MINISTRY *of* **Health**

Shaping Fiji's Health

Ministry of Health

Annual Corporate Plan
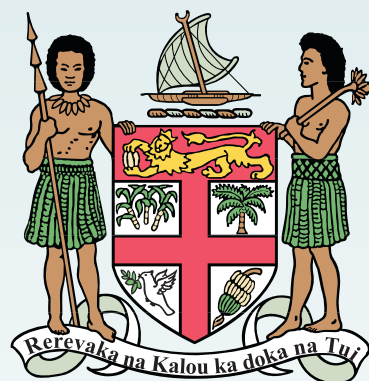
For the Financial Year ending on 31 December 2013

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Key Abbreviations

DSPH	-	Deputy Secretary for Public Health
ESU	-	Executive Support Unit
DSHS	-	Deputy Secretary Hospital Services
DSAF	-	Deputy Secretary Administration and Finance
MLO	-	Media Liaison Officer
DNS	-	Director Nursing Services
CP	-	Chief Pharmacist
MS	-	Medical Superintendent
DHIRA	-	Director Health Information Research and Analysis
NCD	-	Non Communicable Diseases
CD	-	Communicable Disease
DMO	-	Divisional Medical Officer
C/E	-	Central/Eastern
DHR	-	Director Human Resources
CDN	-	Chief Dietetics and Nutrition
MNFNC	-	Manager National Food and Nutrition Centre
NA ES	-	National Administrator Emergency Services
NA BS	-	National Administrator Blood Services
PAS Reg	-	Principal Admin Secretary Registration
PAS HSS	-	Principal Admin Secretary Health Systems Standard
PAS AMU	-	Principal Admin Secretary Asset Management Unit
PAS PPU	-	Principal Admin Secretary Post Processing Unit
PAS P	-	Principal Admin Secretary Personnel
PAO	-	Principal Accounts Officer
SAS (T)	-	Senior Admin Secretary Training
PAS (HP)	-	Principal Admin Secretary Health Planning
M (IT)	-	Manger Information Technology
CBA	-	Child Bearing Age
MDG	-	Millennium Development Goal
DOTS	-	Directly Observe Treatment Short Course
TAT	-	Thematic Apperception Test
RHD	-	Rheumatic Heart Diseases
NHEC	-	National Health Executive Committee
NCD	-	Non Communicable Diseases
GOPD	-	General Outpatient Department
PPP	-	Public Private Partnership
MOU's	-	Memorandum of Understanding
MOA's	-	Memorandum of Agreement
MET	-	Metabolic Equivalent of Task
IMCI	-	Integrated Management of Child illness
HIV	-	Human Immunodeficiency Virus
ARV	-	Anti Retroviral
STI	-	Sexual Transmitted Infection
PSS	-	Patient Satisfactory Systems
A&E	-	Accident and Emergency
ALOS	-	Average Length of Stay
ICU	-	Intensive Care Unit
UOR	-	Unusual Occurrence Report
CPG's	-	Clinical Practice Guidelines
STG	-	Standard Treatment Guidelines
MQR	-	Minimum Qualification Requirement
VIA	-	Visual Inspection of Cervix using Acetic Acid
STA	-	Short Term Adviser

1. Minister's Foreword

The 2013 Annual Corporate Plan is derived from the Roadmap for Democracy and Sustainable Socio-Economic Development (RDSSED) 2009 – 2014, the National Strategic Framework for Change and the numerous evidence based and ongoing health plans, policies and fiscal trends from 2011 – 2012.

The Ministry of Health has been focused in providing accessible, quality health care for all Fijians in the year 2012. The achievements in 2012 have been credited to the efficient and effective teams at the forefront of the health ministry and those providing ground zero levels of health care. These achievements include but are not limited to:

1. Private and corporate sector contributions in health in the year 2012 have been phenomenal. These include assistance in the areas of poverty reduction, disability and oral health, accessibility and equipment.
2.   Signing of a Memorandum of Understanding between the Suva City Council and the Ministry of Health on the healthy City Initiative.
3.   Development of the STI/HIV National Strategic Plan 2012 – 2015.

The Year 2013 continues to exude the possibility of many other developments on the health front. The priorities for 2013 include:

1.   Achievement of the MDGs 4, 5, 6 and 7; and supporting MDG 1, 2, 3, 7 and 8.
2.   Combatting diabetes and NCDS through and integrated approach in partnership with communities
3.   Providing quality oncology services
4.   Continued reforms in the mental health arena to ensure quality mental health services are accessible to all Fijians
5.   Strengthening of communicable control and surveillance systems to reduce the resultant healthcare costs from communicable diseases
6.   A coordinated, concerted and programmatic approach to child health care
7.   Revival of the Community Health Worker program to provide accessible primary health care for all Fijians
8.   Improvement of management and administrative functions of the Ministry of Health to ensure sustainable health care delivery through a well-supported administrative network

The concept for "Health in all Policies" is also a key area for the Ministry of Health to ensure equity for all the citizens in the Republic of Fiji. As stimulus for this initiative the collaboration with the community and the private sector is key for providing the impetus and the environment to initiate and maintain the highest levels of good health for all.

God Bless Fiji.

....
Dr. Neil Sharma
The Honourable Minister for Health

2. Permanent Secretary's Statement

The development of the 2013 Annual Corporate Plan (ACP) has been the result of extensive consultations with all the Ministry of Health's organisation work units and I convey my appreciation to the staff who contributed to this process. The ACP sets out priorities the Ministry endeavours to pursue over the next calendar year in its efforts to improve health outcomes for the people of Fiji. The ACP has been produced well ahead of time which will facilitate Business Plan development in advance as well.

The ACP reflects the challenges the Ministry will encounter in 2013 and the strategies developed to address these, especially in Non Communicable Diseases, Maternal Child Health with emphasis in the fulfilling Fiji's MDG targets, Communicable Diseases and ensuring Capital Projects and Maintenance plans are
implemented as scheduled.

During the 2012 Health Symposium the Ministry presented the Wellness Approach and has subsequently adopted it whereby service delivery is refocused to cater for the 7 stages of life; baby, infant, toddler, child, teenage, adult and senior citizen.

The priorities have been identified under the 6 health system blocks of, 1) leadership and governance, 2) health information systems, 3) health workforce, 4) financing, 5) service delivery and 4) medical products, vaccines and technologies.

I am confident the ACP will again raise the performance levels of the Ministry. There is considerable commitment towards aligning the Ministry's key policy objectives to the Roadmap for Democracy and Sustainable Socio-Economic Development (2009 to 2014) that is firmly anchored on the key pillars of the Peoples Charter for Change, Peace and Progress.

In order to determine the direction of our Ministry, it is necessary for everyone to understand the Strategies and the Key Performance Indicators through which we can pursue a particular course of action.

The challenge is to keep striving for excellence and to deliver within given resources and timeframe. To accomplish these, it is imperative that we take full ownership of this Plan and the community also share its purpose and benefits with others for a better Fiji.

The Ministry acknowledges with gratitude Cabinet's on-going support, the contribution of development partners, private organisations and employees stationed throughout the country who are tasked with implementing the ACP strategies.

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Dr. Eloni Tora
Permanent Secretary for Health

3. Corporate Profile

3.1 Role and Responsibilities of the Ministry

In line with the 2009-2014 Roadmap for Democracy and Sustainable Socio-Economic Development the health related policy objectives are,

- Communities are served with adequate primary and preventive health services thereby protecting, promoting and supporting their well-being.
- Communities have access to effective and quality clinical health care and rehabilitation services.
- Health system strengthening is undertaken at all levels of the Ministry.

The Ministry of Health translated these objectives through 7 Health Outcomes and 3 Strategic Goals of its 2011-2015 Strategic Plan.

In turn the Ministry services are geared towards arresting the non communicable disease epidemic, combatting communicable diseases with emphasis on HIV/AIDS, typhoid, leptospirosis and dengue, maternal child health with concerted effort in achieving Fiji's MDG targets, improved mental health care, improving safe water and sanitation and health systems strengthening.

Attention is afforded to ensure the health workforce has the right numbers, appropriate skills and distributed adequately throughout Fiji's health facilities.

In light of the global financial situation the Ministry is examining health care financing options which range for user fees, social health insurance, outsourcing and private partnerships. Underpinning this undertaking is lessening burden on government's resources, protecting vulnerable groups and value for money.

Despite the challenges the Ministry faces it endeavours ready to work closely with government departments, development partners, private and non-governmental, faith based community organisations and professional groups to ensure the people of Fiji continue to receive improved and quality health care.

Laws for which this portfolio is responsible:

Description

1. Ambulance Services Decree 2010
2. Animals (Control of Experiments) Act (Cap.161)
3. Burial and Cremation Act (Cap.117)
4. Child Welfare Decree 2010
5. Code of Marketing Control of Food for Infants and Children
6. Dangerous Drugs Act (Cap. 114)
7. Food Safety Act 2003
8. Medical Imaging Technologist Decree 2009
9. Medical and Dental Practitioner Decree 2010
10. Medical Assistants Act (Cap.113)
11. Methylated Spirit Act (Cap. 225A)
12. Mental Health Decree 2010
13. Pharmacy Profession Decree 2011
14. Medicinal Products Decree 2011
15. Private Hospitals Act (Cap. 256A)

16.   Public Health Act (Cap. 111)
17.   Public Hospitals & Dispensaries (Amendment) Regulations 2012
18.   Optometrist and Dispensing Optician Decree 2012
19.   Quarantine Act (Cap. 112)
20.   Radiation Health Decree 2009
21.   Tobacco Control Decree 2010
22.   The Food Safety Regulation 2009
23.   The HIV Decree
24.   The Nurses Decree 2011
25.   The Allied Health Decree
26.   The Food Establishment Grading Regulation 2011

The two Laws currently under review are the Quarantine Act Cap 112 and the Public Health Act Cap 111.

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

3.3 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.

3.4 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 gender, ethnicity or creed

Integrity
We will commit ourselves to the highest ethical and professional standards in all that we do
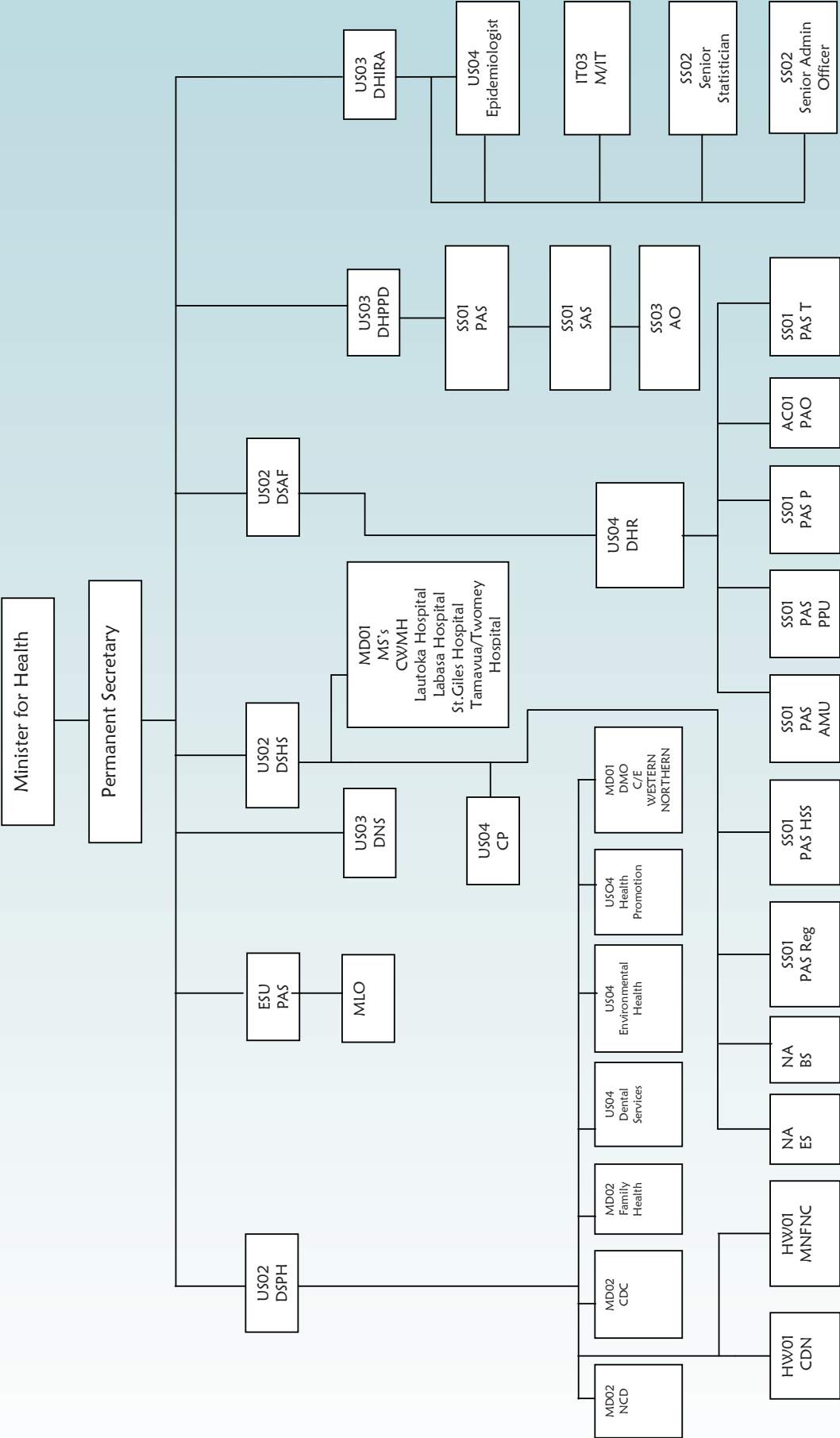
Responsiveness
We will be responsive to the needs of the of the people in a timely manner delivering our services in an effective and efficient manner

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

4. Organisation Structure

Minister for Health
Permanent Secretary

- US03 DHIRA
  - US04 Epidemiologist
  - ITO3 M/IT
  - SS02 Senior Statistician
  - SS02 Senior Admin Officer
- US03 DHPPD
  - SS01 PAS
  - SS01 SAS
  - SS03 AO
- US02 DSAF
  - US04 DHR
    - SS01 PAS T
    - AC01 PAO
    - SS01 PAS P
    - SS01 PAS PPU
    - SS01 PAS AMU
    - SS01 PAS HSS
    - SS01 PAS Reg
    - NA BS
    - NA ES
- US02 DSHS
  - MD01 MS's CWMH Lautoka Hospital Labasa Hospital St.Giles Hospital Tamavua/Twomey Hospital
  - US04 CP
  - MD01 DMO C/E WESTERN NORTHERN
- US03 DNS
- ESU PAS
  - MLO
- US02 DSPH
  - USO4 Health Promotion
  - US04 Environmental Health
  - US04 Dental Services
  - MD02 Family Health
  - MD02 CDC
    - HW01 MNFNC
    - HW01 CDN
  - MD02 NCD

5. Linkage of the Roadmap for Democracy and Sustainable Socio- Economic Development 2009-2014 (RDSSED) and Ministry Outputs

Table 1: Linkage of Outputs with Government's Targeted Outcomes (RDSSED)

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSED)	Ministry's outputs
Pillar 10: Improving Health Service Delivery	Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their wellbeing.	Child mortality rate maintained at 17.7 to 1000 live Births (MDG).	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 71.8% to 95 % (MDG 4).	4.Communicable Disease Prevention 6.Provision of Primary Health Care
		Maternal mortality ratio maintained at 22.6 per 100,000. (MDG 5).	2.Public Awareness Promotions – Public Health 5.Provision of Clinical Services 6.Provision of Primary Health Care
		Prevalence of diabetes in 25-64 years old reduced from 16% to 15.6%.	2.Public Awareness Promotions – Public Health 8. NCD Prevention and Control
		Contraceptive prevalence rate amongst CBA increased from 31.77% to 36.6%. (MDG 5)	2.Public Awareness Promotions – Public Health 6.Provision of Primary Health Care
		Reduction of Incidence by 2% of STIs among 15 to 24 year olds.	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 maintained below 0.04% (MDG 5 & 6).	2. Public Awareness Promotions – Public Health. 6.Provision of Primary Health Care
		Increase in moderate physical activity in the population by 1%.	2.Public Awareness Promotions – Public Health 8. NCD prevention and control
		Reduction in under 5 hospital based malnutrition cases.	5: Provision of Clinical Services 6. Provision of Primary Health Care.
		80% Coverage of MDA for Filariasis in Central, Eastern and Northern Divisions.	4.Communicable Disease Prevention
		Reduction in TB prevalence rate from 40/100,000 to 30/100,000.	2.Public Awareness Promotions – Public Health 4.Communicable Disease Prevention
		Rate of teenage pregnancy reduced from 3.8 to 3.61 per 1000 CBA.	2.Public Awareness Promotions – Public Health 6. Provision of Primary Health Care.

		Prevalence of anaemia in pregnancy at booking from 55.7% to 50%.	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
10		Reduction of smoking prevalence rate of 15-65 year olds from 37% to 36%.	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
		Increase in proportion of women screened for cervical cancer by 2%.	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
		Reduce dental carries in 12 year olds by 1%.	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
		Reduce confirmed cases of Typhoid by 15% (75% over 5 years)	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
		Reduce dengue rates by 10%	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
	Communities have access to effective, efficient and quality clinical health care and rehabilitation services.	Reduction of admission rate for diabetes and its complications, hypertension and cardiovascular disease by 2%.	2.Public Awareness Promotions – Public Health 5. Provision of Clinical Services
		Reduce amputation rate for diabetic sepsis from 30.1% to 28%.	2.Public Awareness Promotions – Public Health 5. Provision of Clinical Services. 8. NCD prevention and control
		Increase treatment success rate to 85% of new smear positive TB cases.	2. Public Awareness Promotions – Public Health. 5.Provision of Clinical Services 6.Provision of Primary Health Care 8. NCD prevention and control
		Bed occupancy rate of Psychiatric beds (Stress Beds).	2.Public Awareness Promotions – Public Health 4. CD Prevention. 5.Provision of Clinical Services 6.Provision of Primary Health Care
		Increase in number of staff trained in mental health.	5.Provisions of Clinical Services
		80% of UORs are responded to within 2 weeks of dated received.	9.Education and Training - Nurses
		Improve waste segregation get baseline study) by 10%	5.Provision of Clinical Services 6.Provision of Primary Health Care
		TAT for bio-chemistry, haematology, serology, microbiology and pap smears improved.	5.Provision of Clinical Services 6.Provision of Primary Health Care
		General medical imaging	5.Provision of Clinical Services

		services delivered within 24 hours.	6.Provision of Primary Health Care
		Special imaging services TAT within a week of request	5.Provision of Clinical Services 6.Provision of Primary Health Care
		Improvement in the procurement and reduction in the wastage of lab reagents and stock outs by 10-15%.	5.Provision of Clinical Services 6.Provision of Primary Health Care
		Reduce the incidence of low birth weight babies by 1%	5.Provision of Clinical Services 6.Provision of Primary Health Care
		5% of 5-15 year olds are Screened for RHD	5.Provision of Clinical Services 6.Provision of Primary Health Care
		80% of those diagnosed with RHD are managed at MOH health facilities.	5.Provision of Clinical Services 6.Provision of Primary Health Care 8. NCD prevention and control
	Health Systems strengthening is undertaken at all levels in the Ministry of Health.	Increased participation of private health care partners and providers.	5.Provision of Clinical Services 6.Provision of Primary Health Care
		Increased annual budgetary allocation to the health sector by 0.5% of the GDP annually. An annual growth rate of 5% over the medium term.	1. Portfolio Leadership Policy Advice and Secretariat Support.
		Health expenditure increased from the current 4.7% to at least 5% of GDP by 2013.	1. Portfolio Leadership Policy Advice and Secretariat Support.
		Increase in the doctor population ratio from 42 per 100 000 to 55 per 100 000 population.	1. Portfolio Leadership Policy Advice and Secretariat Support.
		Increase nurse to population ratio from 50 per 100 000 population to 55 per 100 000 population.	1. Portfolio Leadership Policy Advice and Secretariat Support.
		Patient satisfaction carried out at 3 divisional hospitals and 1 subdivisional hospital and 2 health centres from each division.	1. Portfolio Leadership Policy Advice and Secretariat Support.
		85% of all capital projects completed with documentation	1. Portfolio Leadership Policy Advice and Secretariat Support.
		Outsourcing non-technical activities by end of 2012.	1. Portfolio Leadership Policy Advice and Secretariat Support.
		Health Commission (Technical Working Group) established by 2012.	1.Portfolio Leadership Policy Advice and Secretariat Support
		Average of length of stay for in-patient reduced from 6.27 to 5.97 days.	1.Portfolio Leadership Policy Advice and Secretariat Support
		Elimination of stock outs of drugs from present 100 items per month.	5. Provision of Clinical Services

		Number of Public Health facilities with 30 critical consumables and 60 vital medicines available.	10. Supply of Good – Medical and Consumables and Bio-Medical Equipment and Asset Management.
		75% implementation of Bio-medical Audit Report.	10. Supply of Good – Medical and Consumables and Bio-Medical Equipment and Asset Management.
		At the most 50% implementation of recommendations resulting out of the Functional Review by PSC.	10. Supply of Good – Medical and Consumables and Bio-Medical Equipment and Asset Management.
Pillar 3: **Ensuring Effective, Enlightened and Accountable Leadership**	**Gender Equality and Women Development.**	Mainstream gender perspectives in all Ministries Strategic Plans, Corporate Plans, Business Plan and Training Plans. Increase in focus on Men's Health. Increase participation of women in key administrative and leadership roles in the MOH.	1. Portfolio Leadership Policy Advice and Secretariat Support.
Pillar 4: **Enhancing Public Sector Efficiency, Performance Effectiveness and Service Delivery.**	**Public Sector Reforms**	Rezoning of selected Health Facilities Decentralisation of decision making processes and services to selected health facilities.	1. Portfolio Leadership Policy Advice and Secretariat Support. 7. Human Resource Development
Pillar 8: **Reducing Poverty to a Negligible Level by 2015.**	**Poverty Reduction**	Provision of appropriate health programs in ensuring the implementation of MDGs. (More specific from key program areas).	1. Portfolio Leadership Policy Advice and Secretariat Support.
		Working with MoSW, line Ministries and other NGOs to coordinate poverty reduction programmes aimed at social determinants of health.	1. Portfolio Leadership Policy Advice and Secretariat Support. 6. Provision of Primary Health Care

6. Ministry's Outputs and Performance Targets

Table 2:   Output Specification and Performance

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
Leadership and Governance	1. Portfolio Leadership Policy Advice and Secretarial Support	2. Formulation, review and implementation of policies, programs, processes and plans.	1. Midterm review of MOH Strategic Plan undertaken.	Jan-Nov	2011-2015 Strategic Plan	100%	$10,000	HPPDU
			2. Number of policy briefs emanating from internal Committees (Budget /Donor / Workforce)	Jan-Nov	Inventory Database	10	$10,000	Relevant Program Managers ESU
			3. Number of Cabinet papers submitted	Jan-Nov	26	20		
			4. % of Cabinet recommendations implemented	Oct	Quarterly	50%		
		3. Review of Selected Acts and Decrees.	1. Number of Acts and Decrees under review	Jan- Nov	2	2	$6,000	ESU
			2. Number of Acts and Decrees endorsed	Oct-Dec	2	2	$6,000	
		4. Development of Capital Projects and Maintenance Plan	1. Capital Works Plan reviewed and formalized	Jan-Dec	0	Plan developed		Divisions AMU
			2. Capital Works Master Plan for Divisional Hospitals developed	Jan-Dec	0	3 Plans developed		
			3. Health Service Plans developed	Jan-Dec	1	3 Plans developed		
			4. Compliance with minimum	Jan-Dec	0	75% of all infrastructure		

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
			standards in accordance with MOH role delineation (facilities, equipment and human resource standards)			projects implemented		
			5. ≥75% of planned capital projects completed in accordance with national guidelines and allocated budget (35)	Jan-Dec	75%	85%	$5,405,660	
Health Information Systems	2. Health Information	1. Strengthen the capture of relevant, reliable and timely health information.	1. 15 % year 2 activities of HISSP implemented	Jan-Dec	15%	15%	$190,000	HIRA
			2. Number of new facilities able to access PATIS through govenet	Apr-Dec	6	3	$50,000	
			3. Commencement of Year 1 ICTSP	Jan-Dec	0	10	$50,000	
			4. Re-cabling of 3 Divisional Hospitals for govnet	Jan-Dec	0	3	$250,000	
			5. Publication and dissemination of HIS reports	Quarterly	4	4	$10,000	
		2. Support health and operational research to facilitate informed policy development and program delivery.	1. Number of applications cleared by the NHRC and FNRERC	Jan-Dec	50	50	$ 60,000	HIRA
			2. Number of operational research	Jan-Dec	9	5		

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
Health Workforce	3. Human Resource Development	1. Sustain a well-trained and qualified human resource for health.	conducted					HR
			1. Number of vacancies filled in accordance with FNQF requirements	Jan-Nov	60% of vacancies advertised filled	80% of vacancies advertised filled	$10,000	
			2. Number and type of CPD training conducted	Jan-Dec	0	15	$10,000	
			3. Number and proportion of staff exits per quarter	Jan-Dec	35	35	$10,000	
		2. Improve Health Worker ratios.	1. Increase doctors per 100,000 of population to 42 or more (32)	Jan-Mar	42	42		HR
			2. Increase nurses per 100,000 of population from 50 to 400 (33)	Jan-Mar	275 per 100,000	315 per 100,000		DNS
		3. Development of Ministry of Health Workforce Plan.	1. Ministry of Health Workforce Plan produced	Jan-Mar	0	100%	$3,000	HR
		4. Development of Ministry of Health Succession Plan.	1. Ministry of Health Succession Plan produced	Jan-June	0	100%	$5,000	HR
		5. Development of Ministry of Health Training Plan.	1. Ministry of Health Training Plan produced	Jan-Mar	0	100%	$3,000	HR
Health Financing	4. Provision of Health Systems Financing Options	1. Development of health care financing strategies and options.	1. Increase annual budgetary allocation to health by 0.5% of the annual GDP	July-Nov	$ 152.5M 2009/2010 NHA	$167.5M 2011/2012 NHA		HPPDU
			2. Development of National Health Accounts 2011/2012	Aug			$40,000	

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
Service Delivery	5. Emergency Response Services – Medical	5. Enhance the MOH resilience towards health emergency and disaster preparedness and response.	1. Improve and monitor HEADMAP	Jan-Nov	HEADMAP reviewed and new plan developed in 2012	45% of health facilities achieve minimal capacity to respond to health disasters and emergencies	$10,000	NA CD EHEC CHI
			2. Integrate concepts of Health Disaster and Emergency Preparedness / Response in key program areas of the Ministry	Jan-Nov	HEADMAP provides summary of the capacity areas for disaster management	40% of all national programs contain a component on health emergency and response aligned to HEADMAP		
	6. Communicable Disease Prevention.	1. Strengthen and expand selected communicable disease programs.	1. Reduce incidence of typhoid by 20% (2)	Jan-Dec	400 cases per year	329 cases per year	$10,000	NACD PH
			2. Reduce incidence of dengue by 10% (4)	Jan-Dec	620 cases per year	558 cases per year	$25,434	
			3. Reduce incidence of leptospirosis by 10% (5)	Jan-Dec	484 cases per year	436 cases per year	$5,000	
			4. Maintain incidence rates of influenza below epidemic levels	Jan-Dec	25,174 cases per year	36,000 cases per year		
		2. Formulate and implement national IHR Action Plan.	1. Achieve 50% of IHR core capacities (6)	Jan-Mar	IHR Action Plan developed	75% of IHR activities implemented	$5,000	NA CD CHI
		3. Strengthen the operational capacity of Mataika House as a BSL 2 facility.	1. Finalise and implement 50% of each component of the	Jan-Dec	Mataika House Strategic Plan to be	50 % of all national CD activity areas spearheaded	$585,000	NA CD PH EH

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
			Mataika House Strategic Plan		completed and formalised by Q1 2013	by Mataika House is efficient and aligns with expectations of MOH and other stakeholders		
		4. Implement STI/HIV action plan.	1. Increase VCCT/STI accredited facilities by one per year (12)	Jan-Mar	VCCT/STI accreditation standards for Sub Divisional health facilities made available	At least one health facility at the Sub Divisional level satisfies the minimal criteria for VCCT/STI accreditation	$18,000	NA CD NA FH PH
		5. Improve high quality Tuberculosis DOTS in all Divisions – case notification and high treatment success.	1. Increase proportion of new smear positive TB cases successfully treated to 85% in 2013 (3)	Jan-Dec	67 % (2010 cohort)	85%	$ 150,000 (GF)	National TB Program
	7. Population Wellness Promotion – Public Health	1. Systematic mainstreaming of the Wellness approach into public awareness and promotions.	1. 2 health facilities per division be declared wellness centres (8 /2013)	2 health facilities per quarter, per division	0	8 health facilities	$100,000	NA NCD PH EH
		2. To advocate for the empowerment of the communities and settings towards Wellness.	1. 2 schools per division be declared wellness settings (8/2013)	2 schools per quarter, per division	0	8 schools	$100,000	NA NCD PH EH
	8. NCD Prevention and Control	1. Strengthen prevention of diabetes, hypertension and other NCD's.	1. 80% of all health facilities (health centres / nursing stations) in each	20% coverage rate per quarter	20% national coverage rate	Target of 80% by end of 2013

Total = 180+ | $300,000 | NA NCD |

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
			division will be trained and issued a NCD Toolkit					
		2. Upgrade SOPD facilities and standard treatment guidelines to improve management of NCDs.	1. 10 sub-divisions are assessed per year, for multidisciplinary level approach to management of NCDs at SOPD's	3 per quarter	0	10	$100,000	NA NCD
			2. Improve control of diabetes and hypertension	Jan-Dec	12%	20%	$100,000	PH
		3. Strengthening Mental Health services through Primary Health Care.	1. 5% reduction in the number of mental health readmission (62)	Jan-Dec	107 readmissions in 2011	102 readmissions	$100,000	PH Clinical CSN
			2. Establish regular mental health wellness clinics in Sub Divisions	Jan-Dec	6	At least 4 Sub Divisions Hospitals establish regular mental health wellness clinics		
	9. Provision of Clinical Services.	1. Strengthen clinical services and continuum of care.	1. Reduce child mortality rate to 18 per 1,000 live births (18)	Jan-Dec	20	18		PAEDS CSN
			2. Reduce infant mortality to 14 per 1000 live births (19)	Jan-Dec	16	14		PAEDS CSN
			3. Reduce proportion of live births with low birth weight to 8% (20)	Jan-Dec	10	8		O&G CSN
			4. Reduce neonatal rate to 8.0 (21)	Jan-Dec	9	8		PAEDS CSN

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
			5. 2 or more super specialized clinical services provided (43)	Jan-Dec	3	2		CSP/CSN
			6. Maintain MMR at 22 per 100, 000 live births (14)	Jan-Dec	40	22		O&G CSN
			7. Reduce premature mortality rates due to NCDs for 15-55years	Jan-Dec	1,795	1,500		All CSN
		2. Strengthen outreach programs.	1. Increase in number of outreach programs targeting the economically underprivileged (38)	Jan-Dec	3	6	$180,000	PH Health Standards
			2. Increase in number of outreach programs	Jan-Dec	30	30		PH Health Standards
		3. Strengthen quality improvement and risk management.	1. 80 % of recommendations from RCA implemented within the recommended timeframe (54)	Quarterly	75	85		Health Standard
			2. Reduction in average length of stay for Inpatients from 7 to 5 days except in specialist hospitals, St Giles, Tamavua / Twomey (60)	Jan-Dec	7	5		Risk Management
		4. Strengthen health care	1. Improve waste	2015	65%	78%	$50,000	Health

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
		waste management.	management and planning in health facilities by 2014 (10)					Standards Risk Management
	10. Provision of Primary Health Care.	1. Continue to strengthen child health primary care initiatives.	1. Reduce prevalence of chlamydia infection among pregnant women to 25 % (1)	Annual survey	26.8%	25%		PH All hospitals
			2. Maintain MMR at 22 per 100,000 live births (14)	Monthly	39	22		
			3. Increase early bookings (first trimester) for mothers to 85% (15)	Monthly	0	85%		
			4. Reduce the incidence of anaemia in pregnancy at booking from 55.7 (NNS 2004) to 45% by 2015 (17)	Jan-Dec	56%	51%		
			5. Maintain Infant and Young Child Feeding (IYCF) standards in all health facilities (30)	Jan-Dec	66%	80%	$35,000	
		2. Continue to strengthen adolescent health development program.	1. Reduce adolescent birth rates to 20 (28)	Monthly	22.76	20	$140,000	
		3. Implement safe motherhood priorities.	1. Reduce prevalence of chlamydia infection among	Annual survey	26.89%	25%		

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
			pregnant women from 25% (1)					
			2. Increase VCCT/STI accredited facilities by one per year (12)	Quarterly	7	11		
			3. Maintain MMR at 22 per 100,000 live births (14)	Jan-Dec	39%	22%		
			4. Maintain contraceptive prevalence rate amongst women of child bearing age at 46% (16)	Jan-Dec	46%	46%		
			5. Strengthen Emergency Obstetric Care services at 4 sub division hospitals (29)	Jan-Dec	5	+5	$40,000	
			6. Maintain infant and young child feeding standards in all health facilities (30)	Jan-Dec	66%	80%	$50,000	
		4. Continue to strengthen oral health primary care initiatives.	1. Reduce dental caries in 12 year olds by 1% (50)	Jan-Dec	1.4	Reduce by 1%	$25,000	OH
			2. Increase in the number of schools with oral hygiene practices by 10% (51)	Jan-Dec	0	Increase by 10%	$25,000	
		5. Continue to strengthen nutritional primary care initiatives.	1. Reduce the incidence of anaemia in pregnancy at	Jan-Dec	55%	51%	$226,480	

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
			booking from 55.7 (NNS 2004) to 45% by 2015 (17)					
			2. Reduce proportion of live births with low birth weight to 8% (20)	Jan-Dec	10%	8%		
			3. Decrease prevalence of underweight children under 5 from 7% to 6.5% by 2015 (NNS 2004) (24)	Jan-Dec	7%	7%		
		6. Continue to strengthen community health worker program.	1. Cabinet paper on CHW Scope of Practice and Remuneration developed (68)	Jan-Jul	0	1	$210,000	DSPH PH
			2. Number of new smear positive TB case provided with DOT by trained CHW	Jan-Dec	0	50		
		7. Manage environmental risks and primary care initiatives.	1. Reduce incidence of typhoid fever by 20% (2)	Jan-Dec	400 cases per year	329 cases per year	$9,000	NA CD EH
			2. Reduce incidence of dengue fever by 10% (4)	Jan-Dec	620 cases per year	558 cases per year	$10,000	
			3. Reduce incidence of leptospirosis by 10% (5)	Jan-Dec	484 cases per year	436 cases per year	$10,000	
			4. Improve waste management and planning in health facilities by 2013	Jan-Dec	65%	78%	$50,000	

Building Block	Output	Strategies	Indicator	Timeframe	Baseline	2013 Target	Budget	Responsible Division
			(10)					
	11. Hospice Services – Accommodation and Assistance for the Elderly.	1. Support implementation of elderly care policy.	1. Develop and implement policy on Wellness of the Elderly (69)	Jan-Jun	0	1	$10,000	DSPH PH HPPDU
Medical products, vaccines and technologies	12. Provision of Goods, Supplies and Asset, Medical Drugs. Consumables and Biomedical Equipment and Asset Management	1. Strengthen procurement and supply chain management.	1. Introduce and establish new warehouse inventory and management system	Apr	0	>50%		FBPS
			2. Number and proportion of health facilities reporting no stock out of vital medicines and consumables in a reporting period (59)	Quarterly	40%	80%	$2,720,000	FBPS
			3. Annual Procurement Plan developed, implemented and monitored	Quarterly	Nil	>80%		

Table 3:   PSC Deliverables and Indicators

PSC DELIVERABLES	STRATEGIES	KEY PERFORMANCE INDICATORS (KPI)	TIMELINE	RESPONSIBLE DIVISION
Platform 1: Human Resources Management and Development				
Effective Human Resource Planning and Development	Formulation, implementation, monitoring and review of: • Strategic Workforce Plan • Succession Plan • Learning & Development Plan	Alignment of Organisational and People Objectives	• 31st March	Human Resources HPPDU
Training and NTPC Levy Grant Compliance	Payroll updates for NTPC Levy Payment	TPAF levy and grant refund increased by 80% from the 2011 return	• 1st Levy submission by 15th January • 2nd Levy Submission by 15th July	Training Accounts
	Effective administration of training activities by Training Unit and Training Administrators		• Training Plans by 31st January • Training Policy by 31st March • TNS 2 weeks before the conduct of training • Transfer Evaluation for officers 3 months after each training	
Compliance with PSC HR Policies	Administration of Disciplinary Cases	Effective disposal of disciplinary cases	• Cases closed within 3 months	Human Resources
	Administration of Recruitment and Selection Procedures	Appointments/ Promotions made to substantive vacancies	• Vacancies filled within 3 months	Post Processing Unit
	Implementation of PMS – formulation, implementation, monitoring and review of work plans [BP's, PD's and IWP's]	Performance Review	• Work Plans implemented by 1st January • Plans reviewed every quarter	Post Processing Unit Human Resources HPPDU
Platform2: Organisational Management				
Effective Planning and Accountability Framework Compliance	Formulation, implementation, monitoring and reviewing of: • Strategic Development Plan • Annual Corporate Plan • PSC Deliverables Report	• SDP 2011 – 2014 aligned to the broad outcomes of Government • Alignment and achievement of long, medium and short term goals • 2011 goals achieved	• Implementation of ACP from 1st January of 2013 • Reviewed quarterly against the SDP • 2014 ACP draft by October	HPPDU

Initiative	Activities	Description	Target	Responsible Unit
	Agency 2011 Annual Report		2013 • PSC Deliverables report 1st week of new quarter • Annual Report by 28th February 2013	Post Processing Unit
Platform2: Organisational Management				
Control of Staff Establishment	Compilation of: • Person to Post return • Vacancies Return • Government Bodies Membership Updates • Civil List updates	Effective coordination, monitoring and control of Government's staff establishment	• P2P 7th of every month • Returns 7th of every month • Updates by 31st December	Human Resources
Re-organised & Sustainable Structural Changes	Freeze of positions identified through 10% reduction exercise and redeployment of staff	Rightsizing of the Civil Service	• 31st December	
Compliance with National Records Management Policy	• Compilation of Records Report • Conduction of Records Survey	Ensuring the proper creation, maintenance, use and disposal of records to achieve efficient, transparent and accountable governance.	• Records Report by 30th June	Asset Management Unit
Strengthening of International Relations and compliance with International Conventions	• Submission of Agency reports to relevant parties	Honour MOUs and Trade Agreements, International Conventions and maintain Diplomatic Relations	• Reports received on the 2nd week of each quarter	Policy and Planning Unit ESU
Platform3: Productivity Management				
Implementation of the Service Excellence Framework	• Submission of Agency Desktop to SEA Secretariat • Release of 6 SEA Evaluators • Implementation of Opportunities for Improvement from 2011 Agency Feedback Report	Advancing towards best organisations through quality and excellence	• Desktop submission by 30th April • Evaluators released according to agency quota • 30% of OFIs from Feedback Report attempted	DSHS
Adherence to Service Charters	Formulation, implementation, monitoring and reviewing of Agency Service Charter	Improved service delivery against service standards as in Charter Reduction in customer complaints turn-around time	• Service Charters formulated and implemented by 31st March	Human Resources
Business Process Re-engineering	Documentation and review of business process	Consistent, high quality and cost effective services for customer satisfaction	• Documentation of processes by 31st March	Human Resources HPPDU

Adherence to Service Level Agreements with ITC / GIRC	Appointment of primary and secondary focal point	Strengthening of GIRC focal points and SLA compliance	• By 31st March	Health Information Unit
Increased network with the Ministry of Information on the use of media	Establishment of media liaising process Establishment of Website / PR Committee	Updated Agency websites Information Education Communication (IEC) publications and materials	• Updates and publications on 1st week of each month	Health Information Unit

8. Capital Projects for 2013

Table 4: Capital Projects / Items

SEG		Projects/Items	Cost
8.	Capital Construction	1. Upgrading and Maintenance of Urban Hospitals and Institutional Quarters	3,000,000
		2. Bagasau Nursing Station	185,566
		3. Cikobia Nursing Station	227,747
		4. Tonia Nursing Station	227,747
		5. Maintenance of Health Centre's and Nursing Stations	1,000,000
		6. Wainunu Health Centre Extension	163,542
		7. Nayavuira Nursing Station	475,000
		8. Sigatoka Hospital Extension	1,080,000
		Seg 8 TOTAL	**7,359,602**
9.	Capital Purchases	1. IT Purchase	350,000
		2. Purchase of equipment for urban hospitals	300,000
		3. Dental Equipment for Urban Hospitals	200,000
		4. Bio-Medical Engineering for Urban Hospitals	4,700,000
		5. Incinerator – Sub Divisional Hospitals	300,000
		6. Dental Equipment for Sub Divisional Hospitals	270,000
		7. Bio-Medical Engineering Equipment's – Sub Divisional Hospitals	1000,000
		8. Upgrade of Lautoka/Labasa Lifts	1,500,000
		9. Accidents and Emergency Equipment's	9,000,000
		Seg 9 TOTAL	**8,970,000**
		GRAND TOTAL	**16,329,602**

Table 5: Ministry of Finance (MOF) Deliverables and Indicators

MOF Deliverables	Strategies	Key Performance Indicators (KPI)	Timeline	Responsible Division
Planning & Management of Budget Compliance	Budget Request Formulation	Budget Request Submission	2nd Quarter	Accounts HPPDU Heads of Departments
	Requests to Incur Expenditures (RIE)	Timely/ Efficient Management of RIE	As and when before closing of accounts in Finance Circular	Accounts
Financial Performance Reporting Compliance	• Bank • TMA • Trust • RFA • Salaries • Wages • IDC • CFA Analysis	Monthly reconciliation	15th of every month	Accounts
Agency Revenue/ Arrears Report	Collection of Revenue	Monthly Revenue Returns	15th of every month	Accounts
	Collection of Arrears	Reduction by 5%	15th of every month	Accounts
Asset Management Report	Annual Stock take/Board of Survey	Physical Stock take Against Inventory	31 January	Asset Management Unit
	Vehicle Returns	Monthly Vehicle Returns	5th of every month	Transport
Audit Report	Implementation of Audit Report Recommendations	Number of Issues Resolved	31 December	Accounts Internal Audit
Procurement Compliance Report	Quarterly Reports to PS's and Ministers	FIs: Division 2 & 3 Part 12 Division 1 Section 68	2nd week after every quarter	Asset Management Unit FPBS

10. Donor Coordination Matrix - 2013

Table 6:   **Aid in Kind/Budget Funding**

Donor	Program	Aid -in-Kind
AusAID	Fiji Health Sector Support Program	$16,872,775
China	Relocation and Construction of New Navua Hospital	$7,800,000
NZAID	Medical Treatment Scheme	$434,468
JICA	Strengthening Immunisation Program in the Pacific Region Phase 2	$1,202,106
UNFPA	Family Planning	$25,032
JICA	Filariasis Elimination Campaign	$455,861
WHO	Biennium Budget	$1,407,522
JICA	In-service Training Community Health Nurses	$813,462
JICA	Volunteer Scheme	$209,696
SPC	Non Communicable Disease	$10,000
JICA	Grass Roots Human Security Projects	$189,935
AusAID	Training at College for Medicine, Nursing and Health Sciences	$2,810,568
SPC	Response to HIV/AIDS	$100,000
CDC	SPC Surveillance and Operational Research Team	$18,077
		$32,349,502

Donor	Programme	Budget Contribution
Global Fund	Tuberculosis and Health Systems Strengthening	$5, 182,043
UNICEF	Child Protection Program	$30,000
UNICEF	Health and Sanitation	$192,000
UNICEF	HIV/AIDS	$105,600
UNFPA	Family Planning	$1,000,222
SPC	Response Funds for HIV/AIDS	$414,472
		$6,924,337

11. Glossary

Term	Definition
Evaluation	the organized and unbiased assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a course of action, in relation to objectives and taking into account the resources and facilities that have been deployed

The difference between monitoring and evaluation.

Monitoring	Evaluation
Routine	Episodic (periodic)
Outcomes, Indicators and Targets fixed	Outcomes, Indicators and Targets questioned
On time? On budget? Quality?	Efficiency? Effectiveness? Impact? Relevance? Sustainability?
Outputs and (intermediate Outcomes)	Outcomes
Internal	Independent
Management and Project Performance	Accountability and Innovation
Evidence	any form of knowledge, including, but not confined to research, of sufficient quality to inform decision
Health policy	a general statement of understanding to guide decision making that results from an agreement or consensus among relevant partners on the issues to be addressed and on the approaches or strategies to deal with them
Health system	are all the activities whose primary purpose is to promote, restore, and/or maintain health
Health system building blocks	an analytical framework used by WHO to describe health systems, disaggregating them into 6 core components; leadership and governance (stewardship), service delivery, health workforce, health information system, medical products, vaccines and technologies and health system financing
Health system strengthening	an array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality and efficiency
Indicator	is a measure that can be used to monitor or evaluate an outcome. A **SMART** Indicator is a variable which represents the outcome and has the following characteristics: **S**pecific **M**easurable **A**chievable or **A**ttainable **R**elevant **T**ime bound
Input	a quantified amount of resources put into a process
Mission	defines the fundamental purpose of an organisation or enterprise, succinctly describing why it exists and what it does to achieve its vision
Monitoring	is the continuous oversight of an activity to assist in its supervision and to see that it proceeds according to plan. Monitoring involves the specification of methods that measure activity, use of resources and response to services against agreed criteria
Objective	a statement of desired future state, condition or purpose, which an institution, a project, a service or a program seeks to achieve
Operational plan	focus on effective management of resources with a short time framework, converting objectives into targets and activities and arrangements for monitoring implementation and resource usage
Outcomes	are those aspects of health that result from the interventions provided by the health system, the facilities and personnel that recommend them and the actions of those who are the targets of the interventions. Outcome is the uptake, adoption or use of outputs by the beneficiaries
Outputs	are the supply-side deliverables, including the events, products, capital goods or services that result from intervention(s) by the Ministry of Health. Outputs are effects that can be controlled by the Ministry. The Ministry of Health can only influence outcomes while it can control outputs. An output is a change in the supply of goods and services (supply

	side), while an outcome reflects changes in the utilization of goods and services (demand side). Outcomes are changes in behaviour at either the individual, work group, organisational or institutional level caused by the activities
Resource planning	is the estimation of resource input (human resources, medical devices, medical equipment, pharmaceuticals and facilities) necessary to provide expected resources
Stakeholder	is an individual, group or an organisation that has an interest in the organisation and delivery of health care
Strategic plan	is the formalised roadmap that describes how your organisation executes the chosen strategy. A plan spells out where an organisation is going over the next year or more and how it is going to get there. A strategic plan is a management tool that serves the purpose of helping an organisation because of a plan focuses the energy, resources and time of everyone in the organisation in the same direction
Strategy	a series of broad lines of action intended to achieve a set of goals and targets set out within in a policy or program
Strategic planning	is an organisational process of defining strategy, or direction and making decisions on allocating its resources to pursue this strategy. In order to determine the direction of organisations, it is necessary to understand its current positions and the possible avenues through which it can pursue a particular course of action. Generally strategic planning deals with three key questions, 1) Where are we now? 2) Where would we like to be? 3) How are we going to get to where we would like to be?
Target	an intermediate results towards an objective that a program seeks to achieve, within a specified time frame, a target is more specific than on objective and lends itself more readily to being expressed in quantitative terms
Values	are enduring, passionate and distinctive core beliefs. They are guiding principles that never change. Values are why we do and what we stand for. They are beliefs that guide the conduct, activities and goals of the organisation. Values are deeply held convictions, priorities and underlying assumptions which influence our attitudes and behaviours. They are intrinsic value and importance to those inside the organisation. Your core values are part of the strategic foundation
Vision	is an inspirational statement that articulates main prioritised goals as well as values for what government wants to achieve for its population, both in public health and health care system terms