

# MINISTRY OF HEALTH

## Annual Report 2005



The Honorable Prime Minister, Mr Laisenia Qarase presents the BFH Plaque to the Hon. Minister for Health, Mr Solomon Naivalu in declaring Nabouwalu Hospital as a Baby Friendly Hospital.



PARLIAMENT OF FIJI

PARLIAMENTARY PAPER NO. 60 OF 2006

# MINISTRY OF HEALTH

## Annual Report 2005

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## **SECTION 1**

### **INTRODUCTION**

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## 1.1

**STATEMENT BY THE MINISTER FOR HEALTH**  
**THE HON. SOLOMONE NAIVALU**

The ongoing quest for the delivery of an efficient, effective, affordable and equitable health care services to the people of Fiji continues to be a major challenge to the Ministry of Health, in view of the limited resources at its disposal.

Nevertheless, 2005 was an exceptional year for the Ministry, where new initiatives materialised: the Colonial War Memorial Hospital was declared a Tobacco Free Hospital; Northern Health services was declared a Baby Friendly Division By UNICEF; Radio telephones were installed in three maritime sub divisions which included Kadavu, Lomaiviti and

Lautoka/Yasawa.

The opening of the new Makoi Health Centre is a testament of a private public partnership at work between Bhanabhai Trust and the Ministry of Health, whereby, the Trust built the building and the Ministry provided the manpower, equipment and other medical supplies.

With the increase in demand and high expectations of the communities for the health care services and corresponding increase in costs, the Ministry embarked in revising its Strategic Plan in the hope of improving the delivery of the services.

The new 2005-2008 Strategic Plan addresses five broad strategic goals namely: provision of health services, protection of health, promotion of health, people in health and productivity in health.

With the development, formulation and implementation of all identified strategies, it is my fervent hope that the nation will continuously experience good health for all its citizens.

I would like to reiterate here, that investment in health is promotion and its protection, so that disease burdens are reduced through behaviour modifications and quality of health will definitely improved. Therefore we can all look forward towards achieving a healthy, happy and an economically productive life, thereby contributing to the enhancement of the quality of life of all our people. Lest we forget, a healthy nation is a productive one.

At this juncture, I wish to thank the Chief Executive Officer for Health and his staff for their endurance and hard work to continuously provide an affordable health care service to the people of Fiji, despite constraints of resources. To all our traditional partner organisations in health, *Vinaka Vakalevu* for your continuous contributions in many ways towards the efficient and effective delivery of health care services to our people.

## 1.2

**STATEMENT BY THE CEO**  
**Dr Lepani Waqatakirewa**

I am pleased to provide a brief statement and contribution to the Annual Report 2005 of the Ministry of Health. This Annual Report is most likely the first ever to be completed and presented by the Ministry of Health within a year after the year ending.

Health service in Fiji continues to be funded from general taxation, and as such, provision of health service is mainly free at all levels. The year 2005 has been a successful and challenging year for the Ministry as it undertook to provide and deliver health service to the people of Fiji.

The new Health Strategic Plan 2005-2008 became active for implementation at the beginning of the year. This plan was well constructed under the key themes of the 5 Ps, namely: Provision, Productivity, Protection, Promotion and People. As standard processes, the Strategic Plan is operationalised yearly by the Annual Corporate Plan and the Business Plans of the various Divisions.

Regarding staffing, the year witnessed the largest ever batch of 166 student nurses graduating from the Fiji School of Nursing. This large number was greatly welcomed as it would address ongoing shortage of nursing staff in the Ministry.

We are grateful to the Public Service Commission and Ministry of Finance for the approval and funding of 23 new positions in the Ministry. These positions are distributed to the various disciplines in the clinical field.

Budget allocation for health service for the year was \$136,880,800.00 and accounts for 9.61% of the total government budget. As a percentage of GDP, the health budget is around 2.9%. Ongoing advocacy and justification will be undertaken by the Ministry to seek and ensure that annual budget allocation to health service to be at least 5% of GDP.

In addition to Government funds, external funding accounts for around 4% of the total budget allocation to health. This external funding is mainly in the form of project funds allocated for specific objectives with defined activities. We are also grateful to the New Zealand Government for the allocation of the \$100,000 for medical referral and treatment in New Zealand. The work and contribution of the visiting medical team is a valuable contribution to health service provision in Fiji. Overseas Visiting Medical Teams provide valuable tertiary health care service to our population.

The Australian Government funded Fiji Health Sector Improvement Programme (FHSIP) contributes around \$5 million yearly beginning in 2004 till 2008 to support activities listed and outlined in the Corporate Plan and Divisional Business Plans.

Work on our Acts and Legislation continued during the year and it is expected that the Radiation and Pharmacy Bills will be finalised and presented in 2006. Approval by Cabinet for the formulation of a new Nursing Bill and Allied Health Workers Bill were received in the year. These Bills when enacted are expected to further improve and support the role and work of nurses and para-medical staff of the Ministry.

I thank all staff of the Ministry of Health for their contribution to health services in Fiji. I also acknowledge the contribution of our traditional partner governments, such as Australia, Japan, South Korea and New Zealand, and UN agencies such as WHO, UNFPA and UNICEF, for the provision of health services and the maintenance of good health in our population.

God Bless.

### **1.3 INTRODUCTORY REMARKS**

In 2005, Fiji's population was estimated at approximately 849,361 and comprised of 51.7% Fijians, 43.2% Indians and 5.1% of other ethnic minorities. About 40% of this population is located in and around the urban centres whilst 60% is widely dispersed in rural and island communities.

Government health service is provided through the Divisional Hospitals, Subdivisional Hospital and Area Hospitals, Health Centres and Nursing Stations. Government also provides assistance to Community or Village Health Worker Clinics managed and staffed by trained Village Health Workers.

Work of the Ministry of Health is outlined in the Health Strategic Plan 2005-2008 and Corporate Plan 2005. Level, range and sophistication of clinical service are determined by the resources – personnel and skills, funding, equipment and facilities in the hospitals.

Government continues to face challenges in the provision of health service to its population. Aside from funding, external developmental phenomenon such as global market economies, global movement of the workforce etc. influenced and impact on the Ministry of Health's ability to provide accessible and quality health service. These global forces are more or less irreversible and developing countries such as Fiji will have to strategise on new means and mechanisms of ensuring the maintenance and improvement of health service provision to all citizens.

On disease conditions and status, non-communicable diseases continue to be the major causes of morbidity and mortality. Controlling diabetes and cardiovascular disease remains a priority focus of the Ministry of Health. Tertiary health care service for complications of cardiovascular diseases is limited or restrictive and the Ministry of Health relies heavily on medical treatment abroad for identified disease conditions.

For communicable diseases, preventive and treatment programme for tuberculosis, leptospirosis, typhoid, filariasis, dengue fever and sexual transmitted disease including HIV are ongoing. The year also experienced an outbreak of a vaccine preventable disease of measles. Mass immunization campaign was launched and proved to be successful in both increasing immunization coverage apart from halting further disease spread.

Public Health preventive and promotive programmes continues to be the major focus in the Ministry of Health. Some programmes such as tobacco control and baby friendly hospital initiative, recorded some notable achievements in the year.

Scheduled capital construction works for the year were not fully implemented as prioritization and progress of work are determined by other key agencies of government. However, small maintenance work for hospitals and health centers was implemented in full.

The 2005 Annual Report presents a summary of the MOH's major activities and development during the year.

Health Statistics continues to form the bulk of the Annual Report and as usual, is covered under these categories:

1. Vital Statistics which covers population, births and deaths.
  2. Health Services utilisation statistics that gives a measure of both the clinical and public health workload.
  3. Morbidity and Mortality Statistics provides a picture of the disease burden in the country.
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## **SECTION 2**

### **HEALTH SERVICES DEVELOPMENT**

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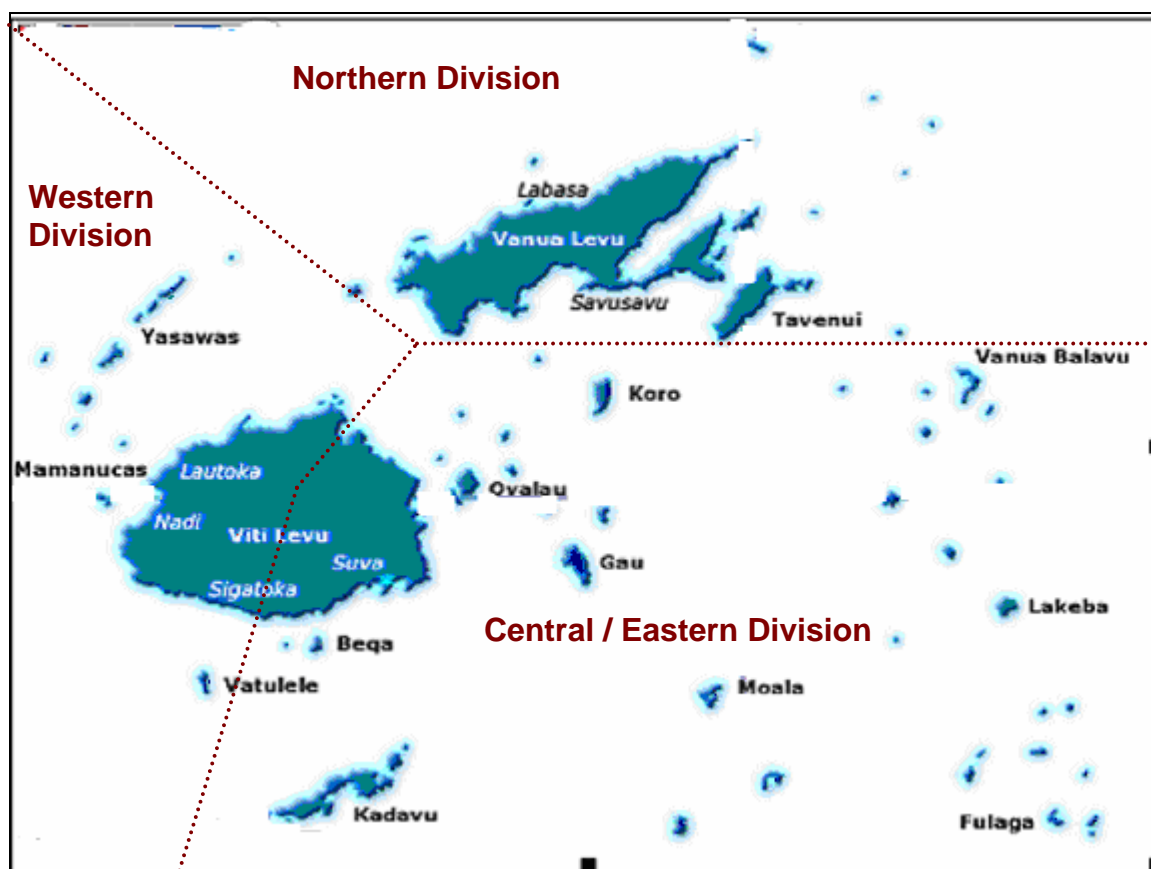
- Vital and Health Statistic
- Population
- Births

## HEALTH SERVICES DEVELOPMENT

### 2.1 HEALTH SERVICE STRUCTURE

Fiji has a well developed and comprehensive health system. Its base structure consists of three Divisions, namely Central/Eastern, Western and Northern and within each Division a central referral hospital.

Figure 1: FIJI ISLANDS BY DIVISIONS



A complex of hospitals is now operating as the Tamavua / Twomey Hospitals as the centre for Tuberculosis, Leprosy and Rehabilitation while the St. Giles Hospital caters for psychiatric cases. All Hospitals are based in Suva.

Each Division has several satellite Sub-Divisional hospitals and it is at this level that Curative and Public Health Services are integrated, in the sense that the Sub-Divisional Medical officers are responsible for the management of both services. Apart from providing primary and secondary curative care, they also co-ordinate public health activities undertaken by Public Health Nurses, Health Inspectors, Nutritionist and other categories of Health Workers.

Under the Sub-Divisional level, we have the Health Centres and Nursing Stations. Health Centres vary in size and capability, where larger ones also provide a range of clinical services – simple X-ray, Laboratory and Dental Services (both Clinical and Public Health). Health centres operate in what are designated as Medical areas and each Medical area may have one or more Nursing stations, Village Health workers and Community Based Contraceptive Distributors (CBD) were also trained to take Primary Health Care closer to the people and in many places, they perform both tasks.

To date, seventeen such workers are presently operating.

Table 1: **DISTRIBUTION OF HEALTH FACILITIES BY DIVISION, 2005**

Facility	Divisions				Total
	Central	Western	Northern	Eastern	
Divisional Hospitals	1	1	1	-	3
Specialised Hospitals	3	-	-	-	3
Sub-Divisional Hospitals	4	5	3	4	16
Area Hospitals	1	-	-	2	3
Health Centres	18	24	18	14	74
Nursing Stations	20	26	21	33	100
Village Health Workers	5	3	2	7	17
Old Peoples Home	1	1	1	-	3

Table 2: **NUMBER OF BEDS BY TYPE OF HOSPITAL, 2005**

Facility	Number	Number of Beds
Divisional Hospitals	3	969
Sub-Divisional Hospitals	16	533
Area Hospitals	3	33
Specialised Hospitals	3	277
<b>Total</b>	<b>25</b>	<b>1,812</b>

Total Bed/Population Ratio (1:500)

Ratio excluding Beds in Specialised Hospitals (1 bed to 550 of population)

Outreach Dental Services cover schools both Primary and Secondary as well as isolated communities. Similar outreach services are also provided in the Nutrition and Dietetics and other Public Health Services.

Specialists support curative care at Sub-Divisional Hospitals through staff visits from Divisional Hospitals and the Specialised Hospitals in addition to the visiting consultants and teams from overseas. We have been fortunate that visiting teams from overseas have brought high tech tertiary care to our shores and to our people and reduced the demand on very high cost overseas referrals.

## **2.2 HEALTH PLANNING**

Planning is an integral part of any organisation as it sets its strategic goals, objectives and directions. The Ministry of Health's Strategic Plan 2005 – 2008 was formulated to coincide with appointment of the new Chief Executive Officer for Health in 2004. It was developed in concurrence with the National Strategic Development Plan, where it shall also be addressing health goals and target as reflected in the Government of Fiji's international commitments, such as the Millennium Development Goals (MDGs), Framework Convention on Tobacco Control (FCTC), Convention on Population and Development (ICPD), Yanuca Declaration and others.

This Strategic Plan 2005-2008 is operationalised yearly by the Annual Corporate Plan together with the Business Plans of the seven divisions.

The strategic goals formed the basis of the Ministry's Corporate Plans for the period 2005 to 2008. Each goal shall set the direction for the development of appropriate objectives, strategies and indicators.

It is the strategic mix of the five goals that is envisaged to lead to the progressive achievement of Health Outcomes through the Ministry of Health's guiding principles of Vision, Mission and Values.

## 2.3 **MINISTRY OF HEALTH'S GUIDING PRINCIPLES**

**The Ministry's Guiding Principles are:**

**Its Vision:**

A strengthened divisional health structure supporting a well financed health care delivery system that fosters good health and well being.

**Its Mission:**

To provide Quality Health Services for the People of Fiji.

**Its Values:**

**Customer Focus:**

Being genuinely concerned that our Customers receive quality health care delivery system that foster good health and well being.

**Equity:**

Striving for an equitable health system being fair in our dealings; irrespective of ethnicity, religion, political affiliation, disability, gender and age.

**Quality:**

Pursuing high quality outcomes in all facets of our activities.

**Integrity:**

Committing ourselves to the highest ethical standards in all that we do.

**Responsiveness:**

Responsive to the health needs of the population, noting the need for speed in delivery of urgent health services.

## 2.4 **THE MINISTRY OF HEALTH 'S FIVE STRATEGIC GOALS (5 Ps)**

The achievement of the five strategic goals will set the pace for the Ministry to accomplish the seven major health outcomes.

**Provision of Health Services**

Provision of affordable, well planned, quality health services (preventive, diagnostic, clinical, pharmaceutical, rehabilitative) to everyone in Fiji.

**Protection of Health**

Review, develop and implement policy, legislation, regulation and standards for the safety and protection of the health and wellbeing of the people of Fiji.

**Promotion of Health**

Development and maintenance of effective partnerships that empower all stakeholders to promote health and reduce risk factors related to communicable and non communicable diseases.

**People in Health**

Development and retention of a valued, committed and skilled workforce to enhance the delivery of quality health services.

**Productivity in Health**

Develop and strengthen the use of integrated management systems to empower managers to maximize resources and promote continuous improvement at all levels of health service delivery.

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## 2.5 HEALTH OUTCOME INDICATORS

Indicators have been developed to assist the Ministry to measure success against outcomes. The seven health outcomes are as follows:

Health Outcomes	Health Outcome Indicators
<b>Health Outcome 1:</b> Reduced burden of Non Communicable Diseases	<ul style="list-style-type: none"> <li>Proportion of the population aged over 35 years engaged in sufficient leisure time activity.</li> <li>Proportion of population with a sufficient intake of fruit and vegetables</li> <li>Admission rate for diabetes and its complications, hypertension and cardiovascular disease</li> <li>Amputation rate for diabetic sepsis</li> </ul>
<b>Health Outcome 2:</b> Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases.	<ul style="list-style-type: none"> <li>HIV prevalence rate among 15 to 24 year old pregnant women</li> <li>Prevalence rate of STI's among men and women aged 15 – 24</li> <li>TB cases detected and cured</li> <li>Incidence of Dengue and Leptospirosis</li> <li>Prevalence rate of lymphatic Filariasis</li> <li>Incidence of Measles</li> <li>Incidence of Leprosy</li> </ul>
<b>Health Outcome 3:</b> Improved family health and reduced maternal morbidity and mortality	<ul style="list-style-type: none"> <li>Maternal mortality ratio</li> <li>Prevalence of anaemia in pregnancy at booking</li> <li>Contraceptive Prevalence Rate in the child bearing age group</li> </ul>
<b>Health Outcome 4:</b> Improved child health and reduced child morbidity and mortality	<ul style="list-style-type: none"> <li>Prevalence of under 5 malnutrition</li> <li>Percentage of one year olds fully immunized</li> <li>Under 5 mortality rate</li> </ul>
<b>Health Outcome 5:</b> Improved adolescent health and reduced adolescent morbidity and mortality	<ul style="list-style-type: none"> <li>Rate of teenage pregnancy</li> <li>Access to adolescent health services and counseling</li> <li>Number of teenage suicides</li> </ul>
<b>Health Outcome 6:</b> Improved Mental Health Care	<ul style="list-style-type: none"> <li>Number of psychiatric beds</li> <li>Number of personnel trained in mental health</li> </ul>
<b>Health Outcome 7:</b> Improved environmental health through safe water sanitation.	<ul style="list-style-type: none"> <li>Percentage of the population that has access to safe water</li> <li>Proportion of population with access to improved sanitation</li> </ul>



Colonial War Memorial Hospital declared Tobacco Free Hospital



## 2.6 INFRASTRUCTURE DEVELOPMENT

Maintenance of appropriate levels of infrastructure and facilities is vital for the efficient delivery of health care services to the people.

During the year new health facilities commenced constructions at Nadarivatu, Vunidawa, Levuka and ongoing construction towards the completion of the extension to the Labasa Hospital. The consultations for ground works for new Ba Mission Hospital, Bua Nursing Station and Ra respectively were strengthened.

There were two new health facilities opened, the new Dogotuki Nursing Station and the historical opening of the new Makoi Health Centre. The opening of the health centre marked a new era of doing business, private-public partnership between the Ministry of Health and the Bhanabhai Trust, whereby, the Trust built the building and the Ministry of Health provided the manpower and other resources.

As an ongoing activity the Ministry of Health continued upgrading and maintenance of health facilities in the three divisions to continuously provide a conducive, safe working environment for both staff & patients alike. The notable inclusion included the Old People Home for our senior citizens, the St. Giles and Tamavua hospitals.



Newly opened Wauosi Nursing Station, Nadroga

## 2.7 HEALTH INFORMATION

During 2005, a Health Information Development Plan 2005 – 2008 was endorsed by the National Executive Committee which plans for a wide range of activities to improve the collection, storage and use of information within the health system. This improved information will ensure the MoH has the information it requires to deliver an efficient, evidence based health system that best meet the needs of its population.

The Divisional Health Indicators Workshop in the three Divisions were conducted to get consensus on the first draft of the Divisional Health Indicators, agree on the Strategic Health Indicators from the divisions and to keep track of the implications it may have on the current Consolidated Monthly Return.

On the 15<sup>th</sup> - 18<sup>th</sup> November 2005 Mr Ralph Latella of the Health Information Association of Australia conducted a one week introductory training on the Fundamental Medical Terminology. The training was in two phases; phase one being the introduction and phase two covered the Medical Coding of the diagnosis on the patients folders. Sixteen Medical Coders representing the three main divisions were identified to undertake this training course. At the end of these two-phase trainings, they will be qualified coders and will go back to their respective divisions to improve the efficiency and effectiveness of the Medical Records Department



Health Information Staff after the Fundamental Medical Terminology Training, 15<sup>th</sup> – 18<sup>th</sup> Nov, 2005.

## 2.8 NATIONAL HEALTH RESEARCH

Health Research plays a very important role in our efforts to maintain health and combat disease. It also helps an organisation in creating new knowledge and develop proper tools for decision making. The main business of the National Health Research Committee is monitoring of health research activities in Fiji.

### The Goals of National Health Research Committee

- Develop and implement a National Health Research Policy
- Initiate and support health research
- Collect promote and disseminate the results of health research.

- Enhance the quality of health research in Fiji
- Collaborate with complementary research organisations in the country and the region

### **Research Proposals**

The Health Research Unit received 22 research proposals during the year and 17 were endorsed while 5 were withdrawn.

Table 3: **LIST OF RESEARCH PROPOSALS RECEIVED FOR YEAR 2005**

No:	NHRC Registration	Researcher – PI	Proposed Title	Funding	Status
1.	NHRC 001-2005	Ms. Mere Diligolevu Fiji School of Medicine, Suva.	Patient Meal Satisfaction at CWM Hospital.	Fiji School of Medicine.	Withdrawn.
2.	NHRC 002-2005	Mr. Manila Nosa, Fiji School of Medicine, Suva.	Filariasis Project in the Rewa.	Fiji School of Medicine.	Endorsed. Research completed and Report with Fiji School of Medicine.
3.	NHRC 003-2005	Dr. Eka Buadromo, CWM Hospital, Suva.	Cervical Cancer study in the Pacific.	Regional Project.	Withdrawn.
4.	NHRC 004-2005	Ms. Miriama Leweniqla, Fiji School of Medicine.	Nurses Migration in Fiji.	Fiji School of Medicine.	Endorsed. Research completed and Report with Fiji School of Medicine.
5.	NHRC 005-2005	Mr. Joe Veramu, University of the South Pacific, Suva.	HIV – KABP of young tertiary students at the University of the South Pacific.	Ministry of Health.	Withdrawn.
6.	NHRC 006-2005	Ms. Romila Devi, University of the South Pacific, Suva.	Generic Polymorphism in Fijian and Indo Fijians.	University of the South Pacific.	Endorsed Report with the University of the South Pacific.
7.	NHRC 007-2005	Dr. Fiona Russel, FiPP Project, CWM Hospital, Suva.	Surveillance of Rotavirus Diarrhoea at CWM Hospital.	FiPP Project.	Endorsed.
8.	NHRC 008-2005	Mr. Martin McNamara, University of Sydney, Australia.	Qualitative Study on Health Promotion in Fiji.	University of Sydney.	Endorsed and yet to complete.
9.	NHRC 009-2005	Dr. Jan Pryor, Fiji School of Medicine, Suva.	OPIC Study in Nasinu.	OPIC Project.	Endorsed and research ongoing.
10.	NHRC 010-2005	Dr. Andrew Steer, CWM, Suva.	Prevalence Diarrheal Disease amongst young children.	Fiji Grasp Project.	Endorsed and Research ongoing.
11.	NHRC 011-2005	Dr. Swat Mahajan, Fiji School of Medicine, Suva.	Contraceptive Use Survey.	Fiji School of Medicine.	Withdrawn.
12.	NHRC 012-2005	Dr. Adriu Naduva, Fiji School of Medicine, Suva.	Geriatric Assessment amongst Suva Zone Nurses.	Fiji School of Medicine.	Endorsed and Report with Fiji School of Medicine.
13.	NHRC 013-2005	Dr. Fiona Russel, CWM Hospital, Suva.	Pneumococcal Antibiotic Surveillance and Serotype distribution of invasive pneumococcal disease in greater than five years old.	FiPP Project	Endorsed. Research yet to complete.
14.	NHRC 014-2005	Mrs. Illoi Rabuka, Fiji School of Nursing, Suva.	Cost effective way of training nurses in Fiji.	-	Withdrawn.
15.	NHRC 015-2005	Mr. Viran Tovu, Fiji School of Medicine, Suva.	Adequacy of Food Safety Program in the C/E Division.	Fiji School of Medicine.	Research endorsed and report with Fiji School of Medicine.
16.	NHRC 016-2005	Mr. Tomasi Sauqaqa, Ministry of Health, Suva.	Globalising Nursing Training in Fiji.	NHRC \$5,000.	Endorsed research yet to complete. 50% paid and 50% to be paid on submission of report.
17.	NHRC 017-2005	Dr. Andrew Steer, CWM Hospital, Suva.	Pharyngitis and Skin diseases in Fiji.	Fiji Grasp Project.	Endorsed and project ongoing.

No:	NHRC Registration	Researcher – PI	Proposed Title	Funding	Status
18.	NHRC 018-2005	Dr. Andrew Steer, CWM Hospital, Suva.	The epidemiology of group A streptococcal infectious in Fiji.	Fiji Grasp Project.	Endorsed and project ongoing.
19.	NHRC 019-2005	Dr. Andrew Steer, CWM Hospital, Suva.	Acute post streptococcal glomerulonephritis cases.	Fiji Grasp Project.	Endorsed and project ongoing.
20.	NHRC 020-2005	Dr. Andrew Steer, CWM Hospital, Suva.	Community acquired methicillin resistant.	Fiji Grasp Project.	Endorsed and project ongoing.
21.	NHRC 021-2005	Sr. Iloi Rabuka, Fiji School of Nursing, Suva.	Trend Analysis of Breast Cancer of Women in the past ten years.	World Health Organisation.	Endorsed and project ongoing.
22.	NHRC 022-2005	Jeff and Karen Weigel, Taveuni.	Taveuni Island Scabies Project.	Looking for Fund.	Endorsed.

### **Budget**

Budget allocated to the Health Research Unit was \$60,000.00

Table 4: **UTILISATION OF HEALTH RESEARCH BUDGET.**

Item Number	Work Description	Amount - \$
1	Salary for Health Research Officer	28,847.71
2	Research Grant	5,000.00
3	Meetings Refreshments	100.00
4	Laptop Computer	3,000.00
5	Printing Flyers	426.67
6	Photocopying of Policy Document	1,333.33
7	Trust Fund	21,292.29
<b>TOTAL</b>		<b>\$60,000.00</b>



Opening of the Fiji School of Nursing Computer Lab by the Chief Executive Officer, Dr Lepani Waqatakirewa

## 2.9 VITAL STATISTIC

The population for year 2004 was estimated at 848, 647 and for 2005 was 849,361 an increase of 714 or 0.1%. Estimates are based on the 1996 Census thus figures derived do not seem to reflect population growth within post Census years.

Table 5: VITAL AND HEALTH STATISTIC 2001 - 2005

	2001	2002	2003	2004	2005
Population	861,003	872,985	866,099	848,647	849,361
Women (15-44)	186,547	226,124	180,555	167,810	183,295
Total Live Birth	17,222	17,002	17,910	17,714	17,826
Crude Birth Rate (per 1000 pop.)	20.00	19.48	20.68	20.87	20.99
Crude Death Rate	7.00	6.48	7.06	6.63	7.02
% Increase Rate of Natural Incidence	1.33	1.30	1.36	1.42	1.40
Child Mortality Rate (per 1000 Live Birth)	23.17	22.35	23.73	22.52	25.81
Infant Mortality Rate	15.40	17.76	18.87	17.84	20.76
Peri-natal Mortality Rate	7.90	8.59	16.40	19.30	22.05
Early Neo-natal Mortality Rate	5.00	6.40	7.54	8.13	10.43
Neonatal Mortality (deaths 1-12 months)/1000 live births	8.90	11.29	9.27	10.05	15.37
Post Neo-natal mortality Rate	6.40	8.65	9.60	7.79	5.39
Maternal Mortality Ratio	29.03	23.53	22.33	33.87	50.49
Gross Fertility Rate (per 1000 CBA)	92.32	75.19	99.19	105.56	97.25
Family Planning Protection Rate	43.69	35.50	41.96	45.92	42.48

The majority of the population reside in the Central Division, which account for 48.23% of the total population, 40.24% in the Western Division, 7.88% in the North and 3.65% at the Eastern Division. See Table 10 showing the breakdown by Divisions, Sub-Divisions and Race.

Table 6: POPULATION BY DIVISION, SUB-DIVISION AND RACE FOR YEAR 2005 AND COMPARATIVE 2004 TOTAL

<u>Division / Sub-division</u>	<b>2005</b>				<b>2004</b>
<u>Central Division</u>	<b>Fijian</b>	<b>Indian</b>	<b>Others</b>	<b>Total</b>	<b>Total</b>
<u>Sub-division</u>					
Suva	103,664	6744	21543	192,551	<b>189,692</b>
Serua/Namosi	17131	6171	794	24096	<b>26220</b>
Rewa	41558	27999	1724	71281	<b>71551</b>
Tailevu	20342	1446	499	22287	<b>20869</b>
Naitasiri	18816	1060	156	20032	<b>22753</b>
<b>Total</b>	<b>201,511</b>	<b>104,020</b>	<b>24716</b>	<b>330,247</b>	<b>331,085</b>
<u>Western Division</u>					
Lautoka/Yasawa	35101	53624	2842	91567	<b>87309</b>
Nadi	25311	53040	2337	80688	<b>80808</b>
Ba	12835	47281	593	60709	<b>57604</b>
Nadroga	28307	25392	716	54415	<b>52167</b>
Tavua	11893	15634	633	28160	<b>28497</b>
Ra	18835	11272	164	30271	<b>30052</b>
<b>Total</b>	<b>132,282</b>	<b>206,243</b>	<b>7285</b>	<b>345,810</b>	<b>336,437</b>



<b>Northern Division</b>					
Macuata	22095	47699	1084	70878	<b>71846</b>
Cakaudrove	23513	2976	5715	32204	<b>36039</b>
Bua	10910	3246	504	14660	<b>16398</b>
Taveuni	11872	2623	833	15328	<b>15378</b>
<b>Total</b>	<b>68390</b>	<b>56544</b>	<b>8136</b>	<b>133,070</b>	<b>139,661</b>
<b>Eastern Division</b>					
Lomaiviti	15398	481	857	16736	<b>16783</b>
Kadavu	9,68	7	70	10045	<b>10521</b>
Lakeba	8,23	21	5	8149	<b>8350</b>
Lomaloma	3179	52	20	3251	<b>3331</b>
Rotuma	74	4	1975	2053	<b>2479</b>
<b>Total</b>	<b>36742</b>	<b>565</b>	<b>2927</b>	<b>40,234</b>	<b>41464</b>
<b>Grand Total</b>	<b>438,925</b>	<b>367,372</b>	<b>43064</b>	<b>849,361</b>	<b>848,647</b>

## **BIRTHS**

The annual number of live births has remained at approximately 17,000 over the past five years and for year 2005 there were 17,826 live births or 20.99 births per 1,000 population.

Table 7: **ANNUAL SUMMARY OF BIRTHS FOR YEARS 1990 – 2005 BY MODE OF DELIVERY.**

YEAR	HOSPITAL	%	H/Centres & D/Nurse	%	TBA & Others	%	Total	Birth Rate
1990	17765	95.3	556	3%	322	1.7%	18643	24.3
1991	17807	94.5	599	3.2%	443	2.3%	18849	24.0
1993	18751	97.6	318	1.6%	151	0.8%	19220	23.6
1994	18307	96.2	554	2.9%	174	0.9%	19035	23.9
1995	19133	96.2	548	2.8%	202	1.0%	19883	24.5
1996	17824	96.3	487	2.6%	208	1.1%	18519	22.5
1997	17497	96.2	451	2.5%	239	1.3%	18187	21.9
1998	17715	96.7	434	2.3%	191	1.0%	18340	21.9
1999	16724	96.4	422	2.4%	196	1.1%	17342	20.5
2000	16833	96.9	375	2.2%	158	0.9%	17366	20.3
2001	16945	98.39	225	1.31%	162	0.94%	17222	19.91
2002	16482	96.94	343	2.02%	177	1.04%	17002	19.48
2003	17323	96.72	411	2.29%	176	0.98%	17910	20.68
2004	17714	97.0	355	2%	208	1%	17714	20.87
2005	17323	97.2	303	1.7%	200	1.1%	17826	20.99

97.2% of the total live births were delivered in hospitals while only 1.7% were attended by District nurses, despite the geographical difficulties of bringing women into the major centres for delivery. Traditional Birth attendants attended to 1.1% of the total live births for the year as shown on Table 11.

Table 8: **BIRTH RATE BY RACE AND BY DIVISION FOR YEAR 2005**

Division	Fijian			Indian			Others			Total		
	Pop	Birth	Rate	Pop	Birth	Rate	Pop	Birth	Rate	Pop	Birth	Rate
CENTRAL	201,511	5656	28.07	104,020	1,719	16.53	24716	634	25.65	330,247	8009	24.25
WESTERN	132,282	3897	29.46	206,243	2385	11.56	7285	214	29.39	345,810	6496	18.78
NORTHERN	68390	1816	26.55	56544	877	15.51	8136	153	18.81	133,070	2846	21.39
EASTERN	36742	449	12.22	565	4	7.08	2927	22	7.52	40234	475	11.81
<b>TOTAL</b>	<b>438,925</b>	<b>11818</b>	<b>26.92</b>	<b>367,372</b>	<b>4985</b>	<b>13.57</b>	<b>43064</b>	<b>1023</b>	<b>23.76</b>	<b>849,361</b>	<b>17826</b>	<b>20.99</b>

Table 8 above summarises births by division and race and shows that Fijian Birth Rates continue to remain higher than Indian Birth Rates.



Ongoing construction – Nakorosule Health Centre, Naitasiri

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## **SECTION 3**

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### **CORPORATE SERVICES**

**3.1 STAFF STRUCTURE AND  
ESTABLISHMENT**

**3.2 TRAINING**

**3.3 BUDGET AND FINANCE**

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### 3. CORPORATE SERVICES

Corporate Services at Head Office consists of Personnel, Recruitment and Appointment, Employee Relations & Development and Finance Units. This structure is not too dissimilar from the Divisional offices since we perform complimentary functions.

During the year there was a constant demand to change and realign the functions of the Unit to meet the expectations of our Divisional Health Services and the public in general.

It was obvious that the Decentralized Health Service under the Fiji Health Management Reform Project required major internal re-adjustment to ensure effective service delivery. A major drawback of the reform Programme was the inability of PSC to sub-delegate the Commission's powers to the Directors. These powers remained vested with the CEO – Health, contrary to the expectation of the Ministry.

It was incumbent therefore on Corporate Services to address the problem and it did this by developing internal Operational Guidelines. This was a desperate attempt to remove the confusion and frustration that were experienced in 2004 as a result of the Reform.

This state of affairs, however, did not deter the Unit from performing its functions both at Head Office and the Divisional offices. Consultations between Corporate Services staff at various levels facilitated our work immensely and our achievements for 2005 are testimony to this consultation process.

#### 3.1 STAFF STRUCTURE AND ESTABLISHMENT

Table 9: STAFF ESTABLISHMENT AS AT 31/12/2005

Post / Cadre	Grade	Approved Establishment	Filled	Vacant
Minster		1	1	0
Assistant Minister		1	1	0
Chief Executive Officer	O3	1	1	0
SES positions	US	23	15	8
Medical	MID	405	361	44
Dental	DE	192	180	12
Pharmacy	PH	77	62	15
Dietitians	HW	57	52	5
Environmental Health	HW	119	115	4
Laboratory Technicians	HW	134	129	5
Physiotherapists	HW	35	31	4
X-ray Technicians	HW	63	62	1
Bio-medical Technicians	ES	10	4	6
Hospital Services	ES	5	4	1
Occupational Therapists	HW	1	1	0
Domestic & Institutional Services	TG	31	21	10
Information Technology	IT	8	6	2
Graphic Artist & Statistician	SS	6	5	1
Legal Officer	LG	2	1	1
Library Services	IR	4	4	0
Welfare Services	HW	4	4	0
Stores	SK	31	19	12
Telephone Operator	SS	10	10	0
Accounting Officers	AC	21	16	5
Admin Support	SS	174	139	35
Reporting /Typing	SS	57	42	15
Nursing	NU	1825	1731	94
<b>TOTAL</b>		<b>3296</b>	<b>3016</b>	<b>280</b>

#### Regularised positions included

##### Total Establishment:

- Establishment = 3296
- Government Wage Earners = 1253

**Medical Officer Establishment**Table 10: **MEDICAL OFFICER ESTABLISHMENT AS AT 12/09/2005**

Station	Medical Officer Grades							Total
MDO	1	2	3	4	5	6	7	
HQ	-	2/3	-	-	-	-	-	2/3
Virus Lab	0/1	-	1/0	1/0	1/10	-	-	2/2
CWMH	13/15	7/9	10/14	16/24	33/30	17/20	1/1	97/113
Lautoka	6/10	4/4	6/9	12/20	20/27	12/15	3/2	63/87
Labasa	2/4	2/4	5/6	4/7	11/15	8/0	0/1	32/37
Tamavua	½	0/1	1/1	½	4/4	-	-	7/10
St Giles	0/1	-	1/1	2/2	4/5	-	-	7/9
DMO C/E	-	1/1	4/5	5/11	36/32	-	11/11	57/60
DMO W	-	1/1	5/4	4/6	33/40	-	3/3	46/54
DMO N	-	1/1	1/3	5/6	11/14	-	0/1	19/26
<b>Total</b>	<b>22/33</b>	<b>18/24</b>	<b>35/43</b>	<b>49/79</b>	<b>153/167</b>	<b>37/35</b>	<b>18/20</b>	<b>332/401</b>

The above does not include the 15 expatriate officers who assumed duties in November. The number after the slash represents the approved establishment for that particular grade.

The regularization exercise undertaken during the year resulted in 42 MD05 and 15 MD06 positions being established.

Table 11: **NURSING ESTABLISHMENT AS AT 12/09/2005.**

Station	NU 01	NU 02	NU 03	NU 04	NU 05	NU 06	NU 07	NU 08	Total
CWMH	1/1	-	4/5	42/51	12/60	398/352	-	-	457/439
Lautoka	1/1	-	3/3	27/34	13/18	210/200	-	-	254/256
Labasa	-	1/1	1/1	15/22	9/10	114/97	-	1/1	141/132
Tamavua	-	-	-	1/1	2/8	31/35	-	6/5	40/49
St Giles	-	1/1	1/1	1/2	7/7	25/20	5/6	50/64	90/101
DMO C/E	1/1	1/1	-	32/28	20/27	363/321	-	-	416/378
DMO W	1/1	-	-	19/19	14/20	279/244	-	-	313/284
DMO N	-	1/1	-	14/13	12/13	149/115	-	-	176/142
FSN	1/1	1/1	9/16	15/19	-	-	-	-	-
OPH	-	-	-	-	-	5/8	-	-	5/8
<b>Total</b>	<b>5/5</b>	<b>5/5</b>	<b>18/26</b>	<b>166/189</b>	<b>89/133</b>	<b>1574/1392</b>	<b>5/6</b>	<b>57/70</b>	<b>1892/1826</b>

In 2005, there were 182 staff over and above the approved establishment but they were employed against vacancies in various other grades.

The approved nursing establishment is still below the optimum operating numbers and the nurse/population ratio can be improved to 1:400. This would mean an increase of about 300 nurses.

Overall, the staff shortage issue is the result of a multiple of factors, firstly the absolute shortage of numbers aggravated by high attrition rates, lack of suitable candidates to fill vacancies and the mal-distribution of staff.

Outputs from the Nursing School and the Medical School also for that matter have not been sufficient to cope with attrition.

Table 12: **PREVAILING STAFF POPULATION RATIOS** (Public Service)

Staff	Population Ratio
Doctors	1: 2,300
Nurses	1: 500
Dentists	1: 20,000
Dental Therapists	1: 13,000
Dentists and Dental Therapists	1: 8,000

### 3.2 **TRAINING:**

One of the Ministry's priorities is to up skill staff in order to deliver "quality service." Training needs identified were aligned to the Strategic and Corporate Plans of the Ministry. In addition, training needs were also identified from the performance management system.

With the support of "AUSAID", we were able to deliver most of our programs planned for the year.

Table 13: **2005 TRAINING BY CLASSIFICATION**

Programme	Total	CEO/DIR/MNGR	Legal Off	Admin	MO	HI	Bio-med	Dental	Diet	Lab Tech	Pharm	Radiog	S/Nurse
Attachment	19		-	1	2	-	4	-	1	7	-	-	2
Conference	68	18	1	2	11	8	2	-	-	14	2	2	8
Course	13	1	-	-	-	2	-	-	3	2	-	2	3
Meeting	5	1	-	-	2	-	-	-	-	-	1	-	1
Study Leave	4	-	-	-	3	-	-	-	-	-	-	-	36
Training Course	22	2	-	2	4	2	-	1	-	4	-	-	7
Workshop	39	8	-	6	10	2	-	-	1	4	4	-	4
<b>TOTAL</b>	<b>205</b>	<b>32</b>	<b>1</b>	<b>11</b>	<b>32</b>	<b>14</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>31</b>	<b>7</b>	<b>4</b>	<b>61</b>

### **STUDY LEAVE**

**Medical Officers** – The following programmes were undertaken by doctors.

- 2 - Australian Development Scholarship – [i] Master of Disability Studies, Flinders University, [ii] Australia.. Master of Science, University of Melbourne, Australia
- 1 - Fred Hollows Foundation for Diploma in Ophthalmology, Pacific Eye Institute, Solomon Islands.

**Nurse** – The following programmes were completed by Nurses.

- 1 - Overseas Qualified Registered Nurses & Mid Wives Assessment Program was undertaken at the NSW College of Nursing, Australia for 10 weeks
- 25 – Bachelor in Nursing Science, by James Cook University
- 10 – Post graduate Certificate in Nursing Science – Intensive Care & Cardiac Nursing, also at training James Cook University

#### **In-service**

##### **Fiji School of Medicine**

- 3 – Bachelor in Dental Surgery
- 4 – Bachelor in Environmental Health – Bridging
- 7 – Bachelor in Pharmacy – Bridging
- 2 – Diploma in Diagnostic Radiography
- 6 – Diploma in Physiotherapy – Bridging
- 2 – Diploma in Dental Therapy
- 5 – Bachelor of Medicine & Bachelor of Surgery
- 2 – Master in Public Health
- 4 – Postgraduate Certificate in Health Promotion
- 1 – Postgraduate Certificate in Health Research
- 6 – Postgraduate Certificate in Health Services Management
- 1 – Postgraduate Certificate in Public Health
- 8 – Postgraduate Diploma in Public Health

##### **Fiji Institute of Technology**

- 7 – Diploma in Buildings
- 1 – Diploma in Business Management

### **PROJECT ENHANCING PERFORMANCE (PEP)**

This is a program identified and supported by "FHSIP". The program was designed to provide opportunities for employees to:

1. Achieve specific learning objectives; and
2. Achieve workplace improvement by undertaking a funded work-based improvement project, for which the candidates had no other source of funding.

Eligible candidates were Established Staffs and Government Wage Earners.

#### **Milestone achieved by the above project:**

- Standardize ward emergency trolleys in Lautoka Hospital. (17 Emergency trolleys were purchased for Lautoka Hospital to be standardized across divisions)
- Patient medicines information bulletins
- To improve and standardize the pap smear follow up system
- Audit & Internal Control manual (to be standardized to all divisions).
- Monitor utilization of surgical consumables at ward level
- Introduction of HACCP and Food safety program in Ra District Hospital.

### **Public Service Commission Decentralised Courses**

PSC had decentralised 10 modules of its in house courses to various Ministries and Departments. Not all of these courses were able to be delivered due to shortage of resource personnel. However, with the support of WHO, we were able to train 20 of our staff (multi-disciplinary) by TPAF on Training Of Trainers program Module1.

#### **Milestones achieved in Corporate Services unit.**

- Production of Human Resources development plan
- Production of Induction manual
- Production of Recruitment & Appointment manual
- Review of MOH Training policy
- 20 trainers (multi disciplinary) were trained (TOT) by TPAF on module 1.
- Development of Employee Relations manual
- Development of OHS manual
- Development of HRM Manual
- Head count exercise conducted – update of Staff Establishment
- Improved timeline in processing vacancy folders
- Consolidation of 'HRIS'
- Inventory Management training conducted by TPAF
- Input of training data into HRIS
- Awareness on Service Excellence
- Training of eight(8) Service Excellence Evaluators
- Production of National Training Plan

### 3.3 BUDGET AND FINANCE

The health budget has been less than 3% of the GDP for the past years.  
Other Pacific Island countries have always enjoyed 3-5% of their GDP and a few above 5%.

Whilst health appears to be a priority in Fiji, it is not given the funding it justly deserves.

Table 14: **BUDGET PROVISIONS AND EXPENDITURE COMMITMENT BY STANDARD EXPENDITURE GROUP FOR YEAR 2005**

EXPENSE GROUP	PROVISION	COMMITMENT	BALANCE	%
Est. Staff	66,228,200.00	65,628,778.08	599,421.92	99.07%
Unest. Staff	14,679,700.00	14,003,838.45	675,861.55	95.40%
Travel & Comm.	2,462,800.00	2,495,357.86	32,557.86	101.32%
Maint & Op	7,388,600.00	7,388,858.20	258.20	100.00%
Purchase Good	21,103,044.00	24,488,341.40	3,385,297.40	116.04%
Of. Grants/Transfer	3,609,600.00	3,584,025.33	25,574.67	99.29%
Spec. Sup	3,093,500.00	3,014,455.70	79,044.30	97.44%
<b>Total OP</b>	<b>118,565,444.00</b>	<b>120,603,655.02</b>	<b>2,038,211.02</b>	<b>101.72%</b>
Capital Constrt.	4,905,000.00	2,562,789.10	2,342,210.90	52.25%
Capital Purch.	3,120,000.00	4,014,681.94	894,681.94	128.68%
Capital Grant.				
<b>Total Capital</b>	<b>8,025,000.00</b>	<b>6,577,471.04</b>	<b>1,447,528.96</b>	<b>81.96%</b>
VAT	15,372,656.00	13,875,856.96	1,496,799.04	90.26%
<b>Grand Total</b>	<b>141,963,100.00</b>	<b>141,056,983.02</b>	<b>906,116.98</b>	<b>99.36%</b>

Table 15: **TOTAL REVENUE COLLECTED DURING THE YEAR 2005**

No.	Description	Total Revenue Collected
1	Fumigation And Quarantine	311,386.22
2	Inpatient Fees (Paying Ward)	166,261.32
3	Inpatient Fees (Public Ward)	7,301.97
4	X-Ray Fees	205,694.34
5	Laboratory Fees	21,198.64
6	Dental Fees	276,599.55
7	Miscellaneous i.e.	
	Ambulance Fees	255,412.79
	Eye Department	
	Medical Report	
	Notification of Birth & Deaths	
8	Crutches	4,920.50
9	Fiji School of Nursing	86,843.46
	<b>GRAND TOTAL</b>	<b>133,5618.79</b>

Table 16: **TOTAL REVENUE AS A PERCENTAGE OF BUDGET ALLOCATION 1999-2000, 2002, 2004 & 2005**

Year	Budget Allocation	Total Revenue	% Revenue over Budget
1999	88,918,600	1,085,174	1.27
2000	97,835,633	3,053,469	30.71
2002	109,896,196	1,148,158	1.05
2004	134,608,849	1,410,245	1.05
2005	149,963,100	1,335,619	0.89

Table 17: **BUDGET ALLOCATION AND EXPENDITURE 2001 - 2005**

Year	Budget Provision	Exp/Commit	Variance
2001	91,026,619	107,896,993	-168700743
2002	109,896,196	124,202,805	-14306654
2003	116,349,059	129,861,670	-13512611
2004	134,608,849	133,095,676	+1513174
2005	149,963,100	141,056,983	+906,116

The percentage of the GDP the MOH receives can be seen in other ways: the expenditure per capita on health. This was just over \$160.00 per head of population in 2005. The low financial outlay is reflected in the numerous services inadequacies people frequently and somewhat vehemently complain about.

## **SECTION 4**

### **NURSING AND HEALTH SYSTEM STANDARDS**

- I 4.1 NURSING AND HEALTH SYSTEM  
STANDARD**
- 4.2 CURATIVE HEALTH SERVICES**
- 4.3 HEALTH SERVICES UTILISATION**
- 4.4 TOTAL OUTPATIENT ATTENDANCES**
- 4.5 SPECIAL OUTPATIENT ATTENDANCES**
- 4.6 ORAL HEALTH**
- 4.7 NURSING**
- 4.8 CLINICAL GOVERNANCE AND RISK  
MANAGEMENT**
- 4.9 CLINICAL SERVICES PLAN**
- 4.10 OVERSEAS MEDICAL TREATMENT**
- 4.11 INSTITUTION**
- 4.12 CLINICAL SUPPORT SERVICES**

#### 4.1 NURSING & HEALTH SYSTEM STANDARDS

The Division of Nursing and Health System Standards consists of the Clinical/Curative Health Services, Nursing Section, Professional Registration and Overseas Treatment, the Fiji School of Nursing, the Fiji Pharmaceutical Services and the Health System Standards.

This 2005 Annual Report gives an indication of the Division of Nursing & Health System Standards' achievements during the relevant 12 months. This report is also an acknowledgement of the many committed staff who work each day with the sick, the elderly and the suffering, and within the health system, both clinically and administratively.

During 2005, the Division of Nursing and Health System Standards made quite remarkable achievements in the various activities tabled in three of the five key strategic goals of the Ministry of Health, namely:

1. Provision of Health Services
2. Protection of Health
3. People in Health

##### **Role of the Division**

1. To develop, coordinate and monitor the professional management of patient care services and standards for Fiji Health services;
2. To plan and develop nursing policies and oversee the standard of nursing practice and education;
3. To manage the administrative support of Fiji Islands professional and para-professional registration boards/councils in compliance with legislative provisions for professional registration to ensure the highest standards of care available to the people of Fiji;
4. To manage the Fiji School of Nursing;
5. To manage the Fiji Pharmaceutical Services through the Chief Pharmacist.



Director Nursing and Health System Standard, Mrs Rigieta Nadakuitavuki receiving her Civil Service Excellence Award from the Hon. Prime Minister, Mr Laisenia Qarase.



## 4.2 HOSPITALS SERVICES

The Hospital division is responsible for the delivery of the curative/clinical component of the Fiji Health care services. A network of curative care institutions is distributed evenly throughout the country providing primary, secondary and tertiary medical care. In the main urban centers throughout the nation, Private Doctors, Dentists, and Chemists have contributed enormously towards curative health services.

### **Curative Health Services provided during the year included:**

- General Outpatient
- Obstetric and Gynaecology
- Surgical And Orthopaedic
- Internal Medicine
- Paediatric
- Critical Care Adult
- Emergency Services
- Operating Theatre Services
- Anaesthetic Services
- Ophthalmology Services
- Mental Health Services
- Oral Health Services
- Rehabilitation Services
- Hyperbaric and Aged Care and Disability Services

General hospital services include consultation, treatment and admission services provided by generally trained medical and nursing staff. They include inpatient and outpatient services and are provided in most hospitals in Fiji.

Specialist referral services are provided by clinical staff with specialist qualifications, generally based in the larger divisional hospitals. Most patients are referred to these services by general medical practitioners, general outpatient departments or community nurses.



Opening of the renovated ANZ Ward, CWM Hospital by His Excellency the Vice President of the Republic of the Fiji Islands, Ratu Joni Madraiwiwi

### 4.3 HEALTH SERVICES UTILISATION

The Health Services Utilisation statistic for the year that gives measure of the workload for Clinical and Curative Services are given in the following tables:

Table 18: HOSPITAL UTILISATION – 2005

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed State	Aver Length of Stay
1	CWM Hospital	177,096	458	19209	104,548	62.54	286.43	5.44
2	Navua	1971	12	742	1455	33.22	3.99	1.96
3	Vunidawa	12916	21	677	1976	25.78	5.41	2.92
4	Korovou	2893	17	844	1658	26.72	4.54	1.96
5	Nausori	74983	15	1694	3026	55.27	8.29	1.79
6	Wainibokasi	23660	14	811	3314	64.85	9.08	4.09
<b>Sub-Total</b>		<b>293,519</b>	<b>537</b>	<b>23977</b>	<b>115,977</b>	<b>59.17</b>	<b>317.75</b>	<b>4.84</b>
7	Lautoka	164,825	339	13705	73019	59.01	200.05	5.33
8	Nadi	46146	85	3221	11562	37.27	31.68	3.59
9	Sigatoka	43910	60	2434	7606	34.73	20.84	3.12
10	Ba	65981	50	2415	8649	47.39	23.70	3.58
11	Tavua	31969	42	2031	3354	21.88	9.19	1.65
12	Rakiraki	35421	22	2708	4719	58.77	12.93	1.74
<b>Sub-Total</b>		<b>388,252</b>	<b>598</b>	<b>26514</b>	<b>108,909</b>	<b>49.90</b>	<b>298.38</b>	<b>4.11</b>
13	Labasa	132,387	161	7861	39382	67.02	107.90	5.01
14	Savusavu	28301	58	2090	7795	36.82	21.36	3.73
15	Waiyevo	16977	33	1231	3672	30.49	10.06	2.98
16	Nabouwalu	10908	31	727	3403	30.08	9.32	4.68
<b>Sub-Total</b>		<b>188,573</b>	<b>283</b>	<b>11909</b>	<b>54252</b>	<b>52.52</b>	<b>148.64</b>	<b>4.56</b>
17	Levuka	30917	40	1310	2565	17.57	7.03	1.96
18	Vunisea	5864	22	601	2505	31.20	6.86	4.17
19	Lakeba	5982	12	302	819	18.70	2.24	2.71
20	Lomaloma	3446	16	101	418	7.16	1.15	4.14
21	Matuku	3042	5	78	234	12.83	0.64	3.0
22	Rotuma	2331	14	318	1175	22.99	3.22	3.69
<b>Sub-Total</b>		<b>51582</b>	<b>109</b>	<b>2710</b>	<b>7716</b>	<b>19.39</b>	<b>21.14</b>	<b>2.85</b>
<b>SPECIALISED AND PRIVATE HOSPITALS</b>								
	St Giles	10083	136	460	20746	41.79	56.84	45.10
	Tamavua	2856	64	185	9423	40.34	25.82	50.94
	PJ Twomey	11248	27	23	3544	35.96	9.71	154.09
	Military Hospital	14871	7	250	591	23.13	1.62	2.36
	Naiserelagi Maternity	1944	7	272	473	18.51	1.30	1.74
<b>Sub-Total</b>		<b>41002</b>	<b>241</b>	<b>1190</b>	<b>34777</b>	<b>70.05</b>	<b>95.28</b>	<b>29.22</b>
<b>GRAND TOTAL</b>		<b>962,928</b>	<b>1768</b>	<b>66300</b>	<b>321,631</b>	<b>49.84</b>	<b>881.18</b>	<b>4.85</b>

The utilization of beds and Outpatient Services, as shown in Tables 18 and 19 highlights the heavier patient loads experience in the three Divisional Hospitals. In addition, it is also clear that some Sub-Divisional Hospitals are experiencing higher patient numbers, particularly after hours.

The three Specialized Hospitals deal with chronic conditions and the average lengths of stays are much longer at these facilities as expected. Naiserelagi Hospital is a Catholic Church run Maternity Hospital with a shorter average length of stay similar to other Maternity Units.

#### 4.4 **TOTAL OUTPATIENT ATTENDANCES**

Total outpatient attendance including Hospital Special Clinic attendance and attendance at Health Centres are in excess of a million every year.

Staffs at our outpatient services are commended for their performance under trying and often frustrating conditions.

Table 19: **TOTAL OUTPATIENT ATTENDANCES FOR YEAR 2001 - 2005**

HEALTH CENTRE / HOSPITALS	YEARS				
	2001	2002	2003	2004	2005
CWM HOSPITAL	262,887	170,622	141,102	190,665	177,096
LAUTOKA HOSPITAL	190,007	181,411	81283	92300	164,870
LABASA HOSPITAL	84330	37343	117,918	121,681	132,387
TAMAVUA HOSPITAL	8602	2032	2508	2504	2856
ST GILES HOSPITAL	8120	8922	8333	5947	10083
PJ TWOMEY HSOPITAL	12447	17411	17242	13323	11248
SUB-DIVISIONAL AND AREA HOSPITALS	603,922	292,278	444,277	474,920	449,562
FIJI MILITARY HOSPITAL	38438	11357	16414	17477	14871
NAISERELAGI MATERNITY UNIT	1630	1622	1656	1657	1944
HEALTH CENTRES	786,645	693,729	785,106	754,664	825,487
<b>TOTAL</b>	<b>1,997,028</b>	<b>1,416,727</b>	<b>1,615,839</b>	<b>1,675,138</b>	<b>1,790,404</b>
PERCENTAGE CHANGES OVER PREVIOUS YEAR	6.48	-29.06	14.05	3.67	6.98

#### 4.5 SPECIAL OUTPATIENT ATTENDANCES

Table 20: **SPECIAL OUTPATIENT ATTENDANCES BY CLINIC AT DIVISIONAL HOSPITALS FOR YEAR 2005 AND TOTAL 2004**

CLINIC	CWMH	LAUTOKA	LABASA	TOTAL FOR 2005	TOTAL FOR 2004
GOPD	91537	87219	93793	272,549	214,086
CIVIL SERVANT	0	1780	1	1781	2550
MEDICAL	8598	14349	6614	29561	26348
DIABETIC	0	3681	5035	8716	6669
ASTHMA	1	3	979	983	649
RHEUMATIC	0	0	0	0	361
HYPERTENSION	1	0	3439	3440	5175
SURGICAL	3384	3834	4173	11391	8186
FRACTURE	0	0	0	0	1803
NEUROLOGY	1166	0	0	1,166	1077
LEPROSY	0	0	0	0	2
TUBERCULOSIS	0	84	6	90	143
ORTHOPAEDICS	5888	6776	450	13114	8402
GYNAECOLOGY	3903	4345	1195	9443	11088
ANTENATAL	31845	17343	10207	59395	48927
ANTENATAL (High Risk)	177	0	0	177	0
POSTNATAL	9	0	0	9	7669
POSTNATAL (High Risk)	29	0	0	29	17
SKIN	530	832	0	1362	916
PAEDIATRIC	2327	1661	1342	5330	3845
PAEDIATRIC (ECHO)	117	0	0	117	77
OPHALMIC	14927	12623	3024	30574	25513
PHYSIOTHERAPY	4340	6738	112	11190	14150
CANCER CLINIC	0	517	0	517	3710
PSYCHIATRY	3	0	0	3	215
COLPOSCOPY	118	45	0	163	195
ENDOSCOPY	14	16	0	30	134
CCU	543	0	539	1082	991
ENT	1925	0	106	2031	2977
ECG	0	179	3	182	0
EEG	0	0	139	139	565
STD	0	0		0	0

CLINIC	CWMH	LAUTOKA	LABASA	TOTAL FOR 2005	TOTAL FOR 2004
ICU	0	0	1	1	7
BREAST	681	0	0	681	538
LUNG/ASTHMA	0	0	0	0	313
CARDIAC	1902	0	0	1902	1490
ATHRITIS	0	0	0	0	0
ECOCARDIOGRA PHYMANTOUX	9	0	0	9	43
INTERPLAST	0	0	0	0	0
AUDIOLOGY	0	0	0	0	7
PANADUR	0	0	0	0	7
UROLOGY	1357	0	0	1357	999
TREADMILL	0	10	0	10	13
PLASTIC	1128	0	0	1128	659
ENDOCRINE	0	0	0	0	0
ONCOLOGY	0	0	0	0	0
STRESS	0	0	0	0	11
NEPHROTIC	0	0	0	0	0
REGISTRAR	193	0	0	193	154
PREOP	58	0	0	58	201
MOT	4	462	0	466	321
NNC	364	343	1	708	360
PNC	0	0	252	252	54
HIGH RISK FOOT	0	241	1	242	243
NICU	0	7	945	952	504
INFERTILITY	0	0	29	29	25
NUTRITIONAL OP	0	1679	0	1679	857
PREDMISSION	0	56	0	56	1095
Family Planning	0	2	0	2	2
OXFAM	2	0	0	2	0
GASTROCOPY	0	44	0	44	0
OBSTETRIC SPECIAL	0	1	1	2	0
DAY CASE (OT)	16	0	0	16	8
OTHERS	0	0	0	0	58

Close monitoring / surveillance required for reporting of Specialised clinics.

## 4.6 ORAL HEALTH

Oral health is an essential and integral component of health throughout life. It is fundamental to overall health, well being and quality of life. One cannot be considered healthy without oral health.

Under the authority of the Ministry of Health, the mission of the Oral Health Division is to lead the national efforts in the maintenance of good oral health of the citizens of Fiji, and to promote and encourage the retention of their natural teeth for life by planning and delivery of comprehensive preventive and curative oral health services.

The Division of oral Health mandated to be responsible for the oral health of the population continues to pursue the provision and maintenance of good oral health for all the people of Fiji through an integrated and effective curative, preventive and promotional oral health services.

### SITUATION ANALYSIS

#### Oral Health Status

The 2004 National Oral Health Survey revealed that, as in developing countries, oral diseases are prevalent in Fiji. Dental caries in both the primary and permanent dentition remains a serious public health problem due to its high public demand, and its impact on individual and society in terms of pain, discomfort, social and functional limitation and handicap and the effect on peoples quality of life.

Table 21: NATIONAL ORAL HEALTH SURVEY – DENTAL CARIES

CARIES STATUS	6year olds	12yr olds	15–19yr olds	35–44yr olds
Had Caries experience	88.3%	52.3%	67.5%	98.1%
Had untreated dental caries	85.2%	34.7%	54.5%	68.8%
Had 4 or more decayed teeth in the mouth	49.1%	4.1%	12.5%	21.8%

Periodontal disease has become an increasingly serious problem with advancing age and the presence of calculus and shallow pocketing dominating the periodontal scenario.

About 67.05% of the 15 –19 and 46.41% amongst the 35-44 years old were observed to have had calculus at the time of the survey. Only 4.3 of the study population had healthy periodontal status.

#### Human Resource

The staffing situation has not improved much for there continues to be shortage of staff at all cadres of dental personnel. The staffing strength for the year are as follows:

Table 22: HUMAN RESOURCES – DENTAL SERVICES

POSITION	APPROVED	FILLED	VACANT
Assistant Director Dental Services	1	1	-
Principal Dental Officers	6	4	2
Senior Dental Officers	10	7	3
Dental Officers	22	24	+2
Instructor Dental Therapist	8	6	2
Senior Dental Technician	1	1	0
Supervising Dental Technician	2	3	+1
Dental Therapist	60	56	4
Dental Technician	10	7	3
Dental Hygienist	64	66	+2

Serving officers continue to enroll at the Fiji School of Medicine to undertake in-service training towards Bachelor Of Dental Surgery and Diploma in Dental Therapy.

#### Physical Facilities:

Provision of oral health services continue to be provided from 26 dental stations strategically located throughout the country, whereby 13 are in the Central / Eastern Division, 6 in the West and 7 in the

Northern Division. Three of these stations are based at the three main divisional hospitals (CWM, Lautoka and Labasa Hospitals).

There are 5 dental mobile clinics, 2 dental caravans and one long-wheel base land cruiser available to the oral health division to compliment the provision of needed services from the base clinics. These vehicles are utilized for provision of services to the primary schools and all oral health community outreach programs.

**Equipment:**

Dentistry is a profession that is closely associated with dental equipment and though we continue to receive annual government budgetary allocation for dental equipment, we continue to struggle to standardize all the equipment throughout our 26 dental stations.

**Dental Consumables:**

We continue to have problems with inadequate supply of dental consumables hence affecting the continuity of provision of oral health services to our people. As that of dental equipment, dental consumables are very vital for the provision of dental services. Even though there is a separate government budgetary allocation for dental materials, it is not enough to adequately supply the amount required by each dental facilities to meet the great amount of unmet treatment needs.

**PROVISION SERVICES**

In 2005, the Division of Oral Health continued to provide curative, preventive, rehabilitative, community outreach and school oral health services from all the 26 dental stations and the 5 dental mobiles and 2 dental caravans.

Table 23: **ATTENDANCE AT STATIC CLINIC AND SCHOOL MOBILE SERVICES BY DIVISION IN 2005**

ATTENDANCE	CWMH	LAUTOKA HOSPITAL	LABASA HOSPITAL	CENT/EAST	WESTERN	NORTHERN	TOTAL
STATIC CLINICS:							
FIJIAN	14213	9688	5840	28790	14774	5623	<b>78928</b>
INDIAN	8750	14617	13122	13897	19921	2322	<b>72629</b>
OTHERS	1926	968	335	1663	444	565	<b>5901</b>
SCHOOL SERVICES	-	-	-	40385	12704	6743	<b>59832</b>
<b>TOTAL</b>	<b>24889</b>	<b>25273</b>	<b>19297</b>	<b>84735</b>	<b>47843</b>	<b>15253</b>	<b>217,290</b>

Table 24: **TOTAL REVENUE COLLECTED BY DIVISIONS IN 2005**

REVENUE	CWMH	LAUTOKA HOSPITAL	LABASA HOSPITAL	CENTEAST	WESTERN	NORTHERN	TOTAL
Excused Fees	4231	7424	6533	12862	9795	2377	<b>43222</b>
Paying Patients	20417	17844	12764	36049	25306	6102	<b>118,482</b>
<b>TOTAL REVENUE (\$)</b>	<b>\$61,526.00</b>	<b>\$62,312.00</b>	<b>\$39617</b>	<b>\$82023.00</b>	<b>\$57310.00</b>	<b>\$14794</b>	<b>\$317,582</b>

**Curative Oral Health Services**

The curative oral health services offered include:

- Conservative Procedures
- Periodontal Therapy
- Exodontia
- Endodontics
- Prosthodontics
- Orthodontics
- Oral Surgery

Table 25: **CURATIVE ORAL SERVICES BY DIVISION IN 2005**

PROCEDURES	CWMH	LAUTOKA HOSPITAL	LABASA HOSPITAL	CENT/EAST	WESTERN	NORTHERN	TOTAL
<b>CONSERVATIVE PROCEDURES</b>							
Sedative Dressing							
▪ Permanent	3227	1405	2137	5417	2481	872	<b>15539</b>
▪ Deciduous	250	107	358	494	-	102	<b>1311</b>
Amalgam Restoration:							
▪ Permanent	3185	3185	1219	3910	2097	919	<b>14515</b>
▪ Deciduous	44	22	284	96	1419	63	<b>1928</b>
Synthetic Restoration							
▪ Permanent	1199	1199	816	2462	20	370	<b>6066</b>
▪ Deciduous	1248	1248	379	404	-	222	<b>3501</b>
Composite Restoration	926	926	583	-	1282	185	<b>3902</b>
Pin Retention	-	2	2	-	1	-	<b>5</b>
Metal/Porcelain Crown	2	2	-	-	-	-	<b>4</b>
Bridge	-	-	-	-	-	-	<b>-</b>
<b>TOTAL</b>	<b>10081</b>	<b>8096</b>	<b>5778</b>	<b>12783</b>	<b>7300</b>	<b>2733</b>	<b>46771</b>
<b>ENDODONTICS</b>							
Canal Treated	306	353	88	180	233	38	<b>1198</b>
Canal Filled	53	114	62	77	62	2	<b>370</b>
Pulpotomy	-	1	26	-	-	-	<b>270</b>
<b>TOTAL</b>	<b>359</b>	<b>467</b>	<b>176</b>	<b>257</b>	<b>295</b>	<b>40</b>	<b>1568</b>
<b>PROSTHODONTICS</b>							
Full Dentures	713	730	271	-	-	-	<b>1714</b>
Partial Dentures	320	296	254	-	-	-	<b>870</b>
Repair/Reline/Rebase	214	320	514	-	-	-	<b>3632</b>
<b>TOTAL</b>	<b>1247</b>	<b>1346</b>	<b>1039</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3632</b>
<b>EXODONTIA</b>							
Due to Dental Caries:							
▪ Permanent	6362	6608	4729	21958	12672	3604	<b>55933</b>
▪ Deciduous	1460	2256	1873	6074	4223	937	<b>16823</b>
Orthodontic Reasons:							
▪ Permanent	37	77	19	156	122	4	<b>415</b>
▪ Deciduous	166	262	264	1234	610	111	<b>2647</b>
Due to Trauma							
▪ Permanent	61	38	15	121	56	70	<b>361</b>
▪ Deciduous	3	2	8	34	28	1	<b>76</b>
Periodontal Reasons	1671	1757	1403	3044	2651	755	<b>11281</b>
Prosthetic Reasons	259	288	182	1078	696	83	<b>2586</b>
<b>TOTAL</b>	<b>10,019</b>	<b>11,288</b>	<b>8,493</b>	<b>33,699</b>	<b>21,058</b>	<b>5565</b>	<b>90122</b>
<b>ORAL SURGERY</b>							
Surgical Extraction	149	94	54	70	80	6	<b>453</b>
Maxillo-Facial Fracture	91	61	17	16	23	5	<b>213</b>
Surgery Under GA	26	1	2	-	-	-	<b>29</b>
Other Surgical Procedures	214	81	-	40	98	51	<b>484</b>
Post-Operative	778	143	74	188	79	69	<b>1331</b>
Miscellaneous	407	508	72	-	40	2	<b>1029</b>
<b>TOTAL</b>	<b>1665</b>	<b>888</b>	<b>219</b>	<b>314</b>	<b>320</b>	<b>133</b>	<b>3539</b>



Patient undergoing a minor oral surgical procedure

### **Preventive Oral Procedures and Programs**

Oral Preventive Programs being pursued include water fluoridation, topical fluoride treatment, fissure sealant, oral prophylaxis and oral health education.

Table 26: **ORAL PREVENTIVE PROCEDURES BY DIVISION IN 2005**

PROCEDURES	CWMH	LAUTOKA HOSP.	LABASA HOSP.	CENTEAST	WESTERN	NORTHERN	TOTAL
Prophylaxis	810	612	276	1167	486	135	3486
Scaling Only	362	427	819	1215	543	390	3756
OHI	5722	1882	4950		9192	4875	26621
Topical Fluoride	5	166	30	733	135	172	1241
Fissure Sealant	71	568	498	800	207	35	2179
<b>TOTAL</b>	<b>6970</b>	<b>3655</b>	<b>6573</b>	<b>3915</b>	<b>10563</b>	<b>5607</b>	<b>37283</b>

### **Community Oral Outreach Program:**

Outreach programs organized during the year include dental tours to various outlying islands in our maritime subdivisions and inland tours to ensure accessibility of the much-needed oral health services to those in the geographically inaccessible regions of the country. Furthermore, awareness programs were pursued during national celebrations according to the Calendar of Events of the Ministry of Health.

### **Oral Health School Program**

The main mission of the school program was to encourage and lead the effort of the primary school children throughout the nation in the maintenance and promotion of good oral health to ensure the retention of their natural teeth for life. The school program continued to be plagued by the chronic problem of inadequate resources such as transport, human resources and dental consumables.

Despite the constraints, our various school teams pursued to provide the following services:

- Oral assessment and diagnosis
- Topical fluoride treatment
- Fissure sealant application
- Extraction of septic teeth
- Sedative restoration of carious deciduous teeth
- Removal of dental plaque and calculus
- Oral health education



Table 27: **DENTAL PROCEDURES PROVIDED THROUGH SCHOOL ORAL HEALTH SERVICES BY DIVISION IN 2005**

PROCEDURES	CENTEAST	WESTERN	NORTHERN	TOTAL
Dental Extraction:				
▪ Permanent	568	214	292	<b>1074</b>
▪ Deciduous	4528	1714	2444	<b>8686</b>
Sedative Restoration				
▪ Permanent:	680	79	588	<b>1347</b>
▪ Deciduous	564	53	816	<b>1433</b>
Amalgam Restoration:				
▪ Permanent	5532	1818	2330	<b>9680</b>
▪ Deciduous	2286	728	978	<b>3992</b>
Synthetic Restoration		1150	294	<b>1444</b>
Fissure Sealant	1388	-	1252	<b>2640</b>
Scaling	453	-	22	<b>475</b>
Topical Fluoride Application	18858	25521	15363	<b>59742</b>
<b>TOTAL</b>	<b>34857</b>	<b>31277</b>	<b>24379</b>	<b>90513</b>



Patient receiving Dental Restorative Treatment

## 4.7 **NURSING SERVICES**

Nursing services are the backbone of the health system in Fiji and play major roles across the continuum of care from health promotion and health prevention, through treatment and care to rehabilitation, maintenance and palliative care. They provide the frontline care at all levels of service from primary health care, to tertiary level. In Fiji nurses account for over 50% of the total health workforce, with over 1800 posts.

Registered Nurses work independently in Public Health/Community Health nursing areas in remote and rural nursing stations throughout the country where the community is dependent on their skills and experience.

Nurses have also assumed responsibility for some services such as counseling provided by allied health professionals in more developed countries. In rural areas, nursing roles evolved to include community health dietetic roles, pharmacy dispensing and environmental health. Unlike most allied health professions, nursing services operate predominantly on a 24 hour basis.

Specialist nursing roles include midwifery, operating theatre nursing, critical care, surgical, paediatric, mental health and public health nursing. Nurses have also developed additional specialist roles including diabetes education and infection control.

The establishment of Nurse Practitioners in 1998 was in response to the demands and changes in the health care system. Nurse practitioners now play a major role, operating independently within health centers and a number of them are now working in areas such as general outpatient departments in hospitals, Paediatric outpatient department, mental health and the emergency department.

Nursing education has greatly evolved over the years and most recently to include the Post-Registration Bachelor of Nursing Science and Masters in Nursing Practice degree programs, as well as the Postgraduate Certificate in Intensive Care and Cardiac Nursing. These programs are undertaken locally at the Fiji School of Nursing in collaboration with the James Cook University of Northern Queensland, Australia.

### **Review of the current Nurses, Midwives and Nurse Practitioners Act**

Following Cabinet's approval, the NMNP Board has been involved in the revision of the NMNP Act which commenced in 2005.

### **Nurses, Midwives & Nurse Practitioners Board.**

- The Nurses, Midwives & Nurse Practitioners Board met four times during the year rotating to the divisions.
- The Assessment Policy for students at the Fiji School of Nursing was developed and approved by the NMNP Board in September 2005.
- During the year, the NMNP Board commenced an impact assessment of the IV Therapy Policy for Nurses that was formulated in 2003.

### **Scope of Nursing Practice For Fiji Nurses**

The Framework for the Scope of Nursing Practice for Fiji Nurses was endorsed by the Nurses, Midwives and Nurse Practitioners Board during the year. The work has taken a number of years to develop and the Board has involved many nurses and other health professionals such as doctors through questionnaires, focus groups and workshops. The Scope of Nursing does not appear in the current Act, but it will be incorporated in the revised one.

### **Registration and Professional Verification**

- No nurse was deregistered during the year.
- The total number of professional verifications and confirmatory notes processed during the year was 301.
- The number of students from the Fiji School of Nursing who graduated and were registered by the Board during the year was 161.
- The number of expatriate nurses who registered as Fiji Registered Nurses was 13.
- A total amount of \$1,740 was collected in 2005 as registration fees for 174 nurses.

## 4.8 **CLINICAL GOVERNANCE AND RISK MANAGEMENT**

The Clinical Governance Framework, which was developed in 2004 – 2005, is the basis for all the different quality projects and initiatives that have occurred in isolation over the years. These include infection control, quality improvement, customer service and risk management being the latest inclusion. The idea with the Clinical Governance Framework is to provide a whole system approach to improving the quality of health care services.

The National Risk Management program commenced in February 2005 with the Risk Management Adviser relocating from Lautoka (Feb 2004 – Feb 2005) to the MoH Head Office in Suva to develop the national program for Risk Management as a component of the Clinical Governance Framework for Fiji.

From a national perspective the following have been achieved since February 2005:

1. Planned and implemented structured risk management programs, prioritising clinical incident reporting and customer service programs in the CentEast and Northern Divisions (Western Division achieved in 2004).

2. Risk Management/Customer Service education sessions provided to 800 multidisciplinary staff in CentEast Health Services in 2005.
  3. Clinical governance/risk management education session provided to 500 students and staff of the Fiji School of Nursing and 30 multidisciplinary staff in St. Giles Psychiatric Hospital in 2005.
- National policies for Risk Management, Incident Reporting, Quality Improvement and Customer Service were developed and endorsed by NEC.
  - Information Booklets on Risk Management, Quality Improvement, Customer Service and Incident Reporting and Investigation were developed during the year (for distribution at 2006 patient safety national launch).
  - National infection control workshop for 37 multidisciplinary participants was held in November 2005.
  - National Infection Control Policy developed during 2005, for completion by June 2006. This is the overarching policy that will compliment the existing Infection Control Guidelines (2000).
  - The development of the following National Clinical Indicators (2) commenced in 2005 for completion and implementation in 2006
    1. Surgical Site Infection (SSI), specifically post-Caesarean Section (Rate based indicator).
    2. Lower limb amputations in patients with diabetic foot (Rate based indicator).

All three divisions now have Risk Management Units established in Lautoka, CWM and Labasa Hospitals, however their level of functionality varies with Western Health Service having a more mature program as it started earlier in 2004 while the other two divisions commenced their programs in 2005. The Unit consists of the Risk Manager, the Infection Control Nurse(s) and the Customer Relations Officer.

#### **Divisional Highlights**

##### Central & Eastern Division

- Appointment of a Customer Service Officer (September 2005) who has begun processing staff and customer complaints.
- Appointment of a Risk Manager in March 2005 and the incumbent has changed twice since.

##### Western Division

- WHS have a very functional program and the Divisional Quality Improvement Committee is chaired by the Divisional Director.
- This support from the top is complimented by the support from numerous senior clinicians (Nursing, Medical and Clinical support services).

##### Northern Division

- A Risk Manager was appointed in mid 2005 at Labasa Hospital and is beginning to put things into perspective in the division.

## **4.9 CLINICAL SERVICES PLAN**

During the year, the Clinical Services Planning Framework was developed and the document was endorsed by the National Executive Committee (NEC) of the Ministry of Health in June 2005 for implementation in 2006. The Clinical Services Planning Framework is intended to:

- Clarify planning principles,
- Define different service levels and facility roles
- Identify strategies to develop more integrated and sustainable clinical service delivery arrangements over the next 5-10 years
- Consider options for the future development of more specialised services
- Highlight the implications of the proposed service development for workforce, infrastructure and clinical governance.

## **4.10 OVERSEAS MEDICAL TREATMENT**

The overseas medical referral service is maintained by the Ministry of Health through CWM Hospital and Lautoka Hospital for urgent and treatable medical conditions overseas. Treatment of these medical conditions would not be possible locally or cannot await the visiting medical teams.

Beginning in 2004, the Ministry of Health has opened a new treatment front with several hospitals in India. This avenue was sought mainly for competitive price bidding for medical treatment costs.

Table 28: **REFERAL HOSPITALS FOR PATIENTS IN 2005**

Table lists the countries and hospitals engaged in the referrals.

	<b>New Zealand</b>	<b>Australia</b>	<b>India</b>
(i)	Auckland District Hospital	Royal Children's Hospital in Melbourne	International Centre for Cardio Thoracic and Vascular Disease in Chennai
(ii)	Mercy Hospital	Sydney Adventist Church	Madras Medical Mission – Chennai
(iii)	Auckland Eye Institute	John Flynn Hospital	Vijaya Hospital - Chennai
(iv)	Middlemore Hospital	Princess Alexander Hospital	St. Isabella's Hospital - Chennai
(v)			Eye Research Foundation - Chennai

More recently, specialised cardiac services have been accessed in India by Ministry of Health with costs substantially less than in New Zealand or Australia. A review of total package cost of overseas referred cases for coronary artery bypass notes an average of FJD\$35,000 in Australia and New Zealand compared to FJD\$12,000 in India.

A total of 70 patients as compared to only 33 in 2004, benefited from the funding for overseas treatment in 2005 and a majority of them were treated in Chennai, India.

Patients' medical conditions for which referrals were sought range from Congenital Heart Diseases, Ishaemic Valvular Heart Disease, Vascular Heart Disease, Cancer, Acute Kidney Problems, Eye Surgeries, Brain Tumor and other internal organ diseases as outlined in Table 29.

Table 29: **DIAGNOSIS AT REFERRAL OF PATIENTS - 2005**

<b>Diagnosis</b>	<b>Number</b>	<b>Percent</b>
Cardiac diseases	42	60%
Cancer	11	15.7%
Ophthalmology	6	8.6%
Orthopaedics	4	5.7%
Gastro-intestinal	7	10%
<b>Total</b>	<b>70</b>	<b>100%</b>

In 2005, a total of 68 patients were referred overseas for treatment with two (2) treated at the Suva Private Hospital and the total cost for the year was \$775,472.00. Referral by Country and by Ethnic group are shown on Table 30 and Table 31.

Table 30: **TOTAL REFERRAL BY COUNTRY**

<b>Country</b>	<b>NO of Patients Referred</b>	<b>Cost (F) \$</b>
Australia	19	\$225,941.28
India	40	\$396,284.81
New Zealand	9	\$129,000.00
Suva Private Hospital	2	\$24,245.91
<b>TOTAL</b>	<b>70</b>	<b>\$775,472.00</b>

Table 31: **TOTAL REFERRAL BY ETHNIC GROUPS**

<b>Ethnic Group</b>	<b>No of Patients Referred</b>
Fijian	25
Indo Fijian	41
Others	4
<b>TOTAL</b>	<b>70</b>

The number of patients referred for overseas treatment in 2005 is the highest for the last 7 years given the comparative budgetary allocations for the scheme from 1999 to date as shown by the Table 32 below.

Table 32: **BUDGETARY PROVISIONS AND ACTUAL AMOUNTS COMMITTED FROM 1999 – 2005.**

<b>Ser No</b>	<b>Year</b>	<b>Budget</b>	<b>Actual Amt Committed</b>	<b>No of Cases assisted</b>
1	1999	40,000.00	18,339.12	2
2	2000	540,000.00	345,230.48	10
3	2001	216,000.00	408,933.28	13
4	2002	540,000.00	430,996.92	15
5	2003	410,000.00	417,192.48	23
6	2004	410,000.00	521,896.53	33
7	2005	500,000.00	775,472.00	70
<b>TOTAL</b>		<b>3,042,924.62</b>	<b>3,042,924.62</b>	<b>166</b>

In the past years, the Ministry of Health has encountered an upward trend in demand for overseas medical referrals and treatment. This trend is likely to be experienced annually as Non Communicable Diseases (NCD) continues to be a significant cause of morbidity in the country.

Submissions from local Medical Doctors accompanying patients to India have been favourable with regard to standards of care provided by commonly used units in India. Furthermore ongoing efforts by the CWMH Internal medical unit to improve patient accessibility to specialised cardiac services include discussions with specialists from India.

The following Boards and Councils met as scheduled under their respective legislations in 2005:

Fiji Medical and Dental Council  
Nurses, Midwives and Nurse Practitioners Board  
Fiji Pharmacy and Poisons Board  
Private Hospital Board

#### **4.11 INSTITUTION**

##### **FIJI SCHOOL OF NURSING**

The role of the school is being enhanced through the Australian (FHSIP) and Fiji government's support. Upskilling of Registered Nurses at a Postgraduate level by James Cook University in the areas of Intensive Care and Cardiac Nursing continued for another 10 hospital nurses and the fourth cohort of Bachelor of Nursing Science students (25 + 1 private student). Three cohorts (25 in total) of students completed their Postgraduate Certificate in Intensive Care and Cardiac Nursing by the end of 2005. The new Postgraduate Certificate program in Peri-operative nursing will commence in 2006. Preparatory work for the Postgraduate program in Mental Health Nursing started during the year; and the course should commence in mid 2006. The Masters in Nursing Practice program through distance learning with the James Cook University under FHSIP funding, continued for seven (7) FSN Tutors.

Post Registration In-service Training program on Public Health Nursing commenced in June 2005 while the Midwifery Program commenced in August of the same year.

- There was no intake of students for the basic Diploma in Nursing Program in 2005, however 94 locals plus 10 regional students were selected and recruited in November for commencement of studies in January 2006. The total number of students in 2005 was 408.
- Another eight (8) new Senior Tutor positions were approved by the PSC and appointments were made during the year. These appointments reflect the extensive role by the Fiji School of Nursing.
- Through the support of the Fiji Health Sector Improvement Program, infrastructure improvement to the Fiji School of Nursing has been made in the Library and Clinical Laboratory. These included installation of air-conditioning units in the Library and the supply of new equipment and computers for the clinical laboratory as well as the creation and appointment of a new Laboratory Manager position. The new Computer Laboratory was opened in December 2005 with 8 computers in place; and the extension to the kitchen and dining hall is nearing completion. The upgrading of the Lecture Theatre and the Auditorium with the installation and supply of new teaching aids was also carried out during the year. The position of Librarian in the Ministry of Health Head Office was transferred to the Fiji School of Nursing and the appointment of a Librarian was made during the year.
- Improvement in the management of the school through structural changes was made possible through the support of the James Cook University.

The Sangam Private Nursing School in Labasa was inaugurated in April 2005 by the Prime Minister (Mr. Laisenia Qarase) with the first intake of 60 students. The Deed of Agreement is being implemented and monitored through the Nurses, Midwives and Nurse Practitioners Board.



Fiji School of Nursing Computer Lab

## **FIJI PHARMACEUTICAL SERVICES**

### **Overview**

The Fiji Pharmaceutical Service (FPS) has 4 functions which are:

Procurement, storage, and distribution of a wide range of stock items including:

- Drugs & Raw Materials
- Medical & surgical consumables, Vaccines, family planning, dental and X Ray supplies
- General supplies including linen, clothing and appliances
- Disaster Management or Infectious breakout (e.g. SARS) commodities (Personnel Prophylaxis Equipment or PPE)

The FPS also procures stock for Retail Pharmacies through the Government Bulk Purchase Scheme and is able to generate revenue in this way.

### **Highlights**

- Documentation and monitoring of stock out has been possible through the Epicor System, and stock out is decreasing.
- Additional staffing at FPS in 2005 made an impact on the streamlining of services and in particular were the procurement and dispatch of medical supplies to divisions.
- Work on the two (2) legislations under the Pharmaceutical Board commenced during the year and should be tabled in Parliament by mid 2006.
- Demands on consumables and essential drugs continued to increase during the year despite the limited budget.



## Essential Medicines Program

- Training on Standard Treatment Guidelines was conducted for the prescribers in the Sub-divisions.
- Diabetes Standard Treatment Guideline has been updated with the second edition.
- Systematic review of Essential Drug List (EDL) of 1999 commenced during the year and for updating in 2006.
- Pharma-News Bulletins were printed and widely distributed on a quarterly basis during the year.

## EPI Program

- The DPT-HepB + Hib vaccine was successfully pilot tested in the Western Division in 2005, for introduction nationwide in early 2006.
- A replacement plan for the maintenance of cold chain equipment for 5 years is in place
- Spare parts for cold chain equipment are available at the FPS main centre
- 4 Divisional Cold Chain technicians have been trained and are operational in their respective divisions- 2 for Central/Eastern, 1 for the West and 1 for the North.
- Some outstanding issues from the needs identified in 2005 included:
  - Slow progress of supply and replacement of cold chain equipment is due to financial constraints
  - Need to strengthen vaccine stock management at all vaccine sites.

## Anti-Retroviral Vaccine (ARV) Project

During 2005

- Two purchases of ARVs were made.
- ARV Test kits were purchased for Mataika House.
- 22 patients were put on ARV treatment.

The ARV project has slowly rolled out to the other 10 regional countries and 1 patient from Kiribati has started on the treatment. It is forecasted that around 30 patients from around the region would be on ARV treatment by 2006.



Storage and Distribution centre at the Government Pharmacy

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**FIJI CENTRE FOR COMMUNICABLE DISEASES CONTROL****Achievements****1. Accreditation Standards Processes were implemented for;**

- a. Measles Lab Network and Pacific Laboratory Network (PPHSN).
- b. Laboratory Quality Management System.
- c. HIV Confirmatory Testing.
- d. Food and Water Testing Laboratory Development.

**2. Facilitated and participated in the development of the three National and Divisional Plans:**

- a. National Communicable Diseases Surveillance and Communicable Diseases outbreak response plan.
- b. Fiji Influenza Pandemic Plan.
- c. Health Emergencies and Disaster Management Plan.

**3. Filariasis Elimination in Fiji**

- a. Medical Drug Administration fourth round was completed.
    - National treatment coverage of 2005 Medical Drug Administration is 70.16%.
    - The calculation is based on the population obtained during a survey carried out by the Filariasis program in 2002.
    - The highest coverage (by subdivision) was achieved in Taveuni (96%).
    - Rotuma has the lowest coverage of 48%.
  - b. Fiji bednet research project by the government of Japan commenced in vulnerable areas.
4. Social Mobilisation for Communicable Diseases through Health Promotion Strategies in behavioral changes.



## 4.12 CLINICAL SUPPORT SERVICES

### DEPARTMENT OF RADIOLOGY

The department of Radiology is committed to provide excellent patient care through diagnostic services and image guided procedures for inpatients and outpatients. The department of Radiology services is provided 24 hours a day to both adults and children.

Quality control of radiation devices used for examination of patients to assure the safety of patients is also provided.

The department of Radiology provides a wider range of clinical diagnostic and therapeutic imaging procedure with high quality and efficiency as a service to patients and their physicians.

The range of services include general radiology (x-ray) specialized radiography (Fluoroscopy: IVU etc.) Mammography, CT. (Computed Topography) Ultrasonography and International Radiology.

#### **Performance Indicators**

Since the service provided is based entirely on demand it is impractical to set indicators based on figures with regard to x-Ray and ultrasound examinations i.e. targets cannot be set on number of examinations etc.

#### **Training**

During the year Radiographer staff attended the following training;

- Service Excellence Workshop
- OHS Workshop
- Confidentiality And Code of Ethics
- Ultra Sound Workshop
- Mammography Workshop
- Preliminary Interpretation of Medical X-Ray
- In-House on the job training was a continuous activity in the Department

#### **Sub Divisional Hospital Visit**

As part of extended administration responsibilities regular visits to Sub-Divisional hospitals X-ray Department attended to during the year.

Table 33: **TOTAL ATTENDANCE EXAMINATION AND REVENUE COLLECTED DURING YEAR 2005**

Hospital Year	No. of Patients	No. of Test Examination	Revenue Collected (\$)
CWMH	61,436	74,813	161,521.00
Lautoka	-	44,395	813,896.00
Nadi	-	-	65,161.00
Sigatoka	-	-	119,821.00
Ba	-	3,109	-
Rakiraki	-	2,049	-
Labasa	10,334	12,336	1,880

### PHYSIOTHERAPY DEPARTMENT

Physiotherapy is a health care profession with an emphasis on analysis of movement, based on the structure and function of the body and the use of physical approaches for the promotion of health and the prevention, treatment and management of diseases and disability.

Physiotherapy as a profession in health care examines, assesses, plans and implements treatment programmes, monitors and evaluate patient responses, counsels and advises patients and carers.

Ideally physiotherapists are needed in most hospital departments and health care setting, from general outpatients to intensive care.

In Fiji, physiotherapy services are concentrated mainly in the three divisional hospitals with a total workforce of 30 physiotherapists throughout the country. Existing services provided cover a substantial range in both out and in-patients departments in the three mentioned institutions including medical, obstetrics & gynaecology, surgical, orthopaedics and rehabilitation. There are some specialist services in Intensive Care Unit, Burns, Plastic/Hand Injuries and Communicable Diseases as well as sports medicine.

Physiotherapists are primary contact practitioners and provide health care for patients in both public and private sectors of the health system. They have the knowledge and skills to treat patients requiring acute care, rehabilitation, developmental and community based services and a commitment to provide the best possible service for patients of all age groups.

The staff of the Physiotherapy Department of the CWM Hospital in particular, were kept busy all year providing physiotherapy services during sporting events particularly in international rugby with the Fiji 7s Team, the 5<sup>th</sup> World Youth Netball Championship in Fort Lauderdale, Florida; and the Mini South Pacific Games held in Palau.

Service Generally during the year, physiotherapy services were satisfactorily provided to inpatients, outpatients of the main hospitals as well as outreach services to the sub-divisions. Services provided during these clinics included education and awareness sessions on asthma and the use of space/inhaler relaxation, and a home program on the management of asthma. More children than adults attended the asthma clinics in 2005. Physiotherapy services were also provided to children in Special Schools, children with cerebral palsy, during antenatal classes and to postnatal mothers; and in hydrotherapy for those with musculo-skeletal problems. Services continued to be provided to hyperbaric and rehabilitating patients and local support was provided for the visiting Open Heart and Neurology Teams.

Table 34: **TOTAL NUMBER OF OUTPATIENTS AND IN-PATIENTS 2005**

<b>SERVICES</b>	<b>CWM HOSPITAL</b>	<b>LAUTOKA HOSP.</b>	<b>LABAS HOSP.</b>	<b>TOTAL</b>
Outpatients treated	4,346	7,126	N/A	11,427
Number of Treatments[OP]	12,300	11,803	4,904	29,007
Number of In-patients	3,157	7,741	N/A	10,898
Number of Treatments[IP]	19,752	12,225	3,967	35,944

### **PATHOLOGY LABORATORY SERVICES**

#### Overview

Pathology is an integral component in the delivery of almost all the other specialised services as it provides diagnostic information/advice which underpins many of the other clinical services. The pathology service in Fiji comprises

- haematology,
- biochemistry,
- microbiology and
- Histology (tissue diagnosis).

Basic haematology and biochemistry services are provided in all hospitals in Fiji, including sub-divisional hospitals and maternity units, and in some larger health centers. Microbiology services are largely confined to divisional hospitals, while histology is provided only at CWMH and Lautoka hospitals. Tissue diagnosis for Labasa hospital is shared between Lautoka hospital and CWMH.

The Blood Transfusion service is co-ordinated by the Fiji National Blood Services, an entity that was established by MOH at the beginning of 2005.

In addition to the above services the CWMH pathology service also provides a national Forensic pathology service and a back-up service for the Western and Northern division with regards to investigations not available in their laboratory.

In 2005 the divisional hospital pathology services processed a total of 582,794 samples and performed 2,410,234 tests. Activity of individual laboratories is shown in the table below.

Table 35: **LABORATORY ACTIVITIES BY DIVISIONAL HOSPITAL FOR YEAR 2004**

<b>Laboratory</b>	<b>Samples processed</b>	<b>Tests performed</b>	<b>Post-mortems</b>
CWMH	375,821	1,535,559	400
Lautoka	139,800	530,587	392
Labasa	67,173	344,088	83 (approx)
<b>TOTAL</b>	<b>582,794</b>	<b>2,410,234</b>	<b>875</b>



**SECTION 5****PUBLIC HEALTH  
SERVICES****5.1 FAMILY HEALTH AND REPRODUCTIVE  
HEALTH**

- Family Planning
- Immunisation
- Maternal Mortality
- Sexually Transmitted Diseases / HIV

**5.2 COMMUNICABLE DISEASES**

- Tuberculosis
- Leprosy
- Notifiable Diseases

**5.3 NON COMMUNICABLE DISEASES**

- Non Communicable Diseases
- Cancer
- Diabetes
- Mental Health

**5.4 NUTRITION AND DIETETICS****5.5 NATIONAL CENTRE FOR HEALTH  
PROMOTION****5.6 OTHERS**

- Environmental Health
- National Rehabilitation

**5.7 MORBIDITY AND MORTALITY****5.8 MILLENNIUM DEVELOPMENT GOALS**

## 5.1 FAMILY HEALTH AND REPRODUCTIVE HEALTH

### FAMILY PLANNING

- The contraceptive prevalence rate for 2005 has decreased slightly from the previous year by 3%.
- Specifically, there are slight decrease in IUCD, depo injections and norplant.
- Slight increases were noted for pills and condoms.
- There is a notable increase in the Child Bearing Age population from the previous year.

Table 36 : **COMPARATIVE (%) OF CONTRACEPTIVE USE BY METHOD 2001 - 2005**

Type of contraceptive	2001	2002	2003	2004	2005
Pills	17.2	17.6	17.5	18.6	19.3
IUCD	12.5	11.5	11.2	12.9	11.0
Condoms	14.6	14.8	15.3	15.4	16.2
Depo Injections	20.5	21.4	22.5	24.0	22.4
Tubal Ligation	27.2	27.2	25.9	23.9	24.1
Vasectomy	0.3	0.4	0.4	0.3	0.25
Norplant	0.4	0.4	0.3	0.4	0.45
Natural	6.9	6.7	6.9	6.2	6.2
Contraceptive Prevalence Rate (%)	43.7	35.5	42.0	45.9	42.5
Women in CBA (15-44years)	186,547	226,124	180,555	167,810	183,295



UNICEF Resident Representative Ms Gillian Mellsop, Hon. Minister for Health, Mr Solomon Naivalu and the World Health Organisation Resident Representative at the dual celebration of the World Breastfeeding and World Health Day, April 2005.

**IMMUNISATION**Table 38: **FIRST YEAR OF LIFE IMMUNISATION COVERAGE BY DIVISION DURING YEAR 2005**

IMMUNISATION	CENTRAL DIVISION		WESTERN DIVISION		NORTHERN DIVISION		EASTERN DIVISION		TOTAL	
	No. Immun.	% Immun.	No. Immun.	% Immun.	No. Immun.	% Immun.	No. Immun.	% Immun.	No. Immun.	% Immun.
BCG	7032	87.80	5679	87.42	2693	94.62	364	79.48	15768	88.54
OPV1	7025	87.71	5053	77.79	2673	93.92	371	81.00	15122	84.91
HBV1	7044	87.95	5150	79.28	2692	94.59	374	81.66	15260	85.69
OPV2	6545	81.72	4988	75.95	2666	93.68	603	131.66	14802	83.12
HBV2	6578	82.13	4934	75.95	2682	94.24	595	129.91	14789	83.04
TETRA/HIB1	6566	81.98	4977	76.62	2399	84.29	576	125.76	14518	81.52
OPV3	6203	77.45	4968	76.48	2445	85.91	615	134.28	14231	79.91
TETRA/HIB2	6011	75.05	5016	77.22	2461	86.47	605	132.10	14093	79.13
OPV4	5833	72.83	4616	71.06	2329	81.83	648	141.48	13426	75.39
TETRA/HIB3	5708	71.27	4665	71.81	2406	84.54	662	144.54	13441	75.47
HBV3	5807	72.51	4648	71.55	2278	80.04	637	139.08	13370	75.07
MR (1yr)	5108	63.78	3998	61.55	2394	84.12	604	131.88	12104	68.0

Table 39(a): **IMMUNISATION COVERAGE RATES 2001 – 2005**

Vaccine	2001	2002	2003	2004	2005
BCG	96.6	96.2	91.6	93.2	88.5
HBV3	78.3	83.9	73.3	75.4	75.1
OPV4	92.2	90.9	52.4	79.3	75.4
DPT/HiB3	91.2	85.1	61.9	74.5	75.5
Measles/Rubella	85.3	76.4	66.4	68.8	68.0

Table 39(b): **THE NATIONAL IMMUNISATION SURVEY COVERAGE 2005**

Vaccine	Survey Coverage
BCG	98.7%
OPV4	78.2%
DPT 3	83.3%
Measles	79.6%
HepB3	91.9%

- The National Expanded Programme (EPI) on Immunisation Coverage Survey done in 2005 confirmed that Fiji needs to strengthen its EPI programme in order to adequately protect its infant population from outbreaks of measles, polio, and other childhood illnesses. In addition, the coverage survey revealed that there is a significant gap between the administration coverage and the actual field coverage, and this is reflected in the poor reporting and submission of the Consolidated Monthly Return from the subdivisions to the Health Information Unit.
- In order to achieve its goal of measles-elimination by the year 2012, the routine measles coverage must reach over 95% which has not been achieved for the past three years.
- Even though Polio has been declared as eliminated in the Western Pacific region including Fiji, it is still an internationally notifiable disease of high alert. Fiji must still maintain good polio immunization coverage and disease surveillance.
- Hepatitis B control is now being implemented as a new initiative for achievement by 2012. A major focus of this EPI activity is the effort to administer and record the first dose of hepatitis B within 24 hours of birth. This is a very critical point in the effort to effectively control hepatitis B infection by putting much emphasis on the timing of the birth dose of Hep B to be given as close to birth as possible.

Table 40: **INCIDENCE REPORTING OF VACCINE PREVENTABLE DISEASES**

Vaccine	2001	2002	2003	2004	2005
DPT	0	3	11	59	55
Polio	0	0	0	0	0
TB	104	121	139	134	133
Measles	109	305	19	49	59
Rubella	6	65	2	2	0
Meningitis	109	96	47	63	118

- The ongoing Hospital Based Active Surveillance (HBAS) of these major VPDs like Polio, measles, tetanus, etc; will ensure that any new cases are fully investigated and promptly managed.

Table 41: **HOSPITAL BASED ACUTE FLACCID PARALYSIS, ACUTE FEVER AND RASH AND NEONATAL TETANUS ACTIVE SURVEILLANCE FOR YEAR 2005**

1	Number of participating hospitals	21
2	Total number of Monthly Forms Expected	252
3	Completeness of Reporting	64%
4	Coverage by Division (%)	
	* Central/Eastern Division	44%
	* Western Division	94%
	* Northern Division	75%
5	Surveillance Result:	
	* Number of AFP case reported	nil
	* Number of AFR case reported	nil
	* Number of Neonatal Tetanus	nil



A mother discussing the progress of her baby with a public health nurse during a clinic visit.

**Diseases Covered By Immunisation**

Incidence rates of the diseases covered by the immunisation programme have been occurring at low levels as shown on Table 42

Table 42: **IMMUNISABLE DISEASES INCIDENCE RATE FOR YEARS 2001 - 2005**

Year	Disease	Total	Population	Incidence Rate
2001	Measles [Morbili]	109	861003	1.27
	Tetanus	0	861003	0.00
	Pertussis [Whooping cough]	0	861003	0.00
	Meningitis	109	861003	1.27
	Mumps	11	861003	0.13
	Rubella [German Measles]	6	861003	0.07
2002	Measles [Morbili]	305	872985	3.49
	Tetanus	0	872985	0.00
	Pertussis [Whooping cough]	3	872985	0.03
	Meningitis	96	872985	1.10
	Mumps	14	872985	0.16
	Rubella [German Measles]	65	872985	0.74
2003	Measles [Morbili]	19	866099	0.22
	Tetanus	1	866099	0.01
	Pertussis [Whooping cough]	10	866099	0.12
	Meningitis	47	866099	0.54
	Mumps	22	866099	0.25
	Rubella [German Measles]	2	866099	0.02
2004	Measles [Morbili]	37	848647	0.44
	Tetanus	3	848647	0.04
	Pertussis [Whooping cough]	56	848647	0.66
	Meningitis	63	848647	0.74
	Mumps	20	848647	0.24
	Rubella [German Measles]	2	848647	0.02
2005	Measles [Morbili]	59	849,361	0.69
	Tetanus	4	849,361	0.05
	Pertussis [Whooping cough]	51	849,361	0.60
	Meningitis	118	849,361	1.39
	Mumps	37	849,361	0.44
	Rubella [German Measles]	0	849,361	0.00

In 2005, there were significant numbers of reported cases for measles, Pertussis, meningitis and mumps.



**MATERNAL MORTALITY**Table 43 **MATERNAL MORTALITY FOR YEAR 2003-2005 BY CAUSE OF DEATH**

	<b>Cause of Death</b>	<b>Total</b>	<b>Obstetric Cause</b>
<b>2003</b>	Cardiorespiratory arrest second degree to a) Disfunctional intrauterine coagulation, b) PPH, c) Retained placenta	1	1
	* Septiceamia secondary to (L) Supraclavicular abscess	1	1
	* Severe mitral Stenosis, Infective endocarditis	1	1
	* Probable Pulmonary emboli secondary to (a) Deep vein thrombosis, (b) ARD, (c) Acute Renal insufficiency, (d) septic shock (e) Chronic Hypertension	1	1
	* Severe mitral & aortic Stenosis, Amonia with effusion *DIC	1	0
	* Ruptured (L) Ectopic Pregnancy	1	1
	* Toxaemia as a complication post pueperal sepsis (natural)	1	1
	* Haemorrhagic shock due to bleeding from operative	1	1
	* Intracerebral haemorrhage from aneurysmal rupture	1	0
	* Cardiac failure due to an undiagnosed cardiac disease aggravated by pregnancy and onset of PPH	1	1
	Thromboembolism	1	0
	Basal ganglia haemorrhage due to severe Pre-eclampsia	1	0
	Intracerebral haemorrhage due to Pre-eclampsia	1	0
	<b>Year Total</b>	<b>13</b>	<b>8</b>
<b>2004</b>	<b>Cause of Death</b>	<b>Total</b>	<b>Obstetric Cause</b>
	* Severe Metabolic Acidosis, * Encephalopathy, * Thrombocytopenia	1	0
	* Disseminated Intravascular coagulation associated with IUD	1	1
	* 2nd degree HCLLP*Syndrome by complicated renal failure*Septiceamia * Abrupt placenta * DIC	1	1
	* Hypovolmic shock from bleeding varicose ulcer * Aspiration asphyxia	1	0
	* Hypovolmic shock *Aspiration asphyxia *Severe pre-eclampsia (Hellp Synd)	1	1
	* Eclampsia-ARDS,DIC, Hepatorenal failure * ?Septiceamia	1	1
	* Acute Pulmonary Edema * Mitral Stenosis * Cardiomyopathy * Bilat. Pneumonia	1	0
	* Hypovolaemia shock as a result of Subrectus Haematoma	1	1
	*Spontaneous Intracranial Hemorrhage	1	0
	* Acute Chronic Cardiac Failure due to severe mitral Stenosis	1	0
	* Septiceamia with multiple organ disfunction due to septic abortion	1	1
	<b>Year Total</b>	<b>11</b>	<b>6</b>
<b>2005</b>	* Cardiorespiratory Arrest, * PIH with Help Syndrome, * Septicaemia	1	1
	* Ruptured Ectopic Pregnancy	1	1
	* Disseminated intravascular coagulation as a complication of post pueperal sepsis	1	1
	* Rupture Ectopic Pregnancy	1	1
	* Severe Septicaemia, * Ectopic Pregnancy, * Anemia	1	1
	*Disseminated Tuberculosis	1	0
	* Sepsis with renal Failure	1	0
	*Lt frontal lobe brain abscess with incomplete abortion *Septicaemia with respiratory and renal failure	1	1
	* Chronic Cardiac Failure *Rheumatic Heart Failure *Pneumonia *Emergency C/Section	1	0
	Septicaemia secondary to scalp abscess	1	0

**Table 43 con'd.....**

	Ruptured Ectopic pregnancy - by clinical history, examination, development, U/Sound, culdosentesis and progression of condition	1	1
	Ruptured Ectopic pregnancy	1	1
	Terminal bleeding diathesis due to DIC	1	1
	Leptospirosis	1	0
<b>Year Total</b>		<b>14</b>	<b>9</b>

The leading cause of maternal deaths in 2005 was due to ruptured Ectopic pregnancy (28%).

Maternal deaths varied from 16.2 per 100,000 LB in 1996 to 50.49 per 100,000 LB in 2005, the highest being recorded.

### **SEXUALLY TRANSMITTED DISEASES/HIV**

- The cumulative number of HIV/AIDS cases in Fiji at the end of 2005 was 200. The number of newly laboratory diagnosed and reported cases are steadily increased at an average of 29 cases per year. This is a worrying trend that must be halted and reversed.
- Support must be given to our primary health care services in terms of voluntary counseling and confidential testing Voluntary and Confidential Counselling and Testing (VCCT) so that health and social services are fully accessed and utilised in assisting vulnerable groups to modify and change their behaviours

Table 44: **CUMMULATIVE FIGURES OF INCIDENCE OF HIV INFECTION BY SEX,AND RACE 2001 - 2005**

Year	2001	2002	2003	2004	2005
Newly diagnosed cases	17	26	31	29	29
Males	9	15	18	13	16
Females	8	11	13	16	13
Fijians	14	24	29	27	22
Indians	1	1	2	2	6
Others	2	1	0	0	1
<b>Cumulative National Total</b>	<b>85</b>	<b>111</b>	<b>142</b>	<b>171</b>	<b>200</b>

- Government has committed an annual budget for the National Advisory Committee on Aids of \$FJ500,000 since 2005 for its implementation of the National Strategic Plan on HIV Aids Plan 2004 - 2006. This has increased from the initial funding allocation of \$FJ150,000 in 2002 to \$300,000 in 2003 and 2004.
- Prevention of Mother to Child Transmission (PMTCT) of HIV is also being addressed through HIV Testing in AnteNatal Clinics (ANC) with voluntary counseling and testing, and treatment of pregnant mothers who are positive for HIV. Divisional training is being conducted for health professionals in the North, West, and Central divisions.

Table 46: **PREVALENCE RATES FOR GONORHOEA SEEN AT SUVA HUB CENTRE AND NATIONAL TOTAL 2005**

Age Group	Suva Hub Centre		National Total	
	Number	%	Number	%
10-19yrs	24	8.8	133	15.9
20-29yrs	197	73.0	569	66.7
30-39yrs	43	16.0	111	13.2
>40yrs	6	2.2	35	4.2
<b>Total</b>	<b>240</b>	<b>100</b>	<b>838</b>	<b>100</b>

- These Hub Centres also focus on the other STIs which are also a major problem in Fiji, as shown above in the prevalence of STI's seen and recorded at the various RH Clinics.
- The Ministry of Health, with the assistance of the South Pacific Commission are revising the Treatment Guidelines for the Syndromic Management of STI in Fiji after a regional consultation workshop in Fiji in 2005.
- Fiji continues to have a high incidence of common sexually transmitted diseases like syphilis and gonorrhea.
- This is a worrying trend because it reflects the level of high risk sexual behaviour that still exists in the community.
- An individual could be concomitantly infected with HIV and any of these sexually transmitted infections (STIs), hence the prevention and control of STIs will have a significant impact on the control of HIV in Fiji.
- Any STI symptom should be considered a proxy sign of early HIV infection.

Table 47: **PREVALENCE RATES FOR SYPHILIS SEEN AT SUVA HUB CENTRE AND NATIONAL TOTAL 2005**

Age group	Suva Hub Centre		National Total	
	Number	%	Number	%
10-19 yrs	27	6.9	76	9.2
20-29 yrs	257	66.1	530	63.7
30-39 yrs	82	21.1	175	21.0
> 40 yrs	23	5.9	51	6.1
<b>Total</b>	<b>389</b>	<b>100</b>	<b>832</b>	<b>100</b>

- Another worrying trend is the high number of teenagers who are seeking medical attention at the STI clinics. Although this may reflect positive health-seeking behaviour, the message portrayed here is that there is a lot of risky sexual behaviour amongst our very young population.
- This is further reflected in the unfortunate high number of teenage pregnancies in the community. Both unplanned pregnancies and STIs reflect the burden of high risk sexual behaviour in our society and every concerned citizen, organization, community, or government department must do all it can in addressing these dangerous trends.

Table 48: **TEENAGE PREGNANCY RATES 2002-2005.**

Age groups	2002	2003	2004	2005
Under 15 years	16	30	40	22
15-19 years	480	815	1288	1336
<b>Total</b>	<b>496</b>	<b>845</b>	<b>1328</b>	<b>1358</b>

The number of teenage pregnancy between 15-19 years continues to have an increasing trend.

## 5.2 **COMMUNICABLE DISEASES (CD)**

### **TUBERCULOSIS**

The TB Unit has just completed its ten(10) years at Twomey Hospital after its completion of 50 years at the old Tamavua Hospital.

The TB programme had its inception in 1946 and its institution opened after the second World War when TB incidence was very high at 220 per 100,000 population and a lot of people were dying from the disease as there were no treatment available at that time. In 2000, Fiji, for the first time went below the 20 per 100,000 population mark and in year 2005 we managed to achieve the target of incidence of 15 per 100,000 population.

Table 50: **INCIDENCE OF TUBERCULOSIS – 2005**

Age Group	Central			Eastern			Northern			Western			Grand Total
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	
0-14	4	7	11	-	-	-	1	-	1	2	-	2	14
15-24	4	2	6	-	-	-	2	2	4	3	3	6	16
25-34	7	6	13	-	-	-	3	1	4	8	2	10	27
35-44	11	3	14	-	1	1	2	1	3	5	1	6	24
45-54	6	3	9	1	-	1	-	-	-	7	1	8	18
55-64	6	4	10	1	-	1	2	1	3	7	1	8	22
65 plus	2	2	4	-	-	-	-	1	1	4	2	6	11
<b>TOTAL</b>	<b>40</b>	<b>27</b>	<b>67</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>10</b>	<b>6</b>	<b>16</b>	<b>36</b>	<b>10</b>	<b>46</b>	<b>132</b>
<b>TB CASE POS(+) &amp; NEG(-)</b>													
Positive (+)	16	18	34	2	1	3	4	5	9	12	5	17	63
Negative (-)	22	11	33	-	-	-	4	3	7	23	6	29	69
<b>TOTAL</b>	<b>38</b>	<b>29</b>	<b>67</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>8</b>	<b>8</b>	<b>16</b>	<b>35</b>	<b>11</b>	<b>46</b>	<b>132</b>

Table 51: **YEARLY REGISTERED CASES FOR RACE FOR YEARS 1986 – 2005**

Year	Fijians	Indians	Others	Total
1986	134	55	10	199
1987	122	34	17	173
1988	106	43	13	162
1989	153	44	19	216
1990	168	56	28	252
1991	133	54	23	210
1992	179	38	23	240
1993	127	30	26	183
1994	153	44	28/	225
1995	151	28	22	201
1996	131	50	18	199
1997	124	36	10	170
1998	112	37	17	166
1999	133	38	21	192
2000	97	34	13	144
2001	109	28	19	156
2002	102	26	22	150
2003	124	35	26	185
2004	90	25	19	134
2005	95	24	13	132

## LEPROSY

The Leprosy and Dermatology Unit is now 36 years old at Tamavua and has its own success stories, from Soliaga in Beqa Island to Devo at St Elizabeth's Home and to Dalice in Makogai Island until it eventually rested at the PJ Twomey Memorial Hospital in 1969.

The year 2005 was another challenging period for Leprosy Dermatology Unit as it strived to carry out its role as a specialist centre, collaborating with the Ministry of Health, the World Health Organisation office in Suva and the Leper Trust Board. This included such roles as:

1. Coordinating Leprosy Control Program activities.
2. Managing / caring for inpatient with serious complaints
3. Providing general Dermatology services
4. Rehabilitation cured cases of Leprosy
5. Provides Training / attachment to undergraduate Medical and Nursing students, health professional in the region.
6. Specialist consultation at various centres and hospitals in Labasa and CWMH Hospital.
7. Updating Medical Personnel with regard to the Leprosy situation in the Country / Region.

Leprosy as a public health problem has been eliminated in Fiji – Prevalence Rate of < 1/10,000 population and the Leprosy Control Programme continue to implement strategies to sustain Leprosy services following elimination. The trend in Fiji has been satisfactory compared to neighbouring Pacific Island States. Four(4) new cases were detected and have commenced on treatment in 2005.

## NOTIFIABLE DISEASES

Table 52 shows diseases notified during the years 2000 – 2005. Influenza, viral infection and acute respiratory infection continued to be the most notified diseases for the last five years followed by diarrhoea, venereal diseases, conjunctivitis and fish poisoning.

Table 52: **RETURN OF NOTIFIABLE DISEASES AND DEATHS FOR YEARS 2001 - 2005**

No.	Name of Diseases	2001		2002		2003		2004		2005	
		No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths
1	Acute Poliomyelitis	0	0	0	0	0	0	0	0	0	0
2	Acute Respiratory Infection	13,448	0	11,464	0	14,406	0	12,580	0	10,124	0
3	Anthrax	0	0	0	0	0	0	0	0	0	0
4	Brucellosis	0	0	0	0	0	0	0	0	0	0
5	Chicken Pox	754	0	724	0	909	0	922	0	787	0
6	Cholera	0	0	0	0	0	0	0	0	0	0
7	Conjunctivitis	1,070	0	802	0	802	1	1,079	0	1,466	0
8	Dengue Fever	3	0	170	1	2,762	4	84	0	27	0
9	Diarrhoea	7,288	1	4,067	2	6,103	7	5,844	0	6,309	1
10	Diphtheria	0	0	0	0	0	0	0	0	0	0
11	Dysentery (a) Amoebic	16	0	10	0	13	0	4	0	6	0
	(b) Bacillary	228	2	73	0	129	0	148	0	108	0
12	Encephalitis	1	0	2	0	4	1	0	0	1	0
13	Enteric Fever (a) Typhoid	8	0	4	0	25	0	7	0	116	0
	(b) Para Typhoid	0	0	0	0	1	0	0	0	1	0
14	Fish Poisoning	1,715	0	1,213	1	1,066	0	928	0	865	0
15	Food Poisoning	43	0	15	0	58	0	52	0	82	0
16	German Measles (Rubella)	6	0	65	0	2	0	2	0	0	0
17	Infectious Hepatitis	121	2	92	0	100	8	75	0	72	0
18	Influenza	40,012	0	41,786	0	25,866	0	38,355	0	20,004	0
19	Leprosy	4	0	3	0	2	0	3	0	3	0
20	Leptospirosis	107	5	83	1	50	6	76	7	53	1
21	Malaria	104	0	31	0	12	0	3	0	5	0
22	Measles (Morbilli)	109	0	305	0	49	0	37	0	59	0
23	Meningitis	109	3	96	2	47	3	63	2	118	2
24	Mumps	11	0	14	0	22	0	20	0	37	0
25	Plague	0	0	0	0	0	0	1	0	0	0
26	Puerperal Pyrexia	0	0	0	0	1	0	4	0	3	0
27	Replasing Fever	0	0	0	0	45	0	238	0	412	0
28	Rheumatic Fever	30	0	5	0	3	0	4	0	5	0
29	Smallpox	0	0	0	0	0	0	0	0	0	0
30	Tetanus	0	0	0	0	1	0	3	0	4	0

Continued on Table 52....

31	Trachoma	144	0	543	0	411	0	253	0	434	0
32	Tuberculosis (a) Pulmonary	104	2	121	2	139	1	134	0	133	0
	(b) Others	32	0	16	0	49	2	1	0	0	0
33	Typhus	0	0	0	0	0	0	0	0	0	0
34	Viral Infection	54,979	0	18,638	1	24,009	4	23,234	0	18,172	0
35	Whooping Cough [Pertussis]	0	0	3	0	10	0	56	0	51	0
36	Yaws	1	0	0	0	0	0	0	0	2	0
37	Yellow Fever	0	0	0	0	0	0	0	0	1	0
38	<b><u>Veneral Disease</u></b>										
	(a) Gonorrhoea	1,147	0	1,262	0	1,180	0	1,247	0	885	0
	(b) Granuloma Inguinale	0	0	0	0	0	0	1	0	2	0
	(c) Ophthalmia Neonatorum	2	0	0	0	5	0	1	0	2	0
	(d) Lymphogranuloma Inguinale	0	0	0	0	0	0	0	0	0	0
	(e) Soft Chancre/ Chancroid	0	0	0	0	0	0	0	0	3	0
	(f) Syphilis	317	0	592	1	734	1	859	0	870	0
	(g) Veneral Warts	6	0	11	0	25	0	6	0	23	0

Deaths were recorded for diarrhoea (1), leptospirosis (1) and meningitis (2).



Commissioner for Police undertaking Screening Test on Healthy Workplace Initiative

### 5.3 **NON COMMUNICABLE DISEASES**

The Non-Communicable Diseases (NCD) Unit under the Public Health Division had taken a more aggressive approach in 2005 towards the prioritization and implementation of strategies/activities for the year as encompassed in the National Non communicable Disease Strategic Plan 2004-2005 for the Prevention and control of Non Communicable Diseases and thus the increase in the Government budgetary allocation from \$60,00 in 2004 to \$200,000 in 2005 as well as increased funding from AusAID through the Fiji Health Sector Improvement Program .

A NCD Project Officer was appointed during the year to assist the National Advisor NCD in the facilitation, coordination and implementation of the activities throughout the year.

Five National NCD Committee meetings were conducted in 2005 at different venues, which proved to be a good promotional tool for awareness and advocacy on NCD's. This had resulted in a large number of workplaces registering their interest in being part of our healthy settings initiative. Each of the national sub-committees had six meetings whose hard work had resulted in the successful completion of certain aspects of the 2005 priorities and this was highly appreciated by the NCD Secretariat and the Ministry of Health. Awareness and marketing dominated the first half of the year whereby the plans had been taken around to divisions and stakeholders were taken through the plan to ensure that strategies and activities were reflected in their own division operational plans.

Awareness campaigns were done on ongoing basis and it was decided to move from awareness to actual impact hence not just providing the public with good information but to move them from information to action. IEC materials and environmental interventions was developed and distributed on an on-going basis at national and divisional levels.

In addition, certain clinical guidelines like the Diabetes, Hypertension and Emergency guidelines had been reviewed and primary health care staff had been trained on the guidelines and quality was incorporated in it.

#### **Highlights of Activities**

Summarised below are highlights of what had been initiated or facilitated in the Division:

Table 53: **HIGHLIGHTS OF NCD ACTIVITIES BY DIVISION, 2005**

No.	Central / Eastern Division	Western Division	Northern Division
1.	Community Health Integrated	Awareness Workshop	NCD Awareness
2.	Special Outreach Clinic	Diabetes Education Training Workshop	NCD Surveillance
3.	Home Based Care Project	NCD Tool-kit	World No Tobacco Day
4.	Improvement of Accident and Emergency Services at CWMH	Capacity Building and NCD Risk Factors	Healthy Food Choices
5.	Capacity Building for Community Health Nurses	Tobacco Free Premises	Physical Activities
6.	Declaration of CWMH as Tobacco Free Premises	NCD Surveillance	Health Settings
7.			Formation of Public Health Forum
8.			Small Grant NCD Projects

The NCD have been the leading cause of deaths for many years. A 1980 survey placed NCD deaths at 50% of all deaths. Deaths due to the Circulatory system above accounted for 40% of total deaths. The Non Communicable diseases survey of 2001–2002 found that the percentage of NCD deaths had risen to 82% of total deaths. In the Space of 22 years deaths due to the various NCD's had risen by over 30 percentage points.

We in Fiji have already exceeded the 2020 prediction made by WHO; that the proportion of NCD death would be around 73% and the NCD disease burden would be around 60% of the total disease burden.

**Circulatory Diseases**Table 54 (a): **CIRCULATORY DISEASES TOTAL BY TYPE FOR YEARS 2001 – 2005**

No.	Circulatory Diseases	Years				
		2001	2002	2003	2004	2005
1	Acute Rheumatic Fever	44	32	60	48	36
2	Chr. Rheumatic H/Dis	98	61	82	71	86
3	Ishaemic H/Dis	797	773	896	894	1030
4	Hypertensive Dis	1325	1223	1562	1112	558
5	Pulmonary H/Dis	4	12	17	10	23
6	Other Forms of H/Dis	1206	839	1307	1013	954
7	Cerebrovascular Dis	661	420	648	501	500
8	Dis. Of Arteries, arterioles and capillaries	29	23	21	22	22
9	Dis. Of Vein, Lymphatic vessels and Lymph Nosed NEC	146	71	101	78	116
10	Other and unspecified disorders of the circulatory system	-	18	19	9	12
<b>Total</b>		<b>4310</b>	<b>3472</b>	<b>4713</b>	<b>3758</b>	<b>3337</b>

Table 54 (b): **TOTAL CIRCULATORY DISEASES BY RACE AND SEX**

YEAR / NO.		RACE			SEX	
		Fij	Ind	Oth	Male	Female
2001	No.	<b>1741</b>	<b>2390</b>	<b>179</b>	<b>2585</b>	<b>1725</b>
	%	40.39%	55.45%	4.15%	59.98%	40.02%
2002	No.	<b>1381</b>	<b>1974</b>	<b>117</b>	<b>2181</b>	<b>1291</b>
	%	39.37%	56.86%	3.37%	62.82%	37.18%
2003	No.	<b>2156</b>	<b>2382</b>	<b>175</b>	<b>2785</b>	<b>1928</b>
	%	45.75%	50.54%	3.70%	59.09%	40.91%
2004	No.	<b>1607</b>	<b>2013</b>	<b>138</b>	<b>2319</b>	<b>1439</b>
	%	42.76%	53.57%	3.67%	61.71%	38.29%
2005	No.	<b>1308</b>	<b>1884</b>	<b>145</b>	<b>1954</b>	<b>1383</b>
	%	39.20%	56.46%	4.34%	58.56%	41.44%

Table 54 (c): **CIRCULATORY DISEASES BY AGE GROUP 2001 – 2005**

YEAR / NO.		Age Group			
		40-49	50-59	60-69	70+
2001	No.	<b>724</b>	<b>1016</b>	<b>1039</b>	<b>752</b>
	%	16.80%	23.57%	24.11%	17.45%
2002	No.	<b>627</b>	<b>941</b>	<b>1006</b>	<b>399</b>
	%	18.06%	27.10%	28.97%	11.49%
2003	No.	<b>833</b>	<b>1292</b>	<b>1536</b>	<b>391</b>
	%	17.67%	27.41%	32.59%	8.30%
2004	No.	<b>637</b>	<b>974</b>	<b>1340</b>	<b>221</b>
	%	16.95%	25.92%	35.66%	5.88%
2005	No.	<b>651</b>	<b>880</b>	<b>1056</b>	<b>251</b>
	%	19.51%	26.37%	31.64%	7.52%



**CANCER**

The following provides some facts about cancer occurrence in Fiji.

1. Fiji has a high incidence of cancer of the cervix and the female breast. Together with other cancers of the female reproductive organs, they make up almost 40% of all cancers in both males and females.
2. The incidence of cancer is much higher in females than in males and this can be attributed to the high incidence of cancers of the cervix and the female breast.
3. The incidence of cancer is much higher in Fijians than in Indians.

Table 55: **TOP FIVE CANCER CASES FOR YEARS 2000 - 2005**

YEAR	No.	CODE	CANCER SITE	RACE			SEX		AGE GROUP								TOTAL
				FIJIAN	INDIAN	OTHERS	M	F	UNK	1-14	15-24	25-34	35-44	45-54	55-64	65+	
2000	1	C53	CERVIX	44	25	7	0	76	0	0	1	12	26	17	17	3	76
	2	C50	BREAST	30	42	0	3	69	0	0	2	8	23	17	15	7	72
	3	C55	UTERUS	27	24	1	0	52	0	0	1	8	13	20	7	3	52
	4	C43-C44	SKIN	24	12	12	31	17	0	3	4	3	5	11	6	16	48
	5	C56	OVARY	16	14	2	0	32	0	0	3	4	11	7	4	3	32
2001	1	C53	CERVIX	80	43	10	0	133	0	0	2	21	53	31	17	9	133
	2	C50	BREAST	36	34	4	3	71	0	0	1	4	16	23	11	19	74
	3	C55	UTERUS	22	18	7	0	47	0	0	2	4	13	12	11	5	47
	4	C76	OTH. ILL- DEFINE SITES	26	10	3	23	16	1	2	5	3	2	6	11	9	39
	5	C56	OVARY	18	9	4	0	31	0	1	3	5	7	5	9	1	31
2002	1	C53	CERVIX	76	25	5	0	106	0	0	0	9	30	35	23	9	106
	2	C50.9	BREAST	29	34	1	5	58	0	0	0	1	8	13	18	23	63
	3	C55	UTERUS	20	14	3	0	37	0	0	0	3	4	6	11	13	37
	4	C56	OVARY	12	4	0	0	16	0	0	0	3	3	5	4	2	17
	5	C61.9	SKIN	5	4	7	6	10	0	0	0	0	0	6	4	6	16
2003	1	C53.9	CERVIX	31	18	6	0	55	0	0	1	9	14	17	9	5	55
	2	C50.9	BREAST	23	26	5	1	53	0	0	1	3	10	13	16	11	54
	3	C55.9	UTERUS	20	7	2	0	29	0	0	2	4	4	8	7	4	29
	4	C54.1	ENDOMETRIUM	9	7	1	0	17	0	0	0	1	0	4	7	5	17
	5	C43-C44	SKIN	9	2	5	9	7	0	0	1	0	1	4	4	6	16
2004	1	C53.9	CERVIX	64	36	2	0	102	0	0	0	11	35	35	13	8	102
	2	C50.9	BREAST	38	48	8	4	90	0	0	1	4	17	27	32	13	94
	3	C55.9	UTERUS	24	7	3	0	34	0	0	0	1	10	9	8	6	34
	4	C43-C44	SKIN	7	2	12	16	5	0	0	0	2	0	5	12	2	21
	5	C16.9	STOMACH	9	6	0	10	5	0	0	1	0	2	2	8	2	15
2005	1	C50.9	BREAST	39	22	7	6	62	0	0	2	4	15	18	21	8	68
		C53.9	CERVIX	49	17	2	0	68	0	0	0	9	28	13	12	6	68
	2	C55.9	UTERUS	13	9	0	0	22	0	0	0	1	7	5	8	1	22
		C43-C44	SKIN	9	4	9	16	6	0	0	0	3	2	6	7	4	22
	3	C92.1	CHRONIC MYELOID LEUKAEMIA	12	2	0	8	6	0	0	2	0	4	4	2	2	14
	4	C56	OVARY	9	3	0	0	12	0	0	4	0	4	4	0	0	12
	5	C61.9	PROSTATE GL AND	7	4	1	12	0	0	0	0	0	2	1	6	2	11

## MENTAL HEALTH

Mental Health Services remain centralized at St Giles Hospital and provided both outpatient and inpatient services in addition to electro convulsive therapy (ECI), Occupational Therapy, Day Care Centre(DCC), and Community Psychiatric Nursing (CPN).

The year 2005 saw St Giles Hospital became more involved in operational and the incorporation of Mental health issues with other programmes and activities at both National and Divisional level.

Table 58: **OUTPATIENT CONTACT BY GENDER, RACE AND AGE GROUP DURING THE YEAR 2005.**

Age Group	Fijian		Indian		Others		Total
	Male	Female	Male	Female	Male	Female	
0-4	0	0	0	0	0	0	0
5-9	0	0	0	1	0	0	1
10-14	3	12	1	5	0	2	23
15-19	66	43	41	35	13	2	200
20-24	233	112	123	64	38	22	592
25-29	261	106	103	162	33	33	698
30-34	227	109	148	140	45	24	693
35-39	131	94	186	189	41	43	684
40-44	90	83	120	141	57	58	549
45-49	130	91	143	182	24	41	611
50-54	89	92	58	110	22	25	396
55-59	45	35	77	99	42	21	319
60 & above	77	78	167	197	50	47	616
<b>Total</b>	<b>1352</b>	<b>855</b>	<b>1167</b>	<b>1325</b>	<b>365</b>	<b>318</b>	<b>5382</b>

Table 58 shows that 15% of the total number of outpatients are 24 years of age or less; 39% are 25-39 years; 35% are 40-59 years; 11% are 60 years or over.

2207 (41%) of the outpatients were Fijian; 2492 (46%) were Indian; and 683 (15%) were of other races. 2884 (54%) of the total outpatients seen were male and 2498 (46%) were female.

Table 59 shows that a total of 57 suicidal patients were seen in the outpatient department. 41 (72%) cases were Indian; 12 (21%) cases were Fijian and 4 (7%) were other races.

68% (39) of the total were between the ages of 15-34 years. 56% (32) of the total cases were female with 46% (26) of the total being Indian females.

There was one case seen that was a Fijian male in the 10-14 year age group.

Table 59: **AGE, GENDER AND RACE OF SUICIDAL OUTPATIENT FOR 2005.**

Age Group	Fijian		Indian		Others		Total	
	M	F	M	F	M	F	M	F
0-4	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0
10-14	1	0	0	0	0	0	1	0
15-19	0	0	1	4	1	2	2	6
20-24	0	1	3	2	0	0	3	3
25-29	7	0	1	12	0	0	8	12
30-34	0	2	0	2	0	1	0	5
35-39	0	0	4	0	0	0	4	0
40-44	0	0	1	5	0	0	1	5
45-49	0	0	0	0	0	0	0	0
50-54	0	0	3	1	0	0	3	1
55-59	0	0	1	0	0	0	1	0
60 & above	1	0	1	0	0	0	2	0
<b>Total</b>	<b>9</b>	<b>3</b>	<b>15</b>	<b>26</b>	<b>1</b>	<b>3</b>	<b>25</b>	<b>32</b>

Table 60: **OUTPATIENT CONTACTS FOR SUBSTANCE ABUSE BY RACE AND GENDER FOR 2005**

Substance Used	Fijian		Indian		Others		Total
	Male	Female	Male	Female	Male	Female	
Marijuana	0	0	0	0	0	0	0
Kava	0	0	0	1	0	0	1
Alcohol	3	12	1	5	0	2	23
Tobacco	66	43	41	35	13	2	200
Others	233	112	123	64	38	22	592
<b>Total</b>	<b>1352</b>	<b>855</b>	<b>1167</b>	<b>1325</b>	<b>365</b>	<b>318</b>	<b>5382</b>

Table 60 shows the number of patient contacts diagnosed with a substance abuse disorder as defined by ICD-10 by the various substance of abuse, namely marijuana, tobacco, alcohol and others (includes glue sniffing, benzene and benzhexol).

There were a total of 612 patient contacts seen in the outpatient department with a substance abuse problem. 386 (63%) of the total cases seen were marijuana abuse; 99 (16%) were tobacco abuse; 59 (10%) were alcohol abuse; 57 (9%) were kava abuse, and 11 (2%) cases of other substances of abuse.

375 (61%) of the patient contacts were Fijian; 83 (14%) were Indian; and 54 (15%) were of other races.

By provincial origin of Fijian outpatients seen in 2005, majority originate from the province of Lau (21%); followed by Rewa (18%), Tailevu (13%), Kadavu (10%), Lomaiviti (7%), Naitasiri (7%), Ba (5.6%), Cakaudrove (5%), Namosi (4%), Macuata (3%), Ra (3%), Nadroga (2%), Bua (1%) and Navosa (0.4%).

But according to outpatient attendance by their current address, it differs as majority were from Rewa (82%), Ba (6%), Naitasiri (3%), Serua/Namosi (3%), Tailevu (2%) and the remaining 4% from Lau, Kadavu, Lomaiviti, Nadroga, Bua, Cakaudrove, Navosa and Ra. Similarly for Indian at 80% and others at 88% gave their current address as Rewa.

Table 61: **NUMBER OF FORENSIC PATIENT CONTACTS SEEN IN THE OUTPATIENT DEPARTMENT IN 2005**

Gender	Fijian	Indian	Others	Total
Male	61	40	4	105
Female	7	7	2	16
<b>Total</b>	<b>68</b>	<b>47</b>	<b>6</b>	<b>121</b>

Table 61 shows that there were 121 patient contacts in the outpatient department with forensic cases. There would be cases referred from the Magistrate Court or Prison. 105 (87%) were males; 16 (13%) female; 68 (56%) were Fijian; 47 (39%) Indian and 6 (5%) of "Other" race.

Table 62: **NUMBER OF FIRST VISITS TO OUTPATIENT DEPARTMENT IN 2005.**

Gender	Fijian	Indian	Others	Total
Male	108	108	20	236
Female	73	120	15	208
<b>Total</b>	<b>181</b>	<b>228</b>	<b>35</b>	<b>444</b>

Table 62 shows that there were 444 first visits to the Outpatient Department in 2005. 236 (53%) were male; 208 (47%) female; 181 (41%) Fijian; 228 (51%) Indian and 35 (8%) of 'Other' race.

### Inpatient Services

St Giles Hospital provides inpatient services and normally has a bed-capacity of 190 beds. However, in 2005 with the construction of a single officer' quarters at St. Elizabeth's Home (SHE) and closure of the SHE Ward due to water problems the bed-capacity of the hospital was reduced to 136. The 136 beds are distributed over three wards: Men's Ward (60 beds); Female Ward (58 beds); and Vuda Ward (18 beds).

In 2005, there were 460 admissions (127 first admissions; 333 re-admissions) to hospital. Re-admission cases are those that have had two or more admissions to St. Giles Hospital at any time and do not refer to a particular time period. There was a total of 20,746 inpatient days.

For 2005, the **occupancy rate** was 41.79%; **average length of stay** was 45 days; and **average daily bed state** was 56 patients.

Table 63 shows there were 460 admissions in 2005. 4% (18) were 10-19 years of age; 57% (263) were 20-39 years of age; 34% (155) were 40-59 years of age; and 5% (24) were over 60 years of age.

256 (56%) of the admissions were Fijian; 164 (36%) were Indian; and 40 (8%) of "Other" race. 185 (40%) of the total admissions were Fijian males.

Table 63: **INPATIENTS GROUPED BY GENDER, RACE AND AGE GROUP FOR 2005**

Age Group	Fijian		Indian		Others		Total
	Male	Female	Male	Female	Male	Female	
0-4	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0
10-14	0	2	0	0	0	0	2
15-19	11	0	1	2	2	0	16
20-24	35	9	11	6	5	1	67
25-29	34	8	10	11	7	1	71
30-34	30	8	11	11	3	0	63
35-39	27	7	13	11	2	2	62
40-44	12	8	12	13	4	5	54
45-49	12	10	15	7	0	3	47
50-54	16	9	4	5	0	2	36
55-59	5	5	2	5	1	0	18
60 & above	3	5	6	8	2	0	24
<b>Total</b>	<b>185</b>	<b>71</b>	<b>85</b>	<b>79</b>	<b>26</b>	<b>14</b>	<b>460</b>

Table 64: **AGE GENDER & RACE OF SUICIDAL INPATIENT FOR 2005**

Age Group	Fijian		Indian		Others		Total	
	M	F	M	F	M	F	M	F
0-4	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0
10-14	0	0	0	0	1	0	1	0
15-19	0	1	1	0	0	0	1	1
20-24	3	1	1	2	1	1	5	4
25-29	1	2	2	4	0	0	3	6
30-34	2	0	1	0	0	0	3	0
35-39	0	0	0	0	0	2	0	2
40-44	0	1	0	1	0	1	0	3
45-49	1	0	0	0	0	0	1	0
50-54	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0
60 & above	0	0	0	0	0	0	0	0
<b>Total</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>14</b>	<b>16</b>

Table 64 shows that there were a lot of 30 suicidal patients admitted in 2005. 16 (53%) were female and 14(47%) were male. 12 (40%) were Fijian; 12 (40%) were Indian; and 6 (20%) were of "Other" race. 3 (10%) were 10-14 years of age; 21 (70%) were 20-34 years of age; 6 (20%) were 35-49 years of age.

Table 65: **INPATIENT CONTACTS FOR SUBSTANCE ABUSE BY RACE & GENDER FOR 2005**

Substance Used	Fijian		Indian		Others		Total
	Male	Female	Male	Female	Male	Female	
Marijuana	46	3	11	0	9	1	<b>70</b>
Kava	14	1	12	0	2	1	<b>30</b>
Alcohol	14	0	9	0	1	0	<b>24</b>
Tobacco	7	0	6	0	0	1	<b>14</b>
Others	1	0	1	0	0	0	<b>2</b>
<b>Total</b>	<b>82</b>	<b>4</b>	<b>39</b>	<b>0</b>	<b>12</b>	<b>3</b>	<b>140</b>

Table 65 shows there were a total of 140 inpatient contacts for substance abuse in 2005. 70 (50%) were for marijuana abuse; 30 (21%) kava abuse; 24 (17%) alcohol abuse; and 14 (10%) tobacco abuse; and 2 (2%) for "Other" substances (in these cases the substances was benzene). 86 (61%) cases are Fijian; 39 (28%) Indian; 15 (11%) of "Other" race. 82 (59%) of all cases were Fijian males.

Provincial origin of Fijian inpatients admitted in 2005 indicate that 25% Rewa; 12% Lau; 12% Naitasiri; 9% Tailevu; 9% Kadavu; 7% Ba; 6% Ra; 5% Cakaudrove; 5% Lomaiviti; 4% Namosi/Serua; and the remaining 6% from Navosa, Bua, Macuata and Nadroga.

Similarly inpatients grouped by the province of their current address shows that 3 most common provinces: Rewa with 160 (35%) cases; followed by Ba with 89 (19%) cases; and Naitasiri with 63 (14%) cases. For Fijian inpatients, the 3 most common provinces of current address are: Rewa (44%); Ba (35%); Tailevu (15%). For "Other" races the 3 most common provinces for current address are: Rewa (60%); Ba (12.5%); and Cakaudrove (10%).

Table 66: **2005 AXIS I AND AXIS II INPATIENT DIAGNOSIS FOR FIRST ADMISSIONS**

DIAGNOSIS	FIJIAN		INDIAN		OTHERS		TOTAL	
	M	F	M	F	M	F	M	F
DEMENTIA	0	0	0	0	0	0	0	0
DELIRIUM	0	0	0	0	0	0	0	0
MENTAL AND BEHAVIOURAL DISORDERS DUE TO PSYCHOACTIVE SUBSTANCES	0	0	0	0	0	0	0	0
SCHIZOPHRENIA	45	6	20	13	4	1	69	20
DELUSIONAL DISORDERS	0	0	1	0	0	0	1	0
ACUTE & TRANSIENT PSYCHOTIC DISORDERS	0	1	0	0	0	0	0	1
SCHIZOAFFECTIVE DISORDERS	0	0	0	0	0	0	0	0
OTHER PSYCHOTIC DISORDERS	0	0	1	0	0	0	1	0

continued from table 66....

BIPOLAR AFFECTIVE ISORDER HYPOMANIA	3	0	3	0	0	0	6	0
BIPOLAR AFFECTIVE DISORDER MANIA	6	12	5	3	3	0	14	15
BIPOLAR AFFECTIVE DISORDER MIXED	0	0	0	0	0	0	0	0
BIPOLAR AFFECTIVE DISORDER DEPRESSION	1	1	0	0	0	2	1	3
BIPOLAR AFFECTIVE DISORDER EUTHYMIC	0	0	0	0	0	0	0	0
DEPRESSIVE DISORDER	1	0	0	1	0	0	1	1
OTHER MOOD DISORDERS	0	0	0	0	0	0	0	0
ANXIETY DISORDERS	0	0	0	0	0	0	0	0
OBSESSIVE COMPULSIVE DISORDER	0	0	0	0	0	0	0	0
REACTION TO SEVERE STRESS AND ADJUSTMENT DISORDERS	0	0	0	1	0	0	0	1
SOMATOFORM DISORDERS	0	0	0	0	0	0	0	0
OTHER ANXIETY DISORDERS	0	0	0	0	0	0	0	0
PERSONALITY DISORDERS	0	0	0	0	0	0	0	0
ORGANIC MENTAL DISORDERS	0	0	0	0	0	0	0	0
MENTAL RETARDATION	0	0	1	2	0	0	1	2
OTHER PSYCHIATRIC DISORDERS	1	0	0	0	0	0	1	0
DEFERRED DIAGNOSIS	5	0	4	1	0	1	9	2
NIL DIAGNOSIS	3	2	0	0	0	0	3	2
<b>TOTAL</b>	<b>65</b>	<b>22</b>	<b>35</b>	<b>21</b>	<b>7</b>	<b>4</b>	<b>107</b>	<b>47</b>
<b>GRAND TOTAL</b>	<b>87</b>		<b>56</b>		<b>11</b>		<b>154</b>	

Table 67: **2005 AXIS I AND AXIS II INPATIENT DIAGNOSES FOR RE-ADMISSIONS**

DIAGNOSIS	FIJIAN		INDIAN		OTHERS		TOTAL	
	M	F	M	F	M	F	M	F
DEMENTIA	0	1	0	1	0	0	0	2
DELIRIUM	0	0	0	0	0	0	0	0
MENTAL AND BEHAVIOURAL DISORDERS DUE TO PSYCHOACTIVE	3	0	0	0	0	0	3	0
SCHIZOPHRENIA	94	17	79	31	9	7	182	55
DELUSIONAL DISORDERS	9	0	0	0	0	0	9	0
ACUTE & TRANSIENT PSYCHOTIC DISORDERS	0	1	0	0	0	0	0	1
SCHIZO AFFECTIVE DISORDERS	2	0	3	1	1	0	6	1
OTHER PSYCHOTIC DISORDERS	6	0	0	0	0	0	0	0
BIPOLAR AFFECTIVE DISORDER HYPOMANIA	34	0	12	3	1	0	19	3
BIPOLAR AFFECTIVE DISORDER MANIA	0	29	19	19	2	3	55	51
BIPOLAR AFFECTIVE DISORDER MIXED	1	1	1	0	0	0	1	1
BIPOLAR AFFECTIVE DISORDER DEPRESSION	0	2	0	2	0	3	1	7
BIPOLAR AFFECTIVE DISORDER EUTHYMIC	0	0	0	0	0	0	0	0
DEPRESSIVE DISORDER	0	0	0	2	0	0	0	2
OTHER MOOD DISORDERS	0	0	1	0	0	0	1	0

continued from table 67.....

ANXIETY DISORDERS	0	0	0	0	0	0	0	0
OBSESSIVE COMPULSIVE DISORDER	0	0	0	0	0	0	0	0
REACTION TO SEVERE STRESS AND ADJUSTMENT DISORDERS	0	0	0	0	0	0	0	0
SOMATOFORM DISORDERS		0	0	0	0	0	0	0
OTHER ANXIETY DISORDERS	0	0	0	0	0	0	0	0
PERSONALITY DISORDERS	0	0	2	0	0	0	2	0
ORGANIC MENTAL DISORDERS	1	0	2	0	0	0	3	0
MENTAL RETARDATION	0	0	1	1	0	0	1	1
OTHER PSYCHIATRIC DISORDERS	1	0	1	0	0	0	2	0
DEFERRED DIAGNOSIS	1	0	2	0	0	0	3	0
NIL DIAGNOSIS	1	0	0	0	0	0	1	0
<b>TOTAL</b>	<b>153</b>	<b>51</b>	<b>123</b>	<b>60</b>	<b>13</b>	<b>13</b>	<b>289</b>	<b>124</b>
<b>GRAND TOTAL</b>	<b>204</b>		<b>183</b>		<b>26</b>		<b>413</b>	

Tables 66 and Table 67 show the Axis I and II diagnosis for re-admissions and first admissions respectively for 2005. These tables do not include cases of substance abuse which is documented in Table 62.

Table 67 shows re-admissions, there were 254 (62%) cases diagnosed with schizophrenia, acute/transient psychotic disorder, schizoaffective disorder or other psychotic disorder; and of these 254 cases the majority were classified as schizophrenia (93%). 211 cases were classified as Bipolar Affective Disorder or Other Mood Disorder; of these 211 cases 106 (50%) were classified as Bipolar Affective Disorder (manic phase). There were only 8 (1.9%) classified as a depressive disorder; and 2 cases of mental retardation). As with the outpatients seen at St Giles Hospital, the majority of cases were diagnosed with either schizophrenia or bipolar disorder in a manic phase of the illness.

Table 66 shows that for first admissions, there were 92 (60%) cases diagnosed with schizophrenia, acute/transient psychotic disorder, schizoaffective disorder and of these 92 cases the majority was classified as schizophrenia (97%). 35 cases were classified as Bipolar Affective Disorder. Of these 35 cases, 29 (83%) were classified as Bipolar Affective Disorder (manic phase). There were 6 cases of depressive disorder of bipolar affective disorder (depression). There were only 3 cases with an Axis II diagnosis and all were classified as Mental Retardation.

Table 68: **AXIS III INPATIENT DIAGNOSIS FOR 2005**

DIAGNOSIS	FIJIAN		INDIAN		OTHERS		TOTAL	
	M	F	M	F	M	F	M	F
Seizure Disorder	6	1	3	1	0	0	9	2
Hypertension	11	8	8	4	1	0	20	12
Diabetes Mellitus	0	4	13	7	0	1	13	12
CVA	0	0	0	1	0	0	0	1
Cardiac Disease	0	2	0	0	0	0	0	2
S. Typhi	0	1	0	0	0	0	0	1
Bruised Face	0	0	0	1	0	0	0	1
Partial Blindness	1	0	0	0	0	0	1	0
Cataracts	1	0	0	0	0	0	1	0
Diabetic Coma	0	0	0	0	0	1	0	1
<b>TOTAL</b>	<b>19</b>	<b>16</b>	<b>24</b>	<b>14</b>	<b>1</b>	<b>2</b>	<b>44</b>	<b>32</b>
<b>GRAND TOTAL</b>	<b>35</b>		<b>38</b>		<b>3</b>		<b>76</b>	

Table 68 shows that there were 76 Axis III diagnoses made for inpatients in 2005. The 3 most frequent Axis III diagnoses were hypertension (32 cases; 42% of total); diabetes mellitus (25 cases; 33 of total); and seizure disorder (11 cases; 14% of total). On the other hand, patients who were discharged (voluntary, forensic, against medical advice) from hospital become new admission if they become unwell and require admission, regardless of the time period after discharge.

## **Special Treatments**

### **Electro-convulsive Therapy (ECT)**

Electro-convulsive Therapy (ECT) is conducted at St. Giles Hospital in a modified form, meaning it is carried out under general anesthesia.

ECT has been normally used as a treatment of last resort and reserved mainly for those individuals not responding to oral medication. It has been used as a first line treatment for those with severe depression (vegetative symptoms and actively suicidal) and those in catatonic states.

In 2005, 26 male patients and 20 female patients received a total of 285 ECT. On average, there were approximately 28 ECT given per month. Most patients were given a course of ECT. However, there were 2 male and 2 female patients who received maintenance ECT (every fortnight) while ECT was available.

The diagnoses of patients receiving ECT in decreasing frequency were as follows: schizophrenia (57%); mania (33%); schizoaffective disorder (7%); and depression (3%).

## **Allied Services**

### **Occupational Therapy (OT)**

The programmes that were conducted throughout the year were the following:

- Self-expression writing
- Insight therapy
- Topographical exercises
- Diagnosis-related groups
- Domestic programmes
- Relaxation therapy
- Social skills
- Expressive writing
- Arts and craft
- Discharge planning group
- Individual supportive therapy

In 2005, there were a total of 726 patient contacts seen in the OT department. The majority of these were diagnosed with schizophrenia (409 cases; 56%); mania (143 cases; 20%); mental and behavioral disorder due to cannabinoids (126 cases; 17%); and the remaining 48 cases (7%) comprised of depression, hypomania, schizoaffective disorder, "other" mood disorder and mental and behavioral disorder due to "other" psychoactive substances. 60% of these cases were Fijian; 34% Indian; and 6% "Other" race.

### **Community Psychiatric Nursing (CPN)**

The CPN Team provided community follow-up in the form of home visitations for patients residing in the Greater Suva area. Referrals would be those reported to be acutely unwell, defaulting clinic or those in need of crisis intervention or short term follow-up. Referrals will come from the Hospital doctors, Day Care Centre or Outpatient Department. In addition to referred cases the CPN, routinely visit patients who have been released on trial or discharged from St Giles Hospital and who reside in the Greater Suva area.

The CPN made 984 home visits. 527 (54%) were for male patients, 457 (46%) were for female patients. 427 (43%) were Fijian; 437 (44%) Indian; 120 (13%) "Other" race.

In addition to home visitations, the CPN also conducted community awareness programmes throughout Fiji and also participated in the training of village health workers in mental health.

A total of 11 outpatients attended the DCC: 6 males; 5 females; 3 were from the Lami area; 5 from Valelevu and 3 from Suva. Activities included doormat making, insight therapy, creative writing, cooking and gardening.

## **5.4 NUTRITION AND DIETETICS**

### **Dietetics and Public Health Nutrition**

The year 2005 started with development of a National 5 year strategic and corporate plan and the subsequent National, Divisional and Unit Annual Business plan are the activities for the year for achievements of national goals and targets. The staff at the Divisional and sub-divisional level both in clinical and Public Health field are commended for their commitments in the areas of food services management, given the limited resources and the trying conditions.

### **Staff Establishments**

19 new additional positions were finally approved during the year after continuous and persistent request and increased the total Establishment to 57.

Though additional positions assisted with the strengthening of the clinical food services as well as primary preventative / Public Health nutrition focus we are still short of 6 new post to fully complement our needs of 63 staff Establishment.

### **Training**

- Two dietitian on MPH degree programme and will be graduating in 2006/2007.
- Three dietitian on Diploma in Public Health Practice (DPHP) at Fiji School of Medicine and to graduate in 2006
- Dietetic and Nutrition Training Plan for 2002-2005 reviewed and extended to 2008
- Plan to have at least 2-3 dietitian qualification upgraded to post graduate level annually to be in line with the proposed JEE recommendation

### **Baby Friendly Hospital Initiative (BFHI) Program**

Declining rates in breastfeeding globally, the Innocents Declaration and subsequent WHA resolutions great efforts are being made by the WHO member countries including Fiji into implementing the WHO/UNICEF Baby Friendly Hospital Initiatives (BFHI) guidelines and program to reverse the situation.

Our Baby Friendly Hospital program is guided by a National and Divisional Breastfeeding Plans of Actions a component of the Units Business Plan.

As per Unit Business Plan for 2005, the Baby Friendly Hospital Initiatives program is managed by the National Breast Feeding Committee.

The main aim is to have at least 3 hospitals declared and designated "Baby Friendly" and ensures maintenance of the designated ones.

The Baby Friendly Hospital Initiative Program has a Government Budget Allocation of \$150,000 75% of the Fund is distributed to the operational divisions and the balance retained at National level for provision of resources materials and tools, external assessments, designation and award functions.

The BFHI Plaque/Award during the year were as follows:

- Nadi Hospital – Assessed in 2004 but award presented in 2005
- Rakiraki Hospital
- Savusavu Hospital and
- Nabouwalu Hospital
- Lautoka Hospital and Tavua Hospital were reassessed in 2005 to ensure maintenance of standard.

### **Food Services**

The main objective of the Unit is to provide cost effective nutritionally adequate, "NCD friendly" safe meal to its client that will complement their treatment and enhance recovery accordingly.

The Ration allocation for 2005 was \$1.54m, despite an over expenditure of approximately 25% for the last two years.

The total expenditure for the year stood at \$2,038,794.19 showing an over expenditure of 32.4% over the allocation.

The over expenditure is due to inflation and increased cost of contracted goods during the year.

Average number of patients and staff fed daily is 2265, resulting in an average cost of \$2.47 per person per day.

### **Kitchen Equipment**

An audit of all equipment at all institution was made to enable development of a phased replacement and upgrading plan.

### **Nutrition Activities**

As per the Unit Business Plan, the following were the major achievement for year, 2005:

- Micronutrient analysis result received.
- National Nutrition Survey (NNS) 2004 Preliminary Result.
- Curriculum review for Secondary Schools.
- Continued BREAST FEEDING and Complementary Feeding.
- Non Communicable Diseases (NCDS)
- Iron Fortification of Flour
- Milk Supplementation program for the Malnourished under fives
- 
- School Health – Nutrition Assessment.
- Diet Therapy handbook.



### **National Food And Nutrition Centre**

The National Food and Nutrition Centre endorses the World Declaration on Nutrition and the World Health Organisation constitution, "to eliminate hunger and all forms of malnutrition and people to enjoy the highest attainable standard of Health", in addition to the Ministry of Health's mission "To provide quality health services for the people of Fiji", together with the centre's mission.

### ***"A Healthier Fiji through Good Nutrition"***

### **Function**

The function of the centre are as follows:

- Provide sound advice and information on the food and nutrition situation. Improvement of the nutritional status of the people.

### **Corporate Goals**

The overall policy goal is to improve the nutrition status of the population of Fiji.

In order to reach the overall goal, NFNC was committed to uphold the framework of the Fiji Plan of Action on Nutrition (FPAN) and focused attention along with the other stakeholders on the eight(8) priority theme areas.

1. Incorporating nutrition considerations, objectives and components into development policies and programmes.
  2. Promoting and improving household food security.
  3. Promoting healthy diets and lifestyles
  4. Preventing and managing infectious diseases
  5. Preventing specific micronutrient deficiencies
  6. Protecting consumers through improved food quality and safety.
  7. Caring for the socio-economically disadvantaged and nutritionally vulnerable; and
  8. Assessing monitoring and analyzing the food and nutrition situation.
- Plan, formulate, monitor and evaluate food and nutrition programmes/projects through the Fiji Plan of Action on Nutrition (FPAN) in order to improve nutrition.
  - Conduct appropriate and relevant research on nutrition-related problems and provide training as required.
  - Monitor the food and nutrition situation periodically by carrying out national nutrition surveys.
  - Plan appropriate nutrition education programme in order to combat increasing nutrition-related disease affecting the population.
  - Act as a national resource centre for nutrition.

The year 2005 was indeed a challenging and rewarding one for the NFNC especially when we were trying to fast track the National Nutritional Survey report at the expense of other works and commitment of the centre.

## **5.5 NATIONAL CENTRE FOR HEALTH PROMOTION**

In the spirit of intersectoral partnership, the National Centre for Health Promotion promotes excellence in the field of health promotion in order to make healthy choices easy, early and exciting for the people of Fiji.

The partnership process foster effective and efficient health promotion programs and strategies and is consistent with government policies and priorities.

The National Centre for Health Promotion role is to co-ordinate the implementation of the Ministry of Health and National Health Promotion Council health promotion Strategic Plan. Action areas are addressed primarily through integrated strategies of public education/awareness, social marketing, training and capacity building, research and advocating for healthy public policy in these areas.

The NCHP is directly under the Director Public Health and the approved staff establishment of the centre comprises, the Head of the National Centre of Health Promotion, assisted by three Senior Health Promotion Officers, two Health Promotion officers and five support staff and a Project Officer. Despite various constraints, the Centre has continued to play its role in providing preventative and promoting services to the people of Fiji.

The report summarises the activities performed during the year 2005.

The operational structure of the National Centre for Health Promotion is based on the Ottawa Charter for Health Promotion five action areas:

- Policy Legislation and Regulation
- Social Marketing
- Community and Organisational Developments

- Research and Evaluation
- Capacity Building (Education and Training)

### **Policy and Legislation**

Highlights during the year were the continuous review of Health Promotion Bill and Health Promotion Policy for Fiji.

### **Social Marketing**

A three-day training on social marketing and mobilization plan (COMBI plan) was developed focusing on these following issues.

- Road Safety
- Immunisation
- Responsible Drinking
- Physical Activities
- Child Nutrition
- Water and Sanitation

### **Research and Evaluation**

#### **Evaluation Completed**

1. First Admission to St. Giles Hospital
2. A Descriptive Study on the Food Services System at St Giles Hospital Kitchen
3. Health Promoting Setting Evaluation
4. Physical Activity Campaign
5. HIV/AIDS Campaign

### **Community and Organisational Development**

The development of setting programs is undertaken to foster the establishment of health promoting workplaces through combination of training, policy, education and advocacy strategy.

### **Small Grant**

Table 69: **SMALL GRANT PROJECT, 2005**

Types of Item/project funded	Settings	Sub-division	Division	Total
Construction	Vunimono village	Rewa	Central	\$1,280.00
Incineration Facility	Waidalice District School	Korovou	Central	\$824.20
Water supply upgrading & supports equipments	Waikubukubu village	Tavua	Western	\$963.15
Footpath	Namono village	Rewa	Central	\$1,000.00

### **Capacity Building**

A total of five(5) TOT was conducted for health staff and these trainers also conducted training in the various sectors that they represent in addition to this four(4) module on Monitoring and Evaluation was conducted in all the divisions, six(6) from CentEast Division twelve (12) from the Northern Division and nine (9) from the Western Division.

### **Multi Media Production Unit**

The MMU comprises of four (4) major sections:

- Graphic design
- Audio Visual
- Radio Recording and Broadcasting
- Storage, Recording and Distribution section

### **Graphics Section**

The activities in the graphic section include the conceptual design, development and distribution of IEC material. Types of material produced and distributed during the year include:

Table 70: **GRAPHIC SECTOR'S OUTPUT, 2005**

New IEC material	38
Reprinted	40
Manual/Booklets	3
Banners/Billboards	9
Script development	11
Video Program, TV spot And Videography	22
Video coverage	47
Radio Program	26

## Regional Work

The National Centre for Health Promotion worked in partnership with other regional agencies. NCHP trained 2 participants from Federated States of Micronesia through WHO in the area of graphic design and also supplied IEC materials.



National Centre For Health Promotion Staff

## 5.6 OTHERS

### ENVIRONMENTAL HEALTH

The Environmental Health Department was committed to the Ministry vision and mission statement during the year 2005. The Department has been devoted to protecting and improving the health of Fiji's population by limiting their exposure to biological, chemical and physical hazards in their environment.

Environmental Health encompasses all measures necessary to deal with issues such as environmental degradation and climate change, hazards including contaminated food and water, chemical exposure, and it also provided the opportunities to enhance health by planning for improved health outcomes and work towards health promoting environments. During 2005 there has been improvements in the areas of sanitation, food quality, pollution and waste management, health education, development control and vector control.

### Environmental Health Planning and Management

#### **Developmental Activities:**

##### **Buildings:**

New developments have come up which includes residential, commercial, industrial and in particular the hotel developments.

Table 71: **BUILDING APPLICATIONS, 2005**

Application	Application Received	Application Approved	Application Refused	Completion Cert. Issued	Total Value
Buildings	979	490	16	496	\$54,696,431
Taxi/Carrier Base	705	426	20	-	-

### ***Land Development Protection & Surveillance Activities***

A lot of applications have been received to subdivide land for further development into residential, commercial and industrial lots.

Table 72: **LAND SUB DIVISION, 2005**

Applications	Year
	2005
Application Received	580
Application Approved	496
Completion Certificate Issued	245

### **Pollution Control Program**

Atmospheric pollution and water pollution is becoming an environmental and health problem in Fiji. This is due to lack of control on the collection, treatment and disposal of waste coming from existing and new developments. The Central Board of Health is working with municipalities, laboratories, Department of Environment and other government departments in the control and monitoring of pollution. Giving proper advice on the control of pollution, especially from large factories and other industrial developments, which is becoming an environmental and health problem. The Central Board of Health, Pollution Control Unit in Suva works closely with Local Authorities and other government departments and laboratories to control and monitor air pollution from various industrial establishments and giving advice as to the best practicable means for containment, thus minimizing emissions to the atmosphere.

Table 73: **SURVEILLANCE OF LAND, AIR, WATER AND NOISE POLLUTION, 2005**

Complaints Received	Complaints Confirmed	Complaints Addressed	Tests Conducted
320	320	320	320

### **Waste Management**

The Central Board of Health and other Local authorities are monitoring closely the rise to individual wastes and their related problems. There has been an increase in volume and related problems associated with it. Municipalities and rural local authorities have been facing difficulties in the collection, transportation and disposal of waste.

Table 74: **SOLID WASTE DISPOSAL OPERATION, 2005**

Inspection Conducted	Complaints Received	Complaints Addressed
375	78	51

### **Sanitation and Health Promotion Program**

The community has accepted the responsibility to take an active role in the improvement of their health. Health inspectors continue to provide support to communities in the promotion and protection of public health. We continue to promote the use of water seal toilets but there is a change to the use of septic tanks.

Table 75: **SUMMARY OF INSPECTION OF DRINKING WATER SUPPLY, 2005**

Total No. of Households	No. of Inspection Conducted	Piped Water	Ground Water Source	Rain Water Source
15,234	5674	11,472	1026	1206

### **Food and Water Quality Control Program**

The Environmental Health Department has been working on the provision of safe, wholesome, nutritious, adequate food production and supply. Food quality is monitored through physical inspections, microbiological testing and chemical analysis. Health Inspectors have been working on strategies to minimise and decrease the incidence of food-borne diseases. The food control unit have come up with a system to carry out monitoring and surveillance of food sources and all foods for sale in Fiji and those for export. Training has been carried out in the area of food safety and hygiene and to ensure that food establishments comply with the requirements of the local food legislation.

Regular monitoring of the manufacture, storage and transport of food and of food quality in the market place is paramount to the health interests of the community.



Acting Senior Health Inspector Food and Water Quality Control Mr Samuel Bolalailai collecting water sample as part of water supply monitoring programme.

## **NATIONAL REHABILITATION**

### **National Rehabilitation Medicine Hospital**

The National Rehabilitation Medicine Hospital (NRMH) is still at the Tamavua Complex on its own and has now completed 21 years since its inception in 1984. The Unit continues to provide rehabilitation services to severely disabled persons namely Spinal paralyses, stroke, amputees for prosthetic fittings, fracture neck of femur and few cases of debility.

The increase in admission from 53 to 80 were due to the Unit re-acquiring the 10 beds from Surgical Unit at CWM Hospital.

Table 76: **TOTAL ADMISSION BY GENDER AND ETHNICITY FOR YEAR 2005**

Gender	Fijians	Indians	Others	Total
<b>Males</b>	38	21	4	63
<b>Females</b>	11	5	1	17
<b>TOTAL</b>	<b>49</b>	<b>26</b>	<b>5</b>	<b>80</b>

#### **Comments:**

78.8% were males

61.3% were females

Table 77: **ADMISSION BY DISABILITY, NRMH, 2005**

Cases	Fijians	Indians	Others	Total
Paraplegia	14	2	1	17
Tetraplegia	9	4	2	15
Hemiplegia	4	1	1	6
Amputee AKA	5	2	0	7
BKA	14	15	1	30
Traumatic Brain Injury	2	0	0	2
# NOF	1	2	0	3
Debility	0	0	0	0
Miscellaneous	0	0	0	0
<b>TOTAL</b>	<b>49</b>	<b>26</b>	<b>5</b>	<b>80</b>

**Key:**

AKA – Above Knee Amputated

BKA – Below Knee Amputated

#NOF – Fracture Neck of Femur

**Comments:**

There were a total of 37 amputees admitted to the ward compared to 16 last year. The increase is due to increased efficiency and productivity of the Prosthetic Unit.

There were 15 Tetraplegic admitted compared to 5 last year apart from 6 cases of Hemiplegia compared to 13 cases last year.

## 5.7 MORBIDITY AND MORTALITY

The top five major causes of hospitalization and deaths for the year 2005 are listed in Table 37. Diseases of the circulatory system which have steadily climbed the list of major causes since 1974 due to changing lifestyles associated with epidemiological transition from infectious to non-communicable diseases occurring in Fiji, has been the main cause of deaths reported for the last twenty years. Over 40% of adult deaths reported every year are due to such preventable causes. Efforts must be directed towards the prevention of "lifestyle" diseases through education, healthy lifestyle promotion and community involvement.

Table 78: **MAJOR CAUSES OF MORBIDITY AND MORTALITY: 1998-2001 AND 2005**

Year	No.	MORBIDITY		No.	MORTALITY	
		CAUSE GROUP	%		CAUSE GROUP	%
1998	1	Infection and Parasitic Disease	9.86	1	Diseases of the Circulatory System	39.32
	2	Diseases of the Respiratory System	9.14	2	Infection and Parasitic Disease	10.59
	3	Diseases of the Circulatory System	7.7	3	Neoplasm	9.3
	4	Injury and Poisoning	6.82	4	Endocrine, Nutritional & Metabolic Diseases and Immunity Disorders	7.27
	5	Diseases of the Genitourinary System	4.9	5	Diseases of the Genitourinary System	6.45
1999	1	Infectious and Parasitic Disease	9.4	1	Diseases of the Circulatory System	43.61
	2	Diseases of the Respiratory System	8.6	2	Symptoms, Signs and Ill Defined Conditions	14.73
	3	Diseases of the Circulatory System	7.3	3	Neoplasm	7.63
	4	Injury and Poisoning	6.9	4	Disease of the Respiratory System	7.51
	5	Diseases of the Genitourinary System	5.5	5	Injury and Poisoning	5.48
2000	1	Diseases of the Respiratory System	7.74	1	Diseases of the Circulatory System	47.7
	2	Diseases of the Circulatory System	7.7	2	Neoplasm	6.2
	3	Infection and Parasitic Disease	7.7	3	Disease of the Respiratory System	6.1
	4	Injury and Poisoning	7.4	4	Injury and Poisoning	5.9
	5	Diseases of the Genitourinary System	5.2	5	Infection and Parasitic Disease	5.8
2001	1	Diseases of the Respiratory System	9.02	1	Diseases of the Circulatory System	40.34
	2	Diseases of the Circulatory System	7.35	2	Infection and Parasitic Disease	10
	3	Injury and Poisoning	5.9	3	Endocrine, Nutritional & Metabolic Diseases and Immunity Disorders	9.31
	4	Infection and Parasitic Disease	5.35	4	Disease of the Respiratory System	8.1
	5	Diseases of the Genitourinary System	4.72	5	Injury and Poisoning	6.38
2005	1	Diseases of the Respiratory System	8.08	1	Diseases of the Circulatory System	26.37
	2	Diseases of the Circulatory System	6.98	2	Infection and Parasitic Disease	13.4
	3	Certain Condition originating in the perinatal period	6.39	3	Neoplasm	10.62
	4	Certain Infectious and Parasitic diseases	5.91	4	Certain Condition originating in the perinatal period	8.91
	5	Disease of the genitourinary system	4.36	5	Disease of the Respiratory System	8.55
		2005 Data as at 2006 (2/3 only)				

Note:

Because of the challenges of PATIS the 2005 listing is based only on two thirds of Hospital Discharge.



Table 79: **FIVE MAJOR CAUSES OF DEATHS FOR UNDER FIVE YEARS (0-5yrs): 2001 - 2005**

No.	2001	%	2002	%	2003	%	2004	%	2005	%
1	Certain conditions originating in the perinatal period	25.76	Certain conditions originating in the perinatal period	41.54	Certain conditions originating in the perinatal period	65.89	Certain conditions originating in the perinatal period	49.12	Certain conditions originating in the perinatal period	55.00
2	Respiratory disease	17.18	Respiratory disease	12.30	Respiratory disease	7.52	Respiratory disease	14.03	Infectious & parasitic disease	11.73
3	Circulatory disease	13.13	Infectious and parasitic disease	11.80	Circulatory disease	6.11	Infectious & parasitic disease	13.03	Respiratory disease	8.91
4	Infectious and parasitic disease	10.10	Injury and poisoning	9.49	Infectious and parasitic disease	4.23	Circulatory disease	6.01	Injury and poisoning	5.87
5	Congenital malformation, deformation and chromosomal abnormalities	9.34	Circulatory disease	6.41	Injury and poisoning	3.30	Injury and poisoning	4.01	Circulatory Disease/Congenital Malformation & Deformation Abnormalities	5.00

Table 80: **PERCENTAGE OF FIVE LEADING CAUSES OF INFANT DEATHS 2001 - 2005**

NO	2001	%	2002	%	2003	%	2004	%	2005	%
1	Certain Conditions Originating in the Perinatal period	39.08	Certain Conditions Originating in the Perinatal period	53.47	Certain Conditions Originating in the Perinatal period	82.84	Certain Conditions Originating in the Perinatal period	62.03	Certain Conditions Originating in the Perinatal period	68.38
2	Respiratory Disease	16.48	Respiratory Disease	12.54	Respiratory Disease	4.14	Respiratory Disease	13.29	Infectious and Parasitic Disease	10.27
3	Circulatory Disease	9.2	Infectious and Parasitic Disease	10.56	Congenital malformation, deformation and chromosomal abnormalities	3.55	Infectious and Parasitic Disease	11.39	Respiratory Disease	6.22
4	Infectious and Parasitic Disease	7.66	Congenital Malformation and Abnormality	7.26	Circulatory Disease	2.66	Circulatory Disease	3.16	Congenital malformation, deformation and chromosomal abnormalities	5.41
5	Congenital malformation, deformation and chromosomal abnormalities	6.51	Injury & Poisoning	5.61	Nervous System Disease	1.77	Congenital malformation, deformation and chromosomal abnormalities	3.16	Circulatory Disease	3.51

The five leading causes of deaths in the under five age groups and infants has not changed significantly in the last five years. Conditions originating in the perinatal period remains the leading cause in both groups. Improvements in ante natal and infant care should be given attention to attempt to address this cause of deaths. Respiratory infection has fallen to third place in both groups and it is a cause of death that could still be reduced further through community education and early medical intervention.



**SECTION 6****ACHIEVEMENTS CONCLUSION  
AND  
ACKNOWLEDGEMENT****6.1 ACHIEVEMENTS****6.2 CONCLUSION****6.3 ACKNOWLEDGEMENT**

## 6.1 **ACHIEVEMENTS**

These achievements have been categorised into three broad areas and are appended as follows:

### **1. Improvement in Communication and Transport**

- Progress has been made on the communication and transport system particularly in the Northern Health Services. All health facilities are linked through Radio-Telephone so that consultation and reporting is made easier and this has resulted in better management of serious patients through consultations and timely referrals.
- Similar Radio-Telephone Systems were installed in the Lautoka/Yasawa and Lomaiviti Sub-Divisions.
- Transport in the form of medical boats supplied to Gau Health Centre, Kadavu Sub-Divisional Hospital and Nacula Health Centre. New ambulances supplied to Naitasiri Sub-Divisional Hospital and Ba Mission Hospital.

### **2. Improvement in Support Services**

- Improved recruitment and appointment processes after the production and use of a new recruitment and appointment manual.
- Implementation of Human Resources Information System (HRIS) for timely decision making.
- Draft Training Plan for the Ministry has been developed.
- Better management and use of health information systems.
- Improved timeframe for payment of accounts to our suppliers of goods & services.
- Better financial reports to all levels of Ministry of Health staff management and providing consolidated report to Ministry of Finance & National Planning (MOF & NP) by the 5<sup>th</sup> working day of each month.
- The Ministry was able to work within its 2005 allocated Budget from MOF&NP.
- Improved financial management and accountability due to implementation of the Financial Management Information system.

### **3. Upgrading of Health Services**

- Sanitation facilities have vastly improved in a number of communities in the Central and Northern Divisions.
- Remuneration for the Community Health Workers provided through the Ministry of Health and their continuous upskilling.
- Evacuations reduced and number of community outreach visits increased due to better communication systems.
- Innovative management of diabetes trials using home-based care model in the Central Division.
- Early detection and intervention for Non-Communicable Diseases implemented in the Western Health Services.
- There has been an increase of 38% in Health Promoting settings (as in villages, schools and other settings).
- UNICEF declared Northern Health Services a Baby-Friendly Division.
- CWM Hospital was declared a Tobacco Free Hospital.
- Fiji School of Nursing has been substantially upgraded, including a new curriculum, new library, new clinical laboratory, teaching facilities and upgrading of Tutor qualifications.
- All funded nursing positions in the Ministry were filled leaving no vacancies.
- Implementation of new incident reporting system in the major hospitals.
- Draft Clinical Services Plan was developed and endorsed.
- Construction of new and renovations of a number of health facilities in all the divisions. In addition, the Ministry is conducting an asset inventory with over 40,000 assets logged into asset management database.

The Ministry of Health wishes to acknowledge the support from Partner Organisations: WHO, AusAid, JICA, SPC, UNFPA & others in terms of funds and technical support to achieve the planned outputs for the year.

## **6.2 CONCLUSION**

The year 2005 has been a challenging year for the Ministry of Health. With the level of budget allocation to its core business of health, a lot of activities were able to be implemented. In addition, complementary funding from partner governments had contributed to the achievements of the strategies outlined in the Corporate Plan 2005.

The constraints and amount of budget allocation to the Ministry of Health for health care have been debated upon for a very long time and in many forums. It must be accepted however that health care cost will continue to rise and no government will be able to fully address and meet the health care costs of its population. Moreover, in developing countries and countries with economies in transition, complementary funding to government allocation for health care are strongly recommended and advocated - if not already implemented. Therefore, this is an opportune time for the Ministry of Health to explore other health care financing options to supplement the current National Health Budgets in an effort to continuously maintain and improve the health status of all the people of Fiji.

Health service provision by the Ministry of Health will remain very largely directed at primary and secondary health care. Tertiary health care will be disease specific and limited to identified hospitals only. This level and range of health service would be compatible and appropriate to our level of development and resource allocation and availability.

The increase in incidences of non-communicable diseases and the emergence of other major public health problems such as HIV/AIDS etc, pose continued threats to the health of our people. With the escalating in medical costs and interventions programmes, the demand for more resources to restore and maintain good health is greater than ever before.

The Health Information System of the Ministry still needs on going strengthening to ensure data collected are accurate and are readily available on demand. Needless to mentioned, the access and use of health data by our staff in the division and subdivisions are important for various reasons and especially for strengthening health service delivery.

As far as staffing in concern, 21 new positions were assigned to and created in the Ministry during the year. These new positions were distributed to the various cadres of health workers. Moreover, following the large number of nurses graduating from the Fiji School of Nursing in the year, there is a need to review the nursing workforce so that the right numbers and levels can be advocated for.

In conclusion, this Annual Report 2005 provides a very good view into the work, achievements and challenges of the Ministry of Health during the year. In addition, according to the Mid Term Review of the Corporate Plan 2005 that was undertaken in mid 2006, achievements of the Ministry for the year were considered very favourable.

### 6.3 ACKNOWLEDGEMENT

The Ministry is indebted to the following countries and Organisations and wishes to express its appreciation for their support and co-operation during the year under review:-

- a. Fiji Government Departments and Agencies
- b. Foreign Governments
  - i. Australia
  - ii. New Zealand
  - iii. Japan
  - iv. Peoples Republic of China
  - v. Democratic People Republic of China
  - vi. South Korea
  - vii. India
- c. Commonwealth and UN Agencies
  - i. WHO
  - ii. UNFPA
  - iii. UNICEF
  - iv. UNDP
  - v. Commonwealth Fund for Technical Co-operation
- d. Local and International Organisations and Institutions
  - ❖ Fiji Red Cross Society
  - ❖ St John Ambulance Service
  - ❖ Fiji Cancer Society
  - ❖ Kidney Foundation of Fiji
  - ❖ Fiji College of General Practitioners
  - ❖ Fiji Nurses Association
  - ❖ Fiji Medical Association
  - ❖ Fred Hollows Foundation
  - ❖ Marie Stopes International
  - ❖ New Zealand Lepers Trust Board
  - ❖ Secretariat of the South Pacific
  - ❖ University of the South Pacific
  - ❖ Reproductive and Family Health Association
  - ❖ Fiji Sixes
  - ❖ Fiji Council of Social Services
  - ❖ Soqosoqo Vakamarama
  - ❖ Responsible Parenthood Council
  - ❖ Aids Task Force of Fiji
  - ❖ Religious and Faith Based Organisations
- e. Statutory Bodies and Boards
  - ❖ Board of Visitors to Various Hospital & Health Centers
  - ❖ Rural Local Authorities
  - ❖ Central Board of Health
  - ❖ Pharmacy & Poisons Board
  - ❖ Fiji Dental & Medical Board
  - ❖ Nurses & Midwives Board
  - ❖ All other Health Boards

The contribution and dedication of the staff in the Ministry of Health is also acknowledged and it is hoped that our collective achievements will be incentives for a continued commitment to providing and improving health care in Fiji.