



Annual Corporate Plan 2009

Ministry of Health

MINISTRY OF HEALTH
ANNUAL CORPORATE PLAN 2009

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Interim Ministers Foreword



I am pleased to present the Ministry of Health Corporate Plan for 2009.

This Annual Plan has been formulated to reflect the Vision and Goals of the Government that are highlighted in the Sustainable Economic and empowerment Development Strategies 2008-2010, including the enforcement of the relevant and mandatory legislations and policies of the Ministry.

The policy objectives and strategies reflected in the Corporate Plan 2009 denote the priority areas that the Ministry will continue to implement in 2009 in order to deliver an efficient health care service that is responsive to the needs of the people and that encourages the participation of the community in improving its health and well being.

The implementation of these annual strategies is envisaged to lead to the achievement of the ten outputs of the Ministry, which will in turn also help address the objectives of the MDG's. The commitment of Government towards these achievements has seen an increased budget for 2009.

I am greatly encouraged to see the contribution of the private sector and NGO's in working with the Ministry of Health on various projects that will not only improve the health of the community but also assist in community development.

I therefore urge and invite all citizens of our beloved Fiji to join hands in assisting the Ministry in building a healthier nation in order to nurture a healthy and productive population, by engaging in regular physical activities, developing healthy eating habits and to sum it all, living a healthy life style. A healthy and productive population is an engine to foster economic growth to raise overall standards of living for all.

I look forward to support from all citizens for the implementation of this Corporate Plan to achieve the desired results.

I recommend this Annual Corporate Plan for Cabinet's approval.

A handwritten signature in black ink, appearing to read 'Neil Sharma', written over a dotted line.

Dr. Neil Sharma
Interim Minister for Health

Permanent Secretary's Statement



The 2009 Corporate Plan has been developed with the consensus to address the growing concerns on Communicable Disease and Non-Communicable Disease issues, which are leading causes for ill health and premature deaths in Fiji.

In developing this Annual Plan we have taken into account the objectives of the Ministry of Health Strategic Plan 2007-2011 that was developed in tandem with the National Strategic Development Plan 2007-2011, the Public Service Act 1999 and the Financial Management Act 2004.

The 2009 Corporate Plan has also taken into consideration the restructure as directed by the Public Service Commission. While this has naturally led to increased challenges for the Ministry we are grateful for Government's commitment through the increased budget for 2009.

While the strengthening of health service provision will be addressed through the review of current legislation and development of new health legislations, a special focus on clinical services is earmarked for 2009.

The ongoing training of health professionals together with capacity building of all cadres of workers in the Ministry needs to continue. This is to ensure that all vacant positions in rural health facilities are filled,

as well as to support the efficient delivery of health care services to the community.

At this juncture, I wish to take this opportunity to thank all our varied partners in health: JICA, AusAid, UNFPA, WHO, UNICEF SPC, NZ Government to name a few, for their continued assistance in terms of technical assistance or funding to complement the annual budget that enabled the Ministry to achieve its goals. I will always look forward to your continued support.

I also wish to acknowledge the increasing contribution of business houses towards the maintenance and upkeep of the Ministry's infrastructure and facilities. This, together with the increased funding towards capital projects and capital purchases in 2009, would enable the Ministry to continue to build safe and healthy working environments for staff and patients alike.

As a Christian, I look to the principles of Love, Tolerance and Understanding as the guiding values in what we do and I look forward to your continued support, dedication, commitment and perseverance to continuously provide an efficient and responsive health care service to all and wish everyone good health, and a happy and prosperous 2009

A handwritten signature in dark ink, appearing to read 'MS Saketa', written over a dotted line.

Dr. Salanieta Saketa

Permanent Secretary for Health

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Table 1: Glossary of Acronyms

Acronym	Description
ACP	Annual Corporate Plan
CSP	Clinical Service Plan
CD	Communicable Diseases
CPR	Contraceptive Prevalence Rate
DSHS	Deputy Secretary, Hospital Services
DSAF	Deputy Secretary, Admin Finance
DOTS	Directly Observed Treatment Short-course
DSPH	Deputy Secretary, Public Health
DNS	Director Nursing Services
MS	Medical Superintendent
DMO	Divisional Medical Officer
GoF	Government of Fiji
HR	Human Resource
HIM	Health Information Management
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency
	Syndrome
MDGs	Millennium Development Goals
MoH	Ministry of Health
NCD	Non – Communicable Diseases
PPS	Portfolio Performance Statement
SEEDS	Sustainable Economic Empowerment Development Strategies
STIs	Sexually Transmitted Infections

OVERVIEW OF THE MINISTRY

The major objectives of the Ministry of Health are to:

- Provide accessible, affordable, efficient and high quality health care and
- Strengthen community development leading to improved quality of life;

In view of the current global economic situation, the emergence of new and chronic diseases together with an increasing demand for free health services, the use of new technologies, modern & expensive drugs to support the delivery of the services in the face of limited resources, achieving these major objectives will continue to be a challenge for the Ministry in the years to come.

In addition, staff retention is an area of concern that continues to have an impact on the efficient delivery of the health care and social welfare services to the people of Fiji.

With the implementation of the Clinical Services Plan; improved planning and ongoing delivery of effective public health & promotion activities; performance budgeting; identification of appropriate financing/ resource options to complement the health budget and implementation of appropriate prevention strategies; the Ministry aims to rise to the occasion and continue to provide quality health care and improved quality of life for all.

Guiding Principles

Vision

A Healthy population in Fiji that is driven by a Caring Health Care Delivery System

Mission

To provide a high quality Health Care Delivery Service by a caring and committed workforce working with strategic partners through good governance, appropriate technology and appropriate risk management facilitating a focus on patient safety and best health status for the citizens of Fiji.

Values:

Customer Focus

We are genuinely concerned that Health Services is focused on the people/patient receiving appropriate high quality health care delivery

Respect for Human Dignity

We respect the sanctity and dignity of all we serve

Quality

We will always pursue high quality outcomes in all our activities and dealings

Equity

We will strive for equitable healthcare and observe fair dealings with our customer in all activities at all times irrespective of race, colour, ethnicity or creed

Integrity

We will commit ourselves to the highest ethical and professional standards in all that we do

Responsiveness

We will be responsive to the needs of the of the people in a timely manner delivering our services in an effective and efficient manner

Faithfulness

We will faithfully uphold the principles of love, tolerance and understanding in all our dealings with the people we serve

ROLES & RESPONSIBILITIES

The role of the Ministry of Health is to ensure that the people of Fiji have a health care system that is accessible, affordable, responsive, equitable and of a high quality. In doing so, the Ministry will address its strategic objectives of maintaining an adequate primary and preventive health care services; promotion of health; maintaining an effective, efficient and quality clinical health care & rehabilitation services; maintaining an adequate, qualified and dedicated workforce; construction of new and continuous maintenance of all health infrastructure & facilities; maintaining a management culture that promotes and supports continuous quality improvement and identifying appropriate complementary funding and resource allocation schemes to achieve major health outcomes.

To achieve this goal, the Ministry is responsible for developing from available resources a comprehensive health care delivery system dedicated to primary health care, health promotion and disease prevention and a commitment to social welfare services that enhances community development.

Improvements to the delivery of health services will continue to be pursued by the Ministry and in partnership with key stakeholders including the private sector and the development partners. The Ministry will continue with the training of personnel to address critical staff shortages within its ranks, together with infrastructure development especially in the rural areas. In addition, services will continue to be provided for the care of the elderly.

Table 2 : Legislation for which this portfolio is responsible

	Description
1	Animals (Control of Experiments) Act (Cap.161)
2	Burial and Cremation Act (Cap.117)
3	Dangerous Drugs Act (Cap. 114)
4	Fiji School of Medicine Act 1997
5	Food Safety Act 2004 (Not in force)
6	Ionising Radiation Act (Cap. 102)
7	Medical and Dental Practitioner Act (Cap. 225)
8	Medical Assistants Act (Cap.113)
9	Methylated Spirit Act (Cap. 225A)
10	Mental Treatment Act (Cap. 113)
11	Methylated Spirit Act (Cap. 113)
12	Nurses, Midwives and Nurse Practitioner Act (Cap. 256)
13	Pharmacy and Poisons Act (Cap 115)
14	Private Hospitals Act (Cap. 256A)
15	Public Health Act (Cap. 111)
16	Public Hospitals & Dispensaries Act (Cap 110)
17	Pure Food Act (Cap. 116)
18	Quarantine Act (Cap. 112)
19	Tobacco Control Act 1998

STRATEGIC PRIORITY FOCUS

The Ministry of Health will be focusing on improving its performance in terms of health indicators particularly targeting the Millennium Development Goals

Table 3: : A General Statement of Focus for each Output

OUTPUT		STRATEGIC PRIORITY FOCUS
1	Portfolio Leadership Policy Advice and Secretariat Support	A major effort will be made to complete outstanding reviews of legislation including the Public Health Act, Mental Health Act and the General Practitioners Act. Health care financing options and the review of fees and charges is also an area of priority to be addressed.
2	Public Awareness Promotions – Public Health	Major health promotion campaigns will continue as part of non-communicable disease programs. Health promotion campaigns will continue in oral health and improving nutrition in children.
3	Emergency Response Services - Medical Evacuations and Blood Supply	Effective monitoring of procedures guiding medical evacuations will continue while focus on new marketing strategies for national blood drives will be explored.
4	Communicable Disease Prevention	Focus will be on developing an integrated CD network including surveillance and response units, which includes strengthening the regional function of Mataika House.
5	Provision of Clinical Services	Empowering and supporting Clinical Service Networks [CSN's] to strategise and implement activities that will improve service delivery.
6	Provision of Primary Health Care	Strengthening of service provision through better resource allocation strategies will continue to play a vital role in reaching out to communities in rural/remote areas.
7	Education and Training - Disease Control and Health Promotion	Capacity building for key areas in primary health care and clinical services will remain a priority for the Ministry in its efforts to ensure quality services are provided to the people of Fiji.
8	Education and Training – Nurses	Strengthening of ongoing training programmes will be undertaken in consideration with recommendations from the nursing workforce review.
9	Hospice Services - Accommodation and Assistance for the Elderly	Appropriate policy and guidelines will be developed to strengthen health care services for the elderly
10	Supply of Goods - Medical Supplies and Consumables	Strengthening of networks is being looked at by all stakeholders to ensure timeliness and responsiveness in service delivery.

Agency Output Contribution to Government Outcomes

Table 4: Linkage between SEEDS Policy Objectives, Health-related Indicators and PPS Outputs

National Policy Objectives or 'Targeted Outcome'	Indicators	Annual targets	5 Yr targets and reports	Output (PPS)
Communities are serviced by adequate primary and preventive health services thereby protecting promoting and supporting their well being	Child mortality rate reduced From 26 to 20 per 1000 live Births (MDG).	Reduce by 2/1000 Live Births	From 26 to 20 Per 1000 live Births	2. Public Awareness Promotions –Public Health 4. Communicable Disease Prevention 5. Provision of Clinical Services 6. Provision of Primary Health Care
	Percentage of one year olds Immunised against measles Increased from 68% to 95% (MDG).	Maintain >95% coverage	Eliminate by 2012	4. Communicable Disease Prevention
	Prevalence rate of lymphatic filariasis (Pac ELF/WHO)	Reduce by 10%	Eliminate by 2010 - rate to be 1%	4. Communicable Disease Prevention
	Prevalence rate of Tuberculosis reduced from 10% to 5% (part of MDG 22 ¹).	Reduce by 1%	From 10% to 5%	4. Communicable Disease Prevention
	Prevalence of anaemia in pregnancy at booking	Reduce by 2%	Reduce by 10%	2. Public Awareness Promotions – Public Health 6. Provision of Primary Health Care
	Maternal mortality ratio Reduced from 50 to 20 per 100,000 live births (MDG).	Reduce by 6%	50 to 20 per 100,000 live births	2. Public Awareness Promotions – Public Health 5. Provision of Clinical Services 6. Provision of Primary Health Care
	HIV/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 (MDG).	Maintain below 0.1%	Maintain below 0.1%	2. Public Awareness Promotions – Public Health
	Prevalence rate of STIs among men and women aged 15 to 25.	Reduce by 2%	Reduce by 10%	2. Public Awareness Promotions – Public Health 6. Provision of Primary Health Care

¹There are two TB-related MDGs. MDG 23 is 'Prevalence and death rates associated with tuberculosis' and MDG 24 is Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS).

National Policy Objectives or 'Targeted Outcome'	Indicators	Annual targets	5 Yr targets and reports	Output (PPS)
	Prevalence of diabetes in 15-64yrs age reduced from 16% to 14% <i>(note: baseline and target may need revision).</i>	Reduce by 0.5%	Begun to reverse the trend	2. Public Awareness Promotions – Public Health
	Admission rate for diabetes and its complications, hypertension and cardiovascular disease.	Reduce by 2%	Reduce by 10%	2. Public Awareness Promotions – Public Health 5. Provision of Clinical Services
	Amputation rate for diabetic sepsis	Reduce by 1%	Reduce by 5%	2. Public Awareness Promotions –Public Health 5. Provision of Clinical Services 6. Provision of Primary Health Care
	Contraceptive prevalence rate (CPR) amongst population of child bearing age increased from 46% to 56% ⁽²⁾ .	Increase by 2%	From 46% to 56%	2. Public Awareness Promotions –Public Health 6. Provision of Primary Health Care
	Proportion of the population aged over 35 years engaged in sufficient leisure time activity.	Increase by 0.5%	Increase by 2%	2. Public Awareness Promotions –Public Health
	Prevalence of under 5 malnutrition	Reduce by 1%	Reduce by 5%	2. Public Awareness Promotions – Public Health
	Rate of teenage pregnancy	Reduce by 0.5%	Reduce by 2%	2. Public Awareness Promotions – Public Health
Communities have access to effective, efficient and quality clinical health care and rehabilitation services	'Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)'. '	Increase by 2%	Increase by 10%	2. Public Awareness Promotions – Public Health 5. Provision of Clinical Services 6. Provision of Primary Health Care
	Average LOS in psychiatry beds	Reduce by 2%	Reduce by 10%	5.Provision of Clinical Services
	Bed Occupancy Rate of Psychiatric beds	1%	Reduce by 5%	5.Provision of Clinical Services

²MDG indicator 19 is actually 'Condom use rate of the contraceptive prevalence rate'. The CPR is the denominator of MDG indicator 19; condom use rate is the numerator of the MDG indicator.

National Policy Objectives or 'Targeted Outcome'	Indicators	Annual targets	5 Yr targets and reports	Output (PPS)
	Number of staff trained in mental health	40 staff	Increase to 80%	9. Education and Training – Nurses and Doctors
	Doctors per 100,000 populations increased from 36 to 42.	Maintain at 42/100 000 population	Maintain at 42/100 000 population	9. Education and Training – Nurses and Doctors
	Elimination of stock outs of drugs from present 100 items per month	50%	Zero stockout	Supply of Good – Medical Supplies and Consumables

Table 5 shows the main health-related boards and committees that work in close partnership with the MoH.

Table 5: Associated Boards and Committees

Number	Description
1	Central Board of Health
2	Rural Local Authorities
3	Board of Visitors
4	Nurses, Midwives & Nurse Practitioners Board
5	Fiji Dental Council
6	Fiji Medical Council
7	Fiji Pharmacy and Poisons Board
8	Fiji School of Medicine Council
9	Private Hospitals Board
10	Fiji Optometrists Council

³MOA ensures that the children's home or institution complies fully with the Minimum Standards and are licensed and registered.

Table 6: Ministry of Health Approved Outputs

Number	Description
1	Portfolio Leadership Policy Advice and Secretariat Support.
2	Public Awareness Promotions – Public Health
3	Emergency Response Services - Medical Evacuations
4	Communicable Disease Prevention
5	Provision of Clinical Services
6	Provision of Primary Health Care
7	Education and Training-Disease Control and Health Promotion
8	Education and training-Nurses
9	Hospice Services & Accommodation and Assistance for the Elderly.
10	Supply of Goods – Medical Drugs and Consumables

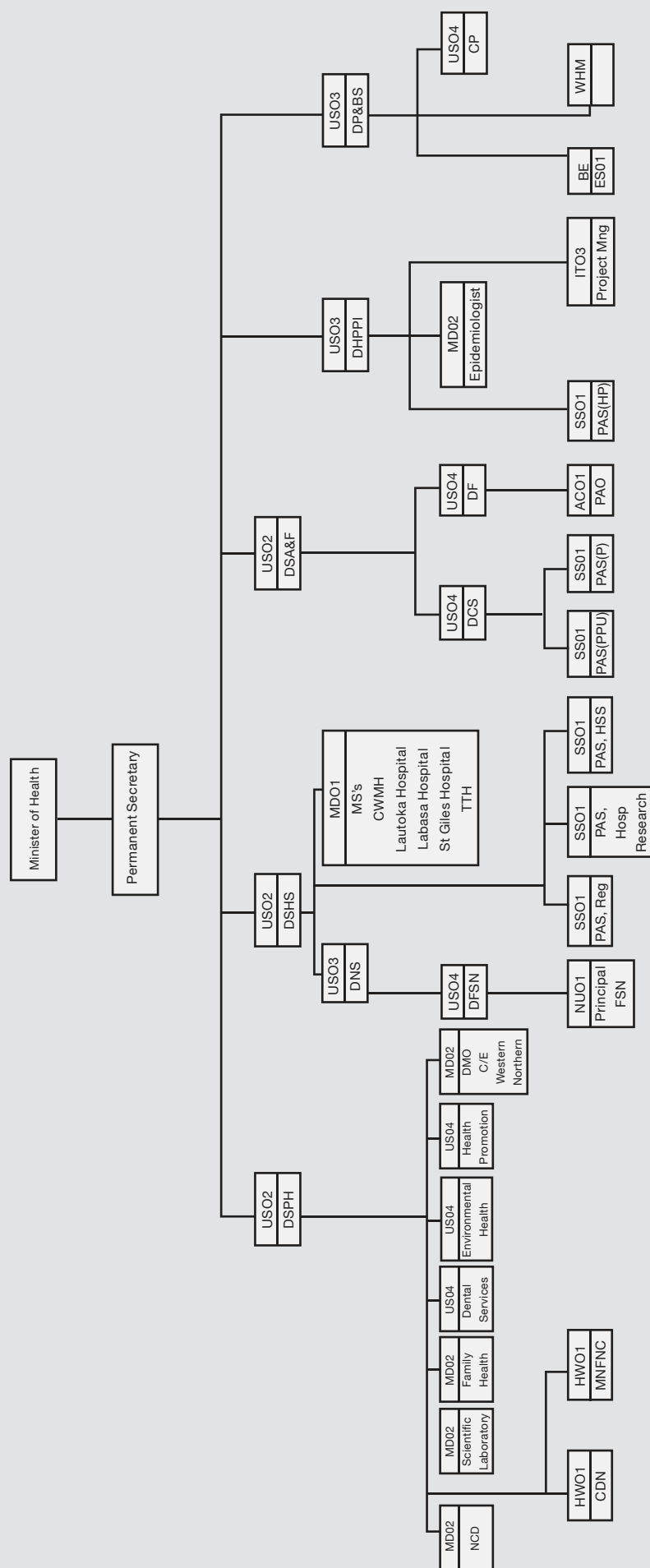
Key aspects of MoH's management structure and reporting lines are shown in Figure 1

In line with Government's policy of implementing the ten percent reduction in expenditure, PSC approved the Ministry's organisation restructure, which now effectively sees several changes in the senior executive level as follows:

- The retitling of 3 Director positions to be Deputy Secretary. This is on par with other ministries and departments.
- The retitling of positions of General Manager, hospital (GMH) at the 3 divisional hospitals (CWM Hospital, Lautoka Hospital & Labasa Hospital) to Medical Superintendent.
- The retitling of positions of General Manager, Community Health (GMCH) in the 3 divisions to Divisional Medical Officer (DMO).

The new organisation structure for the Ministry of Health is seen at Figure 1 and reflects senior executive and senior management positions.

MINISTRY OF HEALTH 2009 ORGANIZATION CHART

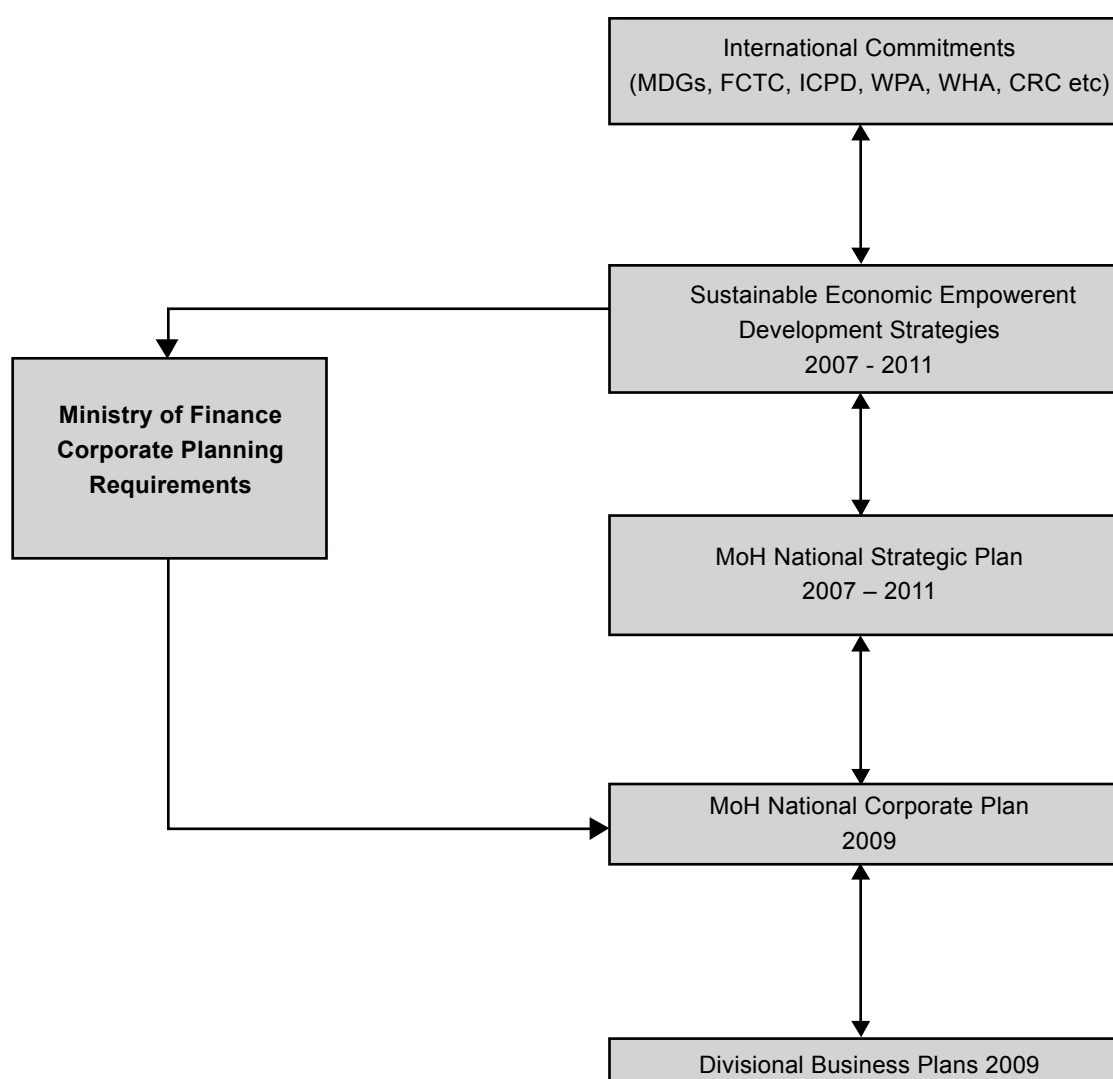


Ministry of Health Plans and Planning Process

The Ministry of Health has three types of plans: a five-year strategic plan, an annual corporate plan and annual divisional business plans.

The planning process and plans have taken into account the health needs of the people of Fiji, Government of Fiji's Strategic Development Plan 2007-2011, Fiji's international commitments⁴ and Ministry of Finance's Corporate Planning Requirements as suggested in Figure 2 below.

Figure 2:
Relationship between MoH plans and related GoF plans, commitments and requirements



⁴Millennium Development Goals, Framework Convention on Tobacco Control, International Convention on Population Development, World Health Assembly and Convention on Rights of the Child.

Figure 3:
Linkages between SEEDS Policy Objectives and MoH Strategic Plan's Policy Objectives

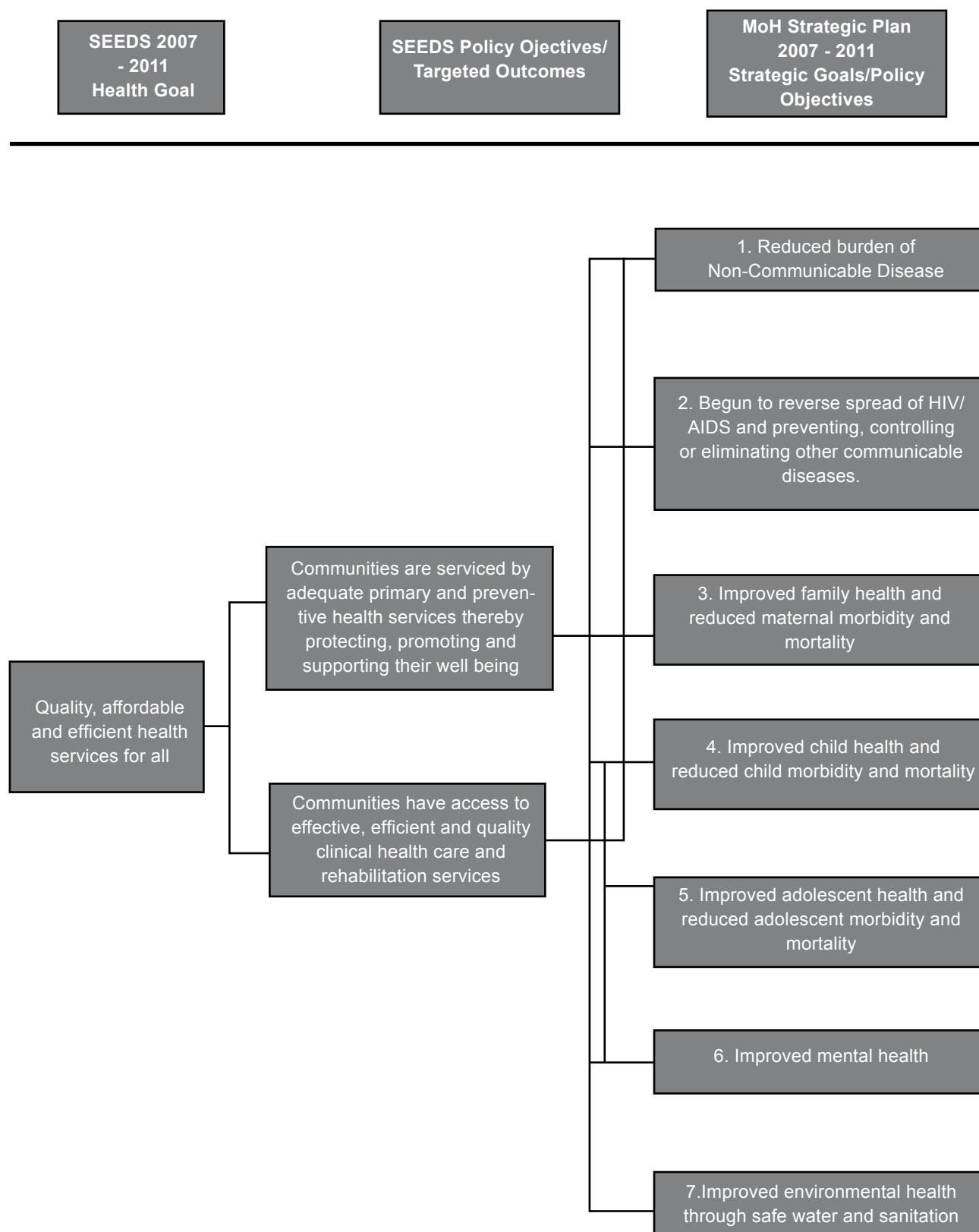


Table 7: List of MoH Outputs and Associated Health Outcomes

No.	MoH Outputs (PPS)	Outcomes
1	Portfolio Leadership Policy Advice and Secretariat Support	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
		7. Improved environmental health through safe water and sanitation
2	Public Awareness Promotion – Public Health	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
		7. Improved environmental health through safe water and sanitation
3	Emergency Response Services - Medical Evacuations and Blood Supply	3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality

No.	MoH Outputs (PPS)	Outcomes
4	Communicable Disease Prevention	1. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		2. Improved family health and reduced maternal morbidity and mortality
		3. Improved child health and reduced child morbidity and mortality
		4. Improved adolescent health and reduced adolescent morbidity and mortality
		5. Improved environmental health through safe water and sanitation
5	Provision of Clinical Services	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
6	Provision of Primary Health Care	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health

No.	MoH Outputs (PPS)	Outcomes
7	Education and Training - Disease Control and Health Promotion	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
		7. Improved environmental health through safe water and sanitation
8	Education and Training – Nurses	2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
9	Hospice Services - Accommodation and Assistance for the Elderly	1. Reduced burden of Non-Communicable Disease
		6. Improved mental health
10	Supply of Goods - Medical Supplies and Consumables	2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health

Strategies to Address Performance Targets and Strategic Priority Areas

Output 1 - Leadership Policy Advice and Secretariat Support

Provision of policy advice and support to the Minister

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
1.1 Formulate/develop new legislation, policies and protocols and/or review of existing legislation, policies and protocols on healthcare services	Maintain an adequate primary and preventive health care services & Promotion of Health	Establish an inter-ministerial committee to fast track the HIV Bill	Inter-ministerial committee	June 2009	Halt the spread of HIV/AIDS
		Finalise HIV Policy	Policy finalised	June 2009	
		Formulate national International Health Regulation Plan and Policy	International Health Regulation Plan and Policy	November 2009	Effective disease surveillance and response
		Finalise the Mental Health Act	Mental Health Act finalised	November 2009	Improvement in Mental Health Care delivery
		Review of core areas of the Public Health Act	Review undertaken	November 2009	Better protection of Community Health
		Develop Reproductive Health Policy	Reproductive Health policy developed	November 2009	Improved Reproductive Health
		Endorsement of Fiji Plan of Action for Nutrition (FPAN) by Cabinet	FPAN submission	May 2009	Improved Child nutritional status
		Finalise Code of Marketing of Breast Milk Substitute	Code Finalised	October 2009	
		Review National NCD Strategic Plan 2004 - 8	Review undertaken	May 2009	Increased awareness about NCDs and risk factors

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
	Maintain an effective, efficient and quality Health care & rehabilitation services	Develop new NCD Strategic Plan 2009 - 11	New NCD Strategic Plan developed	July 2009	Behavioral change towards NCD
		Review the national Health Promotion Strategic Plan 2006 - 8	Review undertaken	November 2009	
		Develop new National Health Promotion Strategic Plan	Plan developed	June 2009	
		Develop Reproductive Health Plan	Plan developed	November 2009	
		Review of Nurses, Midwives & Nurse Practitioners Act	Review undertaken	November 2009	
		Adaptation of the CHN competencies, Standards and Criteria for nurses in hospital clinical settings	Adaptation of competencies & standards in 3 divisional hospitals	June 2009	
		Develop Frameworks for measuring Standards of Nursing	Framework developed	November 2009	
		Establish a Clinical Services Policy	Policy established	November 2009	
					Protection of the public through improved statutory regulation of the nursing profession
					A standardised approach to measuring clinical care against competency standards for nurses and midwives resulting in improved service delivery.
					A culture of evidence-based practice that results in improved nursing & midwifery service delivery
					Improved Clinical Services

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
1.2 Development of Workforce Policies	Maintain an Adequate, Qualified and Committed Workforce	Review of Medical & Dental Practitioners Act	Review undertaken	November 2009	Improved patient safety and quality of services
		Review Workforce Plan 1997 - 2012	Appointment of consultant to conduct review	June 2009	Provision of improved Health services through qualified & committed Workforce
		Finalise Framework for registration of Health professionals	Proposals progressively developed	June 2009	
		Develop management capacity for managers to effectively monitor & evaluate activities, set priorities, equitably allocate resources and manage risks		November 2009	Efficient health service delivery
		Review & develop HR policies for staff retention and succession planning for all cadres of staff	Review completed and strategies implemented	April 2009	Retention of skilled Workforce
		Review and implement realistic strategies, to train, deploy and retain the Health Workforce	Strategies implemented	December 2009	
		Implement multiskilling strategies of workforce as recommended in various reports		November 2009	

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target strategies	Implementation Timeframe of	Expected impact
1.3 Policy advice & Proposals on Infrastructure	Construct of New and Ongoing Maintenance of all Existing Infrastructure	Develop evidence based proposals for resource allocation for construction of new hospitals and health centres	Proposals developed	April 2009	Appropriate proposals/estimates submitted to MoFNP for funding
		Develop evidence based proposal/estimates for ongoing repair & maintenance of all existing infrastructure	Proposals developed	February 2009	Developed proposal submitted to MoFNP for funding
1.4 Policy advice & Proposals on Resource Allocation Schemes including Health care financing and Outsourcing	Identify appropriate complementary funding & resource allocation schemes for Health Services	Develop evidence based proposals for additional vehicles to support an effective transport system	Appropriate financing options developed	April 2009	Appropriate proposals/estimates submitted to MoFNP for funding
		Develop & recommend a range of health care financing options for cabinet's considerations	HCF options+ recommendations developed	March 2009	Number of financing options identified & submitted to Cabinet
			Report presented to Cabinet	April 2009	
		Review existing fees and determine new fees and charges for identified health services	Review undertaken	March 2009	At least 5% improvement in fiduciary collection annually
			Report presented to Cabinet & decisions implemented	April 2009	
		Develop information paper to Cabinet on the Outsourcing Report	Information Paper developed and presented to Cabinet	March 2009	Outsourcing of selected services to be implemented by 2010

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
1.5 Implementation of Pillar 10 Objectives of the Peoples Charter for Building a Better Fiji		Develop strategies to address medical negligence insurance matters	Information paper to Cabinet developed	November 2009	Reduction on indemnity costs by 5% annually
		Consultations on set up of a National Health Commission begun with all relevant stakeholders	Information Paper developed and presented to Cabinet	June 2009	Framework for the development of a National Health Commission is defined

OUTPUT 2 – Public Awareness Promotions – Public Health

Promoting health awareness in the community

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
2.1 Healthy Settings	Maintain an adequate, primary and preventive health care services and promotion of health	Strengthen awareness programmes/workshops on Healthy Settings for targeted groups	Number of awareness programmes/workshops for targeted groups undertaken	December 2009	

OUTPUT 3 – Emergency Response Services – Medical Evacuations and Blood Supply
Overseas and local medical evacuations and the services provided by the National Blood Service

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
3.1 Improved Blood Services	Maintain an adequate Primary and Preventive Health Care Services and Promotion of Health &	Implement National Blood Service Strategic Plan 2008-11 Strengthen implementation of Blood Service Strategies	Implementation Schedule developed >80% of strategies implemented	February 2009 November 2009	No stock outs of blood and blood products in all health facilities Recommendations to be implemented
3.2 Improved Emergency Services	Maintain an effective efficient and quality clinical health care & rehabilitation services	Strengthen Emergency Ambulance Services Review the Emergency & Evacuation Services Develop Plan of Action for nursing response to disasters and emergencies	Strategies to strengthen emergency ambulance services Review completed Plan of Action developed	March 2009 June 2009 November 2009	Responsive services provided Improved coordination and early response to disasters and emergencies by nurses

OUTPUT 4 – Communicable Disease Prevention

Services provided to prevent the spread of communicable disease such as HIV, typhoid, TB and filariasis

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
4.1 Elimination of Measles	Maintain an effective, efficient and quality clinical health care & rehabilitation services	Immunisation Programme implemented in the divisions	>95% of target community immunised	November 2009	Achieve MDG objective by 2012
4.2 Elimination of Lymphatic Filariasis		MDA Programme implemented in the divisions	>85% of target community covered	November 2009	Achieve MDG objective by 2010
4.3 Increased Immunisation & Infection Control		Improve the coverage of immunisation of preventable diseases	>80% immunisation coverage achieved	December 2009	Increased CD prevention
4.4 Strengthen Communicable Disease surveillance system		Strengthen & improve the surveillance of Communicable Diseases through the development of an integrated CD network	National CD Response Unit based at Maitika House established	December 2009	Proactive CD surveillance & control system available
		Strengthen the organisational structure of the public health laboratory	Improved coordination & response at national & divisional levels	December 2009	Improved CD control preparedness & response
		Establish and implement typhoid surveillance system	Establishment of the CD surveillance system at the three main laboratories (CWM, Ltka, Lbsa)	November 2009	Improved prevention & control of CD
			Reports received from Divisional Hospitals		

OUTPUT 5 – Provision of Clinical Services

Provision of curative health services

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
5.1 Improved Clinical Services	Maintain an effective, efficient and quality clinical health care & rehabilitation	Implement the clinical services plan in the Divisional Hospitals through clinical service network (CSN's) using CSP Reports as guidelines eg. Pathology Report, Radiology Report, O.T Report, Oncology Report	Prioritised activities identified	February 2009	Improved service delivery
			Implemented according to plan schedules	December 2009	
		Strengthening & extension of existing clinical services such as outreach services into Sub-Divisional Hospitals	Outreach services are appropriately resourced and implemented	December 2009	Equitable & Accessible provisions of clinical services
		Decentralisation of GOPD services to identified satellite health facilities piloted	Pilot project implemented	March 2009	Reduced waiting times for patients
		Strengthen management at Divisional & Specialised Hospitals through the establishment of a working committee to coordinate, support and monitor the networks	Working Committee established	March 2009	Improved coordination of Drugs & Biomedical Equipments, HR, Infrastructure
			Quarterly meetings with hospital MS's	Quarterly 2009	
		Establish the CWMH Cardiac Cath Lab.	Cardiac Cath Lab installed	November 2009	Improved cardiac services

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
5.2 Strengthen Practice of Clinical Governance	Maintain a QI management culture that promotes and supports continuous quality health services	Strengthen clinical nursing leadership in Intensive Care A & E, Peri-operative and Neonatal IC	Training activities on Nursing Leadership in prioritised areas undertaken	November 2009	Improved clinical care service delivery by nurses for better patient outcomes
5.3 Strengthening Quality Improvement		Strengthen clinical governance by reviewing and documenting standards and protocols	80% of protocols documented	December 2009	Improved clinical practice and improved outcomes for patients
		Implement CPI methodology across services to address resolve frontline clinical services issues	CPI projects completed	December 2009	Improved Service delivery
		Strengthen accident and emergency capabilities of health facilities & staff	Medical Emergency Teams established	December 2009	
		Strengthen quality improvement, patient safety & risk management system under the clinical governance framework	Emergency training conducted All trainings in divisions completed	December 2009	

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator Date Target	Implementation Timeframe of strategies	Expected impact
5.4 Infrastructure Development/ Establish and or strengthen physical work environment for delivery of safe and quality health services	Construction of new and Continuous maintenance of all health infrastructure & facilities	Improve infrastructure through proper planning and the timely submission of evidence based proposals for funding of capital works	Submission of all planned capital works	March 2009	Healthy and safe working environment
			Improvements undertaken as per Infrastructure Implementation Plan	December 2009	
			Taskforce formed	March 2009	Safer Health Facilities in Disasters
		Establish a 'Safe Hospital' & Health Facilities Taskforce to address issues of safe health facilities in disasters.	An audit report on buildings etc of the 3 major and 2 specialised hospitals and implementation of 25% of recommendation	November 2009	Disaster preparedness
			All health facilities Board of Visitors established	November 2009	Improved Planning for facility development

OUTPUT 6 – Provision of Primary Health Care

Provision of community health services

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator Date Target	Implementation Timeframe of strategies	Expected impact
6.1 Implement Public Health Programmes activities	Maintain an adequate, primary and preventive health care services and promotion of health	Implement Integrated Community Development Strategies including Primary Health Care & Health Settings approach	>80% of strategies implemented	November 2009	Increased Healthy Settings and ranges with strengthened Primary Health Care approach
		Implement in NHPC Plan	Priority Areas fully implemented	November 2009	Increased awareness about NCDs and risk factors
		Implement priority areas	>80% of activities of priority areas implemented	November 2009	Improved environmental health
		Introduce WHO Safe Motherhood Hospital Initiative	Initiative introduction in 1 subdivision per division	August 2009	Improved emergency obstetric care services in subdivisions
		Strengthen BFHI & Milk Supplementation Programme	>50% of activities to strengthen Supplementation Programme implemented in all subdivisions	June 2009	Reduced Child Morbidity & Mortality
		Implement identified priorities in 2009 AHD Plan	>70% of identified priorities implemented nationally	November 2009	Improved adolescent health
		Strengthen & implement integrated NCD programmes	>80% of integrated NCD programmes implemented	November 2009	Increased positive behavioural change on risk factors
		Implement four (4) prioritised Oral Health activities from OH Strategic Plan	>70% of prioritised activities implemented nationally	November 2009	Improved knowledge and oral health status of the community

Sub-output:	Strategic Priority Areas	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
		Implement priority Mental Health & Suicide Prevention Strategies from MHSP 2007-11	One priority implemented	March 2009	Increased awareness of mental health issues amongst the general public
		Strengthen implementation of the STI/HIV/AIDS Strategic Plan 2007-2011	>70% of activities to strengthen implementation of the 5 undertaken in the 3 divisions	November 2009	Increased public awareness about HIV/AIDS
		Strengthen capacity building in training, counselling, drug therapy and follow-up for HIV/AIDS PMCT services	Number of trainings	December 2009	
		Implement Filariasis DOTS program	>80% of targeted communities covered	November 2009	Reduction in filariasis incidence and prevalence
		Implement social mobilisation plan on current major communicable diseases - typhoid fever, leptospirosis and dengue fever	>80% of plan implemented	November 2009	Improved CD control
		Strengthen implementation of leprosy and tuberculosis control programme	Targets in Leprosy & TB Control Programme achieved	June 2009	Improvement in TB-contact tracing rate and treatment completion for all new TB cases
		Strengthen implementation of PH Emergencies & Disaster Management Strategic Plan 2007-11	1 mock exercise undertaken in each division	November 2009	Efficient response to any health threat or emergencies.

OUTPUT 7 – Education and Training: Disease Control & Health

Provision of public education and training on disease control and health

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
7.1 Strengthening Capacity Building	Maintain an adequate, qualified and committed workforce	Review and implement realistic strategies to train, deploy and retain the health workforce	Review completed	August 2009	Improved service delivery
		Implement multiskilling strategies of various reports	At least 2 strategies implemented	November 2009	Improved Service delivery
		Review and analyse workforce requirement for health professionals & support staff and implement recommendations	Review completed and >3 recommendations implemented	December 2009	Better skilled and experienced workforce to provide improved delivery of healthcare services
		Ensure continuing education/training of staff to maintain appropriate skill levels	Training plans for clinical staff developed and implemented	December 2009	
		Consultation forum to be established for training of Health Administrators	Forum Established	November 2009	Reduction in migration of Health professionals by 10% annually

OUTPUT 8 – Education and Training: Nurses

Education and training provided by the Fiji School of Nursing

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
8.1 Strengthened Capacity Building Programs	Maintain an adequate qualified and committed nursing workforce	Review and implement realistic strategies to train deploy and retain nurses in undergraduate and post graduate categories Implement Training Policy	Post-basic, In-service & Postgraduate training programmes undertaken as per National Training Plan/ as per endorsement of National Training Committee	November 2009	Skilled and qualified workforce is maintained
8.2 Improved Monitoring & Evaluation of the IST programs		Maintain IST Programs & Evaluation Tool Review and implement realistic strategies for training of nurses in the basic/undergraduate and postgraduate programme Deploy appropriately qualified nurses (midwives and public health trained) to rural and remote health facilities as per the Clinical Services Plan and Role Delineation	Implementation of recommendations of Nursing Workforce Review for FSN undertaken Deployment of nurses undertaken	November 2009 June 2009 November 2009 November 2009	Improved provision of academic programs Improved service delivery through an appropriate and well-trained nursing Workforce Improved service delivery through an appropriate and well-trained nursing Workforce. Improved job satisfaction for nurses resulting in improved service delivery and client care.

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
		Strengthen research component of all formal nursing courses at FSN	Research components adapted into curriculum	November 2009	Reviewed basic and post basic curricular incorporates nursing research for evidence-based practice and improved nursing and midwifery service delivery.

OUTPUT 9 – Hospice Services – Accommodation and Assistance for the Elderly *Service provided to the aged*

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
9.1 Strengthening Social services support for the Elderly	Maintain an Effective, Efficient and Quality health care and Rehabilitation services.	Develop appropriate policy and guidelines for the three Old Peoples Homes	Continued provision of social services assistance & support for the Elderly	June 2009	Improved accommodation & assistance for the elderly.

OUTPUT 10 – Supply of Goods - Medical Supplies and Consumables
Supply of medical equipment, drugs, clinical products by the Fiji Pharmaceutical Services

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
10.1 Strengthen Leadership Capacity	Maintain an Adequate, Qualified and Committed Workforce	Set strategic direction empowerment and team building Strengthen network and partnership building with both internal and external stakeholders	Increased level of accountability Effective resource management	Monthly and quarterly review	Strong Leadership at all levels
10.2 Procurement and supply of medicines and Clinical Products	Maintain an Effective, Efficient & Quality supply & use of Medical Equipments, Medicines & Clinical products	Strengthening a sustainable procurement system/process and strategies with the internal and external stakeholders Strengthening warehouse operations and good stock management practices at health facilities level Monitoring & Implementation of consultant and taskforce short term goal recommendations	Progressive reduction in stockout per qtr by 5% at health facility level 50% of recommendations implemented	Monthly and Quarterly review November 2009 November 2009	Effective & Efficient supply & Distribution of Medicines & Clinical products

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
10.3 Procurement and maintenance of bio-medical equipment (Asset Management Policy)		Demarcating/establishing a consistent funding program from the health budget	Demarcated budget program	November 2009	Dedicated budget programs for Biomedical services
		Establishing a replacement and maintenance plan/strategy for Biomedical equipments for priority programs and areas	Equipment replacement plan developed	July 2009	Efficient & Effective supply, distribution & maintenance of Biomedical Equipments
		Preventative maintenance of Biomedical equipment			
10.4 Essential Medicines Authority(improve use of medicines)		Strengthening rational & quality use of medicines and clinical products by health care workers and patients	Improve Rational & Quality Prescribing and use of medicines and Clinical products	November 2009	Improved prescribing practises and usage of medicines and Clinical Products
		Standardizing Purchase and Distribution of Clinical Products		November 2009	
10.5 Inspectorate & Regulatory Authority(good practices and accessible to quality, efficacious and safe medicines)		Strengthening regular inspection of health facilities and private sector	>20% of health facilities inspected per 6 months >40% of retail pharmacy inspected per 6 months	November 2009 November 2009	Improved compliance to "standards" by all Health Facilities

Sub-output:	Strategic Objective	Strategies to achieve performance target	Performance Indicator and Target	Implementation Timeframe of strategies	Expected impact
10.6 Bulk Purchase Scheme		Random quality testing of tendered essential pharmacy inspected medicines - TGA	20 essential medicines tested at TGA	September 2009	Ensuring accessing affordable quality, safety and efficacious medicines and Clinical Products
		National Medicine Policy Review	Review undertaken	December 2009	
		Strengthen BPS capacity	Revised list of items	November 2009	Accessing affordable NCD medicines in the private sector
		Availability of affordable priority medicines and clinical products for the private sector	\$100,000 profit targeted	November 2009	
10.7 System and Process Improvement and Sustainable IT System		Synchronize IT upgrade with system & process improvement	Improved customer service & overall service delivery	November 2009	Sustainable improvements in service delivery

CAPITAL ASSETS AND INVESTMENT PROGRAM

Table 8: Proposed Investment Program for 2009

Asset Type	Qty to be purchased	Expected Ownership	Estimated Cost	Estimated Useful life
Lakeba Hospital	Construction of Extension for Pharmacy unit	Government	\$80,000	50 years
Lomaloma Hospital	Construction of Maisonette Staff Qtrs [1 x 4] and one Grade 5 Staff Qtrs	Government	\$380,000	50 years
Mualevu Nursing Station	Construction of Grade 6 Staff Quarters	Government	\$210,000	50 years
New Nasavu Nursing Station	Construction of Grade 6 Staff Qtrs & Clinic	Government	\$180,000	50 years
Bureta Nursing Station	Upgrading to Health Centre Grade C	Government	\$110,000	50 years
Rotuma Hospital	Documentation process on new hospital proposal	Government	\$100,000	50 years
Viwa Nursing Station	Construction of Grade 6 Staff Qtrs & refurbishment of clinic	Government	\$200,000	50 years
Ba Mission Hospital, Ba Health Centre & Nailaga Health Centre	General Maintenance + documentation process on New Ba hospital proposal	Government	\$100,000	50 years
Savusavu Hospital (2nd Phase)	Extension of A/E and GOPD	Government	\$400,000	50 years
CWM Hospital	Extension of Mortuary	Government	\$200,000	50 years
Tamavua-Twomey Hospital	Upgrading & Maintenance Works	Government	\$200,000	50 years
Upgrading of Health Facilities in the Urban Centres	CWMH – Refurbishment of West Wing + Institutional Qtrs; Construction of Cytotoxic Suite Labasa Hospital – Refurbishment of existing Admin block and Laboratory + Institutional Qtrs Lautoka Hospital – Refurbishment of Paediatric Unit, Minor O.T & GOPD Relocation of St Giles Hospital – documentation works + general maintenance works on existing hospital & Institutional Qtrs Fiji School of Nursing – Maintenance of Admin block	Government	\$3,300,000.00	50 years
Upgrading of Health	Kadavu projects [General Maintenance – Vacalea Nursing Station, Ravitaki Nursing Station, Naqara Nursing Station, Gasele Nursing Station] Lomaiviti projects [General Maintenance – Koro Health Centre, Construction of Staff Qtrs - Nairai Nursing Station]	Government	\$1,300,000.00	50 years

Asset Type	Project	Expected Ownership	Estimated Cost	Estimated Useful life
	<p>Central Division projects [Upgrading Works + Construction of Staff Qtrs - Nayavu Health Centre; General Maintenance - Lodon Health Centre, Construction of Staff Qtrs - Tonia Nursing Station, Upgrading Works + Construction of Staff Qtr - Laselevu Health Centre, General Maintenance – Namuamua Health Centre, Naqali Health Centre]</p> <p>Northern Division projects [Construction of Staff Qtrs – Naqumu Nursing Station, Coqeloa Nursing Station, Udu Nursing Station, Tawake Nursing Station]</p> <p>Western Division projects [Relocation of Nadi Health Centre, Extension/upgrading works – Tavua Hospital, Extension to A/E & GOP – Rakiraki Hospital]</p>			
Biomedical Equipment for Urban Hospitals		MoH	\$1,000,000.00	10 years
Labasa Hospital Equipment		MoH	\$500,000.00	10 years
Dental Equipment for Urban Hospitals		MoH	\$400,000.00	10 years
Biomedical Equipment for Sub-Divisional Hospitals		MoH	\$900,00.00	10 years
Equipment for Health Centres & Nursing Stations		MoH	\$550,00.00	10 years
Dental Equipment for Sub divisional Hospitals		MoH	\$300,00.00	10 years
New Boiler for CWM Hospital		MoH	\$400,000	20years
New Lift for CWMH		MoH	\$200,000	20years
New Incinerator for CWM Hospital		MoH	\$316,125	20 years
Medical Waste Truck & Other vehicles - CWMH		MoH	\$180,000	10 years

Appendix 1: Output Performance Targets

Table 9: Output Performance Targets

Performance Indicators	2007 Actual	2008 Target	2008 Estimated Outturn	2009 Target
Output 1: Portfolio Leadership Policy Advice & Secretarial Support Financial Budget : \$ Full-Time Equivalent Staffing Resources: 24				
Quantity Number of Policy Papers submitted to the Minister Number of Briefing Papers And tasks performed on behalf of the Minister.	N/A N/A	> 12 > 700		
Quality Client rates and consistency of policy papers as satisfactory or better. Percentage of administrative tasks where performance rated by client as satisfactory or better. Briefings provided to the Minister that are N/A rated satisfactory or better.	N/A N/A N/A	> 95% > 75% > 85%		
Timelines Policy advice prepared within five business days of a request from the Minister. Cabinet papers prepared within ten business days of a request from the Minister.	N/A N/A	> 95% > 75%		
Cost Completion of work program within the Budget allocation	N/A	?		

2. Public Awareness Promotions – Public Health

Financial Budget: \$

Full-Time Equivalent Staffing Resources: 7

Performance Indicators	2007 Actual	2008 Target	2008 Estimated Outturn	2009 Target
Quantity Number of promotion campaigns undertaken. Number of health conditions targeted. Estimated average target population reach of each campaign (,000).	N/A	> 12		
Quality Three year average percentage improvements in respect of each health condition. Average percentage of target population intending to act in accordance with the campaign message.	N/A	> 5%		
Timelines Promotional campaign implemented according to approved schedule	N/A	> 85%		
Cost Completion of work program within the Budget allocation	N/A	?		

Output 3: Emergency Response Services – Medical Evacuations and Blood Supply.

Financial Budget: \$

Full – Time Equivalent Staffing Resources: 7

Performance Indicators	2006 Actual	2007 Target	2008 Estimated Outturn	2009 Target
Quantity Number of medical evacuations. Units of blood consumed	N/A	> 100		
Quality Percentage of medical evacuations with a successful outcome. Percentage of blood lost due to inappropriate or failed storage.	N/A	> 10,000		

Performance Indicators	2007 Actual	2008 Target	2008 Estimated Outturn	2009 Target
Timeliness Evacuations effected within 24 hours of requirement. Blood supplies delivered between 2 and 5 minutes before intended use	N/A N/A	> 98% >99%		
Cost Completion of work program within the Budget allocation	N/A	?		
Output 4: Communicable Disease Prevention. Financial Budget: \$ Full – Time Equivalent Staffing Resources: 49				
Performance Indicators	2007 Actual	2008 Target	2008 Estimated Outturn	2009 Target
Quantity Number of blood tests conducted. Average population coverage of EPI. Average population coverage of tetanus	N/A N/A	> 5,001 > 80%		
Quality Three-year average annual decrease in incidence of disease.	N/A	> 80%		
Timeliness Implementation of disease outbreak control programme within 24 hours of public health warning	N/A	> 80%		
Cost Completion of work program within the Budget allocation	N/A	?		
Output 5: Provision of Clinical Services. Financial Budget: \$ Full – Time Equivalent Staffing Resources: 3,398				

Performance Indicators	2007 Actual	2008 Target	2008 Estimated Outturn	2009 Target
Quantity Average number of outpatient consultations per day per doctor. Average number of outpatients treated per nurse per day. Average number of prescribed items dispensed per day Number of specialist consultations per day per doctor Number of hospital beds. Average length of stay (days). Number of hospital patients per nursing staff Quality Rate of unplanned readmission for the same condition within 28 days Percentage of clients who rate service as satisfactory or better. Timeliness Patients examined within 25 minutes of arrival Diagnosis delivered within 15 minutes of examination. Cost Completion of work program within the N/A Budget allocation	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A 100%	> 32 > 50 > 1.000 > 16 > 900 > 40 > 5 > 95% > 95% > 60% > 50% 100%		
Output 6: Provision of Primary Health Care. Financial Budget: \$ Full – Time Equivalent Staffing Resources: 665				
Performance Indicators	2006 Actual	2007 Target		
Quantity Number of confirmed cases of measles Quality Population with access to improved sanitation Timeliness SDMT are satisfied with the timeliness frequency and quality of technical advice provided of their respective DHP officer. Cost Completion of work program within the Budget allocation	N/A N/A N/A N/A	<30 > 15% > 15% 100%		

Output 7: Education and Training – Disease Control and Health Promotion.
Financial Budget: Full – \$
Time Equivalent Staffing Resources: 445

Performance Indicators	2007 Actual	2008 Target	2008 Estimated Outturn	2009 Target
Quantity Number of Clients Trained Number of course days Course days per staff	N/A N/A N/A	> 1,001 > 35 > 201		
Quality Course participants rate training as satisfactory or better. Three year average decrease of incidence of diseases in villages		> 85% > 5%		
Timeliness Training conducted in accordance with scheduled timetable.		> 95%		
Cost Completion of work program within the Budget allocation		?		

Output 8: Education and Training – Nurses
Financial Budget: \$
Full – Time Equivalent Staffing Resources: 106

Performance Indicators	2007 Actual	2008 Target	2008 Estimated Outturn	2009 Target
Quantity Number of Students. Number of course days. Course days per staff member	N/A N/A N/A	> 450 > 100 > 100		
Quality Course participants rate training as satisfactory or better Pass rate in respect of formal qualification/exam	N/A N/A	> 85% > 90%		
Timeliness Classes commence within 2 minutes of scheduled timetable.	N/A	> 95%		
Cost Completion of work program within the Budget allocation		?		

Output 9: Hospice Services – Accommodation and Assistance for the Elderly.
Financial Budget: \$
Full – Time Equivalent Staffing Resources: 67

Performance Indicators	2007 Actual	2008 Target	2008 Estimated Outturn	2009 Target
Quantity Number of elderly accommodated Number of clients per nursing staff member.	N/A	> 100 > 10		
Quality Clients rate the service provided as satisfactory or better Three – year average incidence of breaches of the Health Act in respect of accommodation Three year average incidence of breach of the [insert name of legislation governing the health and safety legislation regarding sale of food].	N/A N/A N/A	95% < 1 < 1		
Timeliness Meals are served within 15 minutes of scheduled timetable. Patient bells are attended within 1 minute. Successful applicants accommodated within ten years.	N/A N/A N/A	> 95% > 99% > 50%		
Cost Completion of work program within the Budget Allocation	N/A	100%		

Output 10: Supply of Goods – Medical Drugs and Consumables.
Financial Budget: \$
Full – Time Equivalent Staffing Resources: 80

Performance Indicators	2007 Actual	2008 Target	2008 Estimated Outturn	2009 Target
Quantity Number of types of goods supplied. Total quantity of items of goods supplied. Total cash value of goods supplied	N/A N/A N/A	> 2000 > 5000 > \$10 million		
Quality Percentage of customers who rate service as satisfactory or better Percentage of customers who rate quality of goods supplied as satisfactory or better.	N/A N/A	> 70% > 85%		
Timeliness Customers receive goods they seek on the same day. Customers receive goods they seek within 10 business days. Customers receive goods they seek later than 28 days after order	N/A N/A N/A	> 95% > 80% > 1%		
Cost Completion of work program within the Budget allocation	N/A	100%		

Appendix 2: Register of Fixed Assets Used to Produce Outputs

Table 10: Register of Existing Fixed Asset Base

Asset type	Quantity (for grouped assets)	Asset Identifier	Asset Ownership	Date of Purchase	Purchase cost or lease rate	Estimated market value at 30.12.08
Motor Vehicles (cost more than \$50,000.00 each)	Pajero LWB (GN 420)	1	Government	2005	\$69,855	N/A
	Prado Land Cruiser (GN 132)	1	Government	2004	\$70,000	
	Toyota Land Cruiser (GM 297)	1	Government	1996	\$60,000	
	Toyota Land Cruiser (GM 382)	1	WHO	1996	\$60,000	
	Toyota Mini Bus (GM 004)	1	WHO	1996	\$92,000	
	Landrover (GM 691)	1	British Aid	1997	\$99,000	
	Hino Truck (GM 293)	1	Government	1996	\$70,000	
	Nissan Bus (GN 043)	1	Government	2002	\$99,000	
	Toyota L/Cruiser (GL 802)	1	Government	1992	\$55,816	
	Toyota Prado (GM 693)	1	JICA	1997	\$55,816	
	Toyota Ambulance (GL 713)	1	AUSAID	1998	\$70,000	
	Toyota L/Cruiser (GM127)	1	WHO	1992	\$55,816	
	Toyota Ambulance (GM 961)	1	Government	2002	\$60,000	
	Toyota	1	AUSAID	1988	\$70,000	
	Toyota Ambulance (GM 960)	1	Government	2002	\$55,816	
	Prado LWB (GM 964)	1	Government	1990	\$55,000	

Asset type	Quantity (for grouped assets)	Asset Identifier	Asset Ownership	Date of Purchase	Purchase cost or lease rate	Estimated market value at 30.12.08
	Nissan Ambulance (GL 274)	1	Government	2003	\$60,000	
	Toyota Ambulance (GM 963)	1	AUSAID	1988	\$70,000	
	Toyota Ambulance (GL 067)	1	Government	1993	\$55,816	
	Toyota L/Cruiser (GL 803)	1	AUSAID	2002	\$92,235	
	Toyota Ambulance (GL 068)	1	AUSAID	1998	\$58,000	
	Toyota Ambulance (GM 963)	1	Government	2003	\$60,000	
	Toyota Ambulance (GM 776)	1	AUSAID	2002	\$92,235	
	Toyota L/Cruiser (GM 295)	1	WHO	1996	\$55,000	
	Nissan Bus (GM 590)	1	Government	1998	\$105,000	
Motor Vehicles bought by the Govt. (cost less than \$50,000 each)	Details can be sourced from MoH Asset Data Base	55	Government		\$2million	
Motor Vehicles donated to the Ministry (cost less than \$50,000)	Details can be sourced from MoH Asset Data Base	54	JICA, SPC, WHP, AUSAID BRITISH AID, KOICA, Lions Club UNICEF Save the Children Fund		\$2million	
Motor vehicle cost \$39,800.00	Ford Ranger (GN 712 for Laselevu H/Centre	1	Gouvernement	27/11/2008 LPO# 801717	\$41,500.00	
Motor vehicle cost \$39,800.00 each	Ford Ranger (GN 714) for Nadarivatu H/Center	1	Govt	27/11/2008	\$41,500.00	

Asset type	Quantity (for grouped assets)	Asset Identifier	Asset Ownership	Date of Purchase	Purchase cost or lease rate	Estimated market value at 30.12.08
Motor Vehicle cost \$39,800.00	Ford Ranger (GN 713) for Bukuya H/Centre	1	Govt	27/11/08	\$41,500.00	
Motor vehicle donated by UNICEF	Toyota Hilux 4x4 Double Cab (GN 719)	1	Govt	31/10/08	\$32,367.78	
Motor Vehicle donated by UNICEF	Toyota Hilux 4x4 Double Cab GN720	1	Govt	31/10/08	\$32,367.78	
Motor Vehicle- Rewa Sub-Division Ambulance cost \$44,150.00	Nissan Pathfinder -GN647	1	Govt			
Motor Vehicle transferred from PM's Office	Pajero GN111 for Lautoka H/Office	1	Govt			
Motor Vehicle cost \$40,000.00	Totoya Hilux GN642 Sigatoka.Hospital	1	Govt			
Motor Vehicle cost \$35,000.00	Totoya Hilux -GN648 for Bua Sub-Division	1	Govt			
Motor Vehicle cost \$39,800.00	Ford Ranger Nasau H/centre RA Twin Cab	1	Govt			
Motor Vehicle cost \$31,000.00	Totoya Twin Cab Hilux Em866	1	Govt			At the Tamavua Garage.
Motor Vehicle cost \$24,000.00	Totoya Prado -Saqani H/Centre (GN660)	1	Govt			Labasa H/Centre Garage.
Bio- Medical Equipments	Can be sourced from the MOH Asset Data Base	N/A	N/A	N/A	N/A	N/A
Computers	Can be sourced from the MOH Asset Data Base	N/A	N/A	N/A	N/A	N/A
Medical Boats	Can be sourced from MOH DATA Base	N/A	N/A	N/A	N/A	N/A

Appendix 3: Summary of Strategies by Function

Table 11: Summary of Strategies by Functional Grouping

Strategies Summarised by Functional Grouping	Associated Outputs	Implementation Date
Primary & Public Health Services and Promotion of Health <ol style="list-style-type: none"> 1. Strengthen primary and preventive health care services and promotion of health 2. Implement the STI/HIV/AIDS Strategic Plan 2007 - 2011 3. Strengthen implementation of the integrated Non-Communicable Diseases programs 4. Strengthen implementation of the integrated Communicable Diseases Programs 5. Strengthen implementation of the integrated Health Promotion Programs 6. Strengthen implementation of other Public Health Programs 	<p>1,2,3,4,5,6,7,8</p> <p>1,2,4,5,6,7,& 10</p> <p>1,2,5,6,7,9</p> <p>1,2,4,5,6,7, 10</p> <p>1,2,6</p> <p>1,2,3,6,7,8, 10</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p></p> <p>Ongoing</p>
Clinical health Services <ol style="list-style-type: none"> 7. Establish a Clinical Services Policy that prioritise services to be provided by the public sector 8. Identify special areas of clinical services to be improved 9. Review health related legislation for better provision of health services 	<p>1,5</p> <p>1,5,7,8,10</p> <p>1,5</p>	<p>By February 2009</p> <p>Clinical services to be improved identified by March 2009</p> <p>Prioritised legislation reviewed by June 2009</p>
Human Resources Management & Development <ol style="list-style-type: none"> 10. Review, develop and implement realistic strategies to train, deploy and retain the health workforce 11. Review and analyse workforce requirement for health professionals and support staff. 12. Develop management capacity for managers to effectively monitor and evaluate activities, set priorities, equitably allocate and resources and manage risks. 13. Develop strategies for staff retention and succession planning 	<p>1,7,8</p> <p>1</p> <p>1,7,8</p> <p>1,7,8</p>	<p>Training Needs Assessment to be compiled by March 2009</p> <p>Workforce requirement is reviewed by April 2009</p> <p>Training Needs Assessment to be compiled by March 2009</p> <p>A report to be compiled by March 2009</p>

Strategies Summarised by Functional Grouping	Associated Outputs	Implementation Date
Drugs & Medical Consumables 14. Strengthen the logistics network and management of drug and medical supplies through evidenced based estimates 15. Formulate evidence based proposals to obtain increased funding for Essential	1,2,5,10	List of all drugs & consumables
Planning, Infrastructure Development and Capital Purchases 16. Ensure appropriate equipment (biomedical and non-medical) are made available to support efficient delivery of health services 17. Develop and install an asset management data base 18. Maintain the existing ICT structure to support efficient delivery of health services 19. Develop evidence based proposals for resource allocation for construction of new health facilities 20. Develop evidence-based proposals for resource allocation for maintenance work on existing infrastructure and facilities 21. Develop evidence-based proposals for resource allocation for purchases of appropriate vehicles and communication systems to support an efficient delivery of health services	1,5,10 1 1,5,6 1,5,6 1,5,6 1,5,6	List of all items to be procured is available by January 2009 Data base to be developed by December 2009 Maintenance Plan is developed by December 2009 All proposal for new projects are prepared by June 2009 All proposals to be prepared by June 2009
Financial Management & Revenue Generations 22. Strengthen the effectiveness of the Financial management system to support the timely generation of reports. 23. Review exiting fees and determine new fees and charges for identified health services for Cabinet's considerations 24. Identify opportunities for revenue generation and retention 26. Develop and recommend a range of health care financing options for cabinet's considerations	1 1 1 1	Training for all users to be conducted in each division by June 2009. Review to be completed by February 2009 List of revenue generation strategies identified by February 2009 Recommended list of health care financing options is prepared by February 2009
Quality Assurance 27. Strengthen quality improvement, patient safety and risk management system under the clinical governance framework 28. Establish patient and staff satisfaction survey program	1,5,6 1,5,6	Survey to be undertaken Staff & patients satisfaction survey to be undertaken by December 2009

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9. Public Service Commission
10. Permanent Secretary for Health
11. Deputy Secretary Public Health
12. Deputy Secretary Hospital Services
13. Deputy Secretary Admin/Finance
14. Director Fiji Pharmaceutical /Biomedical Services
15. Director Nursing Services
16. Director Fiji School of Nursing
17. Director Information, Planning and Infrastructure
18. Director Administration
19. Medical Superintendent CWMH
20. Medical Superintendent Labasa Hospital
21. Medical Superintendent Lautoka Hospital
22. Divisional Medical Officer Northern
23. Divisional Medical Officer Western
24. Divisional Medical Officer CentEast
25. National Advisor for Oral Health Services
26. National Advisor for Family Health Services
27. National Advisor for Environmental Health
28. National Advisor for Dietetics and Nutrition
29. Manager Personnel
30. Manager Health System Standard
31. Manager Health Planning
32. Manager Clinical Services, CWMH
33. Manager Clinical Services, Lautoka Hospital
34. Manager Clinical Services, Labasa Hospital
35. Manager Nursing Services, Lautoka Hospital
36. Manager Nursing Services, Labasa Hospital
37. Manager Nursing Services, CWMH
38. Manager Nursing Northern Community Health Services
39. Manager Nursing Central Division
40. Manager Nursing Eastern Division
41. Manager Nursing Northern Community Health Services
42. Secretariat: Staff of the Planning Unit

