

COVID-19 Vaccination & Essential Service Access in Solomon Islands

Results from Round Three (July 2021) of the Solomon Islands High-Frequency Phone Survey

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Introduction and Highlights



This brief details COVID-19 vaccination rates, reasons for vaccine hesitancy, access to healthcare, sanitation, and education in mid 2021. Low rates of COVID-19 vaccination were a sign of vaccine hesitancy, with nine percent of survey respondents aged over 18 being vaccinated, though official statistics put this figure even lower, at five percent.² While widespread transmission of COVID-19 only began in Solomon Islands in 2022, border closures and precautionary public health measures may have had an impact on the welfare of households. The findings in this brief come from the third round of the World Bank's High Frequency Phone Surveys (HFPS), and UNICEF's Social-Economic Impact Assessment Survey (SIAS).

HIGHLIGHTS

- **Men were more likely than women to have been vaccinated against COVID-19 in July 2021. People with secondary or tertiary education were more likely to have been vaccinated than those who did not have secondary or tertiary education.³**
- **Most households knew that COVID-19 vaccines were available. In general, men were more likely to be aware of the vaccine than women, and adults in Honiara were more likely to be aware of the vaccine than adults elsewhere.**
- **Of people who were aware of the availability of a COVID-19 vaccine in Solomon Islands but had not been vaccinated, 61 percent were vaccine hesitant. Of the vaccine hesitant, over half reported that they would be more willing to get vaccinated if the vaccine was recommended to them by a health worker.**
- **In the week before the survey, one in five households didn't have sufficient drinking water.**

RECOMMENDATIONS FOR POLICY

- **Use multiple avenues to reach all citizens to build awareness of the availability of the vaccines. Trusted parties - such as healthcare workers - are likely to be an effective avenue to communicate information about vaccination.**
- **Continuity of routine health and education services should remain a priority despite the needed focus on preparedness and response efforts for COVID-19.**

¹ The findings, interpretations, and conclusions expressed in this brief are entirely those of the authors. They do not necessarily represent the views of the International Bank for Reconstruction and Development, the World Bank, UNICEF and its affiliated organizations, nor those of the Executive Directors of the World Bank or the governments they represent. The team gratefully acknowledges the Korea Trust Fund for Economic and Peace-Building Transitions for financing the data collection and analysis for the World Bank survey and the UNICEF Pacific Multi Country Office for financing the data collection and analysis of the UNICEF SIAS. The authors thank UNICEF colleague Ronesh Prasad as well as World Bank colleagues Lodewijk Smets, Annette Leith, Shohei Nakamura, Kristen Himelein, Utz Pape, and Dung Doan for their comments on earlier drafts.

² Official statistics are sourced from <https://stats.pacificdata.org/>, and were checked on 28 March 2022.

³ These figures, as well as all other vaccination rates quoted in this brief, reflect vaccination rates for people aged 18 years

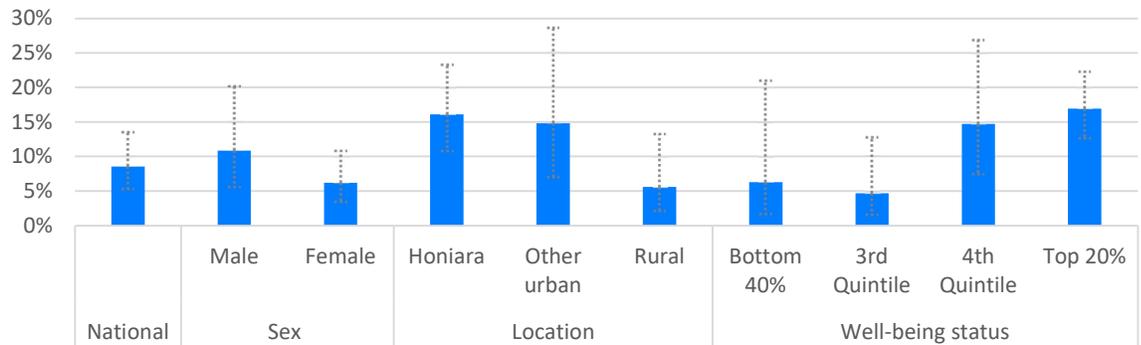
Vaccination rates



Men were roughly twice as likely as women to have been vaccinated by July 2021 (Figure 1).

People living in urban areas had higher vaccination rates than those living outside of Honiara. The Government’s vaccine strategy initially prioritised people in urban areas and frontline workers. People in high income households were more likely to have been vaccinated than people in low income households. Nine percent of people aged over 18 had received a dose of a COVID-19 vaccine by July 2021. This is likely an over estimate, as the level of vaccination reported by the Pacific Community’s Public Health Division for July 2021 is around five percent of people aged over 18⁴.

Figure 1: COVID-19 Vaccination Rate Nationally, and by Sex, Geographic Area and Household Wealth



Source: July 2021 HFPS household level data.

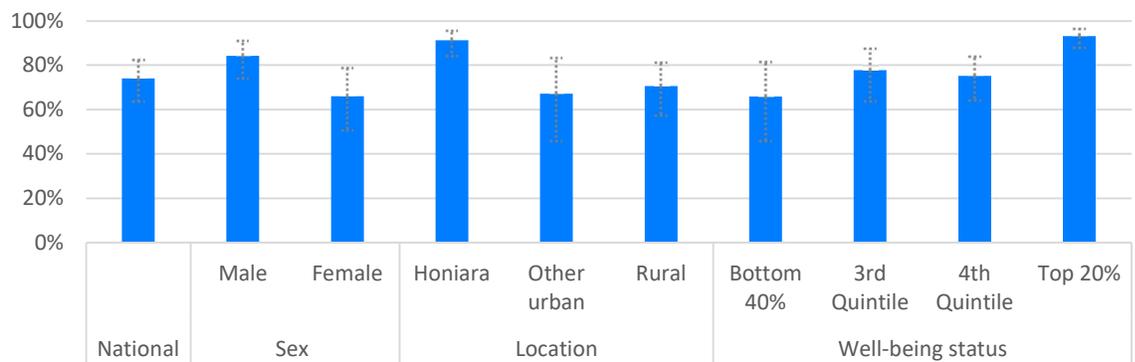
Note: Dotted lines represent 95 percent confidence intervals.

Vaccine awareness



Of the population aged over 18, 74 percent were aware that COVID-19 vaccines were available (Figure 2). People in Honiara were more likely to be aware of COVID-19 vaccines than people in other parts of Solomon Islands.

Figure 2: Awareness of Vaccine Availability Nationally, and by Gender, Geographic Area, and Wealth



Source: July 2021 HFPS household level data.

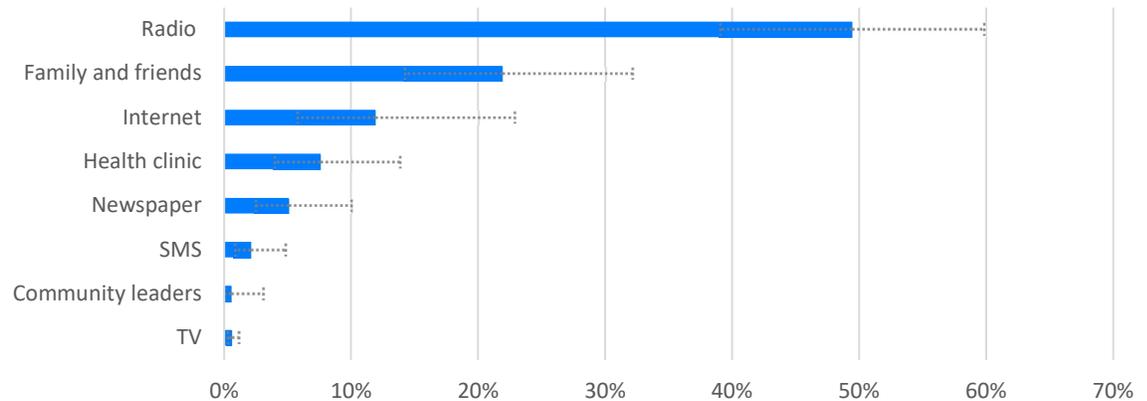
Note: Dotted lines represent 95 percent confidence intervals.

⁴ Using data from the Pacific Community’s Data Explorer website (<https://stats.pacificdata.org/>) for 20 July 2021. This website was accessed on 28 March 2021.

Radio was the main source of COVID-19 information for 50 percent of households (Figure 3).

Neighbours and friends were another common source of COVID-19 vaccine information. The internet was the main source of information for around one in ten people, while health clinics were the main source for around one in fifteen people. The relatively low likelihood that health clinics were the source of COVID-19 vaccine information suggests that there is considerable room for healthcare workers to increase their communication of the benefits of vaccines.

Figure 3: Vaccine information source



Source: July 2021 HFPS household level data.

Note: Dotted lines represent 95 percent confidence intervals.

Vaccine willingness



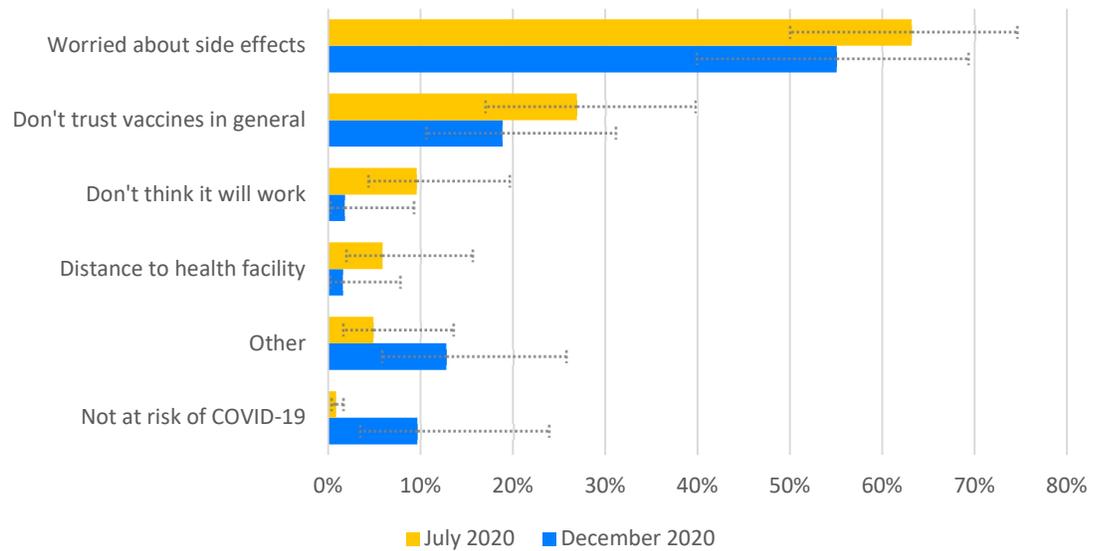
Of people who were aware of the availability of a COVID-19 vaccine in Solomon Islands but had not been vaccinated, 61 percent were not planning to be vaccinated or not sure of being vaccinated.

Men were much more likely than women to be planning to take the vaccine, as were people who had more than a primary school level of education. These relationships were confirmed by regression analysis. There were only minimal differences in willingness to take the vaccine when responses were disaggregated by location or household wealth.

Of people who weren't vaccinated and weren't planning to get vaccinated, six in ten were concerned about side effects (Figure 4). This may suggest that a COVID-19 vaccine information campaign involving health workers clarifying the risks of side effects could meaningfully reduce vaccine hesitancy. Relatively few people – around one in four – had a general distrust of vaccines. Despite very few cases of COVID-19 being reported in Solomon Islands in July 2021,⁵ only a small number of people cited a perceived low risk of COVID-19 as a reason for not wanting to become vaccinated.

⁵ Note that these cases were contained in quarantine and there was no community transmission.

Figure 4: Reason for not wanting to receive the vaccine

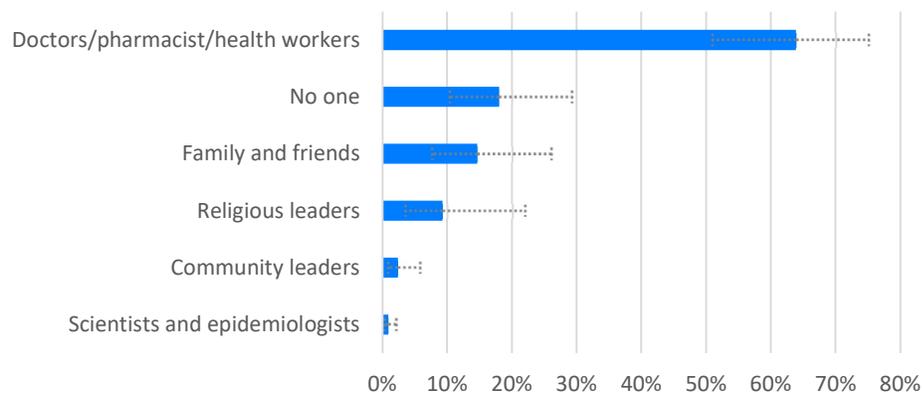


Source: December 2020 and July 2021 HFPS household level data.

Note: Dotted lines represent 95 percent confidence intervals.

Around two thirds of households said they would be more likely to receive the vaccine if it was recommended to them by a healthcare worker such as a nurse or a doctor⁶ (Figure 5). One in seven people said they would be more likely to receive the vaccine if it was recommended to them by friends or family. These views suggest that healthcare workers could be utilised to decrease vaccine hesitancy in Solomon Islands.

Figure 5: Respondents More Likely to Become Vaccinated by Recommendation Source



Source: July 2021 HFPS household level data.

Note: Dotted lines represent 95 percent confidence intervals.

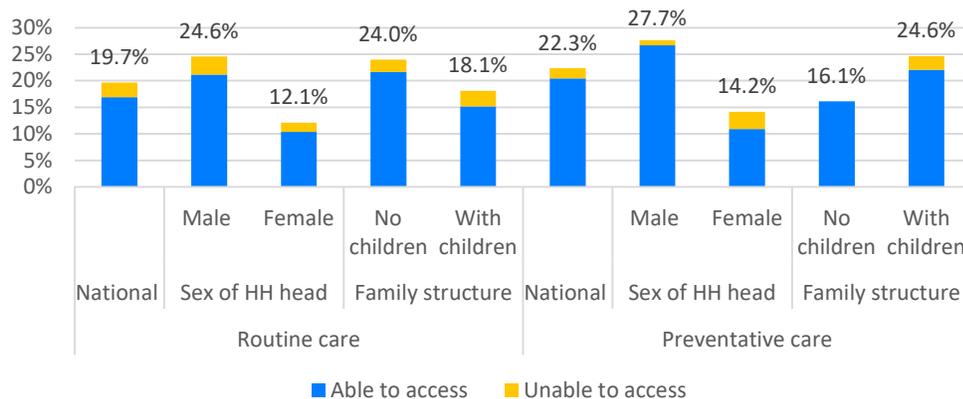
⁶ Respondents who were not planning to get vaccinated were asked whether talking to a range of individuals would make them more likely receive the vaccine.

Access to healthcare



Most people who required healthcare were able to access it (Figure 6). Around one in five households required *preventative* medical care – such as childhood vaccines or pre-natal care – in the month before the survey, but there were considerable differences in rates of access. Around 20 percent of households required *routine* healthcare – such as for tuberculosis – in the month leading up to the survey. 24 percent of people in male headed households required care, compared to 12 percent of female headed households. Almost all of the households headed by males were able to access preventative healthcare when they needed it (96 percent). However, fewer female headed households were able to access preventative healthcare when they needed it (77 percent). It was more common for households with children to need routine medical care, and these households were also more likely to get it than households that didn’t have children.

Figure 6: Ability to Access Routine Care and Preventative Care



Note: Total percentage of households requiring care indicated above bar.

Source: July 2021 HFPS household level data.

Water and sanitation



Around one in five households didn’t have sufficient drinking water in the week before the survey. Of these people, around half reported that their water supply was no longer available or supplies had been reduced, while around one quarter were unable to access communal sources. Around one in ten were unable to afford the water that they needed. Very few people cited fear of going out and contracting COVID-19 as a reason for not having enough water. These results are broadly consistent with the results from UNICEF’s Social-Economic Impact Assessment Survey (SIAS) in April 2021.

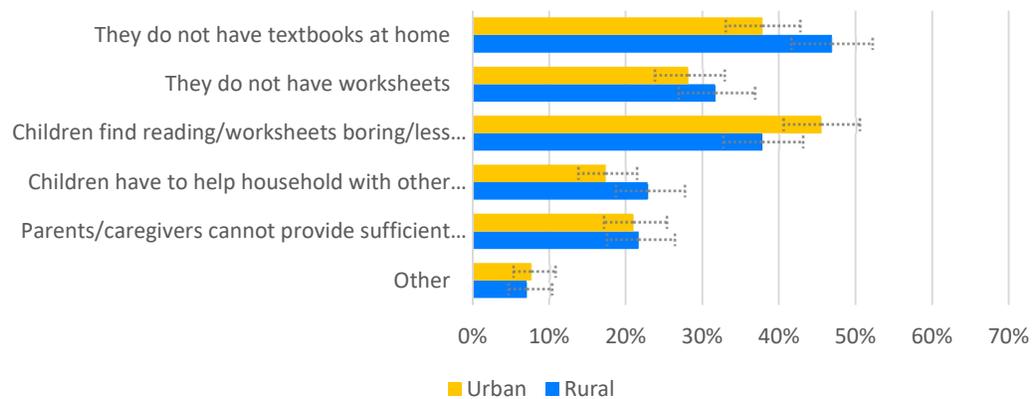
Roughly one in ten households had insufficient soap and water to undertake hand washing when required. This rate is an improvement since the previous round, when around one in four households had insufficient soap and water for handwashing. As in the previous round, the main reason for insufficient soap was the cost.

Education and schooling



Lockdowns in Solomon Islands were uncommon during 2020-2021, but when they occurred they caused disruption to schooling. 74 percent of surveyed households with school-aged children (aged 6-14) who reportedly could not attend school because of a lockdown continued their education at home. However, only around one third of surveyed households with school aged students who were undertaking remote learning had remote support, this figure was somewhat lower for female headed households. The most commonly referenced challenges of home based learning were a lack of textbooks, and children finding the work boring (Figure 7). The lack of materials was more constraining in rural areas than urban areas. Over 90 percent of surveyed households with school aged children were concerned about a child's performance and learning during the lockdown. Given the significant range of challenges to home based schooling identified when lockdowns were uncommon and shortlived, there may be even greater educational challenges for children in the 2022 context of widespread transmission of COVID-19.

Figure 7: Main Challenges of Learning at Home, for Households Having Children Aged 6-14



Source: August-September 2021 UNICEF SIAS.

Note: Dotted lines represent 95 percent confidence intervals. Analysis represents the sample of households in the SIAS with children aged 6-14, but is unweighted and not representative of such households in the population at large. Due to the size of the sub-sample of households with children aged 6-14 that participated in the SIAS, and the lack of data at population level on the proportions of 6-14 year old children, appropriate weights could not be constructed.

ANNEX: SURVEY METHODOLOGY

Round Three of the World Bank HFPS interviewed 2,503 households on topics including employment and income, coping strategies, public services, public trust, and security. It follows rounds of the HFPS in June 2020 and in December 2020 through January 2021. The dates of implementation for HFPS Round Three were between June 29, 2021 and August 11, 2021. Telephone interviews were conducted through a Solomon Islands call center run by Tebbutt Research.

As the objective of the HFPS was to measure changes as the pandemic progresses, Round Three data collection sought to re-contact the 2,882 households in Round Two. Of the Round Two households, 1182 were successfully re-contacted and completed interviews. In addition, 693 households from Round One were recontacted and completed interviews. To reach the target sample size of at least 2500 households 980 new replacement households were added to the World Bank survey. The total final sample of completed interviews was 2503. The employment questions were asked for both the respondent and the household head by proxy (if different from the respondent), yielding a total sample size for the individual-level employment analysis of 3188.

The third round of the HFPS was complemented by the second UNICEF Social-Economic Impact Assessment Survey (SIAS) This survey was designed to provide more detailed information of a subsample of households from the HFPS. The SIAS collected data on children, access to health care, family arrangements, education, and water and sanitation. For the SIAS survey, recontact was attempted with all 2503 households from the HFPS Round Three sample, between August 16, 2021 and September 5, 2021. In total, 1770 households were successfully recontacted and completed interviews.

Table A

	UNICEF	World Bank	2019 Census
Province	% of sample	% of sample	% of population
Choiseul	3.2	3.0	4.2
Western	14.6	14.8	13.1
Isabel	3.2	3.2	4.2
Central	2.8	2.7	4.2
Rennell-Bell	0.2	0.2	0.6
Guadalcanal	20.2	20.9	21.4
Malaita	12.8	13.2	24
Makira-Ulawa	3.3	3.4	7.2
Temotu	1.9	1.7	3.1
Honiara	37.6	36.9	18

Despite geographic quota targets, re-weighting was necessary to compensate for areas where targets were not reached. Honiara was over-represented in the sample (see table A). Compensating factors for these differences were developed and included in the re-weighting calculations. Further information regarding weighting can be found in the HFPS Round One and HFPS Round Two reports, which followed the same weighting methodology. Because of considerable attrition between rounds, most statistics showing changes through time reflect data from repeated cross sections rather than panels.

References:

World Bank. 2020. Solomon Islands High Frequency Phone Survey on COVID-19: Results from Round 1. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/34908> License: CC BY 3.0 IGO.

World Bank. 2020. Solomon Islands High Frequency Phone Survey on COVID-19: Results from Round Two. World Bank, Washington, DC.