



Ministry of Health

Annual report 2011



MINISTRY OF HEALTH

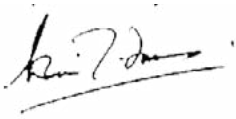
Annual Report 2011

November 2011

Dr Neil Sharma
The Minister for Health Ministry of Health Suva.

Dear Dr. Sharma.

I am pleased to submit to you the 2010 Annual Report in accordance to standard regulatory requirement of government.



[Dr Eloni Tora]
Permanent Secretary for Health Ministry of Health.

TABLE OF CONTENTS

Section	Page No.
1. Permanent Secretary's Performance Statement	10
2. Overview of the Ministry of Health	11
3. Reporting on RDSSSED(2009-2014) performance Indicators	14
4. 2011 Output Performance Reporting	17
5. Divisional Performance Reports	22
5.1 Central/Eastern Division	23
5.2 Western Division	24
5.3 Northern Division	24
5.4 Fiji Pharmaceutical and Bio-Medical Supplies (FPBS)	25
6. Health Outcome Performance Report	27
6.1. Non-Communicable Diseases 6.1.1.Diabetes	27
6.1.2. Cancers	29
6.1.3. Cardiovascular diseases	30
6.2. Communicable Diseases	31
6.2.1. Typhoid	31
6.2.2. Dengue	32
6.2.3. Leptospirosis	32
6.2.4. HIV	33
6.2.5. Tuberculosis (TB)	34
6.3. Maternal Child Health	35
7 Public Health Promotion	37
8 Environmental Health/Nutrition	41
9 Oral Health	50
10 Risk Management	52
11 Climate Change	55
12 Human Resource Management and Training	56
13 Health Research	61
14. Health Statistics	69
15. Overseas Patient Referral	75
16. Disease Trend Analysis	76
17. Donor Assisted Programs	81
18. MDG Accomplishment	82
19. Finance	85
20. Conclusion	90

List of Tables

Table 1:	Outcome 1	14
Table 2:	Outcome 2	16
Table 3:	Output 1	17
Table 4:	Output 2	18
Table 5:	Output 3	19
Table 6:	Output 4	19
Table 7:	Output 5	19
Table 8:	Output 6	20
Table 9:	Output 7	20
Table 10:	Output 8	21
Table 11:	Output 9	21
Table 12:	Output 10	21
Table 13:	Interdependent Ministerial Deliverables	21
Table 14:	Government Health Facilities	23
Table 15:	Demography of Central / Eastern Division	23
Table 16:	Demography of Western Division	23
Table 17:	Demography of Northern Division	25
Table 18:	Policy Interventions	37
Table 19:	Priority Social Marketing campaigns implemented	38
Table 20:	Total Number of Participants Screened	39
Table 21:	Distribution Of Local Authority and Health Offices by Division	41
Table 22:	Surveillance of Sewage and Wastewater Disposal	42
Table 23:	Inspection of Drinking Water Supply	42
Table 24:	Nutrition and Dietetics	44
Table 25:	School Health Nutritional Status – Pre - School	45
Table 26:	School Health Nutritional Status – Primary School	45
Table 27:	School Health Nutritional Status – Secondary School	46

List of Tables

Table 28:	School Gardens	46
Table 29:	1st Phase – Primary School [NIMS]	46
Table 30:	2nd Phase – Maternal Child Health [NIMS]	47
Table 31:	Milk Supplementation program	48
Table 32:	Child Health – Nutritional Status	48
Table 33:	Maternal Health - Hb	49
Table 34:	Inpatients: Nutritional Status	49
Table 35:	Out- Patients: Nutritional Status	49
Table 36:	Dental Statistics	50
Table 37:	Notified & Confirmed Sentinel Events for the Divisions & Sub divisional Hospitals including % of Events that resulted in Death for 2011	52
Table 38:	Category of Sentinel Events Reported in 2011	53
Table 39:	Staff Establishment	56
Table 40:	Industrial Relations Report	56
Table 41:	IRD Cases for 2011	57
Table 42:	Scholarship and Training - Masters	57
Table 43:	Scholarship and Training – Post Graduate Diploma	58
Table 44:	Scholarship and Training - Bachelor	59
Table 45:	Scholarship and Training - Certificate	60
Table 46:	Research Register	62
Table 47:	Vital Statistics	69
Table 48:	Immunization Coverage 2011	69
Table 49:	Notifiable Disease Reported 2011	70
Table 50:	Divisional and Sub-Divisional Hospital Utilisation Statistics	71
	ii) Specialised and Private Hospital	71
Table 51:	Top Ten causes of Mortality 2011	72
	ii) Top Ten causes of Morbidity 2011	72
Table 52:	Health Status Indicators 2011	73
Table 53:	Types of cases assisted for overseas treatment for 2009-2011	75
Table 54:	Analysis by Diagnosis and Associated Costs	75
Table 55:	Donor Assisted Programs/Projects 2011	81
	ii) Aid in kind	81
Table 56:	MDG Performance Indicator	82
Table 57:	Segregation of the 2011 Budget	85
Table 58:	Proportion against National Budget and GDP	85
Table 59:	Statement of Receipts and Expenditure for the Yr ended 31st Decembver, 2011.	86
Table 60:	TMA Training Account for the Yr ended 31st December, 2011.	87
Table 61:	TMA Profit and Loss Statement for the Yr ended 31st December, 2011.	87
Table 62:	TMA Balance Sheet for the Yr ended 31st DECEMBER, 2011	88
Table 63:	Appropriation Statement for the Yr ended 31st December, 2011.	88

List of Figures

Figure 1	Guiding Principles of MoH	11
Figure 2	Organisational Structure 2011	13
Figure 3	Four Divisions within Republic of Fiji	22
Figure 4	Diabetes by Age – Group 2011	27
Figure 5	Diabetes by Facility 2011	28
Figure 6	Sex Distribution of Diabetes New Cases 2011	28
Figure 7	Top 5 Female Cancer Sites 2011	29
Figure 8	Top 5 Male Cancer Sites 2011	30
Figure 9	Top 3 Cardiovascular Diseases Conditions 2011	30

Appendices

Figure 10 Typhoid Cases for 2011 by Month	31
Figure 11 Dengue Cases for 2011 by Month	32
Figure 12 Leptospirosis Cases for 2011 by Month	33
Figure 13 HIV New cases from 1989-2011	33
Figure 14 TB Indicators by Division 2011	34
Figure 15 Under 5 Mortality Ratio for Fiji 1969-2011	35
Figure 16 Maternal Mortality Ratio 2000 – 2011	35
Figure 17 Contraceptive Prevalence Rate (per 1000 CBA)	36
Figure 18 Percentage of 1 year olds immunized against Measles	36
Figure 19 Overall Status	39
Figure 20 Status by Gender	40
Figure 21 Principle Incident Types 2011	54
Figure 22 The Threshold effects of Minimum Temperature on Dengue in the Bua Sub-Division	55
Figure 23 Diabetes Cases from 2000 – 2011	76
Figure 24 Cancer Cases from 2000 – 2011	76
Figure 25 Sexually Transmitted Infection Cases from 2000 – 2011	77
Figure 26 Cardiac Related cases from 2000 – 2011	77
Figure 27 Depression Cases from 2001 – 2011	78
Figure 28 Kidney Cases from 2000 – 2011	78
Figure 29 Typhoid Cases from 2000 – 2011	79
Figure 30 Typhoid Cases by Divisions 2000 – 2011	79
Figure 31 Dengue Fever Cases from 2000 – 2011	80
Figure 32 Leptospirosis Cases from 2000 - 2011	80
Figure 33 Independent Auditors Report	83
Figure 34 Management Certificate for Financial Statements	84

Key Abbreviations

Aus AID	Australian Assistance International Development	IMCI	Integrated Management of Childhood Illnesses
AHD	Adolescent Health Development	JCU	James Cook University
APLS	Advance Paediatric Life Support	JICA	Japanese International Cooperation Agency
BCG	Bacillus Calmette-Guerin	KPI	Key Performance Indicators
BFHI	Baby Friendly Hospital Initiative	KOICA	Korean International Cooperation Agency
CBA	Child Bearing Age	MARYP	Most At Risk Youth Population
CBH	Central Board of Health	MBBS	Bachelor of Medicine and Bachelor of Surgery
CD	Communicable Diseases	MCDC	Medical Cause of Death Certificate
CG	Clinical Governance	MDG	Millennium Development Goal
CPG	Clinical Practice Guidelines	MDA	Mass Drug Administration
CQI	Continuous Quality Improvement	MOFNP	Ministry of Finance & National Planning
CSP	Clinical Services Plan	MoH	Ministry of Health
CSN	Clinical Services Network	MR	Measles and Rubella
CWMH	Colonial War Memorial Hospital	NCD	Non-communicable Disease
DIPI	Director Information Planning & Infrastructure	NHEC	National Health Executive Committee
DMFT	Decayed Missing Filled Teeth (Permanent)	OPV	Oral Polio Vaccine
DNS	Director Nursing	PATIS	Patient Information System
DOTS	Directly Observed Treatment	PH	Public Health
DPBS	Director Pharmaceutical & Biomedical Services	PHIS	Public Health Information System
DPT	Diphtheria, Pertussis Tetanus	PMTCT	Prevention of Mother to Child Transmission
DSAF	Deputy Secretary Administration Services	POLHN	Pacific Open Learning Health Network
DSHS	Deputy Secretary Hospital Services	PS	Permanent Secretary
DSPH	Deputy Secretary Public Health	PSC	Public Service Commission
EHO	Environmental Health Officers	PSH	Permanent Secretary for Health
EPI	Expanded Program on Immunization	RCA	Root Cause Analysis
EU	European Union	RM	Risk Manager
FCTC	Framework on the Control of Tobacco Convention	R/T	Radio and Telephone
FHSSP	Fiji Health Sector Support Program	SAHT	Sydney Adventist Hospital Net
FIBS	Fiji Island Bureau Statistics	SEEDS	Sustainable Economic & Empowerment Development Strategy
FIT	Fiji Institute of Technology	STI	Sexually Transmitted Infections
FMR	Financial Management Reform	SLWP	Study Leave With Pay
FNRERC	Fiji National Research Ethics and Review Committee	SLWOP	Study Leave without Pay
FNU	Fiji National University	TB	Tuberculosis
FPBS	Fiji Pharmaceutical Biomedical Service	U5MR	Under 5 Mortality Rate
FSMED	Fiji School of Medicine	UNICEF	United Nation International Children Emergency Fund
FSN	Fiji School of Nursing	USA	United States of America
GDP	Gross Domestic Product	VOSO	Visiting Ophthalmic Services

GOF	Government of Fiji	WHO	World Health Organization
GOPD	General Outpatients Department	SLWP	Study Leave with Pay
GWE	Government Wage Earner	SLWOP	Study Leave with out Pay
HBV	Hepatitis B Virus	NHEC	National Health Executive Committee
HPV	Human Papilloma Virus Vaccine	RCA	Root Cause Analysis
H/C	Health Center	UNFPA	United Nations Fund for Population Activities
Hib	Haemophilus Influenza Type B	YFS	Youth Friendly Services
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome	VCCT	Voluntary Confidential Counseling Test
FNU	Fiji National University		
HITH	Hospital in the Home		
HQ	Head Quarters		

SECTION 1.0: Permanent Secretary's Introductory Remarks

The importance of having the Ministry's performance in the delivery of health services measured and reported to against the previous years' results has driven the Ministry to embark on a more output or result-based reporting structure.

The Ministry of Health's 2011 Annual Report provides the measure of the impact its programs and activities have made to the Health Outcomes captured under the Ministry's 2011-2015 Strategic Plan. This approach of measuring the impact of programs and activities provides at a glance, in the form of the Ministry's Annual Report, how we have performed in achieving the 2011 national and international targets.

As the Annual Report also identifies success areas as well as areas needing improvement, it provides existing and interested development partners useful information on possible areas for future collaboration and support.

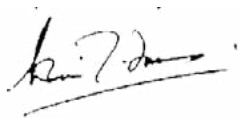
Despite resource challenges, the Ministry has made significant progress in achieving the health strategic objectives of the Government's Roadmap to Democracy and Sustainable Socio-Economic Development (RDSSED) and the ever challenging Millennium Development Goals (MDG's).

The challenge to the provision of quality health care provided by the increasing communicable and non-communicable disease burdens coupled with resource constraints makes justification for the Ministry's preferred focus on wellness in the coming years. Future Annual Reports of the Ministry will hopefully indicate the measure of success of its efforts in this innovative approach.

The Ministry's 2011 achievements would not have been possible without the efforts and commitments of our staff as well as our local and international development partners. Our staffs who have often bravely gone far beyond their call of duty to achieve targets and save lives despite facing numerous challenges deserve praise and support.

Finally, I call upon all stakeholders to stand besides Fiji's health workers in rising up to the challenge of improving the health and wellness of the nation. I firmly believe that this is possible with the Blessings of the Good Lord on our side.

God Bless Fiji.



[Dr. Eloni Tora]
Permanent Secretary for Health

SECTION 2.0: Overview

The Ministry of Health of the Republic of Fiji endorses the statement in the preamble of the Constitution of the World Health Organization (WHO), which states:

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic and social condition.”

The Ministry of Health of the Republic of Fiji therefore acknowledges that it is the fundamental right of every citizen of the nation, irrespective of ethnicity, gender, creed or socio-economic status to have access to a national health system providing quality health care with respect to accessibility, affordability, efficiency and a strengthened partnership with the communities for which this healthcare is provisioned, in order to improve the quality of life of the citizens of the Republic of Fiji.

GUIDING PRINCIPLES:

Figure 1: Guiding Principles of MoH

VISION:	A healthy populatoon driven by a caring Health Care Delivery System
MISSION:	to provide a high quality health care delivery system by a caring and commtted workforce working with strategic partners through good governance, appropriate technology and appropriate risk management facilitating a focus on patient safety and best health status for the citizens of Fiji.
VALUES:	the Ministry of Health strives to uphold customer focus, respect for human dignity, quality, equity, integrity, responsiveness and faithfulness as paramount values for the achievement of its mission and vision.

Ministerial Assignment:

The Ministry of Health under legal notice is responsible for:

Business	Departments
1. Clinical Medical Services	1. Divisional Hospitals
2. Health Promotion	2. Sub-Divisional Hospitals
3. Medical Equipment and Supplies Services	3. Health Centers and Nursing Stations
4. Pharmaceutical Drugs and Medicine Services	4. Oral Health department
5. Preventive Health/Public Health programs and Services	5. Fiji Biomedical and Pharmaceutical Services
6. Primary Health Care Services	6. National Centre for Health Promotion
7. Continuing Professional Staff Development and Management	7. National Referral Hospitals (St. Giles and Twomey/Rehab/TB Hospitals)
	8. National Centre for Communicable Disease Control
	9. Senior Citizen's Homes

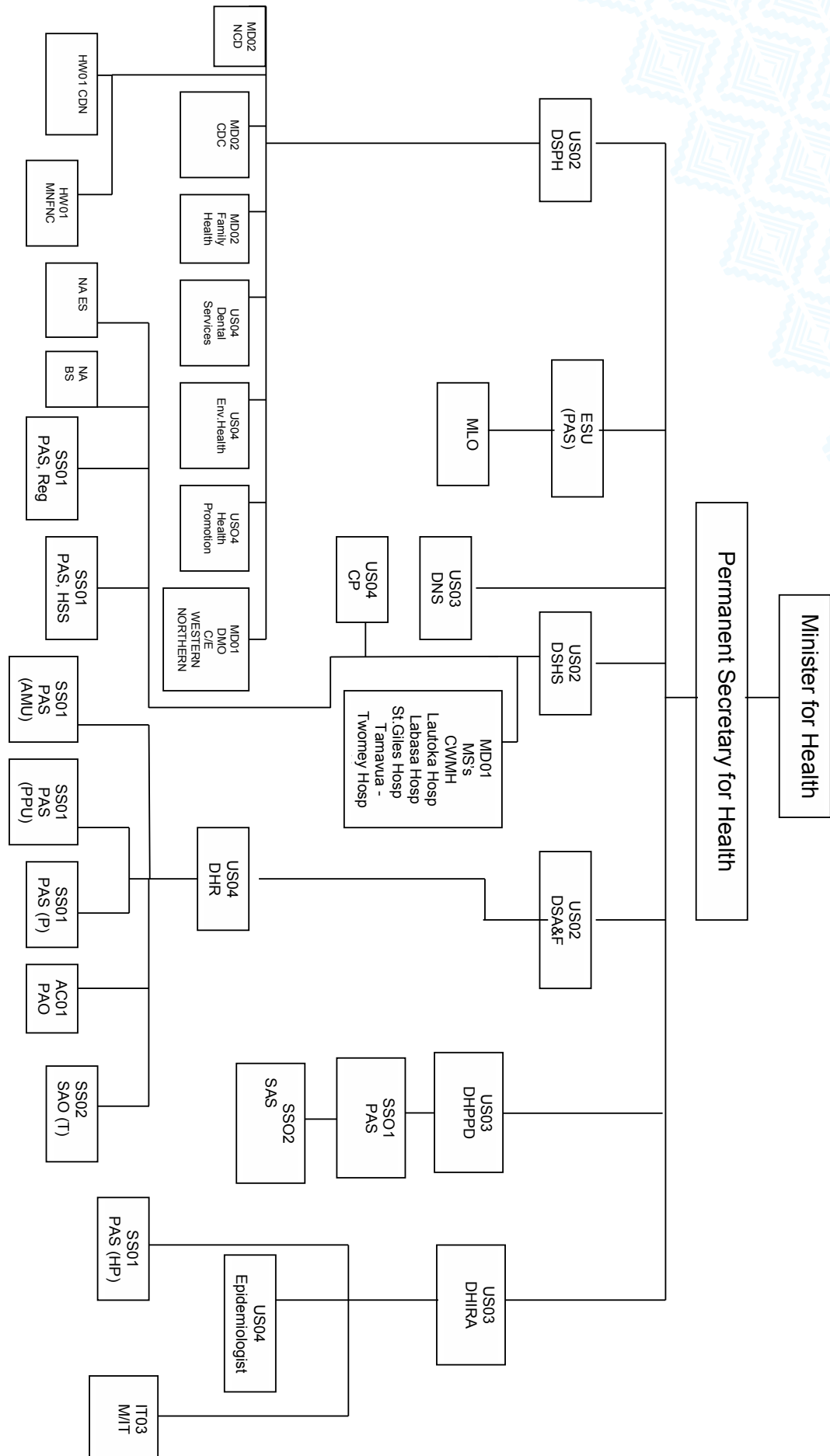
Legislations and Decrees regulating the business undertakings of the MoH and pertaining to its activities are listed below:

1. Animal (Control of Experiments) Act (Cap 161)
2. Burial and Cremation (Cap 117)
3. Dangerous Drugs Act (Cap 114)
4. Fiji School of Medicine Act 1997
5. Fiji National University Decree 2009
6. Food Safety Act 2003
7. Medical Imaging Technologist Decree 2009
8. Radiation Health Decree 2009
9. Medical and Dental Practitioners Decree 2010
10. Medical Assistant's Act (Cap. 113)
11. Mental Health Decree 2010
12. HIV Decree 2010
13. Marketing Controls (Foods for Infants and young Children Regulations) 2010
14. Nurses Midwives and Nurses Practitioners Act (Cap 256)
15. Pharmacy and Poisons Act (Cap 115)
16. Private Hospitals Act (Cap 256A)
17. Public Health Act (Cap 111)
18. Public Hospitals and Dispensaries Act (Cap 110)
19. Quarantine Act (Cap 112)
20. Radiation Health Decree 2009
21. Tobacco Control Act 1998
22. HIV/AIDS (Amended) Decree 2011
23. National Ambulance Decree 2010
24. Allied Health Practitioners Decree 2011
25. Nursing Decree 2011
26. Radiation Health Decree 2009

The following boards/councils that are administered by the Ministry:

- 1] Private Hospital Board
- 2] Radiation Health Board
- 3] Pharmacy and Poisons Board
- 4] Fiji Optometrists Board
- 5] Fiji Dental Council Board
- 6] Fiji Medical Council Board
- 7] Board of Visitors- All Major Hospitals, Sub-divisional Hospitals & Health centres.
- 8] Allied Practitioners Board (In progress)
- 9] Fiji HIV Board

Figure 2: Organizational Structure 2011



SECTION 3.0: OUTCOME REPORTING ON ROADMAP FOR DEMOCRACY AND SUSTAINABLE SOCIO-ECONOMIC DEVELOPMENT 2009-2014 (RDSSED).

3.1 Outcome 1: Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their well being.

Table 1: RDSSED Performance Indicators

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective RDSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSED)	2010	2011
Pillar 10: Improving Health Service Delivery	Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their well being.	Child mortality rate reduced From 26 to 20 per 1000 live Births (MDG).	17.7	20.95
		Percentage of one year olds Immunised against measles Increased from 68% to 95% (MDG).	71.8	82.5
		Maternal mortality ratio reduced from 50 to 20 per 100,000 live births (MDG).	22.6	39.2 ¹
		Prevalence of diabetes in 15-64yrs age reduced from 16% to 14% (note: <i>baseline and target may need revision</i>).	²	²
		Contraceptive prevalence rate (CPR) amongst population of child bearing age increased from 46% to 56% (MDG).	31.77	36.5
		Increased Fiji resident medical graduates from FSMed from 40 to 50 per year	41	42
		Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually. An annual growth rate of 5% over the medium term	NA	No increase compared 2010 % of Health Budget to GDP
		Average length of stay for in-patient treatment reduced from 7 to 5 days	7.11	5.8
		Prevalence rate of STIs among men and women aged 15 to 25.	³	³

¹ 8 maternal deaths in 2011 compared to 5 in 2010. Note that even 1 maternal death can dramatically increase the maternal mortality ratio.

² Survey required (to report prevalence). At last NCD STEPS Survey (2002), prevalence was 16%.

³ Survey required to report prevalence

		HN/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 [MDG].		
		Admission rate for diabetes and its complications, hypertension and cardiovascular disease.	77.3^d	83.1
		Amputation rate for diabetic sepsis	38.3	43.2
		Proportion of the population aged over 35 years engaged in sufficient leisure time activity.		
		Prevalence of under 5 malnutrition		
		Prevalence rate of lymphatic filariasis (Pac ELF/WHO)	9.92^d	9.92^{WH}
		Prevalence rate of Tuberculosis reduced from 10% to 5% (part of MDG 22).		
		Prevalence of anaemia in pregnancy at booking from 55.7% to 45%	80.72	12.96
		Rate of teenage pregnancy reduced by 5% (per 1000 CMA population)	4.2	2.98
		Adolescent birth rate (per 1000 girls aged 15-19yrs)	22.8^d	15.7^d

There has been a slight increase in child and maternal mortality rates compared to 2010. A total of 8 maternal deaths were reported compared to 5 the previous year. Due to low number of maternal deaths, the maternal mortality ratio can vary a lot from year to year. The immunisation rate for measles has improved from 71.8% in 2010 to 82.5% in 2011 through routine reports. However, coverage surveys have shown higher rates (e.g. 94% in 2008), which suggests that there is scope for improving routine reporting. The revised Public Health Information System, which will be implemented from 2013, is expected to improve the accuracy of our coverage rates. With regards to Diabetes, admission rates increased in 2011 compared to 2010 and similarly more amputations were reported. Slight improvement in contraceptive prevalence was noted and there was a drop in teenage pregnancy in 2011 compared to the previous year. However, the prevalence of anaemia in pregnancy at booking increased by 2%.

3.2 Outcome 2: Communities have access to effective, efficient and quality clinical health care and rehabilitation services

Table 2

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective RDSEED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSEED)	2010	2011
Pillar 10: Improving Health Service Delivery	Communities have access to effective, efficient and quality clinical health care and rehabilitation services.	Participation of private and health care providers increased from 2 to 10.	NA	NA
		Health (actual) expenditure increased from the current 2.92% to at least 5% of GDP by 2013	NA	2.4% of Nominal GDP
		Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually.	NA	No increase as compared to 2010 % of Health Budget to GDP
		Doctors per 100,000 populations increased from 36 to 42.	38.3	39.9
		Outsourcing non-technical activities such as laundry, kitchen and security by end of 2011	NA	Services outsourced are Cleaning and Security by end of 2011 Laundry and Kitchen are still in the process
		Health Policy Commission established by 2011	NA	The Health Policy Commission is expected to be established by the end of 2012
		Average length of stay for in-patient treatment reduced from 7 to 5 days	7.11	5.8
		Elimination of stock outs of drugs from present 100 items per month	72	85
		‘Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)’.	¹	¹
		Bed Occupancy Rate of Psychiatric beds	108.25	109.61
		Number of staff trained in mental health	15	172

Whilst the average length of stay overall has reduced from 7.1 to about 5.8, the bed occupancy rate of Psychiatric beds remains high. There has been a 11 fold rise in the number of staff trained in mental health. These include 11 nurses trained in PG certificate in mental health, 161 through other inservice trainings in mental health. The Doctors to population ratio has increased slightly but is still falls short of the target.

¹ As of this time, the cure rate cannot be calculated since TB treatment implements a six to nine months course of anti-TB drugs (DOTS strategy). Final cure rate figures can be calculated by end of September.

SECTION 4.0: 2011 Output Performance Reporting

The Ministry of Health in reporting its achievements for 2011, has re-engineered its focus and approach more on an output based reporting of its results and achievements rather than focussing on units, sections and divisions. Such reporting would ensure that the Ministries key deliverables as per the programs and projects captures programs and projects that are aligned to delivering the strategic outcomes of the Ministry as outlined in the Strategic Plan 2011-2015.

Primarily, focus was on how divisions had performed rather than how the programs, projects and activities had influenced or directly impacted on the key Health Indicators or contributed towards primary health care or its contribution towards achieving NCD objectives and other major outputs of the Ministry. Focus would be more on the how the programs and projects have made an impact on key indicators captured in the Strategic and Annual Plans.

Ten outputs were identified by the Ministry of Health in 2011 in aligning its yearly plan to the 5 year Strategic Plan. The day to day activities were derived from the 65 strategies come Key Performance Indicators that the Ministry of Health had targeted for in 2011.

It is only appropriate that the achievements on the KPIs in each of its respective output is outlined and reported to, in order to understand and assess what was targeted, what was achieved, where are we now, where do we go on from here, what were some challenges/obstacles faced and how do we re-engineer our approach to further improve on achieving our outputs for the following year. As per the Annual Corporate Plan for 2011 the following outputs were to be delivered by the Ministry of Health.

Output 1 – Portfolio Leadership Policy Advice & Secretariat Support

A total of 13 strategies/key performance indicators were identified to be delivered under Output 1 on Portfolio Leadership Policy Advice & Secretariat Support. The respective output captures the Ministries deliverables on the formulation of new policies, review of policies, plans and processes and establishment of new units, committees and other secretarial logistics that ensure the best of advice is provided to the Minister and Cabinet on national issues related to the Ministry of Health. This ensures the Ministry is able to capture and incorporate the changes in health related dynamics (laws, regulations, international standards, change in dynamics of diseases, finance etc) in its plans and policies to improve further in delivering our services to all citizens of Fiji.

Table 3: Output 1 – Portfolio Leadership Policy Advice and Secretariat Support

Output	Major Achievements
1. Portfolio Leadership Policy Advice & Secretariat Support.	<ul style="list-style-type: none"> • Mental Health Review Board, National Mental Health Advisory Council and Board of Mental Health Visitors have been established in accordance with the provision of the Decree. • In compliance with the provision of the Decree, Stress Management Wards (SMW) have been established in the Northern Division (5-beds), Western Division (10-beds) and Cent/East Division (8-beds) and they are now fully operational. • Mental Health Policy and Implementation Action Plan were presented to NHEC which was endorsed with recommendation for further review. • Health Information Policy developed. • Health Information Strategic Plan developed. • Pharmacy Profession Decree and Medicinal Products Decree implemented.

	<ul style="list-style-type: none"> • Implementation of Health Information System (HIS), Patient Information System (PATIS) and Laboratory Information System (LIS). • Registration of all health professionals was undertaken in 2011 and will continue into 2012. • Production of National Health Accounts 2009-2010 • In accordance with the HIV Decree, the HIV Board was established
--	--

Output 2 – Public Awareness Promotions- Public Health

A total of 10 strategies/key performance indicators were identified to be delivered under Output 2 on Public Awareness Promotions – Public Health. The respective output captures the Ministries deliverables on educating preventative measures to public on health related issues such as dengue, smoking, diabetes, nutrition, oral health through promotional campaigns. Simultaneously, educational programmes on various preventative measures such as physical activities and nutrition are promoted through private sector as well as line Ministries.

Table 4: Public Awareness Promotions- Public Health

Output	Major Achievements
2. Public Awareness Promotions- Public Health	<ul style="list-style-type: none"> • Various numbers of programs were conducted in all divisions emanating from the FPAN COMBI Plan. Focal areas targeted were in the area of Food Security, Improving maternal nutrition, Improving Child Nutrition, NCD, Education Support Materials through the Ministry of Education etc. • Oral Health Outreach Programs were successfully implemented. • 4 quarterly based physical activity were conducted in all major divisions • NIMS marketing campaign was developed and implemented in Schools covering all 4 major divisions. • Anti Smoking Promotion Programmes were conducted on tobacco free initiatives, essay competition, oratory competition, drama, poster competition at Vunisea, Kadavu. Enforcement, Registration, Media Campaign and budget expenditure. • >40% of Strategies from Annual Work Plan derived from National Centre for Health Promotion Strategic Plan was implemented through different means of promoting health. • Food Safety Decree legislated and ready for implementation.

Output 3 – Emergency Response Services – Medical Evacuations (Local) and Blood Supply.

A total of 3 strategies/key performance indicators were identified to be delivered under Output 3 on Emergency Response Services – Medical Evacuations (Local) and Blood Supply. The respective output captures the Ministries deliverables on the readiness of critical response teams on emergency evacuations as well as the availability of supply of blood to emergency cases.

Table 5: Emergency Response Services-Medical Evacuations(Local) and Blood Supply

Output	Major Achievements
3. Emergency Response Services – Medical Evacuations (Local) and Blood Supply.	<ul style="list-style-type: none"> The development of the Draft Disaster Strategic Plan for 2012 and 2015 has been completed and is awaiting the completion of the National Disaster Strategic Plan to which the Ministry Plan has to take queue to finalise the plan for endorsement. Mock exercises were conducted in all major divisions and as targeted more than 80 % of the strategies were implemented from the National Blood Service Strategic Plan.

Output 4 – Communicable Disease Prevention

A total of 6 strategies/key performance indicators were identified to be delivered under Output 4 on Communicable Disease Prevention. The respective output captures the Ministries deliverables on development of standard guidelines at operational level specific to test and monitor communicable diseases, social mobilisations interventions, immunization programs to reduce the burdens of these CD's.

Table 6

Output	Major Achievements
4.Communicable Disease (CD) Prevention	<ul style="list-style-type: none"> A draft CD Lab Testing guideline has been developed for all Primary Care Health Facilities. Majority of strategies from CD Surveillance Outbreak Guideline was implemented through CD bulletin reports, Pacific syndromic surveillance weekly report, Pacific syndromic surveillance report. TB Control Programs were strengthened in Tamavua. Formulation of the TB Strategic Plan 2011-2015. Development of Typhoid Management Guidelines

Output 5 – Provision of Clinical Services

A total of 11 strategies/key performance indicators were identified to be delivered under Output 5 on Provision of Clinical Services. The respective output captures the Ministries deliverables on the provision of wide range of quality, effective and efficient health care to the citizens of Fiji at first point of contact at all Public Health Facilities with full confidentiality of patient information maintained all the time.

Table 7

Output	Major Achievements
5. Provision of Clinical Services.	<ul style="list-style-type: none"> Patient Satisfaction Surveys were carried out in selected health facilities to explore areas of weaknesses that needed more emphasis. 80% of risk management strategies in divisional hospitals were implemented and common risks were identified and categorised to ensure that necessary procedural changes or policies could be formulated to minimize risks involved. In order to improve on Turn around Time (TAT) for communication on pap smear results, Pathologists and Cytology Services were centralised. Baby Friendly Hospitals Initiative (BFHI) 18 hours training conducted in the Divisions with internal audits was undertaken. BFHI policies and the 10 steps to Breastfeeding were maintained in all Maternity facilities. Training on protocols were successfully undertaken to strengthen emergency neonatal care in all Paediatric Units.

Output 6 – Provision of Primary Health Care

A total of 12 strategies/key performance indicators were identified to be delivered under Output 6 on Provision of Primary Health Care. The respective output captures the Ministries deliverables on improving the provision of wide range of quality, effective and efficient and accessible primary health care to the citizens of Fiji at all Public Health Facilities with full confidentiality of patient information maintained.

Table 8

Output	Major Achievements
6. Provision of Primary Health Care.	<ul style="list-style-type: none"> • Develop strategies and implementation schedule for each division in consultation with relevant stakeholders on increased community access to safe sanitation and access to safe water. • Number of campaigns was undertaken advocating breast feeding in all health facilities per Quarter. • IMCI protocols were introduced to 2 health facilities per quarter through training and clinical practice. • Reproductive Health Policy was developed through a coordinated approach by Public Health, Paediatric and O&G. The Policy outlines the strategies adopted to reduce maternity, infant & child mortality rates in all divisions starting with training. • As part of the NCD Work Plan, an MOU was signed between MoH and FNU for the NCD STEPS Survey for 2011. • The establishment of Diabetic/Renal Hubs at the Satellite Health Centre and Lautoka Hospital. Work is in Progress. • Maintenance of Health Facilities • Rezoning of Nausori Hospital

Output 7 – Education and Training – Disease control and Health Promotion

A total of 3 strategies/key performance indicators were identified to be delivered under Output 7 on Education and Training targeted towards Disease Control and Health Promotion. Specific training needs were identified through the In-Service Training Plan to ensure that our staffs that were directly involved in disease control and Health promotion were up skilled. Given the changes in dynamics of diseases nowadays, it was important that the Ministry of Health targeted its training needs to effective health promotion strategies to control or mitigate the change in dynamics of diseases.

Table 9

Output	Major Achievements
7. Education and Training (Disease control and Health Promotion)	<ul style="list-style-type: none"> • Increased numbers of staff were trained in mental Health Care which included lectures given by visiting psychiatrist in Labasa and the Western Division. • Specialised trainings were identified for critical health professionals.

Output 8 – Education and Training – Nurses

A total of 2 strategies/key performance indicators were identified to be delivered under Output 8 on Education and Training targeted towards up skilling Nurses. In view of the shortage of numbers and quality of nurses and also providing incentives through academic up skilling, the Ministry of Health targeted a good number of training to be provided to nurses. Retaining nurses has been a major challenge for the Ministry and other strategies needs to be developed to further strengthen our nursing manpower.

Table 10

Output	Major Achievements
8. Education and Training - Nurses.	<ul style="list-style-type: none"> • More than 100 registered nurses underwent formal post-registration training • Continuous professional development was facilitated in all divisions targeting nurses.

Output 9 – Hospice Services – Accommodation and Assistance for the Elderly

The strategy on Hospice Services – Accommodation and Assistance for the Elderly refers to the old citizens homes all over Fiji. The Ministry ensured that through the provision of appropriate equipments, facility developments and regular medical care, the old were looked after properly.

Table 11

Output	Major Achievements
9. Hospice Services – Accommodation and Assistance for the Elderly.	<ul style="list-style-type: none"> • Continuous care of the elderly and upgrading of infrastructure was maintained.

Output 10- Supply of Goods Medical Drugs and Consumables

A total of 7 strategies/key performance indicators were identified to be delivered under Output 10 on Supply of Goods Medical Drugs and Consumables. The strategies formulated was required to bring about major changes and improvement to the management of procurement of medical drugs and consumables in order to keep the proper amount of stock available for all health facilities in Fiji at all times without much anomalies and discrepancy.

Table 12

Output	Major Achievements
10. Supply of Goods – Medical Drugs and Consumables.	<ul style="list-style-type: none"> • Completion of review of prequalification for supply of medicines. This would ensure that Fiji opens its procurement tender to untapped market such as India for the supply of medicines. • Procurement Plan for 2011 developed. • Internal Audit was conducted on inventory management in appropriate health facilities. • Customer Satisfaction Survey was undertaken in appropriate health facilities. • Inventory management training of health facility staff on inventory management was conducted.

Table 13

Outcome	
Public Sector Reform	<ul style="list-style-type: none"> • Development of Service Charter for the Ministry of Health • Outsourcing of Cleaning Services
Gender Equality and Women in Development	<ul style="list-style-type: none"> • Equal training opportunities at all levels of the Ministry • Extraction of gender segregated data from the HRIS system
Poverty Reduction	<ul style="list-style-type: none"> • Decentralization of Stress Management Wards in the three major divisions. • Mental Health outreach programs successfully undertaken. • Community based rehabilitation programs were conducted for the disabled population. • Children Under 15 and ex-serviceman exempted from dental fees.

SECTION 5.0: Divisional Performance Report 2011

The Divisional Performance Reports for 2011 are reflective of the improvements and innovative ideas that were implemented during the course of the past year. The improvements, strengthening of public health activities and the achievement of the public health objectives had a positive impact on the delivery of health services, especially in both urban and rural health facilities.

The MoH provisions health service delivery throughout the four divisions in the Republic of Fiji: the Central division; the Eastern division, the Western division and the Northern division. The health services provided range from general outpatient services, special outpatient services, inpatient services, maternal child health care services, oral health services, pharmacy services, laboratory services, environmental health services, and physiotherapy services, as well as outreach and specialist clinical services.

Figure 3: Four Divisions within Fiji.

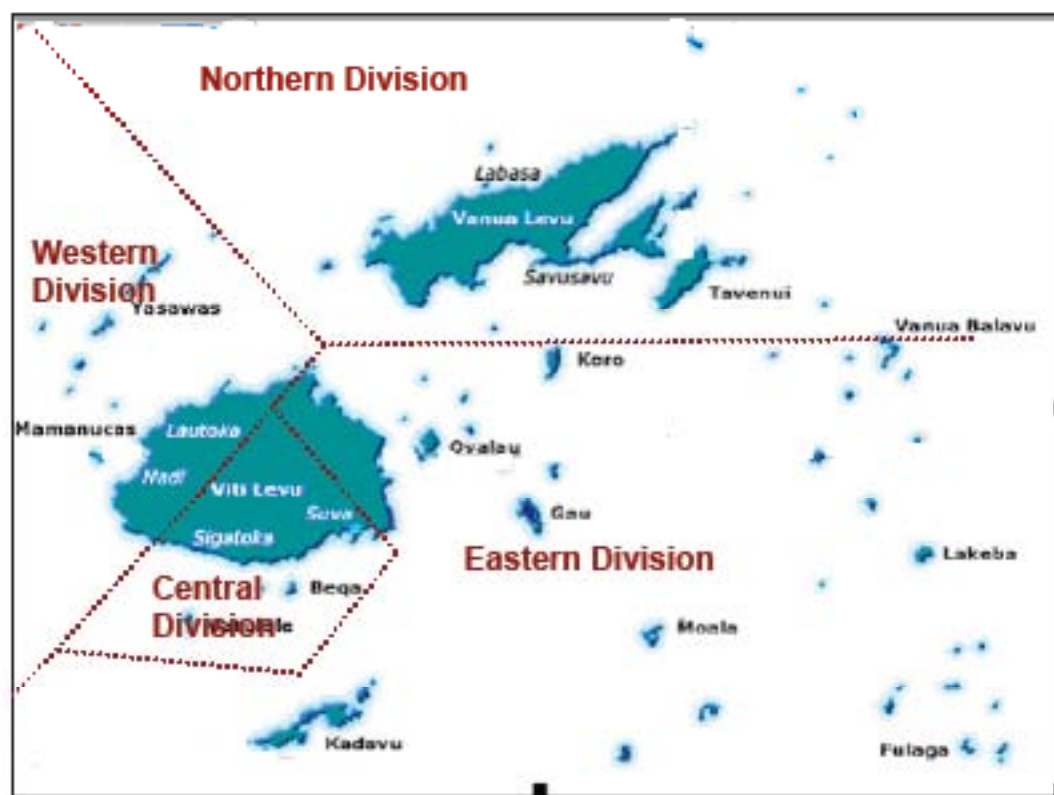


Table 14

Health Facility	Central Division	Western Division	Northern Division	Eastern Division	Total
Specialised national hospital	2	0	0	0	2
Divisional Hospital	1	1	1	0	3
Subdivisional hospital (level 1)	0	3	1	0	4
Subdivisional hospital (level 2)	4	2	2	5	13
Health centre (level A)	8	5	1	0	14
Health centre (level B)	2	4	3	1	10
Health centre (level C)	11	17	15	14	57
Nursing stations	20	25	20	31	96
Total	48	57	43	51	199

5.1 Central Eastern Division:

This division is the largest by population size and caters to a myriad of health facilities. The total number of people in this division is 400221. The greatest of which reside in the Suva sub-division (209 834).

The division is further divided into 10 sub-divisions: Central -Suva, Serua/Namosi, Rewa, Tailevu, Naitasiri; Eastern – Lomaiviti, Lakeba, Lomaloma, Rotuma and Kadavu.

Table 15: Demography of Cent / East

Subdivision	Total
Suva	209834
Rewa	81795
Naitasiri	20281
Serua/Namosi	26116
Tailevu	21380
Lomaiviti	17585
Kadavu	10767
Lomaloma	3218
Lakeba	7338
Rotuma	1907
Total	400 221
Central (total population) - 359406	
Eastern- (total population) – 40815	

5.2 Western Division

The Western Health Services Divisional office oversees the affairs of the six medical subdivisions in the Western Division namely Ra, Tavua, Ba, Lautoka/ Yasawa, Nadi and Nadroga/ Navosa.

The subdivisional health services comprises of clinical services provisions through the subdivisional and specialist hospitals, the health centres, nursing stations, dental departments and other allied health services, adolescent health and community rehabilitation activities. All subdivisional hospitals provide laundry, kitchen and hospitality support and mortuary services. Community and environmental health constitutes a major part of western health service activities.

Table 16: Demography of Western Division

Subdivision	Total
Ra	30 118
Tavua	27 342
Ba	58 538
Lautoka/Yasawa	104 485
Nadi	86 676
Nadroga/Navosa	54 021
Total	361 180

The western health services were provided with an operation budget of \$27,661,615.00 for the year 2011 business year.

The highlights for the year included:

- Official opening of Loma Nursing Station
- Commencement of Construction of the Kidney Diabetes Hub Centre, Lautoka Hospital
- Construction and official opening of Balevuto mortuary in Ba
- Opening of Ba vision centre
- Opening of the Nasau Mortuary and provision of a generator from the Commissioner Western's office
- Opening of Viseisei Sai Health Centre
- Successful Oral Health outreach programme extended to Colo west, Colo north and Maritime upon proposed funds approved
- Containment of typhoid outbreak at Nanoko after public health emergency declaration
- Training of all Rural Local Authority Sectaries on Basic Financial Management and audit of all RLA grants
- Supervision and inspection of MoH renovation/ maintenance of capital projects as directed by Honourable Minister for Health

5.3 Northern Division

The Northern Health Service – Public Health Division provide services to four subdivisions, namely Bua, Cakaudrove, Macuata and Taveuni as the health facilities are listed as follows:

- 3 Sub- divisional Hospitals
- 19 Health Centres
- 21 Nursing Stations
- 4 Environmental Health Offices
- 1 Old Peoples Home (Babasiga Ashram)

Table 17: Demography of Northern Division

Subdivision	Total Population
Bua	15 286
Cakaudrove	31 880
Macuata	74 052
Taveuni	16 369
Total	137 587

Capital projects included:

- New Savusavu Hospital A&E extension commenced operation on October 2011
- Nabouwalu Hospital Duplex Quarters opened in October 21 2011
- Babasiga Ashram Greenhouse completion on December 2011
- Upgrading of Laundry Facilities (new washing, dryer and ironing machines) for Taveuni, Savusavu and Nabouwalu Hospitals
- Relocation of Bua Nursing station: work commenced on December 2011

Minor Projects

- Maintenance and repair of RT and solar system in all the stations
- General maintenance of Taveuni Hospital
- Minor and urgent repairs in the different health facilities in the division
- Upgrading of IT systems in all sub- divisional hospitals

New Vessels received from FHSSP:

- Adi Beti vessel as sea ambulance for Taveuni subdivision on 11/03/211
- Nasi Yalodina II vessel for Macuata subdivision on 11/03/2011

New Vehicles received:

- Mazda GN 964 – Nabouwalu Hospital ambulance on 10/03/11
- Mazda GN 037 – Tukavesi H/C ambulance on 15/03/11
- Mazda GN 039 – Taveuni Hospital ambulance on 15/03/11
- GP 123 - New ambulance donated by Rotary

5.4 Fiji Pharmaceutical and Bio Medical Supplies Division

The Fiji Pharmaceutical and Bio-Medical Supplies division in 2011 identified key strategic areas that were targeted to ensure appropriate interventions were implemented in achieving their key deliverables.

I. Procurement Strategy- Key recommendations of the short term advisor in 2010 were implemented in the Drug Tender called for 2011. The implications of these interventions are to reduce wastage and supply delay from contracted suppliers of FPBS. Impact analysis will be conducted in January 2014 to evaluate improvement progress.

II. Strengthening skilled Human Resources -Key to ensuring timely flow of inbound and outbound stocks depends on the capability of the floor manager in overseeing the operations and carefully managing the staff, stock movement and workload per time. The impact to this has been a remarkable improvement in the turn-around time of orders reaching the facilities.

III. Strengthening Warehouse Inventory Management System - Ministry of Health has endorsed that FPBS to pursue the purchase of the Inventory Warehouse Management System to be an added application of the current inventory application existed.

IV. Establishment of the Logistic Management Unit - LMU was established in September 2011 to play the pivotal role in improving the logistic system. The unit is made up of the Lab and Dental Technician, a nurse, a pharmacist and a data analyst. The key roles of this unit are data management, quantification, coordination and collaboration, system revision, supervision, implementation and trainings. LMU has established group emails for our customers to enable FPBS to communicate issues pertaining to stock updates. These enable the customers to be well informed of issues beforehand as patients can be managed adequately.

V. Inventory Management Standard Operating Procedures - With the assistance of the GMU, collaboratively, the Inventory Management SOP for health facilities was developed and distributed to some facilities in 2011. This manual is to supplement the training conducted for the nurses as to reinforce the knowledge that has been shared during the sessions. FPBS has successfully implemented the organisation SOP in 2011. The objective of the SOP is to bring about order in the process and system of work at FPBS which has been under a lot of review lately. The current SOP is yet to be perfected as the implementation process has forecasted teething and influencing people's behavior into standard behavior being the key challenge.

SECTION 6.0: Health Outcome Performance Report 2011

6.1 Non- Communicable Disease

The National Non-Communicable Diseases Programme/Unit is responsible for planning, coordinating and implementing the various activities of the National NCD Strategic Plan 2010-2014. The Unit coordinates these activities from the national level and works with the divisions and subdivisions in striving to achieve the goals and objectives of the programme.

Year 2011 akin to the previous years had been challenging and interesting. There were some major and new activities that were implemented and some have been proposed and would be implemented in 2012. The major activity of 2011 was conducting the NCD STEPS survey on the national level. With its completion, data entry resumed with Fiji National University (C-POND).

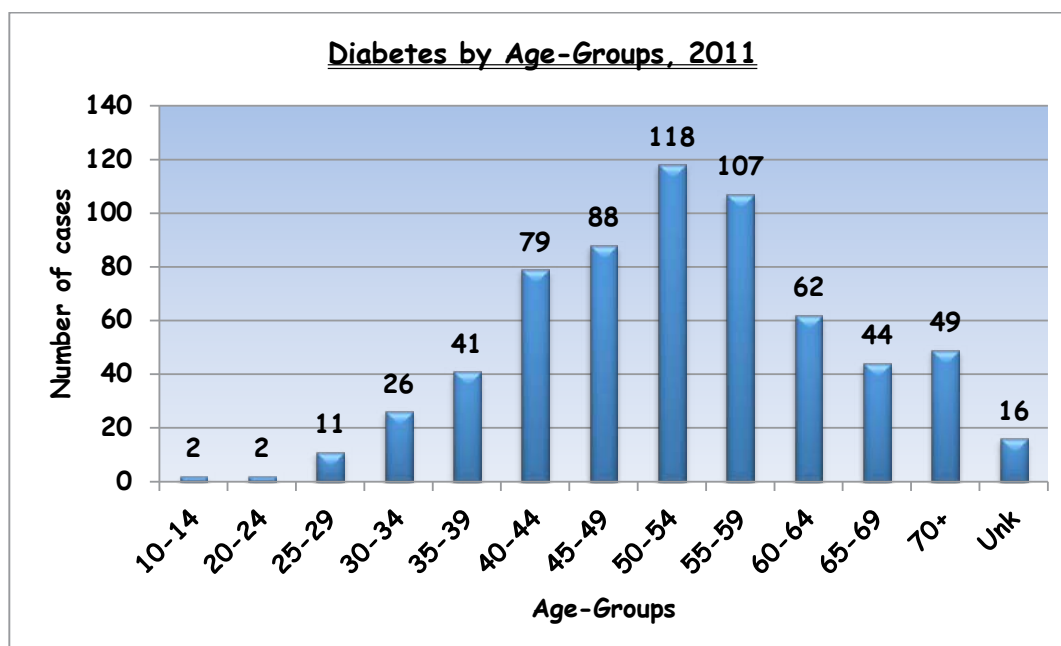
There were efforts made to collaborate with more stakeholders and conduct more NCD related activities and programmes. Massive community awareness was done during the National NCD Month in November whereby it was the first time that the Unit had expanded the NCD week programme to NCD month. The year closed with the National Diabetes Meeting at the national level.

6.1.1 Diabetes

Fiji realises the colossal battle it faces in preventing the prevalence of diabetes in our ageing population and at the same time minimizing the cost of services provided to those already diagnosed with Diabetes including treatment and recovery services.

It is further alarming that more female's form a major percentage of those diagnosed with diabetes within the age of 50-59.

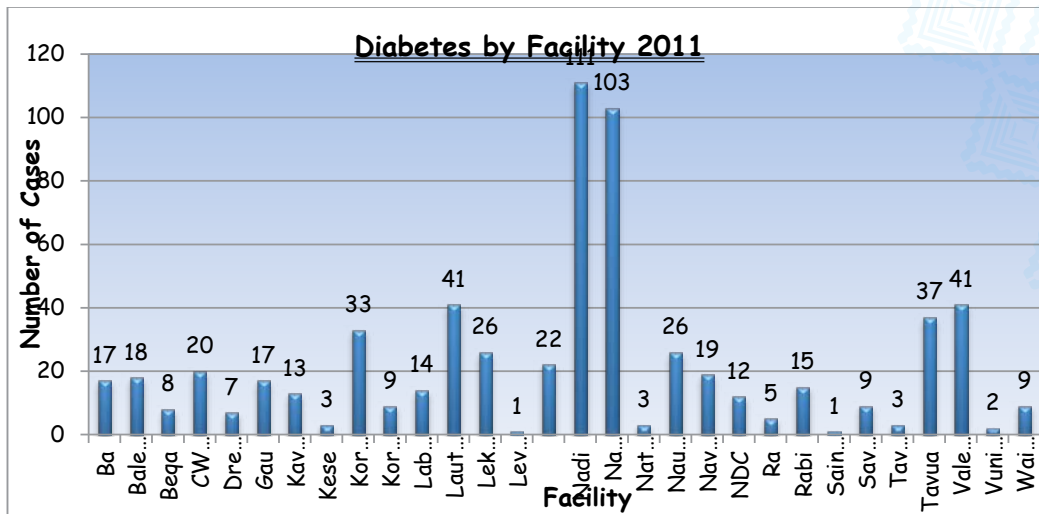
Figure 4: Diabetes by Age Groups for 2011



Source: Diabetes Notification Forms, 2011

Data on Diabetes new cases captured through the Diabetes notification forms has been underreported in 2011. However, based on the existing data, those in the 50-59 age groups are most affected.

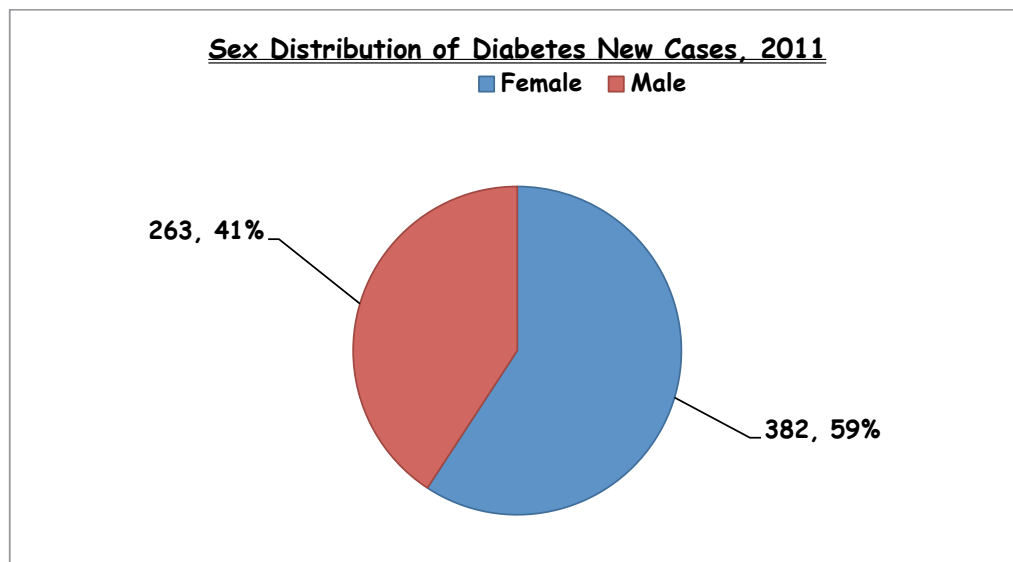
Figure 5: Diabetes by Facility for 2011



Source: Diabetes Notification Forms, 2011

Nadi and Namaka have been reporting the highest number of new cases of diabetes in 2011. However, this may be attributed to underreporting from other facilities

Figure 6: New Cases of Diabetes by Sex



Source: Diabetes Notification Forms, 2011

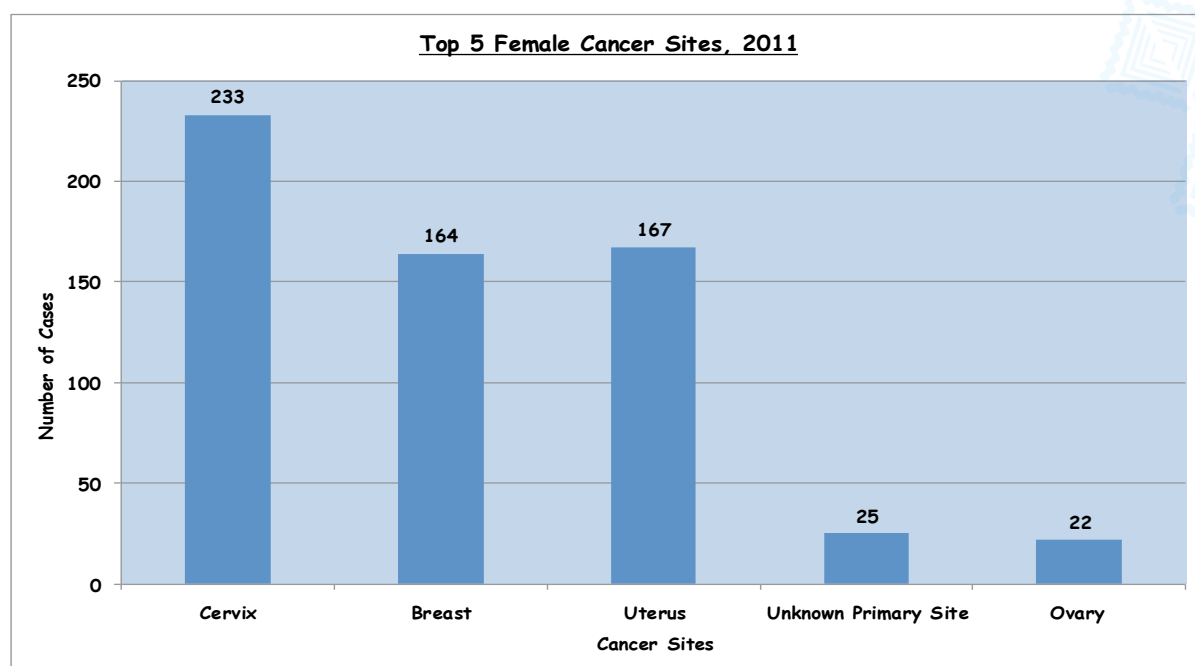
More females (59%) than males (41%) have been diagnosed in 2011.

6.1.2 Cancer

The Ministry has always faced a major challenge in increasing coverage and accessibility of screening women aged between 30-59 years of age for cervical cancer and breast cancer given the two top list of cancer amongst women and in totality cancer being more common among women and men. Ongoing screening programs for cervical

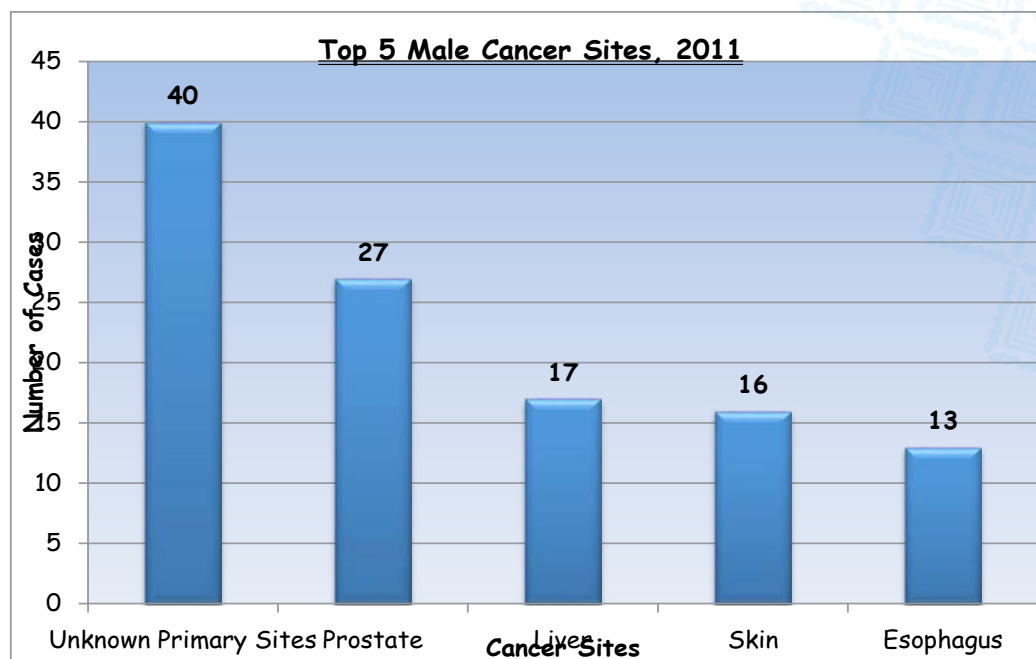
(pap smear) and breast cancer at sub-divisional levels have been conducted more frequently by the Ministry in collaboration with private partners. Furthermore, events that bring together large crowds are seen as an avenue where more such tests could be taken hence the lengthening of NCD week to NCD month at sub-divisional levels in 2011.

Figure 7: Top 5 Female Cancer Site for 2011



Source: Cancer Registry, 2011

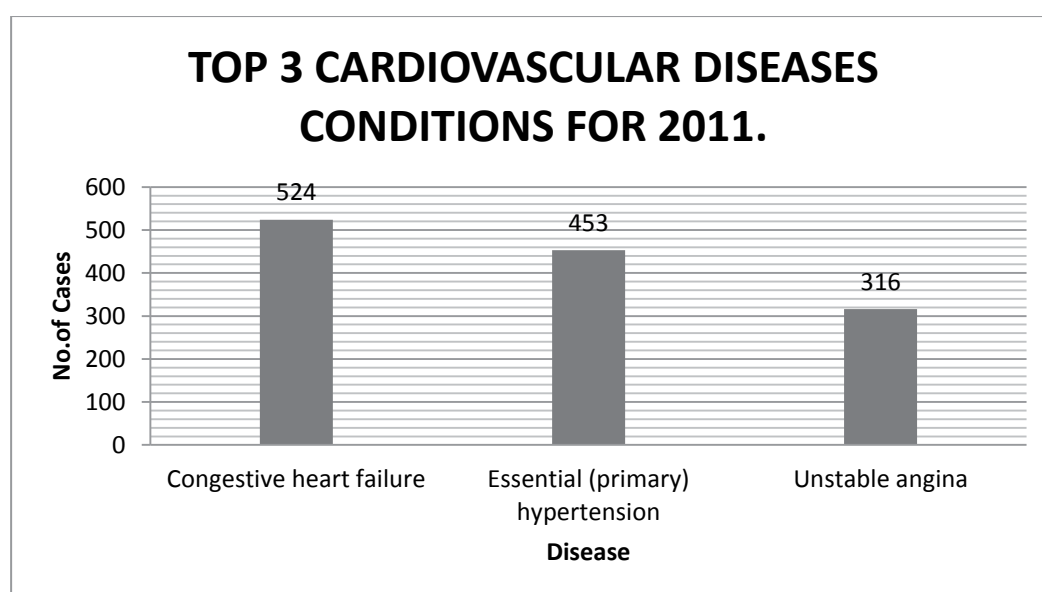
The main cancer sites among females have been cervical cancer, breast cancer and cancers of the uterus which includes endometrial cancers.

Figure 8: Top 5 Male Cancer Sites for 2011

Source: Cancer Registry, 2011

Apart from unknown primary sites, liver, prostate, skin and esophageal cancer were the most common cancer sites among males.

6.1.3 Cardiovascular Diseases

Figure 9: Top 3 Cardio Vascular Disease conditions for 2011

Source: Ministry of Health, HIU

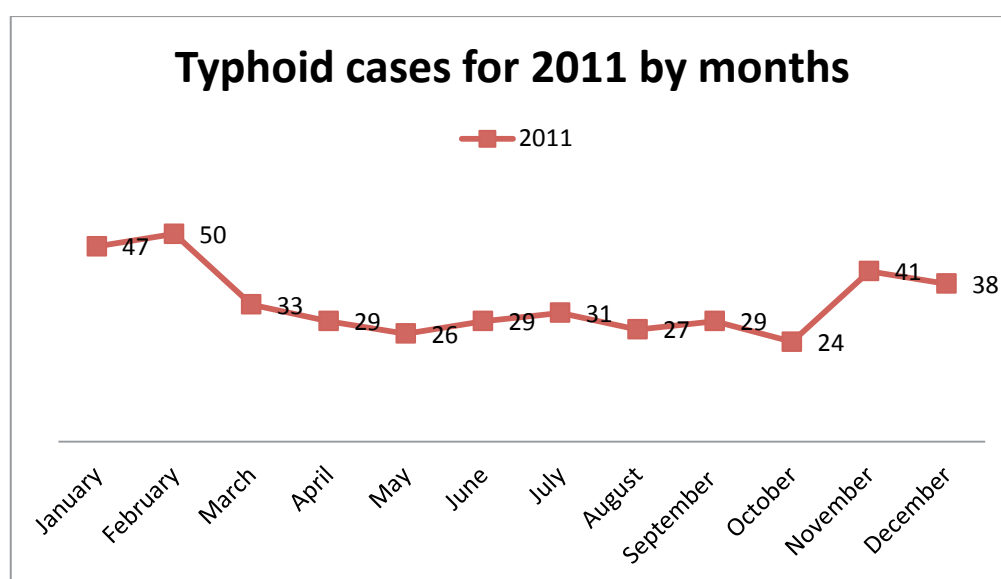
6.2 Communicable Disease

The Fiji Centre for Communicable Disease Control Laboratory at Mataika House also designated Public Health Laboratory (PHL). National Influenza Centre by WHO, National Measles Laboratory by WHO consists of few sections that perform an array of public health testing activities and cultivates public and private partnerships at local, national, subregional and at international level. During FY 11 the laboratory performed approximately 4-5,000 tests on clinical samples to detect sero-diagnostic for dengue, measles, rubella and HIV anti-virus and zoonotic leptospirosis from clinical samples. Molecular, real-time polymerase chain reaction(RT-PCR) for Influenza and bacterial contaminants in water for threats to human health; screened 692 suspected rubella cases and confirmed 140 cases around august to October 2011 rubella outbreak. Moreover all the 692 samples were also screened by Measles Enzyme Immunoassay to remove doubt for a positive measles co infections. Towards the 4th quarter of FY11 initiative taken to enhance vaccine preventable diseases (VPD) testing to support its surveillance in relation to the global initiative of the eradication of Polio and measles in Fiji.

In FY 11, the Virus Laboratory continue to strengthened network with Labasa (Northern), Lautoka (Western) and CWM Hospital (Central/Eastern) on communicable diseases testing. Data at divisional level to be collaborated in terms of confirmation and routinely reported to Mataika House to be analysed by the surveillance unit and to support Ministry of Health evaluation of communicable diseases control.

6.2.1 Typhoid

Figure 10: Typhoid Cases for 2011 by months

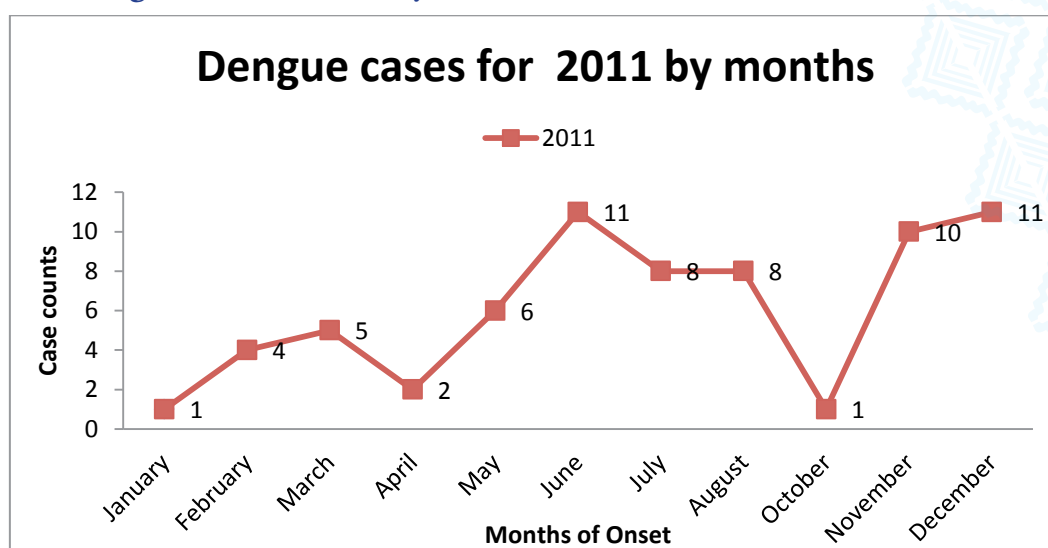


Source: Laboratory confirmed Data from Mataika House

February recorded the highest number of cases (n 50, 12%) for the year 2011. Case counts fluctuated between 33 to 26 cases for the months that followed before a peak was noted for November (n 41, 10 %) and for the last month slightly cases decreased. The age group most affected were those in the 20-29 age group.

6.2.2 Dengue

Figure 11: Dengue cases for 2011 by months



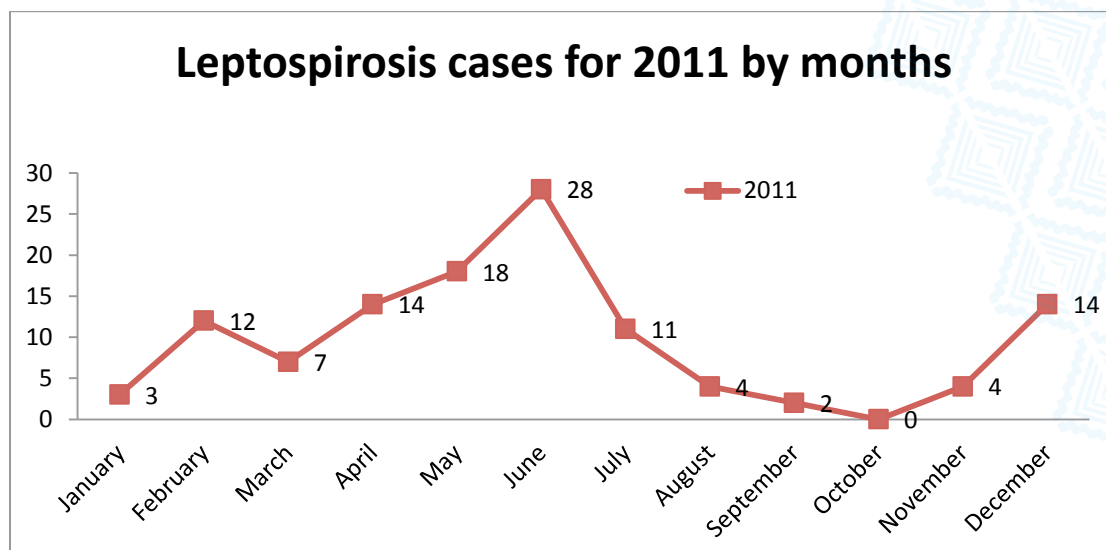
Source: Laboratory confirmed Data from Mataika House

Data available allowed valid discussion to be made only with the 2011 dengue cases as there were only two positive cases recorded for the year 2010. For 2011, the highest number of positive cases recorded was for the month of June and Dec (n 11, 16 %). The next significant peak noted was for the last two months of November (n 10, 15%).

Major outbreaks of Dengue were noted in 2002-2003 period and 2008-2009 period. The incidence of Dengue ranges between 0.1-80 per 100,000 population. Outbreaks have been noted every 5-8 years. Some of the significant outbreaks of Dengue in Fiji occurred in : 1971, 1975, 1989-1990, 1998, 2002-2003 and 2008-2009. In 2011 a total of 111 cases were reported, mainly from the Western Division.

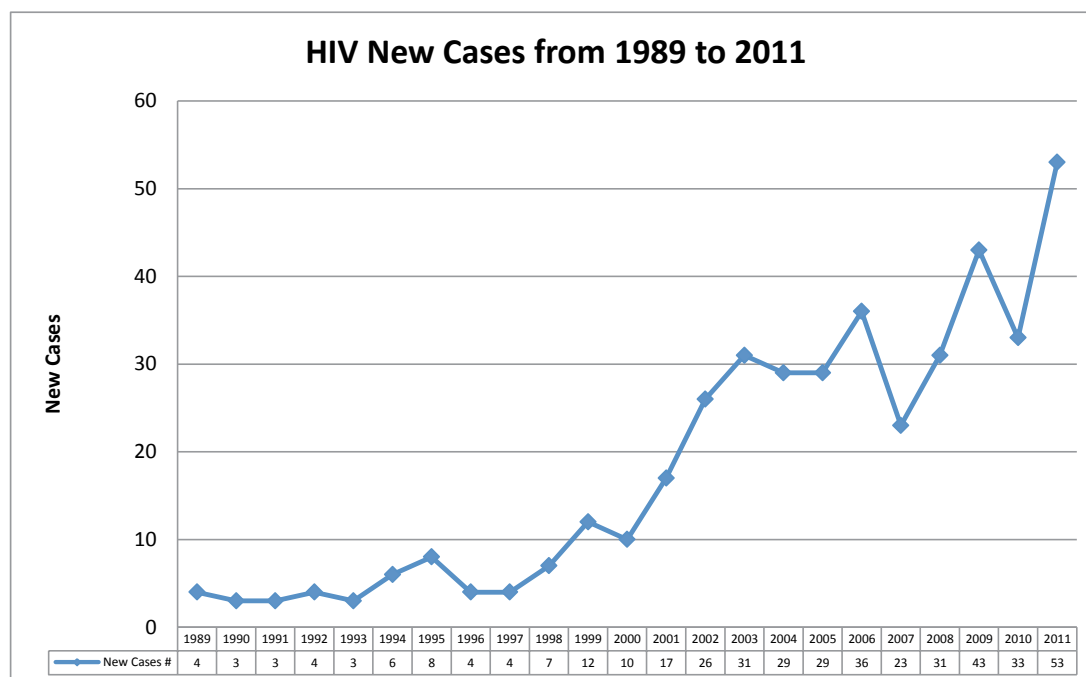
6.2.3 Leptospirosis

There were more cases noted in 2011 compared to 2010. June recorded the highest counts of 28 cases and these were reported from the following medical areas; Suva, Labasa, Tavua, Vunidawa and Wainibokasi. Cases declined for the preceding months but increased in the last month of the year. 2010 Leptospirosis cases peaked the most in April (n 18, 24%) and the number documented for the remaining of the year also declined.

Figure 12: Leptospirosis cases for 2011 by months

Source: Laboratory confirmed Data from Mataika House

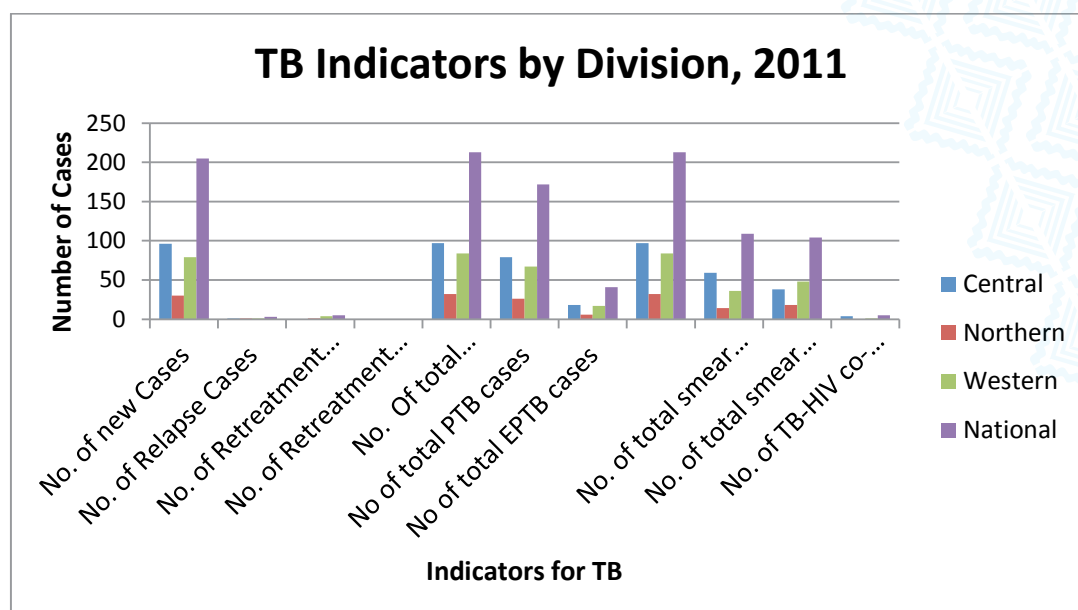
6.2.4 HIV

Figure 13: HIV new cases from 1989 to 2011

Source: Laboratory confirmed Data from Mataika House

6.2.5 Tuberculosis (TB)

Figure 14: TB indicators by Division for 2011

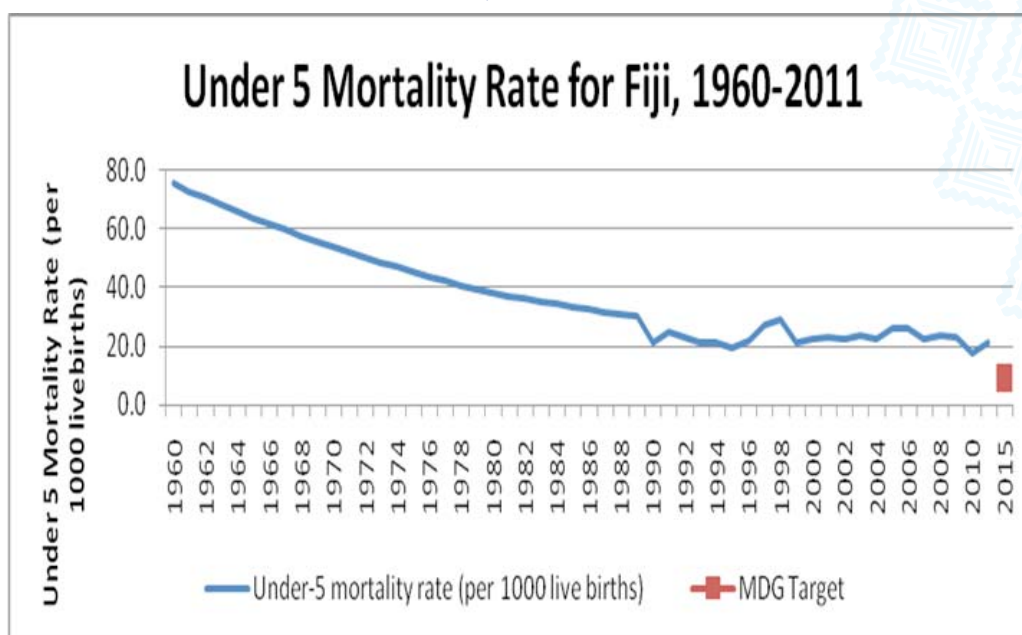


Source: National TB Programme [NTP]

In 2011 a total of 213 cases of TB were reported giving a case notification rate of 24.33 per 100,000 population. There were a total of 3 relapse cases and 5 retreatment cases after default. Pulmonary TB accounted for 81% and Extrapulmonary 19% of the total TB cases. There were roughly equal proportions of smear positive (51%) and smear negative (49%) cases reported. A total of 3 TB-HIV co-infected patients reported mainly from the Central Division.

6.3 Maternal Child Health

Figure 15: Under 5 Mortality Rate for Fiji, 1969-2011



Source: Ministry of Health Annual Reports 1990 - 2009; Statistics from Health Information Unit at MOH 1960 - 1984

There has generally been a declining trend in the under five mortality rate over the past 50 years. A steady decline was noted from about 75 per 1000 livebirths in the 1960s to about 21 per 1000 livebirths in 1990. Thereafter, the rate has on average been around 23 per 1000 livebirths over the past 20 years. The target for 2015 is 9.2 per 1000 livebirths, which means a reduction by 57% is still required.

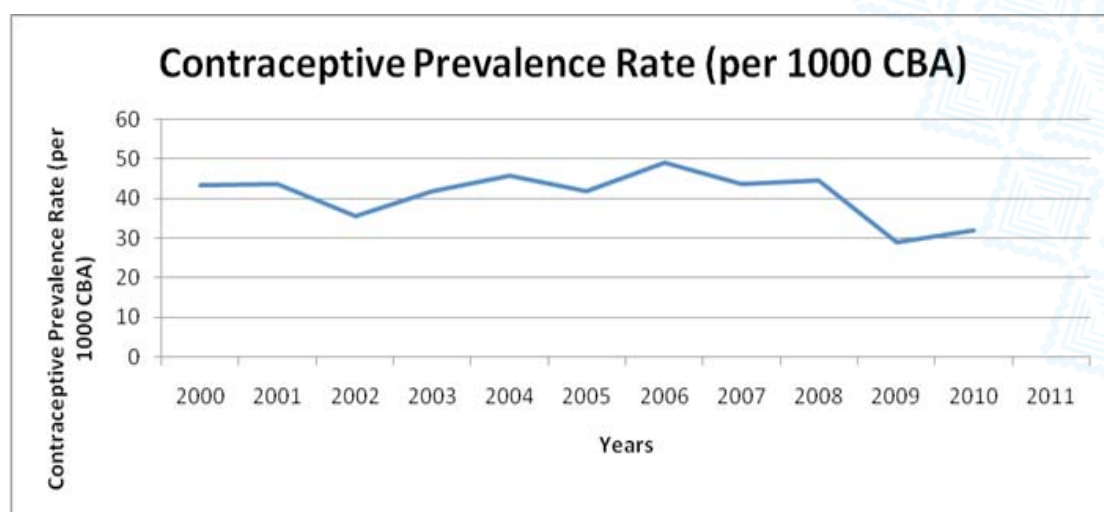
Figure 16: Maternal Mortality Ratio for Fiji, 2000-2011



Source: Maternal Mortality Database, Ministry of Health

The Maternal Mortality Ratio has been fluctuating between 22 and 58 per 1000 livebirths over the past 10 years. However, it is important to note that even one maternal death can dramatically change the maternal mortality ratio. There were 8 maternal deaths in 2011 compared to 5 in 2010.

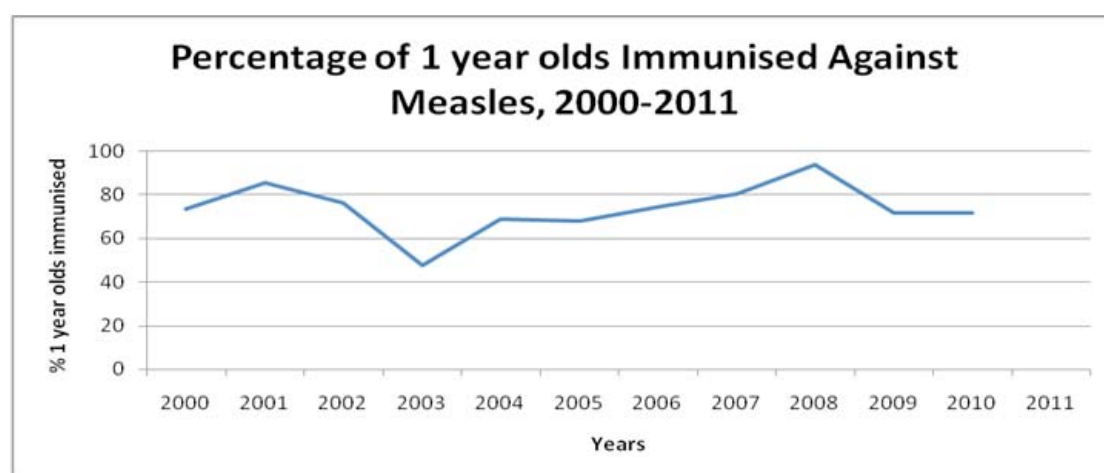
Figure 17: Contraceptive Prevalence Rate for Fiji (per 1000 CBA)



Source: Public Health Information System, Ministry of Health

The contraceptive prevalence rate has been ranging between 29% to 49%.

Figure 18: Percentage of 1 year olds Immunised Against Measles, 2000-2011



Source: Public Health Information System, 2000-2011, MOH

The immunisation rate for measles has been ranging between 68 and 98% over the past 10 years. Whilst the rate reported through the Public Health Information System has consistently been about 71% in 2009 and 2010, the coverage surveys have shown higher rates (e.g. 94% in 2008), suggesting the need to improve routine reporting.

SECTION 7.0: Public Health Promotions

In 2011, the National Centre for Health Promotion (NCHP) team had identified four strategic approaches to addressing the revitalization of the National Centre for Health Promotion functions. The strategies included;

- Reviewing of current processes and its effectiveness
- Refining Health Promotion Programs to meet targets
- Re-orient Health Promotion & Public Health Delivery Service; and
- Respond accordingly

In undertaking the above, the NCHP in 2011 clearly delineated the Strategic Priority Areas that addressed the Strategic direction of the Ministry of Health. Focus was positioned on the risk factors for Non-Communicable Diseases, Communicable Diseases and Mental Health. The risk factors are the common target intervention areas which the National Centre for Health Promotion as every year has focussed its resources and strength on.

As per the risk factors, health promotion priority areas were identified and interventions at different levels were developed and implemented.

7.4.1 Policy Interventions

Building healthy public policy combines diverse but complementary approaches to government actions including legislations, fiscal measures, taxation, guidelines designed to promote health. Health Promotion policy has been in effect at the settings level and within government policy level, local community policy development will continue to be encouraged through the COD settings approach. The policy developed over the years needs to be reviewed on its implementation level, short falls and gaps which need to be refined and re-addressed. The following activities were undertaken.

Table 18

	Scope work on the proposed establishment of National Health Commission (NHC)	<ul style="list-style-type: none"> • Scope work on the proposed establishment of National Health Commission (NHC) completed by WHO consultant. • Consultant Report submitted to Minister for Health • NHC to be reflected in the PH Act Review currently under review. • NHC toned down to advisory committee status to be implemented in 2012
	A scope work was done on Development of a Fiji Plan for Physical Activity(FPAPA)	<ul style="list-style-type: none"> • A scope work was done on Development of a Fiji Plan for Physical Activity(FPAPA) • The first stakeholder workshop was conducted in Suva on and a follow up consultation will be done in 2012 • A second round stakeholders workshop will be conducted in February 2012

7.4.2 Social Marketing

The Social Marketing aspects of the Operational Plan are built on the Strategic Health Communication Model while expanding through to the setting approach as point of service. The Social Marketing Operations are interlinked with other elements of the Operational plan. Social Marketing is the process of applying basic (commercial) marketing techniques to social issues in order to create behavior change (Kotler and Anderson). The Consumer or the target population is the central focus for all steps of a social marketing campaign. Therefore, Social Marketing is “a consumer based approach that helps program planners identify ideas, create messages, change practices and develop products that will stimulate people to adopt a better healthy behaviour.

Priority Social Marketing campaigns implemented

	Activity Carried Out	Remarks
	SHC ACTIVITIES	
	SHC Training for all senior Health Staff	March 21-25
	SHC Campaign Action Against Anemia (AAA)	SHC plan launched at MOH HQ by Minister for Health and Minister for Agriculture Mr Jokatani Cokanasiga on 22nd July 2011
	Obesity Prevention In Children (OPIC)	Program handed over to MOH for continuation
	Oral Health	First phase survey completed and to commence as detailed in the plan
	Expanded program for Immunization(EPI)	Immunization program has been launched and is undergoing its various phases.

7.4.3 Evidence Based Decision Making

Research is the systematic analysis and interpretation of data to answer a certain question or solve a problem. The officer has been seconded to WHO and therefore the position was vacant and this was an area of concern that there was no officer to do the research at NCHP which will be filled in 2012. The unit has been conducting pretesting of IEC materials as most IEC at the Centre were outdated and responsible program Officers were notified to review the objectives of the IEC. An evaluation of the move for health was done in April 2011 in Suva and the findings are:

Research on Walk For Health – 02nd April, 2011

The graphs that follow show the number of people that turned up for the first walk of 2011. Graph 1 shows the different age groups while graph 2 shows the number between the genders.

Results of the National Health Walk: 2nd April, 2011.

Table 20

Status	Frequency
Normal	51
Obese	18
Overweight	30
Underweight	9
Total No. Screened	108

Figure 19

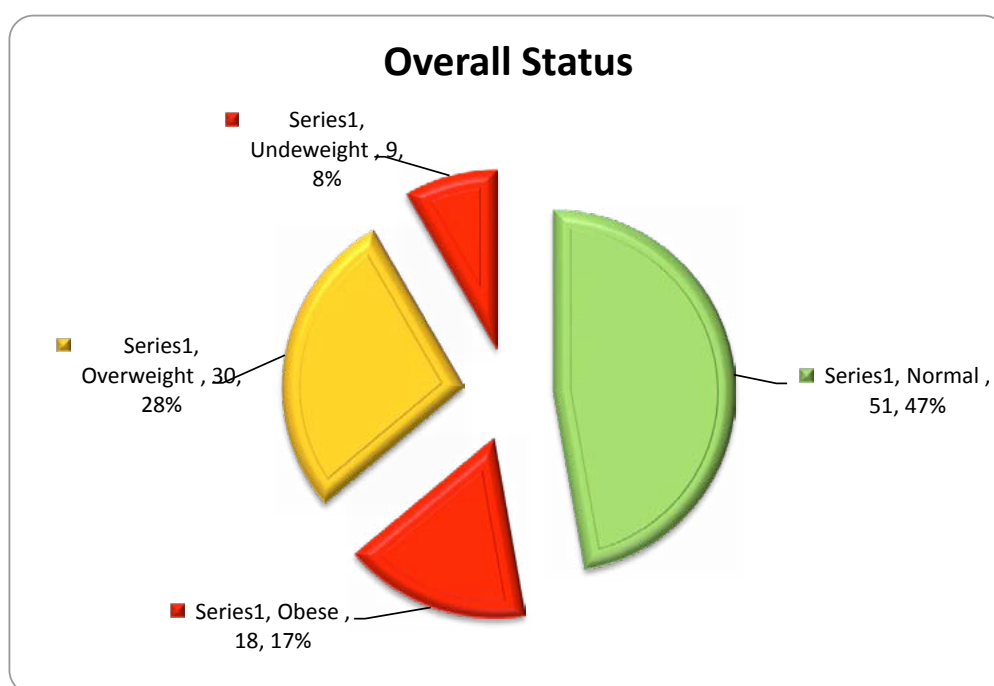
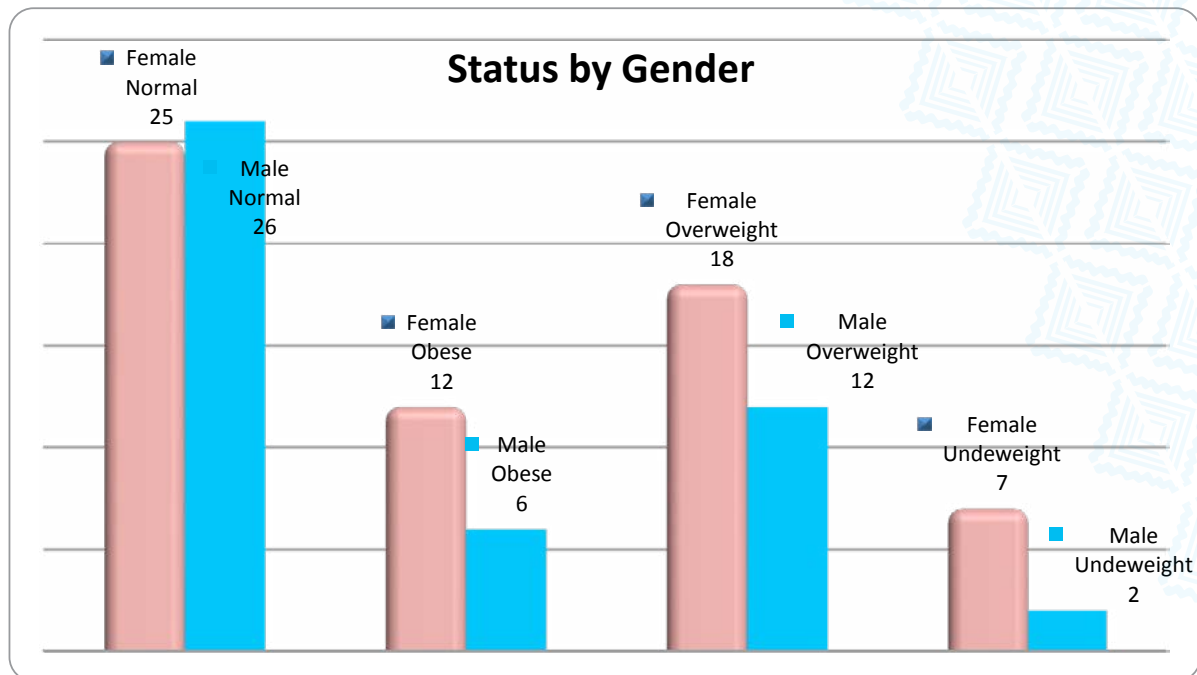


Figure 20: Status by Gender

7.4.4 Community and Organizational Development

The NCHP operational plan needs to maintain and expand on the approach to health promotion focusing on settings approach and seeks maximum community involvement in designing and implementation of HP activities. The healthy Cities Movement in 1987 began the approach of applying multisectoral actions within identified settings. The Healthy Island concept was formulated to complement the Healthy City movement approach through settings where we live, work and play such as villages, settlements, workplace, schools and now focusing on the island approach. As of 2008 figure Fiji has 473 HP Community settings, 171 in the North, 66 settings in the West, 236 in the Central Eastern. To date only the Central/ East Division has a functional divisional Unit in place and still funded by Fiji Health Sector Improvement Program (FHSIP). The Northern and Western Division remains vacant. The Centre will need to strengthen capacity at the Divisional and sub divisional level to once again take the leading role in HP Community Program.

SECTION 8.0: Environmental Health & Nutrition

8.1 Environmental Health

The Environmental Health (EH) department continued to be devoted to protecting and improving the health of Fiji's population by limiting their exposure to biological, chemical and physical hazards in their environment. The EH department was guided by the EH business plan and done in alignment with the Ministry of Health's Strategic Development Plan. This included the EH commitments such as review of the Public Health Act, the Food Safety Bill, Quarantine Act and amendments to the National Building Code. The National Environmental Health Plan (NEHAP) was aligned to the strategic plans of the Ministry.

The department is mandated by law, empowering the Central Board of Health to the Urban and Rural Local Authorities to oversee activities through the following key areas, in surveillance and compliance. The legislations include the Public Health Act, Food Safety Act, Quarantine Act, Burial Cremation Act, Town Planning and Environmental management Acts.

Activities undertaken in 2011 by the department included:

- Public Health Act review – an internal committee has been formalized to look into the review of the PH Act. The Committee consists of DSPH, representative from the Solicitor General's Office, NANCD, NA Family Health, NAEH, SHI WM/PC/EM Secretariat, Officer in charge Tobacco Control Unit, Media Liaison Officer – MoH
- National Building Code and Quarantine Act review
- Health facilities audit – the EHOs are engaged in auditing all health facilities around Fiji to assess the condition of these facilities.
- Health Care waste training and audit – training was conducted for waste in all divisions. The unit has also been tasked with securing consultants to draw up safety procedures for medical waste.
- Online registration – to improve and streamline building and sub-divisional applications the unit has commenced works to develop a database. Training was organized by ITC and attended by Suva Health Office and CBH staff.
- Development of Standard Operating Procedures

2011 noted improvements in the areas of sanitation, food quality, pollution and waste management, health education, development control and vector control.

Table21: Distribution Of Local Authority and Health Offices by Division

Facility	Divisions				Under CBH	On Study Leave	Total
	Central	Western	Northern	Eastern			
Local Authorities	4	6	4	2			16
Environmental Health Officers	28	47	19	8	7	2	111
Staff/ Population Ratio	1: 6,000	-	-	1: 4,911			

Table 22 : Surveillance of Sewage and Wastewater Disposal

Divisions	No. of H/Hold in the District	No. of Inspections	Sewage System	Septic Tanks	Water Seal	Pit	None	Noticed Served
Western	31558	27970	494	17691	7849	3341	635	3
Central	1993	391	51	1070	917	724	10	332
Eastern	2,777	226	0	768	443	5	3	1
Northern	9,257	7,248	126	3,337	3,206	547	478	300
Total	45,585	35,835	671	22,866	12,415	4,617	1,126	636

Table 23: Inspection of Drinking Water Supply

Divisions	No. of Households	No. Inspected	Piped Water	Ground Water Source	Surface Water	Rain Water
Western	27,697	19,492	7,766	1,120	611	93
Central	47,921	321	1,865	41	60	53
Eastern	2,736	229	1,958	18	0	6,140
Northern	8,873	3,907	3,345	388	1,913	5,966
Total	87,227	23,949	14,934	1,567	2,584	12,252

8.2 Nutrition

The Dietetics and Nutrition Services is an integral component of health services in the country. Increase in life expectancy of 37 years is attributed to 80% Nutrition and only 20% to modern medicine. (Wootton, 2008). The aim of the Dietetics and Nutrition Services is to improve the nutritional status of the population in Fiji.

The services provided both curative and preventative and include the following:

- Food Service Management
- Clinical Dietetics
- Public Health Nutrition

Food Service Management is the provision of nutritionally adequate meals, dietary management of patients and complements the total recovery of patients. For 2011, the Food Service Management had a budget of \$1.5 million. Clinical Dietetics includes nutritional assessment and counselling, dietary modifications and therapeutic diets for individual patients and nutritional promotion activities within Hospitals and Institutions. The Public Health Nutrition with the coordination and implementation of all nutrition activities in the Division and Communities has the FPAN as its guiding document.

Diet and Nutrition are also important risk factors for the prevention, management and control of Non-Communicable Diseases. The Dietetics and Nutrition Services focuses on the achievement of MDG's 4 and 5, Baby Friendly Hospital Initiative implemented and maintained in all hospitals and Infant and Young Child Feeding Practices coordinated in all health care facilities. The Ministry of Health is conducting a national program, the National iron and micronutrient supplementation [NIMS], as a preventative measure to reduce anaemia and vitamin A deficiency in young children.

The provision of Vitameal as this will address the issue of undernourished children in Fiji. Nuskyn is supplying free vitameal to the children in Fiji as part of their “Feed the Children Initiative”. Fiji received 2 consignments in 2011.

Milk Supplementation Program is the provision of milk powder to supplement the diets of the moderate to severe malnutrition cases who come from disadvantaged families and attending the Non Thrivers Clinics.

Food Voucher is a Government incentive, \$30.00 per Clinic visit for expecting mothers in rural areas to utilize their rural health centres and go for early bookings.

This is to note that steps are taken by the Ministry of Health, focussing on the promotion of optimal nutrition and prevention of nutrition related diseases example Non Communicable Diseases and micronutrient deficiencies, and the concept of Wellness to the people of Fiji.

Table 24

	Activity	Date	No. Trained
CentEast Health	- IYCF Training (Central)	- March	24
	- IYCF Training (Central/Eastern)	- June	45
CWM Hospital	- 18 hours BFHI workshop	-Jan & Feb	
	- Food Handling & Hygiene Training	-Feb	
	- CWMH Korovou Outreach		
	-Communication Technique		
	-Infant Young Child Feeding	-April	-2days
	-Continue Nutrition Education	-April	-2days
	-Infant Young Child Feeding	-May	-2days
	-CWMH Vunidawa Outreach	-May	-5days
	-Infection Control Training		
	-New Growth Chart Training	-May	-3days
	-Nutrition Month celebrations	-May	-2days
	-Nutrition month activities	-June	-5days
	-Herbs Garden	-June	-2days
	-Nutrition Presentations	-August	-5days
	-Nutrition Education presentation/talks		
	-NCD Month	-August	
	-Community Outreach-SNAP		
	-Dietitians CNE		
Western Health	IYCF Training	October 12/10/11 November	
		02 – 06 May & 07 – 11 Nov	42
	Western Breastfeeding Committee meeting	11 th March	18
	18 hrs BFHI training per subdivision NCD step survey 2012	May 17 th -30 th June 17 th -18 th June	10-15
	Code Monitoring training		25
Lautoka Hospital	- Trainings :		
	- In service for Cooks	23/02/11	7 cooks
	- In service for Cooks	30/03/11	8 cooks
	- Child Growth assessment	1/4 -3/4	1 Dietitian
		2/5 – 6/5	
	- IYCF	11/5-13/5	
	- 18 hrs BFHI	9/5/11	
	- Induction	6/6-10/6	
	- OHS	Monthly	
	- Audit	Quarterly	
	- Disaster management	2 nd Quarter	
	- Meeting :		
	- Unit meeting		
	- HODs meeting		
	- Clinical meetings		
	- Surveys :		
	- Plate waste		
	- Patient Meal satisfaction		

Northern Health	Advocate Healthy school lunches and physical activities in schools	1 st Quarter	40 preschools
	School visits		123 primary schools
	Move for Health once/month/SubDiv		-7 secondary schools
	Nutrition promotion-Bula 5:30 ; Fruits&water day once/week for Govt Institutions	2 nd Qrt.	49 walks done
	Inhouse training for all kitchen staffs in Sub-Div. Hospital	May	66% coverage
	Meal Satisfactory Survey	June	
	- BFHI and IYCF trainings for Health Staff and Community Health Workers	June	
	- Nutrition Month		
	- World Food day	August	
	- NCD month	October	
	- Hospital Gardens	November	
	= Taveuni Hosp. - \$13 897.00		
	= Savusavu Hos. - \$1 986.60		
	= Nabouwalu - \$567.12		
	= OPH Labasa - \$2 672.84		
	= TOTAL - \$19 124.26		
	User Friendly Meal Service in Sub-Divisional Hospital		

8.2 School Health: Nutritional Status

Table 25: Pre-Schools

	Tot. Roll	Tot. Assessed	Severe U/Wt. (%)	Mod. U/Wt. (%)	Normal (%)	O/Wt / Ob. (%)
Central Health	-	-	-	-	-	-
Eastern Health	-	60	0	3 (5%)	51 (85%)	6 (10%)
Western Health	3331	2573	320	617	1414	222
Northern Health	863	738	20 (3%)	50 (7%)	608 (82%)	60 (8%)
TOTAL	863	798	20	53	659	66

Table 26: Primary Schools

	Tot. Roll	Tot. Assessed	Severe U/Wt. (%)	Mod. U/Wt. (%)	Normal (%)	O/Wt / Ob. (%)
Central Health	46553	34120	586 (2%)	4716 (14%)	25517 (74%)	3301 (10%)
Eastern Health	4167	3981	32 (1%)	273 (7%)	3169 (79%)	507 (13%)
Western Health	38152	35620	3294	7367	20419	4540
Northern Health	17419	16627	525 (3%)	1883 (11%)	11787 (71%)	2432 (15%)
TOTAL	68139	54728	1143	6872	40473	6240

Table 27: Secondary Schools

	Tot. Roll	Tot. Assessed	Severe U/Wt. (%)	Mod. U/Wt. (%)	Normal (%)	O/Wt / Ob. (%)
Northern Health	300 (CBA's Only)	288	0	21 (7%)	156 (54%)	111 (39%)
TOTAL	300	288	0	21	156	111

Table 28: School Gardens

	Tot. No. of Schools	No. with Existing Gardens	No. with New Gardens	No. with School Canteens	Remarks
CentEast Health	75	25	Nil	20	Only 1-Dietician
Northern Health	119	82	8	26	Only 1-Dietician
Western Health	245	139	9	185	20% sell <25% junk 29% sell 25-50% junk 27% sell > 50% junk
TOTAL	439	246	17	231	Need school Dietician

8.3 National Iron & Micronutrient Supplementation (NIMS):

Table 29: 1st Phase: Primary School Phase

	Tot. Roll	Tot. Treated	% Treated
Eastern Health			
- Kadavu	2,204	2,204	100%
- Lakeba	681	681	100%
- Vanuabalavu	359	359	100%
- Rotuma	389	344	88.4%
- Lomaiviti	947	947	100%
Central Health			
- Rewa	4445	4445	100%
- Tailevu	1273	1265	99.4%
- Naitasiri	2476	2476	100%
- Navua	3 142	2 991	95%
- Suva	16 134	11 190	69.4%
Western Health			
- Nadroga/Navosa	5971	5959	99%
- Nadi	10462	10122	97%
- Lautoka/Yasawa	12787	11103	87%
- Ba	6075	6075	100%
- Tavua	3070	3045	99%
- Ra	4700	4590	98%
Northern Health			
- Cakaudrove	6 588	6 550	99%
- Bua	2 933	2 881	98%
- Macuata	10 043	9 513	95%
- Taveuni	3 211	2 155	67%
TOTAL	89874	80779	89.90%

Table 30: 2nd Phase: Maternal Child Health

	2009 Total Live births	Overall (%) Coverage	Tot. Treated
Eastern Health			
- Kadavu	161	46.6%	75
- Lakeba	53	100%	53
- Vanuabalavu	57	N/R	N/R-Cicia
- Rotuma	3	100%	3
- Lomaiviti	163	0%	Staff shortage
Central Health			
- Rewa	584	5.13%	30
- Tailevu	299	8.36%	25
- Naitasiri	73	100%	73
- Navua	418	11.96%	50
- Suva	3784	1.98%	75
Western Health			
- Nadroga/Navosa	641	15%	94
- Nadi	1097	6%	66
- Lautoka/Yasawa	1252	8%	98
- Ba	568	8%	44
- Tavua	338	16%	52
- Ra	404	18%	271
Northern Health			
- Cakaudrove	302	71.5 %	216
- Bua	156	36.5 %	55
- Macuata	1315	23.19 %	415
- Taveuni	266	20.67 %	78

8.3 Milk Supplementation Program

Table 31

	Overall Coverage (%)	Tot. Treated
Eastern Health		
- Kadavu	3%	12
- Lakeba	4%	15
- Vanuabalavu	2%	8
- Rotuma	3%	10
- Lomaiviti	5%	24
Central Health		
- Rewa	15%	48
- Tailevu	25%	68
- Naitasiri	34%	70
- Navua	31%	40
- Suva	19%	55
Western Health		
- Nadroga/Navosa	14%	59
- Nadi	7%	54
- Lautoka/Yasawa	19%	37
- Ba	55%	109
- Tavua	31%	32
- Rakiraki	31%	48
Northern Health		
- Cakaudrove	13%	216
- Bua	7%	55
- Macuata	17%	415
- Taveuni	9%	78
TOTAL		

8.4 Child Health: Nutritional Status

Table 32

	Overweight		Normal		Mild U/Wt		Mod. U/Wt		Sev. U/Wt	
	0 - <1yr	1 - 6 yr	0 - <1yr	1 - 6 yr	0 - <1yr	1 - 6 yr	0 - <1yr	1 - 6 yr	0 - <1yr	1 - 6 yr
Central Health	5335	1094	11039	4003	1631	747	257	102	27	3
Eastern Health	282	461	1064	1531	1602	1700	8	15	0	0
Northern Health	1140	281	2542	1005	320	292	16	23	4	15
Western Health	1607	405	3868	1798	2057	1827	516	608	103	89
TOTAL	8364	2241	18513	8337	5610	4566	797	748	134	107

Maternal Health: Hb

Table 33

<i>Hb</i>	≥ 11.0g	9.0 – 10.9g	7.0 – 8.9g	≤ 6.9g	Total
CentEast Health	293	218	31	5	547
CWM Hospital	474	270	229	134	1107
Lautoka Hospital	884	603	89	1	1577
Northern Health	-	575	35	-	610
Western Health	3050	733	74	14	3871
TOTAL	4701	2399	458	154	7712

8.5 In-Patients: Nutritional Status

Table 34

	UNDER WT. (%)	NORMAL (%)	OVERWEIGHT (%)	OBESE (%)	TOTAL
CWM Hospital	20	46	34	18	118
Lautoka Hospital	133	340	415	188	1076
Northern Health	66	931	401	130	1528
Western Health	125	475	201	455	1256
TOTAL	344	1792	1051	791	3978
%	9%	45%	26%	20%	

8.6 Out-Patients: Nutritional Status

Table 35

	UNDER WT.	NORMAL	OVERWEIGHT	OBESE	TOTAL
Eastern Health	9	190	219	354	772
Central Health	118	963	1196	1523	3800
NDC	0	73	196	187	456
CWM Hospital	6	332	-	-	338
Lautoka Hospital	48	467	465	563	1543
Northern Health	462	1214	532	239	2447
Western Health	586	2460	2116	2264	7426
	948	4043	3054	3216	11261
%	8.4	36	27	29	

SECTION 9.0: ORAL HEALTH

The department of Oral Health provides preventive and curative services at primary, secondary and tertiary levels. Their activities range from oral health promotion to complex oral surgery. There are approximately 180 oral health staff who provide services in 30 health facilities nationally. The team vision is: *“enhanced quality of life of all people in Fiji through improved oral health”* through a mission statement of: *“to provide quality healthcare services within an enabling environment, delivered by adequately trained and skilled personnel with the involvement of stakeholders for the attainment and maintenance of good oral health”*

Table 36: Dental Statistics

	2009	2010	2011	% Δ 2010/2011
Total attendees (static clinic)	161 899	160 344	104 041	35% decrease in attendance
Total revenue (\$)	312 549	308 326	735 443	139% increase in revenue collected
Total Conservative Treatment	43 559	39 448	29 152	26% decrease in treatment
Total Preventive procedures	67 540	70 546	72 559	3% increase in treatment
Total treatment done in schools	50 840	86 014	46 196	46.3% decrease in treatment

Highlights for the oral health department:

- The revised dental charges under the Public Health & Dispensaries (Amendment) Regulations 2010 resulted in higher costs imparted to patients and a 54% decrease in attendance. Patients are presenting late resulting in fewer preventive and conservative treatments imparted to them.
- The 2011 National Oral Health Survey was carried out after a period of seven years to assess the current oral health status of the population.
- The Trade Standard (Toothpaste Standard) Order 2011 was adopted and outlines the availability of fluoridated toothpaste in Fiji. Cabinet granted approval after extensive consultations with relevant stakeholders and on the recommendation of the Honourable Minister for Health.
- The national fluoridation of water supplies has been implemented with the cooperation of the Water Authority of Fiji (WAF). The initial phase was commenced at the Wailoku treatment plant with a roll out to other reticulated water supplies in Suva.
- The oral health services joined the divisional Specialist Outreach programmes to the rural and maritime areas.
- Oral health promotion programmes continued to be strengthened with all clinics conducting trainings with village Health Workers, teachers and parents to promote good oral practices. The National Oral Health Week was launched in Vuna Village, Taveuni with community involvement.
- The oral health unit continued to promote private public partnerships with organizations like Colgate and the Bank of the South Pacific to take services to the needy and marginalized communities in rural, peri-urban settlements and villages.
- An internal audit was carried out to efficiently manage stocks and ensure optimal stock control
- The Office of the National Advisor Oral Health was relocated to the Colonial War Memorial Hospital Dental Clinic and reclassified as Chief Dental Officer – CWMH during the month of August.

- The dental unit was successfully able to respond to the SFCCO requirements on the two KPI's:
 - 30.2.2.1 Implement Oral Health Promotion programmes
 - 26.1.1.4 Exemption of dental fees for children under 15 years of age
- The CWMH dental clinic was reopened in March after undergoing three months of refurbishment and upgrading. The generosity of the Bank of the South Pacific enabled the patient waiting room to be renovated.
- The oral health unit prepared a submission to the Public Service Commission for a review of the human resource status in the oral health department, based on the demand for oral health services, service specialities, increased populations and the need for more officers.
- The dental unit received thirteen new units for various clinics around the country.

SECTION 10.0: RISK MANAGEMENT

10.1 Sentinel Events

It is now well known that medical errors occur in all healthcare systems world-wide. Even though healthcare is provided by highly trained, hardworking, intelligent and dedicated professionals, errors are still unintentionally committed that can result in medical harm or death to patients.

In response to this the MOH has invested significant financial resources through the establishment of Risk Managers to facilitate patient safety programs in each of the three divisions to enhance the development and implementation of systems and processes to drive the improvement of quality and safety in healthcare.

The Risk Management program with its clinical incident management program is well established and is firmly embedded in the clinical governance framework of the ministry. In addition a systems approach has been adopted which includes a culture of learning from mistakes to improve patient safety, as opposed to interrogation and blaming individuals for errors to improve reporting of sentinel events.

The total number of sentinel events reported from hospitals and community health facilities was twenty eight (28) for the year 2011. Twenty eight (28) RCA investigations were undertaken and arising from the investigations were seventy nine (79) recommendations of which 87% of the RCA recommendations were implemented.

The leading category of sentinel events was in relation to complications to emergency care and hospital process issues such as delayed referral. This was followed by maternal deaths.

Table 37: Notified & Confirmed Sentinel Events for the Divisions & Sub divisional Hospitals including % of Events that resulted in Death for 2011

Hospital/ Facility	NO. Of Sentinel Reported	NO.RCA investigations undertaken	No. of Sentinel Events that resulted in Deaths	NO. of Recommendations arising from RCA reports	No. of Recommendations Implemented
CWM Hospital	0	0	-	-	-
Labasa Hospital	1	1	0	4	0
Lautoka Hospital	10	10	10	21	100%
Sigatoka Hospital	1	1	1	4	100%
Tavua Hospital	2	2	2	6	100%
Ba Mission Hospital	1	1	1	4	100%
Nadi Hospital	1	1	1	4	100%
Rakiraki Hospital	1	1	1	2	100%
Korovou Hospital	1	1	1	5	90%
Levuka Hospital	1	1	1	2	100%
Nausori Health Center	1	1	1	3	100%
Taveuni Hospital	6	6	6	19	74%
Vuna Health Center	1	1	1	3	70%
Savusavu Hospital	1	1	1	2	100%

Table 38: Category of Sentinel Events Reported in 2011

Category of Sentinel Event	Lautoka Hospital	CWM Hospital	Labasa Hospital	WHS	NHS	C/East HS	Total
Complication on Emergency Management	1	-	-	2	2	3	8
Maternal Death	3	-	-	2	2	-	7
Fetal Complication of delivery (including neonatal death)	0	-	-	-	1	-	1
Hospital process issue (eg; failure to access timely & assess timely and appropriate care given, poor planning).	3	-	1	2	2	-	8
Complications of surgery (including post-operative death)	3	-	-	-	-	-	3

10.2 Contributing Factors

Contributory factors are actions (or root causes) that have played a role in the development of an incident or increased occurrence of a risk. In reference to the leading incident type, Treatment/Test/Procedure, the most common contributory factors were caused by the lack of knowledge and skills, procedures not being followed and unavailability of procedures.

During the process of an RCA investigation, contributory factors are identified and RCA recommendations are developed to address them to prevent a similar incident from occurring. Contributory factors are actions (or root causes) that have played a role in the development of an incident or increased occurrence of a risk therefore Reports on contributory factors are essential because they identify the causal elements that allowed an incident to occur.

In reference to the leading incident type, Treatment/Test/Procedure, the most common contributory factors were caused by the lack of knowledge and skills, procedures not being followed and unavailability of procedures.

This was followed by Policy/ Procedure; the contributory factors were related to unavailability of policy and staff not following policy. Documentation contributory factors were related to insufficient documentation and Equipment contributory factors were related to equipment not available.

Communication contributory factors were all due to insufficient communication between clinicians. Delay in Process contributory factors was related to delays in referral and general staffing issues. Lastly, issues related to oxygen, nutrition and Infection control were all one off situations.

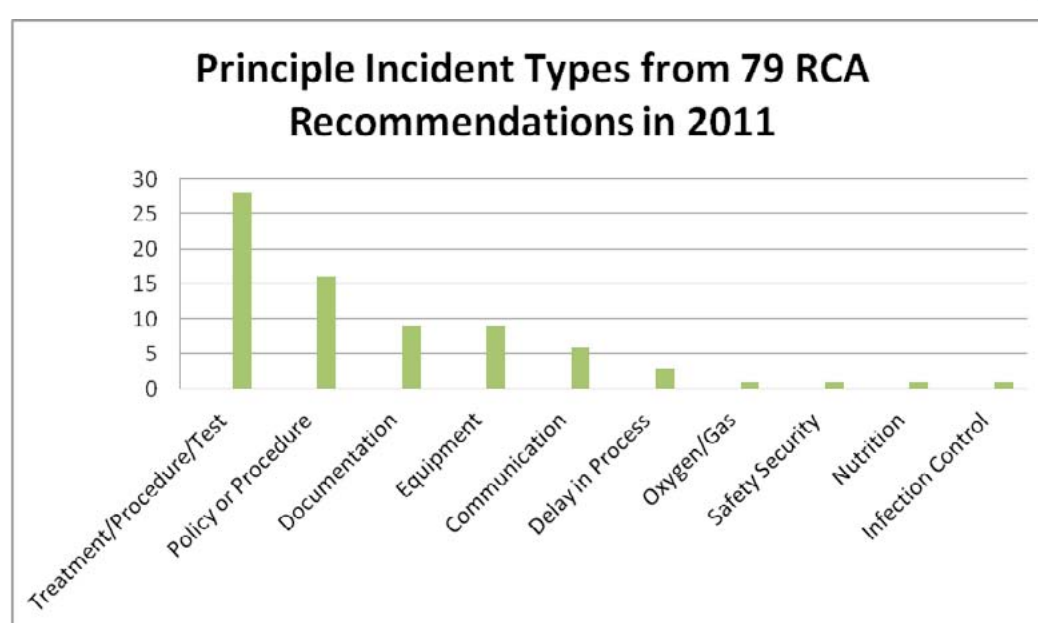
10.3 Principal Incident Types

Each of the 79 recommendations was classified by a principal incident type based on the Ministry of Health Unusual Occurrence reporting form. Of the 26 principal incident types on the Unusual Occurrence reporting form, a total of six appeared most frequently. They were: Treatment/Test/Procedure; Policy or Procedure, Equipment, Documentation Communication, and Delay in Process.

The leading principal incident type identified in the RCA recommendations were Treatment/Test/Procedure followed by Policy or Procedure. Documentation and Equipment was followed by Communication and Delay in Process.

Frequency of these incident types is displayed below:

Figure 21: Principle Incident Type



10.4 Quality Improvement

There has been significant quality improvement processes put in place from RCA recommendations. We are constantly reviewing standards of practice, up skilling of clinicians, capacity building at all levels to ensure the quality of care for patients is optimized with reduced risk to patients, visitors and staff.

Follow up processes of RCA recommendations have now standardized and have been introduced in 2012 to ensure improved rates of implementation of RCA recommendations. In addition, all RCA reports are forwarded to the principle administrator health systems standards for editing, monitoring and evaluation follow up.

Sources for RCA investigations:

- Clinical Indicators
- Reported clinical incidents
- Morbidity & Mortality meetings
- Quality Assurance
- Clinical Audit
- Point Prevalence Survey

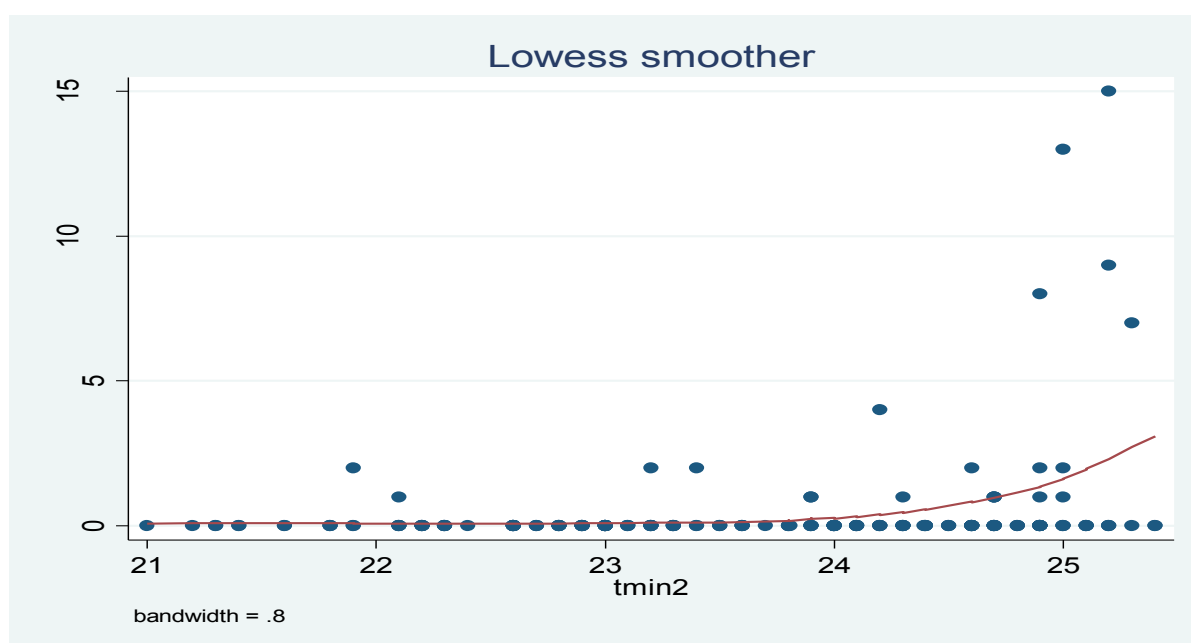
SECTION 11.0: Climate Change

The Piloting Climate Change Adaptation To Protect Human Health Project (PCCAPHH) project aims to strengthen the capacity of the health sector to respond effectively to climate-sensitive communicable diseases like dengue and typhoid fever, leptospirosis and diarrhoeal illnesses, especially outbreaks following hydrometeorological disasters like floods and droughts.

The overall goal for 2011 was to undertake multi-disciplinary climate-sensitivity analysis to identify areas most vulnerable to the climate impacts on health. Results show that different diseases have different sensitivities to climate conditions in different locations in Fiji. Full results can be found in the “Climate-Sensitive Infectious Diseases in Fiji: 2011 Summary Report of the PCCAPHH Fiji project”.

In summary, in the Bua, Ba and Suva sub-divisions, diseases are the most sensitive to average climate conditions (e.g. rainfall, maximum temperature, minimum temperature and humidity) with lags of one or two months. In other words, disease outcomes are determined by climate conditions in preceding months. For example, in the Bua sub-division, monthly dengue cases rise after average minimum monthly temperatures are sustained over 24°C for two months, as shown in Fig. below.

Figure 22: The threshold effect of Minimum Temperature on Dengue in the Bua Sub-Division



Thus, the project has established statistically significant relationships between the diseases and climates in various sub-divisions in Fiji.

In addition to the climate-sensitivity analysis, the Epidemiologist and some staff at the Centre for Communicable Disease Control were trained to use STATA, a software for statistical analysis. Geographical Information System (GIS) software was also installed in these units. Partnerships were built with the Fiji Lands Department for GIS capacity building and the Fiji Red Cross for implementation of health adaptation activities in vulnerable communities. Health and other sectors were sensitized, at various fora, about the impacts of climate change on human health. The PCCAPHH project also contributed to the development of Fiji's National Climate Change Policy.

SECTION 12.0: Human Resource Management and Research

The following is the staff establishment for the MoH for 2011:

Table 39 : Staff Establishment Status as at 31/12/2011

Cadres	2011		
	Approved No.	No. Filled	No. Vacant
Medical Officers [MD01 - MD06]	425	353	72
Medical Assistants [MD07]	9	6	3
Nursing [NU01 – NU06]	2056	1941	115
Orderlies [NU07 – NU08]	71	58	13
Dental Officers [DE01- DE03]	51	49	2
Para-Dental [DE03 – DE04]	150	132	18
Laboratory Technicians [HW02 – HW07]	130	121	9
Radiographers [HW02 – HW06]	67	60	7
Lab/Xray Assts [HW06]	10	7	3
Physiotherapists [HW02 – HW06]	35	34	1
Dieticians [HW01 – HW06]	56	46	10
Pharmacists [PH01 –PH05]	86	62	24
Environmental Health [HW01 – HW06]	119	111	8
Administrative Staff [SS01 – SS05]	162	122	40
Accounting Staff [AC01 – AC04]	20	15	5
Secretary/Typist [SS03 – SS05]	52	36	16
Telephone Operator [SS05]	10	8	2
Statisticians [SS02 – SS05]	13	9	4
Information Technology Staff [IT03 – IT07]	9	6	3
Stores Officers [SK01 – SK05]	31	21	10
Upper Salaried Staff [US01-US04 & HR02]	17	13	4
Bio-Medical Staff [ES02 – ES06]	10	5	5
Other Classifications*	41	21	20
Established Staffs Total	3,630	3,236	394
GWE Staffs Total	1,294	849	445
OVERALL TOTAL	4,924	4,085	839

*Other classifications include HR/US(HQ), SS (Info, Officers) Librarians (IR), TG cadre, Bio-Med(ES) and others.

12.1 Industrial Relations department report

For the year 2011, the Ministry received a total of 82 cases of which 75 were closed and the remaining pending cases were with PSC, FICAC and MoH.

Number of Case received	82
Pending Cases	4
FICAC Case	3
Number of Closed Case	75

Table 41

IRD CASES FOR 2011	
1.0 Late Arrival/Poor Attendance	13
2.0 Appeal for Reinstatement	11
3.0 Unethical Behaviour	14
4.0 Misappropriation of funds	10
5.0 Insubordination	1
6.0 Theft	1
7.0 Personal Grievances	2
8.0 Tempering with medical certificate	1
9.0 S/Harassment/extra marital affairs	6
10.0 Fraudulent activities	5
11.0 Lost Item	1
12.0 Poor Performance	14
13.0 Misconduct /negligence	3

The training division documented that 247 post service students were allotted the following scholarships and training in the MoH in 2011.

Table 42: Scholarship and Training

(i) Masters

Program	Type of students			Sponsor								
	New	Ongoing	Total	MOH	IAF	WHO	Aus AID	PSC	PEI	Private	TICA	Total
Master in Anesthesia		5	5	5								5
Master in Medicine – Internal Medicine		5	5	5								5
Master in Medicine Pediatrics		3	3	3								3
Master in Medicine Obs & Gynae		5	5	5								5
Master in Medicine Surgery		9	9	9								9
Master in Public Health		2	2	2								2
Master in Nursing Science		1	1								1	1

Table 43**(ii) Post Graduate Diploma**

Program	Type of students			Sponsor								
	New	Ongoing	Total	MOH	IAF	WHO	AusAID	PSC	PEI	Private	TICA	Total
Post Graduate Diploma in Anesthesia		2	2	2								2
Post Graduate Diploma in Internal Medicine		3	3	3								3
Post Graduate Diploma in Obs & Gynae		3	3	3								3
Post Graduate Diploma in Surgery		4	4	4								4
Post Graduate Diploma in Public Health		1	1							1		1
Diploma in Dental Therapy		1	1	1								1
Diploma in Dental Technology		3	3	3								3
Diploma in Ophthalmology		7	7						7			7

Table 44
(iii) Bachelor

Program	Type of students			Sponsor								
	New	Ongoing	Total	MOH	IAF	WHO	AusAID	PSC	PEI	Private	TICA	Total
Bachelor in Imaging Science		3	3	3								3
Bachelor in Physiotherapy		11	11	4						7		11
Bachelor of Environmental Health		5	5	5								5
Bachelor in Pharmacy		2	2	2								2
Bachelor in Medical Laboratory Science		3	3	2						1		3
Bachelor of Nursing Science		24	24	24								24
Post Graduate Diploma in Midwifery		45	45	45								45
Post Graduate Certificate in Mental Health		12	12	12								12
Post Graduate Advanced Diploma in Nursing (NP)		12	12	12								12

Table 45
(iv) Certificate

Program	Type of students			Sponsor								
	New	Ongoing	Total	MOH	IAF	WHO	AusAID	PSC	PEI	Private	TICA	Total
Certificate in Health Service Management		6	6	6								6
Certificate in Community Development & Rehabilitation		29	29	29								29
Certificate in Phlebotomy		10	10	10								10
Trade Diploma in Front Line Management		31	31				31					31

SECTION 13.0: RESEARCH

A key event for the research unit this year was strengthening capacity building through Research Trainings and Workshops in a collaborative effort with the Research Department of the Fiji National University's, College of Medicine and Health Sciences, WHO, WPRO and the Pacific Human Resources for Health Alliance. Through these collaborative efforts, the following Research Trainings were successfully conducted.

- i. Medical Interns and Supervisors Training on Health Research Methodologies at the Lautoka and Labasa Hospitals, facilitated, supported and co-funded by the Ministry of Health's Research Unit and College of Medicine and Health Sciences Research Department;
- ii. Two (2) research training workshops for selected Ministry of Health Staff from the Northern, Central and Western Division on Research Proposal Writing; Writing for Publication and data Analysis & Basic Statistics, facilitated, supported, and co-funded by the Ministry of Health's Research Unit and College of Medicine and Health Sciences Research Department;
- iii. Expert Consultation on Improving Health Research Management, Governance and Data Sharing in the Western Pacific Region, coordinated and supported by WHO, WPRO Office in Manila, Philippines,;
- iv. Operational Research Methods Module 1 Training on Research Protocol Development facilitated by the International Union Against Tuberculosis and Lung Disease, coordinated and supported by Global Funds Grant Management Unit and College of Medicine and Health Sciences, Fiji National University and;
- v. Human Resource for Health Tools Training supported and facilitated by WHO, WPRO and Pacific Human Resources for Health Alliance which focused on the development of capacity to analyze and provide policy support in the area of human resources among the Ministry of Health Staff and relevant stakeholders.

Table 46 : Research Register

	NHRC/ FNRRRC No.	Title of Research	Organization	Proposed Funder		Approval Status
				Internal/Local	External	
1	2011-001	Prevalence of Metabolic Disease in Fijian Indian Women living in New Zealand and Fiji: A feasibility study	Masters Student – Auckland University		University of Auckland	Approved_FNRRRC
2	2011 002	A Baseline Study on "Understanding HIV and AIDS risk and Vulnerability among Adolescents and Young People in Fiji".	UNICEF		UNICEF	To be processed, pending submission of other required documents
3	2011 003	Research Sampling on Persistent Organic Pollutants (POPs) using Human Breast Milk for the Global Monitoring Plan Project	Dept of Environment		UNICEF	To be processed, pending submission of other required documents
4	2011 004	Carries Experience and Body Mass Index (BMI) Among 12 year Olds in Suva, Fiji	CMNHS Student-Dept of Health Sciences	CMNHS		Approved_NHRC
6	2011 005	Patients Compliance to Anti-TB (treatment) Drugs At Santo Hospital in Vanuatu	CMNHS Student			Referred to CMNHS – Regional Student
7	2011 006	Prevalence of Diabetes Nephropathy in Labasa Hospital	CMNHS Student	CMNHS		Approved_NHRC
8	2011 007	Prevalence of Patients Onhaemodialysis in Fiji	CMNHS Student	CMNHS		Approved_NHRC
9	2011 008	Patient Views about Waiting Time at Outpatient Pharmacy of Solomon Islands National Referral Hospital	CMNHS Student			Referred to CMNHS – Regional Student

11	2011 009	Patient Knowledge and Compliance with Antibiotic Therapy at Outpatients Pharmacy, CMNH Hospital, Suva	CMNHS Student	CMNHS		Approved_NHRC
12	2011 008	Patient Counseling Provided to Parents by Pharmacists, is it Sufficient for Identifying Antibiotic Allergies in Children	CMNHS Student	CMNHS		Approved_NHRC
13	2011 011	Are Retail Pharmacists in the Dental Division, Aware of Certain Glucose Lowering Foods Available in Fiji for the Co-Management of Type 2 Diabetes?	CMNHS Student	CMNHS		Approved_NHRC
14	2011 012	Prevalence of Hypertension amongst Fijians and Indo-Fijians in Suva area from 2009 - 2010	CMNHS Student	CMNHS		Approved_NHRC
15	2011 013	Compliance of Benzothiazene in Children with Rheumatic Fever (RF) and Rheumatic Heart Disease (RHD) in Colonial War Memorial Hospital (CWMLH)	CMNHS Student	CMNHS		Approved_NHRC
16	2011 014	Intentional Use of Tropical Antimicrobials in Suva	CMNHS Student	CMNHS		Approved_NHRC
17	2011 015	Counseling of Pediatric Patients in CMNH Outpatient Hospital Pharmacy	CMNHS Student	CMNHS		Approved_NHRC
18	2011 016	Compliance to Anti-hypertension Treatment at Lauvata Hospital	CMNHS Student	CMNHS		Approved_NHRC
19	2011 017	One Year Evaluation of Recreations Planned by Students during a Community Outreach Program	CMNHS Student	CMNHS		Approved_NHRC

21	2011-024	Oral Health status and treatment Needs of Nursing Home Residents in Suva	CHMHS Student	CHMHS		Approved_MHRC
26	2011-020	Structive Research: A Baseline Study on STUHM and AIDS Knowledge, Attitudes and Practice among Street Children in Fiji	FSM		SPC	Assisting Ethics Approval_PMLERC
27	2011-021	Leadership at Lauvaka hospital: trends and challenges	Self-Funded			Approved - Data request for Presentation Purposes
28	2011-022	Prevalence of Cervical Cancer among women seen at the DDFM clinic from 2010-2010	Student-CHMHS	CHMHS		Approved-MHRC
29	2011-023	Characteristics of first admission in 2010: St Giles Psychiatric Hospital, Suva, Fiji	Student-CHMHS	CHMHS		Approved-MHRC
30	2011-024	Colonial War Memorial Hospital Clinical Waste Management audit	Student-CHMHS	CHMHS		Approved-MHRC
31	2011-025	Variation in weather patterns and the incidence of dengue in Fiji	Student-CHMHS	CHMHS		Approved MHRC
32	2011-026	Mental stress and coping skills among residents of Bulidatuman and the nearby settlements namely Maduga, Qdenwa and Vailaba between the January and February 2011 flooding.	Student-CHMHS	CHMHS		Approved_MHRC
33	2011-027	Knowledge, Attitude and Practice of Hand Washing amongst residents of Suva settlement for 2011	Student-CHMHS	CHMHS		Approved_MHRC
34	2011-028	Determine the factors that affect the Microbiological Quality of Refrigerated Meat in Butcher Shops within the Suva Area	Student-CHMHS	CHMHS		Approved_MHRC
35	2011-029	"Obesity amongst Primary school students in Suva"	Student-CHMHS	CHMHS		Approved_MHRC
36	2011-030	"Socio-cultural and socioeconomic influences on the diets of Fijian & Indo-Fijian infants"	"Soc Research Fellow-CHMHS/Decoding"	CHMHS		Approved_MHRC

37	2011 DB1	"Strain Typing of <i>Mycobacterium tuberculosis</i> isolates in CWM Hospital from January to June, 2011"	Student_CMMHS	CMMHS		Due to time constraints, research was called off by CMMHS.
38	2011 DB2	"Awareness level of transmission transmitted infections (Tb) in blood donors about blood donation at CWM Hospital"	Student_CMMHS	CMMHS		Due to time constraints, research was called off by CMMHS.
39	2011 DB3	"Incidence of nosocomial pneumonia lab based in newborn from 2008 to 2010 in Colonial War Memorial Hospital"	Student_CMMHS	CMMHS		Due to time constraints, research was called off by CMMHS.
40	2011 DB4	"Thyroid disorders presenting at Biochemistry Laboratory, CMMH from 2008 – 2010"	Student_CMMHS	CMMHS		Due to time constraints, research was called off by CMMHS.
41	2011 DB5	Trend of Leukemia in Paediatrics at CWM Hospital from 2000 - 2010	Student_CMMHS	CMMHS		Due to time constraints, research was called off by CMMHS.
42	2011 DB6	"Infertility amongst Patients seen at Ovarian Clinic from 2008 - 2010"	Student_CMMHS	CMMHS		Due to time constraints, research was called off by CMMHS.
43	2011 DB7	Breast Related Pathologies in women visiting the Vaidya Health Center between 2008-2010: A case study	Student_CMMHS	CMMHS		Due to time constraints, research was called off by CMMHS.
44	2011 DB8	Transmission and Assessment Survey administered by National Programme to Eliminate Lymphatic Filariasis in Western Division, Fiji	Student_CMMHS	CMMHS		Approved_MHRC
45	2011 DB9	Sodium in Fiji: Assessment of intake	Student_CMMHS	CMMHS		Approved_MHRC
46	2011 DB0	Developing a toolkit to measure the effectiveness of development activities which target or include people with disabilities: Rapid Assessment of Disability	Staff-Moh1_P01		AusAID Australian Development Research Awards (ADRA).	Approved_MHRC

47	2011 DM1	Serologic Assessment of Vaccinated Individuals One Year Post-Vaccination with the Typhoid V5 Polysaccharide Vaccine, Republic of Fiji Islands, 2011	Centers for Disease Control and Prevention (CDC), Atlanta, GA, USA		WHO-UNEP and CDC Global Immunization Division (GID)	PHIRBC: awaiting ethical approval
48	2011 DM2	"Integrated Biological Behavioral Surveillance Survey and Population Size Estimation of Sex Workers in Fiji: HIV Prevention Project"	New Zealand		UNAIDS Pacific Office	PHIRBC: awaiting ethical approval
49	2011 DM3	"Perinatal Aortic: Investigating Presentable causes of Perinatal and Neonatal mortality in Lautoka, Fiji: Implications for Human Resources and Health Systems"	Staff-MoH, Lautoka Hospital		UNESW	Approval_MHBC
50	2011 DM4	"Perinatal Aortic: Investigating Presentable causes of Perinatal and Neonatal mortality in Lautoka, Fiji: Implications for Human Resources and Health Systems"	Staff-MoH, CMHMH		UNESW	Approval_MHBC
51	2011 DM5	The social implications of Lifestyle Disease: Diabetes and Indigenous Fijian families.	Student_USP (Phd)	USP		Awaiting full submission before related to MHBC for approval
52	2011 DM6	"The incidence and correlation of scabies with climatic parameters in three locations in Fiji and its prevalence in the context of climatic variability and change"	Student_USP(Msc)	USP		Under review/for amendment process
53	2011 DM7	The social implications of Lifestyle Disease: Diabetes and Indigenous Fijian families.	Student_USP (Msc)	USP		Under process_MHBC review/ amendment
54	2011 DM8	"Prevalence of Bacterial vaginosis, Trichomonas vaginalis and Candida albicans infection and its implications in cervical intra epithelial changes in pregnant women and the newborn"	Student- Charles Stuart University (Phd)		Charles Stuart University (Phd)	Under process_PHIRBC review/ amendment
55	2011 DMQDM4	Gonorrhoal Urethra Syndrome In Fiji - A 15 Year Retrospective Review	Staff_MoH/MH		Global Fund- GMI	Approval_MHBC

56	2011 050	Died Squamous Cell Carcinoma Comparing the disease in New Zealand and Fiji Islands	Doctorate Student, University of Otago, NZ		Fellow Scholarship, Faculty of Dentistry, University of Otago	Approved_MHRC	
57	2011 051	"Fig-GANSP Study B – Echocardiographic screening for rheumatic heart disease by nurses in Fig – testing of a training module."	Centre for International Child Health, University of Melbourne		Mentees of School of Health Research	Under process_MHRC	review/amenagement
58	2011 052	"Rising climate change adaptations to protect human health in Fig."	Scarf PCCM/PH-Climate Change/MHRC/MoH		Global Environment Facility (GEF)	Approved_MHRC	
59	2011 053	Climate Change in the Health and Water Sectors: Vulnerability Assessment and Adaptation Linkages	Scarf-MoH Medical Center for Epidemiology & Population Health		Australian Development Research Awards – AusAID funding	Assessing submission of 1. proposal 2. PHE/EC: from 3. 3. CV of the researcher in order to progress processing	
60	2011 054	Prevalence of Ancient Anemole to Interventions	Scarf_MoH/MHRC		Global Fund-GMII	Approved_MHRC	
61	2011 055	"Perception of Tuberculosis patients on the quality of health service delivery received during anti-tuberculosis treatment in Fig."	Fiji Med Cross Society		Global Fund-GMII	Approved_MHRC	
62	2011 056	"The practice, quality and results of sputum smear examination for the diagnosis of Tuberculosis (TB) in Fig."	Scarf-MoH_MTP		Global Fund-GMII	Approved_MHRC	
63	2011 057	"The Prevalence of Diabetes Mellitus (DM) in Registered Tuberculosis (TB) Patients in Fig."	Scarf-MoH_MTP		Global Fund-GMII	Approved_MHRC	
64	2011 058	"Initial loss to follow up in new smear positive PTB: a 30 year observational study in Fig."	Scarf-GM/MS/FMU		Global Fund-GMII	Approved_MHRC	
65	2011 059	"Conformance with School Canteen Guidelines by Primary Schools in the Western Division of Fig"	Scarf-GM/MS/FMU		Global Fund-GMII	Under process_MHRC	review/amenagement

66	2011 060	"The documented burden of tuberculosis in Fiji from 1950 to 2011"	Staff_MoH, HQ		Global Fund-GBU	Approved_NHIC	
67	2011 061	"Impact of Education Initiatives amongst the Community, Village Health Workers and Health Care Workers on Tuberculosis Case Detection in Fiji: 2008-2011"	Staff_MoH, HQ		Global Fund-GBU	Approved_NHIC	
68	2011 062	"Characteristics of People Living with HIV in Fiji"	Staff-CHARTS, FHU		Global Fund-GBU	Under process_NHIC	review/implementation
69	2011 063	Fiji's nurse training outputs during the period 2003-2010: did they meet Fiji's governmental health service requirements?	Staff-CHARTS, FHU		Global Fund-GBU	Approved_NHIC	
70	2011 064	"Trends in Cervical Cancer in Fiji from 2000-2010"	Staff_MoH, HQ		Global Fund-GBU	Approved_NHIC	
71	2011 065	Prevalence of syphilis Amenable to Interventions	Staff_MoH, HQ		Global Fund-GBU	Approved_NHIC	
72	2011 066	Prevalence of Hepatitis B Amenable to Interventions	Staff_MoH, HQ		Global Fund-GBU	Approved_NHIC	
73	2011 067	National Oral Health Survey	Staff-CHARTS, FHU		MoH	Approved_NHIC	

SECTION 14.0: HEALTH STATISTICS

Table 47: Vital Statistics

	2010	2011
Population	893024	901208
Women (15-44yrs)	211514	203,769
Total Live births	22089	20425
Crude Birth Rate /1000 population	24.7	22.7
Crude death Rate /1000 population	6.9	7.39
Rate of Natural Increase	1.8	1.53
Under 5 mortality rate/ 1000 livebirths (0-5 yrs)	17.7	20.95
Infant Mortality rate / 1000 live births (0-12months)	13.1	15.96
Perinatal Mortality (stillbirth and early neonatal deaths/1000 livebirths)	14.3	18.51
Early Neonatal (deaths 0-7days) /1000 livebirths	6.0	6.07
Neonatal Mortality (deaths 0-28days/ 1000 live births	8.0	8.52
Post-neonatal mortality (deaths 1-12 months)/ 1000 live births	5.1	7.51
Maternal mortality ratio /100,000 live births	22.6	39.2
General Fertility rate / 1000 CBA Population	104.4	100.24
Family Planning Protection Rate (per 1000 CBA Population)	31.8	36.5

*Note that perinatal mortality includes fetal deaths, regardless of the age of gestation of baby, which may have implications on survival.

Table 48: Immunization Coverage 211

Immunization Coverage (%) 0-1 yr	2010		2011	
	Number	%	Number	%
BCG	21806	98.7	19633	96.1
OPV0	21775	98.6	19670	96.3
HBV0	22518	101.9	19991	97.9
OPV1	17832	80.7	18632	91.2
Pentavalent1	17854	80.8	18640	91.3
OPV2	17743	80.3	18762	91.9
Pentavalent2	17781	80.5	18749	91.8
OPV3	16943	76.7	18536	90.8
Pentavalent3	17050	77.2	18517	90.7
MR1	13544	71.8	18226	82.5

Table 49: Notifiable Diseases Reported in 2011

No.	Diseases	Total	No.	Diseases	Total
1	Acute Poliomyelitis	0	23	Meningitis	114
2	Acute Respiratory Infection	55736	24	Mumps	26
3	Anthrax	0	25	Plague	0
4	Brucellosis	0	26	Pneumonia	6828
5	Chickenpox	2,602	27	Puerperal Pyrexia	0
6	Cholera	0	28	Relapsing Fever	3
7	Conjunctivitis	10,633	29	Rheumatic Fever	7
8	Dengue Fever	111	30	Smallpox	0
9	Diarrhoea	25,207	31	Tetanus	0
10	Diphtheria	0	32	Trachoma	270
11	Dysentery a) Amoebic	0		Tuberculosis a) Pulmonary*	172
	b) Bacillary	307	33	b) Others*	41
12	Encephalitis	0	34	Typhus	0
13	Enteric Fever a) Typhoid	439	35	Viral Infection	41,158
	b) Para typhoid	0	36	Whooping Cough [Pertussis]	22
14	Fish Poisoning	1,540	37	Yaws	0
15	Food Poisoning	43	38	Yellow Fever	0
16	German Measles (Rubella)	782		Sexually Transmitted Infections	
17	Infectious Hepatitis	174		a) Gonorrhoea	1,192
18	Influenza	20,371		b) Granuloma inguinale	0
19	Leprosy	4		c) Ophthalmia neonatorum	0
20	Leptospirosis	109		d) Lymphogranuloma inguinale	0
21	Malaria	0		e) Soft chancre	0
22	Measles (Morbilli)	12		f) Syphilis	572
				g) Veneral warts	3
				h) Candidiasis	34
				i) Chlamydia	189
				j) Genital Herpes	15
				k) Trichomoniasis	53
				l) PID	1
				m) Congenital Syphilis	20
				n) Herpes zoster	59

Note that table 7.3 is based on: 73% of reports from the Divisions – 70% of Central, 59% of Western, 92% of Northern and 76% of Eastern. TB notifications provided by National TB Programme.

Table 50: Health Service Utilization Statistics – 2011**(i) Divisional and Sub-Divisional Hospital Utilization Statistics**

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed State	Average Length of Stay
1	CWM Hospital	144,561	442	23,798	127,678	79.14	349.8	5.4
2	Navua Hospital	6,763	12	957	2,010	45.89	5.5	2.1
3	Vunidawa Hospital	7,252	23	647	1,873	22.31	5.1	2.9
4	Korovou Hospital	4,535	17	802	2,234	36.00	6.1	2.8
5	Nausori Hospital	25,254	17	2,318	3,334	53.73	9.1	1.4
6	Wainibokasi Hospital	20,500	12	969	3,799	86.74	10.4	3.9
	Sub-total	208,865	523	29,491	140,928	73.82	386.1	4.8
7	Lautoka Hospital	153,686	341	13,449	93,319	74.98	255.7	6.9
8	Nadi Hospital	91,292	75	4,811	15,153	55.35	41.5	3.1
9	Sigatoka Hospital	34,212	58	2,827	9,755	46.08	26.7	3.5
10	Ba Mission Hospital	17,348	55	1,996	5,937	29.57	16.3	3.0
11	Tavua Hospital	25,112	29	1,360	4,271	40.35	11.7	3.1
12	Rakiraki Hospital	5,263	24	1,866	2,836	32.37	7.8	1.5
	Sub-total	326,913	582	26,309	131,271	61.79	359.6	5.0
13	Labasa Hospital	154,160	161	9,575	45,060	76.68	123.5	4.7
14	Savusavu Hospital	14,971	56	1,652	5,905	28.89	16.2	3.6
15	Waiyevo Hospital	11,607	33	1,583	4,199	34.86	11.5	2.7
16	Nabouwalu Hospital	8,540	26	847	2,877	30.32	7.9	3.4
	Sub-total	189,278	276	13,657	58,041	57.61	159.0	4.2
17	Levuka Hospital	24,504	40	1,269	3,163	364.00	8.7	2.5
18	Vunisea Hospital	8,678	22	474	2,050	25.53	5.6	4.3
19	Lakeba Hospital	4,743	12	362	1,054	24.06	2.9	2.9
20	Lomaloma Hospital	5,113	16	152	573	9.81	1.6	3.8
21	Matuku	2,040	5	122	278	15.23	0.8	2.3
22	Rotuma Hospital	3,598	14	159	623	12.19	1.7	3.9
	Sub-total	48,676	109	2,538	7,741	19.46	21.2	3.1
	TOTAL	773,732	1,490	71,995	337,981	62.15	926.0	4.7
	GRAND TOTAL	795,788	1,733	72,898	381,709	60.34	1,045.8	5.2

ii Specialized and Private Hospitals

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed State	Average Length of Stay
1	St Giles Hospital	7,654	136	452	31,604	109.61	149.1	69.9
2	Tamavua/Twomey Hospital	12,496	91	216	11,690	35.19	32.0	54.1
4	Military Hospital		9			0.00	0.0	0
5	Naisirelagi Maternity	1,906	7	235	434	16.99	1.2	1.8
	Sub-total	22,056	243	903	43,728	49.30	119.8	48.4

Note that above tables do not include the figures for RFMF. The reports from January-December are still pending.

Table 51: Morbidity and Mortality Statistics – 2011

(i) Top ten causes of mortality – 2011

No.	Diseases	Total	%
1	Diseases of the circulatory system	2326	35.4
2	Endocrine, nutritional and metabolic diseases	1588	24.2
3	Neoplasms	727	11.1
4	Diseases of respiratory system	375	5.7
5	Certain infectious and parasitic diseases	356	5.4
6	External causes of morbidity and mortality	313	4.8
7	Diseases of the genitourinary system	216	3.3
8	Symptoms, signs and laboratory findings, not elsewhere classified	173	2.6
9	Diseases of the digestive system	146	2.2
10	Certain conditions, originating in the perinatal period	129	2.0

Table 51 Top ten causes of morbidity – 2011

(ii) Top ten causes of Morbidity – 2011

No.	Cause Group	Total Cases	%
1	Diseases of the Respiratory System	4935	8.5
2	Certain Infectious & Parasitic Diseases	4702	8.1
3	Diseases of the Circulatory System	4267	7.4
4	Injury, Poisoning & Certain Other Consequences of External Causes	3646	6.3
5	Certain Conditions Originating in the Perinatal Period	2823	4.9
6	Diseases of the Genitourinary System	2752	4.7
7	Diseases of the Digestive System	2592	4.5
8	Diseases of the Skin & Subcutaneous Tissue	2403	4.2
9	Endocrine, Nutritional & Metabolic Diseases	2377	4.1
10	Neoplasm	1664	2.9

Table 52: Health Status Indicators 2011

Indicator	Achievement 2010	Achievement 2011
Reduced burden of NCD		
Prevalence rate of diabetes (per 1000 population)	1	1
Admission rate for diabetes and its complications, hypertension and cardiovascular diseases (per 1000 admissions)	77.3 ⁹	83.1
Amputation rate for diabetes sepsis (per 100 admission for diabetes and complications)	38.3	43.2
Cancer prevalence rate (per 1000 population)	3	6
Cancer mortality (per 100,000 population)	68.6	80.66
Cardiovascular disease (ICD code I00-I52.8) Mortality rate per 100,000 population	282	239.12
Admission rate for RHD (1000 admission)	2.08	1.71
Motor and other vehicle accidents mortality rate (per 100,000 population)	5.82	5.99
Healthy teeth index (DMFT) – 12 year old	1.4 ¹⁰	1.4 ¹⁰
Began to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases		
HIV prevalence rate among 15-24 year old pregnant women per 1000	3	6
Prevalence rate of STIs among men and women aged 15-24 years per 1000 ¹¹	3	6
TB prevalence rate per 100,000	6	6
Tuberculosis case detection rate	82%	Case detection in 2011 will be reported by WHO in October 2012
TB treatment success rate	67%	This will be reported in 2013
TB death rate	2.68	3.44
Incidence of dengue (per 100,000 pop)	0.89	12.31
Incidence of leptospirosis (per 100,000 pop)	9.85	12.09
Prevalence rate of leptospirosis (per 100,000 pop)	11	6
Incidence rate of measles (per 100,000 pop)	0.89	1.33
Prevalence rate of Leprosy (per 100,000 pop)	11	11
Incidence rate of Gonorrhoea (per 100,000 pop)	132.2	132.9
Incidence rate of Syphilis (per 100,000 pop)	76.5	65.13
Improved family health, reduced maternal morbidity and mortality		
Maternal mortality ratio	22.6	39.2
Prevalence of anaemia in pregnancy at booking	10.7	12.96

⁹ Survey required (to report prevalence). At last NCD STEPS Survey (2002), prevalence was 16%

¹⁰ In the published 2010 report, 36.6 was reported. However, ICD codes [E10.2-E10.8, E11.2-E11.8, E13.2-E13.8, E14.2-E14.8, I00-I52.8] have been used to report this indicator in 2011, hence the 2010 figure has been updated in this report for comparison

¹¹ Survey required to report prevalence

¹² From National Oral Health Survey, 2004

mortality		
Prevalence of under 5 malnutrition	14	14
% of one year fully immunized	71.8	82.5
Under 5 mortality rate/ 1000 births	17.7	20.95
Infant mortality rate (1000 live births)	13	15.96
Improved adolescent health and reduced adolescent morbidity and mortality		
Rate of teenage pregnancy (per 1000 CBA pop)	3.8	2.98
Number of teenage suicides	14	7

Whilst the mortality rate from tuberculosis, cancer and motor vehicle accidents increased slightly in 2011 compared to 2010, the mortality rate from cardiovascular disease decreased. The incidence rates for some of the communicable diseases such as Dengue, Leptospirosis and measles increased in 2011 compared to the previous year. With regards to STIs, the rates of Gonorrhoea remained stable and lower incidence of Syphilis was reported in 2011 compared to 2010. Our skilled birth attendance continues to be above 95%. Half the number of teenage suicides was reported in 2011 compared to the previous year.

SECTION 15.0: OVERSEAS PATIENT REFERRAL 2011

Table 53: Types of cases Assisted for overseas treatment from 2009-2011

NO#	Cases	2009	2010	2011	Total
1	Cardiac	39(47.5%)	45(48%)	97(47.8%)	181(47.9%)
2	Cancer	14(17%)	26(28%)	50(24.7%)	90(23.9%)
3	Kidney	6(7.3%)	2(2%)	7(3.4%)	15(3.9%)
4	Knee/hip replacement	6(7.3%)	11(11.8%)	14(6.9%)	31(8.3%)
5	Tumour	8(9.7%)	4(4.3%)	0	12(3.1%)
6	Eye	9(10.9%)	5(5.3%)	25(12.3%)	39(10.3%)
	Others			10(4.9%)	10(2.6%)
	Total	82	93	203	378

Table 54: Analysis by Diagnosis and associated costs

NO#	Diagnosis	NO#	%	Cost
1	Cardiac	97	47.8	\$592,822.89
2	Cancer	50	24.7	\$183,192.29
3	Kidney	7	3.4	\$28,093.00
4	Knee/hip replacement	14	6.9	\$98,993.32
5	Tumour	0	0	\$54,859.06
6	Eye	25	12.3	\$85,359.19
7	Others	10	4.9	\$20,812.69
	Total	203	100	\$1,064,132.44

SECTION 16.0: Disease Trend Analysis

Figure 23 : Diabetes Cases from 2000-2011

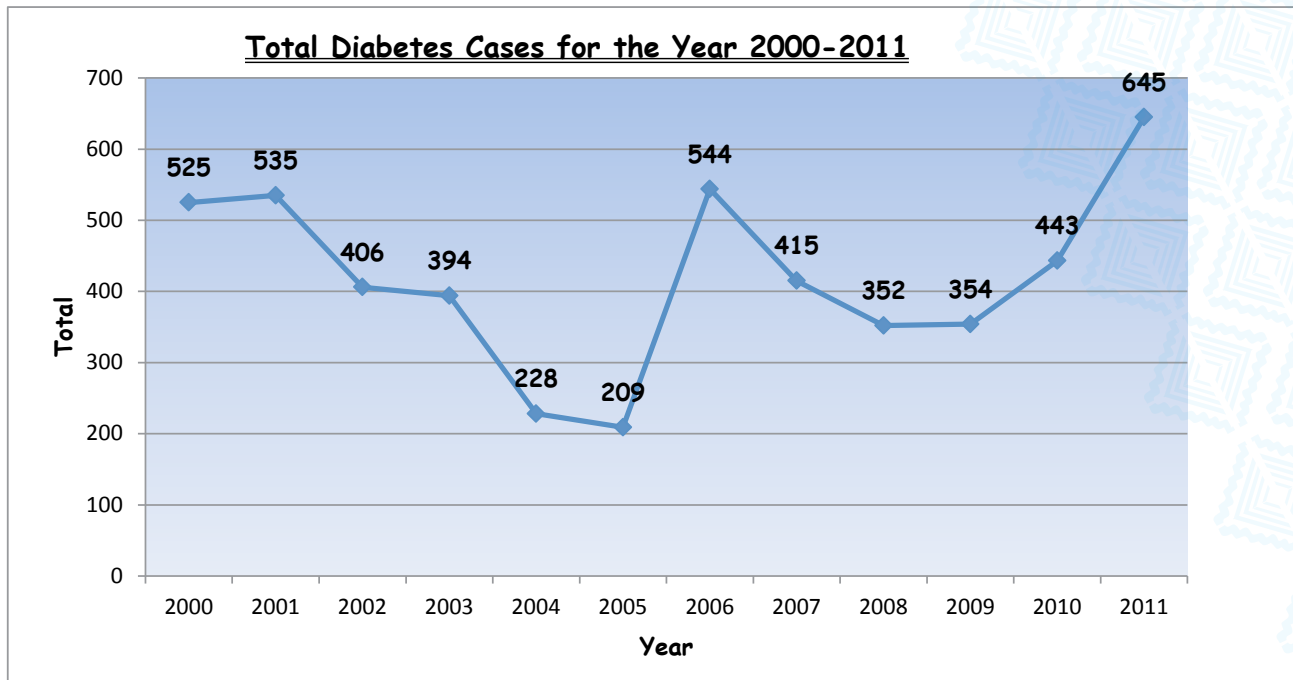


Figure 24: Cancer Cases from 2000-2011

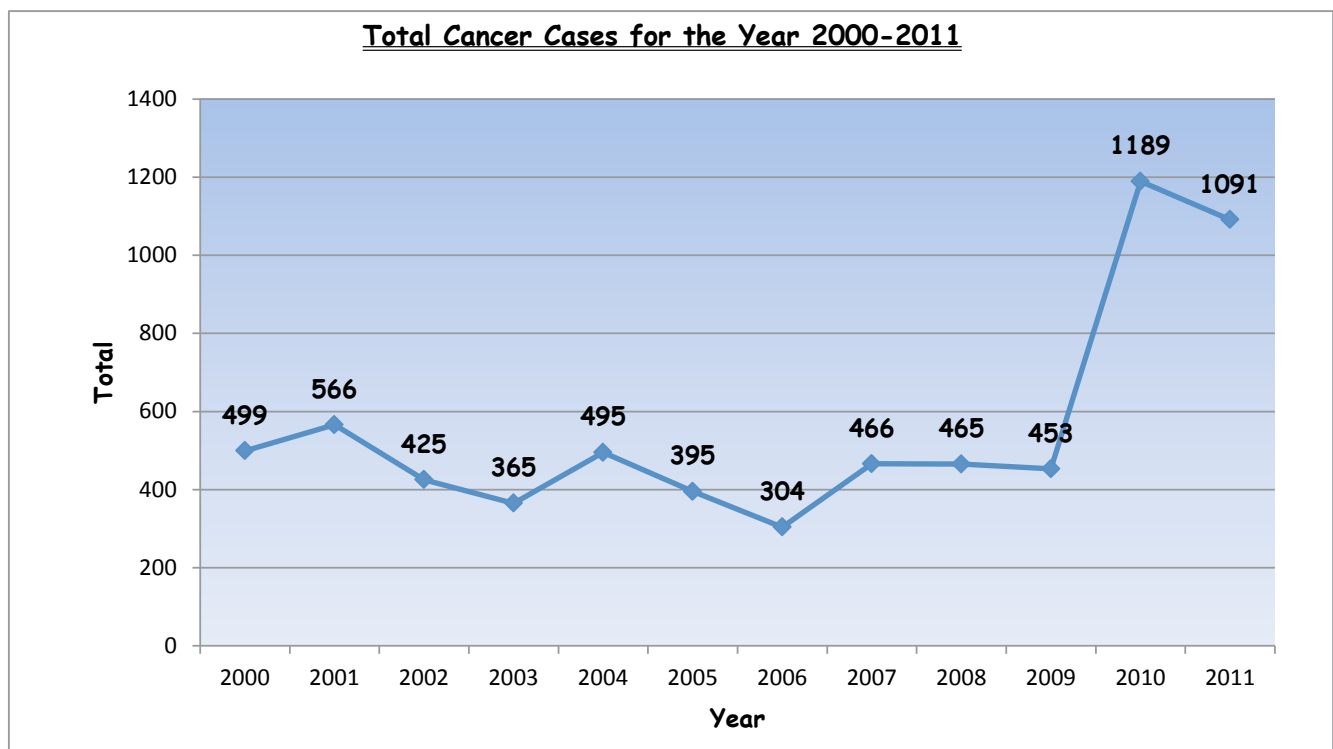


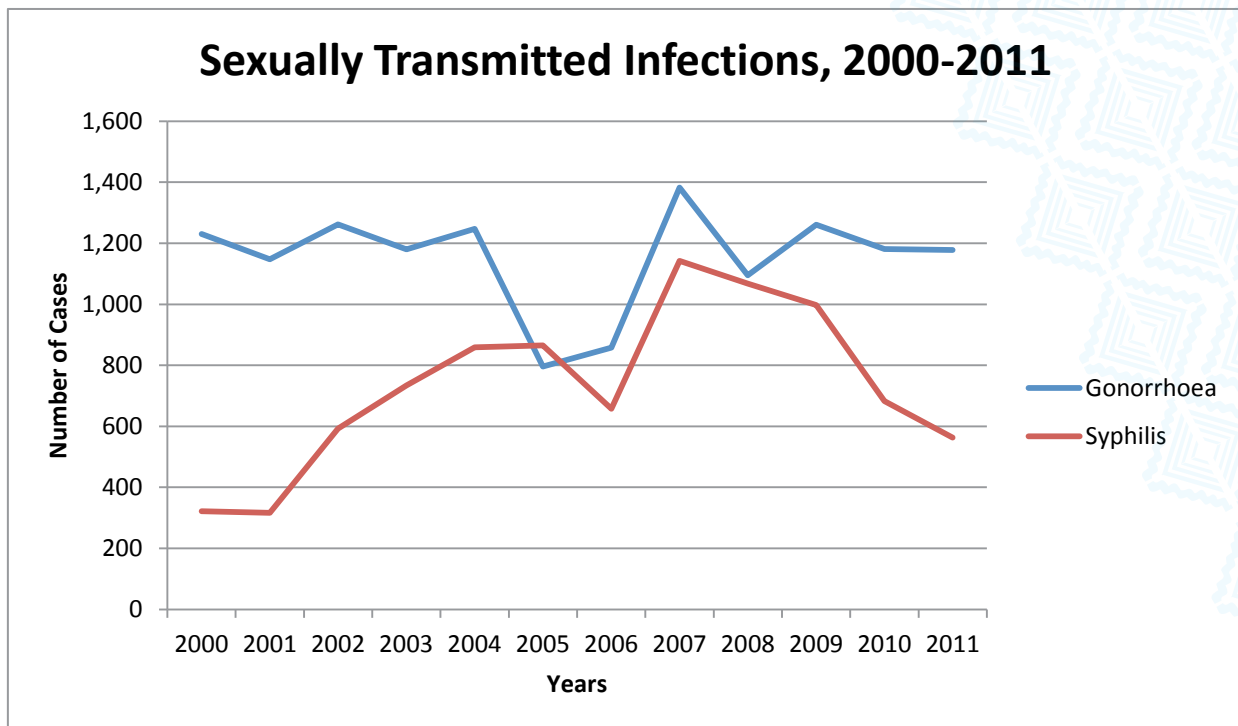
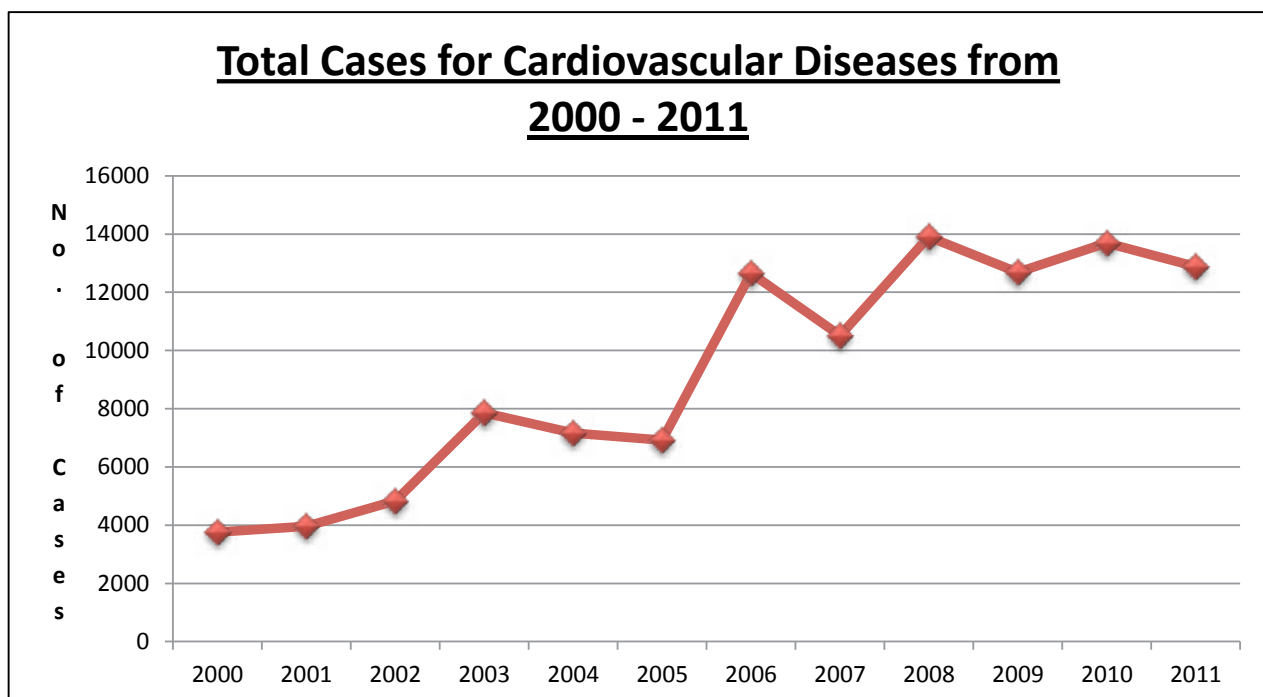
Figure 25: Sexually Transmitted Infection Cases from 2000-**Figure 26: Cardiac Related Cases from 2000-2011**

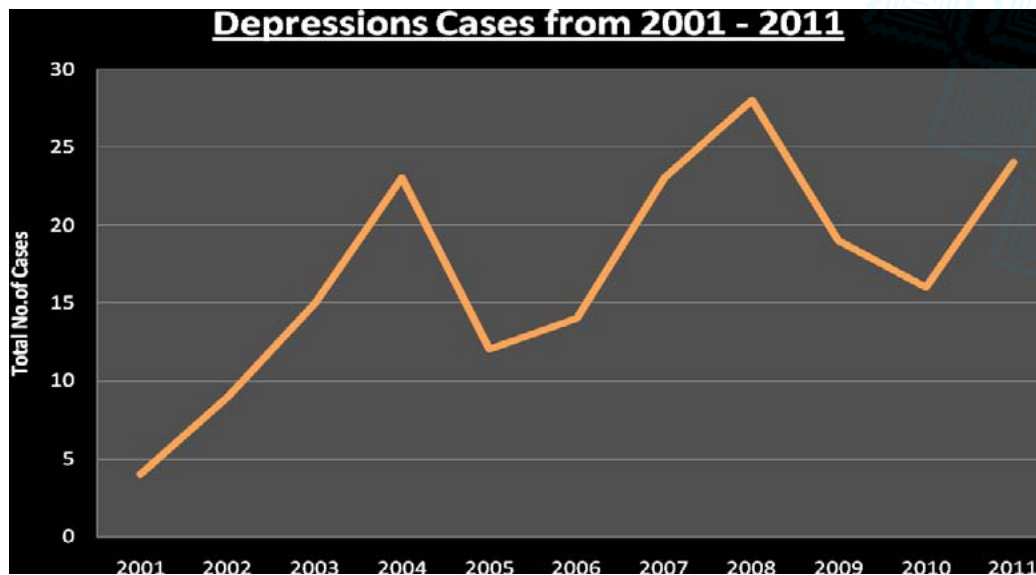
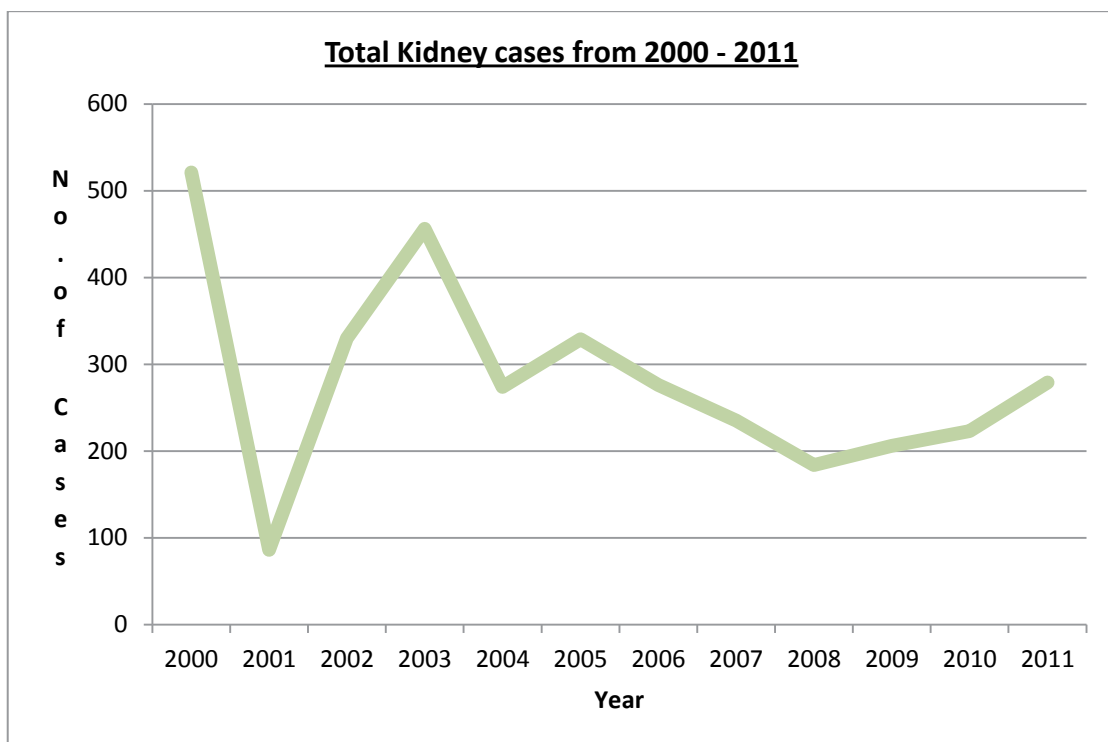
Figure 27: Depression cases from 2001-2011**Figure 28: Kidney cases from 2000-2011**

Figure 29: Typhoid cases from 2000-2011

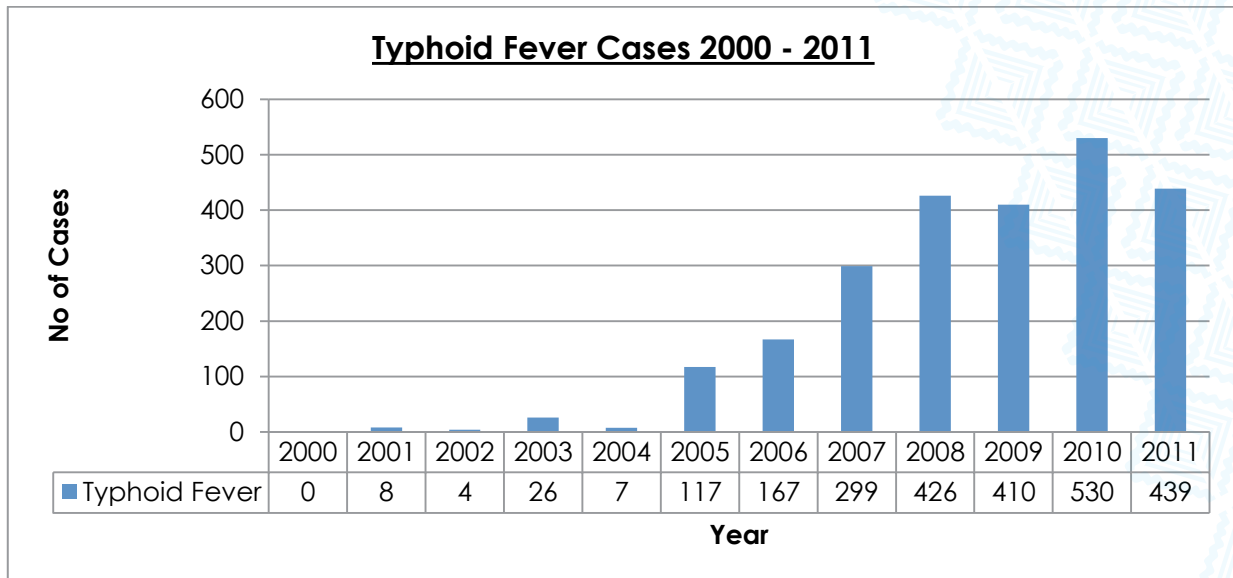
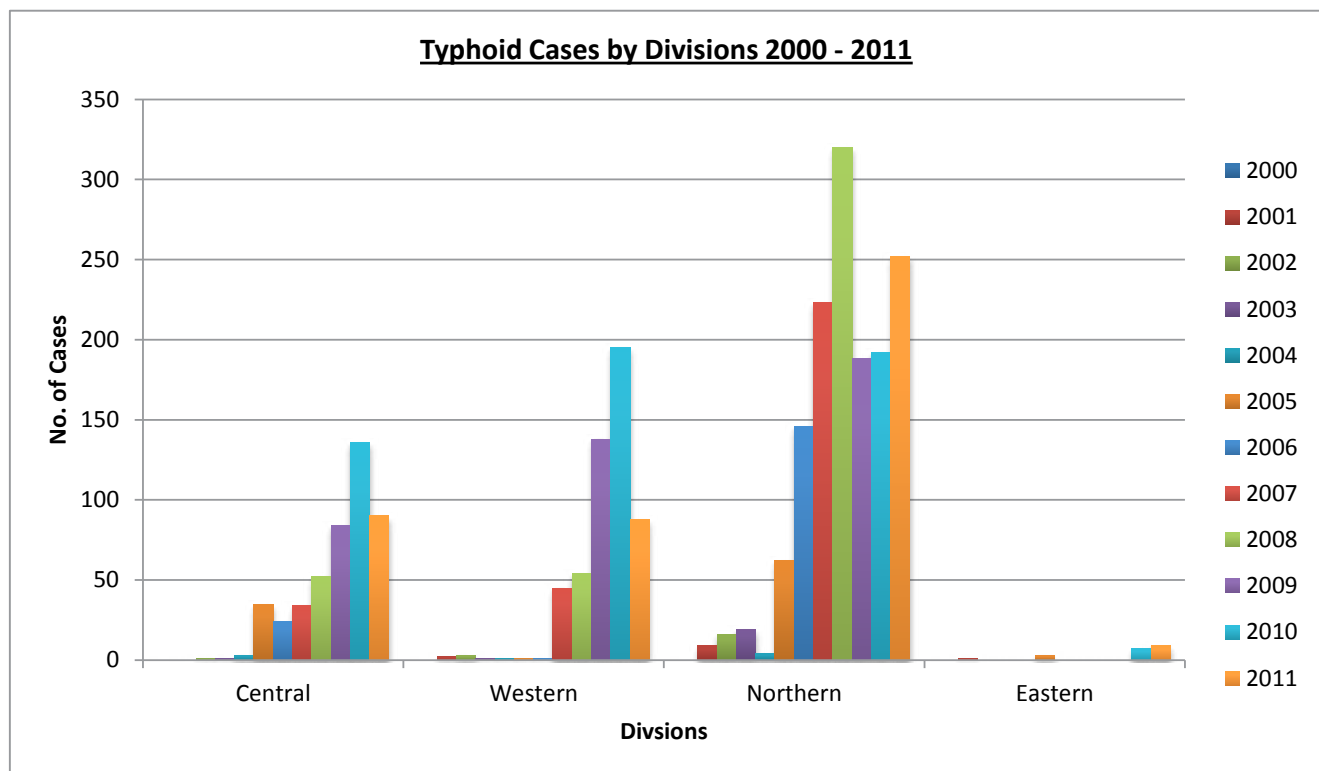
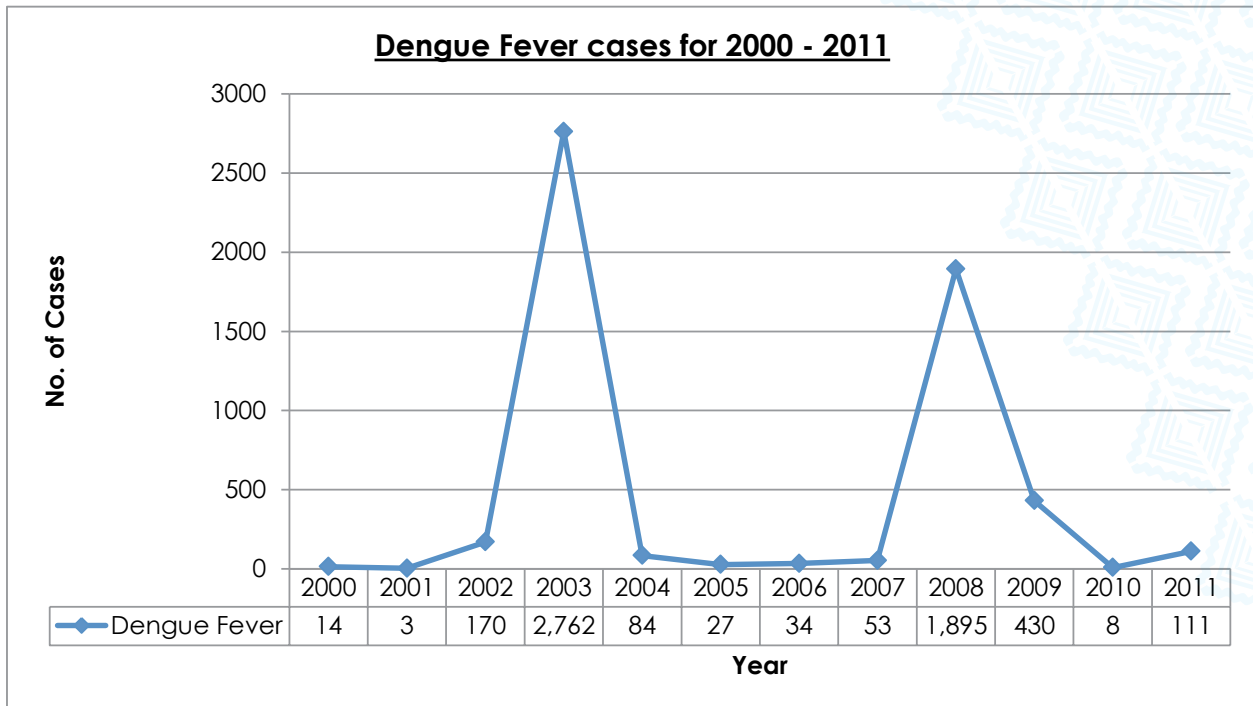
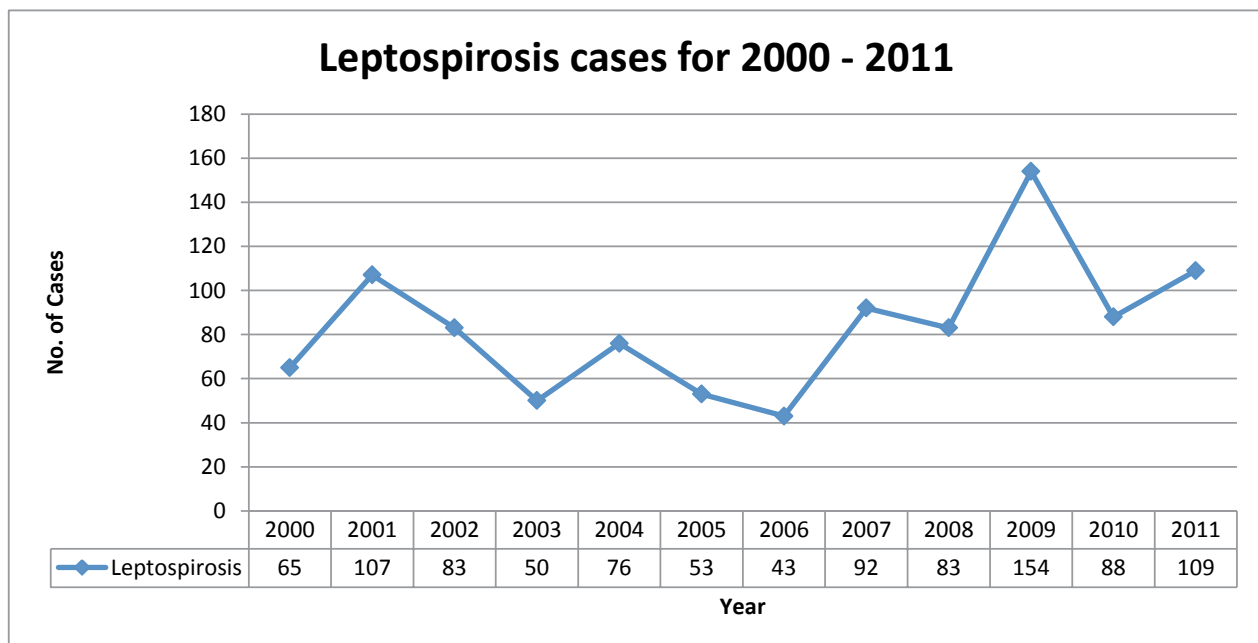


Figure 30: Typhoid cases by Divisions 2000-2011



Majority of the Typhoid cases over the past decade have been reported from the Northern Division, particularly in 2008.

Figure 31: Dengue Fever cases from 2000-2011**Figure 32: Leptospirosis cases from 2000-2011**

SECTION 17.0:

Donor Assisted Programs/Projects 2011

Table 55

(i) Cash Grant

Donor	Program	Amount
UNDP	Fiji National Aids Spending Assessment	\$ 57,056
UNFPA	Reproductive Health Programme	\$ 165,000
UNICEF	Health & Sanitation	\$ 340,000
UNICEF	HIV & AIDS	\$ 220,000
WHO	Assistance	\$ 231,468
	Total	\$1,013,524

(i) Aid-in-Kind

Donor	Program	Amount
Aus Aid	Fiji Health Sector Improvement Programme	\$8,904,719
China	Navua Hospital Relocation & Construction	\$7,800,000
NZ AID	Medical Treatment Scheme	415,110
NZ AID	Water Reservoir Labasa Hospital	484,295
NZ AID	Construction of New Nacavanadi N/S	1,378,700
JICA	Strengthening Immunisation Program in the Pacific Region	565,291
JICA	Filariasis Elimination Campaign	158,281
WHO	Assistance	2,152,171
JICA	Inservice Training – Community Health Nurses	2,261,164
JICA	Volunteer	217,071
	Total	24,336,802


SECTION 18.0: MDG Performance Indicator Results

Table 56

GOAL 4 REDUCE CHILD MORTALITY RATE	Year	Percentage
Under 5 Mortality Rate (per 1000 livebirths) [Reduce by 2/3 between 1990 and 2015 the under 5 mortality; 2015 target – 9.2]	2009	23.2
	2010	17.7
	2011	20.95
Proportion of 1 year old immunized against Measles [2015 target - 95%]	2009	71.7
	2010	71.8
	2011	82.5
GOAL 5 IMPROVE MATERNAL HEALTH		
Maternal Mortality Ratio per 100,000 livebirths [Reduce by ¼ MMR between 1990 and 2015; 2015 target – 10.3]	2009	27.5
	2010	22.6
	2011	39.2
GOAL 6 COMBAT HIV/AIDS AND OTHER DISEASES		
HIV/AIDS prevalence among 15-24 year old pregnant women	2009	³
	2010	³
	2011	³
Contraceptive Prevalence Rate among population of child bearing age	2009	28.9
	2010	31.77
	2011	36.5
Proportion of TB cases detected and cured under DOTS (%)	2009	80
	2010	
	2011	⁸
2015 – Have halved and begun to reverse the spread of HIV/AIDS and other diseases		

SECTION 19.0: Finance


Figure 33: Auditors Report



8th Floor, Ratu Sukuna House,
MacArthur Street,
P. O. Box 2214,
Government Buildings,
Suva, Fiji Islands.

REPUBLIC OF FIJI
OFFICE OF THE AUDITOR GENERAL

Telephone: (679) 330 9032
Fax: (679) 330 3812
Email: info@auditorgeneral.gov.fj
Website: <http://www.oag.gov.fj>



Excellence in Public Sector Auditing

**MINISTRY OF HEALTH
FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2011**

INDEPENDENT AUDIT REPORT

Scope

I have audited the special purpose financial statements which have been prepared under the cash basis of accounting and notes thereon of the Ministry of Health for the year ended 31 December 2011, as set out on pages 6 to 19. The financial statements comprise the following:

- (i) Statement of Receipts and Expenditure;
- (ii) Appropriation Statement; and
- (iii) Statement of Losses.

The Ministry of Health is responsible for the preparation and presentation of the special purpose financial statements and the information contained therein.

My responsibility is to express an opinion on these special purpose financial statements based on my audit.

My audit was conducted in accordance with the Fiji Standards on Auditing to provide reasonable assurance as to whether the special purpose financial statements are free of material misstatements. My audit procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the special purpose financial statements and evaluation of accounting policies. These procedures have been undertaken to form an opinion as to whether, in all material respects, the special purpose financial statements are fairly stated and in accordance with government policies in Note 2 and the Financial Management Act 2004, so as to present a view which is consistent with my understanding of the financial performance of the Ministry of Health for the year ended 31 December 2011.

The audit opinion expressed in this report has been formed on the above basis.

Qualifications


1. Salaries and wages, utility and administration costs totaling \$62,766.71 arising from TMA operations were not incorporated in the TMA Profit and Loss Statement. As a result total expenses in the Profit and Loss Statement was understated and net profit was overstated.
2. Details were not provided for TMA Surplus Capital Retained to CFA of \$39,829 reflected in the TMA Balance Sheet. The amount was disclosed to balance the TMA Balance Sheet.

Qualified Audit Opinion

In my opinion

- a) except for the matters referred to in the qualification paragraphs, the financial statements present fairly, in accordance with the accounting policies stated in Note 2, the financial performance of the Ministry of Health for the year ended 31 December 2011.
- b) the financial statements give the information required by the Financial Management Act 2004 in the manner so required.

I have obtained all the information and explanations which, to the best of my knowledge and belief, were necessary for the purpose of my audit.



Tevita Bolanavanua
AUDITOR GENERAL

Suva, Fiji
8 May 2012



MINISTRY OF HEALTH

MANAGEMENT CERTIFICATE
FOR THE YEAR ENDED 31 DECEMBER 2011

We certify that these financial statements:

- (a) fairly reflect the financial operations and performance of the Ministry of Health and its financial position for the year ended 31 December 2011; and
- (b) have been prepared in accordance with the requirements of the Financial Management Act 2004 and the Finance Instructions 2010.



Mr. Eloni Tora
Permanent Secretary

Date: 04/5/12



Mrs. Nina Filipe
Principal Accounts Officer

Date: 07/05/12

19.1 FINANCE

Revised Budget allocation for 2011 was \$137,448,400 corresponding to 7% of the national budget and 2.1% as a percentage of the 2011 GDP. An additional sum of \$1,013,524 was given as cash grants towards donor funded projects and \$24,336,802 as Aid-In-Kind projects in 2011.

Table 57: Segregation of the 2011 Budget

Program/Activity	Total Budget	% over the Total Health Budget
Program 1 Activity 1 - Administration	\$ 14,802,800	10.76%
Program 1 Activity 2 - Research	\$ 570,900	.41%
Program 2 Activity 1 – Urban Hospitals	\$ 65,338,200	47.53%
Program 2 Activity 2 – Sub-divisional Hospitals, Health Centres and Nursing Stations	\$ 29,732,600	21.63%
Program 2 Activity 3 – Public Health Services	\$ 4,434,500	3.25%
Program 2 Activity 4 – Drugs and Medical Supplies	\$ 18,712,000	13.62%
Program 3 Activity 1 – Hospital Services	\$ 3,002,800	2.18%
Program 4 Activity 1 – Senior Citizen's Home	\$ 854,500	.62%
Total Budget	\$137,448,400	100.00%

Table 58: Proportion against National Budget and GDP.

Year	Health Revised Budget	National Budget	% over Total Budget	% of GDP
2011	\$ 137,448,400	\$ 1,961,718,300	7%	2.1%

Table 59: Statement of Receipts and Expenditure for the Year Ended 31st December, 2011.

<u>RECEIPTS</u>		<u>Note</u>	<u>2011</u>	<u>2010</u>
State Revenue	Operating Revenue	1	(1,539,198)	(585,771)
	Total State Revenue		<u>(1,539,198)</u>	<u>(585,771)</u>
Agency Revenue	Health Fumigation & Quarantine	2	(1,564,660)	(191,412)
	Hospital Fees	2	(1,743,889)	(1,020,470)
	License & Others	2	(1,025,088)	(527,769)
	Fiji School of Nursing	2	(299,095)	(405,966)
	Total Agency Revenue		<u>(4,632,732)</u>	<u>(2,145,167)</u>
	TOTAL RECEIPTS		<u>(6,171,775)</u>	<u>(2,731,388)</u>
<u>EXPENDITURE</u>				
Operating Costs	Established Staff	3	72,989,484	71,249,021
	Government Wage Earners	3	12,909,145	12,617,553
	Travel & Communications		3,408,206	3,292,880
	Maintenance & Operations		10,465,683	9,992,150
	Purchase of Goods & Services		27,161,305	25,678,965
	Operating Grants & Transfers		535,273	6,286,607
	Special Expenditure		<u>4,590,805</u>	<u>3,635,770</u>
	Total Operating Costs		<u>132,059,991</u>	<u>132,752,946</u>
Capital Expenditure	Capital Construction		5,275,078	5,044,490
	Capital Purchase		5,861,255	6,580,228
	Capital Grants & Transfers		<u>0</u>	<u>200,000</u>
	Total Capital Expenditure		<u>11,136,334</u>	<u>11,824,718</u>
	Value Added Tax		6,587,707	9,252,515
TOTAL EXPENDITURE			<u>149,784,032</u>	<u>153,830,178</u>

Table 60: TMA Trading Account for the Year Ended 31st December, 2011.

Trading Account

Sales	\$	(591,885.74)
<u>Less Cost of Goods Sold</u>		
Stock of Finished Goods (01/01/11)	\$	38,721.13
Add Purchases		330,105.53
		<hr/>
		368,826.66
<u>Less Stock of Finished Goods (31/12/11)</u>	\$	30,539.34
Cost of Finished Goods Sold	\$	338,287.32
Gross (Profit) / Loss Transferred to P&L A/C	\$	(253,598.42)

Table 61: TMA Profit and Loss Statement for the Year Ended 31 December, 2011.

<u>Income</u>		
Gross (Profit) / Loss Transferred from Trading A/C	\$	(253,598.42)
<u>Expenses</u>		
Wages & Salary	\$	-
Travel & Communication	\$	1,905.79
Maintenance and Operations	\$	25,262.88
Other Expenses	\$	-
Special Expenses	\$	-
Vat	\$	4,075.30
Total Expenses	\$	31,243.97
Net (Profit) / Loss	\$	(222,354.45)

Table 62: TMA Balance Sheet for the Year Ended 31 December, 2011.

<u>CURRENT LIABILITIES</u>		
Accounts Payable		-
Accrued Expenses		-
Deposits & Deductions		(32,493.16)
Total Liabilities		(32,493.16)
<u>EQUITY</u>		
TMA SURPLUS CAPITAL RETND TO CFA	\$	(39,827.63)
TMA ACCUM SURPLUS/DEFICIT	\$	(967,165.03)
Total Equity	\$	(1,006,992.66)
<u>TOTAL LIABILITIES AND EQUITY</u>	\$	<u>(1,039,485.82)</u>
<u>CURRENT ASSETS</u>		
Bank	\$	950,739.89
Debtors	\$	58,206.59
Finish Goods	\$	30,539.34
TOTAL ASSETS	\$	1,039,485.82

Table 63: Appropriation Statement for the Year Ended 31 December 2011.

<u>Seg</u>	<u>Item</u>	<u>Budget</u>	<u>Appropriation</u>	<u>Revised</u>	<u>Actual</u>	<u>Carry</u>	<u>Lapsed</u>
		<u>Estimate</u>	<u>Changes</u>	<u>Budget</u>	<u>Expenditure</u>	<u>Over</u>	<u>Appropriation</u>
OPERATING EXPENDITURE							
1	ESTABLISHED STAFF	61,835,100	0	61,835,100	72,989,484	0	-11,154,384
2	GOVERNMENT WAGE EARNERS	9,571,089		9,571,089	12,909,145	0	-3,338,056
3	TRAVEL & COMMUNICATION	3,633,348	-150,000	3,483,348	3,408,296	0	75,052
4	MAINTENANCE & OPERATIONS	9,697,100	957,187	10,654,287	10,465,683	0	188,604
5	PURCHASE OF GOODS & SERVICES	26,329,282	-629,458	25,699,824	27,161,305	0	-1,461,480
6	OPERATING GRANTS & TRANSFERS	1,080,780	-215,403	865,377	535,273	0	330,104
7	SPECIAL EXPENDITURE	6,740,500	-878,527	5,861,973	4,590,805	0	1,271,168
TOTAL OPERATING EXPENDITURE		118,887,199	-916,201	117,970,998	132,059,991	0	-14,088,992
CAPITAL EXPENDITURE							
8	CONSTRUCTION	4,700,000	606,274	5,306,274	5,275,078	0	31,196
9	PURCHASE	5,520,000	282,676	5,802,676	5,861,255	0	-58,579
TOTAL CAPITAL EXPENDITURE		10,220,000	888,950	11,108,950	11,136,333	0	-27,383
13	VALUE ADDED TAX	8,341,200	27,251	8,368,451	6,587,707	0	1,780,744
TOTAL EXPENDITURE		137,448,399	0	137,448,399	149,784,032	0	-12,335,633

Notes on significant variations.

- 1 State revenue increase by 100 % due to fines, surcharges, and recoveries of OPR for previous years.
- 2 Agency revenue increase by 100% in total due to the increase of hospital & Quarantine fees in 2011.
- 3 Staff costs increase by 1.2% mainly due to increase of claims of overtime, allowances. Also the Personnel Emolument provision is not sufficient to meet the salaries and wages of staff employed in the Ministry.

SECTION 20.0: CONCLUSION

Fiji's health system has confronted many obstacles and challenges in 2011 in measuring the performance of our health systems. The WHO framework of the 6 building blocks of measuring the efficiency and effectiveness of how well the health systems performs i.e. Health Service Delivery, Health Workforce, Health Information, Health Financing, Health Medicines, Vaccines, Technology including Infrastructure and Health Leadership and Governance provides an opportunity for developing countries to adopt such mechanisms and respond to the obstacles and challenges in a more systematic manner to ensure that every dollar spent is used in the most cost effective manner for the most cost effective intervention.

The framework also provides a systematic approach in meeting the MDG's but all building blocks are to run parallel to one another if we are to achieve our targets.

We are indeed grateful to our international and national development partners who have provided continued assistance for health systems strengthening through harmonization of their programs to our strategic activities.

The Ministry of Health will continue to be innovative and productive in delivering an equal and equitable health service to its people of Fiji and ensure quality health care is driven by a quality workforce that puts the interest of the people first.

May God Bless Fiji.