



# **Annual Operational Plan**

**2018 / 2019**

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# Minister's Foreword

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It gives me great pleasure to present the Ministry of Health and Medical Services Annual Operational Plan (AOP) for the financial year 2018/2019. This plan has been formulated to reflect the policies and goals of the Government that are highlighted in the National Development Plan including the enforcement of relevant and mandatory legislations and policies of the Ministry of Health and Medical Services. The plan is also aligned to the Ministry's Health Strategic Plan 2016-2020.

The policy objectives and strategies reflected in this plan outline the priority areas that the Ministry will continue to focus on, in the financial year 2018/2019 in order to deliver efficient services that are responsive to the needs of the people and that encourages the participation of the community in improving its health and wellbeing.

This Annual Operational Plan is the key document that will guide us in effectively implementing our service delivery objective of providing quality preventive, curative and rehabilitative health services. The plan this year also outlines specific activities that will assist us in achieving the strategic objectives under the eight strategic priority areas outlined in the Health Strategic Plan 2016-2020.

We will focus on bringing further improvements to the health sector by strengthening service delivery at all levels and further strengthening the continuum of care by strengthening primary health care services. There is also a major focus on health systems improvements that are needed to support effective service delivery.

I would like to encourage everyone to assist the Ministry in building a healthier nation by embracing the wellness approach to health by living a healthy life style. We need a whole of society approach to wellness and wellbeing and we need to work in partnership in order to progress towards the goal of a healthy population.

A handwritten signature in blue ink, appearing to read 'Rosy Akbar', written over a horizontal dotted line.

**Hon. Ms. Rosy Akbar**  
**Minister for Health and Medical Services**

# Permanent Secretary's Statement

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I am pleased to introduce the Ministry's Annual Operational Plan for the financial year 2018/2019. It sets the direction for the year and will assist us in achieving the health sector objectives. The plan has been developed to set the pathway to achieve the planned strategies and policies to deliver quality preventative, curative and rehabilitative health services in Fiji.

There is a major focus on continuously improving service delivery under the broad priority areas such as Non-Communicable Diseases, Maternal & Child Health and Communicable Diseases including environmental health and disaster preparedness. This plan outlines the outputs and key activities that will assist the Ministry in making progress under each of these service delivery areas.

The plan further streamlines our health system improvement efforts by focusing on key areas such as improving availability and accessibility of medicinal products and equipment and effectively implementing Government's human resource related reforms. There is a focus on strengthening current health information systems to guide decision making.

There is a greater emphasis on continuous monitoring of quality standards and efficiency of service delivery at facility level that will be further improved through innovative practices. There will be ongoing focus on improving access, coverage and quality of primary health care through integrated health systems approach.

I would like to thank all staff who have contributed to the development of this Annual Operational Plan and look forward to the support from across the Ministry for its implementation. I would also like to acknowledge the support and contribution of all our stakeholders and partners and look forward to collaborating further in implementing this plan.

**Ms. Susan Kiran**  
**Acting Permanent Secretary for Health and Medical Services**

# Strategic Focus and Goals

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The strategic direction for the Ministry is outlined in the Ministry's Strategic Plan 2016-2020. The plan has two strategic pillars and 8 priority areas which are:

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

**The focus of this pillar is to 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.**

### **Priority Area 1: Non-communicable diseases, including primary care, nutrition, mental health, and injuries**



**The need for a whole-of-society approach to reduce NCD risk factors in the population based on the “Wellness” approach to health has been identified as an important strategy.**

The non-communicable disease (NCD) problem in Fiji and the region has been termed a crisis. Fiji continues to experience alarming increases in health risk factors (including obesity, raised blood pressure, raised blood glucose, and alcohol consumption) and in the overall health burden from NCDs. Healthy Islands Framework has significantly influenced the current approach to NCD's. It gave prominence to the “settings approach” that is adapted and used in the application of the “Wellness” concept. It supports the focus on environments where people live, work and play and the need for multi-sectorial collaboration to address the NCD burden.

### **Community-level Primary Health Care needs continued investment and expansion to be effective.**

Fiji has placed a strong emphasis on increasing the coverage of Primary Health Care (PHC) for over 35 years, reinforced by the Healthy Islands concept for the Pacific Islands. This effort has been implemented primarily through community outreach visits by multidisciplinary health worker teams and collaboration with the nationwide network of volunteer Community Health Workers (CHWs). There is a need to further improve access and coverage of PHC.

### **Decentralization of services is an initiative to improve accessibility and respond to the health service needs of the population.**

Decentralization of some services (out-patient services) from CWMH to major Health Centers in the Sub-Divisions has resulted in improving accessibility. This supports the initiative towards Universal Health Coverage which Fiji is working towards. There has also been an extension of opening hours at some facilities to further improve accessibility. MHMS would be evaluating the decentralization process further with the intention of extending this to all Divisions with a focus on population centered health delivery system.

## Priority Area 2: Maternal, infant, child and adolescent health



### **Pregnant women need earlier antenatal care to address potential complications.**

Maternal mortality in Fiji declined dramatically from the 1970s due to high quality service and increasing hospital deliveries but improvements have stagnated or “plateaued” in recent years, with the number of annual maternal deaths fluctuating in the range of 4 to 12 since 2000. Analysis of deaths in the last five years highlighted underlying causes from delayed presentation (which was often linked to poverty, low levels of education) and pre-existing cardio-vascular problems (including rheumatic heart disease) and other NCDs. While nearly 99% of women receive at least one antenatal visit, only 10.7% of pregnant women had an antenatal visit in their first trimester in 2013. These issues highlight the importance of promoting early antenatal care, especially among high risk and hard-to-reach communities.

## Priority Area 3: Communicable disease, environmental health, and health emergency preparedness, response & resilience



### **Reducing communicable diseases requires improved surveillance and better partner coordination. There is a need for improved multi-sectoral approach to risk management and resilience for communicable diseases, health emergencies, climate change and natural disasters.**

Addressing these issues will require restructuring the overall communicable disease program to strengthen and integrate key functions (surveillance and research; laboratory services; public health response; communications) as well as improved coordination with other government ministries, especially with the Ministry of Local Government, Housing and Environment, which is responsible for public health prevention and regulation activities in municipal areas.

From a strategic perspective, this calls for greater integration of planning and management in these areas, especially for climate-change and environment-related health issues both within the MHMS as well as with other government ministries, especially with the Ministry of Local Government, Housing and Environment, which is responsible for all public health prevention and regulation activities in municipal areas.

## Strategic Pillar 2: Health systems strengthening

**The second strategic pillar focus on Improving the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability.**

The five priority areas under this pillar are:

### **Priority Area 4: Continuum of care and improved service quality and safety**



#### **Providing a continuum of high quality care to patients through an integrated health systems approach**

Improving the access, coverage and quality of care requires integrated health systems approach. From a governance and service delivery perspective, the MHMS has a broad array of policies, standards, and protocols to ensure safe, high quality services at all levels of the health system,



from Nursing Stations to Divisional Hospitals. There is a need to establish a continuum in the provision of care in all areas, with a referral system based on well-defined networks of public and private providers

#### **Priority Area 5: Productive, motivated health workforce with a focus on patient rights and customer satisfaction**



**Key gaps in the health workforce need to be filled across all cadres to manage current workload.**

Based on a workforce needs assessment in 2013, the MHMS has identified several key workforce issues to address, including staff retention and motivation, reducing staffing shortages in certain specialties, and ensuring that staff are deployed where they are needed most.

#### **Priority Area 6: Evidence-based policy, planning, implementation and assessment**



**Raising the standards for evidence-based policy and planning will improve overall effectiveness.**

The MHMS plays a key governance and stewardship role in the health sector, including establishing legislative, regulatory, policy, and monitoring frameworks for health and leading inter-sectoral coordination. In this area, there is a need for continued efforts to ensure that all MHMS policies and plans are based on sound logic, sufficient data, and appropriate M&E mechanisms.

#### **Priority Area 7: Medicinal products, equipment & infrastructure**



**Health infrastructure development needs to be based on population needs with a focus on maintaining and upgrading existing facilities.**

While there have been significant expansions to Fiji's health facilities in recent years, there is also a pressing need to make sure those facilities are providing the right services in the right locations and that they are maintained over time. Over the next five years there is an urgent need for comprehensive health services and infrastructure planning in which facilities are built, equipped, and maintained according to a common set of standards and clearly defined population needs.

#### **Priority Area 8: Sustainable financing of the health system**



**Need to consider long-term financing alternatives to reduce dependence on government funds and improve efficiency with due consideration of outsourcing of non-technical services.**

Fiji's health care system is mainly publicly financed through general taxation, although private expenditures account for more than one third of total health expenditures. Donors play an important technical role but only account for an estimated 6% of total health spending. Policy, planning and budgeting are to be based on sound evidence and include considerations of efficiency and cost-effectiveness including outsourcing of some non-technical services.

# Aim

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The aim of the operational plan is to operationalize the Strategic Plan (SP) 2016-2020 by outlining the goals, specific objectives indicators and targets under the eight priority (outcome) areas of the SP 2016-2020.

The Ministry of Health & Medical Services (MHMS) SP 2016-2020 outlines the **vision** and **mission** and a set of agreed values to guide MHMS operations. MHMS is working towards achieving this vision by empowering people to take ownership of their health and providing quality preventative, curative and rehabilitative services through a caring and sustainable healthcare system.

The Annual Operational Plan outlines the pathway for the Ministry to achieve the Strategic Plan goals and objectives within allocated resources and timelines. The following are some of the key areas of focus in this AOP:

1. The Ministry will be focusing on continuously improving service delivery under broad priority areas such as Non-Communicable Diseases, Maternal & Child Health and Communicable Diseases including environmental health and disaster preparedness.
2. The Ministry will build on the progress made in terms of health indicators over the years in these areas.
3. Service delivery will be further supported through expanding primary health care services, improving continuum of care and improving quality and safety standards at health facilities.
4. The Ministry will further work on strengthening the health workforce to provide caring and customer focused services.
5. The Ministry will work towards improving provision of medicinal products, equipment & infrastructure to ensure effective service delivery.
6. The Ministry will further improve its information systems to promote evidence-based policy development, planning, implementation and assessment.



# Statement of Core Business

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The core function of the Ministry of Health and Medical Services is to provide high quality healthcare through capable governance and systems to the people of Fiji. We are committed to improve primary, secondary and tertiary healthcare.

We are committed to ensuring the provision of accessible, equitable and affordable health services to all citizens of Fiji without discrimination.

The core business of the Ministry is delivered through two strategic pillars focusing on:

## **1. Delivery of Preventive, curative, and rehabilitative health services**

**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.**

The Ministry is focusing on strategic improvements to health service delivery, including preventive, curative, and rehabilitative care. The Ministry continues to respond to all health needs of the population as per its mission and mandate but is placing particular emphasis in three priority areas based on the current health profile and trends in the country. These priority areas include: non-communicable diseases, including primary health care, nutrition, mental health and injuries (Priority Area 1); maternal, neonatal, child and adolescent health (Priority Area 2); and environmental health, communicable disease, health emergency preparedness & resilience (Priority Area 3).

## **2. Health systems strengthening to support effective service delivery**

**Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability.**

The Ministry is also focusing on health systems strengthening through improving service quality, safety and continuity of care, with an emphasis on revitalizing health care (Priority Area 4); maintaining a productive, motivated health workforce with a focus on patient rights and customer satisfaction (Priority Area 5); evidence-based planning, implementation and assessment (Priority Area 6); availability of medicinal products, equipment and infrastructure (Priority Area 7); and sustainable financing of the health system (Priority Area 8). Strengthened partnerships with the private sector, civil society, and development partners will further amplify the Ministry's actions in each of these areas.

## 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.



## VALUES

### 1. Equity

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

### 2. Integrity

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

### 3. Respect for human dignity

We respect the sanctity and dignity of all we serve.

### 4. Responsiveness

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

### 5. Customer focus

We are genuinely concerned that health services are focused on the people/patients receiving appropriate high quality health care delivery.

# 2018 /2019 Budget Highlights

The total budget for the Ministry in 2018/2019 is \$327.0m, comprising \$270.3m for operating expenditure, \$43.2m for capital expenditure and VAT of \$13.5m. This represents an increase for the 2018/2019 budget of \$5.8m, and can be attributed to the following initiatives:

## Budget summary table

Ministry Budget summary FY2018/2019

Budget category	Summary (\$m)	Initiatives
<b>Operating</b>	<b>259,989.7</b>	<ul style="list-style-type: none"><li>• Improved efficiency at service delivery points resulting in reallocation of financial resources</li><li>• An increase in service delivery outcomes under broad priority areas such as Non-Communicable Diseases, Maternal &amp; Child Health and Communicable Diseases including environmental health, climate change and disaster preparedness</li><li>• An increase in primary health care outcomes by expanding outreach programmes, improving continuum of care and improving quality and safety standards at health facilities</li><li>• An increase in availability and accessibility of medicinal products and medical equipment to ensure effective service delivery</li></ul>
<b>Capital</b>	<b>60,461.9</b>	<ul style="list-style-type: none"><li>• MHMS infrastructure is built and maintained to meet operational and population needs in compliance with all relevant health service standards</li></ul>
<b>VAT</b>	<b>14,508.7</b>	
<b>Total</b>	<b>334,960.2</b>	

## Staff Profile summary table

Staff profile summary FY2018/2019

Cadre	Total number of staff required		Total Estimated salary cost per year	
	2018/2019	2019/2020	2018/2019	2019/2020
Nursing	3,233	3,433	61,561,978	65,370,328
Dental	266	275	5,485,423	5,767,708
Laboratory	199	209	4,442,827	4,887,134
Radiology	111	115	2,743,885	3,107,811
Pharmaceutical	145	153	2,879,149	3,259,984
Dietetics	81	86	1,799,439	1,910,516
Physiotherapy	61	66	1,532,327	1,870,833
Environmental Health	124	129	2,754,707	2,865,784
Biomedical	22	24	698,507	833,680
Corporate Services	374	384	9,830,040	10,092,876
<b>Total</b>	<b>4,616</b>	<b>4,874</b>	<b>93,728,282</b>	<b>99,966,652</b>

*The General Wage Earners (unestablished staff) needs are not reflected in the table above.*

## Strategic workforce plan

The Ministry will further strengthen existing workforce development efforts and develop a strategic workforce plan in the year 2019. In the interim the Ministry will rely on the human resource components of its Strategic Plan 2016-2020 to guide decision making in this area. Some key issues from the SP 2016-2020 are discussed below.

The MHMS will continue to implement a strategic, needs-based approach to health workforce recruitment, deployment, training and retention with an emphasis on increasing both customer and employee satisfaction. The Ministry will also collaborate with relevant institutions to review and update required qualifications for health professional graduates and update workforce eligibility criteria to increase the availability of senior clinical specialists. As a complement to this effort, the Ministry will also expand collaboration with visiting medical teams from overseas to increase access to specialised tertiary services while also providing additional mentorship opportunities for MHMS clinicians.

The Ministry's ability to fulfil its core functions depends largely on the extent to which our workforce (in terms of numbers, cadres, skill levels, distribution, etc.), meet the health needs of the population. Given the constantly evolving health trends in the country this means that the MHMS needs to routinely monitor changes in health service demand and align the supply accordingly.

Based on earlier workforce needs assessment, the MHMS has identified several key issues to address, including staff retention and motivation, reducing staffing shortages in certain specialties, and ensuring that staff are deployed where they are needed most.

The staff establishment numbers required within each cadre are to accommodate a gradual but steady increase in the number of health workers (matching expected growth in population and concurrent demand for services). This takes into account the present need to increase established posts and projected future needs in line with population growth and service demand.

Managing growth in the workforce is dependent on response to a number of factors. For example changes in service priorities, supporting cadres of critical need, or extension in scopes of practice to meet new policy and service delivery strategies, are just a few of the acknowledged issues faced by the Ministry of Health. Particularly in its aim to provide quality health care services to meet existing issues as well as promote wellness and prevention strategies in a population beset by the crisis of Non-communicable diseases especially diabetes, heart disease, and cancers.

## Customers & Stakeholders

The factors that influence health extend far beyond the scope of the Ministry and even beyond the health sector generally, it is essential that the Ministry adopts a whole-of-government and whole-of-society approach to the promotion of health and wellness. Based on this approach the Ministry relies on building effective partnerships with our stakeholders and providing a fully customer-centered referral system that will ensure a consistent continuum of care extending from the first point of contact at the community level all the way to advanced tertiary clinical care, with a smooth transition between public and private providers based on the needs and preferences of the clients. There are further efforts to extend the primary care coverage through improved partnerships with communities.

### Our customers and stakeholders are:

Internal	External
Minister	Cabinet
Senior Management	Members of the Public
Ministry's Departments /Units	Non-Governmental Organisations
Ministry Staff	Diplomatic Mission
	Providers of Goods and Services
	International Organisations
	Other Government Ministries and Departments
	Medical Associations
	Medical Service Providers
	Education institutions
	Faith Based organisations
	Communities

# Roles and Functions of the Ministry

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The Ministry's role emanates from its core responsibility of delivering quality preventive, curative and rehabilitative health services to the population through its hospitals, health centers and nursing stations throughout the country in a consistent and equitable manner. There is a huge focus on maintaining continuum of care from community-level primary health care services up to tertiary level care at Divisional Hospitals. This is supported by a broad range of relevant policies, standards, and protocols to ensure safe, high quality services are delivered at all levels of the health system, from nursing stations, health centers, sub-divisional hospitals upto divisional hospitals.

## *Strengthening Primary health care*

Primary health care is mostly delivered at nursing stations and health centers. The Ministry is focusing on improving the access, coverage and quality of primary health care through an integrated health systems approach.

## *Supporting secondary level care*

The Sub-divisional hospitals deliver secondary level care and the Ministry is focusing on strengthening sub-divisional hospital capacity and the clinical capability of sub-divisional hospital staff to enable greater devolution of clinical workloads from divisional hospitals.

## *Improving and expanding tertiary level care*

The three divisional hospitals in Suva, Lautoka and Labasa provide a reasonable range of tertiary healthcare with ongoing efforts to expand specialized clinical services.

The Ministry's functions can be realigned under the following broad categories based on the type of services delivered through its various facilities.

### **1. Curative and Rehabilitative Health**

Curative care is delivered through the various facilities of the Ministry at different health care delivery levels. The National Rehabilitation department at Tamavua Twomey Hospital also provides rehabilitation services to severely disabled persons namely spinal paralysis, stroke victims, prosthetic fitting for amputees and other cases of debility.

The Clinical Services Networks (CSN's) provide clinical advice for the various clinical disciplines for strengthening the delivery of clinical services.

### **2. Preventive and Promotive Health**

The Ministry has taken a wellness approach to health by taking initiatives to ensure that healthy people remain healthy by making appropriate lifestyle choices. There is a shift in focus from a disease or illness based approach to wellness centered approach.

There is a focus on adopting a life-course approach to maternal, infant, child and adolescent health, with a continuum of health care delivery, extending from sexual and reproductive health services through pregnancy, delivery, childhood and adolescence.



There are also ongoing efforts to reduce the overall health burden of communicable diseases by providing effective programs and services for prevention and control of communicable diseases.

- **Wellness**

The wellness approach to health has been identified as an important strategy for a whole of society approach to reduce NCD risk factors. The Wellness Division focuses on enhancing the usage of quality, accessible and valuable wellness information for supporting wellness behavioral choices at all levels. There is an overall shift from being disease focused to a broader approach to addressing the social determinants of health through multisectoral approach.

- **Health Protection**

The Health Protection Division is a culmination of ongoing efforts to integrate the overall communicable disease program by strengthening and integrating key functions. This will improve overall coordination for the prevention and risk management of communicable diseases.

- **Family Health**

The Family Health Department's key aims are to manage, implement, monitor and evaluate programs pertaining to Child Health, Maternal Health, HIV/STI's, Reproductive Health and Gender. There is an overall focus on reducing the burden of ill health among women, children and adolescents.

### **3. Health Systems Strengthening**

There is an overall focus on strengthening health system standards across the key health systems building blocks i.e. leadership/governance, health care financing, health workforce, medical products, technologies, health information and research. Health systems strengthening is essential for achieving effectiveness, efficiency, equitable access, accountability, and sustainability of health services.

- **Human Resource**

Human Resource (HR) department oversees the effective management of all HR related activities, programs and issues and provides advice on all HR activities including recruitment, posting, leave administration, learning & development, strategic workforce planning process and industrial relations issues.

- **Finance and Asset Management**

Finance and Asset Management Division is responsible for the implementation of national policies and procedures in relation to finance, budget, accounts and asset management.

- **Pharmaceutical and Biomedical Services**

FPBS's core service is the supply chain management of medical supplies and health commodities. FPBS focuses on improving access to essential medicinal products of assured quality, safety, efficacy and cost-effectiveness. The Essential Medicines Authority at FPBS is responsible for the development of product standardization and promoting rational use of medicine, whilst the Medicines Regulatory Authority is

responsible for the strengthening of quality assurance processes of products imported in the country including the random testing of medicinal products

- **Planning and Policy Development**

Planning and Policy Development Division (PPDD) is responsible for policy development, analysis and coordination of policy related activities as well as evidence based health planning i.e. the development of medium to long term strategies and annual operational plans. PPDD's role also includes facilitating health services planning. PPDD has a healthcare financing section that develops National Health Accounts and assists with analysis of services and programs.

- **Digital Health & Analysis**

Health Information, Research and Analysis Division is responsible for the overall development and management of health information, promoting appropriate research, management and development of information and communication technology for the implementation of policies and plan and to ensure effective provision of health services throughout Fiji through an established monitoring and evaluation framework.

- **Research and Innovation**

The Research and Innovation Unit has been newly set-up to support and strengthen research and innovation in the Ministry. This is an initiation of ongoing efforts to ensure that good quality evidence is used to guide decisions about health sector strategy, functioning and oversight. The unit will generate evidence and identify key areas for policy making in the Ministry and ensure that research is recognized as a key function to guide policy and decision making.

- **Nursing and Midwifery Division**

The Nursing and Midwifery Division is responsible for the planning, coordination and evaluation of the delivery of nursing services including the development, coordination and monitoring of nursing standards, policies, guidelines and protocols designed to direct and inform patient care, community health services, specialist nursing care and nursing management. The Division also supports the Fiji Nursing Council for the professional registration of Nurses

## Legislative Framework

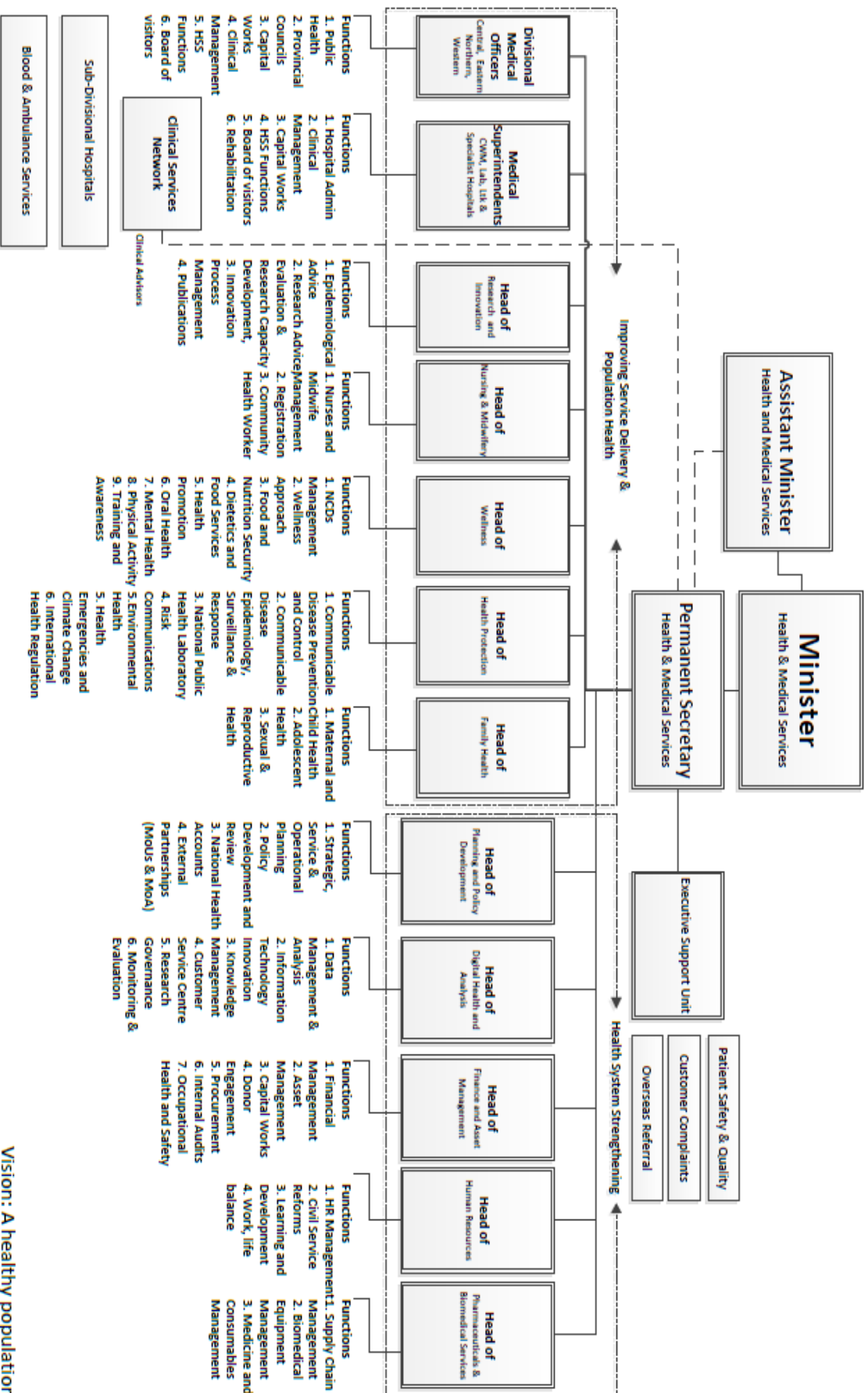
The Ministry of Health and Medical Services is guided in its daily operations by the following legislations and regulations:

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	Child Welfare Decree 2010
12	Child Welfare (Amendment) Decree 2013
13	Food Safety Act 2003
14	HIV/AIDS Decree 2011
15	HIV/AIDS (Amendment) Decree 2011
16	Illicit Drugs Control Act 2004
16	Marketing Controls (Food for Infants and Children) Regulation 2010
17	Medical Imaging Technologist Decree 2009
18	Medical and Dental Practitioner Decree 2010
19	Medical and Dental Practitioners (Amendment) Decree 2014
20	Medical and Dental Practitioners (Amendment) Act 2017
21	Medical and Dental Practitioner (Amendment) Act 2018
22	Medical Assistants Act (Cap.113)
23	Medicinal Products Decree 2011
24	Mental Health Decree 2010
25	Mental Treatment Act (Cap 113)
26	Nurses Decree 2011
27	Nursing (Amendment) Act 2018
29	Pharmacy Profession Decree 2011
30	Pharmacy Profession (Amendment) Act 2017
31	Private Hospitals Act (Cap. 256A)
32	Public Health Act (Cap. 111)
33	Public Health (Amendment) Act 2018
34	Public Hospitals & Dispensaries Act (Cap 110)
35	Public Hospitals & Dispensaries (Amendment) Regulations 2012
36	Public Hospitals and Dispensaries (Amendment) Act 2018
37	Optometrist and Dispensing Optician Decree 2012
38	Quarantine Act (Cap. 112)
39	Quarantine (Amendment) Decree 2010
40	Radiation Health Decree 2009
41	Tobacco Control Decree 2010
42	Tobacco Control Regulation 2012
43	The Food Safety Regulation 2009
44	The Food Establishment Grading Regulation 2011

# Organizational Structure

## Ministry of Health and Medical Services

Functional Units



Vision: A healthy population

# Situation Analysis

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The Ministry has undertaken risk assessment of its strengths, weaknesses, opportunities and threats (SWOT). The Ministry intends to add to this work by undertaking a more rigorous, structured risk assessment process as part of its planning efforts during FY2018-2019.

The Ministry has made progress in recent years by putting in place the necessary strategic frameworks and policies (reflecting national, regional and international standards) to improve the overall effectiveness and efficiency of service delivery.

The Ministry's ability to fulfill its core functions largely depends on the extent to which our workforce (in terms of numbers, cadres, skill levels, distribution, etc.), meet the health needs of the population. The strategic objective is to have a productive, motivated health workforce with a focus on patient rights and customer satisfaction.

Our health service coverage is extensive and free for all patients which signifies Fiji's commitment to prioritize equity and risk protection. There is greater accessibility of services for the poor, which is a priority in terms of service delivery. This issue has been further strengthened through decentralization of services. The decentralization of General Outpatient Services to the health centres in the subdivisions brings services closer to densely populated areas thus improving accessibility.

There has been extension of health facility opening hours i.e. extension of the opening hours at health centers, hospitals and government pharmacies. The health centres in the subdivisions were granted extended opening hours.

Additional efforts have been put in place to cater for people needing specialised services not available in Fiji, there is an overseas treatment program for such patients where Government subsidizes overseas treatment.

The Free Medicines Program has been implemented by the Government providing free, medicines that are prescribed by a doctor that are currently under price control for all Fijians who earn less than \$20,000 a year. This includes medicines for Non Communicable Diseases.

We have a supportive health system to deliver services through effective management structures, supported by well-established planning frameworks including the existing Strategic Plan and Annual Operational Plan.

We have an existing, qualified workforce including frontline managers to support the delivery of services. Technology such as high end machinery is made available to deliver services, further supported by formalized budgetary provision.

Our Strategic Plan has a whole strategic pillar dedicated to improving performance of the health system with targeted action across the key health system attributes, the specific goal is quoted below;

**“Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability.”**

There are also opportunities for improving health service delivery experience for patients through continued strengthening of primary health care and improved continuum of care with greater recognition of the role of community health workers. Overall there are opportunities to improve the Ministry's ability to address the social determinants of health through effective partnerships across sectors, as well as at community level.



There are also opportunities for systems strengthening in the key health systems components. There are opportunities for further development of information systems to support innovation in the health sector including digitalization, strengthening data quality, availability, data analysis etc. This needs to be further supported by strengthened communication throughout the organization.

Health sector financing options can also be further explored in collaboration with key counterparts including options for retention of revenue and identifying other potential areas to support greater efficiency.

Multi-sector collaboration through active and committed involvement of all key health sector stakeholders has the potential to support more integrated service delivery. The ongoing strengthening of relationships with external stakeholders, development partners and non-governmental organizations will further support initiatives in this area. There are also further opportunities for the health sector in the climate change related initiatives such as Green Health Facilities and international partnerships.

There is ongoing emphasis on improving service delivery with a huge focus on quality improvement and introducing innovative practices to address ongoing issues. Rapid urbanization in Fiji means that there is an increasing population demand for primary health care services in urban and peri-urban areas. There is a need to explore further options to support service delivery in these areas.

Overall we need to further invest in human resources, closely aligned to service package with a focus on addressing service delivery needs in key areas. There is some of level of capacity building needed to progress key quality improvement initiatives and more effective implementation of key projects.

A comprehensive business process re-engineering is needed for some key areas to further strengthen services. There is a need to strengthen regulatory capacity and review professional & service related legislations. Innovative approaches are needed to tackle the growing burden of Non-Communicable Diseases that would most likely require legislative approaches to make faster progress in this area.

We will need to ensure that all MHMS infrastructure is built and maintained to meet operational and population needs in compliance with all relevant health service standards



# Outputs and Targeted Performance

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The Ministry's Annual Operational Plan and the outputs therein have been developed in alignment with the relevant strategic objectives drawn from the National Development Plan (NDP). The strategic objectives are also reflected in the Ministry's Strategic Plan 2016-2020. The Ministry's achievement of these outputs contributes towards achieving the relevant NDP strategies and outcomes for the sector.

The outputs that have been developed relate to our mandate and each health facility, programme and division contributes to the attainment of the key performance indicators (KPIs). The Ministry's outputs and performance targets are set out in the table below.

## **Brief Update on anticipated Health System Reforms**

The earlier health system reforms have resulted in a model of care that has an impact on current issues affecting leadership and management at various levels and the way health services are managed and delivered at the various facilities. The current system would need to be evaluated based on what has worked and areas that need significant changes to enable sustainable delivery of services in the future. This would form the basis of future reviews that will have a whole of system approach rather than just restructuring.

There have been a number of internal discussions on the need to take up an organizational development approach that will support this initiative. This would be explored further based on the Ministry's priorities. The overall purpose of any reform would be based on delivering excellent patient targeted services that result in significant health gains with an efficient use of healthcare resources.

It is anticipated that any change through reform would be through a smooth transition model to ensure that current service delivery is not adversely affected in any way. The new health system reform initiatives would lead to potential efficiency gains and more cost-effective use of current health resources, however there would be some additional budgetary needs. These additional needs have not currently been factored into this plan as the additional resource needs can only be appropriately calculated once the health system reform objectives are finalized.

# Strategic Pillar 1: Preventative, Curative and Rehabilitative Health Service



**Priority Area 1: NCDs, including nutrition, mental health, and injuries**

**Area of Focus: Screening and new models of care**

**Budget:\$21,453,850**

**General Objective 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**

**Outcome 1.1.1 Reduce key lifestyle risk factors among the population**

Output	Proposed Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>1</sup> \$1,914,520
1.1.1.1 Improvement in lifestyle risk factors among the population	1.1.1.1.1 Implement strategies and programs for establishing health promoting schools	<b>i1.</b> # of schools classified as health promoting school	20 (2018)	>20	Divisions Wellness	70,100
	1.1.1.1.2 Conduct oral health promotion activities conducted in all divisions	<b>i2.</b> % of 10 year old(Year 5) made dentally fit	36% (8 Year) (2016)	>50%	Divisions Wellness	98,100
	1.1.1.1.3 Establish wellness settings	<b>i3.</b> # of wellness setting established	41 Wellness Settings (2018)	51 Wellness Settings	Divisions Wellness	185,000
	1.1.1.1.4 Delivery of preventative primary health care services	<b>i4.</b> % of targeted population screened for diabetes and hypertension who also received SNAP counselling	83%	85%	Divisions Wellness	1,561,320
	1.1.1.1.5 Implement food and health guidelines					
Outcome 1.1.2 Strengthen continuum of care for NCDs						
Output	Proposed Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>2</sup> \$10,518,289

<sup>1</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

1.1.2.1 Improved early detection with effective risk assessment, behaviour change counselling and clinical management supported by the following services:  Physiotherapy Nutrition and Dietetics Laboratory Pharmacy Radiology	1.1.2.1.1 Conduct cervical cancer prevention capacity building in targeted medical subdivision	i5. % of targeted nurses trained for cervical cancer screening	N/A	>80%	Divisions Family Health	54,500
	1.1.2.1.2 Conduct cervical cancer screening at health facilities and in the community	i6. Cervical cancer screening coverage	7% (2016/17)	24%		
	1.1.2.1.3 Implementation of the Package of Essential NCD Services (PEN)	i7. Average % adherence to minimum standards for implementation of the Package of Essential NCD Services (PEN) among SOPDs at Health Centres	0% (2017)	27%	Divisions Wellness	304,000
	1.1.2.1.4 Delivery of NCD care services through SOPDs					4,284,192
	1.1.2.1.5 Conduct training of foot care nurses	i8. % of functional foot care clinics in SOPDs	N/A	>50%	Divisions Wellness	5,875,597
	1.1.2.1.6 Delivery of inpatient care services for NCD related admissions					

**Outcome 1.1.3 Extended primary care service coverage through effective partnerships with communities**

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>3</sup> \$8,175,769
1.1.3.1 Extended primary care service coverage	1.1.3.1.1 Conduct training of community health workers	i9. # and % of active community health workers trained in CHW Core Competencies	1452 [92%] (2017)	1483 [95%]	Nursing Divisions	4,976,504
	1.1.3.1.2 Delivery of primary care services(GOPDs and outreach)	i10. # of targeted government health facilities with extended operating	Central- 7/7 HC Western – 2/5 SD Northern- 1 SD (2017)	Central- 7/7 HC Western – 2/5 SD Northern- 1 SD	Divisions	3,199,265

<sup>2</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

<sup>3</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

		hours daily, disaggregated by type and division				
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#### Outcome 1.1.4 Mental health services integrated within primary health care in all facilities

Output	Proposed Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>4</sup> \$845,272
1.1.4.1 Improving detection, clinical management and referral through mhGAP Programme	1.1.4.1.1 mhGAP capacity building and supervisory visits	i11. % of health facilities adhering to the mhGAP Intervention Guide	10% (2016/17)	27%	Divisions Wellness	155,870
	1.1.4.1.2 Delivery of mental health care services	i12. Re-admission rate for mental illness within 28 days of discharge	6 (2016/17)	<6	St Giles Hospital	689,402



#### Priority Area 2: Maternal, infant, child and adolescent health

Budget:\$1,116,714

#### General Objective 2.1: Timely, safe, appropriate and effective health services before, during and after childbirth

#### Outcome 2.1.1 Increase antenatal care coverage with an emphasis on early booking

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget
2.1.1.1 Increased antenatal care coverage	2.1.1.1.1 Conduct awareness and promotion for early booking	i13. % of pregnant women who receive antenatal clinic in their first trimester	26.8% (2016/17)	50%	Hospitals Divisions CSN - Obstetrics and Gynaecology Family Health	
		i14. % of pregnant women with at least 4 antenatal clinic visits at term	70% (2016/17)	80%	Hospitals Divisions CSN - Obstetrics and Gynaecology Family Health	

#### Outcome 2.1.2 Improve obstetric care with a focus on adherence to key clinical practice standards

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget
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<sup>4</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

2.1.2.1 Improved quality obstetric care	2.1.2.1.1 Implementation of MSHI standards in Divisional and Sub divisional health facilities	<b>i15.</b> Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in divisional and subdivisional hospitals	75% Divisional hospital  66% Sub divisional hospital (2016/17)	>80%	Hospitals Divisions CSN - Obstetrics and Gynaecology Family Health	
	2.1.2.1.2 Monitor adherence to key clinical practice standards	<b>i16.</b> Perinatal mortality rate per 1,000 total births	14.5 (2017)	<12	Hospitals Divisions CSN - Obstetrics and Gynaecology CSN Paediatric	
Outcome 2.1.3 Expand coverage of postnatal care services for mothers and newborns						
Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget
2.1.3.1 Improved postnatal care delivery	2.1.3.1.1 Develop standard guideline for post natal care service	<b>i17.</b> % of women attending postnatal clinic after 6 weeks of delivery	48% (2016/17)	60%	Family Health Hospitals Divisions CSN - Obstetrics and Gynaecology	
	2.1.3.1.2 Awareness and roll out of PNC guideline					
General Objective 2.2: All infants and children have access to quality preventive and curative paediatric and nutritional services						
Outcome 2.2.1 Expand neonatal and infant healthcare						
Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget
2.2.1.1 Reduction in neonatal and infant deaths	2.2.1.1.1 Support training on neonatal resuscitation and other trainings on newborn care services	<b>i18.</b> Infant mortality rate per 1,000 live births	18.3	<16	Hospitals Divisions CSN Paediatric	
		<b>i19.</b> Under 5 mortality rate per 1,000 live births	22.6	<19.7	Hospitals Divisions CSN Paediatric	
		<b>i20.</b> Neonatal mortality rate per 1,000live births	11.1	<10.6	Hospitals Divisions CSN Paediatric	
Outcome 2.2.2 Maintain high level of coverage for immunization services including new antigens						
Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget
2.2.2.2 Increased level of coverage for	2.2.2.2.1 Conduct EPI training and awareness for service providers	<b>i21.</b> Childhood vaccination coverage rate	HBV0 93.1% BCG0	≥90%	Hospitals Divisions Family Health	

immunization services	and mothers	for all antigens	92.9%			
	2.2.2.2.2 Conduct cold chain system auditing		DPT-HepB-Hib1 84.9% OPV1 84.9% Pneumococcal 1 84.2% Rotavirus 1 84.2% DPT-HepB-Hib2 83% OPV2 81.9% Pneumococcal 2 82% DPT-HepB-Hib3 82.4% OPV3 82.7% OPV4 58.1% Pneumococcal 3 82.3% Rotavirus 2 82% MR1 87.6% (2017)			
Outcome 2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support						
Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>5</sup> \$65,400
2.2.3.1 Improved breastfeeding promotion and nutritional support	2.2.3.1.1 Facilitate External Assessment and Accreditation process on Baby Friendly Hospital Initiative	i22. % of divisional and sub-divisional hospitals recredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	1 Sub divisional Nabouwalu Hospital	Divisional – 1/3 Sub divisional – 7/16	Hospitals Divisions Wellness	65,400
	2.2.3.1.2 Support and strengthen Infant and Young Child feeding practices at health centre and nursing station levels	i23. % of children being exclusively breastfed at 6 months	Pop:62.9% (2017)	Pop: 70%	Hospitals Divisions CSN Paediatric Wellness Family Health	

<sup>5</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5



Outcome 2.2.4 Improved prevention and management of childhood illness, including emergency care						
Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$397,850
2.2.4.1 Improved prevention and management of childhood illness	2.2.4.1.1 Support Rheumatic Heart Disease screening in primary school health program	i24. % of acute rheumatic fever and rheumatic heart disease patients receiving ≥ 80% of secondary antibiotic prophylaxis	21% (2016)	40%	Divisions Wellness	
	2.2.4.1.2 Management of Rheumatic Heart Disease cases at all health care levels					
	2.2.4.1.3 Conduct audit in all health facilities on the adherence to the WHO pocketbook	i25. Average % adherence to WHO Pocket book of hospital care for children guidelines in subdivisonal hospitals	53% (2016)	>60%	Divisions CSN Paediatric Family Health	397,850
	2.2.4.1.4 Implementation of child health development and food supplement programme	i26. # of admissions for Severe Acute Malnutrition	120 (2016/17)	<100	Hospitals Divisions CSN Paediatric Wellness	
General Objective 2.3: Expand services to address the needs of adolescents and youth						
Outcome 2.3.1 Expanded provision of preventive and clinical services to include 13-19 year olds						
Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>6</sup> \$653,464
2.3.1.1 Expanded coverage for sexual and reproductive health services	2.3.1.1.1 Conduct school visits to secondary schools	i27. % of secondary schools covered by the school health programme	Not Available	20% of high schools per subdivision	Divisions Family Health	
	2.3.1.1.2 Conduct human papillomavirus (HPV) training and awareness for service providers and mothers	i28. HPV vaccination coverage rate among Class 8 girls	HPV1 - 71.4% HPV2 - 40.3% (2016/17)	90%	Divisions Family Health	

<sup>6</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

	2.3.1.1.3 Delivery of reproductive health services	i29. Contraceptive prevalence rate (CPR) amongst population of child bearing age	44.9% (2017)	>40%	Divisions Family Health	653,464
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**Priority Area 3: Communicable disease, environmental health, and health emergency preparedness, response & resilience**

**Budget:\$2,632,266**

**General Objective 3.1: Multi-sectoral risk management and resilience for communicable diseases, environmental health, health emergencies, and climate change**

**Outcome 3.1.1 Improved effectiveness of environmental risk reduction for communicable diseases**

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>7</sup> \$831,232
3.1.1.1 Improved effectiveness of environmental risk reduction for communicable diseases	3.1.1.1.1 Development and Implementation of Drinking Water Safety plan (DWSP)	i30. # and % of rural sanitary district communities with Drinking Water Safety Plans	21 of 95 [22%] (2016/17)	59 of 95 [62%]	Divisions Health Protection	280,782
	3.1.1.1.2 Food establishments graded as per Food Premises Grading Regulation	i31. % of food establishment within rural sanitary district graded A, B, or C for food safety standards	85% (2016/17)	>85%	Divisions Health Protection	321,550
	3.1.1.1.3 Conduct mosquito larval/ sentinel surveys(monthly/ Quarterly)	i32. % of high risk communities in rural sanitary district areas meeting vector surveillance standards	87% (2017)	>90%	Divisions Health Protection	109,000
	3.1.1.1.4 Integrate vector control management					87,200
	3.1.1.1.5 Conduct divisional (Quarterly)source reduction campaign					32,700

**Outcome 3.1.2 Enhanced national health emergency and disaster preparedness, management and resilience**

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$115,540
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<sup>7</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

3.1.2.1 Improved disaster preparedness and response and climate resilience	3.1.2.1.1 Conduct Health Resources Availability Mapping(HeRAMS)	i33. # of targeted subdivisions and hospitals meeting minimum standards for disaster preparedness and response and climate resilience	4/20 SDs 3/3 divisional hospitals 1/2 specialist hospitals (2016/17)	10/20 SDs 3/3 divisional hospitals 2/2 specialist hospitals	Health Protection	115,540
	3.1.2.1.2 Implement safe hospital initiative					
	3.1.2.1.3 Advocacy for climate change and capacity building					
	3.1.2.1.4 Implement IHR activities	i34. IHR core capacities compliance	80% (2017)	>90%	Divisions Health Protection	

### General Objective 3.2: Improved case detection and coordinated response for communicable diseases

#### Outcome 3.2.1 Strengthened communicable disease surveillance

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget
3.2.1.1 Improved communicable disease surveillance and reporting	3.2.1.1.1 Maintain and expand EWARS at divisional and national level	i35. Average % of routine syndromic surveillance report received on time	100% (2016/17)	100%	Divisions Health Protection	
		i36. # of EWARS sentinel sites	34	40	Health Protection	
	3.2.1.1.2 Establish the National Vaccine Preventable Diseases Unit	i37. % timeliness and completeness of IB-VPD surveillance reports, including zero-reports and sample collection	100% (2016/17)	100%	Divisions Health Protection Research and Innovation	
		i38. Incidence of measles per 100,000 population	0 (2017/18)	0	Divisions Health Protection	

#### Outcome 3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases

#### Emphasis Area: Leptospirosis, Typhoid, Dengue, VPD ,TB , HIV

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>8</sup> \$1,685,494
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<sup>8</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

3.2.2.1 Improved prevention, detection and management of priority communicable disease  <b>Emphasis Area:</b> Leptospirosis Typhoid Dengue Meningitis VPD TB HIV Scabies Filariasis	3.2.2.1.1 Operationalize new local leptospirosis management guideline	<b>i39.</b> Case fatality rate for leptospirosis per 100,000 population	1.5% (2016/17)	<1.5%	Divisions Health Protection	677,244
	3.2.2.1.2 Dengue PCR and serotyping established at NPHL	<b>i40.</b> % establishment of IBVPD lab testing at NPHL	N/A	100%	Health Protection	
	3.2.2.1.3 Blood QPCR and serotyping for <i>N.meningitidis</i>					
	3.2.2.1.4 Review typhoid guideline and operationalize	<b>i41.</b> Case fatality rate for typhoid	2.5% (2016)	<2.5%	Divisions Health Protection	
	3.2.2.1.5 Develop and operationalize new local dengue fever management guidelines	<b>i42.</b> Case fatality rate for dengue fever	0.2% (2016/17)	<0.2%	Divisions Health Protection	
	3.2.2.1.6 Conduct review for declared outbreaks	<b>i43.</b> % reviews completed for declared outbreaks	0%	100% (for all declared outbreaks)	Health Protection Research and Innovation Divisions	
	3.2.2.1.7 Lymphatic filariasis mass drug administration (MDA)	<b>i44.</b> Prevalence of lymphatic filariasis in all divisions	>1% (2016/17)	<1%	Divisions Health Protection	81,750
	3.2.2.1.8 Lymphatic filariasis post-MDA assessments					
	3.2.2.1.9 Conduct community health awareness and active case finding	<b>i45.</b> Incidence of tuberculosis per 100,000 population	59 (2016)	54	National TB Control Officer	545,000
	3.2.2.1.10 Conduct quarterly monitoring and supervision visits	<b>i46.</b> Tuberculosis treatment success rate	89% (2017)	>89%	Divisions	
	3.2.2.1.11 Delivery of TB clinics					
	3.2.2.1.12 Support patient treatment enablers	<b>i47.</b> Tuberculosis mortality rate per 100,000 population	4.7(2016)	3.4	Divisions	
	3.2.2.1.13 Conduct	<b>i48.</b> Number of	HIV-57	HIV-<50	Divisions	

	community awareness and screening	new cases of HIV, gonorrhea, chlamydia, and syphilis	Gonorrhea - 1197 Chlamydia- 2 Syphilis-648 (2017)	Gonorrhea - <1197 Chlamydia- <2 Syphilis- <648		381,500
	3.2.2.1.14 Conduct PMTCT training	i49. Number of new Paediatric HIV cases	0	0	CSN - Obstetrics and Gynaecology Paediatric	

# Strategic Pillar 2: Health Systems Strengthening



## Priority Area 4: Continuum of care and improved quality and safety

Budget: \$2,725,000

### Outcome 4.1.1 Continuous monitoring and improvement of quality standards

Emphasis Area: 5S, TQM, KAIZEN

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>9</sup> \$2,725,000
4.1.1.1 Improved quality standards	4.1.1.1.1 Adherence to infection control practices in all health facilities	i50. Intensive care unit hand hygiene rate (Paediatrics and Adults)	>90% (2015)	≥90%	Hospitals	545,000
	4.1.1.1.2 Establish national hospital acquired infection surveillance and outbreak response	i51. Surgical site infection rate for elective caesarean section in divisional hospitals (proxy indicator for infection control)	3.57% - CWMH 4.74% - Lautoka Hosp. 4.85% - Labasa Hosp. (2015)	<5%	Hospitals Health Protection	
		i52. Unplanned readmission rate within 28 days of discharge (proxy indicator for service quality)	1.3% - CWMH 1.93% - Labasa Hosp. 0.63% - Lautoka Hosp. (2015)	<5%	Hospitals	
	4.1.1.1.3 Initiate improvement of quality and safety standards at health facilities	i53. # of quality improvement initiatives implemented at health facility	N/A	4 per facility	Divisions Hospitals FPBS HQ	
	4.1.1.1.4 Conduct routine patient experience survey	i54. Average patient experience survey response rate,	87% - Labasa Hosp. 72% - Lautoka	>90%	Hospitals	

<sup>9</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5



		disaggregated by facility	Hosp. (2015)			
	4.1.1.1.5 Efficient management of customer complaints through #157	i55. % of customer complaints resolved for complaints received through # 157	N/A	80%	Hospitals Divisions	
	4.1.1.1.6 Efficient management of overseas medical referral applications	i56. Average time for processing overseas medical referrals	N/A	<4 weeks	Overseas Medical Referral Unit	2,180,000
	4.1.1.1.7 Identify innovative practices to improve efficiency of service delivery	i57. # of new SOPs developed for implementation of innovative practices	N/A	>1	All Divisions, Hospitals, Units and Departments	
	4.1.1.1.8 Set appropriate benchmarks for service delivery					
	4.1.1.1.9 Initiate the implementation of 5S systems	i58. % of health facilities implementing 5S system	N/A	100%	All Divisions, Hospitals, Units and Departments	



**Priority Area 5: Productive, motivated health workforce with a focus on patient rights and customer satisfaction**

**Budget:\$158,228,112**

**General Objective 5.1: Motivated, qualified, customer-focused health workforce that is responsive to population health needs**

**Outcome 5.1.1 Workforce needs assessed for all MHMS cadres and facilities on an annual basis**

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$148,530,902
5.1.1.1 Workforce needs aligned to population demand	5.1.1.1.1 Review the strategic workforce plan 2015-2024	i59. Strategic workforce plan reviewed by 31/07/2019	1 SWP – 2015 - 2024	1 revised SWP	Human Resource Divisions Hospitals FPBS HQ	148,530,902
	5.1.1.1.2 Timely recruitment of additional workforce as per OMRS guideline	i60. % of recruitment and selection done in compliance with the OMRS	76%	80%	Human Resource Divisions Hospitals FPBS HQ	

		Guideline				
	5.1.1.1.3 Update of HRIS	i61. % implementation of HRIS by 31/07/2019	60%	100%	Human Resource Divisions Hospitals FPBS HQ	
	5.1.1.1.4 Monitor adherence to discipline guideline for an ethical workforce	i62. % of disciplinary cases conducted in compliance with the CS Discipline Guideline	70%	75%	Human Resource Divisions Hospitals FPBS HQ	
	5.1.1.1.5 Efficient and effective management of employee terms and conditions	i63. % of personnel issues processed in timely manner in compliance with PSC Act and regulations	50%	60%	Human Resource Divisions Hospitals FPBS HQ	
	5.1.1.1.6 Facilitate learning and development activities	i64. % of EOIs called and processed in a timely manner and in accordance with the L&DG 2018	80%	90%	Human Resource Division	
	5.1.1.1.7 Develop L&D Policy aligned to CS L&DG	i65. # of HR policies developed/ reviewed	N/A	3	Human Resource Division	
	5.1.1.1.8 Review of OMRS Policy					
	5.1.1.1.9 Develop a Discipline Policy					
	5.1.1.1.10 Monitor timely performance assessment of staff	i66. % of Performance Assessment is conducted in compliance with the Performance Management Guidelines 2018	95%	100%	Human Resource Divisions Hospitals FPBS HQ	
<b>Outcome 5.1.2 Health Workers recruited and deployed efficiently based on service needs</b>						

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$8,987,369
5.1.2.1 Reduction in number of vacancies	5.1.2.1.1 Timely recruitment and selection of staff to ensure vacant positions are filled	i67. % of recruitment and selection completed within the 4 months’ timeframe	33%	70%	Human Resource Divisions Hospitals FPBS HQ	8,987,369
	5.1.2.1.2 Timely posting and transfer of officers	i68. % adherence to timelines as per National Posting Circular	60%	80%		
Outcome 5.1.3 Healthy, safe, and supportive work environment to improve workforce satisfaction						
Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$709,841
5.1.3.1Healthy safe, and supportive work environment, professional development and retention	<sup>10</sup> 5.1.3.1.1 Conduct staff satisfaction survey	i69. Report on staff satisfaction survey completed by 31/07/2019	N/A	1 report	Human Resource Divisions Hospitals FPBS HQ	
	5.1.3.1.2 Analysis of Exit questionnaire and report submitted	i70. Report on analysis of exit questionnaire submitted on a quarterly basis	N/A	1 report/qtr	HR	
	5.1.3.1.3 Completion of recommended training as per National Training and Productivity Centre (NTPC) grant levy requirement	i71. Induction, Employee Relations, OHS and Supervisory and Leadership training conducted	1 workshop per division	2 workshops per division	Human Resource Divisions Hospitals FPBS HQ	173,038
		i72. 2 fire drills per health facility conducted	2 fire drills	2 fire drills		
		i73. % of NTPC grant levy returns	28%	50%		
5.1.3.1.4 Capacity building for all staff	i74. % of capacity development programs in compliance	N/A	100%	Human Resource Division	536,803	

<sup>10</sup> The budget for this activity has been included as part of the Human Resource cost under Priority Area 5


**Priority Area 6: Evidence-based policy, planning, implementation and assessment**
**Focus Area: Sound governance and legislation. Improved patient record and information management systems , Streamlined research ethics review processes**
**Budget:\$1,623,882**
**General Objective 6.1: Planning and budgeting are based on sound evidence and consider cost-effectiveness**
**Outcome 6.1.1 Evidence-based policy and planning**

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget
6.1.1.1 Evidence based policy and planning	6.1.1.1.1 Develop policy for identified priority areas	i75. # of national policies developed	4 (2016/17)	6	Planning and Policy Development All National Advisors	
	6.1.1.1.2 Develop Central Health Service Plan	i76. # of Health Service Plan developed	3 divisions	1 (Central Services Plan)	Planning and Policy Development	HSSP Support
	6.1.1.1.3 Completion of central health service plan report					
	6.1.1.1.4 Prepare cabinet papers prepared in accordance with standards and requirements	i77. # of Cabinet papers submitted to Cabinet	17 (2016/17)	>17	All National Advisors Planning and Policy Development	
	6.1.1.1.5 Provide evidence based policy advise on key issues of national interest	i78. # of Cabinet papers, plans, policy briefs, reports submitted to PSHMS	N/A	>8	All National Advisors	
	6.1.1.1.6 Monitor and support efficient functioning of boards and committees	i79. % of process improvement initiatives implemented	N/A	>50%	Executive Support	
	6.1.1.1.7 Identify process improvement initiatives					

**General Objective 6.2: Health information systems provide relevant, accurate information to the right people at the right time**

Outcome 6.2.1 Expanded coverage of electronic patient management information systems in facilities						
Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$1,122,482
6.2.1.1 Electronic Patient management information systems utilised in all health facilities	6.2.1.1.1 Provide Patient Information Systems (PATIS) online access (govnet) to targeted health facilities	i80. # and % of hospitals using a fully functional PATIS plus system	14 /23 [61%] (2016/17)	20 [86%]	Digital Health and Analysis	757,332
	6.2.1.1.2 Procure and distribute necessary Information, Communication and Technology (ICT) hardware resources nationally					
	6.2.1.1.3 Maintain and upgrade server infrastructure for applications					
	6.2.1.1.4 Ensure interoperability between current and new applications	i81. Average % of total discharges recorded in PATISplus system	70% (2016/17)	80%	Digital Health and Analysis	365,150
	6.2.1.1.5 Improve online functionality and use of HIS (PATIS+, CMRIS and LIMS)					
	6.2.1.1.6 Maintain software licensing and maintenance contracts					
	6.2.1.1.7 Conduct HIS Training for end users (e.g. PATIS+, CMRIS, LIMS, RIS/PACS, ICD10, Iris, MCDC etc)					
	6.2.1.1.8 Improve birth data capture in divisional hospitals	i82. Average % of births recorded in PATISplus system	39%	70%	Digital Health and Analysis Hospitals	
	6.2.1.1.9 Provide technical assistance and support to program managers for HI/ICT needs/program evaluation and	i83. Number of scoping documents prepared for tender	2 (Surgery and Theatre, RIS/PACS)	3 (NCD, Screening, Mental)	Digital Health and Analysis All	

	review. (facilitate business analysis, scoping, application design and development)					
<b>Outcome 6.2.2 Strengthen communicable disease surveillance, notification and reporting</b>						
<b>Output</b>	<b>Activities</b>	<b>Indicators</b>	<b>Baseline (Year)</b>	<b>2018/2019 Target</b>	<b>Responsibility</b>	<b>Budget</b>
6.2.2.1 Integrated systems for communicable disease surveillance in place	6.2.2.1.1 Implement an integrated disease notification surveillance system at all levels, with defined frequency 6.2.2.1.2 Produce scheduled reports and provide feedback to reporting facilities.	i84. Integrated surveillance system meets user-defined requirements for integration, completeness, timeliness, accuracy, and ease-of-use	Develop in 2017/18	Integrated surveillance system developed	Health Protection Digital Health and Analysis Hospitals Divisions	
<b>Outcome 6.2.3 Improved consistency of key national health data and statistics</b>						
<b>Output</b>	<b>Activities</b>	<b>Indicators</b>	<b>Baseline (Year)</b>	<b>2018/2019 Target</b>	<b>Responsibility</b>	<b>Budget<sup>11</sup></b> <b>\$130,000</b>
6.2.3.1 Improved collaboration with internal and external stakeholders to improve national level data	6.2.3.1.1 Strengthen National Civil Registration and Vital Statistics Committee 6.2.3.1.2 Organise National Health Information Committee Meeting for health information policy issue discussion, rectification and monitor progress of HIS projects 6.2.3.1.3 Collate, compile, analyze, publish and provide feedback on health statistics	i85. % of MHMS mortality records coded and submitted to the Fiji Bureau of Statistics	100% (2016/17)	100%	Digital Health and Analysis Hospitals Divisions	130,000
<b>General Objective 6.3: Results-based monitoring &amp; evaluation as a driver for organizational decision-making and behaviour change</b>						
<b>Outcome 6.3.1 M&amp;E standards established to improve performance and accountability</b>						
<b>Output</b>	<b>Activities</b>	<b>Indicators</b>	<b>Baseline (Year)</b>	<b>2018/2019 Target</b>	<b>Responsibility</b>	<b>Budget</b> <b>\$306,000</b>

<sup>11</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5



6.3.1.1 Strengthening M&E systems and processes	6.3.1.1.1 Develop/ update metadata (i.e Performance Indicator Reference Sheets) 2018/2019 Annual Operation Plan indicators	i86. % of MHMS national-level indicators that have complete, accurate metadata	70% (2016/17)	85%	Digital Health and Analysis Divisions Hospitals	306,000
	6.3.1.1.2 Strengthen National METT Committee					
	6.3.1.1.3 Conduct national workshops and M&E trainings for current and new Resource Network Members					
	6.3.1.1.4 Perform quarterly, mid-year and annual performance assessment and give feedback	i87. # and % of business units meeting, reporting requirements	18[90%]	20[100%]	All Divisions, Hospitals, Units and Departments	
	6.2.1.1.5 Perform supervisory visits and ward audits					
Outcome 6.3.2 Integrate surveys and applied research into MHMS annual planning cycle						
Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$65,400
6.3.2.1 Strengthen research and innovation to support health systems strengthening	6.3.2.1.1 Identify research priorities based on health system needs	i88. Targeted research plan to fill in key MHMS knowledge gaps, prepared and updated annually	N/A	Plan developed in 2019	Digital Health and Analysis Research and Innovation	65,400
	6.3.2.1.2 Identify policy recommendations from research	i89. # of policy briefs submitted to PSHMS	N/A	>3	Research and Innovation	



## Priority Area 7: Medicinal products, equipment & infrastructure

**Focus Area: Hospital and health service management strengthening. Strengthen pharmaceutical & biomedical procurement and supply and planned preventive maintenance for facilities.**

**Budget:\$147,125,923**

### General Objective 7.1: Quality medicinal products are rationally used and readily accessible to the public

#### Outcome 7.1.1 Functional supply chain management system established to improve medicinal product availability

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>12</sup> \$46,904,721
7.1.1.1 Improved availability of targeted products	7.1.1.1.1 Conduct timely forecasting and quantification	i90. Avg. % availability of tracer products in targeted facilities	80% (2014)	>80%	Pharmaceutical & Biomedical Services	46,904,721
	7.1.1.1.2 Efficient management of procurement and stock control					
	7.1.1.1.3 Maintain consistent supply of medicinal products					
	7.1.1.1.4 Implement Free Medicine Program initiative	i91. Stock wastage due to expiry as % of the medicines budget	<3% (2016)	<3%	Pharmaceutical & Biomedical Services	
	7.1.1.1.5 Review procurement and supply management practices					

#### Outcome 7.1.2 The quality of imported and distributed medicinal products standardize

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>13</sup> \$54,500
7.1.2.1 Standardized quality of medicines imported by FPBS	7.1.2.1.1 Implement quality assurance activities	i92. % of essential medicines tested for quality at overseas accredited laboratory	N/A	>5%	Pharmaceutical & Biomedical Services	54,500

### General Objective 7.2: Ensure availability of essential biomedical equipment at health facilities

#### Outcome 7.2.1 Increased availability of essential biomedical & dental equipment in government health facilities

<sup>12</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

<sup>13</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$13,298,000
7.2.1.1 Improved functionality of biomedical & dental equipment in health facilities	7.2.1.1.1 Conduct audits for targeted health facilities	i93. % of health facilities meeting the minimum standards for essential biomedical equipment	87%	>90%	Pharmaceutical & Biomedical Services	13,298,000
	7.2.1.1.2 Procurement of essential biomedical equipment					

**General Objective 7.3: Infrastructure planned based on service standards for operational and population needs**

**Outcome 7.3.1 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety**

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$55,128,734
7.3.1.1 Improved Infrastructure & equipment for service delivery	7.3.1.1.1 Upgrade infrastructure to meet service delivery needs	i94. % adherence to infrastructure maintenance plans	N/A	>90%	Finance and Asset Management	53,945,253
	7.3.1.1.2 Monitor compliance to Occupational Health & Safety standards in health facility	i95. % of facilities in compliance with Occupational Health & Safety requirements for certification	[80%] 22/25 (2017)	[100%]	Finance and Asset Management Divisions Hospitals	1,183,481
	7.3.1.1.3 Support OHS compliance through strengthening sanitary service, sewage, pest control etc					

**Outcome 7.3.2 Strengthen Health Service management**

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget \$31,739,968
7.3.2.1 Improved budget execution and financial performance	7.3.2.1.1 Comprehensive program costing and budget predictions as part of budgetary submission to maximise value for money.	i96. % execution of General Administration annual budget	90% (2016/17)	100%	Finance and Asset Management	31,739,968
	7.3.2.1.2 Comprehensive Mid-Term review of Ministry's budget allocation and expenditure					

	7.3.2.1.3 Implementation of review recommendations for budget execution which demonstrates increased process efficiency and improved service delivery					
	7.3.2.1.4 Implementation of process improvement initiatives	i97. # of audit queries	1	<1	Finance and Asset Management	
	7.3.2.1.5 Better utilization of resources and assets resulting in cost efficiency					



### Priority Area 8: Sustainable financing

Area of Focus: Innovative Financing Options , Outsourcing

Budget:\$54,500

#### General Objective 8.1: Improve financial sustainability, equity and efficiency

#### Outcome 8.1.1 Expanded evidence base and analytical capacity for strategic health financing

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget <sup>14</sup> \$54,500
8.1.1.1 Evidence base generated for strategic health financing	8.1.1.1.1 Conduct annual NHA assessment including surveys and compile report	i98. National Health Accounts (NHA) estimation completed annually	2015 NHA	2017/2018 NHA	Planning and Policy Development	54,500

#### Outcome 8.1.2 Appropriate health financing strategy (model) developed

Output	Activities	Indicators	Baseline (Year)	2018/2019 Target	Responsibility	Budget
8.1.2.1 Estimated demand for resource needs for budgetary submissions for 3 years	8.1.2.1.1 Analysis based on past performance and future demand for services	i99. Projected resource implications report for health service delivery – 3 year period	2018/19 Estimates	2019/2020 Estimates	Planning and Policy Development	N/A

<sup>14</sup> The budget figures shown in the table are not inclusive of human resource cost, the Human resource cost have all been included under Priority area 5

# Capital Works Plan

## Ministry 2018-2019 Resourcing profile (budget costs & staff)

### Planned CAPEX

Strategic Priority	Project Ref No	SEG No	Project	Planned Completion date	Total Budget \$	1 <sup>st</sup> QTR \$	2 <sup>nd</sup> QTR \$	3 <sup>rd</sup> QTR \$	4 <sup>th</sup> QTR \$
Priority Area 7		8	Upgrading and Maintenance of Urban Hospitals and Institutional Quarters	Several maintenance projects are under this allocation. Some continuing over the financial year and some completing within	2,000,000	500,000	500,000	500,000	500,000
		8	Extension of CWM Hospital Maternity Unit	Expected completion in 2021	11,000,000	1,000,000	1,500,000	3,500,000	5,000,000
		8	Upgrading and Maintenance of Sub-Divisional Hospitals, Health Centres and Nursing Stations	Several maintenance projects are under this allocation. Some continuing over the financial year and some completing within	5,000,000	1,500,000	1,250,000	1,250,000	1,000,000
		8	Construction of Lodoni Health Centre	Completion planned for 2020	1,000,000	-	250,000	250,000	500,000
		8	Construction of Navosa Sub-Divisional Hospital	May, 2019	11,000,000	2,750,000	2,750,000	2,750,000	2,750,000
		8	Upgrade and Extension of Korovou Hospital	Completion planned for 2020	500,000	-	-	200,000	300,000
		8	Upgrade of Valelevu Health Centre	Completion planned for 2020	2,500,000	-	250,000	250,000	2,000,000
		8	Upgrade of Labasa Hospital	Completion planned for 2019	1,750,000	250,000	300,000	300,000	900,000

Strategic Priority	Project Ref No	SEG No	Project	Planned Completion date	Total Budget \$	1 <sup>st</sup> QTR \$	2 <sup>nd</sup> QTR \$	3 <sup>rd</sup> QTR \$	4 <sup>th</sup> QTR \$
		8	Upgrade of Lautoka Hospital Operating Theatre and X-Ray Department	Completion planned for 2019	3,000,000	500,000	500,000	1,000,000	1,000,000
		8	Divisional Development Projects	6 divisional projects within this allocation with majority expected to complete in 2018-2019 financial year	1,000,000	250,000	300,000	250,000	200,000
		8	Extension of CWM Hospital Emergency Department	Completion planned for 2021	250,000	-	-	-	250,000
		8	Construction of Biomedical Engineering Building		250,000	-	-	-	250,000
		8	Fiji Centre of Communicable Disease Control	Completion planned for 2021	1,000,000	-	-	500,000	500,000
		8	Navua Hospital and Nakasi Health Centre	Payments by July, 2019 for Navua and January, 2019 for Nakasi	887,058	-	400,000	-	487,058
		8	Completion of New Ba Hospital	April, 2019	3,440,000	-	-	-	3,440,000
Priority Area 6		9	ICT Infrastructure and Network	May, 2019	694,800	428,900	205,900	10,000	50,000
Priority Area 7		9	Purchase of Equipment for Urban Hospitals	July, 2019	890,000	100,000	100,000	290,000	400,000
		9	Equipment for Sub-Divisional Hospitals, Health Centre and Nursing Stations	July, 2019	1,000,000	100,000	200,000	200,000	500,000



Strategic Priority	Project Ref No	SEG No	Project	Planned Completion date	Total Budget \$	1 <sup>st</sup> QTR \$	2 <sup>nd</sup> QTR \$	3 <sup>rd</sup> QTR \$	4 <sup>th</sup> QTR \$
		8	Maintenance of Fiji Pharmaceutical Biomedical Service property	June, 2019	300,000	150,000	90,000	30,000	30,000
		9	Purchase of Dental Equipment for Urban Hospitals and Sub - Divisional Hospitals	June, 2019	500,000	-	-	250,000	250,000
		9	Purchase of Bio-Medical Equipment for Urban and Sub-Divisional hospitals	June, 2019	5,000,000	1,250,000	1,250,000	1,250,000	1,250,000
		9	Purchase of MRI Machine-Colonial War Memorial Hospital	June,2019	4,000,000	-	-	-	4,000,000

# Annual Output Budget and Resource Plan

## Budget and Overheads

Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Overhead allocation	Total Budget
Outcome 1.1.1 Reduce key lifestyle risk factors among the population	Output 1.1.1.1 Improvement in lifestyle risk factors among the population	1,914,520	-	-	-	-	882,900	279,520	752,100	-	-	-	-	1,914,520
Outcome 1.1.2 Strengthen continuum of care for NCDs	Output 1.1.2.1 Improved early detection with effective risk assessment, behaviour change counselling and clinical management	10,518,289	-	-	1,192,242	43,600	3,238,947	200,000	2,343,500	-	-	3,500,000	-	10,518,289
Outcome 1.1.3 Extended primary care service coverage through effective partnerships with communities	Output 1.1.3.1 Primary care service coverage	8,175,769	-	-	1,363,045	-	1,093,270	356,000	5,363,454	-	-	-	-	8,175,769
Outcome 1.1.4 Mental health	Output 1.1.4.1 Improving detection,	845,272	-	-	53,192	204,920	331,360	125,000	130,800	-	-	-	-	845,272

Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Overhead allocation	Total Budget
services integrated within primary health care in all facilities	clinical management and referral through mhGAP Programme													
Outcome 2.1.1 Increase antenatal care coverage with an emphasis on early booking	Output 2.1.1.1 Increased Antenatal care coverage	-	-	-	-	-	-	-	-	-	-	-	-	-
Outcome 2.1.2 Improved obstetric care with a focus on adherence to key clinical practice standards	Output 2.1.2.1 Quality obstetric care	-	-	-	-	-	-	-	-	-	-	-	-	-
Outcome 2.1.3 Expanded coverage of postnatal care services for mothers and newborns	Output 2.1.3.1 Improved postnatal care delivery	-	-	-	-	-	-	-	-	-	-	-	-	-
Outcome 2.2.1 Expand neonatal and infant healthcare	Output 2.2.1.1 Reduction in Neonatal and Infant Deaths	-	-	-	-	-	-	-	-	-	-	-	-	-

Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Overhead allocation	Total Budget
Outcome 2.2.2 High level of coverage for immunization services including new antigens	Output 2.2.2.1 Level of coverage for immunization services	-	-	-	-	-	-	-	-	-	-	-	-	-
Outcome 2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	Output 2.2.3.1 Improved breastfeeding promotion and nutritional support	65,400	-	-	-	-	-	-	65,400	-	-	-	-	65,400
Outcome 2.2.4 Improved prevention and management of childhood illness, including emergency care	Output 2.2.4.1 Improved Prevention and management of childhood illness	397,850	-	-	-	-	-	-	397,850	-	-	-	-	397,850
Outcome 2.3.1 Expanded provision of preventive and clinical services to include 13-19 year olds	Output 2.3.1.1 Expanded coverage for sexual and reproductive health services	653,464	-	-	-	-	-	12,000	641,464	-	-	-	-	653,464

Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Overhead allocation	Total Budget
Outcome 3.1.1 Improved effectiveness of environmental risk reduction for communicable diseases	Output 3.1.1.1 Environmental risk reduction for communicable diseases	831,232	-	-	-	354,250	196,200	-	280,782	-	-		-	831,232
Outcome 3.1.2 Enhanced national health emergency and disaster preparedness, management and resilience	Output 3.1.2.1 Disaster preparedness and response and climate resilience	115,540	-	-	-	-	115,540	-	-	-	-		-	115,540
Outcome 3.2.1 Strengthened CD surveillance through integration of reporting processes and systems	Output 3.2.1.1 Improved CD surveillance	-	-	-	-	-	-	-	-	-	-		-	-
"Outcome 3.2.2 Improved prevention, case detection, and treatment of targeted communicable	Output 3.2.2.1 Improved prevention and management of CD's	1,685,494	-	-	-	-	1,085,994	-	599,500	-	-		-	1,685,494

Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Overhead allocation	Total Budget
diseases  Emphasis Area: Leptospirosis , Typhoid, Dengue,TB ,HIV														
Outcome 4.2.1 Systematic quality improvement process established in all government health facilities	Output 4.2.1.1 Compliance with Systematic quality improvement standards at health facilities	2,725,000	-	-	2,180,000	-	545,000	-	-	-	-		-	2,725,000
Outcome 5.1.1 Workforce needs assessed for all MHMS cadres and facilities on an annual basis	Output 5.1.1.1 Workforce needs aligned to population demand	148,530,902	126,474,732	18,926,366	299,205	-	-	-	2,830,599	-	-		-	148,530,902
Outcome 5.1.2 Health Workers recruited and deployed efficiently based on service needs	Output 5.1.2.1 Reduction in number of vacancies	8,987,369	8,307,657	679,712	-	-	-	-	-	-	-		-	8,987,369



Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Overhead allocation	Total Budget
Outcome 5.1.3 Healthy, safe, and supportive work environment to improve workforce satisfaction	Output 5.1.3.1 Healthy safe, and supportive work environment, professional development and retention	709,841	-	-	-	-	709,841	-	-	-	-		-	709,841
Outcome 6.1.1 Evidence- based policy and planning	Output 6.1.1.1 Evidence based policy and planning	-	-	-	-	-	-	-	-	-	-		-	-
Outcome 6.2.1 Expanded coverage of electronic patient management information systems in facilities	Output 6.2.1.1 Electronic Patient management information systems utilised in all health facilities	1,122,482	-	-	-	-	365,150	-	-	-	757,332		-	1,122,482
Outcome 6.2.2 Strengthen communicable disease surveillance, notification and reporting	Output 6.2.2.1 Integrated systems for communicable disease surveillance in place	-	-	-	-	-	-	-		-	-		-	-
Outcome 6.2.3 Improved consistency of key national	Output 6.2.3.1 Collaboration with partner institutions to improve	130,000	-	-	-	-	-	-	130,000	-	-		-	130,000

Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Overhead allocation	Total Budget
health data and statistics	national level data													
Outcome 6.3.1 M&E standards established to improve performance and accountability	Output 6.3.1.1 Strengthening M&E systems and processes	306,000	-	-	-	-	-	-	306,000	-	-		-	306,000
Outcome 6.3.2 Integrate surveys and applied research into MHMS annual planning cycle	Output 6.3.2.1 Strengthen research and innovation to support health systems strengthening	65,400	-	-	-	-	-	-	65,400	-	-	-	-	65,400
Outcome 7.1.1 Functional supply chain management system established to improve medicinal product availability	Output 7.1.1.1 Improved availability of targeted products	46,904,721	-	-	180,395	12,535	46,711,791	-	-	-	-		-	46,904,721
Outcome 7.1.2 The quality of imported and distributed medicinal products	Output 7.1.2.1 Consistency in quality of medicines imported by FPBS	54,500	-	-	-	-	54,500	-	-	-	-		-	54,500

Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Overhead allocation	Total Budget
standardize														
Outcome 7.2.1 Increased availability of essential biomedical & dental equipment in government health facilities	Output 7.2.1.1 Functional biomedical & dental equipment in health facilities	13,298,000	-	-	-	2,943,000	-	-	-	-	10,355,000		-	13,298,000
Outcome 7.3.1 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety	Output 7.3.1.1 Infrastructure & equipment aligned to service delivery	55,128,735	-	-	-	957,852	2,969,160	-	225,630	48,915,993	2,060,100		-	55,128,735
Outcome 7.3.2 Strengthen Health Service management	Output 7.3.2.1 Strengthen support for administrative functions	31,739,968	-	-	2,156,308	14,197,795	15,102,466	-	283,400	-	-		-	31,739,968
Outcome 8.1.1 Expanded evidence base and analytical capacity for strategic health	Output 8.1.1.1 Evidence base generated for strategic health financing	54,500	-	-	-	-	-	-	54,500	-	-		-	54,500

Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Overhead allocation	Total Budget
financing														
Outcome 8.1.2 Appropriate health financing strategy (model) developed	Output 8.1.2.1 Estimated demand for resource needs for budgetary submissions	-	-	-	-	-	-	-	-	-	-		-	-
<b>TOTAL</b>		<b>334,960,248</b>	<b>134,782,389</b>	<b>19,606,078</b>	<b>7,424,387</b>	<b>18,713,952</b>	<b>73,402,118</b>	<b>972,520</b>	<b>14,470,379</b>	<b>48,915,993</b>	<b>13,172,432</b>	<b>3,500,000</b>	<b>-</b>	<b>334,960,248</b>

## Budget Cashflow Forecast

Outcome	Output	Total Budget	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.
Outcome 1.1.1 Reduce key lifestyle risk factors among the population	Output 1.1.1.1 Improvement in lifestyle risk factors among the population	1,914,520	426,687	311,707	539,934	636,191
Outcome 1.1.2 Strengthen continuum of care for NCDs	Output 1.1.2.1 Improved early detection with effective risk assessment, behaviour change counselling and clinical management	10,518,289	2,344,200	1,712,506	2,966,375	3,495,208
Outcome 1.1.3 Extended primary care service coverage through effective partnerships with communities	Output 1.1.3.1 Primary care service coverage	8,175,769	1,822,125	1,331,115	2,305,736	2,716,793
Outcome 1.1.4 Mental health services integrated within primary health care in all facilities	Output 1.1.4.1 Improving detection, clinical management and referral through mhGAP Programme	845,272	188,385	137,621	238,384	280,882
Outcome 2.1.1 Increase antenatal care coverage with an emphasis on early booking	Output 2.1.1.1 Increased Antenatal care coverage	0	0	0	0	0
Outcome 2.1.2 Improved obstetric care with a focus on adherence to key clinical practice standards	Output 2.1.2.1 Quality obstetric care	0	0	0	0	0
Outcome 2.1.3 Expanded coverage of postnatal care services for mothers and newborns	Output 2.1.3.1 Improved postnatal care delivery	0	0	0	0	0
Outcome 2.2.1 Expand neonatal and infant healthcare	Output 2.2.1.1 Reduction in Neonatal and Infant Deaths	0	0	0	0	0
Outcome 2.2.2 High level of coverage for immunization services including new antigens	Output 2.2.2.1 Level of coverage for immunization services	0	0	0	0	0
Outcome 2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	Output 2.2.3.1 Improved breastfeeding promotion and nutritional support	65,400	14,576	10,648	18,444	21,732
Outcome 2.2.4 Improved prevention and management of childhood illness, including emergency care	Output 2.2.4.1 Improved Prevention and management of childhood illness	397,850	88,668	64,775	112,202	132,205
Outcome 2.3.1 Expanded provision of preventive and clinical services to include 13-19 year olds	Output 2.3.1.1 Expanded coverage for sexual and reproductive health services	653,464	145,637	106,392	184,290	217,145

Outcome	Output	Total Budget	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.
Outcome 3.1.1 Improved effectiveness of environmental risk reduction for communicable diseases	Output 3.1.1.1 Environmental risk reduction for communicable diseases	831,232	185,256	135,335	234,425	276,217
Outcome 3.1.2 Enhanced national health emergency and disaster preparedness, management and resilience	Output 3.1.2.1 Disaster preparedness and response and climate resilience	115,540	25,750	18,811	32,585	38,394
Outcome 3.2.1 Strengthened CD surveillance through integration of reporting processes and systems	Output 3.2.1.1 Improved CD surveillance	0	0	0	0	0
Outcome 3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases Emphasis Area: Leptospirosis , Typhoid ,Dengue, TB ,HIV	Output 3.2.2.1 Improved prevention and management of CD's	1,685,494	375,644	274,419	475,344	560,087
Outcome 4.2.1 Systematic quality improvement process established in all government health facilities	Output 4.2.1.1 Compliance with Systematic quality improvement standards at health facilities	2,725,000	607,318	443,663	768,506	905,512
Outcome 5.1.1 Workforce needs assessed for all MHMS cadres and facilities on an annual basis	Output 5.1.1.1 Workforce needs aligned to population demand	148,530,902	33,102,929	24,182,649	41,888,782	49,356,541
Outcome 5.1.2 Health Workers recruited and deployed efficiently based on service needs	Output 5.1.2.1 Reduction in number of vacancies	8,987,369	2,003,006	1,463,254	2,534,624	2,986,486
Outcome 5.1.3 Healthy, safe, and supportive work environment to improve workforce satisfaction	Output 5.1.3.1 Healthy safe, and supportive work environment, professional development and retention	709,841	158,201	115,571	200,190	235,879
Outcome 6.1.1 Evidence-based policy and planning	Output 6.1.1.1 Evidence based policy and planning	0	0	0	0	0
Outcome 6.2.1 Expanded coverage of electronic patient management information systems in facilities	Output 6.2.1.1 Electronic Patient management information systems utilised in all health facilities	1,122,482	250,166	182,754	316,563	372,999
Outcome 6.2.2 Strengthen communicable disease surveillance, notification and reporting	Output 6.2.2.1 Integrated systems for communicable disease surveillance in place	0	0	0	0	0
Outcome 6.2.3 Improved consistency of key national health data and statistics	Output 6.2.3.1 Collaboration with partner institutions to improve national level data	130,000	28,973	21,166	36,663	43,199
Outcome 6.3.1 M&E standards established to improve performance and accountability	Output 6.3.1.1 Strengthening M&E systems and processes	306,000	68,198	49,821	86,298	101,683



Outcome	Output	Total Budget	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.
Outcome 6.3.2 Integrate surveys and applied research into MHMS annual planning cycle	Output 6.3.2.1 Strengthen research and innovation to support health systems strengthening	65,400	14,576	10,648	18,444	21,732
Outcome 7.1.1 Functional supply chain management system established to improve medicinal product availability	Output 7.1.1.1 Improved availability of targeted products	46,904,721	10,453,607	7,636,663	13,228,100	15,586,351
Outcome 7.1.2 The quality of imported and distributed medicinal products standardize	Output 7.1.2.1 Consistency in quality of medicines imported by FPBS	54,500	12,146	8,873	15,370	18,110
Outcome 7.2.1 Increased availability of essential biomedical & dental equipment in government health facilities	Output 7.2.1.1 Functional biomedical & dental equipment in health facilities	13,298,000	2,963,712	2,165,077	3,750,311	4,418,901
Outcome 7.3.1 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety	Output 7.3.1.1 Infrastructure & equipment aligned to service delivery	55,128,735	12,286,484	8,975,633	15,547,442	18,319,176
Outcome 7.3.2 Strengthen Health Service management	Output 7.3.2.1 Strengthen support for administrative functions	31,739,968	7,073,854	5,167,655	8,951,327	10,547,132
Outcome 8.1.1 Expanded evidence base and analytical capacity for strategic health financing	Output 8.1.1.1 Evidence base generated for strategic health financing	54,500	12,146	8,873	15,370	18,110
Outcome 8.1.2 Appropriate health financing strategy (model) developed	Output 8.1.2.1 Estimated demand for resource needs for budgetary submissions	0	0	0	0	0
<b>TOTAL</b>		<b>334,960,248</b>	<b>74,652,246</b>	<b>54,535,629</b>	<b>94,465,708</b>	<b>111,306,665</b>

## Resourcing

Outcome	Output	Staff Numbers	Total Staffing Cost
Outcome 1.1.1 Reduce key lifestyle risk factors among the population	1.1.1.1 Improvement in lifestyle risk factors among the population	260	6,525,444
Outcome 1.1.2 Strengthen continuum of care for NCDs	1.1.2.1 Improved early detection with effective risk assessment, behaviour change counselling and clinical management	1,428	35,781,569
Outcome 1.1.3 Extended primary care service coverage through effective partnerships with communities	1.1.3.1 Primary care service coverage	1,111	27,829,359
Outcome 1.1.4 Mental health services integrated within primary health care in all facilities	1.1.3.1 Improving detection, clinical management and referral through mhGAP Programme	115	2,881,023
Outcome 2.1.1 Increase antenatal care coverage with an emphasis on early booking	2.1.1.1 Increased Antenatal care coverage	111	2,803,138
Outcome 2.1.2 Improve obstetric care with a focus on adherence to key clinical practice standards	2.1.2.1 Quality obstetric care	706	17,857,029
Outcome 2.1.3 Expand coverage of postnatal care services for mothers and newborns	2.1.3.1 Improved postnatal care delivery	533	13,496,592
General Objective 2.2.1: Expand neonatal and infant healthcare	2.2.1.1 Reduction in Neonatal and Infant Deaths		
Outcome 2.2.2 Maintain high level of coverage for immunization services including new antigens	2.2.2.2 Increased level of coverage for immunization services		
Outcome 2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	2.2.3.1 Improved breastfeeding promotion and nutritional support		

Outcome 2.2.4 Improved prevention and management of childhood illness, including emergency care	2.2.4.1 Improved Prevention and management of childhood illness		
Outcome 2.3.1 Expanded provision of preventive and clinical services to include 13-19 year olds	2.3.1.1 Expanded coverage for sexual and reproductive health services	62	1,557,299
Outcome 3.1.1 Improved effectiveness of environmental risk reduction for communicable diseases	3.1.1.1 Environmental risk reduction for communicable diseases	389	11,737,533
Outcome 3.1.2 Enhanced national health emergency and disaster preparedness, management and resilience	3.1.2.1 Disaster preparedness and response and climate resilience	54	1,631,499
Outcome 3.2.1 Strengthen communicable disease surveillance through integration of reporting processes and systems	3.2.1.1 Improved communicable disease surveillance and reporting		
Outcome 3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases Emphasis Area: Trachoma, Leptospirosis , Typhoid Dengue, Leprosy ,TB ,HIV	3.2.2.1 Improved prevention and management of CD's	898	21,491,543
Outcome 4.2.1 Continuous monitoring and improvement of quality standards	4.2.1.1 Improved quality standards	6	137,874
Outcome 5.1.1 Workforce needs assessed for all MHMS cadres and facilities on an annual basis	5.1.1.1 Workforce needs aligned to population demand	145	7,754,246
Outcome 5.1.2 Health Workers recruited and deployed efficiently based on service needs	5.1.2.1 Reduction in number of vacancies	10	506,695
Outcome 5.1.3 Healthy, safe, and supportive work environment to improve workforce satisfaction	5.1.3.1 Healthy safe, and supportive work environment, professional development and retention	2	106,743

Outcome 6.2.1 Expanded coverage of electronic patient management information systems in facilities	6.2.1.1 Electronic Patient management information systems utilized in all health facilities	3	91,634
Outcome 6.2.2 Strengthen communicable disease surveillance, notification and reporting	6.2.2.1 Integrated systems for communicable disease surveillance in place	2	82,551
Outcome 6.2.3 Improved consistency of key national health data and statistics	6.2.3.1 Collaboration with partner institutions to improve national level data	11	238,973
Outcome 6.3.1 M&E standards established to improve performance and accountability	6.3.1.1 Strengthening M&E systems and processes	2	91,983
Outcome 6.3.2 Integrate surveys and applied research into MHMS annual planning cycle	6.3.2.1 Strengthen research and innovation to support health systems strengthening	1	32,032
Outcome 7.1.1 Functional supply chain management system established to improve medicinal product availability	7.1.1.1 Improved availability of targeted products	20	434,302.14
Outcome 7.1.2 The quality of imported and distributed medicinal products standardize	7.1.2.1 Consistency in quality of medicines imported by FPBS	3	113,760.78
Outcome 7.2.1 Increased availability of essential biomedical equipment in government health facilities	7.2.1.1 Functional biomedical equipment in health facilities	7	155,201.48
Outcome 7.3.1 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety	7.3.1.1 Infrastructure & equipment aligned to service delivery	27	629,597.18
Outcome 7.3.2 Strengthen Health Service management	7.3.2.1 Strengthen support for administrative functions	16	370,438.42
Outcome 8.1.1 Expanded evidence base and analytical capacity for strategic health financing	8.1.1.1 Evidence base generated for strategic health financing	1	50,513
<b>TOTAL</b>		<b>5923</b>	<b>154,388,571</b>

# Acronyms

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CD	Communicable Disease
CSN	Clinical Service Network
DMOs	Divisional Medical Officers
ESU	Executive Support Unit
FPBS	Fiji Pharmaceutical & Biomedical Services
HIV	Human Immunodeficiency Virus
HIS	Health Information System
ICD	International Statistical Classification of Diseases
MCDC	Medical Cause of Dead Certificate
M&E	Monitoring and Evaluation
METT	Monitoring & Evaluation Technical Teams
mhGAP	Mental Health Gap Action Programme
MHMS	Ministry of Health and Medical Services
MSHI	Mother Safe Hospital Initiative
MSs	Medical Superintendents
NAs	National Advisors
NPHL	National Public Health Laboratory
PATIS	Patient Information Systems
PMTCT	Prevention Of Mother-To-Child Transmission
RHD	Rheumatic Heart Diseases
SDG	Sustainable Development Goal
UHC	Universal Health Coverage
WHO	World Health Organisation