



SOLOMON ISLANDS

STATEMENT

BY

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PRIME MINISTER OF SOLOMON ISLANDS**

**AT THE HIGH LEVEL EVENT ON MILLENIUM DEVELOPMENT
GOALS: THEMATIC ROUND TABLE II ON EDUCATION AND
HEALTH**

25TH SEPTEMBER, NEW YORK, USA

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Thank you Co Chairs for giving me the floor, Solomon Islands would like to thank the President and the Secretary for this initiative in convening this MDG review session. The MDGs remains our shared vision of development, built on partnership with mutual responsibilities and commitment. It is our fervent hope that discussions on the outcome of this meeting will ensure every member is given equal attention, needed to achieve the Goals.

Solomon Islands believe this gathering is timely noting that we have just passed the mid point of our time bound global commitment hence, the proposal made by the Secretary General and our President to have this done annually is supported by my delegation.

Co- Chairs

Being an educationist and a former Administrative Head and Minister of Education in my other life, the issue is close to my heart and would like to make some brief comments and observation. Too often my sub region within Asia, the Pacific are not featured in UN reports. The lack of data creates a gap in our monitoring system that needs to be addressed both nationally and internationally. Whilst all MDGs are interlinked, education has a critical role in eradicating poverty and improving health services. Solomon Islands has responded within its means and allocated 32% of its national budget on the two sectors of education and health.

Co Chairs

Solomon Islands is a country emerging from a conflict situation with a young populations, 40% are less than fifteen years old, more than half of the population are unemployed scattered across a chain of Islands measuring a distance of 1,800 kilometers. 85% of the population are located in the rural areas, making achieving the goals rural focused and community based.

On the health front malaria, remains the country's number one killer especially amongst the young. HIV/Aids on the other hand has all the hallmarks within our socially active population of a time bomb that that is going to explode into an epidemic if the high incidences of STDs is not arrested. Changing lifestyles with urban migration due to sea level rise and other factors is seeing diabetes and other non communicable diseases taking a deeper foot hold in society.

Today's soaring costs of food and energy is increasing poverty, placing women in vulnerable positions in attempting to feed their children. Dealing with any of the Goals be it health or education are multifaceted in nature that require a stretched outreach both domestically and internationally. In this instance, success of achieving our shared goals by 2015 rests on Goal 8, - Global Partnership.

Co Chairs

It is in this connection, that a number of Solomon Islands Development partners both in the North and South work laboriously to offer free primary education by 2009, in particular by the Republic of China (Taiwan), New Zealand, European Union, Japan and Australia. The challenge remains great as the Government tries to ensure education to all children moves beyond primary

to secondary and tertiary levels. A shortage of secondary and community based secondary schools push our young off the system too early. Informal and vocational training provides some buffer for this but is insufficient for school leavers is an area of interest to country though in this sector Churches are an important contributor.

The Government continues to support all teachers and has a programme to train untrained teachers so as to ensure quality of education is kept at the highest possible standard. In the health sector we welcome and thank Cuba for offering medical scholarships for our students and now benefit from doctors serving in our hospitals.

The absence of a national university has placed more loads on our education authorities to send a students abroad. Having said this, education is only worth the investment if we have graduates finding employment in the country on their return. More international partnership is needed in economic sector to ensure the public sector is not the only employer but also the private sector. Critically sustainability of the public investment is comes with economic growth.

Co Chairs,

My delegation would therefore like to say that increased aid assistance work. These commitments have a human face to it, and should not be considered as charity. Hence, the USD 11 billion needed for education should be made available, and we have the ability and capacity to do that, if our hearts are in the right place.

On the health sector changing international economic system has made developing countries becoming net importers of food. We live in a world that one side of the world die of eating too much and another side die of lack of food. Making health services available for all must not be seen through the eyes of the market, rather from the will to save lives.

In this regard we would like to see access to better health care, wider distribution of treated bed net, vaccination and water and sanitation. Again global commitment is there but not sufficient. Antiretroviral treatment should be made available to all, and not only to those that can afford it.

Co-Chairs in closing the MDG must be addressed through partnership and holistic front and economic front to sustain our social commitment to our people. We look to the Doha Rounds and upcoming review of Financing for Development later this year to translate our commitments into action.

Distinguish co-chairs I thank you.