COVID-19 in Solomon Islands: Economic and Social Impacts

Insights from the January-February 2022 round of high frequency phone surveys
High Frequency Phone Surveys

- Complemented by two rounds of UNICEF’s Social-Economic Impact Assessment Survey (SIAS), also conducted as phone surveys, in May 2021 and August 2021, which investigated: access to health care; education; the welfare of children; water and sanitation.

Context

- Two significant events – civil unrest in November 2021 and the first COVID-19 wave in Solomon Islands (including the associated restrictions) – happened between the third and fourth round of phone surveys. As such, it is difficult to determine whether changes between the third and fourth survey are attributable to the civil unrest or the COVID-19 wave, or both.
The January-February 2022 round occurred at the onset of the first wave of COVID-19

Note: The stringency index is a mean of nine measures of government response to lockdown, specifically: school closures; workplace closures; cancellation of public events; restrictions on public gatherings; closures of public transport; stay-at-home requirements; public information campaigns; restrictions on internal movements; and international travel controls. Higher measures indicate a stricter response.

Note: "people vaccinated" is relative to the total population, not those 18 years and older as is reported in subsequent charts.

Note: Round one is excluded as no COVID-19 cases had been recorded in Solomon Islands at that time.

Source: Pacific Community’s Pacific Data Hub; Solomon Islands Ministry of Health and Medical Services; and Oxford COVID-19 Government Response Tracker.
COVID-19 restrictions caused employment to fall between July 2021 and January-February 2022

- The job losses were mainly informal jobs and jobs in the service sector
- Many households expected less income from agriculture
- Households were worried about their finances and the wider economy

Most households use coping strategies to make ends meet and many experienced food insecurity

Nearly one-third of people said that community trust and social relations had deteriorated

Vaccine hesitancy fell with the onset of community transmission of COVID-19

- Awareness of COVID-19 vaccine availability increased as has the number of people vaccinated
- However, concerns about side effects have stopped many people from getting vaccinated
The COVID-19 pandemic has had an impact on employment and livelihoods:

- If COVID-19 cases fall and restrictions are eased, it is likely that employment will improve.
- Given the vulnerability of informal sector work, growth in the formal sector should be a long-term objective. Social protection programs could also play a role.
- An increase in public expenditure efficiency could enable more resources to be targeted to the poor and vulnerable.

Additional efforts may be required to reach and influence people who remain vaccine hesitant.

Community trust and social relations should be monitored, as there has been some deterioration.
Across urban and rural areas, pandemic restrictions at the start of 2022 led to employment drops, impacting service sector and informal jobs.
Employment fell, mostly because of pandemic restrictions

- Employment was below 40 percent across all wealth quintiles in January – February 2022, though may have bounced back as restrictions have eased
- Men were more likely to be employed than women
Informal sector employment halved, as did employment in the service sector

- Formal sector employment remained stable, as did employment in agriculture and industry
- The informal sector accounted for six in ten jobs in January-February 2022. Of the job losses in the informal sector, 65 percent were directly attributable to COVID-19 restrictions
Many households expected a fall in agricultural income and a fall in other business income.

Households in Honiara were more likely to suffer losses in both non-farm business income and agricultural income than households in other areas.
Nationally, remittances were mostly from domestic sources

- Over 40 percent of female-headed households received remittances, typically from a domestic source.
- In Honiara, international remittances were more common than domestic remittances.

Source: Round four (January-February 2022) of the World Bank high frequency phone surveys.
Most remittances stayed the same or decreased

- Few households received greater domestic or international remittance income in January-February 2022 than they did in July 2021
Households remained worried about money and the future of the economy

- The economic outlook was negative across geographical areas and wealth levels in January-February 2022
- Households in Honiara were more likely to be ‘very worried’ or ‘somewhat worried’ about their finances than households in rural areas in January-February 2022, perhaps because of the pandemic restrictions (*not reported in charts*).
Community trust, food insecurity and coping strategies

Around three in ten people thought that community trust had deteriorated.

Food insecurity remained common, as did the use of economic coping strategies.
The changes in trust and social relations were consistent between Honiara, other urban areas and rural areas, implying that any change in attitudes due to the civil unrest in November 2021 were not location specific.

Drug and alcohol abuse remained a common problem.
Moderate food insecurity was common across Solomon Islands

- One in seven households experienced severe food insecurity in the past 12 months. This is defined by the Food Insecurity Experience Scale (FIES) as going “without eating for a whole day because of a lack of money or resources”.

- FIES defines moderate food insecurity as a time when a household/individual “ate less than they thought they should because of a lack of money or resources”.

Note: The 12 month measures of food insecurity were only recorded in the fourth round of survey data
Note: “Hungry but didn’t eat” was not collected, so FIES was measured using seven indicators.
Source: Round four (January-February 2022) of the World Bank high frequency phone surveys
Over four fifths of households used coping strategies to make ends meet. Many of these strategies will not be sustainable.

Note: Horizontal lines represent 95 percent confidence intervals
Note: Uncommon coping strategies (selected by fewer than five percent of respondents in July 2021 and January-February 2022) are excluded from the chart but included in the total for “sustainable coping strategies”
Source: Round three (July 2021) and round four (January-February 2022) of the World Bank high frequency phone surveys
COVID-19 vaccination & health impacts

Vaccine hesitancy fell as case numbers increased
Local transmission of COVID-19 may have encouraged people to get vaccinated, but many remain hesitant due to concerns about side effects.

- By February 2022, nearly everyone was aware of the COVID-19 vaccine.
- Far fewer people were vaccine hesitant because of a general distrust of vaccines than in the past, though a greater share said that COVID-19 vaccines are against their religion.
The lockdown did not stop people getting a second dose of COVID-19 vaccine, and few people were hesitant to get a second dose.

Most people received the AstraZeneca/Covishield vaccine. Few people were hesitant to receive the second dose, regardless of vaccine brand.

**Brand of vaccine received**

- AstraZeneca/Covishield
- Sinopharm
- Don't Know

**Reason for not receiving second dose**

- It's not yet time for a second dose
- Missed the appointment
- Vaccine not available
- Side-effects from the first dose

Note: Horizontal lines represent 95 percent confidence intervals.
Note: Sinovac, Pfizer/Comirnaty, and 'Other' vaccines were received by less than one percent of the population.
Source: Round four (January-February 2022) of the World Bank high frequency phone surveys.
Health workers had less potential to increase vaccine uptake than in the past. Family and friends could help convince people to get vaccinated

- Family and friends being able to change minds about the COVID-19 vaccine suggests that convincing one person to get vaccinated could lead others to get vaccinated too.

- Novel approaches may be required to reach those who remain vaccine hesitant, as health workers appear less likely to change minds than in the past.

- The falling share of people who could be convinced by health workers may partly be due to those that could be convinced, opting to get vaccinated.

Groups that could change people’s minds about the COVID-19 vaccine

![Graph showing percentage of population that are aware of COVID-19 vaccine but are not planning to get vaccinated or are unsure if they will get vaccinated.](image)

<table>
<thead>
<tr>
<th>Groups that could change minds about the COVID-19 vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and friends</td>
</tr>
</tbody>
</table>

Note: Vertical lines represent 95 percent confidence interval
Note: Health workers includes, doctors, nurses, pharmacists and other health workers
Note: The share of the population that is vaccine hesitant in January-February 2022 is smaller than the share of the population that was vaccine hesitant in July 2021. Differences in the groups over time may partly explain differences in the share of each response category.

Source: Round three (July 2021) and round four (January-February 2022) of the World Bank high frequency phone surveys
Health care needs were stable over time, but accessibility fell

- In January-February 2022, the most common reason for not being able to access urgent care was a lack of money (46 percent). Of people not able to access routine medical care, most (68 percent) couldn’t access it because there were no medical personnel. The main barrier to preventative medical care was being unable to travel (46 percent).
Acknowledgements and further information

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References


Annex: survey methods

- Data was collected using a phone survey between January-February 2022, with a household sample size of 2,671 and an individual level sample size of 4,038 (for employment only). Implementation was led by Tebbutt Research in Honiara. Each interview took around 15-20 minutes.
- High attrition was expected because it is common to ‘cycle’ SIM cards in Solomon Islands. To maintain an appropriate sample size number, new households were added in each round to replace the lost households. Despite geographic quota targets, re-weighting was also necessary to compensate for areas (and groups) where targets were not reached. Compensating factors for these differences were developed and included in the re-weighting calculations.
- Certain sections of the questionnaire were randomized and only completed by approximately half of the sample, including: Vaccines, Income, Access to Food and Food Security, coping mechanisms, and Health (including health care access).

<table>
<thead>
<tr>
<th>Round</th>
<th>Date collected</th>
<th>Household sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round one</td>
<td>Jun/Jul 2020</td>
<td>2,665</td>
</tr>
<tr>
<td>Round two</td>
<td>Dec 2020/Jan 2021</td>
<td>2,882</td>
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<tr>
<td>Round three</td>
<td>Jun/Jul 2021</td>
<td>2,503</td>
</tr>
<tr>
<td>Round four</td>
<td>Jan/Feb 2022</td>
<td>2,671</td>
</tr>
</tbody>
</table>

Note: Bolded months are those when most data collection occurred, and are the months used as the shorthand to refer to each round in this presentation.

Note: The striped gray bars reflect that, if phone survey respondents perfectly represented the wealth distribution, 10 percent of respondents would be from each wealth decile.