >90 per cent of childbirths occur in a health facility in all provinces
- >80 per cent of pregnant women receiving four or more ANC visits
- >90 per cent of young girls (aged 15-19) have heard of any modern method of family planning
- >50 per cent of young people aged 15-24 years who both correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission
- Reduce the rate of cervical cancer (target rate TBD)
- Percentage of health facilities offering Visual Inspection with Acetic Acid (VIAC) as a tool to reduce the rate of cervical cancer
- <15 per cent of positive VIAC out of total women screened
- TBD number of girls (aged 9-12) vaccinated with HPV vaccination.

Strategies for achieving these outcomes discussed in the plan include:

- Building capacity of workers at hospitals and area health centres in insertion/removal of long-term reversible methods (IUCD and implant) of contraception; in counselling skills to remove fear of contraception; and in youth-friendly services
- Provision of outreach family planning services by these trained workers to rural health centres and communities
- Advocacy campaign to make family planning a national development agenda, with parliamentarians participating in a radio campaign to eliminate misperceptions, and a family planning symposium
- Emergency obstetric care training using a coaching approach, with refresher training in antenatal care
- Maternal death surveillance and response
- Finalising the Integrated SRH Clinical Practice Guidelines (not developed at the time of this review)
- Area health centre and rural health centre nurses to provide outreach services to young people in the community, along with trained peer educators
- Establishing six youth friendly health centres/clinics
- Developing a cervical cancer strategy and standard treatment manual
- Supporting national scale up of the HPV vaccination pilot
- Adding new indicators to the Health Information System
- Integrating long-term reversible family planning methods and emergency obstetric care into the nursing and midwifery curricula at Solomon Islands National University.

HIV and STIs are treated as cross cutting issues in the *RCHN Strategy*. While Solomon Islands is recognised as a low HIV prevalence country, it is recognised that Solomon Islanders' knowledge about HIV is low and high-risk behaviours are prevalent, particularly among young people. HIV and STIs are managed by the HIV/STI Division, a separate section of the Ministry of Health and Medical Services to the Division responsible for the *RCHN Strategy* (the RCH Division). The *RCHN Strategy* acknowledges the need for increased collaboration and integration of efforts, particularly around antenatal care, and STIs among young people.

Disasters and emergency preparedness are treated as a cross-cutting issue in the strategy (see Section 7). GBV is also treated as a cross-cutting issue in the *RCHN Strategy*, and this will be discussed further in Section 5 of this report. At the time of writing, it is unclear whether there has been an evaluation of the RCHN strategy and to what extent the outcomes have been achieved.

4.2.6. National Population Policy 2017-2026

The primary goal of the *National Population Policy 2017-2026* is to improve the quality of life of people living in the Solomon Islands through understanding the future demand for government services and thus effectively planning development efforts. There are eight goals within the policy, two of which pertain to SRH:

- Goal 1: Fertility and unintended pregnancy, particularly amongst adolescent girls, significantly reduced
- Goal 2: Infant, child, and maternal mortality reduced

There are indicators, objectives, and activities corresponding to each of these goals. These are outlined in Table 11 below.

Table 11: Overview of National Population Policy goals pertaining to SRH

Overview of National Population Policy goals pertaining to SRH				
Goal 1: Fertility and unintended pregnancy, particularly amongst adolescent girls, significantly reduced				
Indicators	Total fertility rate, adolescent fertility rate, unmet need for family planning			
Targets	Total fertility rate declines to 3.5 and adolescent fertility rate declines to 50 per 1000 per 2019			
Objectives	Improve access to reproductive health services including family planning	Improve access to reproductive health services for youth	Integration of health and family life education in the school curriculum	Community-based education and communication
Activities	Advocate for political and community support for family planning Establish family planning movement Promote wide availability of family planning Undertake research on unmet need for family planning	Review and continue to support youth-friendly services Collaborate with civil society on developing youth-friendly reproductive health services	Inter-agency agreement	Develop communication strategy for delivering improved family planning strategies to communities
Leading agencies	Ministry of Health and Medical Services			
Goal 2: Infant, child, and maternal mortality reduced				
Indicators	Infant mortality rate, under-5 mortality rate, maternal mortality rate, maternity beds, emergency operations centre facilities, proportion of births attended by skilled personnel			
Targets	Infant mortality rate 12 per 1000 by 2026, under-5 mortality rate 12 per 1000 by 2026, maternal mortality rate 50 per 100,000 by 2026, emergency operations centre facilities available in the national and provincial hospitals			
Objectives	Assess accessibility of health facilities in rural and remote areas, particularly emergency obstetric care	Improve awareness and education resources on maternal health	Address overcrowding in maternal facilities	Improved data collection on births and deaths and establish maternal-neonatal audit

Overview of National Population Policy goals pertaining to SRH

Goal 2: Infant, child, and maternal mortality reduced

Activities	Development of information, education, and communication materials and communication strategies	Facility survey Demographic health survey analysis Develop emergency obstetric care policies and guidelines based on the Role Delineation Policy	Estimate needs based on expected births Facility survey and align with the Role Delineation Policy	Strengthen the role of civil registration and vital statistics Strengthen death registration MOU / MOA with relevant civil society organisations Develop incentives for birth registration
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Leading agencies Ministry of Health and Medical Services

The *Population Policy* reflects a desire to promote population growth that is in-step with Solomon Islands economic and employment growth. Therefore, a key element of the policy is reducing the birth rate through increased uptake in contraception and family planning. However, the activities mostly focus on gathering evidence on accessibility and demand modelling rather than tangible service delivery and contraception uptake outputs.

4.2.7. Other national policies and plans relevant to SRHR in Solomon Islands

The *National Gender Equality and Women's Development Policy 2016-2020 (NGEWD Policy)* identifies a series of priorities to progress gender equality in the Solomon Islands, including targets to improve women's health. The policy outlines a number of key issues, one of which is that 'the sexual and reproductive health and rights of women and girls are not protected'. In response to this, a key policy priority identified is for 'improved access for women's right to sexual and reproductive health'. The particular objectives of this policy priority are:

- To improve access to healthcare, and in particular to reproductive and sexual healthcare services, and
- To raise widespread awareness of women's rights to SRH.

Key strategies and actions were identified to realise these objectives in a way that enables government, civil society, and development partners to work together to accelerate gender inequality and wellbeing. The key strategies and actions pertaining to the objectives outlined above are:

- Gender-sensitive health policies and budgets, such as through incorporating gender analysis and gender costing of health issues through gender budgeting, strategic planning, and programming
- Increased coordination between the education and health sector to improve maternal and child health outcomes, and to enhance education about sexual and reproductive health for young people in particular
- Strengthening gender sensitive health data collection and research by strengthening health sector data collection and mapping the agencies that work in sexual and reproductive health and rights advocacy to strengthen coordination amongst them.

The *National Youth Policy 2017-2030* has six priority policy outcomes, one of which is health and wellbeing. The policy notes that there has been a lack of effective strategy for enhancing the health and wellbeing of young Solomon Islanders and notes SRH including teenage pregnancy and STIs as priority areas within

youth health. It notes in particular the impact on the high population growth rate in Solomon Islands on young people and the infrastructure required for young people to attain their rights and to flourish. Under the priority policy outcome of 'health and wellbeing' the policy outlines a number of strategic actions including to 'improve the knowledge, attitude and behaviour of young people to prevent or minimise their exposure to or participation in known behavioural risk factors of diseases', to 'address sexual and reproductive health including teenage pregnancy', and to develop a youth-to-youth strategy for health and wellbeing. It is not clear how these actions would be implemented.

The *National Strategic Plan for HIV, STIs and Viral Hepatitis 2019-2023* commits to ending HIV, STIs and Viral Hepatitis as public health threats in Solomon Islands by 2030, in line with the 2030 Agenda on Sustainable Development. The goal of the plan is to improve HIV, STI, and Hepatitis prevention, testing, and treatment service coverage in Solomon Islands. The plan outlines objectives, outcomes and interventions for HIV/AIDS, STIs, and Hepatitis.

While relevant to SRHR, the *National Education Action Plan 2016-2020 (NEAP)* does not mention any relevant activities or outputs, such as the delivery of CSE in schools or about supports for pregnant students or students who are parents.

The *Solomon Islands Essential Medicines List (EML) (2017)* and *Solomon Islands Essential Medical Supplies List (2015)* includes drugs relevant to maternal health including Oxytocin, Misoprostol, Ergometrine, Magnesium Sulphate, Chlorhexidine, Amoxicillin, injectable antibiotics, corticosteroids, and drugs and commodities relevant to sexual health including antiretroviral medicines, antifungal medicines, antiherpes medicines, male and female condoms, oral hormonal contraceptives, injectable hormonal contraceptives, implantable contraceptives and copper IUDs.

The remainder of Section 4 of this report explores Solomon Islands' policies and legislation in relation to the key SRH domains developed for this review.

4.3. Contraception and family planning

Overall, knowledge of family planning in Solomon Islands is high, with a majority of both women and men aged between 15 and 49 knowing at least one contraceptive method (94 per cent and 98 per cent respectively) (Solomon Islands National Statistics Office et al., 2017). Family planning services in Solomon Islands are provided through mobile outreach clinics and networks of community-based educators and distributors (FP2020, 2019a). Over the last eight years, the number of intended pregnancies in Solomon Islands has remained relatively stable, increasing from around 11,000 to 12,000 per year. In the same period, the number of unsafe abortions that have been averted due to modern forms of contraception is predicted to have increased from 3,100 to 3,800 (FP2020, 2019b). However as discussed, the 2015 *DHS* found the unmet need for contraception among married women aged 15-49 to be high, at 35 per cent; the unmet need for family planning was even higher for sexually active unmarried women at 83 per cent (Solomon Islands National Statistics Office et al. 2017, p.101). Unmet demand is particularly high for sexually active unmarried 15-19-year olds. Less than 10 per cent of sexually active unmarried women were using any family planning method at all, and only 10 per cent of sexually active unmarried women have their family planning demand satisfied.

Legislation in Solomon Islands does not fully guarantee access to family planning, contraceptive services or provision of full, free and informed consent for contraceptive services. Despite this there are a number of policy provisions intended to guide provision of contraception and family planning in Solomon Islands.

Male and female condoms combined with oral contraceptive pill, progesterone-only pill, injectable

contraceptives (Depo Provera), implants (Jadelle) and copper intrauterine devices and emergency contraception (Levonorgestrel 1.5mg) are all included on the *Solomon Islands 2017 Essential Medicines List (EML)*. However consultations held to validate findings outlined in this report emphasise ongoing challenges in ensuring availability of contraceptives at all levels of the health system, and ongoing challenges with distribution and storage.

In 2012, as an outcome of the London Summit on Family Planning, Solomon Islands set significant national goals related to family planning, referred to as FP2020. These commitments involved incorporating reproductive health into a national health strategic plan and involving 'men [as] partners in all reproductive health issues, including voluntary family planning'. The government has subsequently made family planning commitments in a number of policies as described above, including:

- *Role Delineation Policy (2014)*
- *National Health Strategic Plan 2016 - 2020*
- *National Population Policy 2016 - 2026*
- *Reproductive, Child Health, and Nutrition Strategy 2016 - 2020*
- *National Development Strategy 2016 - 2035*
- *National Youth Policy 2017 - 2030*

No national family planning guidelines for Solomon Islands were sighted during this review; however, they are referred to in the 2015 DHS report (Solomon Islands National Statistics Office et al. 2017). The *RCHN Strategy* aimed to finalise integrated SRH Clinical Practice Guidelines, but there is no indication at the time of this review that these have been developed. In their observations on the combined initial to third periodic reports of Solomon Islands, in 2014 the Committee on CEDAW noted with concern the inadequate access to family planning services and infrequent use of modern contraceptive methods in Solomon Islands, recommending that the government 'ensure free access to modern contraceptive methods for women as part of the policy on free health care and provide age-appropriate information and education on sexual and reproductive health to address misconceptions, stereotypes and stigma attached to those methods' (p.13/18). However, anecdotal feedback obtained from stakeholders in validation of this review suggests that there may be hidden costs that clients are expected to pay when they seek these services.

Access to contraceptives is not subject to any legal prohibitions or restrictions on the basis of age, marital status or need for third-party authorisation in Solomon Islands. However, the absence of specific laws guaranteeing the right to access, and provision of full, free and informed consent may create confusion for family planning service providers and practitioners as well as consumers, particularly in relation to access to contraceptives for 'minors' without the need for parental consent. While there are multiple policy commitments around the provision of adolescent and youth friendly SRH services including contraceptives, there are currently no specific guidelines around consent to access contraceptives (including emergency contraception) for this age group. The U.S. Department of Department Human Rights Report (2016, para 60) notes that in Solomon Islands 'couples and individuals have the right to decide freely and responsibly the number, spacing and timing of their children, manage their reproductive health, and have the information and means to do so, free from discrimination, coercion and violence'.

Reproductive coercion is a behaviour that restricts a woman's autonomous reproductive health decision-making. This could include for example sabotage of contraception or coercion around pregnancy or abortion (Grace & Anderson, 2018). Reproductive coercion is increasingly being recognised as a serious threat to sexual and reproductive health and rights and an insidious form of violence against women in its own right. Despite this, there has been very limited research on this issue in the Pacific. More needs to be understood about this issue in Solomon Islands to ensure that there are appropriate legislative protections and policy responses in place.

The *Safenet Guidebook 2017: The Safenet standard operating procedures for referral and coordination of sexual and gender based violence services* outlines policy and procedures aiming to ensure provision of emergency contraception in the case of sexual violence.

4.4. Sexual health

4.4.1. HIV and STIs

Between 1994 and November 2018, Solomon Islands had recorded 31 cumulative cases of HIV and 15 AIDS related deaths (Ministry of Health and Medical Services, 2019). About 91 per cent of women and 97 per cent of men aged 15-49 in the Solomon Islands have heard of HIV, and almost every person in the country understands what HIV is (Solomon Islands National Statistics Office et al., 2017). The main transmission route of HIV in Solomon Islands is through sexual transmission (Solomon Islands Government et al., 2005). HIV testing for prevention of mother to child transmission at antenatal settings is currently rolled out in 43 health facilities, out of the 367 health facilities in the country, and HIV testing currently stands at 14 per cent (Ministry of Health and Medical Services, 2019). HIV is addressed in a number of different policies, including the *National Strategic Plan for HIV, STIs and Viral Hepatitis 2019 – 2023*, which focuses on comprehensive testing for HIV and STIs throughout Solomon Islands.

While most Solomon Islanders have heard of HIV and AIDS, comprehensive knowledge about HIV and its transmission is low, with only 31 per cent of women and 41 per cent of men aged 15 to 49 years having comprehensive knowledge at the last DHS (Solomon Islands National Statistics Office et al., 2017). Findings from the DHS also suggest that the proportion of the population with accepting attitudes towards people living with HIV is also low.

There is no law prohibiting discrimination on the basis of HIV status, sexual orientation, or gender identity.

The *National Strategic Plan for HIV, STIs and Viral Hepatitis 2019 – 2023* indicates that both client initiated and provider initiated testing and counselling (PITC) are being implemented in the Solomon Islands, and the definition of PITC states it must be voluntary, confidential, and with consent. However, the Plan outlines an 'opt-out' policy to 'strengthen' PITC, using a generic consent form that enables the client to elect not to have an HIV test. This policy, while potentially increasing uptake in HIV testing, may not ensure that people are proceeding with tests with informed consent.

Two additional (expired) policies focus on expanding access and uptake of voluntary confidential counselling and testing (VCCT) (*National Strategic Plan for HIV and STIs: 2014 – 2018*; *National HIV Policy & Multisectoral Strategic Plan: 2005 – 2010 (draft)*), but there is currently no law or regulation that guarantees access to VCCT.

The *National Strategic Plan for HIV, STIs and Viral Hepatitis 2019 – 2023* focuses extensively on strengthening linkages between people living with HIV and STIs and treatment and care services, and improving treatment guidelines and training, but there are no guarantees for HIV/AIDS treatment and care in legislation or regulation.

Despite a number of documents suggesting that Solomon Islands has a particularly high burden of STIs (including the concluding observations of the CEDAW Committee on the combined initial to third periodic reports of Solomon Islands), STIs are not mentioned in the *NHSP*. STI data are incomplete and difficult to assess.

Confidentiality is vital to ensure people feel comfortable seeking medical assistance and to avoid potential discrimination against those with STIs, HIV and AIDS. Concern about confidentiality can pose a significant

barrier to people accessing SRH services. There are currently no legislative protections in place ensuring the confidentiality of individuals' medical information.

4.4.2. HPV and cervical cancer

The priorities of the 2015 Pacific Forum Secretariat meeting, under the Framework for Pacific Regionalism, highlighted the substantial burden that cervical cancer places on women and girls in the Pacific region. The *RCHN Strategy* includes a specific focus on reducing the incidence of cervical cancer, with an emphasis on screening. It is reported that between 2015-2019, the RCH Division of the Ministry of Health and Medical Services worked with Family Planning Australia to conduct a pilot cervical cancer screening and treatment program. This program is currently being scaled up with screening underway in at least 7 clinics in three provinces. GAVI is also supporting the scale-up of an HPV vaccination program to make it nationwide. The *RCHN Strategy* and online sources indicate that a National HPV Vaccination Program for girls aged 9–12 years/9–14 years was launched in May 2019, but no current legislative or policy provision has been found that enables or regulates the national program.

The HPV Vaccine is included on the *Solomon Islands 2017 Essential Medicines List (EML)*.

4.5. Comprehensive sexuality education

Primary and secondary education is not compulsory in Solomon Islands, although there was a plan to analyse the cost of declaring education compulsory for 6–15-year-olds in specified geographical areas under the *NEAP*. It is not known if this occurred.

The *Education Act* outlines the process for approving curricula but does not legislate curriculum content. The *Policy Statement and Guidelines for the Development and Implementation of the National Curriculum in Solomon Islands (2011)* states the national curriculum will ensure content on HIV and STIs are taught in all registered schools. While the *National Curriculum Statement (2011)* includes a focus on health education throughout the curriculum, there is no mandated inclusion of CSE, nor inclusion of specific content in the curriculum that addresses gender and GBV. A UNICEF review (2013) found that a partly stand-alone, high quality family life education (FLE) curriculum was developed for Solomon Islands in 2004, but that there has been limited in-service training for teachers in the new curriculum and that many teachers feel uncomfortable teaching SRH/HIV related topics. Joiner (2020) reports that FLE was endorsed to be integrated into science and health curriculum, which are compulsory subjects for Years 1–9 in government schools. Some FLE content was also endorsed for home economics which is compulsory for Years 7–9. The current *National Population Policy* includes integration of family life education in the school curriculum,⁷ yet the *National Curriculum Statement* cautions that sexuality is a potentially 'sensitive or controversial issue to particular groups of learners' (p. 50), suggesting a reluctance to engage with it as a core part of the curriculum.

There was a commitment in the *RCHN Strategy* to support training for secondary school teachers on FLE and a 2020 situational analysis reported that teacher training commenced in 2012 but stopped in 2017 due to budgetary constraints (Joiner, 2020).

The *NEAP* emphasises the importance of increasing access to education for women and girls (Ministry of Education and Human Resources Development, n.d.). However, it does not make mention of specific strategies to increase access for girls, which may include increasing girls' ability to manage menstruation at

⁷ It is noted that at the time of the review the UNFPA Country Office was recruiting for a National FLE consultant in June 2021 to work with the Ministry of Education and Human Resources Development to contribute to the management, monitoring and evaluation of the roll out of in-school and out-of-school FLE/CSE programme implementation at a national and provincial level.

school, or in supporting pregnant students or students who are mothers to continue their education. It also does not specifically mention FLE/sexual health education.

The Ministry of Health and Medical Services works with non-government organisations to deliver sexual health education to young people out of school (noting the very high dropout rate of students at grade 6), and prioritises youth-friendly services in the *RCHN Strategy*.

While efforts are being made to provide comprehensive sexual health education to children and young people in Solomon Islands and the broader policy environment required to enable this already exists, this analysis demonstrates the approach to implementation of FLE lacks institutionalisation and is inconsistent. Joiner (2020, p. 11) noted the challenges to 'advancing FLE quality and reach are ideological and budgetary' and made 12 recommendations regarding implementation of the FLE program and the related policy environment. These include:

- Recommendation 2: Designate health as the primary carrier subject for FLE and develop a final FLE conceptual framework that centralizes FLE in health and addresses all program goals, with ancillary support of science and home economics as complementary subjects.
- Recommendation 5: Based on the experience gathered in earlier trainings, design and implement a 5-10-day training course on FLE for teachers that integrates basic counselling skills on empathy (e.g. asking questions with understanding, clarifying the separation between a teacher's values and a student's values, etc) with FLE training with a particular focus on teaching critical thinking and decision-making skills.
- Recommendation 12: Ensure that FLE is integrated into current teacher performance indicators for both primary and secondary.

Progress under the forthcoming UNFPA and Ministry of Education and Human Resources Development project will be important.

4.5.1. Menstrual hygiene management

A 2016 study of menstrual hygiene management in Solomon Islands found that many adolescent girls lack knowledge about menstruation and reproductive health; beliefs about menstruation being 'dirty' and the need for secrecy about menstruation between male and female relatives makes it difficult for women and girls to manage their menstruation and can lead to behavioural restrictions. Commercial sanitary products are often of poor quality and unaffordable, and supply can be variable. Therefore, many women and girls rely on home-made solutions that may not be effective, which can lead to women and girls missing school or work. Poor water and sanitation facilities in schools and workplaces also contributes to women and girls being unable to manage their menstruation in Solomon Islands (Natoli & Huggett, 2016). Despite these findings, there is no mention of the need to improve water and sanitation in schools in the NEAP. Regulations related to public health also do not address this (*The Environment Health (Public Health Act) Regulations, 1980*).

4.6. Maternal health

4.6.1. Antenatal and maternal health care

According to the 2015 *DHS*, 94 per cent of women received antenatal care from a skilled provider, and only 5 per cent of women received no antenatal care (Solomon Islands National Statistics Office et al., 2017). Overall, 85 percent of births occur at health facilities, 76 per cent at public health centres, and 8 per cent in private health centres, with 80 per cent of all deliveries being assisted by a skilled provider (Solomon Islands National Statistics Office et al., 2017).

Following delivery, 69 per cent of women had their postnatal check-up within two days of giving birth (Solomon Islands National Statistics Office et al., 2017). While these numbers are in line with targets, further progress needs to be made to ensure universal access to reproductive health. For example, the median number of months of pregnancy before a woman seeks her first antenatal care visit is 5.6 months, indicating that Solomon Islands women start antenatal care at a relatively late stage in their pregnancy (Solomon Islands National Statistics Office et al., 2017). In 2019, only 69 per cent of women completed the 4+ ANC visits recommended by national guidelines (HMIS data). Maternal mortality remains a significant issue in the Solomon Islands (Solomon Islands National Statistics Office et al., 2017), suggesting that the quality of care provided by maternal care attendants, particularly in remote areas, and the quality of maternal and child health facilities and equipment needs to be improved. The *Role Delineation Policy* (2014) goes some way towards clarifying what services, personnel and equipment should be available at each level of the health system. It does not however give clear guidance on what capacities a birth attendant should have to be considered 'skilled', or what constitutes an acceptable level of care at a facility providing obstetric and maternity services.

The *Solomon Islands 2017 Essential Medicines List (EML)* and the *Solomon Islands 2015 Essential Medical Supplies List* includes the all of the 11 commodities listed by the UN Commission into Life Saving Commodities for maternal, newborn and child health, including oxytocin, misoprostol, magnesium sulphate, injectable antibiotics, dexamethasone and betamethasone (antenatal corticosteroid), chlorhexidine and newborn resuscitation devices. Reproductive health commodities were discussed under Section 4.4.

While there are a number of policies with specific commitments to the delivery of comprehensive maternity services discussed earlier in the report, including the *Reproductive Child and Nutrition Strategy 2016-2020*, the *Role Delineation Policy*, the *National Health Strategic Plan 2016-2020* and the *National Development Strategy 2016-2035*, there is no explicit right under the Constitution or mandated in other legislation to access antenatal or maternal health care in Solomon Islands.

4.6.2. Parental leave

Maternity leave is not only provided for but compulsory in Solomon Islands. Section 42(1) of the *Labour Act* provides for up to 12 weeks' maternity leave including a period of at least six weeks' compulsory leave after confinement, during which it shall be an offence for an employer or any other employer to give a female worker on maternity leave employment, and acceptance by a female worker of such employment from any other employer shall be deemed to be a breach of her previous contract. Leave can be extended where the actual date of birth differs from the anticipated date or where the employee experiences illness associated with pregnancy (ss 42(2), (3)). For the 12-week period, the employee must be paid at least 25 percent of their usual wage (s 42(3)). Additional leave that exceeds 12 weeks may be deducted from annual leave or sick leave entitlements, paid at the usual rate.

Under the *Labour Act*, a female employee is also entitled to leave for pre-natal care as well as for confinement and postnatal care (s 42 (4)). Nursing mothers are entitled to a paid hour's leave per day in order to breastfeed (s 42 (5)).

A female employee cannot be dismissed from work while on maternity leave (s 43(1)). If a woman does not return to work 'without reasonable cause' after receiving maternity leave pay, she must repay her employer for the amount paid (s 43(2)). There are criminal penalties associated with breaching maternity leave provisions under the *Labour Act* (s 44).

There is no provision for paternity leave in the Solomon Islands. There is also no legislation guaranteeing or regulating childcare services for children between 0-5 years old. These legislative gaps have direct implications for men and women participating in shared parenting and family responsibilities as well as women's participation in education and employment.

4.6.3. Abortion

Abortion is illegal in the Solomon Islands, being criminalised under the *Penal Code* as an 'offence against morality' and is subject to severe penalties. The *Penal Code* states that it is illegal to attempt to perform an abortion (s 157) as well as to receive an abortion (s 158), and those found guilty of either act face imprisonment for life. It is also illegal to supply drugs or instruments that are intended to procure an abortion (s 159) (liable to imprisonment for five years).

However, section 221(1) provides that no person will be found guilty of an offence of abortion if they cause the death of an unborn child to preserve the life of the mother. Section 234 adds:

A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time and to all the circumstances of the case.

Hence, abortion to save a woman's life is permitted in Solomon Islands, although it is likely open to wide interpretation in practice and cautious medical practitioners may easily find grounds upon which to decline a request for an abortion. Clear guidance is required that ensures medical practitioners are confident in their application of this section of the Penal Code so that access to safe abortion for women and girls is guaranteed.

There are no provisions in law that allow for abortion to preserve a woman's physical health and/or mental health, for pregnancy resulting from rape, or in the case of foetal impairment. In the most generous interpretation, an argument could be made that these circumstances pose a threat to the woman's life and an abortion *may* be legally performed. However, it is highly unlikely the law is being used in this way due to the strong message that abortion is prohibited.

The 2015 SRHR Needs Assessment noted that the spread of the rural population in the Solomon Islands, often remote from health services, increased the risk of unsafe abortions (Whelan, 2015). This report also noted that despite its being illegal in Solomon Islands, the Solomon Islands Planned Parenthood Association had reported that there was demand for abortion, particularly among teenage girls. There is extremely limited data available on the incidence and consequences of unsafe abortion practices in Solomon Islands. Research has found that unsafe abortion contributed to 30 maternal deaths per 100,000 live births in Oceania (excluding Australia and New Zealand) in 2008 (Áhman & Shah, 2011). Áhman and Shah (2011, p.121) state that "death attributable to unsafe abortion can be prevented by effective contraception, safe abortion services, and post abortion services". Research has also indicated that there is an association between higher maternal mortality rates, unsafe abortion and restrictive abortion laws (Sedgh et al., 2016). Further, Ganatra et al. (2017) found that when grouped by legal status of abortion, the proportion of unsafe abortions was significantly higher in countries with highly restrictive abortion laws and analysis showed a positive association between safe abortions and less restrictive laws.

Guaranteed access to post-abortion care is not mandated in legislation.

5 Gender-based violence in law and policy

This section of the report follows the same structure as Section 4. Key national policy documents will be outlined, highlighting their relevance to GBV. Policies along with relevant legislation will then be explored further, according to key GBV domains developed for this review.

5.1. Domestic legislation and policy

The following table summarises key policies and legislation related to GBV in Solomon Islands.

Table 12: Policies and legislation that relate to GBV

Domestic legislation and policies that relate to sexual and reproductive health	
Legislation	<i>Penal Code (1996 edition)</i>
	<i>Penal Code (Amendment) (Sexual Offences) Act 2016</i>
	<i>Family Protection Act 2014</i>
	<i>Child and Family Welfare Act 2017</i>
	<i>Islanders' Marriage Act (1996 edition)</i>
	<i>Islanders' Divorce Act (1996 edition)</i>
	<i>Affiliation, Separation and Maintenance Act</i>
	<i>The Affiliation, Separation and Maintenance (Amendment) Act 199</i>
	<i>Evidence Act 2009</i>
	<i>Magistrates' Courts Act</i>
Policies and guidelines	
Ministry of Women, Youth, Children and Family Affairs	<i>National Gender Equality and Women's Development Policy 2016-2020</i>
	<i>National Policy to Eliminate Violence against Women and Girls 2016 - 2020</i>
	<i>National Children's Policy with National Plan of Action 2010-2015</i>
	<i>SAFENET Assessment & National Action Plan 2014-2016</i>
	<i>SAFENET Guidebook 2017: The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender Based Violence Services.</i>
	<i>Women, Peace and Security National Action Plan 2017-2021</i>

Domestic legislation and policies that relate to sexual and reproductive health

	<i>National Health Strategic Plan 2016 – 2020</i>
Ministry of Health and Medical Services	<i>Role Delineation Policy (2014)</i>
	<i>Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender Based Violence (2017)</i>
	<i>Standard Operation Procedures Clinical Management of Rape (2019)</i>
Ministry of Development Planning and Aid Coordination ⁸	<i>National Development Strategy 2016 – 2035</i>
	<i>National Population Policy 2017 - 2026</i>

More detail on the inclusion of GBV in some of the key policies is outlined below.

5.1.1. National Gender Equality and Women’s Development Policy 2016-2020

The *National Gender Equality and Women’s Development Policy 2016-2020 (NGEWD Policy)* is an overarching policy providing a framework for achieving gender equality and women’s human rights in Solomon Islands (Ministry of Women, Youth, Children, and Family Affairs, 2016a). The *NGEWD Policy* acknowledges that ‘the complexity and entrenched nature of violence against women makes elimination one of Solomon Islands’ biggest development challenges’ (Ministry of Women, Youth, Children, and Family Affairs, 2016a. p.8). The policy further states that, despite government efforts and numerous campaigns of information, incidences of violence against women and girls remains very high and is an impediment to gender equality, and that ‘a stronger coordinated approach to ending violence against women and girls is required’ (Ministry of Women, Youth, Children, and Family Affairs, 2016a, p. 8).

The *NGEWD Policy* comprises seven priority outcomes to progress gender equality in the Solomon Islands. Priority outcome four is ‘preventing and responding to violence against women and girls’ (Ministry of Women, Youth, Children, and Family Affairs, 2016a, p. 4). The policy objectives under this priority include a focus on both responses to domestic violence and prevention of VAW:

- To enhance the coordination, implementation and monitoring of the *National Policy on Elimination of Violence Against Women and Girls* and the *Family Protection Act 2014*.
- To enhance support for victims of violence against women and girls and extend quality services to rural areas.
- To create a shared understanding amongst stakeholders who work in eliminating violence against women and girls and tertiary prevention measures, and improve coordination of primary prevention activities (Ministry of Women, Youth, Children, and Family Affairs, 2016a, p.8).

The *NGEWD Policy* includes key strategies and actions to realise these objectives in a way that enables government, civil society, and development partners to work together to accelerate gender inequality and wellbeing. The key strategies and actions pertaining to the objectives outlined above are:

- Strengthen and improve protective, social and support services (through strengthening referral systems and technical capacity of services).
- Increase understanding of different programming and issues of violence against women and girls (through awareness raising and information dissemination).
- Prevent violence against women and girls (through strengthening the coordination of primary and tertiary prevention programs).

⁸ Now known as the Ministry of National Planning and Development Coordination.

The *NGEWD Policy* also acknowledges the GBV experienced by women during The Tensions and commits to increasing awareness and recognition of the role women play in peace and security through endorsing and implementing the *Solomon Islands National Action Plan on Women, Peace and Security 2016-2019* (MWYCFA, 2016a).

The *NGEWD Policy* has lapsed and the timeline for review is unclear at the time of writing.

5.1.2. National Policy to Eliminate Violence Against Women and Girls 2016 - 2020

The *National Policy to Eliminate Violence Against Women and Girls 2016 – 2020* is a 'sub-set policy' of the *NGEWD Policy* (MWYCFA, 2016a, p. iv), corresponding directly to Outcome Four and recognising that the elimination of VAW/G is essential to achieving all gender equality outcomes within the *NGEWD Policy* (MWYCFA, 2016b). The overarching policy goal is to eliminate violence against all women and girls in Solomon Islands. To this end, the policy is underpinned by principles of human rights, strong partnerships and coordination, and an acknowledgement of Solomon Islands' international and regional commitments. The purpose of the policy is to reflect the cross-cutting efforts needed to ensure: prevention of violence against women; protection of victims / survivors; and holding perpetrators to account in a way that respects women's rights (Ministry of Women, Youth, Children, and Family Affairs, 2016b). In particular, the policy states that in order to eliminate all forms of VAW/G, the Solomon Islands Government will take positive measures to:

- Address the social, political, legal and economic inequality that cause, condone and perpetuate VAW/G.
- Address the risk factors that can trigger VAW/G.
- Strengthen prevention efforts that address discriminatory social and cultural norms and practices.
- Uphold and raise awareness of women's rights and the responsibility of Solomon Islands' citizens to respect these rights (Ministry of Women, Youth, Children, and Family Affairs, 2016b, p. 13).

There are five priority outcomes outlined in the policy. They are:

- Violence against women and girls is reduced due to holistic prevention strategies.
- Legal frameworks, law enforcement, and the justice system are strengthened.
- Victims and survivors have better access to medical, legal, and protective services.
- Perpetrators are held accountable and rehabilitated.
- National commitments are developed, and coordination is improved.

The policy acknowledges that, as survivors are likely to seek health care as a response to violence related health conditions or to present at health facilities for routine services related to maternal and reproductive health, health care services are often the entryway for survivors to seek the help they need. As a result, an 'effective integrated medical-psychosocial response is essential to effective access to a multi-sectoral response to violence' (Ministry of Women, Youth, Children, and Family Affairs, 2016b, p. 24).

While it is an objective of the policy that the Solomon Islands Government provide necessary resources for the implementation of this policy, reflecting concluding observations from the UN Committee on CEDAW (2014) to allocate sufficient and sustainable budget resources, there is no specified allocation of resources within the *National Policy to Eliminate Violence Against Women and Girls 2016 – 2020*, including the Policy Plan of Action.

The *National Policy to Eliminate Violence Against Women and Girls 2016 – 2020* has lapsed and development of a subsequent plan has been deferred to 2022.

5.1.3. SAFENET Assessment and National Action Plan 2014-2016 and SAFENET Guidebook 2017: The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender Based Violence Services

The 'Keeping the Promise in the Solomon Islands: From Policy to Action project 2015-2017' was funded under the UN Trust Fund to End Violence Against Women coordinated by UN Women in partnership with UNFPA, UNICEF and WHO. It included piloting the *Global Guidelines on Essential Services Package for Women and Girls Subject to Violence* in Solomon Islands as a three-year project (2017-2019). During this time the EVAWG Task Force was established with the aim of implementing the *Family Protection Act* (2014) through establishing SAFENET.

SAFENET is a network of government and non-government organisations for the referral and coordination of SGBV services in the Solomon Islands (Solomon Islands Government, 2017). SAFENET aims to streamline the frontline services and support being provided to victim-survivors, so they receive effective and efficient services (Solomon Islands Government, 2014; 2017). SAFENET partners include:

- Ministry of Health and Medical Services
- Royal Solomon Island Police Force
- Public Solicitor's Office
- Family Support Centre
- Christian Care Centre
- Ministry of Women, Youth, Children and Family Affairs.

The *SAFENET Assessment and National Plan 2014 – 2016* includes 16 recommendations organised under three areas of focus, and a corresponding National Action Plan comprising 49 activities⁹ against the recommendations. Key recommendations and selected actions with implications for the intersection between GBV and SRH include:

- Recommendation 1: Simplify the standard operating procedure (SOP) information in the MOU and develop a separate SOP for SAFENET.
 - Provide a SAFENET SOP flow chart of the referral process from entry point through follow-up, including initial assessment; safety and protection planning; a mechanism for obtaining victim/survivor consent, confidentiality and permission for information sharing; incident documentation and data analysis; coordination and monitoring procedures. In other words, a flow chart that reflects agreements among organisations that reflect the plan of action to implement minimum standards (see Annex 2).
- Recommendation 5: Define the SAFENET approach to respond to victims/survivors of GBV/VAW.
 - Include the three approaches in revision discussions and the final draft of the MOU; add them to the Glossary of Terms and include them in the orientation package and sensitization work with SAFENET service providers.
 - a. The rights-based approach (RBA) focuses on the promotion and protection of human rights;
 - b. The survivor-centred/empowerment approach prioritizes the rights, needs and wishes of the survivor; and
 - c. The gender-specific/equality approach recognizes the gender dynamics, impacts and consequences of violence against women and their children

⁹ While the plan refers to containing 49 activities, there are actually only 48.

- Recommendation 6: Develop an evidence base of GBV/VAW response and referral by systematizing data collection, documentation and monitoring for SAFENET.
 - Develop a standard form to document information and collect data on reported GBV/VAW incidents. The data collected and reported on from the various sites should be simple and similar to enable provincial and national data comparisons.
 - Provide technical assistance to develop a SAFENET database for the management, use and storage of GBV/VAW data collected and shared; purchase IT software for a SAFENET database and train the SAFENET coordinating body and coordinator in use of the database and software.
 - In the longer term, integrate GBV data collection into an ongoing, regular sector-specific data collection instrument, i.e. census, DHS, Ministry of Women, Youth, Children, and Family Affairs data collection from clinics, hospitals and health centres to obtain regular information on GBV/VAW incidents.

- Recommendation 11: Ensure the SAFENET referral system is sustainable.
 - Advocate for GBV curriculum in academies and academic programs for the RSIPF, medical school, nursing colleges, journalism programs, social workers.

Annex 1 of the *SAFENET Assessment and National Plan 2014 – 2016* is a flow chart indicating the SAFENET referral system. Health services are included and noted as providing treatment and medical report services within the system. Immediate medical care is included in the 'Immediate Response' second step of the SAFENET referral pathway depicted in Annex 2. Medical treatment is noted as a victim-survivor choice pathway in the third step.

Emerging from the capacity assessment documented in the *SAFENET Assessment and National Plan 2014 – 2016*, the *SAFENET Guidebook 2017: The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender Based Violence Services* (the Guidebook) responds specifically to several of the assessment recommendations and actions, and further integrates SAFENET into existing health, psycho-social, police and legal services, connected through referrals to the appropriate support, that together create a multisectoral government and non-government referral system and holistic response (Solomon Islands Government, 2017). The Guidebook embeds 10 minimum standards into the SAFENET model, which include safety first, total confidentiality, obtain informed consent, and access to services (based on a non-discrimination approach¹⁰). These are valuable minimum standards that should assist with ensuring the needs and rights of victim-survivors of SGBV generally are met, and also specifically respond to the intersection between GBV and SRH. The Guidebook builds on the referral pathway outlined in the *SAFENET Assessment and National Plan 2014 – 2016*, providing greater detail on the services provided by each partner including the provision of medical and mental health services as a priority based on included risk assessment and safety planning procedures and tools.

A role of SAFENET Coordinator is included in the model and is accountable for monitoring the implementation of the SAFENET components, minimum standards, and approach (Solomon Islands Government, 2017). The Guidebook includes a strategy for monitoring and reviewing the SAFENET response led by the SAFENET Coordinator and based on performance indicators, agreed benchmarks and national targets for service. The reporting hierarchy includes a bi-annual report to Parliament. No further details are available on the agreed performance indicators and targets, nor the progress of monitoring and review to date. It would be useful to specifically note the success of incorporating a SRH response into SAFENET.

The Guidebook includes a detailed strategy for data collection of non-identifying SGBV referral data, which

¹⁰ Service providers are specifically instructed not to discriminate on the basis of sex, gender, religion, age or ethnicity (Solomon Islands Government, 2017, p. 21).

will be the responsibility of the SAFENET secretariat in conjunction with Family Support Centre.¹¹ The data captured includes that required to report to Parliament on progress towards the outcomes of the *National Policy to Eliminate Violence Against Women and Girls 2016 – 2020*, as well as the specific SGBV data to be recorded in the MHMS Health Information System as dictated by the National Clinical Practice Guidelines.¹² This includes the number of women subjected to violence who receive comprehensive health services.

Finally, the Guidebook includes SOPs for the Ministry of Health and Medical Services related to both physical and sexual violence. The SOP for sexual abuse covers the provision of HIV, sexually transmitted infection prophylaxis, hepatitis B vaccination, and emergency contraception. These SOPs are aligned with the National Clinical Practice Guidelines. The sample medical report in the Guidebook includes screening for contraception being used and recording SRH treatment. SOPs for other network partners include referral for medical treatment.

There exists separately a *Standard Operation Procedures Clinical Management of Rape* (the Ministry of Health and Medical Services, 2019). It is unclear how this SOP is used in practice and whether it is considered a companion resource to SAFENET Guidebook. The the Ministry of Health and Medical Services clinical SOP could be strengthened to more comprehensively align to latest UN guidance and to reflect Government role delineation models. This should include specific sections relating to care and treatment for violence against children.

The Guidebook provides a comprehensive framework for the implementation of the SAFENET response and reflect significant investment and commitment from all partners to improving responses to GBV in Solomon Islands. Reflecting the minimum standard of non-discriminatory access to support, the SAFENET response may be further strengthened by specifically considering the rights and needs of victim-survivors of SGBV who have a disability, are sex workers, and/or are members of the LGBTIQ community, and inviting relevant stakeholders or service providers representing these communities to be part of the SAFENET governance.

5.1.4. National Development Strategy 2016 - 2035

The NDS maps out a strategic direction for the future development of Solomon Islands by setting out a framework for development policies, priorities, and programs. It contains five overarching objectives. The focus of activity under the medium-term strategy (Improve gender equality and support the disadvantaged and the vulnerable) for addressing Objective Two (poverty alleviated across the whole of Solomon Islands) includes monitoring the implementation of legislation related to GBV:

- Implement current laws and regulations in coordination with relevant public and private sector organizations, international bodies including family support, service providers, NGOs and survivors to address gender-based violence.

The NDS also includes a table showing alignment between the medium-term strategies (MTS) and the SDGs, including in relation to GBV (Table 13).

11 Family Support Centre (FSC) is the first and the only secular organisation providing counselling and legal support services to survivors of GBV, and the first to take the lead in organising national campaigns to address violence against women (IWDA, n.d.).

12 Case numbers to be recorded: Sexual violence against women aged 18 and above; Physical violence against women aged 18 and above (by intimate partner or family member); Child sexual abuse (below 18 years of age), Child physical abuse (below 18 years of age); Numbers of women subjected to violence who receive comprehensive health services; SAFENET referrals made.

Table 13: Alignment of SDGs and NDS in relation to GBV

NDS MTS 7 Target	SDG Goal	NDS performance indicator / target
End all forms of discrimination against all women and girls everywhere (SDG 5.1)	5.2. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.	Prevalence of women 15-49 who have experienced physical or sexual violence by an intimate partner in the last 12 months. <hr/> Percentage of referred cases of sexual and gender-based violence against women and children that are investigated / sentenced.

While this target provides an ongoing mandate to continue progress towards achieving the SDGs related to the elimination of GBV and VAW/G in the *NDS*, and where other more specific policies have lapsed, the activities are narrow in scope and unlikely to make substantial progress towards the SDG or the *NDS* objectives on their own.

5.1.5. Women, Peace & Security National Action Plan 2017-2021

The context behind the development of *Women, Peace & Security National Action Plan 2017 - 2021* (the Plan) is the internal armed conflict that occurred in the Solomon Islands from 1998 until 2003. The Plan is underpinned by CEDAW and the Women, Peace, and Security Resolutions passed by the United Nations. The Action Plan is divided into four pillars: participation, protection, prevention, recovery and reconciliation. In particular, the ‘protection’ pillar calls for special measures to protect women and girls from GBV in general, and sexual violence in particular, in conflict, post-conflict, and humanitarian settings. Similarly, the ‘prevention’ pillar emphasises preventing GBV through legal and social avenues, such as increasing prosecutions and challenging discriminatory gender norms, attitudes, and behaviours.

5.1.6. National Population Policy 2017-2026

The primary goal of the *National Population Policy 2017 - 2021* is to improve the quality of life of people living in Solomon Islands through understanding the future demand for government services and thus effectively planning development efforts. There are eight goals within the policy, one of which pertains to GBV:

- Goal 5: Gender inequality and gender-based violence substantially reduced
 - Gender sensitivity training and publicity to change attitudes and norms
 - Mainstream gender into all public policies and plans
 - Generate new and more accurate information on gender and VAW issues
 - Strengthen capacity to conduct gender analysis and incorporate results into policies and plans
 - Expand economic opportunities for women in small business management
 - Remove gender bias in existing laws wherever possible

The *National Population Policy 2017 - 2021* also outlines which of the SDGs are reflected in the policy. However, the SDGs relating to GBV are not specifically mentioned.

5.1.7. National Health Strategic Plan 2016 – 2020

The now expired *NHSP* contains four key results areas. These shaped the National Health Strategic Plan Outcomes and Objectives 2016 – 2020, including Outcome Statement 7: Improved health sector responsiveness to gender based violence. The focus of meeting this objective is implementation of the relevant health related provisions of the *Family Protection Act 2014*. This refers to the duty for health care providers to refer a victim-survivor to domestic violence support services and give them the opportunity to be

medically examined and referred for further counselling or medical treatment. The Act also mandates health care providers to follow any relevant policies or protocols for examining victims of domestic violence issued by the the Ministry of Health and Medical Services (*i.e. SAFENET Guidebook 2017: The SAFENET Standard Operating Procedures for Referral and Coordination of Sexual and Gender Based Violence Services*).

A second objective was to nationalise the 'Seif Ples' programme – a GBV crisis and referral centre offering a comprehensive first response health service for victim-survivors of SGBV - across identified health services by 2020. The health services provided are not specified.

The policy notes that within all populations, priority will be given to people with disabilities and women exposed to violence and abuse.

5.1.8. Role Delineation Policy 2014

As discussed, the *Role Delineation Policy* describes a model of universal health coverage for Solomon Islands through 'packaging of services' at different levels of care throughout the country (the Ministry of Health and Medical Services, 2014, p.5). The policy prescribes that a health sector response to GBV will be available at every level of the health system. From the Area Health Centre Level 1 and up, the General Clinical Services and Essential Trauma Care service package includes a basic emergency and trauma treatment in response to GBV and clinical management in response to rape. At the Community Services Level and in the General Hospital, the RMNCAH¹³ service package includes SGBV services such as identification, referral and safety planning. The National Referral Hospital provides a first line support/psychological first aid to survivors of GBV via outpatient clinics.

Notably, this model of health care response to GBV is embedded in policy rather than regulation or legislation and does not include any details on resource allocation for these service packages. Therefore, there is no guarantee of service provision or access to support for victim-survivors of GBV.

5.2. Domestic violence

Solomon Islands has high rates of domestic and family violence (Ride & Soaki, 2019), often noted as one of the highest in the world (Stienke, 2020; Solomon Islands Government, 2014). Historically, domestic and GBV has only been addressed indirectly in policy and legislation across the Solomon Islands. However, the *National Policy to Eliminate Violence Against Women and Girls 2016 - 2020* and the *Family Protection Act 2014* aim to create more specific and targeted responses to GBV and VAW, particularly domestic violence.

5.2.1. Prevalence

GBV is highly prevalent in Solomon Islands. Evidence shows that domestic violence perpetrated by men against their female partners is particularly widespread. The *Solomon Islands Family Health and Safety Study* (2009) found 64 per cent of women aged 15-49 years who had ever been in relationship reported physical or sexual violence, or both (Ministry of Women, Youth, Children, and Family Affairs, 2009). The report found that sexual violence is the most commonly reported type of intimate partner violence amongst women aged 15–49 years who have ever been in a relationship (55 per cent), with forced sexual intercourse the most commonly reported type of sexual violence (52.4 per cent). The Human Rights Council (2013) noted that the violence women experience in intimate relationships is much more likely to be severe, such as punching, kicking or having a weapon used against them.

13 This includes reproductive health, maternal and child health [MCH], child welfare, Expanded Program of Immunisation [EPI], adolescent health, nutrition and HIV/STI (MHMS, 2014, p. 7).

In terms of emotional and psychological abuse, women commonly reported being insulted or made to feel bad about themselves, belittled or humiliated in front of other people, intimidated or scared and/or threatened with harm by their intimate partners (Human Rights Council, 2013). With regards to economic violence, 14.9 percent reported instances where their partner refused to provide money for household expenses and 14 percent of women reported intimate partners taking their earnings and/or savings (Human Rights Council, 2013).

As is the case across the globe, GBV in the Solomon Islands is underpinned by patriarchal beliefs and attitudes embedded in cultural beliefs and practices. The Solomon Islands DHS found that the majority of both men (57 per cent) and women (77 per cent) believe physical violence used by men against their wives is justifiable based on at least one specified reason (Solomon Islands National Statistics Office et al., 2017). Amongst the most common reasons were neglecting children, wife going out without telling her husband, or wife argues with her husband (Solomon Islands National Statistics Office et al., 2017).

5.2.2. The Family Protection Act 2014

Domestic violence criminal offence

The *Family Violence Protection Act 2014 (FPA)* 'criminalises domestic violence and provides increased protection, and promotes the safety, health and well-being of victims of domestic violence' (Ministry of Women, Youth, Children, and Family Affairs, 2016a, p. 8). The definition of domestic violence in the *FPA* includes physical, sexual, psychological and economic abuse, and the definition of each is comprehensive – meeting the minimum requirements under international conventions. It is a strength of the *FPA* that domestic violence is understood to be a single act or a number of acts that form a pattern of behaviour, however the definition falls short in acknowledging coercive control as a defining feature that distinguishes domestic violence from other types of interpersonal violence or violence that occurs between family members. Additionally, other tactics of domestic violence such as verbal abuse, social abuse, and spiritual or religious abuse, could be enshrined in legislation to recognise the full spectrum of abusive behaviours perpetrated through domestic violence. Harassment, stalking and intimidation are part of the definition of psychological abuse but do not constitute a criminal offence on their own – they are also not criminalised in the *Penal Code* in a way that represents their use in perpetrating domestic violence. As they are common tactics of domestic violence, associated with high risk and are becoming increasingly prevalent through technology-facilitated violence, further exploration of specific reference to them within [the definition of domestic violence in] the *FPA* is warranted at a later date.

The *FPA* defines the types of relationships in which domestic violence can occur as those in a 'domestic relationship.' Domestic relationships include people who are or have been family members. Family members include people in marital and non-marital relationships, including spouses and de facto spouses, people who are or were in an engagement, courtship or customary relationship, and other numerous familial and/or household relationships. The *FPA* also applies to domestic workers in the other person's household. This understanding of domestic violence and the relationships the *FPA* applies to should include non-cohabiting relationships. However, as there is no explicit reference to non-cohabiting relationships in the *FPA* and the focus of the language in the Act is on members of the person's family or members of the person's household, it is possible for non-cohabiting partners to be excluded.

While same-sex relationships are unlawful in Solomon Islands, there is nothing in the *FPA* that specifically excludes same sex relationships from the definition of domestic or family relationship. However, it is unlikely this will offer any protection to people in same sex relationships in need of protection from domestic violence due to the penalties associated with identifying as LGBTIQ.

The *FPA* is a mixture of criminal and civil law, that criminalises domestic violence and also provides civil remedies to protect victims and ensures their safety (Solomon Islands Government et al., 2016, p.8). Domestic violence in all its forms is considered unlawful, and committing domestic violence is a criminal

offence with a penalty of a fine of up to 30,000 penalty units or imprisonment for three years, or both. Paying customary compensation for committing domestic violence is prohibited as a defence. Physical and sexual assault are also crimes under the *Penal Code* and the *Penal Code (Amendment) (Sexual Offences) Act 2016*, although generally with much higher penalties than for the domestic violence offence in the *FPA*. In terms of policy, this potentially sends the message that domestic violence is a less serious crime than violence between non-family members and reduces the effectiveness of the legislation as a deterrence preventing domestic violence. However, a more comprehensive analysis of the legislation would be required to determine this.

Protection orders

The *FPA* also provides civil remedies for domestic violence, including police safety notices, interim protection orders, and protection orders that can include conditions that restrain the alleged offender from committing further domestic violence, and can bar and/or evict alleged perpetrators from households and other property or premises.

Under the *FPA*, police officers who receive reports of domestic violence are required to investigate the allegations and inform the survivor about their rights under the legislation (s 47(2)). Where domestic violence has or has likely been committed, police 'may issue' a police safety notice to protect victims of family violence (s 12). As such, police officers retain some discretion as to whether they choose to issue a safety notice. Safety notices last 21 days and can impose various restrictions upon the perpetrator designed to protect the affected person/s, with similar legal effect to a protection order. A notice may be issued with or without the consent of the affected person/s (s 12(4)). Under section 16, a police officer who issues a safety notice must assist the affected person to make an application for a protection order within 21 days of the notice. The police are also required to make applications on behalf of affected persons deemed 'vulnerable' in certain circumstances (s 20, s 3). 'Vulnerable persons' are defined as children or 'a person with a cognitive impairment that results in substantially reduced capacity in... self-care or management; decision-making or problem solving; [or] communication or social functioning' (s 3). A court may also make, revoke or vary a protection order of its own motion in the course of family law or criminal law proceedings (s 18).

Orders are made based on a civil burden of proof, in this case that the court must be satisfied on the balance of probabilities that 'the respondent has committed or is likely to commit domestic violence against the affected person; and the making of an order is necessary to protect the affected person from domestic violence' (s 29). Breaching a police safety notice or protection order is an offence with a penalty of a fine up to 30,000 penalty points or three years imprisonment, or both. Committing any act of domestic violence is considered a breach. Once again, provision of a customary payment cannot be used as a defence to the offence.

Ride and Soaki (2019) conducted a study exploring women's perspectives of domestic violence protection systems between 2016 and 2019. Participants reported that police safety notices were the most useful service provided, and that the majority of perpetrators (though not all) complied with the conditions of the safety notice. However, the study found that police were not issuing safety notices in all appropriate circumstances and routinely failed to advise or assist women in relation to their rights under the legislation. The study found 'the number one most common information and action provided by officers was no information or action' (Ride & Soaki, 2019, p. 6). Of 107 women in the study who reported violence to police stations, only 38 per cent were issued safety notices (all but four of the women had reported physical violence and felt threatened) (Ride & Soaki, 2019). Ride and Soaki (2019) also found that when safety notices were used by police, they were not necessarily used as intended to promote safety. For example, one safety notice ordered that a girl, who had been physically assaulted by her father, abstain from dancing and drinking alcohol, and another notice ordered a woman to stop having an affair with a married man. The research suggests that the police's failure to take action or apply the law correctly was due to officers' attitudes towards domestic violence, but also lack of resources, such as transport and IT systems, and lack of training

(Aualiitia & Ride, 2019). Although there is a domestic violence unit in the police within the RSIPF, it is very small. Both men and women have reported that communities require more information about domestic violence services, legal protections and penalties, including the need for dissemination of information via radio, social networks and through visual formats (particularly for rural communities with lower literacy levels) (Ride, 2018).

Duty on health care providers

Section 46 of the *FPA* places a duty on health care providers to refer a victim to domestic violence support services and give them the opportunity to be medically examined and referred for further counselling or medical treatment. The *FPA* mandates health care providers to follow any relevant policies or protocols for examining victims of domestic violence issues by the ministry responsible for health (i.e. *SAFENET Guidebook 2017*). The health care practitioner must also notify a social welfare officer or a police officer if the victim is a child. It is an offence to obstruct, threaten or intimidate a registered counsellor, health care provider or other support worker providing services to a victim-survivor of domestic violence (s.60).

There is value in placing a duty to assist on health care providers, especially in reducing apathy and discrimination that arises from patriarchal, victim-blaming attitudes and beliefs related to domestic violence and other forms of violence against women and GBV. However, this must always be appropriately balanced with victim-survivor choice and control. There is a risk that the duty placed upon health care providers under section 46(a) of the *FPA* to refer victim-survivors to domestic violence support services may impinge on adult victim-survivors' right to control, choice and confidentiality, and/or may unfairly penalise a health care provider who does not make such a referral based on patient wishes. It may be beneficial to conduct further research and consultation on possible unintended consequences of this provision in the *FPA* for victim-survivors and health care professionals in the context of any possible future law reform.

Awareness of the FPA

Several Solomon Island policies indicate that awareness of the *FPA* can be improved, for example increasing awareness of the *FPA* at the community level was an objective of the *National Policy to Eliminate Violence Against Women and Girls 2016 – 2020*. Ride (2018) recommended increased information, education and communication materials targeting different communities and intervenors, and training specifically for chiefs and church leaders, as strategies for increasing awareness and understanding of the *FPA* throughout the community.

5.2.3. Family law

Family law in the Solomon Islands is addressed in two key pieces of legislation:

- *Affiliation, Separation and Maintenance Act* (1996 edition)
- *Islanders' Divorce Act* (1996 edition)

Under the *Divorce Act*, divorce matters are to be heard in the High Court. Matters that fall under the *Affiliation, Separation and Maintenance Act* are heard in the Magistrates' Court.

Notably, there does not appear to be 'no fault' divorce in the Solomon Islands under the *Divorce Act*. This would allow a family court to grant a divorce without requiring evidence of breach of a marital contract. In the context of domestic violence, the absence of no-fault divorce can prevent victim-survivors – primarily women - from leaving the relationship or seeking a divorce and other legislative protection or entitlements, given the evidence required and the public nature of court processes. While cruel treatment is recognised as a grounds for divorce (s 5(c)), the victim-survivor would have to show evidence of this, which may be difficult to do, due to the dynamics of domestic violence, and/or be unnecessarily traumatic.

Customary law is often applied to issues related to custody of children. However, precedents have been set that have placed limits on the applicability of customary law where it is in conflict with the best interests and welfare of the child (*Sukutaona v Houanihou* (1982) SILR 12 at 13) (PJEP, 2004). This may be an important precedent in relation to separation, divorce and custody of children where domestic violence has been perpetrated.

The UN Committee on CEDAW noted concerns about discriminatory provisions in Solomon Islands' family law (2013, p.15), recommending that the Solomon Islands Government adopt recommendations made by the Law Reform Commission in 1995 to create a unifying family law that guarantees equal rights to women and men and that prohibits any customary practices that discriminate against women in the family law setting.

5.2.4. Child welfare

The *National Children's Policy with National Plan of Action* (2010) proclaims that every child shall enjoy the rights enshrined in the Constitution and the CRC. Abused and exploited children are called out as a priority group, including children who are sexually exploited; those who are physically, mentally and emotionally abused by parents, guardians and/or relatives; and those affected by violence or neglect in the home. The Plan of Action suggests a review of all laws and reform as required to ensure compliance with the CRC, including child protection, criminal, marriage and divorce law. The timelines for the Plan of Action suggest this policy expired in 2015. At the time of review, there appears to be no other policy developed in its place.

Child abuse is the subject of offences under the *Penal Code*. Section 233(1) states that a person with custody of young person under the age of 15 is guilty of a misdemeanour if he/she 'wilfully assaults, ill-treats, neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated, neglected, abandoned, or exposed in a manner likely to cause him unnecessary suffering or injury to health' [sic]. Reasonable punishment is permitted under the *Penal Code*, but there is no definition of this provided that prohibits corporal punishment. This was noted by the UN Committee on the CRC (OHCHR, 2018).

The *Child and Family Welfare Act 2017* provides for the welfare and protection of children, strengthening families, and promotes the wellbeing of children. Under the Act, a child is a person who is under the age of 18 years but does not include a child who is or has been married, thus excluding children aged 15-18 years who are married under the *Islanders Marriage Act*, and potentially younger children where they are married under customary law. Potentially, this means that some children experiencing harm and abuse in Solomon Islands are not entitled to protection from the *Child and Family Welfare Act 2017*.

The Act empowers the State to intervene, where it is found necessary, to provide advice and support to the child and their family, to develop a care and protection plan together with the child and their family, to remove children in an emergency where a child is in need of immediate care and protection, to refer matters to the police, and to apply for a care and protection order. There is no mandatory reporting for child harm under the Act. Any person who believes a child may be in need of protection 'may report' the matter to a social welfare officer or a police officer but is not compelled to (s 18(1)). While reporters can remain anonymous and where reports are made in good faith, are protected from prosecution or breach of professional ethics, a lack of mandatory reporting severely limits the impact of the Act and measures to protect Solomon Islands children from neglect, exploitation and serious harm.

Corporal punishment is not criminalised in Solomon Islands.

5.2.5. Criminal law

As discussed earlier in the report,¹⁴ in addition to establishing a civil protection order scheme, the FPA contains criminal offences associated with domestic violence. Section 58 states that it is an offence to commit domestic violence. As such, not only is physical and sexual abuse against a family member criminalised under the FPA, but psychological abuse, economic abuse and/or threats of such can also form the basis for criminal charges in and of themselves. That domestic violence is a standalone offence is a particularly strong legal measure. It is also a criminal offence under the FPA to breach a condition of a protection order or a safety notice.

Particular conduct associated with domestic violence may also form additional criminal offences under the *Penal Code* and the *Penal Code (Amendment) (Sexual Offences) Act* (refer to Table 14 below).

Table 14: Criminal offences that may intersect with domestic violence incidents

Charge	Legislation	Maximum sentence
Murder	Section 200, <i>Penal Code</i>	Life imprisonment
Attempt to murder	Section 215, <i>Penal Code</i>	Life imprisonment
Acts intended to cause grievous harm	Section 224, <i>Penal Code</i>	Life imprisonment
Unlawful wounding	Section 229, <i>Penal Code</i>	5 years imprisonment
Assaults causing actual bodily harm	Section 245, <i>Penal Code</i>	5 years imprisonment
Rape	Section 136F, <i>Penal Code (Amendment) (Sexual Offences) Act 2016</i>	Life imprisonment
Compelled sexual intercourse	Section 136G, <i>Penal Code (Amendment) (Sexual Offences) Act 2016</i>	Life imprisonment
Abduction or detention with intent	Section 137, <i>Penal Code (Amendment) (Sexual Offences) Act 2016</i>	10 years imprisonment
Indecent act without consent	Section 138, <i>Penal Code (Amendment) (Sexual Offences) Act 2016</i>	5–10 years imprisonment
Rape or indecent act – person with significant disability	Section 138A, <i>Penal Code (Amendment) (Sexual Offences) Act 2016</i>	Life imprisonment
Common assaults	Section 244, <i>Penal Code</i>	1-year imprisonment
Assaults causing actual bodily harm	Section 244, <i>Penal Code</i>	5 years imprisonment
Kidnapping	Sections 248 – 252, <i>Penal Code</i>	7–10 years imprisonment
Child stealing and abduction	Sections 253 – 255, <i>Penal Code</i>	7 years imprisonment.
Wrongful confinement	Section 255, <i>Penal Code</i>	1-year imprisonment or \$400
Unlawful compulsory labour	Section 256, <i>Penal Code</i>	Misdemeanour
Intimidation and molestation	Section 231, <i>Penal Code</i>	3 years imprisonment

¹⁴ See discussion above under Family Violence Protection Act 2014.

Provocation

Provocation has historically been a problematic doctrine that has been relied upon by male perpetrators of violence to limit their criminal responsibility for killing their partners. It is particularly effective as a defence in contexts where blaming victims for domestic violence is high or where men's violence against women is excused as a loss of self-control in response to a provocation. Allowing a defence of provocation for domestic violence places partial responsibility for her death with the victim and reduces the seriousness of the domestic violence homicide. Provocation remains a defence under the *Penal Code* – murder can be reduced to an offence of manslaughter under section 204 where it is proven:

- a. that he was deprived of the power of self-control by such extreme provocation given by the person killed as is mentioned in the next succeeding section; or
- b. that he was justified in causing some harm to the other person, and that, in causing harm in excess of the harm which he was justified in causing, he acted from such terror of immediate death or grievous harm as in fact deprived him for the time being of the power of self-control; or
- c. that, in causing the death he acted in the belief in good faith and on reasonable grounds, that he was under a legal duty to cause the death or to do the act which he did.

Section 205 defines provocation as 'things done or by things said or by both together' that would cause a 'reasonable man' to lose his self-control.

Many jurisdictions internationally have introduced legal reforms to limit the defence of provocation in relation to domestic violence.

Corroboration

Key reforms were made through the passage of the *Evidence Act 2009* which impact cases that concern GBV. Amending past evidence requirements, Section 18 of the Act provides that, 'it is not necessary that evidence on which a party relies be corroborated'. This enables, for example, the prosecution of sexual offences without the need for corroboratory witnesses.

Furthermore, Section 19 dismantles the need for the judiciary to provide warnings to juries regarding evidence traditionally considered to be 'unreliable':

A court need not exercise caution before convicting an accused in reliance on the following evidence –

- a. evidence given by a child;
- b. evidence given by a victim of an offence against morality; or
- c. evidence in relation to an offence against morality where there was delay in reporting the crime.'

Note, offences 'against morality' consist of cases connected with sexual offences, sex work, abortion and homosexuality. As such, although these provisions may usefully facilitate convictions in cases concerning sexual assault, it may also promote convictions in respect of sex work, abortion and homosexuality.

Sections 136 and 137 of the *Evidence Act 2009* give the court the power to reject evidence if they believe that it would be unreliable. Thus, judicial education related to the dynamics evidence in cases of SGBV and how victims are discriminated against is vital.

Sentencing

The Constitution of Solomon Islands allows customary law to have an effect as part of the law (ICAAD & Clifford Chance, 2018). Under section 35(1), Magistrate's Courts 'may promote reconciliation and encourage and facilitate settlement in an amicable way' in relation to criminal cases of common assault, or for 'any offence of a personal or private nature not amounting to a felony and not aggravated' (s 35(1)).

Customary reconciliation practices may also be considered by the Courts, such as compensation (Goodenough, 2006). Although there are no equivalent reconciliation provisions available to the High Court, the Court has affirmed the importance of reconciliation and compensation practices in law, particularly in relation to sentencing (Goodenough, 2006; ICAAD & Clifford Chance, 2018). Further, both the Magistrates' Court and the High Court may order compensation be paid to victims in criminal cases: 'Any person convicted of an offence may be ordered to make compensation to any person injured by his offence and such compensation may be either in addition to or in substitution for any other punishment' (*Penal Code*, s 27).

However, it should be noted that the FPA places express limits on the role of customary compensation. If a person has been found to have committed an offence of domestic violence under section 58 of the FPA, it is not a defence 'that the defendant paid an amount of money as customary compensation for committing the act of domestic violence' (s 58(3)). Similarly, where a person breaches a protection order under section 59, the defendant cannot rely on customary compensation as a defence for the conduct that amounted to the breach (s 59(3)).

Judgment analysis related to SGBV in Pacific Islands countries found that Solomon Islands' judiciary consider the following mitigating factors when sentencing: whether the offender is a first time offender; their family obligations; whether they are of good character; whether they plea guilty; court process of trial, conviction and sentence is viewed as punishment; co-operation with police; payment of compensation; demonstrated remorse; delay; good prospects of rehabilitation; the offender's level of education and employment; work history; family support available to the offender; and/or absence of violence, weapon or serious injury (ICAAD & Clifford Chance, 2018, p. 354; PJEP, 2004). For example, *R v Qinity* [2010] SBHC 26, reconciliation, financial obligations of the offender to his family and court delay were considered mitigating circumstances in sentencing.

The Solomon Islands Magistrate's Bench Book instructs that before sentencing, magistrates should consider: the impact on the victim; giving the victim the opportunity to speak to the Court; and receiving a victim impact report. Magistrates are also advised to ensure sentencing remarks acknowledge any statements by the victim and to avoid language that blames the victim (PJEP, 2004).

5.3. Sexual violence

The *Penal Code (Amendment) (Sexual Offences) Act 2016* legislate 15 years as the minimum age of consent to heterosexual sexual activity (s 139). Anyone who has sexual intercourse with a child under 15 years is committing an offence; consent is not a defence to a charge for procuring an indecent act or intercourse with a person under the age of 15 (s 139). Where an adolescent is aged between 15 and 18, it is illegal to have a sexual relationship with that adolescent where the other party is in a position of trust in relation to the adolescent, regardless of the adolescent's consent (s 141).

Anal sex is unlawful for everyone (*Penal Code*, s 161). Therefore, while the legislative minimum age provides some protections for young people from sexual abuse and exploitation, it is unequally applied to all young people as long as same-sex sexual relationships remain unlawful.

The *Penal Code (Amendment) (Sexual Offences) Act 2016* made significant advancements the criminalisation of sexual violence, repealing and replacing many sections of the *Penal Code* that were discriminatory or otherwise problematic (see Table 14). For example, previously, rape of boys or men was not recognised under the *Penal Code*. The offence of rape is defined as sexual intercourse with another person without the other person's consent and knowing about or being reckless as to the lack of consent (s 136F(1)). Sexual intercourse is defined as (s 136D(2)):

- a. the penetration, to any extent, of the genitalia or anus of a person by any part of the body of another person, except if that penetration is carried out for a lawful medical purpose or is otherwise authorised by law;
- b. the penetration, to any extent, of the genitalia or anus of a person by an object manipulated by another person, except if that penetration is carried out for a lawful medical purpose or is otherwise authorised by law;
- c. the introduction of any part of the penis of a person into the mouth of another person;
- d. fellatio;
- e. cunnilingus;
- f. the continuation of sexual intercourse as defined in paragraph (a), (b), (c), (d) or (e).

The *Penal Code (Amendment) (Sexual Offences) Act 2016* also explicitly prohibits rape and other sexual offences within marriage or marriage-like relationships (ss 136F(2), 138(2), 138A(4)).

Further, while same-sex sexual relationships are unlawful in Solomon Islands, the 2016 amendments notably account for sexual assault of trans people, as the meaning of sexual intercourse within the definition of rape and other sexual offences includes people with surgically constructed or altered genitalia (s 136D(1)). However, as long as anal and homosexual sex is criminalised in Solomon Islands, any victims who identify as LGBTIQ and/or are victims of same-sex sexual assault, risk criminalisation themselves when seeking help and accessing legal remedies.

Sexual abuse is also criminalised in the FPA as part of the definition of domestic violence. The FPA defines sexual abuse of a person as ‘conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of the person’ (s 3). Committing sexual abuse is also a breach of protection order, which is a criminal offence.

Sexual harassment is not currently recognised in any Solomon Islands legislation, nor is it addressed through policy. Recommendations have previously been made for the inclusion of sexual harassment in sexual assault criminal amendments (SPC RRRT, 2013).

5.4. Other forms of GBV

5.4.1. Trafficking and modern slavery

The 2017 *DHS* found that over three out of every five children (62 per cent) aged 5-11 in Solomon Islands are involved in child labour activities, and that child labour among children aged 12-14 is more common among female children, children living in rural areas, and children whose mother has no education (Solomon Islands National Statistics Office et al., 2017). The *Trafficking in Persons Report* found that Solomon Islands is a ‘source, transit, and destination country for local and Southeast Asian men and women subjected to forced labor and forced prostitution’ (U.S. Department of State, 2015, p. 307), and that:

Local children are subjected to prostitution and forced labour within the country. Children are subjected to prostitution, sometimes in exchange for money or fish, particularly near foreign logging camps, on foreign and local commercial fishing vessels, and at hotels and entertainment establishments. Some parents sell their children to foreign workers at logging and mining companies for marriage; some of these girls are later forced into domestic servitude and prostitution. Local boys and girls are put up for “informal adoption” by their families in order to pay off debts; some are subsequently subjected to sexual servitude by the adopted family or guardians or forced labour as domestic servants’.

Key factors driving sexual exploitation in Solomon Islands, especially of children, include reliance on

primary industries such as agriculture, logging, fishing, and mining and the presence of foreign workers; low awareness of the impact of commercial sexual exploitation of children on children, families, and communities; gender inequalities and stereotypes; economic factors; an absence of protective legislation; official corruption; and harmful cultural practices such as arranged early marriages and bride price (U.S. Department of State, 2021; Maebiru et al., 2016; Titchener, 2018).

There are legislative protections against trafficking and modern slavery in the Constitution, the *Penal Code*, the *Penal Code (Amendment) (Sexual Offences) Act 2016*, and the *Immigration Act 2012*. However, these changes do not take into account non-sexual forms of child abuse or labour.

With regards to the Constitution:

- Section 6(1) states that 'No person shall be held in slavery or servitude'
- Section 6(2) states that 'No person shall be required to perform forced labour'

With regards to the *Penal Code*:

- Section 149 prohibits any parent or guardian from arranging for, or knowing of, a child in their charge being employed for the purpose of prostitution or unlawful sexual intercourse.

With regards to the *Penal Code (Amendment) (Sexual Offences) Act 2016*:

- Section 143 addresses child commercial sexual exploitation
- Section 145 addresses internal people trafficking

With regards to the *Immigration Act 2012*:

- Section 76 addresses people trafficking

Internal people trafficking is defined as recruiting, transporting, harbouring or receiving another person within Solomon Islands for the purpose of exploitation (s 145(1)).

There are reportedly updated victim identification and protection SOPs for human trafficking (U.S. Department of State, 2021), but these were not sighted for this report.

The *2021 Trafficking in Persons Report for the Solomon Islands* (U.S. Department of State, 2021) concluded that while the Government of Solomon Islands is increasing efforts to address trafficking and modern slavery, it did not comply with minimum standards. Therefore, it remains a Tier 2 country. The report made several recommendations for the Solomon Islands Government that include:

- Developing and implementing a stand-alone trafficking in persons law prohibiting all forms of the crime with suitable penalties.
- Investigating and prosecuting sex trafficking and labour trafficking offenses and convicting and punishing traffickers, including complicit officials.
- Increase efforts to identify Solomon Islander and foreign victims of sex trafficking and labour trafficking.
- Increasing government support for victim protection, including through the allocation of funding to shelter services for both male and female victims.

In its most recent national report under the Universal Periodic Review (UPR), the Solomon Islands Government stated plans to develop a standalone legislation on slavery and people trafficking under the *Immigration Act 2012* and that officials are monitoring logging and fishing operations to prevent the commercial exploitation of women and girls (Solomon Islands Government, 2021).

5.4.2. Forced and early marriage

Under the Islanders' *Marriage Act* (1996 edition), the minimum age for marriage is 15 years for females and males (s 10(1)). However, this is undermined by Section 4, which allows for valid marriage outside the legislation where it is celebrated in accordance with custom. There is no minimum age specified for marriage under customary law.

In the latest Solomon Islands national report under the UPR, it is reported that a review of the *Islanders Marriage Act* is underway to increase the marriage age to 18 (Solomon Islands Government, 2021). However, marriage under the age of 18 can currently be approved via written consent from the father. Only if the father is deceased, of unsound mind or absent, can the mother provide written consent. If both are unable to provide consent, then a guardian, judge or Magistrate can provide consent. While Section 11 of the *Islanders Marriage Act* provides for objection to marriage by any parties whose consent to the marriage is required, the Act does not specify that consent is required from the parties to the marriage. Further, it does not explicitly state that consent to marriage is required from children under Sections 4 (Valid Marriage) or 10 (Age, Parties and Consents), and there are no other legal provisions that make forced marriage unlawful (ECPAT International, 2020).

The *Births, Marriages and Deaths Registration Act* (1996 edition) does not require a birth certificate to confirm the ages of the marrying parties in order to register a marriage. This is a gap in legislation that allows for child and potentially forced marriage to occur. However, there are criminal penalties for those who 'knowing himself or herself to be under the age of fifteen years' contracts a marriage, as well as penalties for the faith leader or registrar who knowingly celebrates the marriage (s 10(2)). There are also penalties in the Penal Code for making false statements for the purpose of securing a marriage (s 104). There are no penalties for parents who force a child under 15 years to marry. Despite these penalties, it is estimated 6 per cent of women aged 20–24 years were married before turning 15 and 21 per cent were married before turning 18. Four per cent of men aged 20 – 24 years were married before turning 21 (UNICEF, 2019). It is also reported that child marriage is common in sexual and labour exploitation contexts, especially with foreign workers in forced commercial marriage arrangements (Maebiru et al., 2016). Poverty and gender disparities have been identified as drivers of early and forced marriage in these circumstances (ECPAT International, 2020; Maebiru et al., 2016).

Urgent reform is required to raise the minimum age of marriage to 18 years without any exceptions for customary practices and to prohibit forced and early marriage.

6 Law and policy in relation to key populations

SRH and GBV responses in key populations in Solomon Islands are varied. Punitive laws and regulations criminalising sex work and homosexual acts have been identified as a key barrier to making government SRHR and GBV policies, programs, and services available to these communities (Ministry of Health and Medical Services, 2019). For people with disabilities, some attempts have been made to ensure better access to health services, including SRH services, but these policies fall short in addressing the full spectrum of rights and needs of this sector of Solomon Islands society.

6.1. Adolescents and youth

As discussed, young people in Solomon Islands experience high rates of early pregnancy and STIs indicating an unmet need for family planning within this population. A 2013 study of young people aged 15-24 in Samoa, the Solomon Islands and Vanuatu found that roughly two thirds of young people are sexually active, with the median age at first sex being 16 years (UNESCO, 2013). Adolescent fertility is high in Solomon Islands and adolescent pregnancy is higher in rural compared to urban areas (Solomon Islands National Statistics Office et al., 2017). STIs are prevalent amongst sexually active young people, particularly young women (UNFPA, 2015). Recognised risk factors for STIs include low condom use due to lack of awareness – 41 per cent of young people didn't know to use a condom (Solomon Islands Government et al., 2005) and 69.6 per cent of sexually active young people reported not ever using a condom in the last 12 months (Ministry of Health and Medical Services, 2015). Risky sexual behaviour has also found to be combined with substance use (Ministry of Health and Medical Services, 2015). It has been found that young people misinterpret family planning as being for married people or people who have children (FP2020, n.d.).

Young people often lack access to SRH information and services (Ministry of Health and Medical Services, 2015) and it has been found that health and education workers are 'ambivalent' about providing adolescent SRH services (Raman et al., 2015, p. 4). The *Reproductive Child Health and Nutrition (RCHN) Strategy 2016-2020* focused on strengthening SRH services for young people and the capacity of health providers to deliver youth-focused responses in the hope that this would result in 90 per cent of young girls aged (15-19) having knowledge of family planning and 50 per cent or more of young people aged 15-24 have knowledge of HIV and can identify correct ways of preventing sexual transmission of HIV.

Further barriers to young people accessing SRH services include cultural issues such as taboos related to discussing SRH with people of the opposite sex or for young people to discuss SRH with parents/adults. Resource and infrastructure constraints pose additional barriers, particularly shortages of health staff and supply of contraceptives; poor understanding of policy related to adolescent SRH; and uncertainty about professional roles. For instance, many health workers do not have job descriptions and are uncertain of the scope of their roles and if they are qualified for them, leaving them feeling overwhelmed with responding to adolescents (Raman et al., 2015).

The *National Children's Policy with National Plan of Action* (2010) planned to make adolescent reproductive health services available through all health care facilities in order to reduce child mortality and improve maternal health. This is reflected in the *Role Delineation Policy*, which suggests adolescent health programs

will be available at all levels of the health system. The current *National Youth Policy 2017 – 2030* aims to ensure all young people are aware of and practicing healthy living and lifestyles, including SRH. It includes a number of goals related to reducing STIs amongst young people including that by 2019, a youth-to-youth program would be implemented aimed at reducing STIs among young people by 100 per cent.

Addressing high rates of adolescent pregnancy has been a key focus for many years. The *National Children's Policy with National Plan of Action (2010)* and the *National HIV Policy & Multisectoral Strategic Plan 2005 – 2010 (Draft)* both committed to undertake activities aimed at reducing teenage pregnancy. The *National Youth Policy* aims for an increase in understanding of SRH and using effective family planning methods by 75 per cent of young people and a 100 per cent reduction in the prevalence of teenage pregnancy by 2030. This is an increase from the goal in the *RCHN Strategy* which aimed to reduce adolescent fertility rate to less than 40 per cent. The *RCHN Strategy* also included plans to develop youth friendly services using a rights-based approach in order to improve SRH service delivery to young people, particularly access to contraceptives.

Addressing adolescent pregnancy is also a priority in the *National Population Policy 2017 – 2026*, which hopes to significantly reduce fertility and unintended pregnancy amongst adolescent girls in particular. The *NEAP* also aims to increase maternal health through monitoring adolescent births. Collectively, these goals are somewhat at odds with Solomon Islands current legislative provisions related to child marriage, however they do reflect awareness and effort towards addressing the drivers and impacts of adolescent pregnancy and birth for young women in particular. This issue demonstrates the challenges of addressing SRH in the absence of one unifying strategy, showing duplication and gaps in alignment in policy designed to address adolescent pregnancy over the last 15 years.

Given the high rates of early and forced marriage, and the high prevalence of child sexual abuse for girls under 15 years,¹⁵ it is surprising that addressing GBV and gender inequalities does not feature more strongly in SRH policies targeting adolescent pregnancy. Additionally, except for a couple of references to education, there is little attention in policy to specifically engaging adolescent boys and young men in efforts to reduce adolescent pregnancy.¹⁶ Early marriage can also lead to poor maternal health outcomes due to its association with early pregnancy and reduced reproductive autonomy. Both early marriage and adolescent pregnancy have economic consequences, as girls may be prevented from continuing their education or employment (Wodon et al., 2017).

In 2014, the UN Committee on CEDAW noted with concern the impact of inadequate education infrastructure on girls, particularly the lack of basic sanitary facilities, and the dismissal of pregnant girls from school and the absence of re-entry policies for them after giving birth (UN Committee on CEDAW, 2014, p.11/18). There are no legislative requirements prohibiting expulsion from school due to pregnancy. However, an intention was expressed in the *NGEWD Policy* to develop further policies that support pregnant girls and young mothers to stay in school. It is unknown if this occurred.

While improved SRH and wellbeing of young people and promoting gender equality are key policy priorities in Solomon Islands, referred to in several current and past national policies, a specific focus on GBV, and the interrelationship between GBV and SRH, in relation to young people is missing. It has previously been reported that GBV training has not been provided for health workers, nor was GBV integrated into adolescent health programmes (UNFPA, 2013b). Consultations held to validate findings from this review emphasised, in addition, a need to increase community awareness in relation to incest and to advocate for protection of children and young people in this regard.

15 According to the Family Health and Safety Study (2015), 42 per cent of women who had their first sexual experience before the age of 15 reported that it was forced. Of women who had their first sexual experience between the ages of 15 and 17, 24 per cent reported that their first experience was forced.

16 The Role Delineation Policy (2014) refers to implementation of the Men as Partners program, but no other policy details can be found related to engaging men and boys in either SRHR and/or GBV prevention.

Even in the absence of explicit legal or administrative prohibitions on access to SRH services including contraception, practitioners may still restrict access to adolescents or unmarried women due to social norms and beliefs (Starrs et al., 2018). Affirmative laws guaranteeing the right to access linked with policy and guidelines clearly addressing full, free and informed consent for adolescents, can create an enabling environment for adolescents, and youth-friendly SRH services.

6.2. People with disabilities

About 16 percent of males and 17 percent of females in the Solomon Islands have a mild to severe disability (Solomon Islands National Statistics Office et al., 2017). A UNFPA study in 2013 found that 49 per cent of women with disabilities experienced sexual violence, and 18 per cent experienced physical violence (UNFPA, 2013a). Given this relatively high prevalence, there is much room for improvement in responding to the needs and rights of people with disabilities in the SRH and GBV policy and legislative space.

There are no anti-discrimination clauses related to disability with the Solomon Islands Constitution. Further, Solomon Islands has signed but not ratified the *CRPD* (OHCHR, 2020). The *NHSP* referred to developing a Disability Act by 2018, but no evidence can be found that this was achieved. Additionally, the Solomon Islands UPR reports refer to a *National Disability Inclusive Development Policy* being implemented in 2013/14 (Human Rights Council, 2016), but this cannot be located either. Therefore, it is concluded that people with disabilities in Solomon Islands currently have no legislative or policy protections from discrimination or guarantees to SRHR services and support. Further, there is nothing in policy or legislation that guarantees protection for women with disability from forced sterilisation or contraception.

The *NGEWD Policy* states that women and girls with disabilities experience some of the highest rates of violence in the Solomon Islands. As such, the policy recognises that interventions ‘must explicitly address violence against women and girls from a comprehensive human rights perspective and ensure that current approaches to prevention of violence against women and girls don’t further marginalise women and girls with disabilities’ (Ministry of Women, Youth, Children, and Family Affairs, 2016, p.8). The policy states that this must be addressed within the *NGEWD Policy* itself, but then makes insubstantial commitment to do so, only referring to women with disabilities in one action related to the dissemination of information on the *FPA*.

The *National Policy to Eliminate Violence Against Women and Girls 2016 – 2020* acknowledges the additional risks, impacts and barriers to support faced by women with disabilities who experience GBV. It also commits to disseminating information on the criminalisation of domestic violence to women with disabilities, as well as increasing access to justice for all women and girls with a focus on women and girls with disabilities, ensuring accessibility for women and girls with disabilities in all services and infrastructure, and increasing the capacity of civil society organisations to eliminate VAW with disabilities.

Historically, disability in the Solomon Islands has been regarded as a welfare issue, with responsibility for supporting those with disabilities predominantly falling on the family. There has been limited commitment to addressing disability concerns in other areas of government responsibility or in community life. In response to this, the lapsed *National Policy on Disability 2005-2010* was developed to break down barriers associated with disabilities and encourage people with disabilities to be fully and actively involved in community life. While the policy acknowledges that, ‘Women and girls with disabilities encounter further discrimination as they are exposed to greater risk of physical and sexual abuse and often are not given adequate sexual health and reproductive rights advice,’ it does not address SRH or access to SRH health services for people with disabilities with any tangible strategies, nor does it make any progress to address the intersection of disability and GBV.

One of the key targets outlined in the *National Policy on Disability 2005-2010* was

Review of the legal system to ensure that it is inclusive of people with disabilities. Legislation may be a key way to protect the most vulnerable by focusing on combating all forms of discrimination including sexual, physical and mental abuse (p19)

At the time of writing, it is unclear the extent to which this review has occurred. The *National Policy on Disability* lapsed over 10 years ago and to date no subsequent policy has been developed. The Solomon Islands Government has stated in its latest national report under the UPR that:

Solomon Islands has in place a 2017 draft *National Policy on Disability*. It is the intention of Solomon Islands to ratify the *Convention on the Rights of Person with Disabilities* as soon as a cost-benefit analysis and assessment is made in relation to Solomon Islands capability and affordability to honour the obligations of the Convention (Solomon Islands Government, 2021, p.5).

The NHSP identified people with disabilities as a priority population alongside women experiencing violence and abuse but makes no significant strategic commitments to meeting the needs and rights of these populations, either separately or at their intersections. An objective of the plan was to ratify the CRPD by 2017. The CRPD was signed but not ratified by Solomon Islands in 2008, and to date, remains unratified (OHCHR, 2020).

There are specific criminal offences related to violence against people with a disability. Section 138A of the *Penal Code (Amendment) (Sexual Offences) Act 2016* creates the offence of rape or indecent act against a person with a significant disability. 'Significant disability means 'an intellectual, mental or physical condition or impairment (or a combination of more than one of these types of condition or impairment) that affects a person to such an extent that it significantly impairs a person's capacity to:

- a. understand the nature of sexual conduct; or
- b. understand the nature of a decision about sexual conduct; or
- c. communicate decisions about sexual conduct (s 138A(1)).

The maximum penalty for the offence is between five years and life imprisonment, depending on the dynamics of the offence and the relationship between the offender and the victim (for example, if the victim is a child and the offender is a person in a position of trust in relation to them). This applies even if the offender and the victim are married or in a marriage-like relationship (s 138A(4)).

Disability is seen as an aggravating factor for consideration in sentencing for domestic violence offences under the FPA (s 62(b)).

It was noted by the UNFPA (2013, p. 84) that the *Evidence Act 2009* 'does not sufficiently provide for people with disabilities', suggesting that improvements need to be made to ensure victim-survivors of GBV with disabilities are able to access the justice afforded to them by the above legislative provisions.

6.3. LGBTIQ communities

The Constitution of the Solomon Islands provides no guarantees to equality or protection from discrimination based on gender, gender identity or sexual orientation, leaving members of the LGBTIQ community exposed to ongoing discrimination and exclusion. The criminalisation of homosexuality poses a significant barrier to acknowledging and/or addressing the rights and needs in relation to SRH and GBV of people who identify as LGBTIQ in the Solomon Islands. The Penal Code contains articles that make anal sex and consensual sex between people of the same sex illegal:

- ss 160 – 161 Unnatural Offences: Criminalises any person who ‘commits buggery with another person’ and any person who ‘permits a male person to commit buggery with him or her’, and anyone who attempts the above. Penalty is 7-14 years imprisonment.
- s 162 Indecent practices between persons of the same sex: Criminalises acts of ‘gross indecency’ between people of the same sex. Gross indecency is not defined but is taken to mean same sex sexual relationships for all ages. Penalty is five years imprisonment.

Criminalising these sexual acts also risks criminalisation of victims of sexual assault perpetrated by someone of the same sex, especially in contexts where attitudes to sexual violence and LGBTIQ people are deeply prejudiced and discriminatory. For example, rather than being identified as a victim of sexual assault they may be portrayed as committing the offence of buggery.

The *National Strategic Plan for HIV, STIs and Hepatitis 2019 – 2023* acknowledges transgender people and men who have sex with men (MSM) as key populations targeted in the plan, and that criminalisation of homosexuality has constrained government implementation of targeted services for these communities. Yet, transgender people are not mentioned at all in the action plan, while MSM are targeted for quarterly outreach for STI and HIV testing.

It is unlikely that policy and legal advances related to SRH and GBV will benefit the LGBTIQ community until their rights are recognised in these spaces, and homosexuality is no longer classified as a criminal offence. As a result, Solomon Islands is likely failing to meet its obligations under the numerous international human rights conventions it is a signatory to or has ratified. Taking steps to decriminalise same sex relationship has been a recurrent recommendation of the Working Group of UPR (OHCHR, 2016).

6.4. Sex workers

It has been reported that women and girls in Solomon Islands rarely identify themselves as sex workers engaged in commercial sex. Instead, they are described as engaging in transactional sex – ‘providing sexual services in exchange for money, goods, food and alcohol, or other types of in-kind compensation’ (Ministry of Health and Medical Services, 2017a, p. 30). Nonetheless, sex work or transactional sex is reported to be common and use of condoms is low and inconsistent (MHMS, 2015).

Sex work in Solomon Islands is criminalised under the *Penal Code*, which makes living off the earnings of prostitution wholly or in part unlawful (s 153(a)). Solicitation or using any house or part of a house by a woman or a girls for the purposes of prostitution is also illegal (s 153(b); s 154). Aiding, abetting and compelling sex work for personal gain (s 153(c)) and owning or running a brothel are also criminalised (s 155). Further, the s 141(2) of the *Penal Code (Amendment) (Sexual Offences) Act 2016* made it an offence ‘to procure a person to provide commercial sexual services, either in Solomon Islands or elsewhere’.

Notably, the *National Strategic Plan for HIV, STIs and Hepatitis 2019 – 2023* acknowledges that ‘sex work is consensual sex between adults’ (p. x), and that sex workers in the Solomon Islands include women, men and transgender adults. The *Plan* also notes that despite punitive laws and regulations against sex work, people engaging in transactional sex are not systematically prosecuted.

Nonetheless, this legal context creates barriers for reaching sex workers with SRH and GBV services and improving safe sex practices, and to them accessing the services. Criminalisation of sex work is a barrier to the Solomon Islands Government developing policies that target the SRH and GBV issues experienced by this community. As a result, while they are recognised in some policies as being at higher risk for STIs and HIV (i.e. *National Strategic Plan for HIV, STIs and Hepatitis 2019 – 2023*), and testing targets are set, there are currently no policy or legislative provisions that specifically aim to address the barriers and improve access to SRH and/or GBV services for sex workers in the Solomon Islands. In fact, it has been noted that future policies and programs need to target the needs of women and girls engaged in transactional sex (Ministry of Health and Medical Services, 2017a). This is further entrenched by the criminalisation of same sex sexual relationships, thus further marginalising sex workers who are LGBTIQ.

7 Humanitarian and disaster contexts

7.1. Background

Solomon Islands are situated along one segment of the Pacific “ring of fire,” which aligns with the boundaries of the tectonic plates. These boundaries are extremely active seismic zones capable of generating large earthquakes and, in some cases, major tsunamis that can travel great distances. Consequentially, Solomon Islands has been subject to repeated natural disasters in recent years resulting in loss of life, widespread damage to housing infrastructure and medical facilities amounting to millions of dollars (Intergovernmental Panel on Climate Change, 2019). El Niño has also disrupted food and water supplies on some islands for months. Solomon Islands is ranked 5th globally for risk of natural disaster (World Risk Index 2015) and medium risk of humanitarian emergency due to lack of coping mechanisms (IMPACT Index 2021). There is high exposure to a wide range of geological, hydrological, and climatic hazards, including tropical cyclones, volcanic eruptions, earthquakes, tsunamis, landslides, floods, and droughts. Recent disasters include Category 5 Tropical Cyclones TC Pam (2015), TC Donna (2017) and TC Harold (2020) and the impact of the Pacific wide El Niño-related drought in early 2016.

The average financial costs as a result of natural disasters are likely to increase as climate change impacts intensify. Climate change is already impacting Solomon Islands and a recent report found that five reef islands have vanished and a further six islands are experiencing severe shoreline recession. Shoreline recession at two sites has destroyed villages that have existed since at least 1935 (Albert et al., 2016). Food security in Solomon Islands is a key climate concern, with irreversible losses to the marine ecosystem now inevitable.

To date, Solomon Islands has been spared the worst ravages of COVID-19 (WHO, 2021) but remains vulnerable to the ongoing threat posed by the pandemic. A recent report found that the isolation from international markets and the necessary public health measures as a result of COVID-19 have had a disproportionate and harmful impact on women (particularly widows), girls and people with disabilities (Hall & Damon, 2021).

This included:

- A reported increase in family violence and violence against women.
- The impact of the pandemic on local open-air food markets and handicrafts markets that many women and their families rely on for income.
- Widespread job losses due to a drop in tourism, export commodities (including logging and fishing). The GDP of Solomon Islands was forecast to contract by 7.7 per cent.
- Increased workload for women and girls related to caring, COVID related hygiene, extra care of children at home due to school closures and increased food gardening due to loss of income.
- Existing gender inequality and disability-based discrimination has impacted access to decision making for women and people with disabilities regarding COVID measures and created further marginalisation.

The report made a range of recommendations including gender responsive approaches to decision-making and policy settings in relation to the COVID-19 response and GBV and disability inclusive preparedness which are relevant to both policy and legislation (CARE and Live & Learn, 2021).

7.2. International frameworks, commitments and guidelines

Solomon Islands has committed to global frameworks that endorse gender equality, and guidance to enhance the response to gender in emergencies, SRHiE and GBViE. For example, the SDGs, the Sendai Framework, and the Sphere Guidelines.

The Minimum Initial Service Package (MISP) for SRH in crisis situations is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. These needs are often overlooked with potentially life-threatening consequences. The MISP was developed by the Inter-Agency Working Group for Reproductive Health in Crisis (IAWG) (UNFPA, 2020). UNFPA, in partnership with stakeholders, supports the implementation of the MISP to make sure that all affected populations have access to lifesaving SRH services. It was updated in 2018. The key aims of the MISP are to ensure that there is no unmet need for family planning, no preventable maternal deaths and no GBV or harmful practices, even during humanitarian crises.

The six objectives of the MISP are:

1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP.
2. Prevent sexual violence and respond to the needs of survivors.
3. Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.
4. Prevent excess maternal and newborn morbidity and mortality.
5. Prevent unintended pregnancies.
6. Planning for comprehensive services and their integration into existing services.

These standards should be built into policy related to SRH and emergencies.

Two documents produced by the Inter-Agency Standing Committee (a forum of UN and non-UN humanitarian partners, aiming to strengthen humanitarian assistance) provide the foundational guidance on preventing and responding to GBV in emergencies (GBViE): the *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (IASC, 2015) and the *Minimum Standards for Gender-Based Violence in Emergencies Programming* (IASC, 2020). The latter document outlines GBViE standards, a comprehensive set of 16 standards developed by UNFPA and providing practical guidance on how to prevent and respond to gender-based violence in emergencies and facilitate access to multi-sector services (IASC, 2020). The GBViE standards also build on the *Essential Services Package for Women and Girls Subject to Violence* (UN Women, 2015). It is important to note that the Minimum Standards for SRH and GBViE are interrelated and inter-dependent. Both sets of standards should be explicitly incorporated into relevant disaster, gender, national development plans and health policy as a basis for preparedness, response and recovery.

7.3. Regional agreements and networks

Solomon Islands is a signatory to numerous disaster and climate related regional commitments. The Pacific Resilience Partnership (PRP) has a technical working group with a focus on climate smart Disaster Risk Management (DRM) legislation. Whilst gender equality is a stated goal of several agreements¹⁷ the only SRH specific agreement is the *KAILA! Strengthening Climate Change Resilience through Reproductive, Maternal, Newborn, Child and Adolescent Health* (2015). Other regional climate and disaster agreements don't appear to have specific provisions or guidance regarding SRHiE or GBViE, however there are references to addressing gender equality and inequalities especially with vulnerable groups.

Examples of regional commitments include;

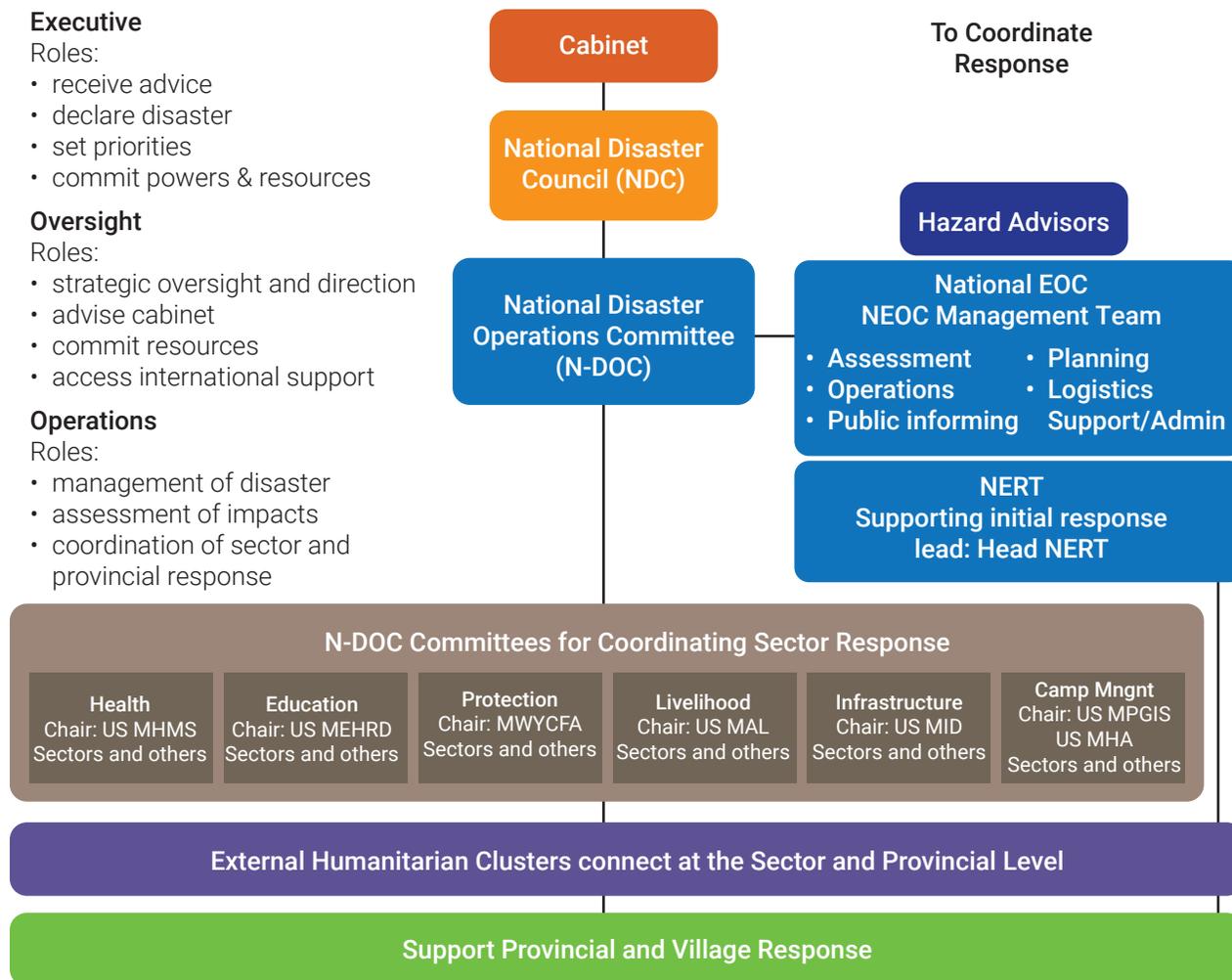
- Framework for Resilient Development in the Pacific: An Integrated Approach to Address Climate Change and Disaster Risk Management [FRDP] 2017 – 2030
- The Boe Declaration on Regional Security and related Action Plan (2018)
- Framework for Pacific Regionalism endorsed by the Pacific Islands Forum (2014)
- Pacific Sexual Health and Well-Being Shared Agenda 2015-2019 (SPC, 2014)
- Suva Declaration on Climate Change adopted in 2015 by the Pacific Islands Forum
- The Pacific Platform for Disaster Risk Management
- The Small Islands Developing States Accelerated Modalities of Action (SAMOA Pathway)
- Kaila Pacific Voice for Action on Agenda 2030, Strengthening Climate Change Resilience through Reproductive, Maternal, Newborn, Child and Adolescent Health (2015)
- Pacific Regional Domestic Violence Working Group (Pacific Community, 2018)
- The Pacific Women's Network Against Violence Against Women (FWCC, 2015) NFPA's Regional Prepositioning Initiative has established hubs in Australia and Fiji that can quickly provide supplies to 11 countries.
- The Climate and Oceans Support Program in the Pacific Phase 2 (COSPPac) (\$23.3 million, 2018-2022) supports the Solomon Islands Meteorological Service to provide climate and ocean monitoring and prediction services

7.4. Domestic policy and legislation

The National Disaster Council (NDC) is the group responsible to Cabinet for policy development and the strategic management of planning and arrangements for disaster management in Solomon Islands (Figure 1). The NDC is also responsible for the oversight of disaster events across sectors and of the management of international, regional and bi-lateral support arrangements during disasters. The *National Disaster Council Act* also places DRM within the responsibility of the Minister of Environment, Climate Change, Disaster Management and Meteorology. This is supported by the *National Disaster Management Plan 2018* (International Federation of Red Cross and Red Crescent Societies, 2020). A review by Red Cross found that there were no obvious quality standards for international assisting actors contained in the Solomon Island's disaster risk management regulatory frameworks. There is an opportunity to embed this requirement in future reviews of DRM legislative frameworks.

17 For example, the Framework for Resilient Development in the Pacific: An Integrated Approach to Address Climate Change and Disaster Risk Management [FRDP] 2017 – 2030, "The FRDP also recognises the critical role of integrating gender considerations, and advocates for equitable participation of men and women in planning and implementation of resilience building activities." See page 2, http://tep-a.org/wp-content/uploads/2017/05/FRDP_2016_finalResilient_Dev_pacific.pdf

Figure 1: Disaster management operational arrangement



(Source: National Disaster Council National Disaster Management Plan 2018)

In addition to laws already outlined, legislation and policy relevant to disaster, climate and humanitarian response in the Solomon Islands have been listed below:

- *National Disaster Council Act 1989; Emergency Powers Act (1996 edition).*
- *National Disaster Management Plan 2018*
- *National Health Emergency Plan 2018*
- *Policy Statement and Guidelines for Disaster Preparedness and Education in Emergency Situations in Solomon Islands, 2011*
- *National Sexual and Reproductive Health Emergency Response Plan 2021 (Draft)*
- *Women, Peace and Security National Action Plan 2017–2021*
- *The National Policy to Eliminate Violence Against Women and Girls: 2016 – 2020*
- *Solomon Islands Climate Change Policy 2012–2017*

7.5. SRHiE

The Government has recently drafted a *National Sexual and Reproductive Health Emergency Response Plan*. This important draft policy will provide an explicit authorising environment to ensure that the MISP and relevant GBViE standards are included in health and disaster responses. The policy states that “addressing the sexual and reproductive health and rights of crisis-affected communities (in all their diversity) is essential to achieving the sustainable development goals, particularly goals 3 and 5 in the longer term” (Ministry of Health and Medical Services, 2019a). This is linked to the NHSP that places emphasis on investing in disaster preparedness and response. The draft *National Sexual and Reproductive Health Emergency Response Plan 2021* is a significant development and explicitly endorses and outlines implementation and activation of MISP in the event of a disaster. It is to be used in conjunction with the *National Health Emergency Plan 2018*.

Although preparedness appears to be beyond the scope of this policy, it does note that in order to be successful, there must be ‘Preparedness to implement RH response in an event of emergency is present within the MHMS as well as amongst relevant partner agencies’ (Ministry of Health and Medical Services, 2019a, p. 15). It is important that to effectively activate this policy, an MISP readiness study might be supported as well as support for actions arising from this and other related health readiness assessment as part of the critical SRH strengthening that is crucial to delivering SRH in peacetime and in disasters (International Planned Parenthood Federation, 2020).

The action plan also notes that the ‘involvement of women in arrangements at all levels is essential for effective disaster management’ (Ministry of Health and Medical Services, 2019a, p. 14). The action plan also notes in detail how to execute MISP and notes that ‘During a humanitarian crisis, complications related to unsafe abortion will invariably exacerbate and increase mortality and morbidity. To address this, it is critical to ensure that safe abortion care is available, to the full extent of the law, in health center’s and hospital facilities’ (Ministry of Health and Medical Services, 2019a, p.4).

The *National Disaster Management Plan 2018* links and clarifies responsibilities regarding health needs during emergencies (National Disaster Council, 2018). It also mentions gender, however, is not explicit on how gender equality will be actioned, nor does it mention GBV. However, it does mention child protection.

A review by the Red Cross recommended to governments that:

National DRM system, laws and policies should be gradually changed to include clear policy objectives to achieve gender equality and SGBV protection in all aspects of DRM, including specific mandates to require gender sensitive disaster risk assessments, risk reduction, response, recovery and reconstruction, and requirements for minimum representation of 30% women in DRM institutions. It also recommends that these or other laws regulate post-disaster shelter, with clear standards for SGBV prevention, mitigation and response (International Federation of Red Cross, 2017, p.10).¹⁸

This also accords with practice and policy across the humanitarian community that is increasingly prioritising gender equality and the right of women and girls to services and to lead humanitarian responses (CARE International, 2021).

¹⁸ See for example the CARE International Gender Marker and Rapid Gender Analysis (RGA) approach

The *RCHN Strategy* also includes a strategic framework which refers to Emergency/Disaster preparedness. Section 6.3 Disaster/Emergency Preparedness (p. 20) notes that:

- “Solomon Islands is prone to natural disasters such as floods, earthquakes, tsunamis, and cyclones. It is critical to be prepared for any reproductive and child health needs during these emergency situations. A systematic and coordinated response prevents maternal and newborn deaths, unwanted pregnancies, unsafe abortions, and possible spread of HIV/STI.
- The RCH Division will develop a SOP for emergency, based on the priority interventions outlined in the MISP for Reproductive Health in Crises. The aim is to reduce deaths, disabilities and illnesses among affected population, particularly women and girls. Each program will determine its priority activities for inclusion in the SOP, as well as in its annual operational plan/budget (pp. 20-21).

7.6. GBViE

The legal framework to protect men, women, boys, girls, and gender diverse people from the effects of disaster is covered broadly by the *National Disaster Council Act* (1996 edition). And the *Emergency Powers Act* (1996 edition). However, beyond this, it is not clear how the current legal frameworks such as the FPA function in an emergency.

The *Women, Peace and Security National Action Plan 2017 – 2021* notes policy commitments to respond to GBViE. It was the first such national action plan in the Pacific region.

The plan includes:

- Pillar 2: Protection 2.1
 - Strengthening the protection of women and girls by building the capacity of government and civil society actors, including traditional leaders and those responding to humanitarian crises.
 - Action 2.1d: Establish protocols and provide funds to respond to VAW in natural disasters and/ or humanitarian emergencies, before waiting for evidence of specific instances to emerge (p. 23).
- Pillar 3: Prevention
 - 3.4: Decrease the risk of gender-based violence and conflict during periods of natural disaster, humanitarian crisis and instability.

The *National Policy to Eliminate Violence Against Women and Girls: 2016 – 2020* also includes reference to humanitarian response to GBV/VAWG. It notes:

- Objective 5.5: Build capacity of humanitarian actors to respond to EAWG in disaster risk reduction, emergency response and recovery and include EAWG service providers in disaster planning and response.
- The Ministry of Women, Youth, Children, and Family Affairs will support gender inclusion in disaster risk reduction programs, improved data collection in disaster assessment and the inclusion of existing EAWG services (such as SAFENET) in disaster risk management planning and response (p. 39).

The draft *National Sexual and Reproductive Health Emergency Response Plan 2021* commits to a SGBV response and is compliant with MISP Objective 2. Prevent sexual violence and respond to the needs of survivors.

A preliminary Health Readiness assessment noted that “1% of facilities are able to provide minimum services for GBV that meet global standards (58% of facilities reported offering at least one GBV service)” (JSI, 2021).

The *SAFENET Assessment & National Action Plan 2014-2016* does not provide specific provision for responding to GBViE (Ministry of Women, Youth, Children, and Family Affairs, 2014). The 2017 Ministry of Health and Medical Services *Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender Based Violence* (2017) is comprehensive but does not reference MISP or GBViE.

The *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (GBViE standards) provide practical guidance on how to prevent and respond to GBViE and facilitate access to multi-sector services (UNFPA, 2019b). These standards should build on the *Essential Services Package for Women and Girls’ Subject to Violence* (UN Women, 2015). Neither of these sets of standards are referred to in policy and should be explicitly incorporated into relevant disaster, gender, national development plans and health policies as a basis for preparedness, response and recovery.

The *Solomon Islands Climate Change Policy 2012–2017* includes gender equality as a guiding principle. It also requires the government to undertake gender analysis and integrate gender considerations as part of vulnerability and disaster risk assessments as well as adaptation actions. It encourages the inclusive participation of women and youth at all levels in order to build capacity (Ministry of Environment, Climate Change, Disaster Management and Meteorology, 2012).

7.7. Clusters

The 2018 *National Disaster Management Plan* sets out that operational coordination of external humanitarian support during a disaster will be exercised through the regional Pacific Humanitarian Team and its Inter-Agency Standing Committee Cluster arrangements. The plan also notes that women will be expected to be taking leading decision-making roles especially in relation to welfare, relief distribution, protection and shelter.

The draft *National Sexual and Reproductive Health Emergency Response Plan* is primarily for use by the national reproductive health sub-cluster under the health cluster that would be activated in an event of emergency, to coordinate SRH response and to implement the MISP.

The Ministry of Women, Youth, Children, and Family Affairs and the Solomon Islands Protection Committee are working together to localise disaster response and coordination in relation to gender and protection (UN Women 2018). UN Women has also supported the establishment of Provincial Protection Committees and delivered GBViE training (UN Women, 2021).

The cluster system is outlined below. In relation to GBViE and SRHiE, it is important to have strong relationships between the two relevant clusters alongside gender transformative approaches and linkages to other clusters

8 Conclusions and recommendations

This desk review has demonstrated that the Solomon Islands policy and legislative environment related to universal access to SRH and protection from GBV has many strengths. Amongst these are the legislative amendments related to sexual violence contained within the *Penal Code (Amendment) (Sexual Offences) Act 2016* and the *Family Violence Protection Act 2014*, which combined create a strong legislative framework for responding to SGBV. The guidelines and policy that enables SAFENET also provides a strong enabling environment for a multisectoral response to SGBV and is a credit to all the partners involved.

The *Population Policy 2016 – 2026* meets many of the international standards related to SRH and goes some way to addressing gaps resulting from not having a current standalone SRH policy. The *Role Delineation Policy (2014)* describes a comprehensive framework for a universal health system that should make it easier for women and girls to access SRH care. Meeting young people's SRH needs is a strong feature of the current *National Youth Policy 2017 – 2030*. Yet, while involving young people in violence prevention and gender equality efforts is mentioned in indicators for the policy implementation, there is little other reference to addressing GBV experienced by young people.

There are numerous policies related to SRH and GBV that have useful and promising content, but which have lapsed and are yet to be replaced. In particular, the *National Policy to Eliminate Violence Against Women and Girls*, the *National Disability Policy*, the *Reproductive Child Health and Nutrition Strategy: 2016-2020*, and the *NHSP*. In addition to renewing these policies as soon as possible, comprehensive legal reform is required to address barriers to abortion and to reform the legal age and consent provisions for marriage, improve protections related to trafficking and sexual exploitation, as well as to ensure that the SRH and GBV rights and needs of people who are LGBTIQ have disabilities, and/or work as sex workers are met. Endorsing the draft *National Sexual and Reproductive Health Emergency Response Plan* is an important next step. Alongside this sits the need for increased capacity for preparedness and response to both SRHiE and GBViE. The current DRM framework should explicitly outline how gender equality will be upheld in emergencies and cross reference other relevant international standards, legislation and policy.

Overall, there is a lack of recognition or action prescribed in the policy and legislative context of the interrelationship between SRH, GBV and gender inequality.

Below are more specific recommendations for actions that will strengthen policy and legislation related to SRH and GBV in Solomon Islands arising from this review.

8.1. General recommendations

- Consider reviewing the Constitution, ensuring it:
 - Aligns with Solomon Islands obligations as a signatory to international human rights treaties and conventions, specifically CEDAW, CRC and the CRPD.
 - Includes a commitment to the principle of gender equality.
 - Is written in gender-inclusive language.
 - Protects against discrimination based on sex, gender/gender identity, sexual orientation, age, disability, marital status, and health status (e.g. being HIV positive).
 - Provides an enabling environment for the recognition of SRHR for all.
- Solomon Islands ratifies international treaties it is a signatory to, including the Optional Protocol to the Convention on Economic, Social and Cultural Rights, and the CRPD.
- As with the successful creation of the *Penal Code (Amendment) (Sexual Offences) Act 2016*, continue to review, repeal, amend and create new legalisation in line with human rights commitments in relation to gender equality, SRHR and GBV. In doing so, consult with civil society organisations and people with lived experience, and undertake gender impact assessments to identify and mitigate unintended consequences. Areas for prioritising for reform include:
 - Consider reform of legislation that currently criminalises some sexual activity between consenting adults, and ensure legislation addresses discrimination on the basis of sexual behaviour, sexual orientation, gender identity and expression
 - Increase the legal minimum age of marriage to 18 years and ensuring full and free consent of marrying parties is required with penalties for non-compliance, with no exceptions for customary practices.
 - Criminalise forced and early marriage, recognising that it is a serious breach of human rights and a form of gender-based violence.
 - Improve protections for women and girls from trafficking and sexual exploitation.
 - Consider steps towards decriminalising sex work. In view of clear evidence that the criminalisation of sex work leads to poorer sexual and reproductive health outcomes for both sex workers and their clients, and to significant risk to the personal physical safety and health of sex workers, decriminalisation would decrease stigma and increase women's access to SRH information and services.
- While the *Role Delineation Policy* is comprehensive, it was developed in 2014. Therefore, it is recommended to review and update the policy in line with new and emerging policies and programs related to SRHR and GBV, with the aim of ensuring access to contraception and first response GBV health services are available at all levels of the health system.
- Finalise drafting and implement a national policy on disability, based on the social model of disability and in consultation with people with disabilities in Solomon Islands. This policy should include specific provisions for access to SRHR and protection and protection and response to GBV.
- National policies and plans related to SRH and GBV to include resource allocation, budgets, governance arrangements, and monitoring and reporting frameworks, and name ministries with responsibility for resourcing and implementation.
- Strengthen mechanisms for and resource data gathering and evaluation of national policies and plans.

8.2. SRHR recommendations

- Consider legislating access to contraception (including emergency contraceptives), family planning and maternal health services guaranteeing free and voluntary access for all regardless of gender, sexual orientation, age, disability or marital status. Legislation should include provision for full, free and informed consent for services (including contraception) taking into consideration the evolving capacity of adolescents in line with international best practice.
- Develop a standalone national SRH policy that includes a clear definition of SRHR in line with the ICPD and an integrated essential service package (for example, based on the Guttmacher Lancet commission) and which is integrated with other relevant national policies (e.g. *National Gender Equality and Women's Development Policy, National Health Strategic Plan, Role Delineation Policy, National Policy to Eliminate VAW, National Youth Policy, National Policy on Disability*).
- Mainstream engaging men and boys in SRH policy, particularly in reducing adolescent pregnancy.
- Conduct further research into the impact, causes and consequences of unsafe abortion practices. Legislate for access to post-abortion care regardless of legality of abortion, ensuring that women are not liable to prosecution.
- Consider decriminalisation of abortion, particularly in cases of risk to a woman's physical or mental health, rape or severe foetal impairment.
- While considering future law reform, provide clear guidance for medical practitioners on performing abortions to save a woman's life.
- Develop strategies that ensure access to comprehensive SRHR for Solomon Islanders who are members of LGBTIQ communities.
- Develop strategies that ensure access to comprehensive SRHR for Solomon Islanders who are engaged in transactional and/or commercial sex work, including increasing uptake of condom use by people who purchase sex.
- Age-appropriate information and education on SRH to be included in the proposed national SRH policy. Develop a resource for health professionals to use to assess children's competence to consent to SRH services (including contraception); provide training for children, parents, and health professionals to raise awareness and knowledge of the law; and consider introducing a new law to better embed the rights of competent children to consent, or refuse, treatment.
- Update the Essential Medicines List in line with commitments in policy to review it every two years.
- Finalise SRH Clinical Practice Guidelines as outlined in the *Reproductive Child Health and Nutrition Strategy 2016-2020*.
- Audit and align targets across multiple policies related to reducing adolescent pregnancy.
- Gather more data on and recognise the links between gender inequality, SGBV, access to SRH, and adolescent pregnancy in policy objectives.

- Ensure education policy supports and enables pregnant girls and school-aged mothers and fathers to stay in school.
- Embed the roll out of a national HPV screening, vaccination, and treatment program in policy, including setting targets according to timelines.
- Integrate CSE into the Solomon Islands national curriculum and prioritise SRH in new NEAP, including strategies to address backlash against SRH education in schools.
- The Ministry of Women, Youth, Children, and Family Affairs, Ministry of Health and Medical Services and Ministry of Education and Human Resources Development work together to develop and implement policy that meets the menstrual hygiene management needs of women and adolescent girls, especially for girls in education settings. Where relevant, this should be mandated in public health regulations.
- Review and amend the *Labour Act* to consider inclusion of paternity leave and explore options for regulating child care.
- Consider further research into low contraceptive uptake despite high awareness and knowledge of contraception and family planning.

8.3. GBV recommendations

- Develop and implement a new policy for gender equality and the development of women and girls that maintains a core focus on the elimination of GBV and VAW/G.
- Develop and implement a new *National Policy to Eliminate VAW/G*.
- In developing the new *National Policy to Eliminate VAW/G*, consider the evidence that health care and SRH services are often the entryway to support women experiencing GBV.
- Ensure the new *National Policy to Eliminate VAW/G* includes priorities, outcomes and strategies that address violence experienced by women and girls with disabilities, people who identify as LGBTIQ and women engaged in transactional and/or commercial sex.
- In alignment with the new *National Policy to Eliminate VAW/G*, develop a fresh *National Children's Policy* that addresses GBV against children, particularly girls and the impact of intimate partner violence on children.
- Clarify use of the *Standard Operation Procedures Clinical Management of Rape (MHMS, 2019)* in relationship with SAFENET Guidelines. Update the SOP to more comprehensively align to latest UN guidance and to reflect Government role delineation models. This should include specific sections relating to care and treatment for violence against children.
- Consider further research into the extent of GBV experienced by women and girls with disabilities, women engaged in transactional and/or commercial sex, and people who identify as LGBTIQ with a focus on the impact of GBV on their SRHR.
- Amend the *SAFENET Guidelines* to account for the unique support needs of women with disabilities, sex workers and LGBTIQ people experiencing GBV. This includes inviting organisations representing these

communities to participate in SAFENET governance and building the capabilities of network partners and individual practitioners to respond appropriately to these communities using a rights-based approach.

- Continue to prioritise implementation of the Family Protection Act 2014 within national policies, including providing resources and budget and building the capabilities of legal and judicial duty-bearers.
- Consider review and possible reform unifying family law that guarantees equal rights to women and men and that prohibits customary practices that discriminate against women in the family law setting, including allowing 'no-fault' divorce.
- Review the effectiveness of the *Child and Family Welfare Act 2017* in protecting children from harm associated with domestic violence and other forms of GBV, including consideration of mandatory reporting.
- Review and reform the defence of provocation in the *Penal Code*.
- Conduct further research and consultation on the use and impact of customary compensation and reconciliation practices on sentencing and access to justice and safety for women and girls experiencing GBV and use the findings to inform policy and legislative reform.
- Consider policy and legal reform to provide protection from sexual harassment.
- Implement plans to develop standalone legislation on trafficking and slavery.

8.4. Humanitarian and disaster recommendations

- Finalise, endorse and resource the draft *National Sexual and Reproductive Health Emergency Response Plan* which explicitly incorporates the MISP and undertake the MISP Readiness Assessment at a national and sub-national level as a basis for policy implementation preparedness.
- Ensure future DRM legislation and policy supports explicit gender transformative objectives and approaches to SRHiE and GBViE, including explicitly adopting the *Essential Services for Women and Girls Subject to Violence and Minimum Standards for Gender-Based Violence in Emergencies Programming*.
- Ensure requirements to prevent sexual exploitation and harassment (PSEAH) by aid and disaster personnel are embedded in relevant policy and legislation including a code of conduct for all workers in an emergency.

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Annex 1: Desk review search terms

Solomon Islands

AND "fertility"	OR "SRH"	OR "Gender-based violence"
OR "Maternal mortality"	OR "Reproductive health"	OR "Violence against women"
OR "Matern* health"	OR "Sexual health"	OR "Domestic violence"
OR "Matern* leave"	OR "Contracept*"	OR "Intimate partner violence"
OR "Patern* leave"	OR "Abortion"	OR "Family violence"
OR "Pregnancy"	OR "Family planning"	OR "Trafficking"
OR "Childbirth"	OR "Sex* education"	OR "Sex work"
OR "Skilled birth attendan*"	OR "Sex* curriculum"	OR "Early marriage"
OR "Life-saving commodit*"	OR "Family Life education"	OR "Forced marriage"
OR "Life-saving medicine*"	OR "AIDS"	OR "Child marriage"
OR "HPV"	OR "HIV"	OR "Female genital mutilation"
OR "Discrimination"	OR "Gender"	OR "Female genital cutting"
OR "Plural legal system"	OR "Disability"	

Annex 2: Integrated sexual and reproductive health and rights

Guttmacher-Lancet Commission integrated definition of SRHR

Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;
- choose their sexual partners;
- have safe and pleasurable sexual experiences;
- decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.

Essential sexual and reproductive health services must meet public health and human rights standards, including the “Availability, Accessibility, Acceptability, and Quality” framework of the right to health.

The services should include:

- accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;
- information, counselling, and care related to sexual function and satisfaction;
- prevention, detection, and management of sexual and gender-based violence and coercion;
- a choice of safe and effective contraceptive methods;
- safe and effective antenatal, childbirth, and postnatal care;
- safe and effective abortion services and care;
- prevention, management, and treatment of infertility;
- prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and
- prevention, detection, and treatment of reproductive cancers.

Source: Starrs, et al. (2018). Accelerate progress - sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. The Lancet Commissions. 391(10140) 2642-2692.

