

JANUARY –JULY REPORT 2016

Financial Period 1st January 2016 - 31st July 2016



MINISTRY OF HEALTH AND MEDICAL SERVICES

January –July Report 2016

December 2016

Hon Rosy Akbar
The Minister for Health and Medical Services
Ministry of Health and Medical Services
Suva

Dear Hon Akbar,

I am pleased to submit the January-July Report 2016 in accordance with the Government's regulatory requirements.



.....
Mr Philip Davies

Permanent Secretary for Health and Medical Services

10/1/17

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Acronyms

ACBA	Australian Coding Benchmark Audit
ACP	Annual Corporate Plan
AHD	Adolescent Health Development
ALOS	Average Length of Stay
AMU	Asset Management Unit
ARH	Adolescent Reproductive Health
BFHI	Baby Friendly Hospital Initiative
BP	Business Plan
BOV	Board of Visitors
CBA	Child Bearing Age
CD	Communicable Diseases
CMNHS	College of Medicine, Nursing and Health Sciences
CPD	Continuing Professional Development
CPG	Clinical Practice Guidelines
CSN	Clinical Service Network
CWMH	Colonial War Memorial Hospital
DMFT	Decayed Missing Filled Teeth
DNS	Director of Nursing
DOTS	Directly Observed Treatment
DPPDU	Director Planning and Policy Development Unit
DSAF	Deputy Secretary Administration and Finance
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary Public Health
EH	Environmental Health
EmNOC	Emergency Obstetric and Newborn Care
EPI	Expanded Program of Immunisation
ESKD	End Stage Kidney Disease
FCCDC	Fiji Centre for Communicable Disease Control
FHSSP	Fiji Health Sector Support Program
FJPH	Fiji Journal of Public Health
FNU	Fiji National University
FPBS	Fiji Pharmaceutical and Biomedical Services
GDP	Gross Domestic Product
GF	Global Fund
GMU	Grant Management Unit
GO	General Orders
GOPD	General Outpatient Department
GSHS	Global School-Based Health Survey
HC	Health Centre
HCF	Health Care Finance
HEADMAP	Health and Emergencies Disaster Management Plan
HIU	Health Information Unit
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
HPTSG	Health Policy Technical Support Group
HQ	Headquarters
HRP	Health Research Portal
ICT	Information Communication Technology
IMCI	Integrated Management of Childhood Illnesses
JICA	Japan International Cooperation Agency
KPI	Key Performance Indicator
LIMS	Laboratory Information System
MDA	Mass Drug Administration
MDG	Millennium Development Goals

MMR	Maternal Mortality Ratio
MoHMS	Ministry of Health and Medical Services
MR	Measles and Rubella
MRI	Magnetic resonance imaging
MVA	Manual Vacuum Aspirator
NCD	Non Communicable Diseases
NCHP	National Centre for Health Promotion
NHA	National Health Account
NHEC	National Health Ethics Committee
NICU	Neonatal Intensive-Care Unit
NIMS	National Iron and Micronutrients Supplementation
NQSHL	National Quality Standards for Health Laboratory
NRP	Neonatal Resuscitation Programme
NSP	National Strategic Plan
NTBD	National Tooth Brushing Day
NTD	Neglected Tropical Diseases
OPV	Oral Polio Vaccine
PATIS	Patient Information System
Pac ELF	Pacific Programme to Eliminate Lymphatic Filariasis
PHIS	Public Health Information System
PICU	Paediatric Intensive Care Unit
PPHSN	Pacific Public Health Surveillance Network
PPTCT	Prevention of Parent-to-Child Transmission
PPP	Public Private Partnership
PPU	Post Processing Unit
PR	Principal Recipient
PSHMS	Permanent Secretary for Health and Medical Services
RCA	Root Cause Analysis
RDSSD	Road for Democracy, Sustainable Socio-Economic Development
RDQA	Routine Quality Data Assessment
RHD	Rheumatic Heart Disease
SDs	Subdivisions
SOPD	Special Outpatient Department
SHA	System Health Account
SPC	Secretariat of the Pacific Community
SP	Strategic Plan
STI	Sexually Transmitted Infections
TAS	Transmission Assessment Survey
TB	Tuberculosis
TISI	Then India Sanmarga Ikya Sangam Fiji
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USP	University of the South Pacific
VCCT	Voluntary Confidential Counselling Test
WDF	World Diabetes Foundation
WHO	World Health Organisation
WPRO	Western Pacific Regional Office

1. Permanent Secretary's Remarks



The first seven months for 2016 has been quite challenging yet fruitful for the Ministry. The country was struck by Tropical Cyclone Winston in February this year. The Ministry's facilities suffered damage and losses estimated to be around FJD13.9 million. The rehabilitation work has progressed well with the assistance from development partners and key stakeholders. The program delivery of key public health activities were realigned to support the rehabilitation efforts with outreach programmes being re-organised to take services closer to the people most affected by Tropical Cyclone Winston.

There was also a change in the budgetary cycle and this resulted in realigning the Ministry's Annual Corporate Plan 2016 to suit the new budgetary cycle. This report highlights progress on activities from January 2016 to July 2016.

Despite the challenges in the beginning of the year, there were still some key achievements, some of these are outlined below:

- Commissioning of the Dialysis machines for acute dialysis at ICU at CWMH
- Launch of Rheumatic heart disease mobile clinic
- World Cancer Day celebrations on February 4th with the theme, *"We can. I can. Prevent Cancer"*.
- Two dose Human Papilloma Virus (HPV) vaccination program introduced in the beginning of the school year 2016.
- Implementation of the *"National Fight the Bite Clean Up Campaign"* that was conducted Nationwide in collaboration with government organization, NGO, corporate bodies, Faith based Organizations, and community groups to combat the spread of dengue fever in the country.
- Development of the Integrated Management of Acute Malnutrition(IMAM) Guideline for Fiji
- Development of the Clinical Information Systems/Health Information Systems (CIS/HIS) Strategic Plan 2016 -2020
- Launch of Ministry's Annual Corporate Plan 2016

The Ministry has managed to achieve a number of key targets through the collaborative and ongoing efforts of staff and key stakeholders therefore I would like to thank all development partners, stakeholders and MoHMS team for their continuous support and commitment in working towards improving the health of all Fijians.

A stylized handwritten signature in blue ink, consisting of several loops and a long horizontal stroke at the end. Below the signature is a dotted line.

.....

Mr Philip Davies
Permanent Secretary for Health and Medical Services

2. Ministry of Health and Medical Services Overview

The Ministry of Health and Medical Services acknowledges that it is the right of every citizen of Fiji, irrespective of race, gender, creed or socioeconomic status, to have access to a national health system that provides high quality health services, the principal function of which is to provide accessible, affordable, efficient and high quality health care and strengthen community development leading to improved quality of life.

3. Ministry of Health and Medical Services Priorities

Strategic Pillar 1: Preventive, curative, and rehabilitative health services

1. Non-communicable diseases, including nutrition, mental health and injuries
2. Maternal, infant, child and adolescent health
3. Communicable diseases, environmental health and health emergency preparedness, response and resilience



Strategic Pillar 2: Health systems strengthening

4. Primary health care, with an emphasis on continuum of care and improved quality and safety
5. Productive, motivated health workforce with a focus on patient rights and customer satisfaction
6. Evidence-based policy, planning, implementation and assessment
7. Medicinal products, equipment and infrastructure
8. Sustainable financing of the health system

Guiding Principles

The Guiding Principles for Ministry of Health and Medical Services are,

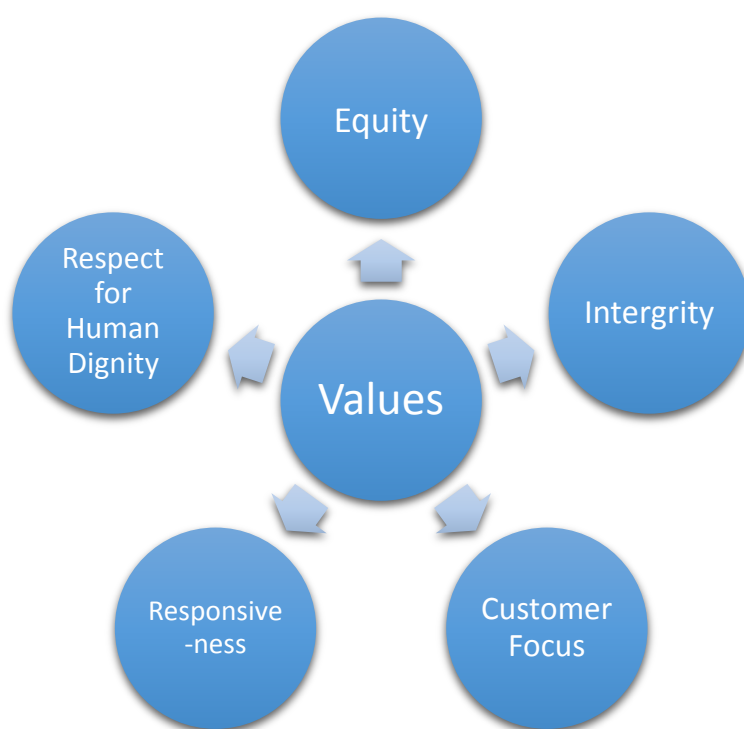
Vision

A Healthy population

Mission

To empower people to take ownership of their health

To assist people to achieve their full health potential by providing quality preventative, curative and rehabilitative services through a caring sustainable health care system.



General Principles

1. Health in all Policies approach
2. Healthy Islands concept
3. Sustainable Development Goals (SDG)
4. WHO Health Systems Building Blocks
 - Leadership/governance
 - Health care financing
 - Health Workforce
 - Medical products, technologies
 - Health information and research
 - Service delivery
5. Universal Health Coverage

Legislation for which this portfolio is responsible,

No	Description
1	Constitution of the Republic of Fiji 2013
2	Fiji National Provident Fund Decree 2011
3	Fiji Procurement Act 2010
4	Financial Administration Decree 2009
5	Financial Instructions 2005
6	Financial Management Act 2004
7	Financial Manual 2014
8	Occupational Health and Safety at Work Act 1996
9	Ambulance Services Decree 2010
10	Allied Health Practitioners Decree 2011
11	Animals (Control of Experiments) Act (Cap.161)
12	Burial and Cremation Act (Cap.117)
13	Child Welfare Decree 2010
14	Child Welfare (Amendment) Decree 2013
15	Food Safety Act 2003
16	HIV/AIDS Decree 2011
16	HIV/AIDS (Amendment) Decree 2011
17	Illicit Drugs Control Act 2004
18	Marketing Controls (Food for Infants and Children) Regulation 2010
19	Medical Imaging Technologist Decree 2009
20	Medical and Dental Practitioner Decree 2010
21	Medical and Dental Practitioners (Amendment) Decree 2014
22	Medical Assistants Act (Cap.113)
23	Medicinal Products Decree 2011
24	Mental Health Decree 2010
25	Mental Treatment Act (Cap 113)
26	Methylated Spirit Act (Cap. 225A)
27	Nurses Decree 2011
29	Pharmacy Profession Decree 2011
31	Private Hospitals Act (Cap. 256A)
32	*Public Health Act (Cap. 111)
33	Public Hospitals & Dispensaries Act (Cap 110)
34	Public Hospitals & Dispensaries (Amendment) Regulations 2012
35	Optometrist and Dispensing Optician Decree 2012
36	*Quarantine Act (Cap. 112)
37	Quarantine (Amendment) Decree 2010
38	Radiation Health Decree 2009
39	Tobacco Control Decree 2010
40	Tobacco Control Regulation 2012
41	The Food Safety Regulation 2009
42	The Food Establishment Grading Regulation 2011
<i>*currently under review</i>	

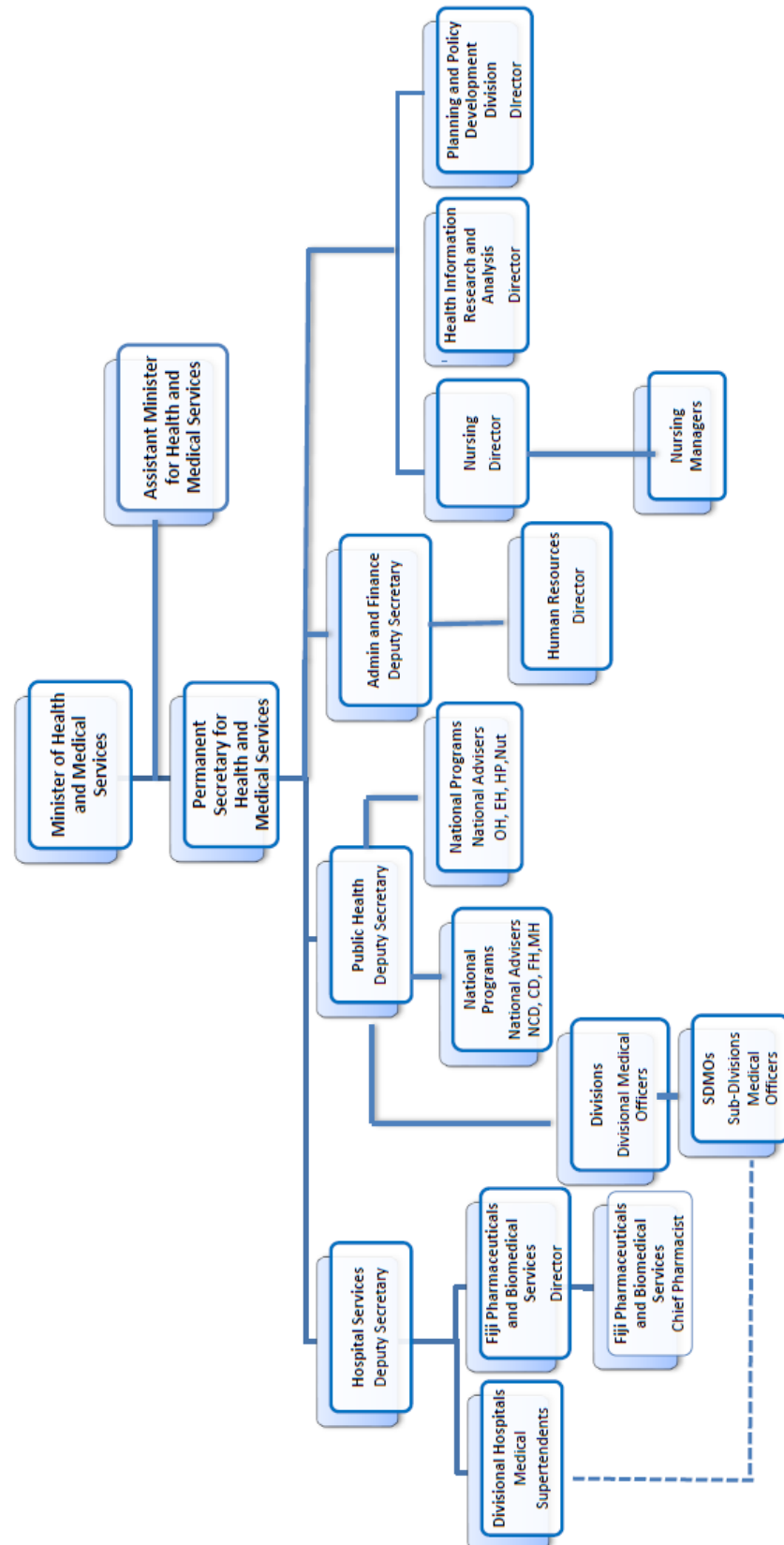
*Two pieces of draft legislation currently under review are the Quarantine Act Cap 112 and the Public Health Act Cap 111.

Key Cabinet Papers

Table 1: Key Cabinet Decision Jan-July 2016

No	Cabinet Paper No.	Cabinet Paper Title	Date Paper Tabled in Cabinet	Type of Paper Submitted	CP DECISION #	Cabinet Decision	Responsible Office
1.	CP (16) 13	Non-Communicable Diseases Strategic Plan 2015 – 2019	02/02/2016	Discussion Paper	Noted CD # 31	Cabinet: (i) Endorsed the Non-Communicable Disease (NCD) Strategic Plan 2015 – 2019 (ii) Endorsed the formation of a National Multisectoral Committee on NCD prevention and control.	DSPH
2.	CP (16) 83	Post Disaster National Mosquito Clean Up Campaign	10/05/2016	Written Opinion	Noted CD # 100	Cabinet noted the content of the Memorandum; (i) Endorsed a multi-sectoral Post Disaster National Clean-up Campaign; (ii) Endorsed the establishment of a National multi-sectoral committee led by the Permanent Secretary of the Ministry of Health and Medical Services to oversee the coordination, implementation and monitoring of the campaign; (iii) Agreed that the source of funding for the Post Disaster National Clean-up Campaign be determined by the Ministry of Finance; (iv) Approved the engagement of all Ministries, Statutory Bodies and related stakeholders for the utilization of their resources and manpower in this campaign	DSPH
3.	CP (16) 117	Memorandum of Understanding between the Australian Capital Territory and the MoHMS of the Republic of Fiji	22/07/2016	Written Opinion	Noted CD #138	Cabinet: (i) Endorsed the Memorandum of Understanding with the Australian Capital Territory on the placement of Registered Nurses at the Canberra Hospital.	DNS

Figure 1: Ministry of Health and Medical Services Organisation Structure



4. Reporting on SDGs January -July 2016

Table 2: SDGs Performance Indicators for Jan-July 2016

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Jan-July 2016
Improving Health Service Delivery	Provide quality preventive, curative and rehabilitative health services responding to the needs of the Fijian population including vulnerable groups such as children, adolescents, pregnant women, elderly, those with disabilities and the disadvantaged	Premature mortality between less than 70 yrs due to NCDs	64%
		Prevalence of overweight/obesity in primary school children	8%
		Prevalence of tobacco use amongst adults age 18+ years	17% (2011) STEPS Survey 2011
		Cervical cancer screening coverage rate	40.6 per 1,000 women of child bearing age
		Prevalence of diabetes	78 per 100,000
		Maternal mortality ratio reduced to less than 70 per 100,000. (SDG).	0
		Percentage of pregnant women who receive antenatal clinic (ANC) in their first trimester	22.1%
		Percentage of pregnant women with at least 4 antenatal clinic visits at term	87.6%
		Percentage of women attending 6 weeks postnatal clinic	80%
		Child mortality rate under 5 years maintained at 25 to 1000 live Births (SDG).	20.1 per 1,000 live births
		Neonatal mortality rate as low as 12 per 1,000 live births (SDG)	9 per 1,000 live births
		Percentage of childhood vaccination coverage rate for all antigens	84%
		Incidence of HIV infection (# of new cases)	56
		Percentage of 1 year-old children immunized against measles	84%
		Total fertility rate	57.2 per 1,000 women of child bearing age
		Contraceptive prevalence rate among population of child bearing age	29%
		Adolescent birth rate per 1,000 girls aged 10 to 19	9 per 1,000
		Percentage of women of reproductive age (15-49) with anaemia	15.5%
		Perinatal Mortality (stillbirth and early neonatal deaths/1000 live births)	16.3 per 1,000 live births
		Percentage live births with low birth weight	5.9%
		Prevalence of stunting and wasting in children under 5	8.3% - Wasting 9.1% - Stunting

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Jan-July 2016
		years of age	NNS -2015
		Percentage of infants who are exclusively breast fed at 6 months	62.7%
		TB prevalence rate	110 per 100,000 population (2014)
		Incidence of TB	4.6 per 100,000 population
		TB mortality rate	2.3 per 100,000 population
		Tuberculosis treatment success rate	87% (2015)
	Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability	Ratio of health professionals to population (MDs, nurses midwives)	Doctors - 9.4 per 10,000 population Nurses- 32.4 per 10,000 population Midwives- 3.5 per 10,000 population
Ensuring Effective, Enlightened and Accountable Leadership	Gender Equality	Mainstream gender perspectives in all Ministries Strategic Plans, Corporate Plans, Business Plan and Training Plans. Increase participation of women in key administrative and leadership roles in the MoHMS	Gender mainstreaming has been incorporated in the Annual Corporate Plan. Gender Focal points from MoHMS have attended training provided by MWCPA. Gender Mainstreaming Support Officer for MoHMS recruited.
	Social Inclusion	Ratio of household out-of-pocket (OOP) payments for health relative to current health expenditure (CHE)	25.3% (2014)
Enhancing Public sector efficiency, performance effectiveness and service delivery	Public Sector Reforms	To extend the opening hours at health centres, hospitals and government pharmacies to provide Fijians with better and more convenient medical services.	Makoi, Valelevu, Nuffield, Samabula, Raiwaqa and Lami HC in Central Division and Nadi HC in Western Division
Reducing Poverty	Poverty Reduction	Provide free all medicine prescribed by a doctor and currently under price control for all Fijians who earn less than \$20,000 a year. This includes medicines for Non Communicable Diseases.	23,328 people registered till July 2016.
Climate Change	Climate Change	Percentage of population using safely managed water services, by urban/rural	96%
		Access to clean sufficient water, and protection from water borne illnesses ((piped and treated)	68%

5. Impact of Tropical Cyclone Winston on Planned Activities

Tropical Cyclone Winston struck Fiji Islands on 20 February 2016; this was a category 5 cyclone and the most destructive cyclone Fiji ever experienced. The total estimated damage and losses for the health sector due to TC Winston was FJD 13.9million according to the Fiji Post Disaster Needs Assessment Report 2016.

The Eastern division was one of the most severely affected divisions; but the division was able to respond in an effective and timely manner. This was only made possible because of the tremendous assistance from many stakeholders and thus it underpins the need to work collaboratively with many partners/stakeholders in responding to a major disaster. These include UN agencies and Clusters, NGO-CSOs, Australian and NZ Governments, FHSSP, Fiji Red Cross and other Government Departments.

A lot of work was done in the cyclone-affected areas of Vanuabalavu and Lomaiviti:

- Acute trauma teams were first responders to attend to the injured in Vanuabalavu, Koro, Gau, Ovalau, Batiki, Nairai and Moturiki. Many surgical procedures were performed in make-shift tents under trying conditions in addition to the many referrals and medivac evacuations.
- Public health teams were deployed to prevent disease outbreaks, initiate disease surveillance, restore water and sanitation, reduce vectors and improve nutrition and food security. The mental health team provided professional counselling to affected individuals and communities.
- Support received from the Fijian, Australian and NZ governments to restore physical infrastructure which were damaged health centres, nursing stations and staff quarters. Help was also provided in the form of vehicles for transportation, potable water, generators for power supply, and tents for accommodation and food rations.

Due to TC Winston most of the activities planned for MoHMS had to be deferred and realigned to help in the recovery process. The National Advisors and Divisional teams had to put planned activities on hold and support the concerted cyclone recovery efforts. The quarterly feedback on Business Plan progress was mostly around activities conducted by the various clusters and there was no specific reporting on planned activities.

The health sector performance reflected in this report should be interpreted in line with the above issues that had an impact on the implementation of planned activities. The reporting from March to May was not consistent as program managers were out in the field assisting with recovery efforts which affected performance over this period, from June onwards there were efforts made to catch up on planned activities.



Destruction to Waimaro Nursing Station

6. Hospital Services

The Deputy Secretary Hospital Services is responsible for management and overall operation of the 3 divisional hospitals Colonial War Memorial (CWMH), Labasa and Lautoka Hospitals and the 2 specialised hospitals, Tamavua /Twomey and St Giles Hospital.

In addition to this core role, there are other areas that fall under the Hospital Services jurisdiction,

- 1) The Fiji Pharmaceutical and Biomedical Services (FPBS).
- 2) Health Systems and Standards.
- 3) Clinical Services Network.
- 4) Blood and Ambulance Services.
- 5) Overseas Referrals.
- 6) Specialist Visiting Teams.
- 7) Implementation of Service Excellence Framework.

Achievements

1. Expansion and strengthening of services

- a. Launch of cancer awareness week on 4 February 2016 by MHMS Hon Jone Usamate at CWMH auditorium.
- b. First of 5 medical teams dispatched from CWMH to Koro and Lomaiviti group, Vanuabalavu, Ovalau and Tailevu.
- c. On-going outreach clinics at Valelevu, Nausori and Samabula health centres by St Giles hospital.
- d. Supporting the sub divisions during the Cyclone Winston period. Lautoka Hospital activated the Trauma response team and they were able to do surgeries at Rakiraki Hospital. This included the surgeons, anaesthesia, obstetrics and gynaecology team.

2. Strengthening of Public/Private Partnerships

- a. Donation of linen to CWMH from Rotary Club Fiji.
- b. Fiji Broadcasting Cooperation donated linen and pillows to children's ward – received by AMHMS Hon Veena Bhatnagar on behalf of CWMH.
- c. Received a donation of new inpatient beds and air mattresses for oncology unit from ANZ Banking.
- d. Paediatric surgeon Dr Phil Morreau of Australia undertook volunteer surgical work at CWMH from 17 – 23/04/16.
- e. Oromaxillofacial team from Australia headed by Dr Ricky Kumar provided volunteer surgical services at CWMH from 25 – 29/04/16.
- f. Orthopaedic surgeon Dr Doron Sher of Australia provided volunteer surgical service at CWMH from 06 – 10/06/16.
- g. Received a brand new neurosurgical drill valued at \$45,552.90AUD donated by DFAT Direct Aid Program to neurosurgical services CWMH. Received by Dr Alan Biribo neurosurgeon CWMH.
- h. GE Healthcare Australia donated 20 new infant warmers to MHMS. Received at CWMH by Hon Jone Usamate Minister for Health and Medical Services.
- i. Received donation of modular prosthetic and orthosis which allowed staff to learn and understand the modern appliances.

3. Infrastructural Improvements

- a. Upgrading of lancaster ward at CWMH.

4. Improvement in Services

- a. New medical interns commenced their 12 months internship program at CWM, Lautoka and Labasa Hospital.
- b. Commissioning of the dialysis machines for acute dialysis at ICU by MHMS Hon Jone Usamate.
- c. Hon Jone Usamate Minister for Health and Medical Services opened the cafeteria, convenience store and flower shop at CWMH.
- d. HE President of Fiji Major General (Rtd) Jioji Konrote visited CWMH and spoke about NCD to staff of CWMH, CE Divisions & HQ.

Challenges

- a. Human resources shortage at Lautoka Hospital: An acute shortage of HR within the departments and this does not allow the service delivery to flow well thus increasing the waiting time.
- b. Unavailability of drugs, medical consumables and important biomedical equipment at Lautoka hospital.
- c. Lack of man power available at Tamavua Rehab and PJ Twomey; physiotherapist to patient ratio mismatch due to the increase in number of patients seen by the sole physiotherapist (looking after 3 wards rehab, leprosy & Twomey).
- d. Difficult to implement decentralization of mental health services due to inadequate training of staff in the public health sector.
- e. TC Winston affected service delivery; water & power supply disruptions affected daily work; infrastructural damage to CCU, ICU and MRI services.
- f. Intermittent out of stock of medicines and consumables affected smooth flow of patient care activities at CWM Hospital.

Way Forward

- a. There is a need to review the medical consumables, drug levels and standard equipment listing for Lautoka Hospital.
- b. Physiotherapist in Tamavua Rehab and Twomey Hospital needed.
- c. More resources needed for rehabilitation of inpatients & outpatients e.g. assistive devices, space, appropriate equipment at Tamavua Rehab.
- d. Public health medical practitioners need to be trained to feel confident enough to treat mental illnesses at primary health care level.
- e. Ensure constant supply of consumables, medicines and supplies for CWM Hospital.



Dr Amrish Krishnan Renal Physician with Mr Iliaz and hospital management and staff members during the commissioning of the newly installed donated hemodialysis machines for CWMH. The machines are based at ICU.



HE The President of Fiji Major General (Ret'd) Jioji Konrote after his speech at CWMH on NCD to staff of CWMH, CE Divisions and HQ

7. Fiji Pharmaceutical and Biomedical Services Centre (FPBSC)

The Fiji Pharmaceutical & Biomedical Services Centre [FPBSC] main core services are:

1. Procurement and supply management [procuring, warehousing and distribution] of medical or health commodities.
2. Essential Medicines Authority – development of product standardization and appropriate usage.
3. Inspectorate Regulatory Authority – strengthening quality assurance process of products import into the country.
4. Bulk Purchase Scheme – commercial arm providing social support to the private sector.

These associate programs ensure that commodities procured by the government are safe to be used for the right purpose at the right place and at the right time.

Achievements

- a. Deploying of emergency items and health supplies to health facilities damaged during the natural disaster.
- b. Stock inventory management conducted in a number of health facilities.
- c. Consultations on rational use of near expired items with health facilities
- d. Antimicrobial operational plan 2016 consultation conducted in May, 2016
- e. Antibiotic forms reviewed and endorsed through National Medicines and Therapeutic Committee meeting in May 2016.
- f. Successful completions of bulk purchase scheme TMA annual stock take in July and met the targeted profit for the 6 months.
- g. One of the performance targets for the bulk purchase scheme was to ensure that we do not run out of stocks of essential items such as diabetic kits and kidney transplant drugs. We have managed to achieve this to some extent whereby min and max levels are set for those items to avoid stock out situations. These are monitored on a regular basis.
- h. Development of contract monitoring matrix and implementation of reconciliation matrix – contract value and purchase orders.
- i. Standardizing the tender process for biomedical tenders and modifying tender terms of reference.
- j. Successful completion of the warehouse annual stock take in July.
- k. Successful preparing, checking, packing and deliveries of monthly, bi-monthly and quarterly orders.
- l. Establishment of a quarantine cage in the receiving dock and caged bins in the main warehouse to keep attractive items.
- m. Maintenance of Contract of all staff: Contract register database maintained. Extension of all staff contractual appointment due for extension in 2016 sorted.
- n. Training on drug registration module in mSupply software – completed April 24 – 29, 2016.
- o. Licensing renewal of all pharmacists, pharmacies and pharmaceutical importers by March 2016.
- p. Investigation conducted on selling of Paracetamol Tablets, by street vendors – resulted in immediate cessation of this practice.
- q. Pharmacovigilance awareness presentation with UMC rep (Dr Ruth Savage) at 2016 FMA conference.
- r. 12 ADR Reports received and sent to Uppsala Monitoring Centre.
- s. New on-line format of the board registration exam (written component) confirmed to be implemented from 2016.

Challenges

- a. Changes in financial year affected our planning and certain activities planned for 2016 was not executed.
- b. 4 pending regulations still to be vetted by SG's office.
- c. Amendments in Medicinal Products Decree also posed new challenges with regards to appointment of members.
- d. Capacity building in the EMA to ascertain knowledge to expand services required.

- e. Free medicine budget was not used as RIE submitted was not approved. Items order in 2016 was received in 2016-2017 financial year.

Way Forward

- a. New Warehouse Information System to allow visibility of data information in the remote areas.
- b. The mSupply server application is currently hosted on a mini computer which was arranged due to problems securing a server in 2015 to run mSupply. It is adequate for now but this computer is not appropriate for a significant growth in data and usage. In addition, the mini-computer doesn't have RAID capabilities which make it more difficult to recuperate from a failure. Therefore, it is highly recommended to acquire a dedicated server and install mSupply on that.
- c. Appointment of more inspectors by the 2 Boards to better monitor pharmacy practice through increased visits, compliance with licensing conditions.
- d. Training to be conducted so that staffs are well versed with their roles.

8. Divisional Report

The Ministry of Health and Medical Services delivers health services throughout the four Divisions, Central, Eastern, Western and Northern. The Health services range from general and special outpatient, maternal child health care, oral health, pharmacy, laboratory, x-ray, physiotherapy, environmental, nutritional, outreach, school health and special clinical services.

Figure 2: Four Divisions within Fiji

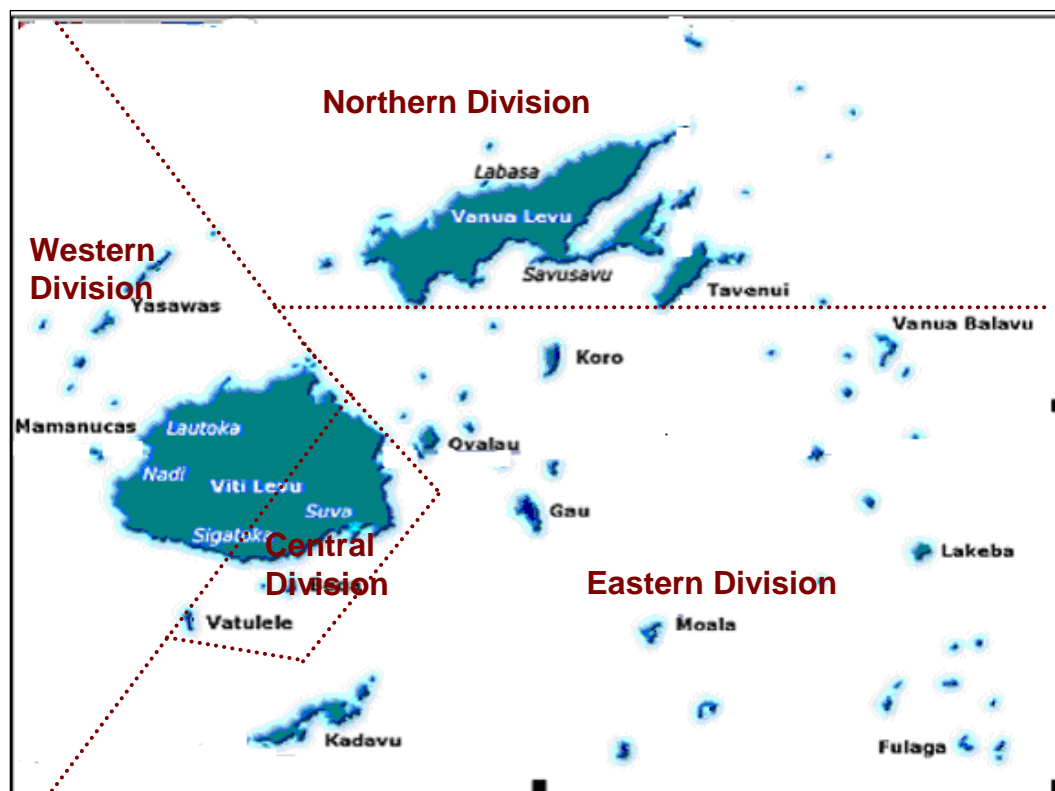


Table 3: Government Health Facilities

Health Facility	Central	Eastern	Western	Northern	Total
Specialized Hospitals/ National Referral	2	0	0	0	2
Divisional Hospital	1	0	1	1	3
Sub divisional Hospital [level 1]	0	0	3	1	4
Sub divisional Hospital [level 2]	5	5	3	2	15
Health Centre [level A]	7	0	4	1	12
Health Centre [level B]	5	1	4	3	13
Health Centre [level C]	12	13	20	16	61
Nursing Stations	21	31	24	21	97
Total	53	50	59	45	207

Central/Eastern Division

The population profile below is collated from the demographic counts that are received from the respective nursing zones, nursing stations and health centres.

The Central/Eastern division is the largest by population size and caters for about 100 health facilities. The Central/Eastern division is divided into 10 subdivisions as per table 4 below.

Health services in the Central Division are delivered from 1 divisional hospital, 5 sub division hospitals (level 2), 24 health centres (7 level A, 5 level B, 12 level C), and 21 nursing stations.

Health services in the Eastern Division are delivered from 5 sub division hospitals (level 2), 14 health centres (1 level B, 13 level C), and 31 nursing stations.

Table 4: Demography of Central and Eastern Division

Subdivision	2014	2015
Suva	217,597	223,816
Rewa	84,872	88,361
Naitasiri	20,232	19,472
Serua/Namosi	29,588	30,587
Tailevu	22,384	21,578
Lomaiviti	16,187	16,187
Kadavu	10,946	10,978
Lomaloma	3,358	3,240
Lakeba	7,294	6,892
Rotuma	1,866	1,806
Total	414,373	422,917
Central (Total Population)	374,673	383,814
Eastern (Total Population)	39,651	39,103

Western Division

The Western Division is divided into 6 sub division Ra, Tavua, Ba, Lautoka/Yasawa, Nadi and Nadroga/Navosa. Health services are delivered from 1 divisional hospital, 6 sub division hospitals (3 level 1 and 3 level 2), 28 health centres (4 level A, 4 level B, 20 level C), and 24 nursing stations.

Table 5: Demography of Western Division

Subdivision	2014	2015
Ra	29,266	28,232
Tavua	26,376	26,551
Ba	56,143	56,450
Lautoka/Yasawa	132,385	110,733
Nadi	90,810	91,702
Nadroga/Navosa	52,730	51,871
Total	387,710	365,539

Northern Division

The Northern Health Division office provides health services for 4 sub divisions of Bua, Cakaudrove, Macuata and Taveuni. Health services are delivered from 1 division hospital, 3 sub division hospitals (1 level 1 and 2 level 2), 20 health centres (1 level A, 3 level B, 16 level C) and 21 nursing stations.

Table 6: Demography of Northern Division

Subdivision	2014	2015
Bua	16,868	17,032
Cakaudrove	33,034	34,883
Macuata	64,439	66,699

Taveuni	16,649	16,668
Total	130,990	135,282

Table 7: Summary Population by Division

Division	2014	2015
Central	374,673	383,814
Eastern	39,651	39,103
Western	387,710	365,539
Northern	130,990	135,282
Total	933,024	923,738

Achievements

1. Expansion and Strengthening of Services

- 42% of Package of essential non-communicable disease interventions (PEN) sites is adhering to minimum standards for implementation of PEN amongst SOPDs in the Northern Division.
- 10.5% of Forms 3-7 school children reached by MoHMS tooth brushing campaign in the Northern Division as per National Target 10.1%.
- 80% of Dental clinics achieving 5/6 national clinical targets in the Northern Division as per national baseline 60%.
- HPV immunization coverage for the Northern Division was 88%.
- Following Category 5 Tropical Cyclone Winston, 80 outreach clinics were conducted in communities/villages situated in Ovalau, Moturiki, Gau, Nairai, Batiki, Wakaya, Makogai to provide basic medical help, assess WASH infrastructure, educate and assist to prevent potential communicable disease outbreaks.
- School Visits- Central-23 secondary schools visited and 138 primary schools visited. Eastern-62 primary schools visited and 6 secondary schools visited.

2. Strengthening of Public/Private Partnerships

- Cyclone Winston disaster relief assistance through the WASH assistance from UNICEF and MoHMS.
- FIGHT THE BITE* campaign launched by Commissioner Eastern; teaming with government departments and community groups to clean up different communities.
- World TB day celebrations held in Levuka Public Secondary School and Loreto Primary School.
- World Oral Health Day was celebrated on March 7 at various divisions.
- Coordination with other government departments, Commissioner Eastern Division, NDMO and our partners (UNICEF/Live & Learn/OXFAM/Red Cross etc) in terms of response to TC Winston.
- Central division was also involved with community mobilization such as working in collaboration with Young People in Sports, Consumer Council of Fiji, and Diabetes Peer Group by Diabetes Fiji and the Seventh Day Adventist church on NCD prevention and control.

3. Infrastructural Improvements

- Maintenance and repairs to a number of health centres and nursing stations including Kadavu, Lau and Lomaiviti.
- Provision of maintenance works for TC Winston affected health facilities especially in Koro Health Centre.
- Nadi Hospital – Replacement of sewerline.

4. Improvement in Services

- 20 staffs trained on NCD tool kit, 6 zone nurses trained on foot care and 19 staffs trained on EMNOC from the Northern Division.
- 1 training conducted for CHW [Lakeba Medical Area] on the Wellness manual.
- Procured and facilitated distribution of Emergency trolleys to 10 health facilities in the Central Division these trolleys meet the requirement standard.

- d. 10 nurses attended the Primary Health Care Nursing in the prevention & control of NCD in Japan.

Challenges

- a. Due to Tropical Cyclone Winston most of the public health nurses, health inspectors and medical officers in the four divisions were deployed to the affected areas, thus, affecting the implementations of most activities.
- b. Shortages in screening consumables and medicines especially for IMCI, NIMS and NCD in the Central Division.
- c. Resignations of staffs especially the nurses and the environmental health officers who have migrated overseas and have joined NGOs in the Central Division.
- d. Transport not available for outreach given the geographical distribution of the Eastern division.
- e. Lack of portable dental equipment hindered with service delivery in communities and schools for the Central/Eastern Division.
- f. Due to maritime location of health facilities within Eastern Division, connectivity is a major issue faced by the Sub-divisional and Divisional Staff as this delay submission of reports through online sites and through email.
- g. Transportation has been a problem for most of the facilities in the North. Some of the vehicle's lease has expired long ago but there hasn't been any response in terms of replacement. Due to this many health facilities had difficulty in carrying out primary health care activities such as preventive, curative and rehabilitative care to the communities.
- h. Accommodation is still one of the challenges faced in the Northern Division. Staff and families sharing houses, families living in sister's quarters and there are no space to accommodate relieving officers at some facilities.
- i. Ambulance services in the Bua subdivision have been an ongoing problem in Bua because of the problems faced with transferring patients in the box ambulance. Lyndhurst Company is currently in the process of purchasing a land cruiser for the sub division for which we are very grateful.
- j. Frequent out of stocks of medicine and consumables in the Northern Division due to the increase in demand.

Way forward

- a. MoHMS to work closely with community based organizations and civil societies by providing them funds to perform some of the primary health care programs such as community profiling, daily house to house inspections, community NCD screenings, community awareness, follow-up of defaulters, establishment of healthy settings, home based care programs, etc.
- b. Establish more satellite clinics and places where the medical area team can have more outreaches and primary health care programs.
- c. Purchase of more portable dental equipment and improvement to transport services.
- d. There is major need for Divisional and Sub-divisional is to be fully equipped with PC and connectivity. This will improve and strength the submission of information through online sites.
- e. FPBS to increase supply of medicine and consumables to the Northern Division.



Koro Island Clinic by NZMAT

9. Public Health Services

The Deputy Secretary Public Health is responsible for formulation of strategic public, primary health policies and oversees the implementation of public health programmes as legislated under the Public Health Act 2002. Effective primary health care services are delivered through the Divisional and Sub Division Hospitals and National Programs (Family Health, Wellness, Communicable Diseases, Food and Nutrition, Environmental Health, Oral Health and National Health Disaster and Emergency Management).

Achievements

1. Program Implementation

- a. NCD strategic plan was presented in cabinet and it encourages all other government agencies to include wellness activities in every corporate plan.
- b. World Cancer Day celebrations on February 4th with the theme, *"We can. I can. Prevent Cancer"*.
- c. The Family Health Outreach Mobile Clinic teams were able to conduct cervical cancer screenings while providing services too far to reach areas and to those women affected during TC Winston. Total no. screened for cervical cancer were 801, which is 9.1% of the child bearing age population in the targeted areas covered by the outreach teams.
- d. With the support from UNFPA, the Family health unit facilitated temporary re-engagement of retired midwives to work on rostered duties in maternity hospitals in TC Winston affected areas. The midwives also provided services through the family health outreach clinic and in the Women's friendly spaces.
- e. The tOPV/bOPV validation exercise was conducted to ensure that all Trivalent Oral Polio Vaccine is non-existent in all our health facilities around the country and to make sure that only bivalent OPV vaccine and IPV is available and used or stored in health facilities.
- f. Hydrocelectomy Project conducted in Navua and Levuka Hospital for Central and Eastern division.
- g. Endorsement of Neglected Tropical Disease Action Plan 2016-2020 by National Health Executive Committee (NHEC).
- h. Feasibility assessment of proposed garbage collection scheme.
- i. Review and approval of 12 Water Safety Plan (WSP) within Korovou Rural Local Authority jurisdiction.
- j. WASH cluster in terms of coordination activities in response to TC Winston rehabilitation works.
- k. Progressed licensing of food establishments to ensure regulatory compliances. These included initial inspections to ensure food safety conditions meet requirements thus eliminating or minimizing food borne illness risk factors.
- l. Breast Feeding Hospital Initiative Internal Audits – 100% completion for Western Division
- m. Secured of funds for National Iron and Micronutrients Supplement program
- n. Collaboration with Education Cluster to deliver key nutrition intervention to schools on nutrition through development of menu for lunch to TC Winston affected schools.
- o. Completed pilot for school wellness setting.

2. Progress

- a. Launch of Rheumatic heart disease mobile clinic by Honourable Minister for Health and Medical Services Jone Umamate. The mobile bus was funded by Cure Kids and Accor Hotels.
- b. Launch of Wellness Program amongst health staff based at Dinem and Namosi house in Toorak.
- c. Reproductive Health (RH) Kit donations were received through UNFPA. Donations were distributed to all facilities, majority of it were prioritized to facilities affected by Cyclone Winston.
- d. Fiji has successfully introduced the Intramuscular Polio Vaccine (IPV) vaccine into its immunization schedule with effect from December 17th 2015. Following the successful introduction of the IPV, Fiji switched from the use of

tOPV to bOPV in April 2016. Intramuscular Polio Vaccine now used routinely in child health immunization for infants aged 14 months.

- e. Three new Solar Direct Drive refrigerators installed for the Maritime stations in the Yasawa, Kese H/C, Teci N/S, Yanuya N/S during Validation.
- f. Development of 5 new by-Laws for garbage collection services.
- g. Food unit initiated multisectoral approach in addressing food safety issues. It involved meeting with key stakeholders and conducted joint surveillances to identify non-conformities to be addressed in timely manner by Food Business Operators (FBOs). These began in the Central Division.
- h. Implementation of the “*National Fight the Bite Clean Up Campaign*” that was conducted Nationwide in collaboration with government organization, NGO, corporate bodies, Faith based organization, and community groups to combat the spread of dengue fever in the country.
- i. The development and implementation of the Zika Response Plan (ZRP) which included the prevention and control strategy.
- j. Development of the Integrated Management of Acute Malnutrition (IMAM) Guideline for Fiji.
- k. Development of the Healthy Catering guideline for all government workplaces.
- l. Development of canteen policies for food outlets selling in hospital premises.
- m. Endorsement and Signing of the Joint Statement for IYCF in Emergencies by WHO, UNICEF, Ministry of Health and Medical Services and Ministry of Rural and Maritime Development and NDMO.
- n. Collaborated with USP (CFL) for the development of the Kakana Food App.
- o. The development of oral health antenatal clinic guideline.
- p. Development of the Humanitarian Action Plan for TC Winston Health Response.
- q. Piloting of a Geographical Information System (GIS) for Disaster Response in Health Sector.

3. Capacity Building

- a. 35 Investigators from the Fiji Police undertook training on mental health awareness and the Mental Health Decree (2010).
- b. The President of Fiji HE Major General (ret'd) Jioji Konrote opened the first Diabetes footcare symposium in June where the trained nurses in foot care presented success stories on the prevention of diabetes in Fiji.
- c. Two cervical cancer prevention capacity building trainings were conducted for the Ba subdivision and Eastern division.
- d. Family planning training conducted for the Lautoka/Yasawa medical subdivision with 18 nurse participants.
- e. Awareness on the use and purpose of Reproductive Health Kits were also done in Central, Northern and Western Division.
- f. One staff attended training in Molecular Biology Techniques for Research in Agriculture and Biomedical Sciences from 29th Feb – 29th March 2016, UP India.
- g. The training of Pesticide Applicators Trainers with the U.S NAVY Entomologist.
- h. Mosquito identification and GIS mapping training for environmental health officers in the subdivision for vector control and surveillance.
- i. Breast Feeding Training conducted for the Western division and Eastern division (Kadavu).
- j. Training on the new Hospital Safety Index Assessment and conducting of Assessments in 8 sub-divisional Hospitals.
- k. Training on Health Resources Availability Mapping System (HeRAMS) and implementation plan for National HeRAMS survey developed.

Challenges

Some of the challenges faced by the Public Health programs were:

- a. The Family Health Unit requires more office space to accommodate current officers as well as those vacant positions that will need to be filled soon.

- b. There is a need to increase terms for programme (project) officers from the current 6 months to 3 years, for job security for these officers, and also for continuity of implementation of activities in the Business plans etc.
- c. There was a stock out of reagents which delayed confirming Leptospirosis and Dengue samples for the Sub divisional and Divisional laboratories.
- d. Major challenge currently faced is the time factor in getting the by-Laws approved.
- e. Most officers were not familiar with the development and implementation of Water & Sanitation Plan.
- f. The effect of TC Winston drives our resources and funds to concentrate more on children under 5 years old for preventing and reducing severe acute malnutrition in Fiji.
- g. Human resource shortage i.e. only 79 dieticians for the entire country.
- h. Staff turnover and the gaps in terms of experience and skills.
- i. Difficulties in reaching out for inclusion of targeted population for school wellness settings.

Way Forward

- a. From the Family Health response to TC Winston, it was also most beneficial to have Minimal Intervention Service Package (MISP) as well as the “dignity kits” made available by our donor partners for immediate distribution to affected population after TC Winston. Therefore it would be most beneficial if Fiji should also be considering preparing these packages in preparation for future needs.
- b. For maritime stations availability of funds and ease of access to cash is essential for ease of payments for family health program activities implementation.
- c. It is advisable to conduct Divisional training on Water and Sanitation Plan (WSP), training on WSP should focus more on practical rather than theory.
- d. An established or project post to be created for an assistant to effectively implement the WASH activities as the current project post is only for WASH cluster activities during emergencies.
- e. Strengthened linkages, communication and collaborations within stakeholders on nutrition in emergency intervention and management program.
- f. Strengthen and improve network with other external stakeholders and within government ministries to allow for successful implementation of food and nutrition programs within set timelines.
- g. Include parents during advocacy sessions in school wellness settings.
- h. Digitalize future researches and surveys for ease of data entry and analysis.
- i. Provision of specific financial allocation on Disaster Risk Management and Climate Change Preparedness.
- j. Further training and capacity building of all health staff on Disaster response and Disaster Risk Management.

10. Administration and Finance

The role of Human Resources mirrors the vision, mission and values of the Ministry of Health and Medical Services in providing responsiveness and effective financial, human resource and training services to the Ministry staff to provide goods and services. These staffs are internal clients and the “produce” of this ministry that supports its effective function to provide quality health care services and promote wellness to all people of Fiji.

The Division is led by the Director Human Resource who reports to the Permanent Secretary for Health and Medical Services through the Deputy Secretary Admin & Finance for the development, implementation and monitoring of policies and guidelines in relations to Human Resource Management.

Learning and Development Unit

The Unit's objectives is to act as a central and initial point of reference in relation to all training activity conducted or proposed for delivery to MoHMS staff; to maintain a Master Training Plan that reflects outcomes of Training Needs Analysis in collaboration with recommendation of Divisional and Individual Learning and Development Plans and matches against the training that is provided by internal partners (including the PSHMS) and external donor bodies or Universities (including FNU, USP) and to manage and administer In-Service Training [IST] and Overseas Attachments for MoHMS Personnel including:

1. Compilation of Bond forms for MoHMS sponsored students,
2. Ensure payment of Tuition Fees for MoHMS sponsored students,
3. Facilitate overseas attachment arrangements for health workforce,
4. In-house training on HRIS to facilitate effective monitoring of workforce.

Achievements

- a. Completed the Review of Learning & Development Policy for 2016 – 2019.
- b. 100% coordination of overseas short courses from January – July 2016.
- c. Submission of Grant Form G1 to FNU within the timeline.
- d. Cleared all outstanding Tuition Fees for MOHMS sponsored students for 1st Semester, 2016

Personnel Unit

The functional role of the Personnel Team is to provide sound policy advice to the Director Human Resources. Sound policy advice is sourced from the 2013 Constitution of the Republic of Fiji, relevant Acts, and Internal Circulars and Memorandums and other instructions that may be issued from time to time.

The Unit monitors and direct:

1. Terms and Conditions of service - interpretation, clarification, compliance and changes. All Leave [Annual, Long Service, Sick, Bereavement, Maternity, Military, Sporting, Leave without Pay & Secondment & Long Service Leave Allowance]. Although Leave under the GO is deemed to be the right of officers, this is granted at fair and reasonable discretion of a supervisor.
2. Late Arrival & Absenteeism Return & Salary forfeiture.
3. Attrition – Retirement, Resignation, Death.
4. Transfer/Posting – relevant allowances.
5. Salary review & upgrading.
6. Volunteers and attachees.
7. Annual Performance Assessment [APA]
8. Position Description [PD] & Individual Work Plans [IWP]

Table 8: Personnel Activities Jan-July 2016

	Activity	Medical Officer	Nursing	Dental Cadre	Pharmacist	Allied Health Workers	Corporate Services	Government Wage Earners [GWE]	Total
1	Retirement		6			1		9	16
2	Resignation	7	8	1	1	16	3	9	45
3	Deceased					2		1	3
4	Deemed Resignation		1					7	8
5	Contract expired	1				1			2
6	Retirement on Medical ground							4	4
7	Termination							3	3
8	Leave Abroad	All Cadre							200
9	Leave Without Pay [LWOP]	All Cadre							11
10	Leave Allowance	All Cadre							70
11	Leave Compensation	All Cadre							1
12	Secondment	All Cadre							34
13	Forfeiture of salary	All Cadre							187
14	Posting & Transfer	All Cadre							370
15	Volunteers & Attachees	All Cadre							36
16	Salary Upgrade/Revision	All Cadre							9

Industrial Relations

The industrial Relations deal with the following issues:

1. Disciplinary cases in view of conduct and behaviour of the workers.
2. Grievances brought by officers in view of their supervisors.
3. Occupational, Health & Safety.
4. Ensure that all health facilities that have twenty or more workers are registered as per HASAW Act 1996 section.
5. The compliance of the HASAW Act 1996 and the 6 legal notices.
6. Workmen's Compensation.
7. Ensure that Laws of Fiji Cap 94 on Workmen's Compensation is adhered.

Achievements

- a. The unit managed to clear 48 disciplinary cases of which 29 were closed in the five National Disciplinary Committee meeting held.
- b. Two out of 6 cases for Workmen's Compensation was paid out.
- c. Two [2] trainings were conducted for OHS Module I & II in the North and Central Division.

Post Processing Unit (PPU)

The Unit's role includes,

1. Management of all areas for recruitment.
2. Vacancy Processing.
3. Provide support and training of Divisional and Subdivisional HR staff to fully utilise the HRIS as a daily operational tool to monitor, manage and report on the workforce in an efficient manner.

4. Follow guidelines and requirements set out by the Fiji Public Service Recruitment and Promotion Policy, and State Service Decrees particularly the following principles.
5. Government policies should be carried out effectively and efficiently with due economy.
6. Appointments and promotions should be on the basis on merit & equal opportunity

Table 9: MoHMS Staff Establishment Jan-July 2016

Cadres	Approved	No Filled	Vacant
Medical [MD01-MD06]	873	542	331
Medical Assistant	6	2	4
Nursing [NU01-NU06]	2821	2496	325
Orderlies	58	48	10
Dental Officers	64	58	6
Para-Dental	177	118	59
Laboratory	180	162	18
Radiographers	75	57	18
Lab/X-Ray Assistant	20	14	6
Physiotherapist	46	27	19
Dieticians	79	68	11
Pharmacists	95	74	21
Environmental Health	124	96	28
Administrative Staff	180	166	14
Secretary/Typist	54	28	26
Statistician	13	13	0
Information Technology Staff	10	8	2
2Stores Officer	32	25	7
Upper Salaried Staff	19	12	7
Bio-Medical Staff	23	17	6
Other Classifications	58	48	10
Established Staff Total	5007	4079	928
GWE Staff Total	1146	1059	87
OVERALL TOTAL	6153	5138	1015

Workforce Planning

The Workforce Development Unit facilitates and coordinates the development, implementation and review of MoHMS Annual Strategic Workforce Planning process in collaboration with all other units of the Corporate Services Division. The primary aim of the Workforce Planning process is for Ministry of Health & Medical Services to achieve best workforce outcome to train, recruit, retain and advance critical skills, roles and support the Ministry of Health & Medical Services staff to provide and deliver quality health services to the citizens of Fiji.

Achievements

- a. Launch and Circulation of the 2016 online Strategic Workforce Survey link and Succession Planning Template to guide and facilitate the MOHMS Strategic Workforce Planning process.

- b. Completion and endorsement of the Corporate Division, Human Resource Department and Workforce Development Unit 2016 Business Plans.
- c. Facilitation of the National Health Executive Committee (NHEC) Consultation on Final Draft of the HRH Manual.
- d. Review and alignment of the HRH Manual 2015 Draft (Section 1- Recruitment and Selection) to the 2016 Ministry of Civil Service(MCS) Open Merit Based Recruitment & Selection (OMRS) Policy & Guideline 2016.
- e. Completion and submission of Preliminary Exit Report Analysis for MOHMS staffs for Quarters 3 & 4 of 2015.
- f. A major achievement of the Unit during the period under review was the successful completion of the Consultation workshop on Review of the MoHMS Structure in April where the Unit was tasked to work with the World Bank consultant to facilitate the organisation and conducting of 5 National workshops with MoHMS staffs and the final dissemination meeting within MoHMS Senior Executives.
- g. Roll out of MoHMS revised Annual Performance Appraisal (APA) awareness sessions with completion of 3 Awareness sessions with;
 - 2016 Medical Interns
 - 2016 Nursing Interns
 - National Health Executive Committee (NHEC) members

Finance

The role of the accounts team is to monitor that goods and services are efficiently delivered on time as per the budgetary provision.

The Unit's objectives include,

1. Ensure equitable budgetary distribution to the Divisions and Sub-divisions.
2. Proper management of budget allocation which is fundamental to ensuring value for money in delivering services to the public as well as having cost effective internal controls within the purchasing and payments system. This plays an important role to ensure that wastage of funds, over expenditure, misuse and corruption does not happen.
3. Ensure Internal Control measures are in place, maintained and identified areas for improvements where appropriate and recommendations designed to assist the Ministry in order to improve the system and compliance with the Finance regulation.
4. Effective utilisation of the Financial Management Information System (FMIS).
5. To establish the Internal Audit team and processes at HQ, to cover areas in 3 main source of information:
 - Examination of evidence on payments etc. - supporting the payments to ensure that the Finance manual and other related regulation, process and procedures are complied with.
 - Review work performance and identify necessary changes to strengthen the unit's performance.
 - Interviewing personnel in order to confirm the functions and gain a holistic understanding of the procedures and control of the system and identify general responsibilities and roles of individual within the system.
 - Having a job description for each position.

Asset Management Unit (AMU)

The Asset Management Unit looks after the management of non-technical physical assets for the Ministry of Health and Medical Services from Procurement right through to the writing-off and disposal of assets.

Key stakeholders AMU works closely with include Ministry of Finance (Fiji Procurement Office), Ministry of Works, Transport & Public Utilities, Ministry of Lands and Ministry of Industry & Trade.

Key Responsibilities include:

1. The AMU documents, registers, archives and monitoring of the physical assets of the Ministry nationwide.
2. Ensure that the acquisition of each physical asset is recorded with all relevant details in the fixed asset register.
3. Carry out Board of Survey procedures and inspections of assets on a regular basis.
4. Management of Quarters Issues
5. Management of Fleet
6. Infrastructure Maintenance Plan and Procurement Planning

Table 10: Infrastructure Projects

Completed Projects	
1	CWMH – Upgrading of Lancaster ward
2	Nadi Hospital – Replacement of sewerline
On-going Projects	
1	Extension of CWM Hospital – Maternity Unit
2	Upgrading of Lautoka Hospital Emergency Department
3	Construction of Makoi Low Risk Maternity Unit
4	Construction of New Ba Hospital
5	Construction of New Nausori Hospital
6	Upgrading of Keyasi Health Centre
7	Construction of new Naulu Health Centre
8	Exterior Refurbishment to Labasa Hospital
9	Upgrading & Renovation of St Giles Hospital
10	New Navua Hospital – Civil Works & Landscaping
11	Construction of New Rotuma Hospital (Phase 1 – completed, Phase 2 – on hold due to pending contract at SG's office)

Challenges

- Shifting attitudes and mind-sets for improved outputs and performances.
- Non-adherence to HR SOP's by Divisional Staff members.
- Lapses/uncontrolled lapses in statistics compilations.
- Budget constraints to coordinate a Symposium with relevant partners and Agencies.
- There were unnecessary errors encountered due to laxity in monitoring and making submission on a timely manner.
- Staffing issues continues to be a major challenge, with high staff turnover within the Unit.

Way Forward

- In-Service Training for subordinates.
- Staff Rotations internally and externally.
- The LDU Staff to undergo Training of Trainers (ToTs) Training and be certified training officers.
- Work systems to be re-engineered.
- It is suggested and recommended that Staffing issues be looked into as the Unit plays a vital role in the development, implementation and review of the MOHMS annual Strategic Workforce planning process and the provision of timely advice and plans with regards to workforce related issues within the Ministry.
- That a HR Audit is conducted to assess the current capacity of human resources within MOHMS in order to meet strategic goals and operational plans, and also to identify gaps between where the Ministry is now and where it wants to be in the future.
- Need to strengthen OHS Training on Module I & II for all MOHMS Staff as it is a major requirement for certification of workplace registrations in all health facilities.
- All disciplinary cases to be dealt with internally at institutional level before being forwarded at the national level.
- Review our internal processes to effectively address the pending cases especially with the court and FICAC cases.

11. Health Information Research and Analysis Division

The Health Information, Research and Analysis Division is responsible for providing policy advice and management support to the Permanent Secretary for Health and Medical Services on the utilization of health data and information, health research and analysis; management and development of information and communication technology for the implementation of National Health Services Policies and Plan to ensure effective provision of health services throughout Fiji through an established monitoring and evaluation framework.

The DHIRA has been able to produce many outputs from its 2016 Business Plan that has been seen as achievements for the unit as it has brought the results that it was intended for in strengthening Health Systems as described below:

Achievements

- a. Conducted quarterly and bi-annual financial analysis and demonstrated cost center feasibility assessments to the National Budget Steering Committee.
- b. Assisted in the formulation of 2016-2017 budget submission based on evidence of health information and service utilization.
- c. Provided data for the compilation of the Annual Report 2015 and provided content and data interpretation for the quarterly Health Information Bulletins based on regular reporting from all routine information systems.
- d. Developed and updated the metadata (i.e., Performance Indicator Reference Sheets) for 2015 ACP indicators and started drafting the metadata for 2016 ACP indicators.
- e. To ensure improvements in data quality Data Verification using the Audit Tool for PHIS was conducted at Facility Level, PATIS data entry audits were carried out in Divisional Hospitals and numerous supervisory visits were made across the country to ensure reporting standards were maintained.
- f. Production of quarterly and annual HIS reports to meet the needs of the intended audience. Provision of health data based on requests from existing data sources.
- g. Various training was conducted throughout the year for PATIS, PHIS, LIMS, HRIS, CMRIS, NNDSS, CAN REG and DM Notification Form training. One of the key training was for the doctors on cause of death training to improve vital statistics.
- h. Information Communication and Technology Unit established further govnet connections to health facilities (Ba Hospital, Savusavu Health Office, Levuka Hospital) to enable access to email, internet, intranet and also various Health Information Systems such as PATIS, CMRIS, HRIS, LIMS, RHIS, etc.
- i. The Rheumatic Fever Information System was completed and launched with Cure Kids Foundation with technical advice from the unit. RvSRS and IBVPDSSS Surveillance Systems were also design and installed with support from the unit and WHO and Mataika House.
- j. Registration of eligible individuals for the Free Medicine Program had been carried out. Over 20,000 people had been registered in the program July 2016.
- k. The Division also successfully piloted and later implemented a system where the PATISPlus and other applications can be accessed also from outside Govnet Network Securely. APN Technology was used for this setup.
- l. ICT Compliance Audit was successfully completed. This also included the Supervisory Visit to the Sub-Divisional Hospitals. eHealth Platform Project also started with the deployment and use of eMeeting, eSurvey, eForms, eTraining and eJournal platforms.
- m. One issue of the Volume 5 of the Fiji Journal of Public Health (FJPH) was published with the respective theme Mental Health Issue in August 2016. Total Proposal Submitted in Jan-July 2016 – 70; Total approved: 55; Total Ongoing - 54; Under review – 15 (resubmission); Total Completed: 1 (these are completed studies and submitted study reports). FNHRERC meeting – one (1) Full (Ethics) Committee meeting was held in May.
- n. Monitoring and Evaluation Technical Team (METT) and Resource Network Terms of Reference was reviewed and updated.
- o. The National meeting for M&E Resource Network facilitators and business plan 2016 was held in January on how to translate business plan into a detailed implementation schedule.
- p. A capacity building workshop was held for all M&E Technical Resource Network champions in April on how to analyse and communicate progress and results including context, adequacy and implication through MS Excel.

The National METT continues to support divisional METT facilitators to carry out M&E trainings in their respective sub-divisions to be Monitoring and Evaluation resource network members.

- q. Human Resource Information Systems (HRIS) was strengthened to improve records for all health workers in the Ministry.
- r. Technical assistance and support were provided to HR team in the development of online surveys (Qualtrics) and also to DLO during Health Emergencies and Disasters.

Challenges

Despite having contributed significantly towards the Annual Corporate Plan 2016 of the Ministry, the Division went through many challenges and constraints in its implementation of the Business Plan 2016. These had been mainly due to TC Winston, limited budget, human resources constraints, availability of key stakeholders whilst others were due to external factors and procedures/processes in the Government machinery. Some of the projects have been carried forward to 2016-2017.

Other generic challenges that affected routine work were failure of reporting units submitting their reports on time, lack of enthusiasm and initiative from supervisors for monitoring, evaluating and learning from evidence to make necessary changes to routine work to make a difference.

Way Forward

- a. There is an urgent and critical need to create permanent positions for Health Information Officers, ICT Officers, medical recorders and clinical coders.
- b. Absolutely important to increase the allocations for ICT and HI to meet the growing demand and include a separate allocation for METT.
- c. Strengthen FHNRERC members and its functions.
- d. Strengthen FJPH editorial team and reviewers.
- e. Further training is necessary for staff on data analysis and audits to improve quality of information and reports.
- f. Adequately advertise and fill in the vacant positions with skilled and qualified personnel.
- g. Improved communications between key MoHMS stakeholders.
- h. M&E strengthening (Monitoring, Evaluation and Learning) and empowerment of National METT.

12. Planning and Policy Development Division (PPDD)

The department is responsible for the development, formulation and documentation of MoHMS Policies, the development of medium to long term strategies in alignment with the MoHMS long term mission and vision as well as the development of annual corporate plans. The department also has a healthcare financing section that develops National Health Accounts and assists with development partner coordination activities.

PPDD is responsible for an inclusive planning process for national level health plans and strategies

The main areas of work of the Unit can be characterized as follows,

- a) Planning
- b) Policy
- c) Health Care Financing
- d) Gender

Planning

The core responsibility of the Planning unit is the development of National Health Strategic Plan for 5 years through a systematic process that takes into consideration evidence and priorities of the health sector in Fiji as well as national, regional and international priorities. The unit coordinates and facilitates various activities such as:

1. Formulating the Annual Corporate Plan of the Ministry.
2. Review and development of the health services plans for divisions in Fiji in order identify services gap in different divisions and formulating the necessary financial requirements for the provision of adequate HR, technologies and equipment and infrastructure.
3. Continuously monitor and evaluate business plan quarterly reports and make recommendations based on results.

As reflected in the PPDU 2016 Business Plan (BP) some of the key achievements were:

- a. The compilation of the Ministry of Health and Medical Services Annual Report 2015.
- b. The launch of Ministry's Annual Corporate Plan 2016 by the Hon. Minister for Health and Medical Services Mr Jone Usamate on 14 January 2016.
- c. MoHMS Annual Corporate Plan 2016/2017 was developed after various consultations with respective Senior Managers. ACP 2016/2017 planning consultation began in June 2016 and a workshop was held on 12 July 2016 to finalize the ACP 2016/2017.
- d. Coordination and compilation of health component of National Development Plan.
- e. Development of draft Gender Implementation Plan from National Gender Policy.
- f. Gender Mainstreaming Support Officer recruited.

Policy

The Policy Unit is responsible for providing technical support, initiation, development, coordination and monitoring & evaluation, of health policies having an impact on health care delivery as well as preventive service delivery in all facilities under the Ministry.

Policies Developed and endorsed include:

1. National School Health Policy
2. Mercy Evacuation And Basic Patient Referral Guideline
3. National Biomedical Services and Management Policy

Policy Finalised draft includes:

1. National Breastfeeding Policy
2. Prohibiting unhealthy Food sale in hospital policy
3. National Waste Care Management Policy

Health Care Financing

The healthcare Financing Unit (HCF) within the Policy Planning and Development Division (PPDD) is responsible to coordinate monitoring of resource flow through production of National Health Accounts, writing of policy briefs from the NHA findings and recommendations, provide secretarial support for the National Budget Steering Committee meetings and sub-committees for budget management, evaluation and analysis of capital projects and its timely reporting to central agencies, conducting costing studies as and when required for possible outsourcing or Public Private Partnership (PPP) and provide local counterpart support to research institutions for undertaking health financing studies or analysis.

Due to Tropical Cyclone Winston in February most of the resources and efforts was diverted towards disaster recovery, reconstruction and risk reduction needs therefore, some of the major achievements for the unit were:-

- a. Part of the sector and coordination team for the Post Disaster Needs Assessment (PDNA) for TC Winston
- b. Collecting, integrating and analyzing data on damages, losses and needs, proposing recommendations for recovery strategy and framework towards the PDNA
- c. Compilation and production of PDNA report for TC Winston
- d. Successful coordination of development partners meeting
- e. Secretariat to Budget Steering Committee (BSC) and
- f. Securing of Technical and Financial Assistance from WHO towards the Health Service Planning (HSP) for Northern division

Challenges and Way forward

- a. The change in the Government financial year from calendar year to August-July was a major challenge where most of the activities were deferred to commence in the new financial year.
- b. Staffing needs to be strengthened in all three units either by new staffing or reallocation and reclassification and internal transfer of existing MoHMS staff.
- c. Formalization of the Director Planning & Policy Development post- it is important that leadership of the unit is stabilized through formalization and advertisement of the post
- d. Capacity Building of Staffing – the current staff have been provided on the job training and more specific training is needed to enable them to work more independently and provide needed technical assistance at various levels of the Ministry for planning and policy development.
- e. Budget – the Division currently does not have a budget to conduct planning and policy development activities. The Division has been supported by donor partners i.e. FHSSP and GMU.
- f. Establish an economic analysis (EA) section within PPDD's health care financing unit as there is a lot evidence generated in the form of data which has data gaps and there are issues with the quality of this evidence. The EA section will evaluate this information and synthesize in a meaningful way that can then be adequately utilized for policy, planning and healthcare financing.



Development Partners Meeting 12 May 2016

13. The Nursing Division

The Division of Nursing is responsible for the planning, development, coordination, monitoring and evaluation of nursing standards, policies, and guidelines and protocols.

The objectives of nursing as a service, a profession and a practice is to provide quality nursing care via the overarching provision of nursing technical support mechanism for quality curative and preventative health care in Fiji Health System.

Nursing is managed in a 3 facet structure which includes clinical/curative, public health and basic specialization nursing covering midwifery, advanced nursing practice (NP), mental health, TB and Leprosy. Nursing in the three (3) divisional hospitals [CWM/Lautoka/Labasa] including St. Giles Hospital are managed by Manager Nursing whilst the four divisions [Central/Western/Northern/Eastern] are managed by the four (4) Divisional Health Sisters. The other specialist hospital [Tamavua/Twomey] is headed by the Sister In-charge.

Achievements

- a. NCD Tool kit training – 2 trainings done 18/4-19/4/16 for Bua & Macuata nurses and on the 20/4 -21/4 for SSV and Taveuni nurses. A total of 20 nurses have been trained
- b. MSHI Internal audits conducted for the 3 Sub Divisional Hospitals in North and all achieved more than 67%.
- c. 3 nurses were on clinical attachments to Canberra and 2 nurses went to Auckland for cardiac attachment from CWMH
- d. Training on re-certification of Intravenous therapy, mega-code, ISBAR and Red-flags for CWMH nurses.
- e. Coordinate and organise orientation of new nurses on transfer and facilitate movements to their new posts
- f. Supervisory visit to Lomaloama, Rotuma, and Levuka Sub Divisional Hospital; Health centers includes Levuka, Bureta, Naro'i in Moala, Matuku and Nasau in Koro Island; Nursing Stations includes Moturiki, Tuvuca, Mualevu, Nasoki and Cakova.
- g. 12 Nurses in Maternity from Labasa Hospital attended Infection Control workshop on 28th and 29th June 2016.
- h. Introduction of IPV to all health facilities and training was done before the implementation.
- i. International Nurses Day celebration in various divisions and hospitals.

Challenges

- a. Due to TC Winston we had to cancel few workshops from our training plan.
- b. Geographical lay out for some divisions
- c. Encourage and motivate nurses to make a tremendous contribution to the patient experience as advocates, decision- makers, educators and collaborators
- d. Poor networking system in the Eastern division
- e. State of emergency nationwide due to Natural Disaster- programs were put on hold
- f. School visits affected by the changes in education system and this has affected the immunization coverage especially HPV 2.

Way Forward

- a. Increase overtime budget to meet claims.
- b. Streamline processes for consumables and appliances.
- c. Improve network system.
- d. We need to strengthen input of data into PATIS for ease of generating reports that inform key operational decisions.

14. Development Partner Assistance

Development partners and international organisations provide financial and technical assistance to Ministry of Health and Medical Services to deliver its mandate responsibilities.

Fiji Health Sector Support Program (FHSSP)

The Fiji Health Sector Support Program is a 5 year program of Australian government assistance to the Fiji Ministry of Health and Medical Services. The goal of the Fiji Health Sector Support Program is to remain engaged in the Fiji health sector by contributing to the Fiji MoHMS's efforts to achieve its higher level strategic objectives in relation to reducing infant mortality (MDG4), improving maternal health (MDG5) and prevention and management of diabetes, as outlined in the MOH's Strategic Plan (2011 – 2015). The total funding is 33million Australian dollars (AUD) over 5 years from July 2011 to June 2016. The program is managed by Abt JTA on behalf of the Australian government.

The objectives of the Fiji Health Sector Support Program are:

1. To institutionalise a safe motherhood program throughout Fiji at decentralized level;
2. To strengthen infant immunisation and care and the management of childhood illnesses and thus institutionalise a “healthy child” program throughout Fiji;
3. To improve prevention and management of diabetes and cervical cancer at decentralised levels;
4. To revitalise an effective and sustainable network of village/community health workers as the first point of contact with the health system for people at community level; and
5. To strengthen key components of the health system to support decentralised service delivery.

Achievements

- a. Achieved 100% staff training adequacy in emergency management of obstetric and neonatal complications (EmONC) and birth preparedness (BPP) at all targeted subdivisional hospitals.
- b. Mother Safe Hospital Initiative (MSHI) audits results showed great improvement in reporting newborn care and postpartum care. Nausori Maternity, Sigatoka, Nadi, Lautoka and Labasa Hospital scores were all at 75% adherence.
- c. 12 doctors trained from the divisional hospitals have been certified to conduct the Manual Vacuum Aspiration (MVA) procedure.
- d. Rotavirus and Pneumococcal vaccines introduced into the national immunisation schedule.
- e. MoHMS is fully funding these vaccines and met every cost-sharing target.
- f. A 70% reduction in rotavirus incidence rates of hospitalised rotavirus diarrhoea in children under five years has been noted at CWMH — based on a rate of 38% pre-vaccine, and 12% post vaccine.
- g. Immunisation coverage 98.4% for all vaccines on the immunisation schedule and 95.6% for measles.
- h. 90% of targeted facilities have 60% of nurses trained in IMCI (up from 46%).
- i. Percentage of the population screened for diabetes that received on-the-spot counselling on behavioural risk factors continues to improve and in 2015 the MoHMS achieved their target of 75%.
- j. Exceeded the 80% training adequacy target for diabetic foot care by public health nurses.
- k. Over 50% of registered diabetics have had a foot assessment – previously number was negligible.
- l. CMRIS was launched as a web-based online tool in Phase 1.
- m. All training targets for Phase 1 and Phase 2 in CMRIS have been achieved and MoHMS has ownership delivery all refresher training.
- n. The MoHMS achieved its target of 42 national programs, divisions, subdivisions, major hospitals and CSNs with trained Resource Network facilitators – off a base of zero.

Grant Management Unit (GMU)

The Global Fund (GF) grant supports the Ministry of Health on strengthening of health systems and the control of tuberculosis (TB) in Fiji Islands. The Ministry of Health has set up the Grant Management Unit to manage grant implementation, coordination and reporting of the GF grant.

The GMU goals are:

1. To reduce the burden of TB in Fiji (target; 20/100,000 population in 2015).
2. To achieve improved TB and HIV/AIDS outcomes through strengthening the capacity of the health system to deliver services.
3. To strengthen the health system by means of improving the production, management and use of information.

The GMU objectives are:

1. To improve high quality DOTS in all provinces with increased case detection and high treatment success.
2. To address TB in high risk groups and underserved populations, TB-HIV and MDR-TB.
3. To engage and empower all health care providers and communities to control TB.
4. To strengthen the quality of laboratory services and procurement supply management.
5. To strengthen the organisational capacity of the Principal Recipient (MoHMS).
6. To improve data quality and management of information.

Achievements

- a. Signing of Grant Confirmation Agreement between Government of Fiji and WHO for the technical assistance provision from July 2016 – December 2017 for the TB Program.
- b. Creation of separate budget line in the national budget for 2016 National Budget; separate allocation for Tamavua/Twoimey Hospital.
- c. Marked improvements in TB-HIV indicators indicate that TB-HIV collaboration has improved and communication better between programs.
- d. Public health networking in West and North divisions strengthened which is visible in the quarter 2 audit findings whereby TB activities have become routine for sub-divisional nurses.
- e. Use of new technology in TB laboratories (Gene Xpert; BDMGIT) has contributed to increase in bacteriologically confirmed cases – both Pulmonary & Extra-pulmonary cases.
- f. Procurement processes initiated for 2 Mobile trucks with closing of tender by 12th October and expected receipt of assets by late 4th Quarter 2016 to Q1 2017. These should contribute to active case finding efforts in 20 Medical Areas (TB high burden) & Hard to Reach Populations as outlined in the TB NSP 2015-2020.
- g. KOICA/NTP/GF collaboration fostered
- h. Finalization of Grant Schemes initiative documents with EOI expected to be advertised by mid-October 2016.
- i. Internal finalisation of TB Manual with stakeholder consultations to start by beginning of October and for NMTC approval by 4th Quarter 2016.

Challenges

- a. Delay in recruitment process for new staff at National Staff Board level; however, with direct PSHMS approval of all GMU managed positions, process will be faster within 30 days.
- b. Procurement process for tender items – Fiji Procurement Office tender board delay meeting due to non-attendance of members thus causing delay in approval of tenders and procurement of items or services and delays in technical specification submissions by NTP.
- c. Vetting process of Contracts by Solicitor-General's office has contributed to the delay in signing of Grant Agreements between the PR and SRs (WHO/FNA/FRCs). The Cabinet has finally endorsed the WHO contract on 22nd of September therefore funds can now be disbursed to SRs. Activity implementation has been ongoing however, using SR funds that will be reimbursed.
- d. Compliance to TB NSP and planned activities execution delays due to Post TC Winston.

- e. Capacity and application of knowledge to Public Health (Diabetes Programmes) to conduct TB screening activities.
- f. Collaboration with High Risk Group programs (HIV/Diabetes/Prisons) key. Improvements seen this reporting period but could be strengthened further.
- g. Closure of Tagimoucia Ward (TB Ward) in Lautoka Hospital adversely affected treatment outcome (only 2 isolation beds in Medical ward; 1 Male & 1 Female), but opening of A&E in November should see improvements in treatment outcomes of TB cases that require longer hospitalization.

Way Forward

- a. Improve recruitment process for new staff – Post selection interview, PSHMS direct endorsement.
- b. Improve procurement process for tender items – Fiji Procurement Office tender board plan tender meetings regularly and ensure members attend.
- c. Ministry of Finance compliance to GMU and MoF, MoU for disbursement of funds.
- d. Seamless connections with both clinical and public health in continuum of care.
- e. Strengthen public health network - transfer of knowledge to Public Health (Diabetes/HIV and other Programs) to conduct TB screening activities.
- f. Ongoing TB-HIV and TB-DM collaboration to maintain current improvements.
- g. Management of Co-morbid cases to be strengthened – increase stay in hospital and closer monitoring in the community. Opening of Tagimoucia ward in November 2016 should see improvements in treatment outcomes of TB cases that require longer hospitalization.

15. Health Outcome Performance Report

Non – Communicable Disease

General Objective	Indicators	Jan-July Progress Report
1.1: To promote population health and reduce premature morbidity and mortality due to NCDs as part of a whole-of-society approach to wellness and well-being	Premature mortality due to NCDs	64%
Specific Objective	Indicators	Jan-July Progress Report
1.1.1 Reduce key lifestyle risk factors among the population	Prevalence of overweight/obesity in primary school children	9.2%
1.1.2 Early detection, risk assessment, behaviour change counselling, clinical management, and rehabilitation for targeted NCDs	Amputation rate for diabetic foot sepsis (lower limb)	17.4 per 100 admissions for diabetes and complications

Maternal Child Health

General Objective	Indicators	Jan-July Progress Report
2.1: Timely, safe, appropriate and effective health services before, during, and after childbirth	Number of maternal deaths	0
	Perinatal mortality rate per 1,000 total births	16.3 per 1,000 total births
	Prevalence of anaemia in pregnancy at booking	41.6 per 100 pregnant women
	% of live births with low birth weight	5.9%
General Objective	Indicators	2016 Target
2.2: All infants and children have access to quality preventive and curative paediatric and nutritional services	Infant mortality rate per 1,000 live births	16.1 per 1,000 live births
	Under 5 mortality rate per 1,000 live births	20.1 per 1,000 live births
Specific Objective	Indicators	Jan-July Progress Report
2.2.1 Expand neonatal and infant healthcare, including community risk detection and referral	Neonatal mortality rate per 1,000 live births	9.0 per 1,000 live births
2.2.2 Maintain high level of coverage for immunization services including new antigens	Childhood vaccination coverage rate for all antigens	76%
General Objective	Indicators	Jan-July Progress Report
2.3: Expand services to address the needs of adolescents and youth	Adolescent birth rate per 1,000 girls aged 10 to 19	9 per 1,000 girls
Specific Objective	Indicators	Jan-July Progress Report

2.3.1 Expand provision of preventive and clinical services to include 13-17 year olds	HPV vaccination coverage rate among Class 8 girls	HPV1 – 50% HPV2-3.3%
	Contraceptive prevalence rate (CPR) amongst population of child bearing age	29%

Childhood vaccination coverage rate for all antigens

Immunization Coverage (%) 0-1 yr	Jan-July, 2016	
	Number	%
HBV0	11,461	95.8
BCC0	11,347	94.9
DPT-HepB-Hib1	9,607	80.3
OPV1	9,499	79.4
Pneumococcal 1	9,561	79.9
Rotavirus 1	9,571	80.0
DPT-HepB-Hib2	8,566	71.6
OPV2	8,465	70.8
Pneumococcal 2	8,551	71.5
DPT-HepB-Hib3	8,242	68.9
OPV3	7,374	61.7
IPV	8,145	68.1
Pneumococcal 3	8,179	68.4
Rotavirus 2	8,117	67.9
MRI	10,049	84.0

Source: CMRIS Online [PHIS]

Communicable Disease

General Objective	Indicators	Jan-July Progress Report
3.2: Improved case detection and coordinated response for communicable diseases	Case fatality rate for leptospirosis	1.34%
	Case fatality rate for typhoid	1.32%
	Case fatality rate for dengue fever	0.31%
	Total number of confirmed HIV cases	700
3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases	Incidence of leptospirosis per 100,000 population	51.6 per 100,000 population
	Incidence of typhoid per 100,000 population	26.1 per 100,000 population
Emphasis Area: Trachoma		

Leptospirosis Typhoid Dengue Leprosy TB HIV	Typhoid admission ratio (# admissions/# confirmed cases)	0.31
	Incidence of dengue fever per 100,000 population	75 per 100,000 population
	Incidence of leprosy per 100,000 population	0.6 per 100,000 population
	Incidence of measles per 100,000 population	0
	Case Notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	16.8 per 100,000 population
	Incidence of tuberculosis per 100,000 population	51 per 100,000 population (WHO 2015)
	Tuberculosis treatment success rate	87% (WHO 2015)
	Tuberculosis mortality rate per 100,000 population	7.1 per 100,000 population (WHO 2015)
	Number of new cases of HIV	18

16. Overseas Patient Referral

Table 11: Patient Referral by Medical Category and Costs

Category	Number of Cases	Costs
Cardiac	6	\$19,429.27
Oncology	2	\$25,785.64
Renal	1	\$3,200.00
Surgical	17	\$50,240.33
Ophthalmology	0	-
Other	3	\$21,194.29
Total	29	\$94,063.89

17. Donor Assisted Programs/Projects

Table 12: Donor Assist Programs Jan-July 2016

Donor	Program	Aid -in-Kind
AUSAID	Fiji Health Sector Support Programme	8,520,717
UNICEF	Child Protection programme	4,000
NZAID	Medical Treatment Scheme	421,585
UNICEF	HIV and AIDS	64,765
UNICEF	Health and Sanitation Programme	180,000
JICA	Fiji-Okinwa Physiotherapy/Rehabilitation Project	112,000
JICA	Filariasis Elimination Campaign	250,000
UNFPA	UNFPA Technical Assistance	14,000
WHO	Assistance from World Health Organization	1,490,041
Total Aid –in-Kind		11,057,108
Donor	Program	Budget Contribution
UNICEF	Health and Sanitation Programme	185,000
UNICEF	HIV and AIDS	72,070
UNICEF	Child Protection Programme	7,500
UNFPA	Reproductive Health Program	32,000
UNFPA	Family Planning	70,436
Global Fund	Assistance for Malaria, TB	4,716,902
UNFPA	Health System Strengthening	30,000
Total Cash Grant		5,113,908

Table 13: List of Health Facilities

Divisional Hospital			
Central	Eastern	Western	Northern
1. CWM Hospital		1. Lautoka Hospital	1. Labasa Hospital
Sub Divisional Hospitals			
1. Navua	1. Levuka	1. Sigatoka	1. Savusavu
2. Korovou	2. Vunisea	2. Nadi	2. Waiyevo
3. Vunidawa	3. Lakeba	3. Tavua	3. Nabouwalu
4. Nausori	4. Lomaloma	4. Rakiraki	
5. Wainibokasi	5. Rotuma	5. Naiserelagi Maternity	
		6. Ba	
Specialised Hospital			
1. St.Giles Hospital			
2. Tamavua/Twoimey Hospital			

Health Centres and Nursing Stations

Central Division		Western Division		Northern Division		Eastern Division	
Health centres [24]	Nursing Stations[21]	Health Centres[28]	Nursing Stations [24]	Health Centres[20]	Nursing Stations [21]	Health Centres[14]	Nursing Stations [31]
<u>Suva Sub-Division</u>		<u>Lautoka/Yasawa Sub-Division</u>		<u>Macuata Sub-Division</u>		<u>Lomaiviti Sub Division</u>	
1. Suva	Naboro	1. Lautoka	Yalobi	1. Labasa	Cikobia	1. Levuka	Batiki
2. Raiwaqa		2. Kese	Somosomo	2. Wainikoro	Visoqo	2. Gau	Nairai
3. Samabula		3. Nacula	Yaqeta	3. Lagi	Coqeloa	3. Koro	Nacavanadi
4. Nuffield Clinic		4. Malolo	Teci	4. Naduri	Vunivutu	4. Bureta	Narocake
5. Valelevu		5. Natabua	Yasawa I Rara	5. Dreketi	Udu		Nawaikama
6. Lami		6. Viseisei	Viwa	6. Seaqaqa	Dogotuki		Nabasovi
7. Makoi		7. Kamikamica	Yanuya	7. Nasea	Kia		Nacamaki
8. Womens Wellness Centre		8. Punjas			Naqumu		Moturiki
9.Suva Diabetes Centre							
10.Suva Reproductive Health Clinic							
11.AHD Clinic							
<u>Serua/Namosi Sub-Division</u>		<u>Nadi Sub-Division</u>		<u>Cakaudrove Sub-Division</u>			
1. Navua	Raviravi	1. Nadi	Nawaicoba	1. Savusavu	Naweni		
2. Beqa	Galoa	2. Namaka	Momi	2. Natewa	Bagasau	<u>Kadavu Sub-Division</u>	
3. Korovisilou	Waivaka	3. Bukuya	Nagado	3. Tukavesi	Kioa	1. Vunisea	Ravitaki
4.Namumua	Navunikabi		Nausori	4. Saqani	Tawake	2. Kavala	Soso
	Naqarawai		Nanoko	5. Rabi	Navakaka	3. Daviqele	Gasele
				6.Korotasere	Nabalebale		Naqara
<u>Rewa Sub-Division</u>		<u>Ba Sub-Division</u>		7.Nakorovatu			Vacalea
1. Nausori	Baulevu	1. Ba	Namau				Nalotu
2. Mokani	Namara	2. Nailaga	Nalotawa	<u>Bua Sub-Division</u>			Taululia
	Naulu	3. Balevuto		1. Nabouwalu	Bua	<u>Lakeba Sub-Division</u>	
	Nailili			2. Lekutu	Yadua	1.Lakeba	Vanuavatu
	Vatukarasa	<u>Tavua Sub-Division</u>		3. Wainunu	Navakasiga	2. Moala	Nayau
<u>Tailevu Sub-Division</u>		1. Tavua			Kubulau	3. Matuku	Oneata

1. Korovou	Verata	2. Nadarivatu	Nadrau			4. Kabara	Komo
2. Lodon	Dawasamu			<u>Taveuni Sub-Division</u>		5. Ono I Iau	Moce
3. Nayavu	RKS			1. Waiyevo	Bouma		Nasoki
	QVS	<u>Nadroga/Navosa Sub-Division</u>		2. Qamea	Yacata		Cakova
	Tonia	1. Sigatoka		3. Vuna	Vuna		Totoya
		2. Lomawai	Loma				
<u>Naitasiri Sub-Division</u>		3. Keiyasi	Naqalimare				Levuka-I-Daku
1. Vunidawa	Lomaivuna	4. Raiwaqa	Nukuilau				Udu
2. Naqali	Waidina	5. Korolevu	Wauosi				Namuka
3. Laselevu	Narokorokoyawa	6. Vatulele	Tuvu				Fulaga
4. Nakorosule	Nabobuco	7. Cuvu					Ogea
	Nasoqo	8. Vatukarasa					Vatoa
		<u>Ra Sub-Division</u>				<u>Lomaloma Sub-Division</u>	
		1. Rakiraki	Vunitogoloa			1. Lomaloma	Mualevu
		2. Nanukuloa	Tokaimalo			2. Cicia	Tuvuca
		3. Namarai	Nasavu			<u>Rotuma</u>	
		4. Nasau	Nayavu-I-Ra				

18. Finance

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INDEPENDENT AUDITOR'S REPORT

Audit Opinion

I have audited the agency financial statements of the Ministry of Health and Medical Services, which comprise the Statement of Receipts and Expenditure, Appropriation Statement, Statement of Losses, Trading and Manufacturing Accounts and Trust Fund Accounts Statement of Receipts and Payments for the 7 months period ended 31 July 2016, and the notes to the financial statements including a summary of significant accounting policies.

In my opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, the accompanying financial statements for the period ended 31 July 2016 present fairly in accordance with the Financial Management Act 2004, Financial Management (Amendment) Act 2016 and the Finance Instructions 2010.

Basis for Qualified Opinion

1. Agency and State Revenue - Statement of Receipts and Payments

Included in the Miscellaneous State Revenue of \$844,360 is License & Other revenue of \$679,454.93 posted in error thus overstating Miscellaneous State Revenue by the same amount.

2. Main Trust Fund Accounts

- Net adjustments totaling \$875,569 (Note 5) relating to prior year trust fund receipts and payments were made in the current year's general ledger for the (1) Cardiology Services Trust Fund and (2) Sahyadri Trust Fund Accounts to reconcile the ending cash balances held against these trust fund accounts. The details of the prior year adjustments were not provided.
- Proper monthly reconciliation of the cash at bank balance, cash general ledger and cash book for these trust fund accounts were not carried out for all the seven months period ending 31 July 2016.

Because of the significant matters noted in the above paragraphs I am not able to ascertain the accuracy and correctness of the closing balances of \$888,768 for Cardiology Services Trust Fund Account and \$66,147 for Sahyadri Trust Fund Account in the respective trust fund accounts statement of receipts and payments.

Without further qualifying the opinion expressed above, I draw attention to Note 2 (e) to the financial statements:

- The total retention sums deducted from contractual progress payments for capital works made by the Ministry were neither transferred to a separate operating trust fund account nor were they recognised as capital expenditures during the period. The Ministry was also unable to provide reconciliation for all the retention monies as at 31 July 2016.

I have conducted my audit in accordance with International Standards on Auditing (ISA). My responsibilities under those standards are described in the *Auditor's Responsibilities* paragraph of my report. I am independent of the Ministry of Health and Medical Services in accordance with the ethical requirements that are relevant to my audit of the financial statements in Fiji and I have fulfilled my other responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Management's Responsibilities for the Financial Statements

The management of the Ministry of Health and Medical Services are responsible for the preparation of the financial statements in accordance with the Financial Management Act 2004, Financial Management (Amendment) Act 2016 and the Finance Instructions 2010, and for such internal control as the management determine is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibilities

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISA will always detect a material misstatement when it exists. Misstatements can arise from fraud and error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with ISA, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Ministry's internal control.
- Evaluate the appropriateness of accounting policies used and related disclosures made by the Ministry.

I communicate with the Ministry regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.


Ajay Nand
AUDITOR GENERAL



Suva, Fiji
09 June 2017

Table 14: Segregation of 2016 Budget

Programme / Activity	Original Budget (\$m)	Revised Budget (\$m)	% of Overall Revised Health Budget
Programme 1 Activity 1 Administration	72,004,300	72,084,225	26%
Programme 2 Activity 1 Public Health Services	6,011,200	5,930,063	2%
Programme 2 Activity 2 CWM Hospital	39,366,600	39,366,600	14%
Programme 2 Activity 3 Lautoka Hospital	25,258,700	25,261,669	9%
Programme 2 Activity 4 Labasa Hospital	23,450,300	23,448,172	8%
Programme 2 Activity 5 Tamavua Twomey Hospital	3,915,300	3,915,300	1%
Programme 2 Activity 6 St Giles Hospital	1,667,000	1,667,000	1%
Programme 3 Activity 1 Central Division	16,052,000	16,055,226	6%
Programme 3 Activity 2 Eastern Division	8,395,700	8,396,182	3%
Programme 3 Activity 3 Western Division	16,005,200	16,005,200	6%
Programme 3 Activity 4 Northern Division	10,902,000	10,898,663	4%
Programme 4 Activity 1 Drugs and Medical Equipment	57,055,400	57,055,400	20%
Total	\$280,083,700	\$280,083,700	100%

Table 15: Proportion of Ministry of Health Budget against National Budget and GDP

Year	Revised Health Budget	National Budget	% of Overall Total Budget	% of GDP
2016	\$280,083,700	\$3,414,537,000	8.2%	2.9%

Table 16: Statement of Receipts and Expenditure for the Financial Period 1st January 2016 - 31st July 2016

	Notes	2016 (Jan-July) (\$)		2015 (Jan-Dec) (\$)
RECEIPTS				
State Revenue				
OPR		2,123		0
Rental for Quarters		8,341		12,113
Commission		40,675		53,518
Miscellaneous Revenue		844,360		527,193
Total State Revenue		895,499		592,824
Agency Revenue				
Health Fumigation & Quarantine		891,529		1,696,697
Hospital Fees		1,226,316		3,166,652
License & Others		980,485		1,147,381
Miscellaneous Revenue		5,993		(112,008)
Total Agency Revenue		3,104,263		5,898,722
TOTAL REVENUE	3 (a)	3,999,762		6,491,456
EXPENDITURE				
Operating Expenditure				
Established Staff		67,588,298		111,613,327
Unestablished Staff		6,828,008		13,110,237
Travel & Communication	3 (b)	2,322,153		4,599,599
Maintenance & Operations	3 (c)	8,220,584		12,775,696
Purchase of Goods & Services	3 (d)	28,934,288		42,745,792
Operating Grants & Transfers		679,283		1,045,988
Special Expenditure	3 (e)	4,604,767		10,205,271
Total Operating Expenditure		119,177,381		196,095,910
Capital Expenditure				
Construction	3(j)	12,595,978		21,503,832
Purchases	3(k)	10,713,110		9,506,003
Total Capital Expenditure		23,309,088		31,009,835
Value Added Tax		4,131,375		11,907,563
TOTAL EXPENDITURE	3(g)	146,617,844		239,013,308

Table 17: TMA Trading Account for the Financial Period 1st January 2016 - 31st July 2016

Trading Account		2016 (Jan-July)	2015 (Jan-Dec)
		(\$)	(\$)
Sales		229,464	426,341
Total Revenue		229,464	426,341
Opening Stock of Finished Goods		-	22,711
Add : Purchases		153,499	385,252
		153,499	407,963
Less : Closing Stock of Finished Goods		34,773	-
Cost of Goods Sold		118,726	407,963
Gross Profit Transferred to Profit & Loss Statement		110,738	18,378

Table 18: TMA Profit and Loss Statement for the Financial Period 1st January 2016 - 31st July 2016

INCOME	2016 (Jan-July)	2015 (Jan-Dec)
	(\$)	(\$)
Gross Profit Transferred to Profit & Loss Statement	110,738	18,378
EXPENSES		
Sales and Related Payments	25,674	43,752
Travel Domestic & Communications	1,286	1,967
Maintenance & Operations	10,392	16,944
Special Fees and Charges	2,909	4,143
Total Expenses	40,261	66,806
NET (LOSS)/PROFIT	70,477	(48,428)

Table 19: TMA Balance Sheet for the Financial Period 1st January 2016 - 31st July 2016

	2016 (Jan-July)	2015 (Jan-Dec)
	(\$)	(\$)
Current Assets		
Cash at Bank	576,736	563,028
Account Receivables	601	2,339
Finished Goods	34,773	-
VAT	8,712	11,906
Total Current Assets	620,822	577,273
Liabilities		
Accounts Payable	-	-
Total Liabilities	-	-
NET ASSETS	620,822	577,273
EQUITY		
Accumulated TMA Surplus	975,188	1,023,616
TMA ACC Surplus	(424,843)	(397,915)
Net Loss	70,477	(48,428)
Total	620,822	577,273

Table 20: Appropriation Statement for the Financial Period 1st January 2016 - 31st July 2016

SEG	Item	Budget Estimate \$	Appropriation Changes \$	Revised Estimate \$ a	Actual Expenditure \$ b	Lapsed Appropriation \$ (a-b)
SEG	Item	Budget Estimate \$	Appropriation Changes \$	Revised Estimate \$ a	Actual Expenditure \$ b	Lapsed Appropriation \$ (a-b)
1	Established Staff	119,370,885	(15,000)	119,355,885	67,588,298	51,767,587
2	Unestablished Staff	11,597,640	-	11,597,640	6,828,008	4,769,632
3	Travel & Communication	5,116,139	31,998	5,148,137	2,322,153	2,825,984
4	Maintenance & Operations	14,445,549	9,002	14,454,551	8,220,584	6,233,967
5	Purchase of Goods & Services	49,827,589	(23,651)	49,803,938	28,934,288	20,869,650
6	Operating Grants & Transfers	1,447,520	-	1,447,520	679,283	768,237
7	Special Expenditure	12,625,908	(2,349)	12,623,559	4,604,767	8,018,792
	Total Operating Expenditure	214,431,230	-	214,431,230	119,177,381	95,253,849
	Capital Expenditure					
8	Construction	39,833,014	-	39,833,014	12,595,978	27,237,036
9	Purchases	14,048,403	-	14,048,403	10,713,110	3,335,293
	Total Capital Expenditure	53,881,417	-	53,881,417	23,309,088	30,572,329
13	Value Added Tax	11,770,300	-	11,770,300	4,131,375	7,638,925
	TOTAL EXPENDITURE	280,082,947	-	280,082,947	146,617,844	131,465,103