

Global Vascular Companionship



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equitable vascular care

Needs Assessment Report

Honiara, Solomon Islands: 17 – 23 November 2024



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GVC acknowledge the following donors/collaborators:

Medtronic



Northern Health



Solomon Islands Government
Ministry of Health and Medical Services

SECTION 1: General Information

1. Country/Region:

The Solomon Islands (SI) is a Pacific archipelago made up of more than 900 islands, known for its cultural diversity, landscapes, and marine life. With a population of around 740,000, the Solomon Islands remains a significant regional player with a strong cultural heritage, particularly in traditional customs, art, and languages. The nation is working to improve its infrastructure, health systems, and education, while maintaining a close connection to its unique island traditions and communities.

2. Healthcare Facility:

- National Referral Hospital (NRH)
- Located in Honiara, an urban centre and the capital city, on the island of Guadalcanal
- Tertiary Hospital, the only one in Solomon Islands

NRH is the largest hospital in the Solomon Islands with more than 300 beds and over 50 doctors. This hospital sees the vast majority of medical cases in the Solomon Islands. It has close alliances with Australia, and in times of need, patients are often flown by aircraft to Australia for expert medical attention. The hospital has the following specialised services:

- Emergency Department
- Orthopaedic Department
- Ophthalmology Department
- General Surgery Department
- Obstetrics and Gynaecology

The SI government is implementing a role delineation policy, which sets out the various levels of health care, and the services that should be provided at each of these levels, including equipment and staffing.

Given the geographic nature of the SI, with its many islands, only a few of which are serviced by airports, centralised specialist care delivery is a complex notion. Furthermore, while Honiara is the capital, and the regional centre, 80% of the population lives **outside** of this urban hub, where the National Referral Hospital is located.

The basic health facility is called a Rural Health Clinic (RHC), staffed by a rural health nurse (RHN) or nurses, which exist to provide primary care for low acuity conditions. Area Health Centres (AHC) are next up the line, providing support to the RHNs, and usually staffed by a doctor, who may be on rotation from another area. Provincial Hospitals are the next in line, and these provide basic inpatient medical and surgical services. NRH is the single tertiary hospital in the Solomon Islands, tasked with providing specialist care.

In addition to this, in Honiara, there is also City Council Health, which provides Urban Health Centres (UHC), which provide some primary care services, and outpatient wound services. There are private companies providing health schemes to employees, as well as private GP clinics providing primary care.

3. Organisational Strengths

Leadership – NRH has a progressive culture of excellence in leadership. The current and recent generations of medical leaders within the organisation have shown a commitment to growing the health service in a sustainable way, and addressing any perceived shortfalls in service delivery, including in the area of vascular surgery.

Clinician Engagement – Key executive and department heads within the organisation are engaged in the delivery of health services to the local community and strive to provide the best and most efficient care possible with resources at hand. This engagement exists across development of both infrastructure and clinical service development. NRH clinicians have a strong focus on collaboration with the establishment of the Solomon Islands & Australian Clinical Care Network, a forum which brings together clinicians providing health services in the Solomon Islands.

Skills advancement – NRH has a track record of engaging with international teams, including RACS, to elevate the level of skills offered by the health service to the local community. In addition to a regular program of surgical speciality visits to NRH to offer training to staff and operative care to patients, NRH staff have recently undertaken two visits to health care facilities in Victoria, Australia, namely Barwon Health and Northern Health. These teams of NRH clinicians, focussed on providing diabetic foot care to the patients in SI, have undertaken a 3 week detachment to contemporary vascular surgery centres in Australia with a focus on taking back further skills and knowledge in foot care for diabetic patients with and without ulceration.

4. Report Compilation

This report has been compiled by a team from Global Vascular Companionship, who visited NRH in November 2024 for the purposes of conducting a needs assessment. We would like to acknowledge the time and dedication of all the staff at NRH for their valuable insights, which constitutes the bulk of the report's content, and for their help in preparing it. The following staff deserve specific mention for their involvement in supporting this needs assessment activity:

Dr Rooney Jagilly
(Head, Department of Surgery)

Dr George Malefoasi
(CEO, NRH)

Dr Janella Solomon
(Medical Superintendent)

Special thanks to

Dr Robert Mitchell
(Program Lead (Emergency Care), Regional Emergency and Critical Care Systems Strengthening Initiative)

SECTION 2: Prevalence and Burden of Vascular Disease

5. Prevalence of Vascular Diseases in the Region:

- High

Common vascular diseases encountered:

- Diabetic Foot Infection
- Venous Insufficiency
- Peripheral Arterial Disease (PAD) *
- Aortic Aneurysms *
- Cerebrovascular Disease (Stroke, Carotid Artery Disease) *

WHO Mortality Assessment for Solomon Islands:

Top causes of death

Deaths per 100 000 population. Solomon Islands, 2019

Ischaemic heart disease	140	
Stroke	112	
Lower respiratory infections	67	
Diabetes mellitus	61	
Chronic obstructive pulmonary disease	29	
Malaria	23	
Self-harm	20	
Cirrhosis of the liver	20	
Kidney diseases	15	
Road injury	14	

Share of deaths by broad cause

Solomon Islands, 2019

Cause of Death ▲	% ▼
Noncommunicable diseases	5.9k 
Communicable, maternal, perinatal and nutritional conditions	1.7k 
Injuries	0.8k 

Diabetic Foot Infection (DFI)

Diabetic foot infections are a leading cause of major limb amputations at the National Referral Hospital (NRH), Solomon Islands. These patients often present to the hospital at advanced stages of their condition, resulting in delayed medical intervention, limited treatment options, and consequently, poorer clinical outcomes. The delay in seeking care significantly complicates the clinical management of these patients, leading to prolonged inpatient stays. On average, patients with diabetes-related foot wounds remain hospitalised for an average of 90 days, with some cases extending to as long as 365 days due to complications arising during admission.

The diabetes ward at NRH comprises 24 beds, with a low turnover rate, which exacerbates the strain on available resources. The ward is staffed by four general surgical registrars and a consultant, with a physician team conducting weekly ward rounds. However, there are significant gaps in the discharge process, which is currently lacking a formal protocol. This may be a barrier to timely patient discharge, and thereby reduce accessibility to inpatient care for patients with this condition.

Furthermore, communication between NRH and community services, including General Practitioners (GPs), upon discharge is challenging, and improvements in this could affect better continuity of care. Enhanced discharge planning, supported by incentivised practices, may help address these challenges.

Venous Insufficiency

Like many high-, middle- and low-income countries, advanced venous insufficiency (skin changes, ulceration) is a major health burden in the Solomon Islands. During our clinic visit, most (6 out of 8) of the patients we saw had a diagnosis of venous insufficiency.

PAD, Aneurysm, Cerebrovascular

It is unclear as to the burden of PAD, aortic and cerebrovascular disease. We saw 2 patients in the clinic with aortic pathology (one patient with IRAAA and one patient with chronic Stanford type A aortic dissection with aneurysmal degeneration) and one patient on the ward with a likely popliteal aneurysm.

At the time of our arrival, there was no routine vascular imaging being performed for these conditions. Furthermore, given the lack of available vascular surgical services, there was no significant resources diverted to education, diagnosis, and management of these vascular surgical pathologies. Given ischaemic heart disease, stroke and diabetes account for three of the top four causes of death in the SI, it is likely there is a high prevalence in PAD, aneurysm and cerebrovascular disease, which are all generally considered atherosclerotic conditions.

6. Top three most common vascular diseases seen at NRH

- Diabetic Foot infection
- Venous Insufficiency
- Aneurysm disease

7. Availability of Screening and Diagnostic Services:

Limited diagnostic services:

- Limited vascular USS
- CT Angio available

Vascular Ultrasound

At the time of arrival there was no experience with doppler scanning (excluding deep vein thrombosis studies) among the sonographers. The sonographers had experience scanning multiple general ultrasound scans including abdominal, renal, thyroid and obstetrics. The sonographers reported that training was on-site with independent study, and they had not undergone formal ultrasound training. This has left gaps in knowledge and thus were unaware of multiple ultrasound machine settings and scanning techniques that could be optimised for both B-mode and doppler imaging. There were no formal protocols known amongst the sonographers for doppler imaging at this time. The absence of doppler imaging experience is partially due to no patient referrals from the doctors for vascular imaging and as such the sonographers have been unable to learn and practice doppler imaging.

The radiology department ultrasound machines consist of one Fujifilm Arietta 65, two Fujifilm Arietta 50s and a GE Voluson 8. These machines had not been appropriately optimised for doppler ultrasound.

8. Availability of diabetic foot wound care, including vascular assessment

- Inpatient and outpatient services available

Inpatient Wound Care

Diabetic ward, NRH

The diabetic foot infection ward at NRH has 24 patient beds (one of the two general surgical wards dedicated to management of these patients). Of the 48 total general surgical beds available, up to 60% can be occupied by diabetic wound patients at any one time. Additional patients are often awaiting admission in the Emergency Department (ED), for up to a week, due to limited bed availability.

- The ward is staffed by four general surgeons, one consultant, and nursing personnel, with a medical team conducting weekly reviews.
- General surgeons review patients daily and escalate cases to the consultant as needed.
- Nurses are responsible for daily dressing changes, utilising normal saline, diluted betadine (mixed with normal saline), and peroxide. Secondary dressings consist of gauze, secured with crepe bandages.
- Allied health services are limited, with only a physiotherapist (PT) available.
- There is no formal protocol for initial neurovascular or comprehensive wound assessments. According to Tom Fitzpatrick, a Podiatrist from the World Health Organization, while four in-service training sessions have been conducted over time, retention of knowledge and practice remains a challenge.

- Pathology tests, including wound swabs, are generally completed in a timely manner; however, there have been concerns regarding the adequacy of wound swabs, which have historically been taken without proper skin cleansing, often collecting skin flora instead of wound-specific organisms.

Outpatient Wound Care

Mataniko Community Health Clinic (Diabetes screening clinic)

All individuals over the age of 40 undergo routine diabetes screening at the Mataniko Community Health Clinic. The clinic's primary aim is early detection of diabetes to prevent the onset of complications. The clinic also conducts wound screening and refers patients to appropriate services as necessary. On average, the clinic sees six patients per day.

Screening checklist:

- ☐ Blood Pressure (BP)
- ☐ Random Blood Glucose (Fasting)
- ☐ Body Mass Index (BMI), including weight and height
- ☐ Waist Circumference
- ☐ Urine Protein

These assessments are carried out by nurses at the clinic. Patients requiring further medical intervention, such as medication prescriptions, are referred to the General Practitioner (GP).

Kukum Diabetes Wound Clinic (outpatient service)

- The Kukum Diabetes Wound Clinic operates with three treatment beds and a team of four to five nurses who work daily to provide wound care. The clinic can manage up to 40 patients per day.
- Patients are reviewed daily for wound care and dressing changes, but there is currently no formalised escalation protocol in place for patients whose wounds deteriorate or require more advanced medical or surgical intervention.
- Neurovascular assessments are not routinely conducted due to a lack of necessary equipment.

SECTION 3: Availability of Vascular Surgical Services

9. Number of Vascular Surgeons in the Region/Facility:

- Nil

10. Are vascular surgery services available?

- Available only for limited vascular trauma and elective superficial venous cases within scope of current general surgeons working at NRH
- Wound debridement and major/minor amputations available

11. Types of Vascular Surgical Procedures Performed: (Select all that apply)

- Limited elective superficial venous ligations and limited vascular trauma
- Wound debridement and major/minor amputations

12. What is the frequency of vascular surgeries performed per month?

- 0-5

13. Surgical Complication Rates: (if available)

- Unknown

Currently there are no formally trained vascular surgeons in the Solomon Islands. This limits the scope of providing vascular surgical care, especially in the management of diabetic foot infection (DFI), including the employment of revascularisation techniques. Contemporary management of DFI requires vascular assessment and often intervention, and a nuanced approach to managing diabetic foot ulceration, being fundamentally different to surgically created and traumatic wounds. The lack of vascular surgical services also impacts on the ability of NRH to provide vascular clinics with dedicated referral criteria encompassing PAD, cerebrovascular disease, aneurysm disease, and other core vascular surgical pathologies.

There is ability to provide for outpatient consultation for venous insufficiency, and to provide for high saphenous ligation for management of symptomatic or advanced venous insufficiency.

SECTION 4: Healthcare Infrastructure

14. Are appropriate surgical facilities available for vascular surgery (e.g., operating rooms, sterile environments)?

- Partially equipped – open surgical theatre, with limitation of vascular specific instruments, no endovascular suite or consumables
- **Availability of Diagnostic Imaging (e.g., Ultrasound, CT, MRI) at the Facility:** Some imaging modalities available with limited vascular USS and CT Angio
- **Availability of Post-Operative Care Units (e.g., Intensive Care Unit, Recovery Room):** Available but limited – HDU/ICU available, limited experience with caring for vascular patients
- **Availability of Medication for Vascular Conditions (e.g., antiplatelet drugs, statins, anticoagulants):** Some medications available (specify): aspirin, clopidogrel, warfarin, heparin and streptokinase are available. Ticagrelor, apixaban, rivaroxaban, dabigatran, clexane, alteplase, and urokinase are not available.

NRH operating theatre complex has four operating theatres, including one minor procedure room, providing services in general surgery, orthopaedic surgery, obstetrics and gynaecology and others. NRH are in the process of upskilling in the provision of urology services. Two theatres are allocated to general surgery: one for major surgery, and one for minor surgery. The operating theatre complex is about to undergo major renovations and so in 2025, there will be reduced theatre activity across all available disciplines, likely restricted to one temporary operating theatre.

Comprehensive Medical Centre at NRH

The Comprehensive Medical Centre, due for commissioning in 2025, is touted the country's National Communicable Disease (NCD) Hospital. The facility will offer clinical services to patients with heart diseases, kidney disease, urological conditions, as well as those who need rehabilitation and acupuncture. Within this facility a cardiovascular suite, including angiographic capability will be built. At the time of collating this needs assessment, a tour of the new facility was unavailable. The Chinese government had been instrumental in building NRH, and is also funding the building of the comprehensive medical specialty centre adjacent to the NRH. This is a large structure over 4 levels with an estimated cost of \$90 million SBD.

SECTION 5: Workforce Capacity and Training

15. Are there specialized training programs for vascular surgeons in the country/region?

- No formal training programs

16. Availability of Continuing Medical Education (CME) for Surgeons:

- Not for vascular surgery, would need to seek this outside the region

17. Are there opportunities for international collaboration (e.g., fellowships, exchange programs, workshops)?

- Yes, but limited. GVC could be a major player here.

18. Does the facility employ non-surgical staff (e.g., nurse practitioners, physician assistants, technicians) for vascular care?

- No

Solomon Islands medical students study abroad, either in Fiji, Papua New Guinea, or China. Sub-specialty training in general surgery and internal medicine is also conducted internationally, mainly in Fiji or Papua New Guinea. There is currently no accessible training program in vascular surgery.

Solomon Islands does have a strong training partnership with Australia. DFAT has significant funding available to improve health security in the Solomon Islands (\$116M AUD over 9 years 2016 to 2024). There are numerous Australian volunteer and charitable organisations with a stake in providing improved health care in Solomon Islands.

The Solomon Islands and Australian Clinical Care Network (SIACCN) is a network that connects Solomon Islands clinicians with their Australian-based partners and other relevant stakeholders to develop and strengthen relationships and promote a platform to collaboratively plan and share knowledge and experiences. There were regular monthly partners forums being conducted to allow all the different service providers to collaborate to ensure efficiency. The Australian coordinator of this program has recently finished up her role.

SECTION 6: Workforce Capacity and Training

19. What are the main barriers to accessing vascular surgery services?

(Select all that apply)

- Lack of trained vascular surgeons
- Financial barriers (e.g., cost of consumables, dressings, equipment)
- Geographic barriers (e.g., lack of transportation, rural location)
- Delays in discharge of patients (especially DFI) resulting in bed block
- Cultural factors (e.g., health awareness/education, stigma of going to hospitals, especially given high major amputation rate)

20. What are the main barriers to accessing vascular/diabetic wound care services? (Select all that apply)

- Lack of, or limited availability of, trained podiatrists or wound nurses specialising in diabetic foot wounds.
- Financial barriers: The cost of equipment and consumables, such as dressing products, and necessary equipment for conducting neurovascular assessments, present significant financial challenges. These costs can impede the timely provision of essential care and hinder effective management of diabetes-related complications.
- Geographic barriers: The Solomon Islands comprises numerous islands, requiring considerable financial and time investments for patients to travel to the National Referral Hospital (NRH). These transportation costs, coupled with inadequate infrastructure in some regions, create substantial barriers to timely diagnosis and treatment, leading to delays in care.
- Cultural barriers: There is often limited awareness of the severity of vascular and diabetes-related complications, as well as a general fear of surgical intervention. This lack of awareness and the reluctance to seek timely medical care frequently result in delayed presentations to the hospital, which in turn contribute to poorer health outcomes.
- Workforce shortages: The diabetic ward at NRH is staffed primarily by general surgeons, who depend on nurses to perform essential wound care tasks, including bedside debridement and dressing changes. However, the exact number of nurses trained in wound care remains unclear, and the scarcity of resources, combined with potential gaps in wound care knowledge, complicates effective treatment. These deficiencies in training and available resources hinder the provision of optimal care to patients

21. Is there a system in place for referral to specialised vascular care?

- No vascular specific referral system

22. How long is the average waiting time for vascular surgery once referred?

- Unknown but relevant only for superficial venous ligations.

Overall, there is great enthusiasm for improvement in provision of vascular care services, which is currently limited to debridement, amputation, superficial venous treatments and ad hoc vascular trauma within the skillset of the current general surgeons.

Solomon Islands and NRH have focussed on other areas of service development and not, to date, made a dedicated effort to build vascular surgical capacity. Now, in the context of the diabetes epidemic in the western pacific region, might be a good time for such an effort.

One significant stakeholder to engage early will be the SI Health Ministry, who must be convinced of the need for development of vascular surgery services, and its critical and core role in managing diabetic foot disease.

Financial barriers will present in the supply and retention of stocks of vascular and endovascular consumables, and a resourceful and well thought out strategy will be required here.

Geographical barriers to accessing specialist vascular surgical care in Solomon Islands will exist, and this will need to be reconciled in formulating a strategic plan for development of vascular surgical services. The local authorities will have much experience in dealing with this, and it may simply come down to a delineation of what vascular services can be delivered at which health level. There is a research paper which outlines such principles, attached to this report.

23. Is vascular surgery included in the national or regional health strategy or essential health package?

- Not included

24. Is there government support for vascular disease prevention (e.g., screening programs, public awareness campaigns)?

- Yes, but limited or sporadic – Diabetic foot care programs being developed

25. What is the funding situation for vascular surgery in your country/region?

- No funding

The Solomon Islands National Health Strategic Plan (2022-2031) is a high-level document outlining the country's vision for development of health and is attached to this report. While the document mainly focuses on development and strengthening of its infrastructure and governance, it does make clear the growing concern over the rate of deaths and morbidity relating to non-communicable diseases (NCDs), of which vascular disease (ischaemic heart disease, stroke, diabetes) is by far the leading cause.

Although there is no explicit mention of development of vascular surgical services in the national strategy, it is clearly an objective for subordinate levels of health administration to implement vascular surgical capacity building to aid in the prevention and management of vascular disease, the leading cause of death in the Solomon Islands.

SECTION 7: Health System Support and Policy

26. Capacity building activities undertaken during visit



Vascular Surgery

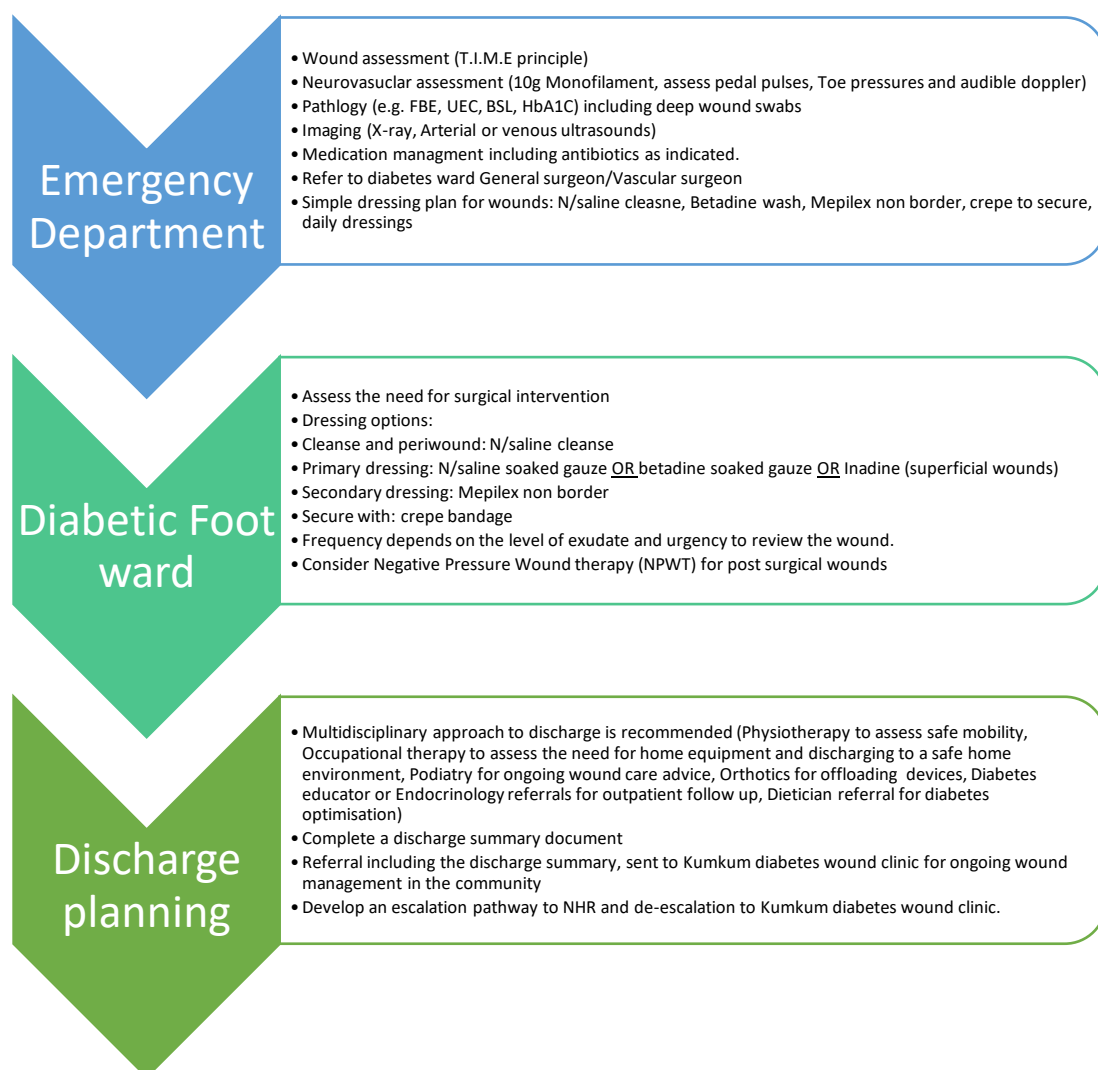
- Outpatient Vascular Clinic – Prior to our arrival a vascular clinic was set up and booked by the surgical team at NRH. Eight patients were seen with the majority having a diagnosis of venous insufficiency. Two patients were diagnosed with aortic pathologies – chronic dissection and aneurysm. This clinic was conducted with point of care vascular sonography (see vascular ultrasound section).
- Endovenous treatments – Performed first endovenous ablation and sclerotherapy procedures in SI for patients with advanced venous insufficiency including bleeding varices and ulceration. These patients were scanned post operatively on day 3 demonstrating no post procedure DVT.
- Vascular surgical instruments audit – Conducted an audit of the vascular instruments available at the NRH OT complex, identified gaps, and identified key vascular surgical instruments required to enable essential vascular surgery procedures.
- Vascular Anastomosis Workshop – Conducted training for surgical registrars in performing end to end vascular sutured anastomosis using fine sutures (5-0 prolene), Ryder and Castro vascular needle holders, and surgical loupes. Grafts were utilised too. This would be relevant for cases involving vascular trauma.
- Donations of stock – Various stock and consumables, including sterile gloves, dressings, compression stockings and other consumables. All stock for donation was presented to staff at NRH to review and accept only what they would find useful. All remaining stock was brought back to Australia.



Wound Care

- Utilising the resources in the diabetic ward at NRH, recommendations were provided to optimise management of acute wounds, including discontinuing usage of hydrogen peroxide.
- Completing neurovascular assessments for all new or deteriorating wound presentations.

Discharge pathway for patients with diabetes related foot wounds



Vascular ultrasound

- Ultrasound Machine Settings Optimisation – Assessed and altered multiple vascular presets in the back-end of ultrasound machines, including the carotid, lower limb arterial and lower limb venous doppler presets. Added settings to the primary settings screen for improved workflow and ease of access. Showed the sonographers how to access some back-end options to adjust as required.
- Doppler Ultrasound Protocols – Provided doppler ultrasound protocols for multiple scans, including carotid, lower limb arterial, abdominal arterial, abdominal venous, lower limb venous and chronic venous insufficiency scanning.
- Lower limb arterial doppler scanning – Demonstrated how to perform a lower limb arterial doppler ultrasound from the common femoral artery to the tibio-peroneal trunk. Provided group training for the sonographers, allowing them to scan patients with prompting. All sonographers were able to perform a basic lower limb arterial ultrasound after a few hours of supervised practice.
- Carotid doppler ultrasound – Demonstrated how to perform a full carotid artery doppler ultrasound. Provided some one-on-one training with a handful of sonographers with a volunteer patient. The one-on-one training was

well received by the sonographers being able to perform a carotid doppler ultrasound after only 30-60 minutes of training.

- Chronic venous insufficiency scanning – Performed chronic venous insufficiency duplexes on patients to assess their suitability for treatment. Sonographers from the radiology laboratory were able to shadow and ask questions throughout. The sonographers were also able to observe the interactions between sonographer and surgeon as Mr Rangarajan and myself discussed both the diagnostic and clinical aspects of each patient.
- Endovenous treatment ultrasound guidance – Provided ultrasound guidance for the first endovenous ablation and sclerotherapy treatment for patients with advanced venous insufficiency. Sonographers from the radiology laboratory had to opportunity to observe and ask questions during and after the procedure.



SECTION 8: Recommendations for Improvement

27. What are the key needs to improve vascular surgical services in your country/region? (Open-ended)

- Local vascular surgeon to build and lead development of vascular surgical services
- Have a reliable stock of vascular consumables
- Build vascular ultrasound services and encourage treating clinicians to appropriately refer for such vascular ultrasound services:
 - a) Have sonographers independently performing lower limb arterial (common femoral artery to tibio-peroneal trunk) and carotid artery scans.
 - b) Expand scans to include tibial, aortoiliac arteries and venous insufficiency
 - c) Expand on ultrasound physics fundamentals
- Optimisation of inpatient management and discharge of high-volume vascular conditions including diabetic foot infection
- Education of medical community and public on vascular pathologies and management, including diabetic foot infection
- Health outcome metrics/measures to evaluate impact of vascular surgical service provision

28. What would be the most effective strategies to address these needs? (Open-ended)

- Training pathway to upskill local general surgeons to provide vascular surgical care to people of Solomon Islands:
 - a) Dedicated vascular surgical training – ideally this could be delivered locally in the Pacific region if there is a country with the appropriate training and skills in vascular surgery. Alternatively, a model of training a Solomon Islands general surgeon overseas (eg. in Australia) could be undertaken with the mandate of returning to Solomon Islands to provide essential vascular surgical care.
 - b) Workshops and Seminars delivered virtually or in country targeted at immediate needs for which resources are in place or readily acquired.

These could include:

- 1) Vascular trauma
 - 2) Venous insufficiency management
- Vascular Ultrasound training workshops and seminars:
 - a) Led by experienced vascular sonographers introducing key concepts such as Doppler physics, machine optimisation and haemodynamics.
 - Development of inpatient diabetic foot pathway to streamline management and discharge of these traditionally long staying patients, including:
 - a) discharge planning
 - b) development of protocols and effective communication strategies with community services and primary care providers to ensure effective continuity of care post-discharge.
 - c) Dressings utilisation

d) length of stay optimisation

- Lobbying by local health department for a steady stream of resources to create a well-stocked vascular angiography suite and open operating theatres.
- Measurement of effect of introducing vascular surgical services in terms of admitted bed days saved and reduction in vascular/diabetes major limb amputation rate, as well as patient quality of life surveys.

CONCLUSION

We humbly submit this Needs Assessment Report for perusal by key stakeholders, including the SI Government and Health Ministry, NRH, DFAT, RACS and other organisations with an interest in the provision of vascular services to the people of Solomon Islands. Should a proposal to implement some or all the above recommendations be sought, we would be glad to submit a detailed proposal for consideration.

Needs Assessment conducted by and report prepared by:

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