

Poverty, malnutrition and food insecurity in Solomon Islands

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Key messages

- Poverty, malnutrition and food insecurity are complex and interrelated outcomes of a food system that have adverse consequence on human health and well-being, as well as economic, social and environmental development.
- Sustainable Development Goals (SDGs) 1, 2 and 3 can provide proxy measures of the performance of the food system in Solomon Islands in delivering positive welfare, food security and health outcomes.
- Poverty rates in Solomon Islands are high when benchmarked against the rest of the world and are particularly prevalent in rural areas.
- Hunger and malnutrition are prevalent in Solomon Islands, especially amongst vulnerable populations including women and children.
- Poor diets are a contributing factor to non-communicable disease and premature death in Solomon Islands.
- Multidisciplinary and food system-wide policy that reduces poverty and hunger, and improves health, is essential, particularly among vulnerable populations such as women, children, people with disabilities and those with low income with no social protection.

Context

The 2030 Agenda for Sustainable Development was adopted by all UN Member States in 2015. The Agenda includes 17 Goals – the Sustainable Development Goals (SDGs) – each with multiple targets and indicators.

Reducing poverty, malnutrition and food insecurity are key development goals among Small Island Developing States, including Solomon Islands. The eradication of extreme poverty, the prevention of non-communicable disease and achieving food security for all are the respective missions of the World Bank, the World Health Organization (WHO) and the Food and Agriculture Organization of the United Nations (FAO). Numerous resolutions and political commitments, including the Small Island Developing States Accelerated Modalities of Action (SAMOA) Pathway, Johannesburg Declaration on Sustainable Development, and the United Nations (UN) Conference on Sustainable Development (Rio+20), also share these common goals.

Highlighting the international importance of these development objectives, the first three SDGs are “End poverty in all its forms everywhere” (SDG 1), “Ensure healthy lives and promote well-being for all at all ages” (SDG 3) and “End hunger, achieve food security and improved nutrition and promote sustainable agriculture” (SDG 2).

Poverty, malnutrition and food insecurity are deeply interconnected and undesirable outcomes of the food system, which is that set of interacting elements and outcomes that describe the production, processing, trade and consumption of food. SDGs 1, 2 and 3 include numerous targets and indicators, which aim to measure progress towards alleviating poverty and hunger and achieving universal good health and well-being. In this brief, we report on the SDG indicators 1, 2 and 3 and position poverty, malnutrition and food security as outcomes of the Solomon Islands Food System.



Women barter fish for root crops in the Takwa market in North Malaita, Solomon Islands, 2015

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Few recent data are available to report on SDG 1, either as point-in-time estimates or as a time series. The most recent estimates of monetary poverty in Solomon Islands indicate 25 percent of people live below the **international poverty line** of USD 1.90 per day (Figure 1). Based on the 2022 estimated population of 744 407, this translates to 186 846 Solomon Islanders living below the international poverty line (SDG 1.1.1). Compared to the rest of the Pacific region, this places Solomon Islands as the second most impoverished country (Figure 1).

The most recent estimates (based on data from 2013) of monetary poverty in the Solomon Islands indicate that 12.7 percent of Solomon Islanders live below the national basic needs poverty line (Figure 1; World Bank, 2015). If poverty rates have not changed since 2013, this translates to 94 540 living below the national poverty line (SDG 1.2.1).

Poverty measurement considers the minimum expenditure needed to obtain food and non-food goods, which together make up the Basic Needs Poverty Line (BNPL). The BNPL is derived for each province of the Solomon Islands, so the poverty line accounts for spatial differences in the relative cost of goods and services. The food poverty line is defined as the minimum expenditure required to secure a daily dietary energy intake of 2 200 calories, based on the typical composition of food consumption of poor households. The non-food component of the BNPL is estimated based on the typical non-food expenditure of populations with food expenditure equal to the food poverty line (i.e. those who are near food poverty).

Poverty rates are highest in the province of Makira (31.5 percent) and Guadalcanal (22.2 percent) and Honiara (15 percent). Around one-third of the poor population live in Guadalcanal and the large remainder reside in Makira, Malaita and Honiara. Honiara’s BNPL is more than double that of some provinces and its food poverty line is higher than any other province, which is indicative of the high cost of living in the urban capital.

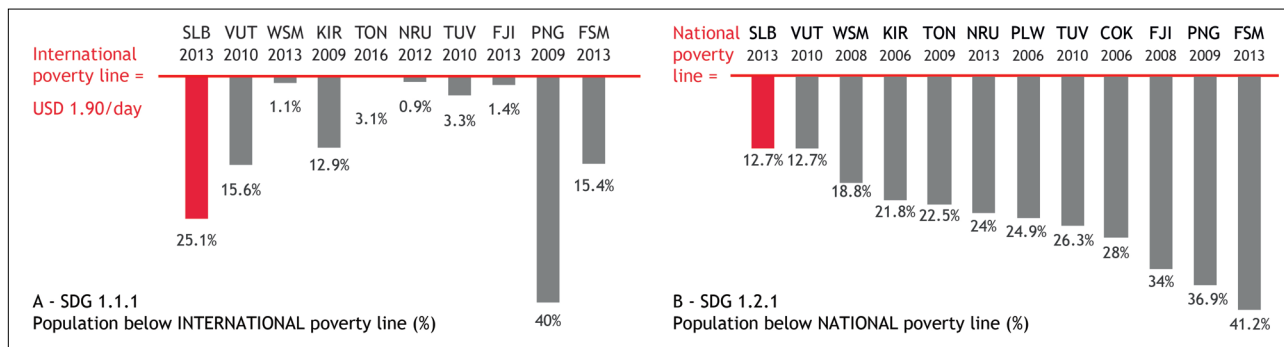
National food poverty rates of 4.4 percent (equivalent to 32 754 persons today) are relatively low, however they vary considerably by province with food poverty rates above 10 percent in Guadalcanal and Makira. Despite the relatively high food poverty line in Honiara, food poverty rates are low, which is likely to be a function of good access to low-cost and energy-dense imported food, such as rice and noodles, which have consequences in terms of food and nutrition security and good health and well being. Troubat *et al.* (2021) found that dietary energy intake is lower in Honiara and half of foods consumed are categorized as “foods to limit”, suggesting that urban people are susceptible both to energy and nutrient food insecurity.

Solomon Islands is largely made up of rural dwelling populations and it is these populations who are most at risk. Rural populations allocate 64 percent of their total expenditure to food, which highlights vulnerability to food price shocks and relatively low expenditure on other non-food goods and services, such as education, healthcare and housing.

SDG Target 1.3 includes indicators on access to social protection. These indicators are out of scope for the purpose of this brief, however it can be seen that access to social protection, such as unemployment benefits, maternity benefits, pension and insurance, are generally low (Table 1). In addition to social protection, SDG Target 1.4 includes indicators on access to basic services, such as safe drinking water and sanitation facilities, which are respectively two-thirds and one-third of the population, with rural populations having lower access to these services than urban areas.

SDG Target 1.5, 1a and 1b are more generally related to the broader food system as they call for community resilience to poverty coupled with pro-poor and gender-sensitive policy with increased resource allocation to poverty alleviation. For example, SDG Target 1.5 aims to increase the resilience of the poor and vulnerable to reduce their exposure to extreme climatic events and other economic, social and environmental shocks, such as the COVID-19 pandemic.

Figure 1. SDG 1.1.1 and 1.2.1: Percentage of population in select Pacific Island Countries and Territories below the international and national poverty lines. PICTs coded by ISO 3166-1 Alpha-3 code



Source: Farmery, A. 2022. National assessment of the Solomon Islands food system. Honiara, FAO.

Table 1: SDG 1 indicators (most recent data points) for Solomon Islands

1. No poverty					
SDG Target	Description	Year	National	Urban	Rural
Target 1.1	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day	2013	25.1	3.5	30.1
Target 1.2	By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	2013	12.7		
Target 1.3	Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable				
	Population covered by at least one social protection floor/system	2019	1.1		
	Mothers receiving maternity benefits and benefits for newborns	2020	23.8		
	Population above retirement age receiving a pension	2019	20.5		
	Poor population covered by social protection floors/systems	2018	2.9		
	Population covered by social assistance programs	2005	1.6		
	Population covered by social insurance programs	2005	1.2		
	Unemployed receiving unemployment benefits	2020	0		
	Vulnerable population covered by social protection floors/systems	2019	0.4		
	Employed population covered in the event of work injury	2020	33.3		
Target 1.4	By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance				
	Proportion of population using basic drinking water services	2020	67	91	59
	Proportion of population using basic sanitation services	2020	35	78	21
Target 1.5	By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	No data			
Target 1.a	Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions	No data			
Target 1.b	Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions	No data			

Source: Farmery, A. 2022. *National assessment of the Solomon Islands food system*. Honiara, FAO.

SDG 2: End hunger

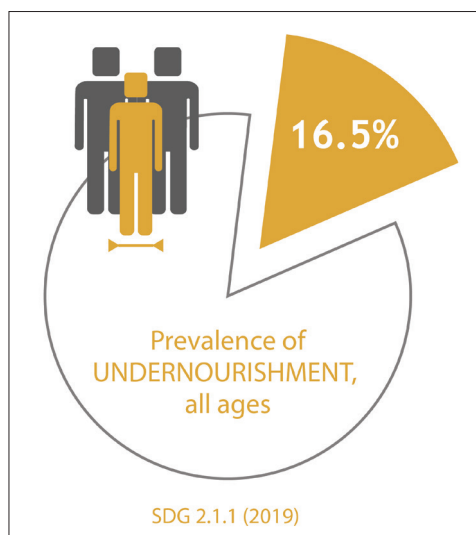
Hunger has many dimensions and SDG Target 2.1 aims to end hunger in all forms for all people. In its most simple terms, hunger can be estimated by whether a population has regular access to the dietary energy required to lead an active and healthy life. The prevalence of undernourishment (SDG 2.1.1) in Solomon Islands is estimated to be 16.5 percent, which means that there are around 122 827 people whose dietary energy intake is below the minimum requirement for an active and healthy life (Figure 2). The prevalence of undernourishment in Solomon Islands reportedly improved from 15 percent in 2001 to 10.6 percent in 2011, however, as of 2020, the percentage of

undernourishment has risen to 16.5 percent (Farmery *et al.* 2022). Undernourishment estimates by area (urban/rural), sex, age, wealth and disability status are not available.

An additional indicator of undernourishment is provided by the percentage of the adult population that are underweight. In Solomon Islands, 16.2 percent of the population aged under 5 and 3.2 percent are underweight (Figure 2), which is indicative that access to dietary energy is not equal among different demographic groups.

Another measure of hunger within the SDG indicator framework is the prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (SDG 2.1.2). The World Food Summit (1996) defined food security as being a state in which all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. Food insecurity can result from a lack of food affordability and access to land, and is influenced by rapid urban population growth and changing patterns of food consumption. Solomon Islands data for SDG 2.1.2 are not available, however the 2017 National Agricultural Survey reported that around 56 percent of agricultural households worry that they may have insufficient money and resources for food and around 41 percent of households cannot maintain a healthy diet because they lacked the resources to do so. Over one-fifth of agricultural households had, in the previous twelve months, insufficient money and other resources for food (FAO, 2021).

Figure 2. Prevalence of undernourishment (SDG 2.1.1) of underweight (low weight for age) in adults and children

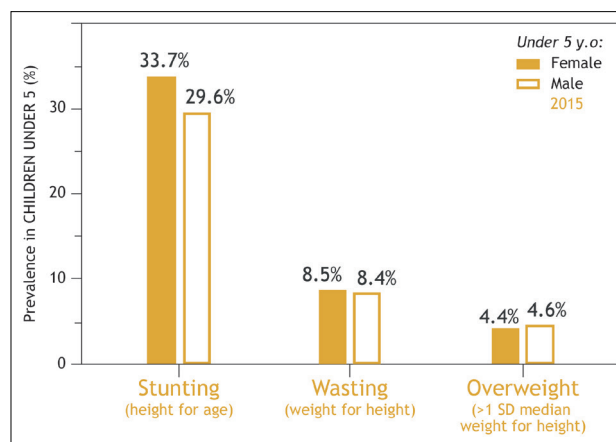


Source: Farmery, A. 2022. *National assessment of the Solomon Islands food system*. Honiara, FAO.

Undernourishment and food insecurity - or more generally, hunger - can result in malnutrition, which also has many forms. SDG 2.2.1 measures stunting (low height for age), wasting (low weight for age) and overweight (high weight for age) amongst

children aged less than five years. The coexistence of undernutrition, overnutrition and micronutrient deficiencies among populations is referred to the triple burden of malnutrition (see Box 1, page 5).

Figure 3. Prevalence of stunting, wasting and overweight amongst Solomon Islands children (aged less than 5)



Source: Farmery, A. 2022. National assessment of the Solomon Islands food system. Honiara, FAO.

One-third of Solomon Islander children aged less than five years are stunted, while 8.4 percent are wasted and 4.5 are overweight (Figure 3). The high rates of stunting, wasting and overweight are indicative of food and nutrition insecurity among children, while the high prevalence of anaemia amongst women of reproductive age (SDG 2.2.1) (Figure 5) is indicative of food and nutrition insecurity among women. Children and women appear particularly vulnerable to hunger in Solomon Islands.

SDG 2 also includes targets on the broader Food System, such as increasing agricultural productivity, farmer income, sustainable agriculture, genetic diversification, investment, trade liberalization and food price management. These targets will collectively contribute towards the goal to End Hunger, however they are more system-wide and, therefore, deemed out of scope of this brief.

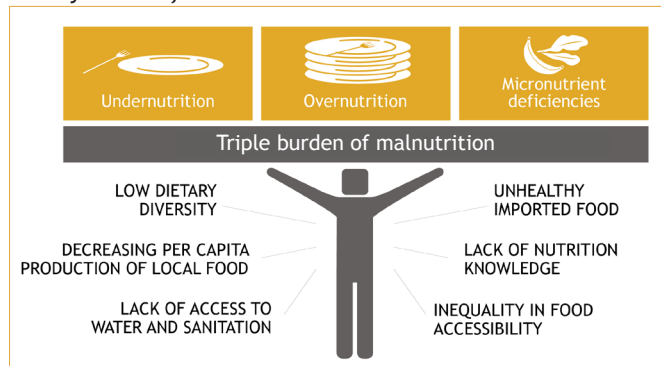
Table 2. SDG 2 indicators (most recent) for Solomon Islands

2. Zero Hunger					
SDG Target	Description	Year	National	Urban	Rural
Target 2.1	By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.				
	Prevalence of undernourishment	2019	16.5		
	Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)	No data			
Target 2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.				
	Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	2015	33.3		
	Prevalence of malnutrition (weight for height <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting)	2015	7.9		
	Prevalence of malnutrition (weight for height >+2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (overweight)	2015	3.9		
	Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)	2019	31.7		
Target 2.3	By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment.	No data			
Target 2.4	By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality.	No data			
Target 2.5	By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed.				
	Number of (a) plant and (b) animal genetic resources for food and agriculture secured in either medium- or long-term conservation facilities	2013	13		
	Proportion of local breeds classified as being at risk, not-at-risk or at unknown level of risk of extinction	2013	0		
Target 2.A	Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries.				
	The agriculture orientation index for government expenditures	2019	0.1		
	Total official flows (official development assistance plus other official flows) to the agriculture sector	No data			
Target 2.B	Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round.	No data			
Target 2.C	Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility.	No data			

Source: FAO. 2021. Poverty, malnutrition and food security in Pacific Small Island Developing States. Bangkok.

Solomon Islands is experiencing the triple burden of malnutrition, which is the coexistence of undernutrition, overnutrition and micronutrient deficiencies within the same population (Figure 1.1). Some of the basic

Figure 1.1: The triple burden of malnutrition in Solomon Islands, and key drivers of malnutrition



Source: Farmery, A. 2022. National assessment of the Solomon Islands food system. Honiara, FAO.

determinants of malnutrition include dependence on and increasing preference for imported food (due to taste, convenience, affordability), the shift to market-based economy and the associated diet transition, a lack of nutrition knowledge, health concerns, propaganda

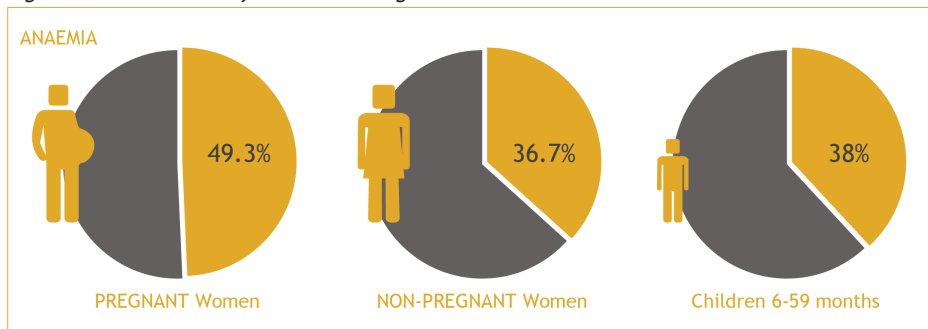
and declining per capita agricultural and fisheries productivity.

In 2015, around half of the adult population of Solomon Islands was overweight or obese, which has risen from one-quarter in 1975, indicating a high and growing prevalence of overnutrition in Solomon Islands. Non-communicable disease, such as cardiovascular disease, diabetes, cancer and chronic lung diseases are the leading cause of death in Solomon Islands and major causes of morbidity and mortality. While tobacco use and other lifestyle choices play an important role, non-communicable disease is associated with poor diet.

We have seen above that 16 percent of the population is undernourished and upwards of one-third of children under 5 are stunted, highlighting inequality in access to dietary energy among some populations.

Considering micronutrient deficiencies among the population, almost one-half of pregnant women and one-third of children in Solomon Islands are anaemic (Figure 1.2). According to the data produced in the last household income and expenditure survey, consumption of fruit and non-starchy vegetables (FNSV) in Solomon Islands is well below the WHO's recommended intake of 400 grams per capita per day (Figure 1.3). FNSV

Figure 1.2: Prevalence of anaemia amongst women and children in Solomon Islands



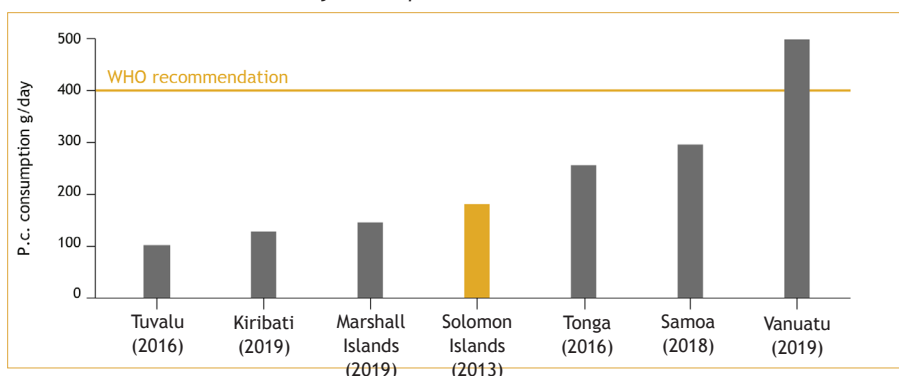
Source: Farmery, A. 2022. National assessment of the Solomon Islands food system. Honiara, FAO.

consumption was less than half of the recommended intake, which is indicative of the low availability of and/or access to essential nutrients (Figure 1.3).

Malnutrition is a significant contributor to non-communicable disease related morbidity and mortality in Solomon Islands. For example, the probability of dying from cardiovascular disease, cancer, chronic respiratory disease or diabetes, between the exact ages of 30 to 70 years old, is 39 percent.

Vulnerable populations in Solomon Islands, including women and children, are at risk from malnutrition and associated morbidity and mortality. We acknowledge the complex dynamic of health and health systems; however, our analysis suggests that the high prevalence of morbidity and mortality in Solomon Islands is associated with dietary behaviour and nutrition, which in turn is influenced by location, poverty status and other demographic characteristics that include gender and age.

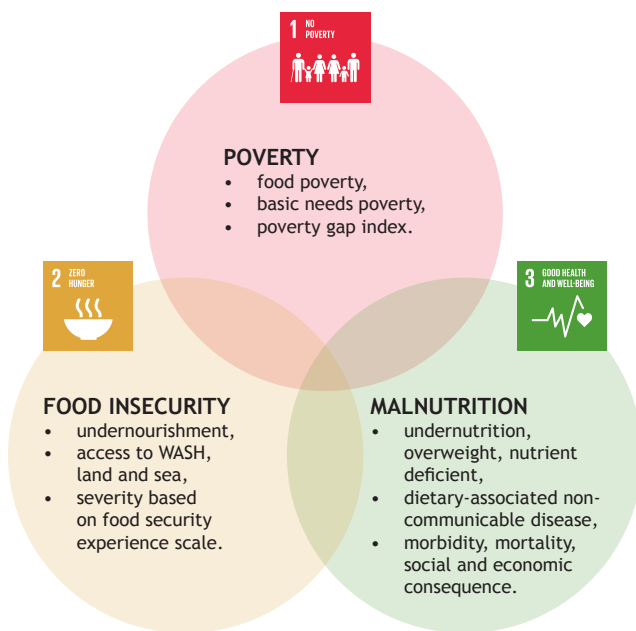
Figure 1.3: Fruit and non-starchy vegetable consumption (grams/capita/day) in Solomon Islands and other Pacific Island countries relative to the WHO's recommended daily consumption



Source: Farmery, A. 2022. National assessment of the Solomon Islands food system. Honiara, FAO.

Poverty, malnutrition, and food insecurity are respectively described as deprivation of basic human needs, excess or insufficient intake of dietary energy and nutrients, and insufficient physical and economic access to safe and nutritious food. Food consumption is a common denominator across the fields of welfare, food and nutrition security, and health, and we suggest there are numerous interrelationships and feedbacks among and between the three states of poverty, food insecurity and malnutrition. For example, populations (or individuals) in food poverty are more likely to be food insecure and/or malnourished; similarly, those that are food insecure are more likely to be poor and/or malnourished; finally, those who are malnourished are more likely to be poor and/or food insecure.

Figure 2.1: Example of interrelationship between poverty, food insecurity and malnutrition



Source: FAO. 2021. *Poverty, malnutrition and food security in Pacific Small Island Developing States*. Bangkok.

The coexistence of poverty, food security and malnutrition is a state where the same populations or individuals are vulnerable to various combinations of hardship, hunger and ill health (Figure 2.1). Populations in more than one state of poverty, malnutrition and food insecurity are likely to be more susceptible to social and economic traps where one state adversely interacts with the other and prevents the population from achieving good welfare, food security and good health.

The multidisciplinary and interrelated nature of poverty, malnutrition and food insecurity requires cohesive policy across numerous sectors and themes. Given food and food consumption is a common denominator across the three states (food poverty, food insecurity and dietary associated disease), we place poverty, malnutrition and food insecurity as outcomes of the Solomon Islands Food System. Placing them within a food systems framework allows for policy and planners to understand the dynamics of the different elements, and social and economic drivers, of the food system with the objective to alleviate food poverty, malnutrition and hunger, and to respectively achieve SDGs 1, 3 and 2 (Figure 2.2).

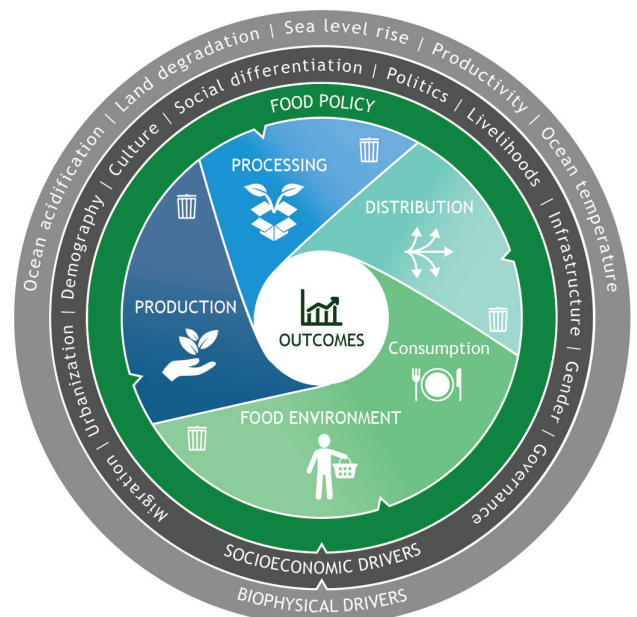
The Solomon Islands food system is subject to numerous biophysical drivers, which influence system outcomes. Climate change and natural disasters pose a significant risk to the food system, particularly in terms of agricultural and fisheries productivity, with likely adverse consequence in terms of poverty, malnutrition and food security outcomes.

Socioeconomic drivers, such as culture, trade policy, migration, and infrastructure, can enable development of pro-nutrition food systems, but the system is inevitably subject to the dynamics of open markets and consumer choice, which are not always pro-nutrition.

The main actors to the food system can be generally described as consumers as well as those who participate in the food supply or value chain that produce, transform and transport food to markets. These actors are also subjects of market dynamics and consumer choice and food import value chains, for example, are not always pro-nutrition, despite being cost effective.

Understanding food environments helps to describe consumer behaviour. In the Solomon Islands, for example, almost all rural and almost half of urban households cultivate food; almost all households acquire food via exchange with kin and community; and all urban and 80 percent of rural households acquire food via retail (Bogard *et al.*, 2021).

Figure 2.2: Elements of a food system



Source: FAO. 2021. *Poverty, malnutrition and food security in Pacific Small Island Developing States*. Bangkok.

In terms of food consumption, Troubat *et al.* (2021) suggest that more than half of dietary energy consumed in Solomon Islands is sourced from own production, with around 40 percent from cash purchases and the remainder being from gifting; 83 percent of dietary energy consumption in Honiara is sourced from cash purchases. In terms of consumption composition, one-third of dietary energy consumption is sourced from root crops, one quarter from cereals and their products, and one fifth from coconuts; half of dietary energy consumption in Honiara is sourced from consumption of cereals and their products.

SDG 3: Good health and well-being

SDG 3 aims to ensure healthy lives and promote well-being for all at all ages. While many of the targets and indicators of SDG 3 are outside the scope of this paper, other are consumption and food system related and therefore warrant discussion.

Maternal and infant mortality, for example, are outcomes of the health system but also of diet and food security. In Solomon Islands, the maternal mortality rate is 104 deaths for every 100 000 live births; infant mortality rate is 16.8 deaths for every 1 000 live births; under-five mortality rate is 19.7 deaths for every 1 000 live births; neonatal mortality rate is 8.2 for every 1 000 live births. Eliminating poverty, ending hunger and beneficial development of food systems will help Solomon Islands to achieve the SDG targets relating to maternal and infant mortality (Table 3).

Non-communicable diseases are associated with consumption, which is a central element of any food system. Poverty, poor diets and food insecurity, as described above, in Solomon Islands are contributing to high rates of morbidity and mortality. SDG Indicator 3.4.1 measures the mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease - many of which are, in part, a result of poor diet. In Solomon Islands this accounts for 39.2 percent of all deaths (44.8 percent of male deaths and 33.9 percent of female deaths). The triple burden of malnutrition, along with high rates of tobacco use (SDG 3.a.1; 38 percent, 55.9 percent of males and 19.8 percent of females) and consumption of alcohol, betel nut and kava are important contributing factors to mortality in Solomon Islands.

Water and sanitation security similarly contributes to morbidity and mortality in Solomon Islands. SDG indicator 3.9.2 reports the mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene, which amounts to 6.2 deaths for every 100 000 persons (or around 46 persons per annum).



© Filip Milovac

Washing slippery cabbage, 2015

Table 3: SDG 3 indicators (most recent) for Solomon Islands

3. Good health and well being					
SDG Target	Description	Year	National	Male	Female
Target 3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births				
	Maternal mortality ratio	2017	104	NA	104
Target 3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births				
	Under-five mortality rate	2019	19.7	21.4	17.8
	Neonatal mortality rate	2019	8.2		
Target 3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being				
	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	2019	39.2	44.8	33.9
Target 3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol				
	Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	2019	1.7	2.9	0.6
Target 3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all				
	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	2019	50.3		
Target 3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination				
	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	2016	6.2	6.8	5.5
Target 3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate				
	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	2020	38	55.9	19.8

Source: FAO. 2021. *Poverty, malnutrition and food security in Pacific Small Island Developing States*. Bangkok.



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Village in Solomon Islands, 2016

Conclusion

The UN Sustainable Development Goals provide a universal set of indicators for evaluating progress toward reducing poverty, malnutrition and food insecurity. All three challenges are deeply interconnected and undesirable outcomes of a food system that is not adequately serving the nation's people. In Solomon Islands there are many gaps in data coverage, either as point-in-time estimates or as a time series. Rural income poverty remains a significant burden for Solomon Islands. Solomon Islands is experiencing the triple burden of malnutrition, which is the coexistence of undernutrition, over-nutrition and micronutrient deficiencies within the same population. Some of the basic determinants of malnutrition include dependence on and increasing preference for imported food, the shift to a market-based

economy and associated diet transition, a lack of basic nutrition knowledge, health concerns and declining agricultural and fisheries productivity.

Women and children appear particularly vulnerable to food poverty, food insecurity and malnutrition in Solomon Islands. Multisectoral policy is essential to target the most vulnerable to support them to escape from social, economic and ecological traps.

Food and food system education coupled with sustainable development of coastal food systems, including nearshore fisheries and land-based agriculture, and pro-nutrition investment and trade policy is likely to deliver positive welfare, food and nutrition security, and health outcomes for Solomon Islanders.

¹ Health indicators relating to consumption, including non-communicable disease, are reported while those not associated with consumption (e.g. health worker density, family planning, tropical disease) are omitted.

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