

ANNUAL REPORT 2013



MINISTRY OF HEALTH

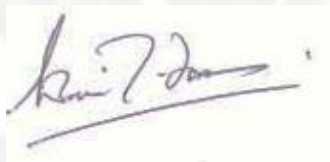
Annual Report 2013

June 2013

Dr Neil Sharma
The Minister for Health
Ministry of Health
Suva

Dear Dr Sharma,

I am pleased to submit the 2013 Annual Report in accordance with the Government's regulatory requirements.

A handwritten signature in black ink on a light yellow rectangular background. The signature appears to be 'Eloni Tora' with a horizontal line underneath.

Dr Eloni Tora
Permanent Secretary for Health

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Acronyms

A&E	Accident and Emergency
ACBA	Australian Coding Benchmark Audit
ACP	Annual Corporate Plan
AHD	Adolescent Health Development
ALOS	Average Length of Stay
AMU	Asset Management Unit
ARH	Adolescent Reproductive Health
AusAID	Australian Agency for International Development
BCG	Bacillus Calmette Guerin
BFHI	Baby Friendly Hospital Initiative
BP	Business Plan
CBA	Child Bearing Age
CD	Communicable Diseases
CDC	Centre for Disease Control
CMNHS	College of Medicine, Nursing and Health Sciences
CPG	Clinical Practice Guidelines
CQI	Continuous Quality Improvement
CSN	Clinical Service Network
CSP	Clinical Service Plan
CT	Computed Tomography
CWMH	Colonial War Memorial Hospital
DMFT	Decayed Missing Filled Teeth
DMOC	Divisional Medical Officer Central
DNS	Director of Nursing
DOTS	Directly Observed Treatment
DPPDU	Director Planning and Policy Development Unit
DSAF	Deputy Secretary Administration and Finance
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary Public Health
EH	Environmental Health
EmNOC	Emergency Obstetric and Newborn Care
EPI	Expand Program of Immunisation
FCCDC	Fiji Centre for Communicable Disease Control
FHSSP	Fiji Health Sector Support Program
FJPH	Fiji Journal of Public Health
FNU	Fiji National University
FPAN	Fiji Plan of Action for Nutrition
FPBS	Fiji Pharmaceutical and Biomedical Services
GDP	Gross Domestic Product
GF	Global Fund
GMU	Grant Management Unit
GO	General Orders
GOF	Government of Fiji
GOPD	General Outpatient Department
HBV	Hepatitis B Virus
HC	Health Centre
HCF	Health Care Finance
HEADMAP	Health and Emergencies Disaster Management Plan
HIU	Health Information Unit
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
HPTSG	Health Policy Technical Support Group
HQ	Headquarters
HRP	Health Research Portal
ICT	Information Communication Technology
IMCI	Integrated Management of Childhood Illnesses

JICA	Japan International Cooperation Agency
KPI	Key Performance Indicator
LIMS	Laboratory Information System
MDA	Mass Drug Administration
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
MOF	Ministry of Finance
MOH	Ministry of Health
MR	Measles and Rubella
MRI	Magnetic resonance imaging
MVA	Manual Vacuum Aspirator
NCD	Non Communicable Diseases
NCHP	National Centre for Health Promotion
NHA	National Health Account
NHEC	National Health Ethics Committee
NICU	Neonatal Intensive-Care Unit
NIMS	National Iron and Micronutrients Supplementation
NQSHL	National Quality Standards for Health Laboratory
NRP	Neonatal Resuscitation Programme
NSP	National Strategic Plan
NTBD	National Tooth Brushing Day
NTD	Neglected Tropical Diseases
OPV	Oral Polio Vaccine
PATIS	Patient Information System
Pac ELF	Pacific Programme to Eliminate Lymphatic Filariasis
PCCPP	Peoples Charter for Change, Peace and Progress
PCR	Polymerase Chain Reaction
PHIS	Public Health Information System
PICU	Paediatric Intensive Care Unit
PO	Purchase Order
PPHSN	Pacific Public Health Surveillance Network
PPTCT	Prevention of Parent-to-Child Transmission
PPP	Public Private Partnership
PPU	Post Processing Unit
PR	Principal Recipient
PSC	Public Service Commission
PSH	Permanent Secretary for Health
RCA	Root Cause Analysis
RDSSSED	Road for Democracy, Sustainable Socio-Economic Development
RDQA	Routine Quality Data Assessment
RHD	Rheumatic Heart Disease
SOPD	Special Outpatient Department
SHA	System Health Account
SPC	Secretariat of the Pacific Community
SP	Strategic Plan
STI	Sexually Transmitted Infections
TAS	Transmission Assessment Survey
TB	Tuberculosis
TISI	Then India Sanmarga Ikyo Sangam Fiji
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USP	University of the South Pacific
VCCT	Voluntary Confidential Counselling Test
WDF	World Diabetes Foundation
WHO	World Health Organisation
WPRO	Western Pacific Regional Office

1. Permanent Secretary's Remarks

The Ministry of Health is committed to providing quality health care to the people of Fiji by achieving a responsive, integrated and efficient health care system. The Annual Report 2013 highlights significant progress in achieving our mandated commitments as well as the health strategic objectives articulated in the Government's Roadmap for Democracy and Sustainable Economic Development and the Millennium Development Goals (MDGs).

Despite the challenges faced throughout the year, the Ministry was still able to achieve major outputs which included:

- The Mid-Term review of the Ministry of Health's National Strategic Plan 2011-2015.
- The development of the National Health Accounts Report 2011/2012.
- The establishment of the WHO PEN (Package of essential non communicable) model to combat diabetes and other NCDs.
- The Mid-Term review of Non-Communicable Disease Prevention and Control Strategic Plan 2010-2014.
- The Development of the Wellness Competency Manual for Community Health Worker Training and the Wellness Manual for all Public Health Community workers.
- Getting Cabinet endorsement for 1000 new nurses' posts and 640 new doctors' posts phased out over 4 and 5 year period respectively.
- Establishment of the Ministry's Strategic Workforce Plan 2013 – 2017, and beginning the Workforce Indication on Staffing Needs (WISN) analysis.
- Over 1 million patients treated through the Outpatient Services with more than 70,000 of these admitted and managed in the Inpatient Services.
- Receiving the 2013 Achievement Awards in the Fiji Public Service Excellence despite a complex service with resource challenges.

These achievements and progress would not have been done without the staffs of the Ministry of Health who have worked hard to provide a comparable health care delivery service to the people of Fiji.

The support of the Government of Fiji, Development Partners, Non-Government Organisations and other stakeholders were of immense assistance. We will continue to work on improving our health care system to enable us to achieve the provision of an exceptional service to the people of Fiji that is consistent with best practices and customer expectations.



Dr Eloni Tora
Permanent Secretary for Health

2. Ministry of Health Overview

The Ministry of Health of the Republic of Fiji has a mandate to support every citizen of the nation irrespective of ethnicity, gender, creed, or socioeconomic status to have access to a national health system providing quality health care with respect to accessibility, affordability, efficiency and a strengthened partnership with communities for which this health care is provisioned, to achieve the best possible health care and well-being, in order to improve the quality of life of the citizens of the Republic of Fiji.

3. Ministry of Health Priorities

The three overall Strategic Goals articulated in Ministry of Health Strategic Plan 2011-2015 are:

1. Communities are served by adequate primary and preventive health services thereby protecting, promoting and supporting their wellbeing (through localised community care).
2. Communities have access to effective, efficient and quality clinical health care and rehabilitation services.
3. Health systems strengthening are undertaken at all levels in the Ministry of Health.

These Strategic Goals are used to derive 7 Health Outcomes for the Ministry of Health,

- **Health outcome 1:** Reduced burden of Non Communicable Diseases.
- **Health outcome 2:** Begin to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases.
- **Health outcome 3:** Improved family health and reduced maternal morbidity and mortality.
- **Health outcome 4:** Improved child health and reduced child morbidity and mortality.
- **Health outcome 5:** Improved adolescent health and reduced adolescent morbidity and mortality.
- **Health outcome 6:** Improved mental health care.
- **Health outcome 7:** Improved environmental health through safe water and sanitation.

The Guiding Principles for Ministry of Health are,

Vision

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

Mission

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

Values

Customer Focus

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

Respect for Human Dignity

We respect the sanctity and dignity of all we serve.

Quality

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

Equity

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

Integrity

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

Responsiveness

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

Faithfulness

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

Legislation for which this portfolio is responsible,

1. Ambulance Services Decree 2010
2. Allied Health Practitioners Decree 2011
3. Animals (Control of Experiments) Act (Cap.161)
4. Burial and Cremation Act (Cap.117)
5. Child Welfare Decree 2010
6. Child Welfare (Amendment) Decree 2013
7. Dangerous Drugs Act (Cap. 114)
8. Food Safety Act 2003
9. HIV/AIDS Decree 2011
10. HIV/AIDS (Amendment) Decree 2011
11. Marketing Controls (Food for Infants and Children) Regulation 2010
12. Medical Imaging Technologist Decree 2009
13. Medical and Dental Practitioner Decree 2010
14. Medical and Dental Practitioners Act (Cap 255)
15. Medical Assistants Act (Cap.113)
16. Methylated Spirit Act (Cap. 225A)
17. Mental Health Decree 2010
18. Mental Treatment Act (Cap113)
19. Nurses Decree 2011
20. Nurses and Midwives Act (Cap256)
21. Pharmacy Profession Decree 2011
22. Pharmacy and Poisons Act (Cap 115)
23. Medicinal Products Decree 2011
24. Private Hospitals Act (Cap. 256A)
25. Public Health Act (Cap. 111)
26. Public Hospitals & Dispensaries Act (Cap 110)
27. Public Hospitals and Dispensaries (Amendment) Decree 2012
28. Public Hospitals and Dispensaries Regulation 2012
29. Quarantine Act (Cap. 112)
30. Quarantine (Amendment) Decree 2010
31. Radiation Health Decree 2009
32. Tobacco Control Decree 2010
33. Tobacco Control Regulation 2012
34. The Food Safety Regulation 2009
35. The Food Establishment Grading Regulation 2011

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

Key Cabinet Papers Ministry of Health is Responsible,

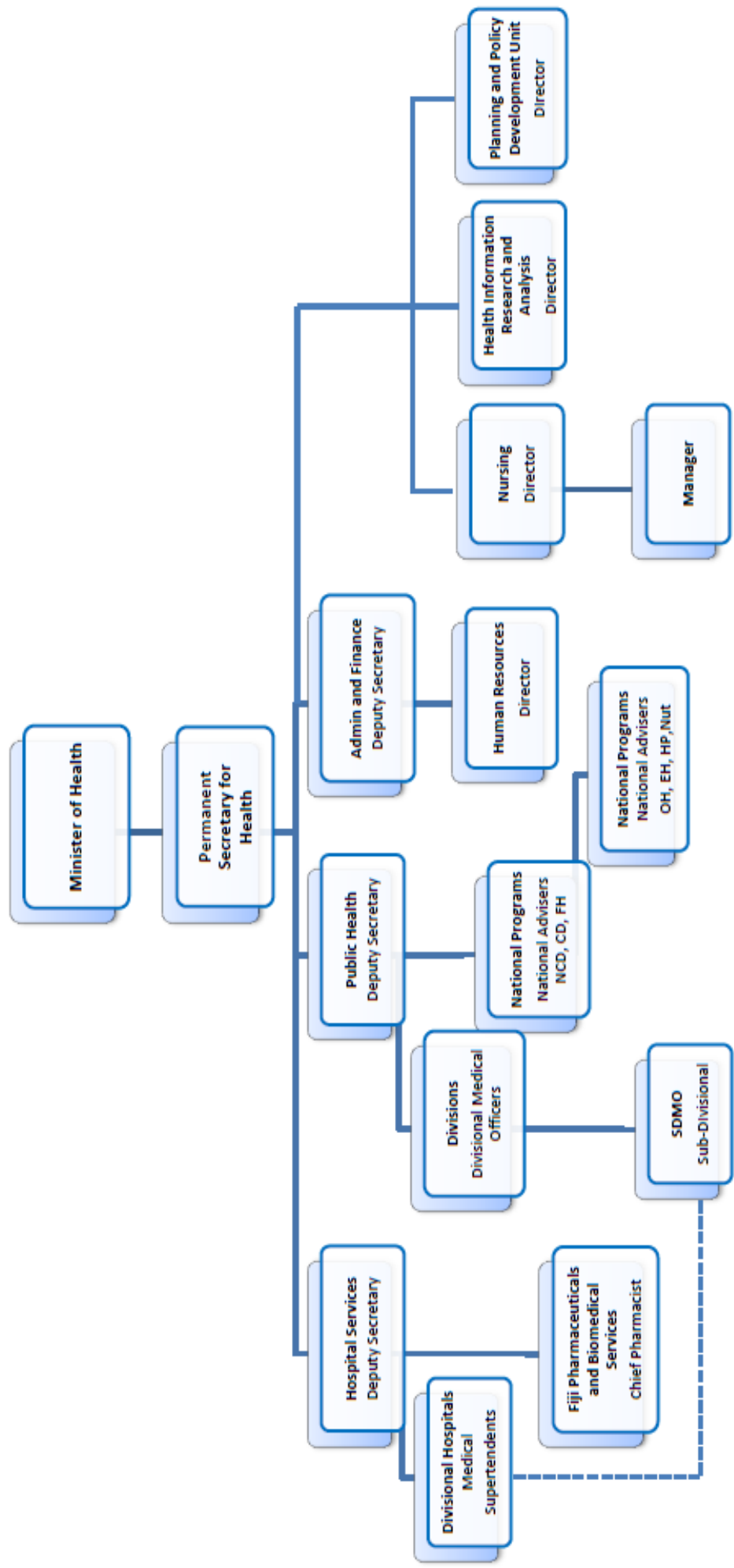
Table 1: Key Cabinet Decision for 2013

No	Cabinet Title	Date Submitted	CP Decision #	Type	Cabinet Decision
1.	Human Organ Transplantation Decree	CP (13) 21 29/01/13	Noted CD# 25	Discussion	<ul style="list-style-type: none"> i. Noted the need to regulate the transplant of human organs and tissue ii. Agreed that a law to govern Human Organ Transplant, be drafted through the Solicitor General's Office iii. Noted that the Law in (ii) above will be drafted in line with the World Health Organization Guiding Principles on Human Cell, Tissue and Organ Transplantation. iv. Agreed that once drafted the Ministry of Health will revert to Cabinet for its approval on the law in (ii) above.
2.	Elite Nursing Workforce	CP (13)19 29/01/13	Noted CD # 31	Information	Cabinet Noted the Memorandum submitted for Information by the Minister of Health.
3.	Right Sizing Fiji's Nursing Workforce	CP (13)180 26/03/13	Noted CD # 97	Discussion	<ul style="list-style-type: none"> v. Noted the current Status of the nursing workforce vi. Noted the rationale for the right-sizing the Nursing Workforce in Fiji vii. Endorsed the way forward for the increase of the nursing establishment Noted that further consultations will be undertaken with the Ministry of Finance on the funding required in (iii) above.
4.	Improving diets to Reduce Non-Communicable Disease in Fiji	CP (13) 83 9 th April, 2013	Noted CD # 105	Written Opinion	<ul style="list-style-type: none"> viii. noted the impact of Unhealthy diets on Fiji and its population ix. endorse the "Way Forward" for improving diets in Fiji as Outlined in Section 4.0 of the Memorandum
5.	Global Leadership Meeting on Population dynamics: Post 2015; United Nations Development Agenda, Dhaka 12 -1 3 March, 2013	CP (13) 84 5 th April, 2013	Noted CD # 118	Information	Cabinet Noted the Memorandum submitted for Information by the Minister of Health.
6.	Memorandum of Understanding between the MOH/MOH Russian Federation on	CP (13) 118 17 th May, 2013	Noted CD# 144	Discussion	<ul style="list-style-type: none"> x. noted the content of the Memorandum xi. Endorsed the Memorandum of Understanding between the Ministry of Health of Fiji and Ministry of Health of Russian Federation Bilateral Cooperation in

	Bilateral Cooperation in Health Care				Health Care as Annex 1 and its execution.
7.	Memorandum of Understanding between the MOH/MOH Korea	CP (13) 179 30 July 2013	Noted CD# 220	Discussion	xii. noted the content of the Memorandum xiii. Endorsed the Memorandum of Understanding between the Ministry of Health of Fiji and Ministry of Health of the Republic of Korea on Bilateral Cooperation in Health Care and Medical Science.
9.	National Health Insurance in Fiji	CP (13) 199 26 August 2013	Noted CD # 238	Discussion	xiv. Noted the finding and recommendations of the Social Health Insurance (NSHI) study carried in Fiji xv. Endorsed in principle the recommendations of the NSHI study report as outlined in paragraph 4.5 of the Memorandum, and that these be subject to further consultations with relevant stakeholders xvi. Endorsed that the Ministry revert to Cabinet on (ii) above.
10.	Right Sizing Fiji's Doctors Workforce	CP (13) 231 24 Sept 2013	Noted CD # 270	Discussion	xvii. Noted the current status of the doctor's workforce. xviii. Noted the rationale for right-sizing the Doctors Workforce in Fiji xix. Approved, subject to the budgetary process a total of \$12,436,860 for MD05 and MD06 establishment for doctors over the next four years, with \$3,729,045 being allocated in the 2014 Budget for the existing positions
11.	Electronic Nicotine Delivery System	CP (13) 241 04 October 2013	Noted CD# 295	Discussion	i. Noted the content of the Memorandum ii. Agreed that the ENDS be regulated iii. Agreed that the Tobacco Control Decree 2010 and the Fiji Tobacco Control regulation 2012 be amended in consultation with the SG's office to incorporate the following key issues: -Pay permit license to import & license to sell locally -Ban advertising, promotion of the product -Ban sale to person under 18 years - Ban sale and usage in certain public places iv. Agreed that the amended laws in (iii) above be brought back to Cabinet for its Approval.
12.	Verbal Autopsy	CP (13) 242 04 Oct 2013	Noted CD# 294	Discussion	i. Noted the importance of VA and benefits ii. Agreed that the Inquest Act(Cap 48) be reviewed in consultation with SG's Office iii. Note the TOR for the review and engagement of a consultant will be

					<p>done in consultation with the SG's Office</p> <p>iv. Endorsed the final report on the review will be submitted to the AG and Minister of Justice</p> <p>v. Noted that any proposed amendments to Act will be submitted to the Cabinet by the Ag and Minister for Justice</p> <p>vi. Noted that the use of VA tool will be explored further after completion of the review in (ii) above.</p>
13.	Memorandum of Agreement Between Ministry of Health of the Republic of Fiji and the Seoul National University of the Republic of Korea on a Project to Control Soil-Transmitted Helminthes in Fiji	CP(13)275 15 th November 2013	Noted CD# 335	Discussion	<p>i. Noted the content of the Memorandum of Agreement between the Government of the Republic of Fiji represented by the Ministry of Health and Seoul National University, Republic of Korea</p> <p>ii. Approved the Memorandum of Agreement in (i) above mentioned attached as annex I and;</p> <p>iii. Endorsed the signing of the Memorandum of Agreement with Seoul National University in (i) above to secure the necessary support of Soil - Transmitted Helminthes control in Fiji and the Pacific</p>

Figure 1: Ministry of Health Organisation Structure



4. Reporting on RDSSSED 2009-2014

Outcome 1: Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their wellbeing.

Table 2: RDSSSED Performance Indicators for 2012 and 2013

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective RDSSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSSSED)	2012	2013
Pillar 10: Improving Health Service Delivery	Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their well being.	Child mortality rate reduced From 26 to 20 per 1000 live Births (MDG).	20.96	17.9
		Percentage of one year olds Immunised against measles Increased from 68% to 95% (MDG).	85.9*	79.9*
		Maternal mortality ratio reduced from 50 to 20 per 100,000 live births (MDG).	59.47	19.07
		Prevalence of diabetes in 15-64yrs age reduced from 16% to 14% (note: baseline and target may need revision).	25.8	25.6
		Contraceptive prevalence rate (CPR) amongst population of child bearing age increased from 46% to 56% (MDG).	35.7	38.4
		Increased Fiji resident medical graduates from FSMed from 40 to 50 per year	33	34
		Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually. An annual growth rate of 5% over the medium term	No increase as compared to 2011 of Health Budget to GDP	Increase of Health Budget by 0.04% of GDP as compared to 2012
		Average length of stay for in-patient treatment reduced from 7 to 5 days	4.9	5.0
		Prevalence rate of STIs among men and women aged 15 to 25 (per 100 000 population)	83	55
		HIV/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 (MDG).		0.037
		Admission rate for diabetes and its complications, hypertension and cardiovascular disease.	98.5	118.5
		Amputation rate for diabetic sepsis	41.5	47.3
		Proportion of the population aged over 35 years engaged in sufficient leisure time activity.	NCD	NCD

		Prevalence of under 5 malnutrition (per 1000 population)		36.3
		Prevalence rate of lymphatic filariasis (Pac ELF/WHO)		Central – 0.09% Northern – 0.12% Eastern – 1.34% Western 0.03% (2011)
		Prevalence rate of Tuberculosis reduced from 10% to 5% (part of MDG 22).	30 per 100,000	2013 will be estimated by WHO in the 2014 Report.
		Prevalence of anaemia in pregnancy at booking from 55.7% to 45%	35.87	27.1
		Rate of teenage pregnancy reduced by 5% (per 1000 CBA population)	3.98	7.75
		Adolescent birth rate (per 1000 girls aged 15-19yrs)	21.3	40.1

**from PHIS*

The Ministry has improved performance in the following categories: reduction in child mortality rates by 16.5%; a reduction in the maternal mortality ratio by 67.9%; minute improvement in the contraceptive prevalence rates; reduction in facility based prevalence rates of sexually transmitted infections by 33.7%; and improvements in health status of mothers by reducing rates of anaemia in pregnancy by 24%. There are a few key indicators of performance which must be elaborated: the average length of stay in our hospitals increased from 4.9 in 2012 to 5.0 in 2013, the Amputation rate for diabetic sepsis increased by 14%; increase were also noted in the admission rate of diabetes and its complications by 20%; the rates of teenage pregnancy and concurrently the adolescent birth rates have increased by 95% and 88% respectively; there has also been a decline in the immunization rates by 7%, however, the recent immunization coverage survey 2013 reports a higher coverage rate (94.8%) . The facility based prevalence of diabetes mellitus remains consistent.

Outcome 2: Communities have access to effective, efficient and quality clinical health care and rehabilitation services.

Table 3: RDSSD Performance Indicators for 2012 and 2013

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective RDSSD)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSSD)	2012	2013
Pillar 10: Improving Health Service Delivery	Communities have access to effective, efficient and quality clinical health care and rehabilitation services.	Participation of private and health care providers increased from 2 to 10.	4	21 GPs 2 Private Dentists 1 Private Pharmacy 1 Private Hospital
		Health (actual) expenditure increased from the current 2.19% to at least 5% of GDP by 2013	Health actual expenditure is 2.19% of GDP	Health actual expenditure is 2.20% of GDP
		Increase annual budgetary allocation to	No increase	Increase of

		the health sector by 0.5% of the GDP annually.	as compared to 2011 of Health Budget to GDP	Health Budget by 0.04% of GDP as compared to 2012
		Doctors per 100,000 populations increased from 36 to 42.	49.1	60.9
		Outsourcing non technical activities such as laundry, kitchen and security by end of 2011	Mortuary services outsourced	Mortuary services outsourced. Laundry and kitchen are still in process
		Health Policy Commission established by 2011	Health Policy Technical Support Group established	Health Policy Technical Support Group established 2012
		Average length of stay for in-patient treatment reduced from 7 to 5 days	4.9	5.0
		Elimination of stock outs of drugs from present 100 items per month	80	80
		'Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)'	Case Detection = 99% Treatment Success Rate = 93%	Case Detection will be released by WHO in Oct 2014 TSR will be calculated in 2015 as people are still on treatment
		Bed Occupancy Rate of Psychiatric beds	104.12	42.48
		Number of staff trained in mental health	16	11

The bed occupancy rates for Psychiatric beds decreased by 59% due to a combination of reporting, decentralization of psychiatry services and establishment of stress wards. The ALOS increased to 5 days, although the indicator may demonstrate better reporting or a valid increase in stay indicating the level of quality of care rendered.

5. Hospital Services

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

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

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

Achievements

1) Expansion and strengthening of services.

- a. Commencement of assist in-service training and EmNOC training.
- b. Commissioning of Rehab Out-Reach Clinics and Home Visits program.
- c. Commencement of Operational Research Course in FNU school of Medicine and Nursing.
- d. Decentralisation of some services to Health Centre and Nursing Station.

2) Strengthening of Public/Private Partnerships.

- a. Several surgical overseas visiting teams to Labasa, Lautoka and CWM hospitals.
- b. Research undertaken from October to November on trachoma and prevalence of blindness and low vision in collaboration with London School of Tropical Medicine.
- c. Yuil Cooperation, Korea has signed the purchase order for 128 slice CT scan for CWMH Radiology department.
- d. The MRI MIT from Pune, Mr Chetan Shende started at CWMH MRI unit and conducting 2 weeks training for CWMH MRI MITs.
- e. 2 Midwives from Lautoka Hospital were sent for attachment to Liverpool Hospital (Australia) for the Pacific Midwifery Leaders Fellowship Program.
- f. Outsourcing of the mortuary services at Lautoka and Labasa Hospital.

3) Infrastructural improvements.

- a. Renovation of the Laboratory, Leprosy and Kitchen in Twomey Hospital, Pathology, Registrars Room and Kitchen at CWMH.
- b. Refurbishment of the Tamavua House for MOH staff, Batiki Nursing Station, microbiology department and sluice room at Lautoka Hospital.
- c. Renovation of WMW, PICU, NICU, Children' ward at Lautoka Hospital

4) Improvement in Services

- a. Commencement of Assist in-service training and EmNOC training.
- b. Installation of new FBC analyzer – XN1000 and Liquid Based Cytology at CWM and Lautoka Hospital.
- c. Introduction of the Fiji National Quality Assurance programme at CWMH.
- d. Establishment of Community Outreach program at all major Hospital and Sub-division health Centre.
- e. Clinical attachment for some medical personnel overseas.

6. Divisional Report 2013

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

Figure 2: Four Divisions within Fiji

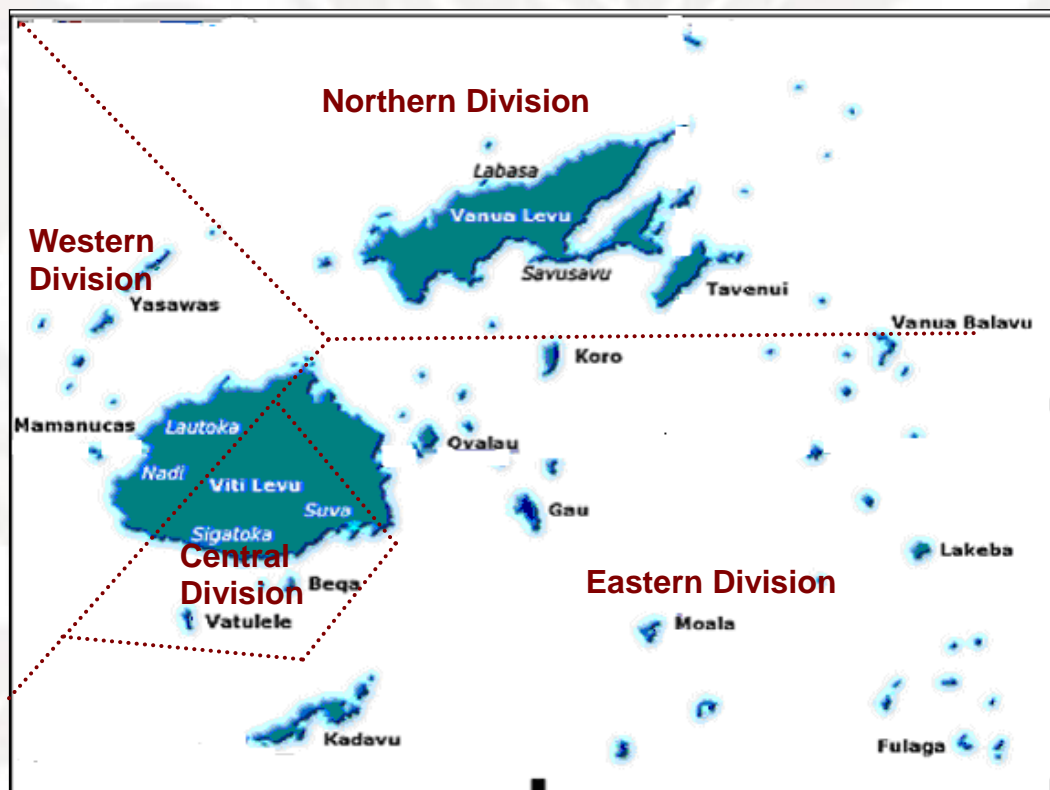


Table 4: Government Health Facilities

Health Facility	Central	Western	Northern	Eastern	Total
Specialized Hospitals/ National Referral	2	0	0	0	2
Divisional Hospital	1	1	1	0	3
Sub divisional Hospital [level 1]	0	3	1	0	4
Sub divisional Hospital [level 2]	4	2	2	5	13
Health Centre [level A]	7	4	1	0	12
Health Centre [level B]	2	3	3	1	9
Health Centre [level C]	12	18	16	14	60
Nursing Stations	21	25	21	31	98
Private Hospital	1	1	0	0	2
Total	49	57	45	51	203

Central/Eastern Division

The Central/Eastern division is the largest by population size and caters to about 100 health facilities. The total number of people in this division is 408,961 with the majority people residing in the Suva subdivision. The Central division is divided into 10 subdivisions as per table 4 below.

Health services are delivered from 1 divisional hospital, 4 sub division hospitals (level 2), 21 health centres (7 level A, 2 level B, 21 level C), and 21 nursing stations.

Health services in the Eastern Division are delivered from 5 sub division hospitals (level 2), 15 health centres (1 level B, 14 level C), and 31 nursing stations.

Table 5: Demography of Central/Eastern Division

Subdivision	2012	2013
Suva	203,811	216,540
Rewa	84,436	84,413
Naitasiri	21,111	20,002
Serua/Namosi	29,641	29,625
Tailevu	20,463	19,963
Lomaiviti	15,475	13,886
Kadavu	10,995	10,995
Lomaloma	3,248	4,332
Lakeba	7,045	7,284
Rotuma	1,951	1,921
Total	398,176	408,961
Central (Total Population)	359,462	370,543
Eastern (Total Population)	38,714	38,418

In comparison to 2012 the total population for the Central division has increased by 11,081 and the total population for Eastern division has decreased by 296.

Western Division

The Western Division is divided into 6 sub division (Ra, Tavua, Ba, Lautoka/Yasawa, Nadi and Nadroga/Navosa) with a total population of 365,379. Health services are delivered from 1 divisional hospital, 5 sub division hospitals (3 level 1 and 2 level 2), 25 health centres (4 level A, 3 level B, 18 level C), and 25 nursing stations.

Table 6: Demography of Western Division

Subdivision	2012	2013
Ra	29,873	29920
Tavua	27,921	26529
Ba	55,823	55825
Lautoka/Yasawa	107,194	108141
Nadi	87,716	90993
Nadroga/Navosa	51,076	53971
Total	359,603	365,379

The total population for the Eastern division has increased by 5,776 in comparison to 2012.

Northern Division

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

Table 7: Demography of Northern Division

Subdivision	2012	2013
Bua	15,391	15961
Cakaudrove	32,092	32717
Macuata	77,926	75089
Taveuni	16,004	16556
Total	141,413	140,323

It is noted that the population size for the Northern division decreased by 1,090 in 2013.

Table 8: Summary Population by Division

Division	2012	2013
Central	359,462	37,0543
Eastern	38,714	38,418
Western	359,603	365,379
Northern	141,413	140,323
Total	899,192	914,663

Achievements

1) Expansion and strengthening of services.

- a. Decentralisation of services to Health Centre and Nursing Station.
- b. Engagement of an ongoing weekly program by Medical area staff in most subdivisions.
- c. DMOC, being contracted on promotion as Consultant Central in the grade MD 01 and creation of PMO Posts and CMO in the Division.
- d. Consultation on NIMS/MNP in the Western Division. Consecutive meeting have been held continuously in conjuncture with DHS, DD, UNICEF and NFNC to roll out the program proper.

2) Strengthening of Public/Private Partnerships.

- a. Healthy workplace program: 19 workplaces in northern division profiled and screened.
- b. 36 water supply and sanitation projects undertaken in partnership with Water for Life Foundation and Local Government: Macuata – 12, Bua – 6, Taveuni – 10 and Cakaudrove – 8.
- c. Strengthening the Need-Based In-Service Training for Community Health Nurses project by MOH/JICA for all Division
- d. Water and Sanitation projects by Rotary Club of Taveuni with UCLA, USA masters apprenticeship programme

3) Infrastructural improvements.

- a. Maintenance of Infrastructure for:
Eastern Division - Tuvuca, Nayau, Soso, Gasele, Qarani Nursing Services.
Central Division – Naboubuco, Waidina, Tonia, Raviravi and Navunikabi Nursing stations and Valelevu, Makoi, Raiwaqa Health centres and New Vatukarasa Nursing Station
Western Division – Namarai, Korolevu, Raiwaqa, Lomowai, Malolo, Kese and Tau Health Centres and Loma, Yanuya, Yalobi Nursing Station and Nadi Hospital.
Northern Division - New Bua Nursing Station, Refurbishment of Rabi Health Centre, Nasea Health Centre, Nabouwalu Hospital rest house, Lekutu HC extension and Cikobia Nursing Station nurse

quarters and refurbishment of the clinic. Kioa NS, Naduri HC, Vunivutu NS, Korotasere HC, Kia NS, Kubulau NS, Nabalebale NS, Yacata NS, Lagi HC and Babasiga Ashram.

- b. Receipt of new vehicles for Seaqaqa, Wainikoro and Savusavu to replace the aging vehicle fleet.
- c. Capital Works Project in the Western Division for Waimaro N/s, Nalotawa N/S, Cuvu H/C, Kamikamica Park in H/C, Tamusua N/S, Extension of Nadi Mortuary.

4) Improvement in Services

- a. Implementation of Nurses resting places in all Division.
- b. PEN training for Macuata subdivision on Dec 16-20 with 52 staff attended.
- c. EmONC training for staff conducted in all the subdivisions with Birth Preparedness and complications Readiness Plan training to Community Health Workers.
- d. Strengthening of health information through PHIS on line training and data verification audit.
- e. 100% of health facilities in the central division are trained and issued a NCD tool kit.
- f. Application of School dental cards- all schools to have dental cards (2014 start with Class 1).

7. Fiji Pharmaceutical and Biomedical Services Centre (FPBSC)

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

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

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

Achievements

- a. Establishment of Professional Standards Committee and Professional Conduct Committee.
- b. Fiji Medicinal Products Board established and authorised officers/inspectors appointed.
- c. National Medicinal Products Policy Strategic Plan 2013-2018 endorsed by NHEC and implemented.
- d. Formulation and implementation of Guide for Immediate Relief Assistance and Emergency Procurement.
- e. Total of 336 Nurses and Logistic Personnel's trained in Stock Inventory Management.
- f. Review of Essential Medicines List and new list been formulated.
- g. Health Facility SOP on Inventory Management was reviewed and 87 new SOP were distributed.
- h. Liquid based cytology equipment, 128 Slice CT Scanner and Eco Machine were purchased and distributed to Divisional Hospitals.
- i. Review of the FPBSC and Health Facilities Minimum and Maximum Level of stock allocation.
- j. Reduction in the wastage value.
- k. Budget expenditure per total budget was 98%.
- l. FPBSC received Achievement Award for the Fiji Business Excellence Award Program 2013.

8. The National Blood Services

The Fiji National Blood Services (FNBS) came into effect on 7 February 2005 in response to the Fiji Red Cross Society relinquishing responsibility for the provision of blood and blood products to hospitals and health facilities.

The objectives of the program are:

- a) Increase public awareness program and donor recruitment via arranged blood drives.
- b) Increase voluntary donors visiting Blood Centres.

c) Improve on donor care and treatment.

The total number of blood donations in 2013 increased by 10.6% compared to 2012. In the three Divisions, 337 blood drives for voluntary blood donors were conducted. The most common venue for the blood drives were business houses followed by public venues such as shopping malls and festivals.

14 staff over the three divisions completed the Module 1: Safe Blood Donation course through WHO distance learning program.

Research was conducted by one of the Australian volunteers in which the blood donation knowledge, attitudes and practices of young people living in the Central Division were explored. As a result of the findings and recommendation Fiji National Blood Services Youth Volunteer Blood Donor Recruitment and Retention Engagement Strategy were developed.

The year ended with the renovation of the Blood Centre at CWM Hospital which was funded by Bank of the South Pacific.

9. Service Excellence Awards 2013

MOH entered for Achievement category for the year 2013 and we were awarded an achievement award under the Fiji Business Excellence Awards framework. This was possible through the commitment from the hard working SEA committee of MOH which was driven by PSH & DSHS and the entire staff of MOH.

The feedback report from the external evaluators was quite encouraging as it was noted that we had more strengths that we can capitalize and enhance our service as a whole. This positive feedback had actually prompted our staff to be more committed as their hard work was clearly reflected in our submission.

All institutional have also build upon our (OFIs)-opportunities for Improvement and as such have produced their own desktop submissions and we (MOH) team will evaluate them for our internal awards later in the year.

10. Public Health Services

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

Wellness Centre

The Wellness Unit was established in February 2012 by the merging of Non Communicable Diseases (NCD) control unit and the Nation Centre for Health Promotion (NCHP).

Wellness unit is now rebranded **“Wellness Fiji – harvest the wellness in you”**.

All Fijians from conception to senior citizens have the potential to harvest wellness, as they sail throughout lifespan in settings.

The strategic objective for Wellness and NCD is to reduce premature deaths (deaths aged less than 60 years) due to non -communicable disease.

Achievements

- a. Completion of the review of Public Health Act.
- b. Establishment of the Wellness Framework and initiation of National Wellness Policy.
- c. Review of National NCD Strategic Plan 2010-2014.
- d. Development of National Strategic Plan 2015-2019 and Community Health Worker Policy.
- e. Declaration of Fiji National University as No Tobacco University.
- f. Launch of first Wellness bus for Fiji Public Health Community Outreach.
- g. Development of the Wellness Competency Manual for Community Health Worker Training and the Wellness Manual for all Public Health Community workers by FHSSP.
- h. Establishment of WHO PEN model for multidisciplinary approach to blood sugar, blood pressure and cholesterol to SOPD/HUBs in Fiji.
- i. Diabetes Foot Care project commenced in collaboration with WDF.

Family Health

The Programs functions are,

- a) To manage, implement, monitor and evaluate programs pertaining to Child Health, Maternal Health, HIV/STI's, Reproductive Health and Gender.

Child Health

Child Health began in 2013 with the launch of its Child Health Policy and Strategic Plan 2012-2015 during the Immunization week. The launch in-cooperated the Launch of the Immunization week to strengthen Immunization around Fiji with defaulter tracing.

Ministry of Health has now rolled out the Neonatal Resuscitation Programme (NRP) trainings in the divisions with central finishing in 2013 with the other two divisions to cover in 2014.

Fiji conducted an Immunization Coverage Survey in 2013 during the period of August to October. The coverage has shown success in regards to the Immunization program in Fiji at a coverage rate of 91.4% with card though with card and parent confirmation at 94.8%, though to note that those parents who confirmed the Immunization by card and parent confirmation was checked at the health facility to ensure that the records also recorded the immunization coverage.

The following guidelines and manual developed under Child Health Program were:

- 1) The Child Protection Guideline
- 2) Vaccine Storage Guidelines: Keeping it Cold 2013-2016
- 3) Fiji National Immunization Policy and Procedure Manual 2013-2016

Maternal Health

Maternal Health has had its challenges though some of the achievements for the year of 2013 were:

Development of the first ever maternal health strategic plan for Fiji. This was facilitated by a consultant supported by FHSSP along with a review of the program. This strategic plan has contributed towards a more strategic direction for maternal and child health care for Fiji in line with International Goals (Millennium Development Goals) and Local Targets of maternal and child health.

All Health Centres and Nursing Stations were provided with delivery packs to ensure that if a delivery was to happen in these sites there was basic necessary equipment's available for these centres. Apart from these centres the Sub-Divisional Hospitals were equipped with equipment's made available from MOH, UNFPA and FHSSP standards set against the audit that was carried out for Safe Motherhood in Fiji.

There were developments in regards to the Clinical Practice Guidelines for maternal health which has been finalized and ready for printing in early 2014.

Strengthening the morning rounds by the three divisional hospitals have been good for the maternity unit and in 2013 there was the first combined meeting with Obstetrics and Maternity to ensure a collaborative effort to reduce the maternal and child mortality rates in Fiji. This meeting ensured that paediatrics registrar's were a part of the morning rounds for maternity and there were more collaborative efforts to tackle perinatal mortality.

In regards to reproductive health under family planning Fiji has been in the process of developing a training manual with an action plan to ensure the skill set, equipment's, improved data collation and communications were available for all to facilitate the increase in uptake of contraception where necessary.

There were a number of trainings and clinical attachments carried out in which 824 health care workers around Fiji took part. The majority of the staffs were trained in Birth Preparedness and Complication Readiness Plan and Emergency Obstetric and Neonatal Care.

Expanded Food Voucher Program: (Ministry of Women Social Welfare and Poverty Alleviation & MOH)

The Expanded Food Voucher Programme is a collaborative work with Ministry of Health and Ministry of Women and Social Welfare and Poverty Alleviation where all pregnant women in a rural setting are assisted with Cash Food Vouchers for the first three confinements. The only exception to this programme is where they are either a civil servant or already under a scheme of the Social Welfare department.

The expanded food voucher program is expected to ensure that women receive money for their nutritional support and ensure that all women book early at a health facility.

Gender

Ministry of Health Fiji had a gender consultant who reviewed the Ministries response to Gender with action plans. The recommendations from the Gender Report led to the development of the Gender working group which developed the action plan for the Ministry of Health, an important component of the Action Plan was the development of the Gender Training manual for the Ministry to carry out trainings for the Senior Managers, Divisional Teams for both the Public Health Sector inclusive of the Hospital Departments.

Sexual Health

The Achievements for Sexual Health Program were:

Policy and Guidelines Development:

- 1) Prevention of Parents to Child Transmission of HIV Policy 2013-2016
- 2) TB/HIV Collaborative Policy
- 3) HIV Testing Strategy in Fiji
- 4) HIV Care and Antiretroviral Therapy Guidelines
- 5) HIV Testing and Counselling Policy

Trainings:

- 1) Prevention of Parent to Child Transmission of HIV which occurred in three divisions: Central, Western and Northern. The training encompassed all components of PPTCT from Basic background to treatment to Monitoring and evaluation.
- 2) HIV Prescribers training. This has been the third year of running the training which has become an important training for the dissemination of Basic HIV information to medical personals to identify HIV in the country.
- 3) Voluntary Counselling and Confidential Testing (VCCT). HIV Counsellors were trained to ensure that all HIV testing was happening in line with the HIV Decree.
- 4) Sub-Divisional Training on STI Syndromic. This training factored in more health care workers trained in the area of STI and syndromic reporting.

Apart from the policies and trainings done at National Level, there were a significant number of outreach programs which took place in the three divisions. These outreach programs encompass educational HIV/STI sessions and Voluntary Counselling and Testing, from these counselling and testing a number of positive cases has been identified from the various divisions, though majority of the cases have been from the Central and Western Division.

Adolescent Health

The overall objective of the program is to improve adolescent health and reduce adolescent morbidity and mortality through the promotion and advocacy of planning services through a Peer Education program.

The Peer Educator coordinates, implements, strengthens, monitor and sustain youth friendly services for adolescent's development through delivery of integrated Sexual and Reproductive Health programs and initiatives at their various subdivisions.

Various awareness activities targeting gatekeepers especially community leaders have helped to create a supportive enabling environment. In the early years of the AHD Project a number of outreach initiatives through both in-school and community-based approaches allowed young people to gain basic knowledge on adolescent issues through awareness, information and education.

Additionally the program has expanded its capacity with regards to the skills of its project officers (Peer Educators) that would need to be enhanced further through proper training.

These activities include:

- 1) Conducting health awareness during disease outbreaks (dengue, typhoid).
- 2) Providing basic information and support for mental health related issues and activities.
- 3) Providing basic information on the HIV Decree.
- 4) Conducting VCCT during outreach or basic HIV information at ANC clinics.

Communicable Diseases (CD)

The core functions of Communicable Disease program are:

- 1) To promote and protect the health of the people of Fiji in regards to defined communicable diseases.
- 2) To set up an effective surveillance system for the controlling of communicable diseases in Fiji and where directed in the region.
- 3) Provide quality public health laboratory services for diagnosis, confirmation and surveillance for Fiji.
- 4) Develop, support and sustain communication networks between other government departments and stakeholders on advice and training on communicable diseases.
- 5) Support communicable disease quality assurance programs for Fiji and the region.
- 6) Provide advisory services to national authorities on CD.
- 7) Conduct relevant research.
- 8) Collaborate in relevant CD programs and projects that are mutually beneficial and consistent with our terms of references.
- 9) Provide specialist advice on the clinical management of LF patients.
- 10) Provide quality public health services for the designated infectious diseases under PPHSN.

Laboratory

The National Public Health Laboratory in its efforts to support CD prevention in addition to routine services it delivered identified the following activities as priority during 2013.

Activities	Status
Rapid HIV confirmatory testing	New HIV Testing Algorithm Developed and endorsed by SPC
National Quality Standards for Health Laboratory	Two assessments carried out by WHO and CDC to establish whether the lab met requirements of NQSHL, staff working on gaps identified by the assessors
Dengue and Leptospirosis testing	Dengue and Leptospirosis PCR testing conducted in collaboration with Institute of Pasture
Mass Drug Administration Coverage	Completion of 2012 MDA programme and calculation of coverage for MDA.
Spot checks to eliminate Lymphatic Filariasis	Spot checks in Taveuni Subdivision, Northern Division Transmission Assessment Survey(TAS), Central and Eastern Division C Survey

Environmental Health (EH)

The Environmental department is responsible to enforce promulgated for the protection of public health from environmental health risk factors, such as pollution, insanitary conditions, poor water supply qualities, illegal developments, improper waste management practises, breeding of disease vectors, poor food quality and so forth.

The following legislation governs the EH department's responsibilities:

Public Health Act (Cap 111)
Food Safety Act 2003
Food Safety Regulation 2009
Quarantine Act(Cap 116)
Town and Country Planning Act (Cap 139)
Sub-Division of Land Act(Cap 125)
Burial and Cremation Act (Cap 117)
Tobacco Control Decree 2010
Tobacco Control Regulation 2012
Litter Decree 2009

Achievements

- a. The review of National Building Code.
- b. The highest number of export of fish and fishery products to EU with a total of 588,211.05kg and 36 certificates were issued.
- c. A positive response was received from community leaders to have certain facility declared tobacco –free thus the following community halls were declared tobacco free; Vunavutu village, Nasama village, Volivoli village, Ligalevu village, Mali Island in Macuata, Welagi Village and Qaranivai village in Udu.
- d. Consultation towards smoke-free environments for Nightclubs and Eating houses.
- e. WASH cluster Strategic Plan and WAS Minimum Standards in Emergencies has been formulated and awaiting finalization by Strategic Advisory Group and endorsement by Cluster.
- f. Consultation was conducted for Memorandum of Understanding between Rotary Pacific Water and Live and Learn and Ministry of Health.
- g. Various lean up campaigns were organised for all three divisions.

Dietetics and Nutrition

The value of good and proper nutrition in our health facilities and community has never been higher. With the burden of NCD crises and the premature death of our populations; our Dieticians are focusing more than ever before on local fresh foods, plenty of fruits and vegetables and reduction in salt, sugar and fat and physical activity. With our limited number (62 Dieticians to our population of approximately 900, 000) and resources we look to the support of the other health workers and stakeholders to (local and overseas) to help us achieve our health vision of a nutritionally well Fiji. We had a budgetary allocation of \$110,000.00 specifically for Baby Friendly Hospital Initiative and Multi Nutrient Supplementation program.

The Dieticians are honored by the opportunity to serve in the sub-divisional and Divisional hospitals around the country in the three broad areas below:

Clinical Dietetics:

Clinical Dieticians stationed in Divisional Hospitals play a very important role in the health care team in providing nutritional care to patients in various states and conditions. Slow healing and recovery which may lead to extended hospital admission is a result of nutrition in hospitals being compromised. Clinical Dieticians monitor, assess and optimize nutritional status based on the patient's medical condition and /or nutrition adequacy. A patient's medical/surgical and nutritional need is conferred with the physician, but the recommendation for special dietary feeds. Patients are also taught by Clinical Dieticians on nutritionally sound food choices to prevent further complication of diseases, speed up recovery, restore good health and maintain a healthy lifestyle.

Public Health Dietetics

Public Health Dieticians are kept busy with the various nutritional programs that they carry out in the communities as listed below:

- a) The School Health program with focus on the nutritional status of primary school students across the country, school lunches, school canteens and school gardens.
- b) Maternal and Child Health focusing on the nutritional wellbeing of infants, children and mothers.
- c) Non Thrives Clinic addressing underweight and malnourished children with corrective nutritional activities to help monitor and improve their nutritional status and avoid micro nutrient deficiencies.
- d) Milk Supplementation program to help disadvantaged and malnourished children.
- e) Vitameals to complement children's feeds.
- f) National Iron and Multi nutrient Supplementation programs.
- g) Baby Friendly Hospital Initiatives to maintain support and promote breastfeeding.
- h) Infant and Young Child Feeding program to help improve complementary feeding for children.
- i) SOPD Clinics in Health Centres and general Wellness Outreaches in the communities.

Food Service

All the divisional and sub-divisional hospitals have varying amount of Food Services provided. With the ever-increasing burden of NCDs presented to hospitals around the country, Dieticians responsible for food service have embarked on a “from supermarket to Market & Go local and Low Fat, Low Sugar and Low Salt” strategy in their efforts to educate and correct the populations eating pattern while in admission.

Oral Health

The Oral Health Department is responsible for the delivery of sustainable oral health programs for all citizens of Fiji through comprehensive promotional, preventive and curative activities within the legislative framework whereby encouraging the retention of natural teeth resulting in better quality of life.

In an effort to improve oral health through primary and preventive health initiatives, the oral health unit implemented outreach visits targeting vulnerable and underprivileged people in remote, rural and maritime areas. These outreaches are part of the ministry’s values in providing services that are equitable and accessible to all citizens.

There were several notable highlights and one of the most successful outputs was the National Tooth Brushing Day which was conducted on July 24th. His Excellency the President, Ratu Epeli Nailatikau led the nation in our tooth brushing drill. An outstanding number of over 162,000 people were registered to participate during that day and this is the highest number recorded in the past eight years.

The oral health unit continues to face challenges in human resources with numerous retirements and resignations throughout the year and inadequate levels of new graduates to fill vacant posts. Unavailability of consistent and reliable transport hampers our ability to take services out to school children and rural communities.

The unit has achieved another milestone in taking specialist services down to subdivisional level; the implementation of prosthetic services to four outlying areas reflects the ministry’s commitment to providing rehabilitative tertiary level services to people in rural and remote areas; including the elderly and economically deprived communities.

A national audit of all 32 dental facilities around the country was conducted during the year resulting in a baseline inventory of equipment, instruments, dental materials, consumables and infrastructure. The functionality of assets was assessed and this exercise is the first step in ensuring the continuity and sustainability of effective and high quality services.

The department also stepped up the delivery of oral health education and awareness in Primary School and Early Childhood Education teachers in an effort to have better supervision of tooth brushing drills at home and at school. Oral Health promotion for teachers, parents and care givers of persons with special needs was also conducted in an effort to improve the oral and general health of these persons.

The Ministry of Health and the Fiji National University have developed post graduate training in the areas of dental public health (4 dental officers in 2013) and oral surgery to begin in the second semester of 2014.

The Oral Health Clinical Service Network (CSN) strengthened service delivery through the Clinical Service Plan (CSP) and Clinical Practice Guidelines (CPG’s) development.

The department was fortunate to receive services from the visiting oro-maxillo facial surgery team from Australia. These highly specialised surgeries attended to patients who were suffering from oral cancers and other oral pathologies, facial trauma and birth defects.

There were fewer people reached in outreach programs in 2013, because of the increased numbers of specialist prosthetic outreaches (which are very time consuming and expensive) and also there was more concentration in the school coverage which resulted in a tremendous increase of 35.5% when compared to 2012.

Table 9: Dental Statistics

	2011	2012	2013	Change 2012 - 2013
Attendances	187,856	198,045	255,111	57,066 ↑ 29%
Revenue Collected	\$735,442.89	\$736,751.53	\$540,700.03	\$196,051.50 ↓ 36.25%
Conservative Treatment	29,152	45,259	63,165	17,908 ↑ 40%
Prosthetics	2,166	2,107	2,790	683 ↑ 32.4%
Extractions & Oral Surgery	56,095	66,853	86,789	19,936 ↑ 29.8%
Preventive Procedures	72,559	126,532	151,780	25,248 ↑ 20%
School Services	46,196	97,599	132,240	34,641 ↑ 35.5%
Outreach Programs Attendances		20,075	17,568	2507 ↓ 14.2%

The dental fees were reviewed again in 2011 resulting in decreased charges in most services and an overall reduction in revenue collected by the department. Conversely, this has meant that lowered fees have resulted in more services being utilized in 2012 and 2013, attendances of patients, treatment in conservative, prosthetics, extractions, oral surgery and preventive procedures have all showed significant and beneficial increases.

Two significant Key Performance Indicators (KPI's) achieved from the 2013 Oral Health Business Plan was:

- i. Reduce dental caries in 12 year olds by 1% and we achieved a 14% reduction.
- ii. The target was to 'increase the number of schools with oral hygiene practices by 10%' and we achieved a 4% increase.

The Oral Health Team overcame numerous challenges and setbacks to achieve a very successful and rewarding 2013. Overall, the 2013 Oral Health Business Plan had an 85% achievement rate with 10% to be carried over to 2014 and only 5% partially achieved. The unit is committed to improve good health for all Fijians through good oral health.

National Health Disaster and Emergency Management Unit

The National Health Emergency and Disaster Management Unit (NHED MU) has formally completed its first year of existence in June 2013, since being established in 2012.

The Unit is responsible to ensure that there is excellence for health emergency and disaster preparedness and crisis management, that Health facilities are resilient to disasters and the staff capable to response in times of emergencies and disasters.

Achievements

- a. The development of “**Get Ready Disaster Happen Campaign**” training and roll-out.
- b. Upgrade of the Emergency Operation Centre with installation of Radio Telephone communication system and commissioning of Generator set at Dinem House.
- c. Rehabilitation and reconstruction effects in relation to TC Evan (December 2012) where 45 Health Facilities were damaged of which 12 received major damages.
- d. The launch of “**Get Ready Disasters Happen**” on 10th April 2013.
- e. Safe Hospital Assessment was completed for Health Facilities from Northern Division.
- f. The Fiji Dengue Outbreak led to the activation of The National Health Emergency & Disaster Management Taskforce.

11. Administration and Finance

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

The Division is led by the Deputy Secretary of Administration and Finance who reports to the Permanent Secretary for Health, and also provides policy advice on the implementation, monitoring and evaluation of civil service reforms in the MOH.

Training Unit

The Unit’s objectives are,

- a) Act as a central and initial point of reference in relation to all training activity conducted or proposed for delivery to MOH staff.
- b) Maintain a Master Training Plan that reflects outcomes of Training Needs Analysis in collaboration with recommendation of Divisional and Individual Learning and Development Plans and matches against the training that is provided by internal partners (including the PSH) and external donor bodies or Universities (including FNU, USP).
- c) Manage and administer In-Service Training [IST] and Overseas Attachments for MOH Personnel including,
 - i) Compilation of Bond forms for MOH sponsored students.
 - ii) Ensure payment of Tuition Fees for MOH sponsored students
 - iii) Facilitate overseas attachment arrangements for health workforce
 - iv) Facilitate participation of staff in PSC Scheduled training courses.
 - v) In-house training on HRIS to facilitate effective monitoring of workforce.

In 2013, the Ministry of Health’s Training & Development Unit administered In Service Training to 226 officers at Local Institutions for Tertiary level programs. The unit further arranged logistics for 211 officers who attended short overseas workshops. In order to strengthen Human Resources Management the unit conducted 15 In House Workshops and facilitated 80 officers to attend PSC In House Workshops. The unit also provided Secretariat support to the National Training Committee which had 12 meetings and deliberated over 100 requests.

Personnel Unit

The functional role of the Personnel Team is to provide sound policy advice to the Director Human Resources Division. Sound policy advice are sourced from the 2013 Constitution of the Republic of Fiji, , relevant Acts, 1999 PSC Regulations, 2011 General Orders [GO], PSC and Internal Circulars and Memorandums and other instructions that may be issued from time to time.

The Unit monitors and direct:

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

Table 10: Personnel Activities 2013

	Activity	Medical Officer	Nursing	Allied Health Workers	Corporate Services	Government Wage Earners [GWE]	Total	
1	Retirement		22	1		17	40	
2	Resignation	12	64	29	8	8	121	
3	Deceased			2		1	3	
4	Deemed Resignation	2	12			5	29	
5	Leave Abroad	19	105	21	5	50	200	
6	Leave Without Pay [LWOP]	5	28	13	3	5	54	
7	Leave Allowance	3	110	4	3		120	
8	Leave Compensation		7				7	
9	Secondment	All Cadre						21
10	Forfeiture of salary	All Cadre						521
11	Posting & Transfer	All Cadre						594
12	Volunteers & Attachees	All Cadre						51
13	Salary Upgrade/Revision	All Cadre						13

Post Processing Unit (PPU)

The Unit's objectives include,

- a) Manage all areas for recruitment, new, acting, Locum, projects, re-engagement/Re-appointments, temporary relieving appointments and staff establishment including GWE.
- b) Vacancy Processing.
- c) Manage and maintain a current Human Resource Information System (HRIS).
- d) Provide support and training of Divisional and Subdivisional HR staff to fully utilise the HRIS as a daily operational tool to monitor, manage and report on the workforce in an efficient manner.
- e) Follow guidelines and requirements set out by the Fiji Public Service Recruitment and Promotion Policy, and State Service Decrees particularly the following principles.
- f) Government policies should be carried out effectively and efficiently with due economy.
- g) Appointments and promotions should be on the basis on merit & equal opportunity.
- h) Men and women equally and members of all ethnic groups should have adequate and equal opportunities for training and advancement.

As has been echoed on numerous occasions, our workforce is our asset and strength alike. 2013 therefore for PPU had been a very challenging year where it had to clear the 2012 and 2011 vacancy backlogs. A prime battle is to minimise the processing time for our vacancies through effective, transparent, fair and well-coordinated staff recruitment procedures.

Our prime achievements for 2013 were the clearances of all those vacancies and through the full support of Management, the creation of the following new positions were realised; these have been factored in the 2014 establishment:

1. Fifteen [15] Laboratory Technicians in the Grade HW07
2. Forty [40] Intern Doctors positions in the Grade MD06
3. One Hundred and Fifteen [115] Doctors in the Grade MD05 and
4. Two Hundred [200] Nurses positions in the Grade NU06.

Industrial Relations

In 2013 there were 65 new cases tabled before the National Disciplinary Committee this did not include cases from previous years that were put together for decisions.

Table 11: Details of Ministry of Health disciplinary cases for 2013

Medical Negligence	4
Motor vehicle accidents	7
Unethical conduct and practices	27
Indecent assault	2
Poor working relationship	1
Driving without official vehicle pass	3
Extra marital affairs	9
Drinking in government quarters	3
Misuse and abuse of government funds	2
Misuse of government assets and resources	2
Not complying with official directives	2
Complaints of corrupt practices	1
Maltreatment and harassment	1
Careless driving and speeding	1
Total	65

Workforce Planning

The primary aim of the Workforce Planning process is for Ministry of Health to achieve best workforce outcome to train, recruit, retain and advance critical skills, roles and support the Ministry of Health staff to provide and deliver quality health services to the citizens of Fiji.

The creation of Workforce Planning Team also in early 2013 headed by the Permanent Secretary for Health and formation of seven working groups made up of senior managers, administrators at headquarters and representatives of most areas in the ministry, worked successfully to implement the recommendations from the 2013 Strategic Workforce Plan. [SWP]

2013 has identified a lot of progress and outcomes being achieved. including the development and endorsement of HRH Policy, Retention Policy and Strategies; 104 completed Standard Operating Procedures[SOP] for Corporate Services; a Substantial update and documentation of a Governance databank of policies, guidelines and legislation of the Ministry of Health; Training Needs Analysis [TNA] specific to the Ministry of Health; Introduction of new non- commercial Workforce Information Management System[WIMS]; Master Training Plan and Strategic Training Priorities and Continuous Medical Education[CME] and Continuous Professional Development[CPD] document; Introduction of HRH tool[WISN(Workload Indicators of Staffing Needs) & Workforce Projection], conduct of training and creation of Institutional Reports across the ministry to support Workforce projection and planning; review of MQR for all SES staff in the ministry; completion of workforce survey online and via email; and completion of Succession Plan by Divisional Hospitals and majority of Sub divisional facilities. The Planning Process that started in January 2013 is proposed to continue until December, 2017 [5 years Plan].

Finance

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

The Unit's objectives include,

- a) Ensure equitable budgetary distribution to the Divisions and Sub-divisions.
- b) Proper management of budget allocation which is fundamental to ensuring value for money in delivering services to the public as well as having cost effective internal controls within the purchasing and payments system. This plays an important role to ensure that wastage of funds, over expenditure, misuse and corruption does not happen.

- c) Ensure Internal Control measures are in place, maintained and identified areas for improvements where appropriate and recommendations designed to assist the Ministry in order to improve the system and compliance with the Finance regulation.
- d) Effective utilisation of the Financial Management Information System (FMIS).
- e) To establish the Internal Audit team and processes at HQ, to cover areas in 3 main source of information. The audit officer coordinates and follows up the implementation of the issues.
- f) Examination of evidence on payments etc. - supporting the payments to ensure that the Finance manual and other related regulation, process and procedures are complied with.
- g) Review work performance and identify necessary changes to strengthen the unit's performance.
- h) Interviewing personnel in order to confirm the functions and gain a holistic understanding of the procedures and control of the system and identify general responsibilities and roles of individual within the system. Having a job description for each position.

12. Health Information Research and Analysis Division

The Health Information, Research and Analysis Division is responsible for the overall development and management of health information; and promoting appropriate research for the National Health Service; monitoring and evaluation of the Ministry's Corporate & Strategic Plans including Key Performance Indicators for SFCCO; and management of ICT services for the Ministry. It plays a vital role in the compilation and analysis of health statistics and epidemiological data and management of the information system (software) and also purchase and maintenance of computer hardware.

The three functional Units of the Division that carry out all these responsibilities are as follows:

1. Health Information and Epidemiology
2. Health Research
3. Information and Communication Technology

Health Information and Epidemiology

The Health Information supports the MoH in its functions of planning, monitoring, evaluation and research to improve the quality, efficiency and effectiveness of health services delivery.

Collection of data from across the health system, provides hospital medical records departments with policy guidance on medical records and information system management. There had been successful implementation of year 2 Health Information Systems Strategic Plan activities. Some key notable inclusions are supervisory visits to all health facilities in 2013, improved timely reporting for PHIS monthly returns, development of standard operating procedures for HIU staff, revised HIU forms and guidelines, development of National Health Data Dictionary, revised lab forms, introduction of balanced scorecard systems for Divisional Hospital, literature review on data confidentiality and quality data audit tools (ACBA and RDQA), strengthened civil registration and vital statistics committee activities, revised PHIS Online phase 2 training and implementation, continuous training and development of HIU staff and also public health nurses by HIU staff during field visits and scheduled Divisional training programs.

Health Research

It's major objective is to develop and encourage the application of appropriate and ethical health research methods that will promote and maintain the protection of human and animal research subjects and at the same time provide credible evidence based data that will strengthen and support evidence based planning, reporting and decision making that will improve health and health care in Fiji.

Two (2) new issues of the Fiji Journal of Public Health (FJPH) were published, under the Themes; Wellness Initiatives in Fiji and Neglected Tropical Diseases (NTD's) in Fiji.

As a result of the revision of the Fiji Health Research process, procedures and guidelines, the newly developed online Health Research Portal known as the Fiji Health Research Portal (HRP) was launched in December. The portal which can be accessed online at www.health.gov.fj/fjihrp and to be implemented in January 2014 will now replace the current manual health research proposal review and clearance process. This initiative was funded and technically assisted by WHO, through the WPRO office.

Information and Communication Technology

The Health Information and Technology Unit supports the MoH by providing a committed, efficient, qualified and responsive IT Team that implements and maintains a reliable and accessible eHealth system.

The unit continued to maintain and sustain the web based PATIS, PHIS, LIMS, intranet and website services including ICT helpdesk support services. The VOIP technology was further expanded to two additional sites namely Rakiraki and Tamavua/Twomey hospital. Setup of Wi-Fi internet in all divisional and 10 sub-divisional hospitals was completed to improve communication and collaboration for patient care and improving clinical staff capacity through online training. Video Conferencing equipment was also placed at HQ and three Divisional Hospital. Procurement of additional PCs, multi-functional printers and other IT resources were acquired and delivered to health facilities across the country. Tenders for re-cabling of 3 Divisional hospitals were called in December for projects to commence in 2014.

Strategic Framework for Coordinating Change Office

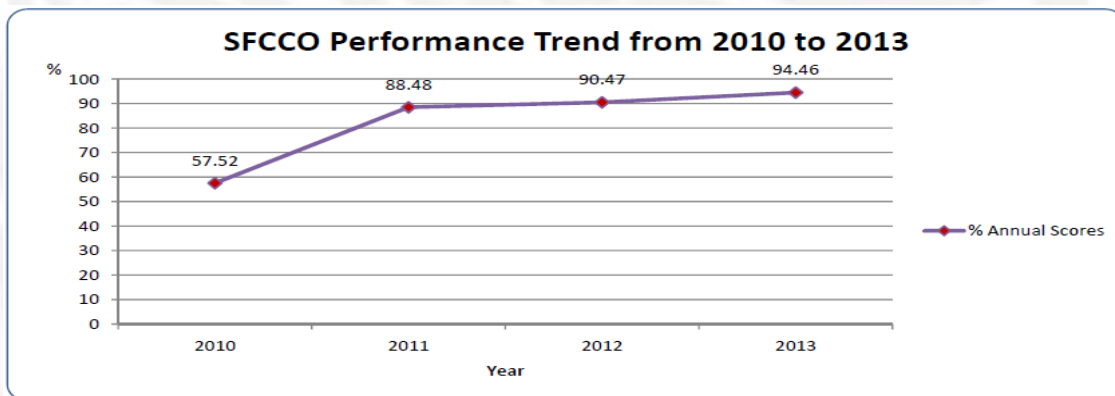
The reporting structure for SFCCO is divided into two parts:

- the Overview of the Ministry's Performance which highlights the progress and achievements of the Ministry through its specified Outcomes and Outputs; and
- the Performance Matrix which provides information and data on the performance results rating and the audited progress.

Performance – Ratings for 2013

- 4th Quarter -94.46% (Excellent)
- 3rd Quarter -77.99% (Good)
- 2nd Quarter -82.94% (Very Good)
- 1st Quarter -68.40% (Average)

Figure 3: SFCCO Performance trend 2010-2013



13. Planning and Policy Development Unit (PPDU)

The unit is responsible for strengthening evidenced based planning and policy development in the organisation to ensure key investments are based on proper medical and socio-economic rationale taking into account its overall impact on population.

Planning

The efforts to streamline planning throughout the Ministry and as reflected in PPDU's 2013 Business Plan (BP) was a key task in the review of the National Strategic Plan 2011-2015.

Our efforts have concentrated in strengthening the ACP process, developing a suite of indicators to reflect the Ministry's intermediate, long and ultimate outcomes recognising this process is new and iterative. A full scale review of the NSP was undertaken and the Planning Team held a series of consultations with Program Managers to review their respective components of the ACP and NSP concurrently, these gave them an opportunity to reinforce and re/align linkages between the NSP and ACP which we agree is not explicitly evident at present.

One on one consultation's with Program Managers was undertaken to review their components of the ACP and NSP's against an agreed criteria which could include the following,

1. Relevance
2. Effectiveness
3. Efficiency
4. Impact
5. Sustainability

The following broad steps were undertaken which resulted in the development of the 2014 ACP.

1. July; consultations with Program Mangers on NSP and ACP
2. August; 1st Draft ACP developed
3. September; ACP Workshop, Draft ACP presented, discussed and approved
4. November; ACP completed and disseminated
5. 31st December; BP completed

Three divisional workshops were held to help PMs, divisional and sub divisional level managers in the development of their Business Plan 2014.

Policy

The Policy Unit is responsible for the technical support, initiation, coordination, implementation, monitoring and evaluation, of health policies having an impact on health care delivery and preventive service delivery in all facilities under the Ministry of health, Fiji. This includes monitoring and evaluation of areas directed by the Honourable Minister of Health, the Permanent Secretary for Health and the Director HPPDU.

In 2013, the unit managed to review the MOH policy development guideline for management's consultation and convene HPTSG meeting in the last quarter and also forwarded a proposal to Ministry of Finance to impose taxation on tobacco and meat products to reduce consumption of products that leads to NCD's. The Unit constantly played a supportive and secretariat role to the major conventions and consultations either with internal or National policies such as National Wellness Policy, CSN forum for the Oncology Policy. Likewise engaged with other policies where health issues are embedded.

Policies Developed include:

1. Draft MOH policy guidelines
2. Oncology Policy Finalized
3. Draft National Referral Policy
4. Draft Wellness Policy initiated
5. Community Health Worker Policy initiated

Technical Support Provided:

1. HIV / STI Testing & Counselling Policy
2. RHD policy Draft
3. Eye Care Policy
4. Suva – Nausori Corridor Planning
5. Clinical Service Plan (2009) Review Completed
6. Expanded Programme on Immunization Policy
7. Prorata Specialist Engagement
8. Health Policy Technical Support Group meetings Convened.

Health Care Financing

The healthcare Financing Unit (HCF) is responsible for coordinating the monitoring and evaluation of budget management, analysis of programs/projects, conducting costing studies as and when required for possible outsourcing or Public Private Partnership (PPP), development of National Health Accounts (NHA) and development of policy briefs using data from NHA to advice on policy decisions.

Some of the major achievements for the unit were:

- a. Obtaining sufficient and adequate increases in the operational budget through the monitoring and evaluation of budget management using expenditure trends and forecast.
- b. Effectively tracked the utilization of public health program funds based on the activities and again through the monitoring of budget management.
- c. Regular monitoring of capital projects by measuring the physical progress and actual utilization of funds resulted in completion of most of the projects plus improved utilization of capital funds.
- d. The production of 2011/2012 National Health Accounts report using SHA 2011 guideline.
- e. The completion of the Assessment of Social Health Insurance Feasibility and Desirability in Fiji report which was coordinated by HCF.
- f. The costing analysis on Medivac for the period January to June, 2013.

14. The Nursing Division

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

It is also responsible for the development of nursing workforce plans that encompass quality succession planning, training and professional development that will enhance the quality of nursing services.

The Division provides management and administrative support to the Fiji Nursing Council for the professional registration of Nurses in compliance with legislative provisions in the Nursing Decree 2011 on professional registration.

Nursing makes up 62% of the total health workforce and is virtually the face of the Ministry of Health to the general public. Nurses are the frontline health practitioners present in every health facility in the country.

Achievements

- 1) **Development of the Scope of Practice for Registered Nurses and Registered Midwives.**
A short term consultant was engaged to develop the Scope of Practice for Registered Nurses and Registered Midwives with the funding assistance from FHSSP. Project culminated in December 2013 with the submission of the Draft of the Scope of Practice document.
- 2) **Review of the Scope of Practice for Nurse Practitioners**
The review of the Nurse Practitioner Scope of Practice was carried out in May 2013 by short-term consultant. Work was completed in November 2013 and draft document had been submitted to MOH and Fiji Nursing Council for final endorsement.
- 3) **Completion of the JICA Project on strengthening the need Based In-service Training for Community Health Nurses.** This three (3) years project which had encompassed the 3PICs including Tonga, Vanuatu and Fiji had seen remarkable outcomes in the area of Supervision Visits & Coaching, Monitoring and Evaluation and Competency Standards & Assessment for nursing supervisors and Community Health nurses. The ability to transfer and share the themes/lessons learnt from this project to the hospital settings via its Matron In-service Training was a remarkable achievement and it is envisioned that this will be embraced confidently by the clinical counterparts. The project was completed in February 2014.
- 4) **Endorsement of the National & Divisional In-service Training coordinators position.** With high demand of training and continuous professional development for nurses in public health, the positions are crucial NHEC at its October meeting in Levuka endorsed in principle the formalization of these 3 positions which would see the deployed of 3 NU04 positions from the 3 divisional hospitals to the divisional nursing establishment.
- 5) **Upgrade of the Undergraduate Nursing qualification.** 2013 is a significant year for nursing development as the undergraduate program was upgraded to Bachelor in Nursing from the 9 years old Diploma in Nursing Program. The first cohort of the 200 nursing intake to this program to the Fiji National University was recruited in February 2013.
- 6) **New Postgraduate Qualification.** New postgraduate nursing programs were also commenced in 2013 such as the Postgraduate Diploma in Nursing Management with a cohort of 10 trainees including newly promoted nursing supervisor and potential nurse managers/leaders enrolled as the first (pioneer) of the program offered at FNU.
- 7) **Overseas Attachment of specialty area.** A total of 33 nurses had attended some form of conference, training, and clinical attachments off-shore in 2013. Out of the 33, nine (9) were attached at the Sahyadri Hospital in Pune, India for neurology and cardiology.
- 8) **Intravenous (IV) therapy for Nurse.** Through the National Nursing Management Team, a revised policy on the Administration of Intravenous Medication by Nurses was developed in May 2013 to guide nurses in its practice and delivery of service. This is currently being implemented with an audit/evaluation to be carried out in 2014.
- 9) **Additional Nursing position.** In addition to the 2009 Cabinet decision (2009 Cabinet Decision # 91 & 92), which approved the additional 510 nursing positions, nursing had again approached cabinet in September 2012 on the 'Right-sizing of the Nursing Workforce' requesting an additional 1000 new nursing positions. This was calculated on a 40: per 10,000 nurses: population ratio and thus a total of 3200 nurses would be required. Cabinet had then approved the recruitment of 200 nurses/year for the next 5 years. The first cohort of the 200 was recruited from the 2013 graduates of the Fiji National University (CMNHS) and TISI Sangam School of Nursing.
- 10) **12-Hour Shift.** This shift regime has continued at the 3 divisional hospitals with constant review. Additional wards have been added to the regime as management of the respective institutions see it fit. The buy-in of nurses on the 12-hour shift has been very encouraging in comparison to the response obtained at the commencement of the regime.

- 11) **MOH/FNA Meeting.** A combined committee was formed between the Ministry of Health and the Fiji Nursing Association in early 2013 to address nursing issues in a more constructive and effective manner. The committee as chaired by the Deputy Secretary Admin/Finance (DSAF) has met 3 times in the year. The Ministry of Health is represented by the Director Nursing Services & DSAF whilst FNA is represented by its General Secretary & Vice President.
- 12) **Elite Nursing Squad training**
The October 2012 training for CWMH and the Central division was followed by the Lautoka Hospital & Western Health Training in June 2013. Training for the Northern Division is earmarked for first quarter of 2014.
The group has been used extensively as nursing support to Overseas Visiting Medical teams and have received encouraging commendation and feedbacks.
- 13) **Golan Heights Engagement**
A group of about 12 nurses were seconded to the Republic of Fiji Military Forces in March 2013 for the Golan Heights deployment with the force.
- 14) **Peace Corp Volunteers (PCV)**
Two Peace Corp Volunteers upon the request to Peace Corp Fiji were assigned to the Division of Nursing in October and November 2013 respectively. Mary Griffith was attached to the Division of Nursing to spearhead the development of the Enrolled Nursing Program and Anne Felsen at CWMH for the development of prenatal education and training programs. The contribution by these volunteers have assisted nursing in a great way and appreciated.

15. Development Partner Assistance

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

Fiji Health Sector Support Program (FHSSP)

As defined by the final Program Design Document and confirmed by the contract between the Department of Foreign Affairs and Trade (DFAT) and Abt JTA, FHSSP commenced operations in 2011 with the goal of remaining engaged in the Fiji health sector and in doing so support Ministry of Health to fulfil its vision of improved health and wellbeing for the population of Fiji.

The five objectives of the program are:

- 1) Institutionalise a Safe Motherhood program at decentralised level.
- 2) Strengthen infant immunisation and care and the management of childhood illnesses and thus a institutionalise Healthy Child program.
- 3) Improve prevention and management of Diabetes and Hypertension at decentralised levels.
- 4) Revitalise as effective and sustainable Network of Community Health Workers as the first point of contact with the health system for people at community level.
- 5) Strengthen key components of the health system to support decentralised service delivery, health information, M&E, planning, supervision and operational research.

To achieve these objectives FHSSP provides technical coordination and management support to MOH to build and sustain capacity towards achieving the target health outcomes identified in the Strategic Plan, namely:

- Reduced burden of NCDs;
- Improved maternal health and reduced maternal morbidity and mortality ; and
- Improved child health and reduced child morbidity and mortality.

Achievements

- a. Revised Mother Safe Hospital Initiative Standard (MSHIS) and audit tool resulting in all Sub Divisional Hospitals (SDHs) and Ra maternity being audited for the first time.
- b. Review of Maternal Health Services completed and Strategic Action Plan (2014-2016) drafted.
- c. National immunisation survey revealed 98% coverage for all ten antigens confirmed.
- d. Expanded Program of Immunisation (EPI) systems working effectively which is a marker of successful coverage for the three new childhood vaccines.
- e. Positive indication of sustainability of the new vaccine program with the Ministry of Health bringing forward its 20% contribution.
- f. The high rate of NCD screening is a direct result of FHSSP training and equipment which resulted in 1,883 cases of undiagnosed diabetes and 1,824 cases of undiagnosed hypertension detected.
- g. Review of Non-Communicable Disease (NCD) Strategy completed and Strategic Action Plan (2015 – 2019) drafted.
- h. A growing network of Community Health workers (CHWs) with 51% of all active CHWs nationally are now trained in First Aid with 73% in Western Division trained in birth preparedness.
- i. First core competencies module developed and training of CHWs commenced.
- j. The positive uptake of the Public Health Information System (PHIS) demonstrated by 98% of all facility reports completed and entered on time Q4 2013.
- k. PATISplus reviewed and rectification program commenced.
- l. Clinical Service Plan (CSP) reviewed and revised plan drafted.
- m. MoH Results Framework and Annual Corporate Plan indicators revised with targeted M&E training developed and provided to all levels of the MoH.
- n. M&E technical teams established by the MoH in divisions and subdivisions to act as focal points for M&E activities.

Grant Management Unit (GMU)

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

The GMU goals are:

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

The GMU objectives are:

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

Achievements

- a. Global Fund support in achieving four National Health Information Committee meetings in 2013 with introduction of Routine Data Quality Assessment tool to audit identified PHIS data;
- b. Opening of the refurbished Rabi Health Centre in March by the Prime Minister;
- c. 92% of activities planned under the National TB Strategic Plan 2011-2015 achieved. Inclusive use of updated National TB Guidelines and procurement of innovative technologies such as three GeneXpert for early detection of Rifampicin resistance and two portable X-ray machines (Viti Levu and Vanua Levu) to complement improving diagnosis during community advocacy sessions;
- d. The National TB Program is progressing towards its 2015 goal with decrease 50% of burden of TB (from 1999) to 20/100,000 population. The 2013 Case Notification Rate is at 29/100,000 population for new and relapse TB cases (269 TB cases were registered in 2013). More cases notified projecting better diagnosis and influenced community members seeking early health interventions;
- e. The Case Notification Rate for 2013 on new smear positive TB cases is 12/100,000 with 106 new smear positive cases;
- f. The treatment success rate for new smear positive cases for 2012 cohort is reported at 93% (103/111). Target: $\geq 85\%$ new smear positive cases treated successfully. MDG target $>90\%$.
- g. 18 out of 20 public laboratories complied with the National Laboratory Quality Management Systems Standards.

¹ Note: The WHO and National TB Program has requested the WHO Geneva TB team to revise Fiji's TB Estimates in 2014

16. Organisation Wide Challenges

In delivering its services the Ministry of Health has identified the following as salient challenges during 2013. These are grouped under the health system building blocks.

Governance

- 1) Strengthening relationships with external stakeholders within the public service, development partners and nongovernmental organisations is necessary.
- 2) Lack of transport or sharing transport affects efficient implementation of work programs.
- 3) Communication throughout the MOH requires strengthening to ensure decisions and efficiently dissemination throughout the organisation.

Workforce

- 1) Staff shortages due to expansion in services through opening of new health facilities, study leave, retirements, transfers and resignation.
- 2) Increase in number of patients seeking hospital services thus putting pressure on the restrictive resources at hand.
- 3) The large number of vacancies in both the established and general wage earner categories impacts on service delivery throughout the MOH.
- 4) Lack of qualified, knowledge and skilled support staff as well lack of technical training and expertise.

Health Information

- 1) Issues are encountered with some of the software programs used throughout the MOH.
- 2) Accurate and reliable information in a timely fashion due to lack of timely submission from facilities for NNDSS, Diabetes notification, MCDC and Hospital returns.

Financing

- 1) Funding constraints delayed sourcing of external expertise in developing regulations.
- 2) Delays in issuance of PO's and cheques.
- 3) Newly created work units were not allocated operational budgets and were supported by HQ and development partner sources.
- 4) Whilst there is some budget provision in the Ministry but it is not enough to sustain and ensure efficient service delivery.

Service Delivery

- 1) Delay in the implementation of the training plan due to the natural disaster.
- 2) The failure of some stakeholders to attend training provided by the Health Personal addressing the Outbreak Prevention of Dengue Fever, Leptospirosis, Typhoid Fever in their respective zones.
- 3) Ensuring the vulnerable population has access to adequate safe water and sanitation.

Medical Products, Vaccines and Technologies

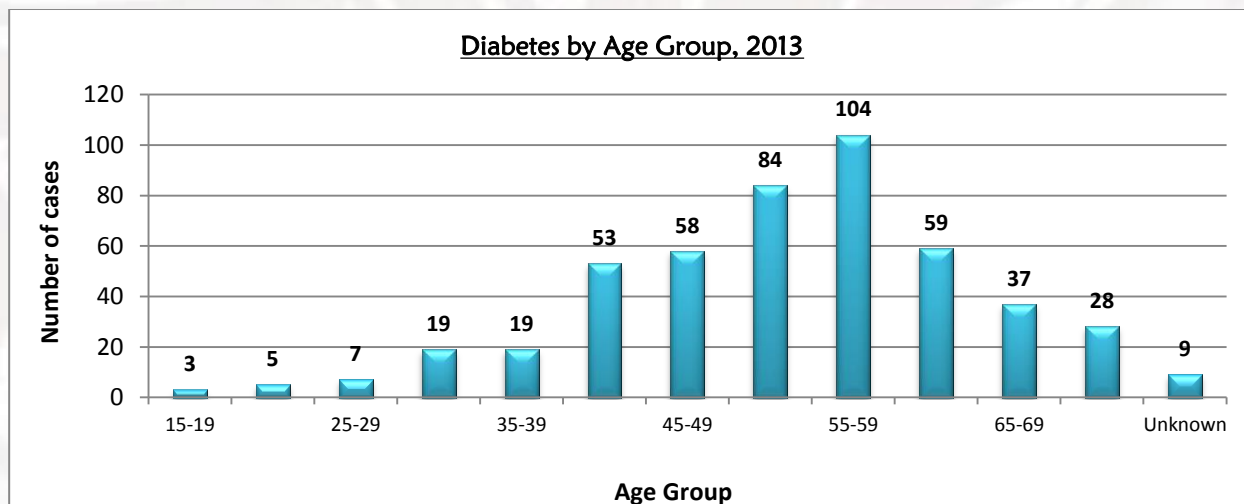
- 1) Despite improvements made at FPBS there continuous to be stock outs of some drugs and consumables.
- 2) Short-course training and/or attachment in a drug regulatory authority abroad to learn about Drug Registration.

17. Health Outcome Performance Report 2013

Non Communicable Disease

Diabetes

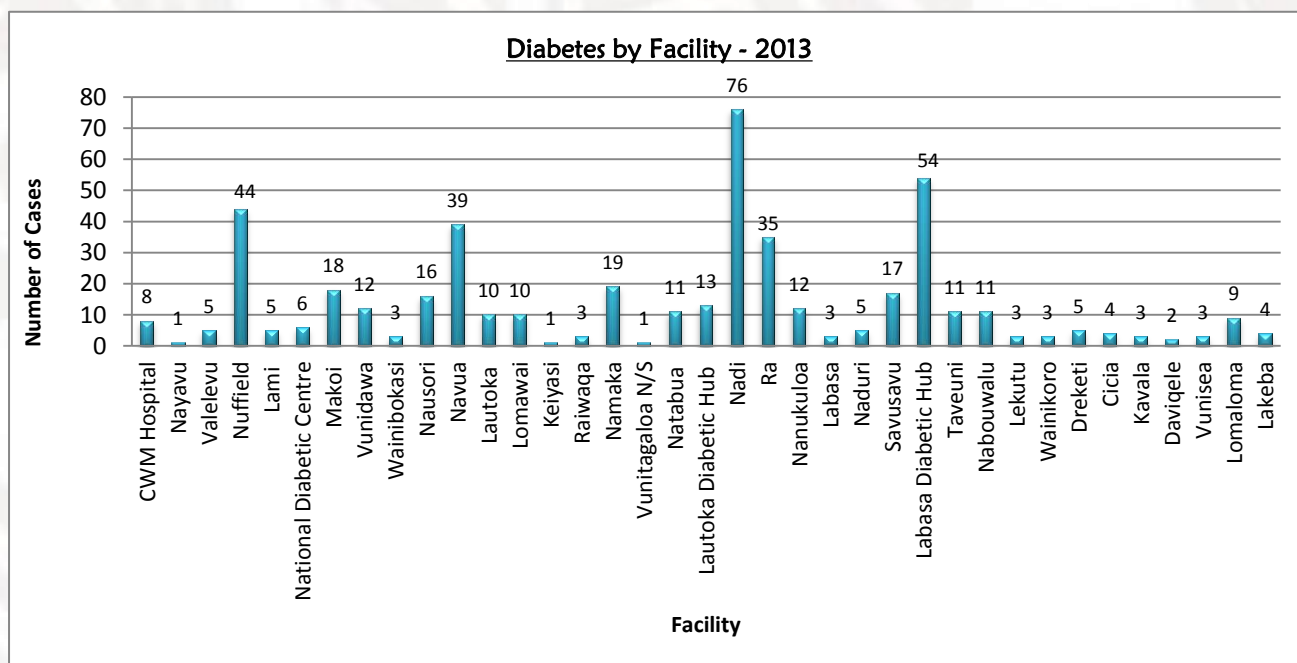
Figure 4: Diabetes Cases by Age Group 2013



Source: Diabetes Notification Forms, 2013

There is significant under reporting on the Diabetes Mellitus notification forms. The form must be filled by the Medical Officers in all the Hospitals and Health Centre, and where there is no Medical Officer it should be filled by the Nurse Practitioners when a new case is diagnosed. These forms must then be sent to HIU. Based on the existing datasets, those in the 55-59 age groups were most afflicted in 2013.

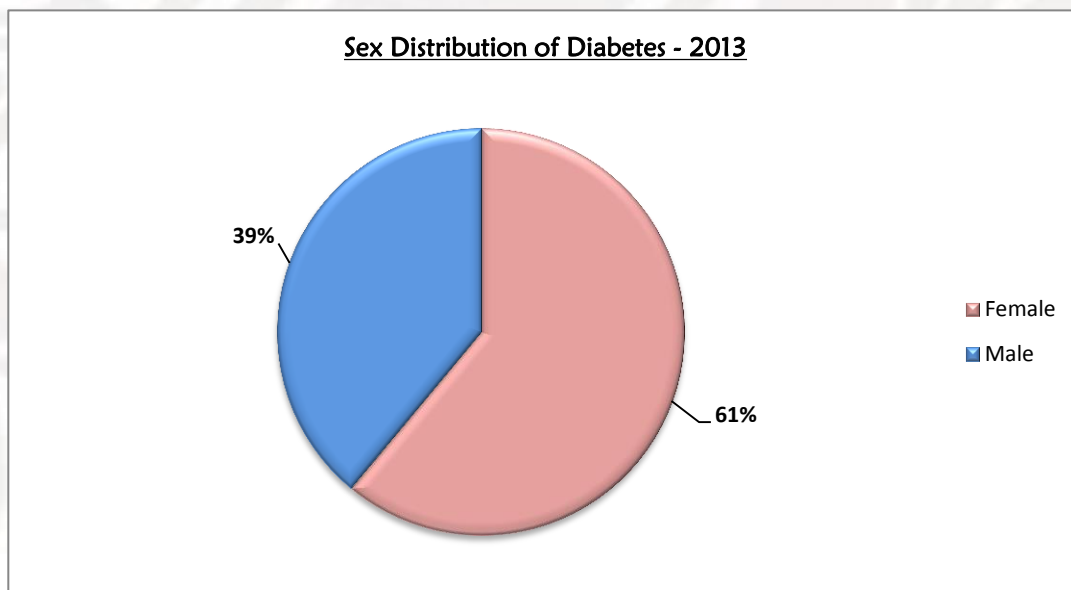
Figure 5: Diabetes Cases by Facility 2013



Source: Diabetes Notification Forms, 2013

Majority of the cases were reported from Nadi Hospital, Labasa Diabetic Hub and Navua. There may have been an underreporting from other facilities resulting in a low numbers for other facilities.

Figure 6: New Diabetes Cases by Sex 2013

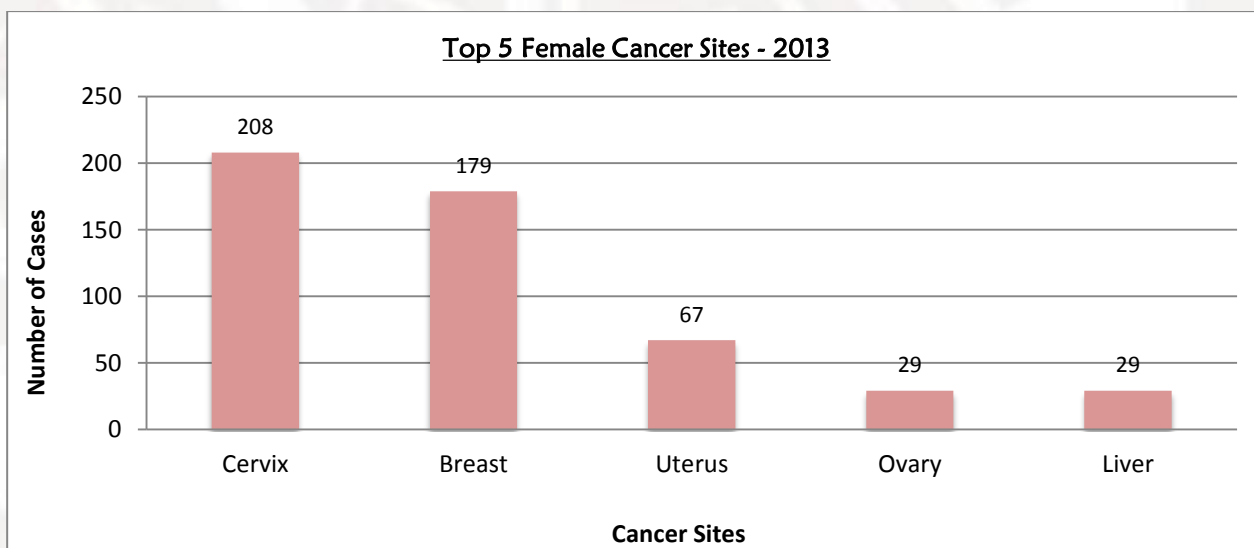


Source: Diabetes Notification Forms, 2013

There are more cases reported among females (61%) compared to males (39%). This could be due to health seeking behaviour differences in the two genders.

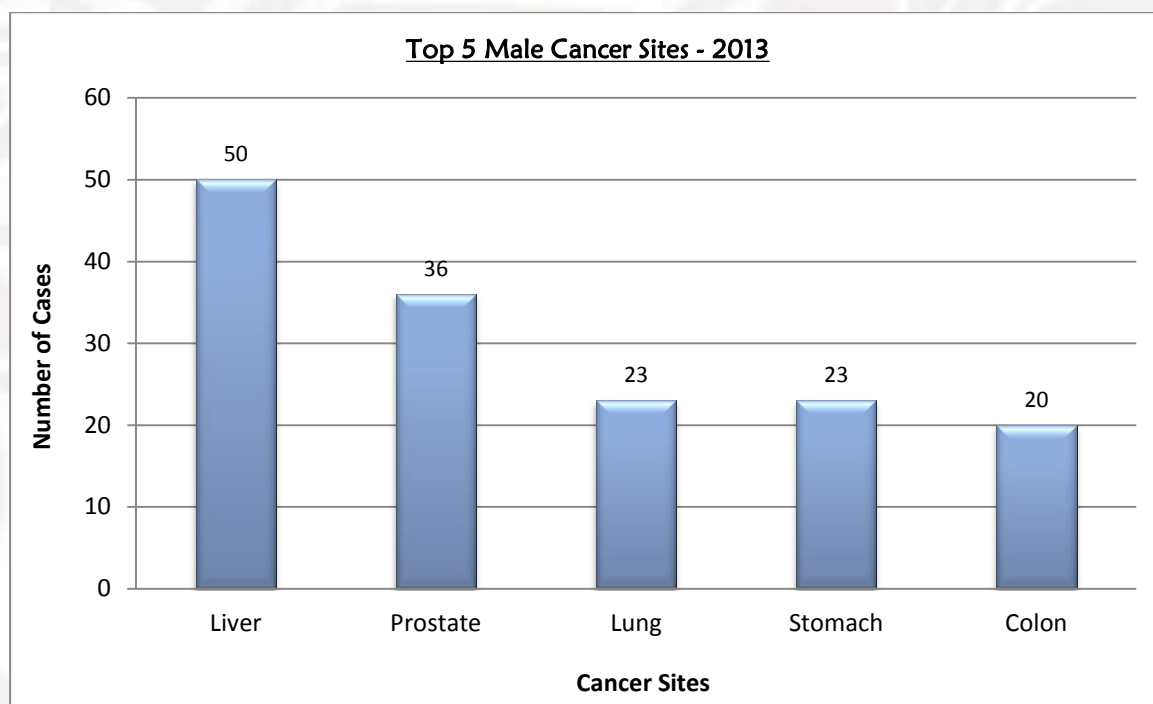
Cancer

Figure 7: Leading 5 Female Cancer Site 2013



Source: Cancer Registry, 2013

Figure 8: Leading 5 Male Cancer Sites 2013

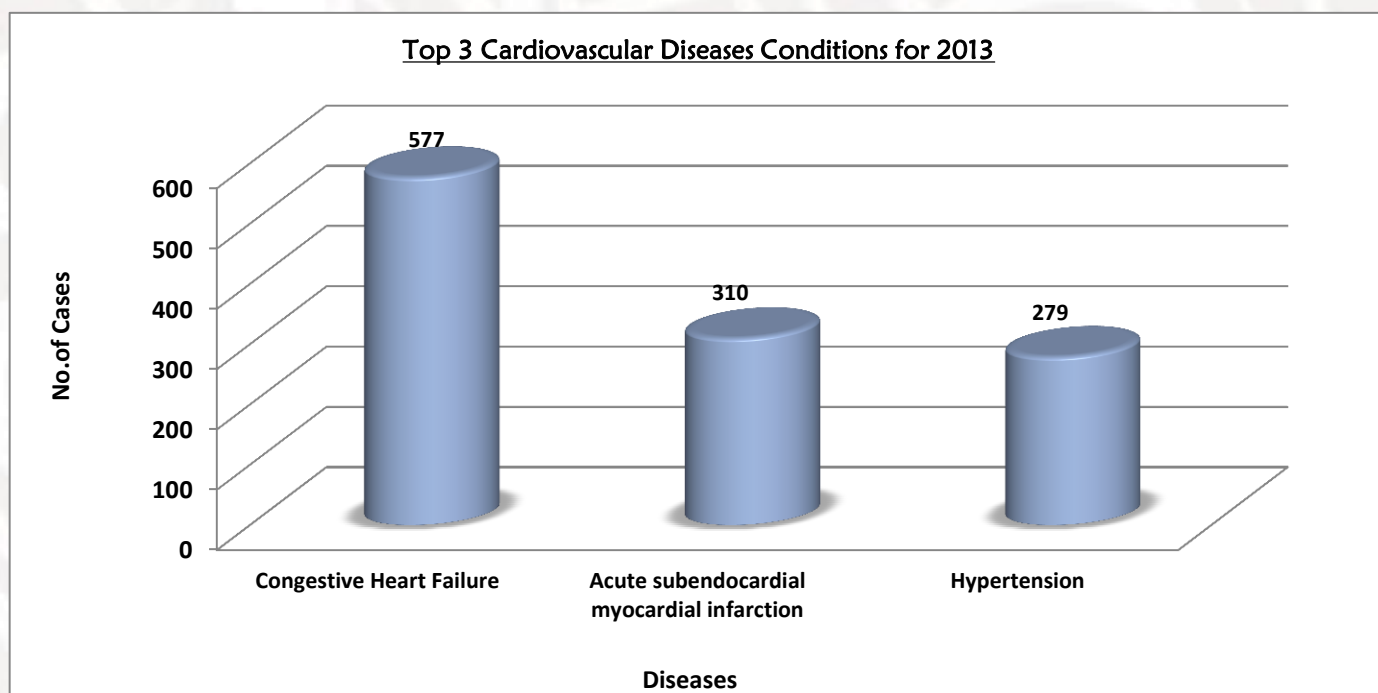


Source: Cancer Registry, 2013

The leading causes of cancer in females are still cervix and breast cancer with liver and prostate cancers affecting males in 2013. Predominantly cancer of the female genital tract is the leading cause of morbidity in females and cancers of the liver and gastrointestinal tract leads affliction from cancers in the male population in 2013.

Cardiovascular

Figure 9: Leading 3 Cardiovascular Disease Conditions 2013

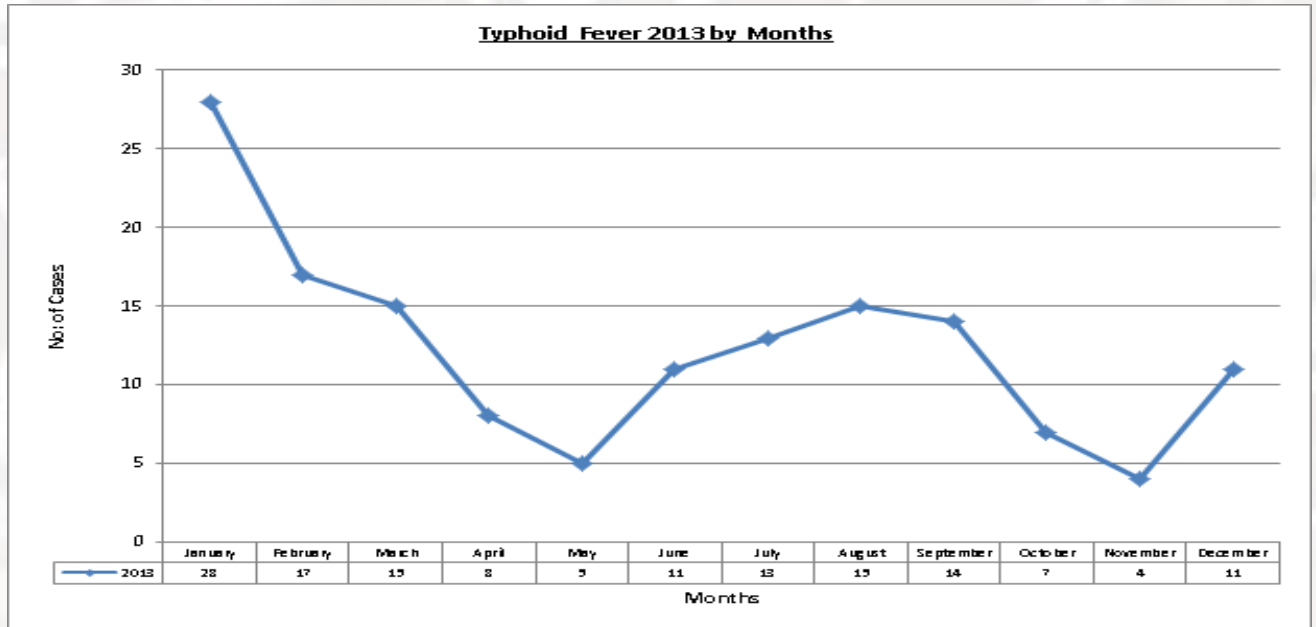


The most common cardiovascular diseases in 2013 included Congestive Heart Failure, Acute subendocardial myocardial infarction and Hypertension respectively.

Communicable Disease

Typhoid

Figure 10: Typhoid Cases for 2013 by Month

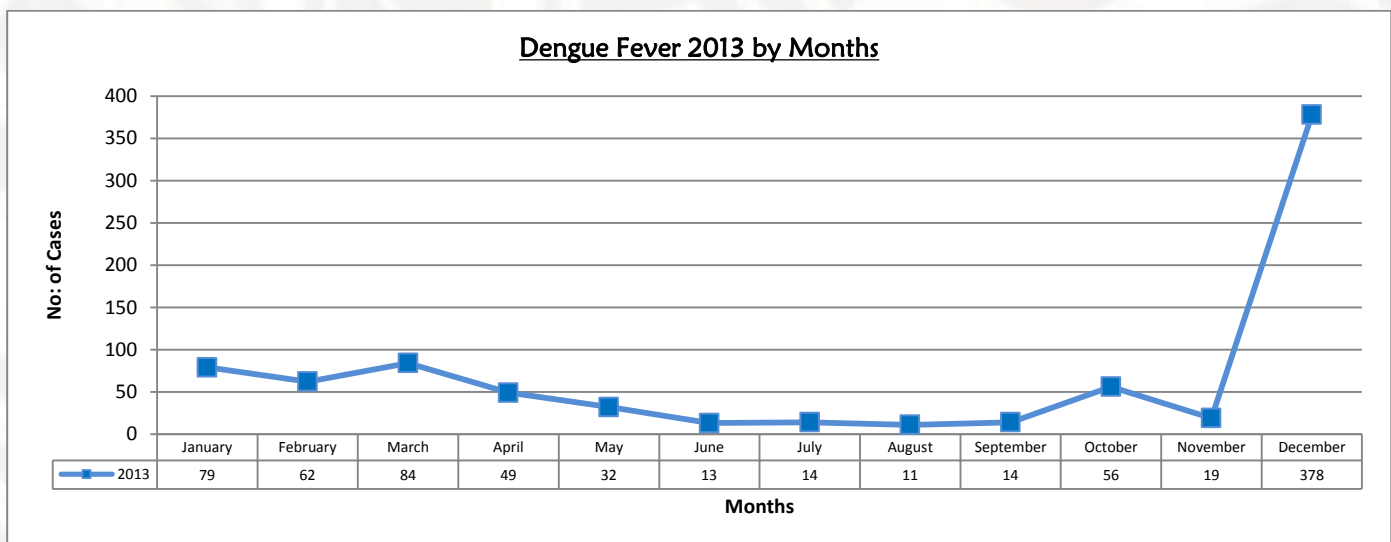


Source: Laboratory confirmed Data from FCCDC

There was marked variability in the number of cases of typhoid seen nationally but this data is only from Fiji Centre for Communicable Disease Control.

Dengue

Figure 11: Dengue Cases for 2013 by Month

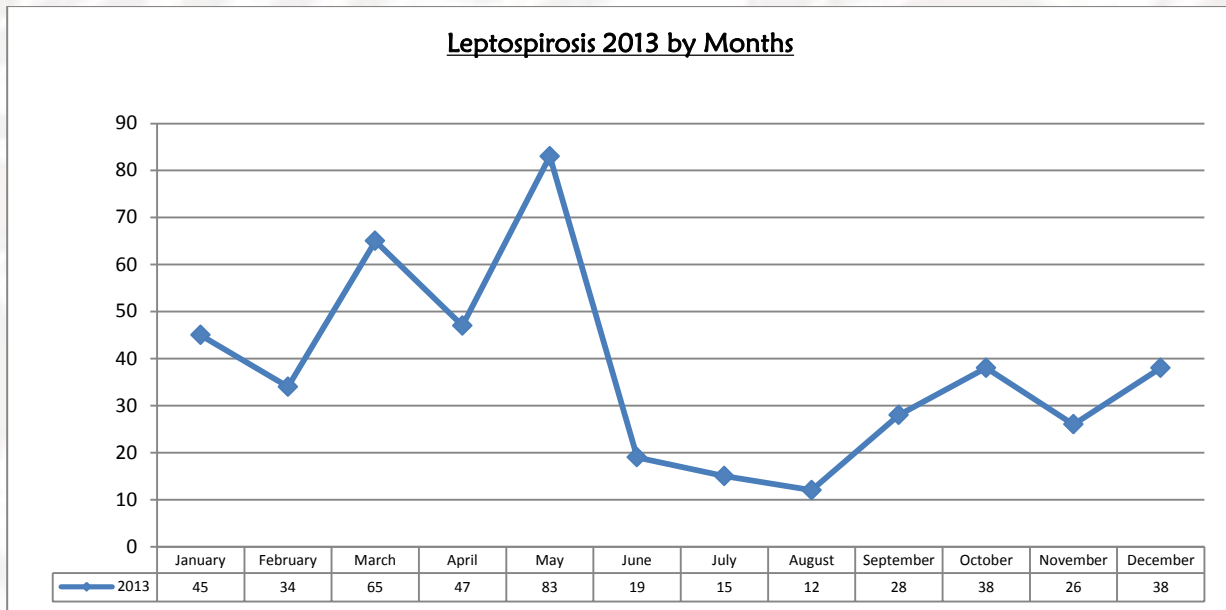


Source: Laboratory confirmed Data from FCCDC

Dengue Fever numbers remained stable until October, where the commencement of the outbreak was declared. The statistics are from Fiji Centre for Communicable Disease Control.

Leptospirosis

Figure 12: Leptospirosis Cases for 2013 by Month

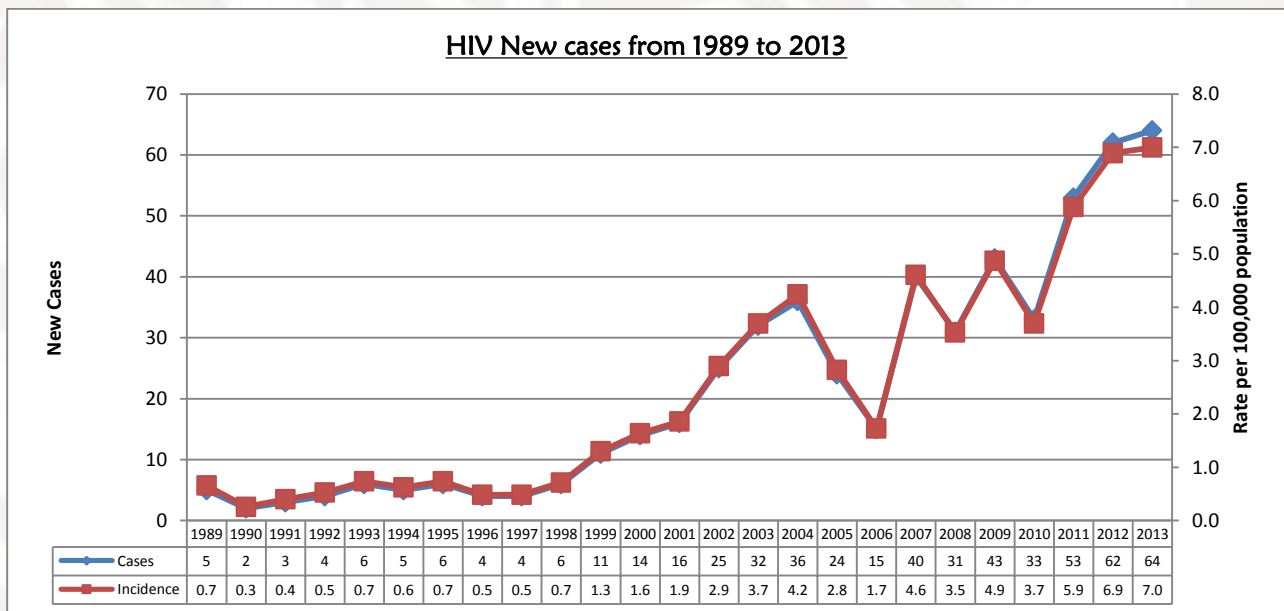


Source: Laboratory confirmed Data from FCCDC

The increase of cases (seasonality) of Leptospirosis is noted between February and May.

HIV

Figure 13: New HIV Cases 1989-2013

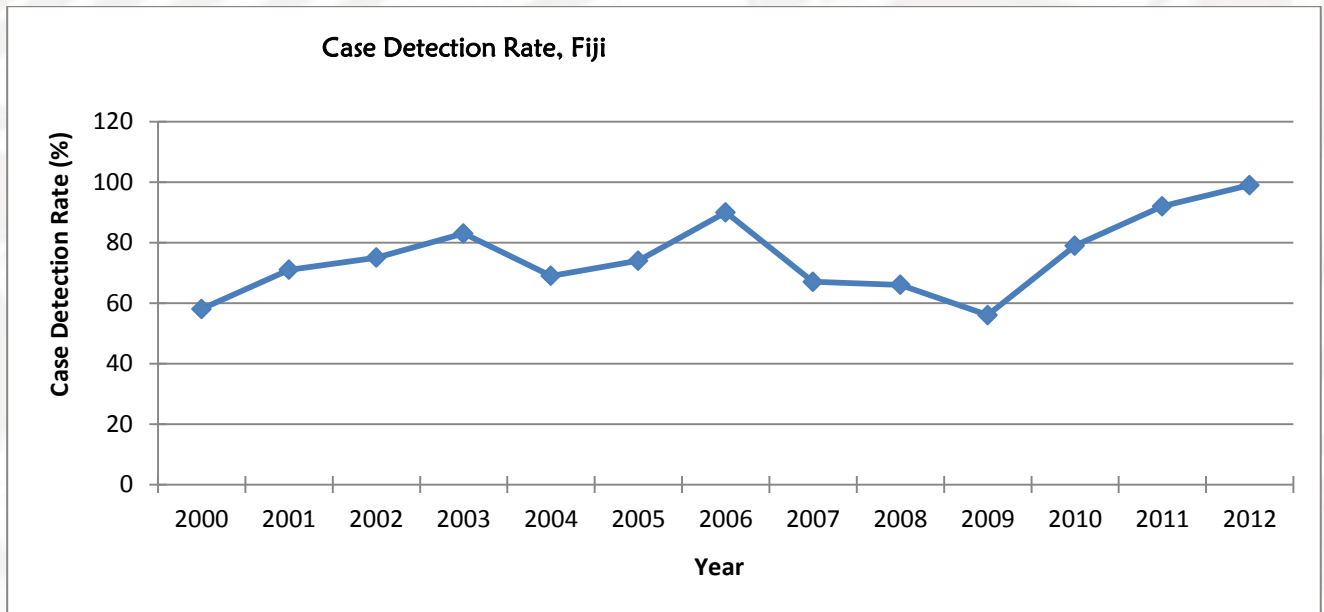


Source: Laboratory confirmed Data from FCCDC

HIV incidence has increased over the last 25 years from 0.7 to 7 per 100 000 population. This may be due to better diagnostics, better reporting and also may be a true increase in the number of cases.

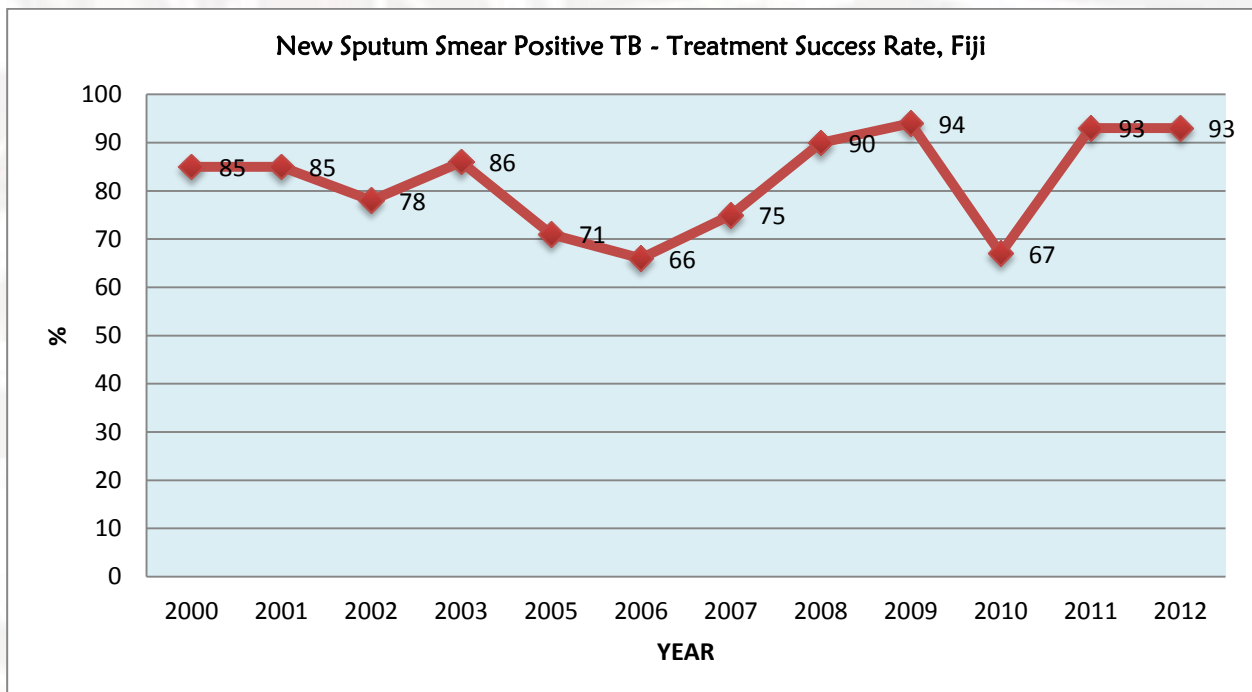
Tuberculosis

Figure 14: TB Indicators by Division for 2012



Source: TB Annual Report 2013

Figure 15: New Sputum Smear Positive TB – Treatment Success Rate

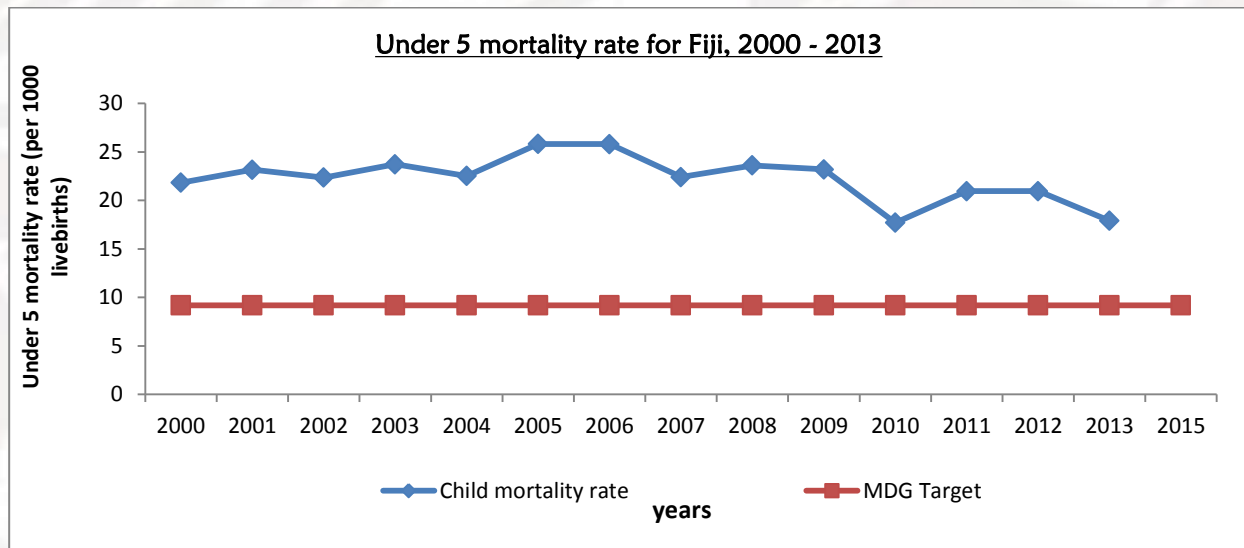


Source: TB Annual Report 2013

Case detection rates of TB have improved since the year 2000 and the treatment success rate has been fairly consistent between 2011 and 2012.

Maternal Child Health

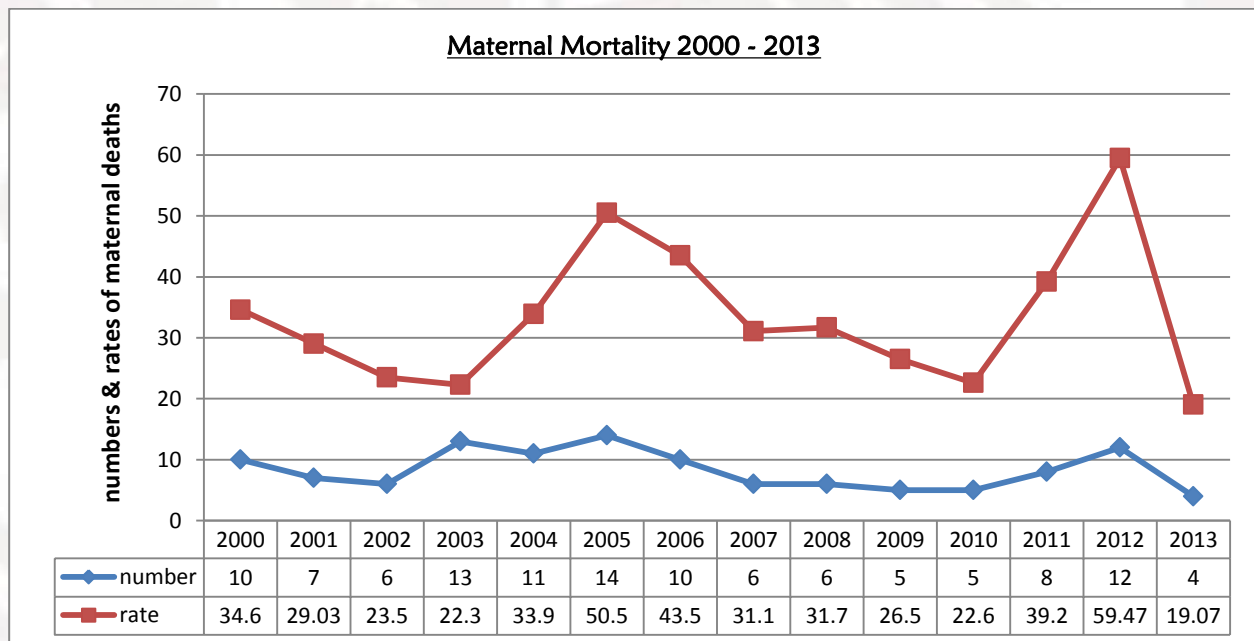
Figure 16: Under 5 Mortality Rate for Fiji 2000-2013



Source: Medical Cause of Death Certificate, 2000 – 2013, Ministry of Health,

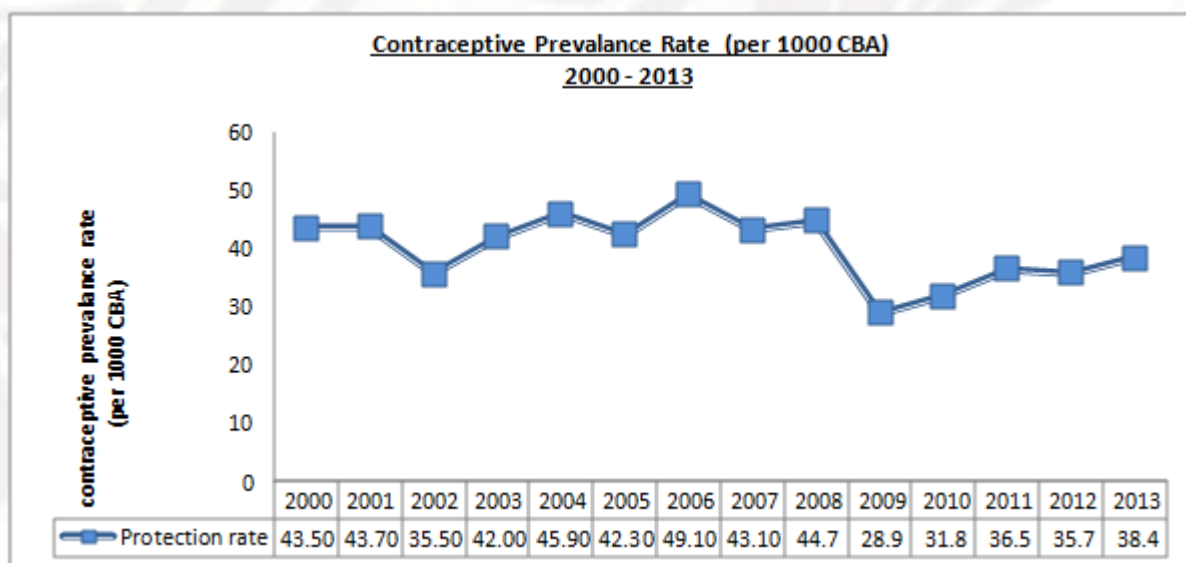
There has been a fairly large reduction in the child mortality rate from the year 2000 but the MDG target has yet to be achieved.

Figure 17: Maternal Mortality Ratio for Fiji 2000-2013



The MMR continues to be elusive of the MDG target; as developing countries like Fiji with small populations have large variations in the MMR with even a minute number of maternal deaths. We have significantly reduced the MMR from 34.6 in the year 2000 to 19.07 in 2013.

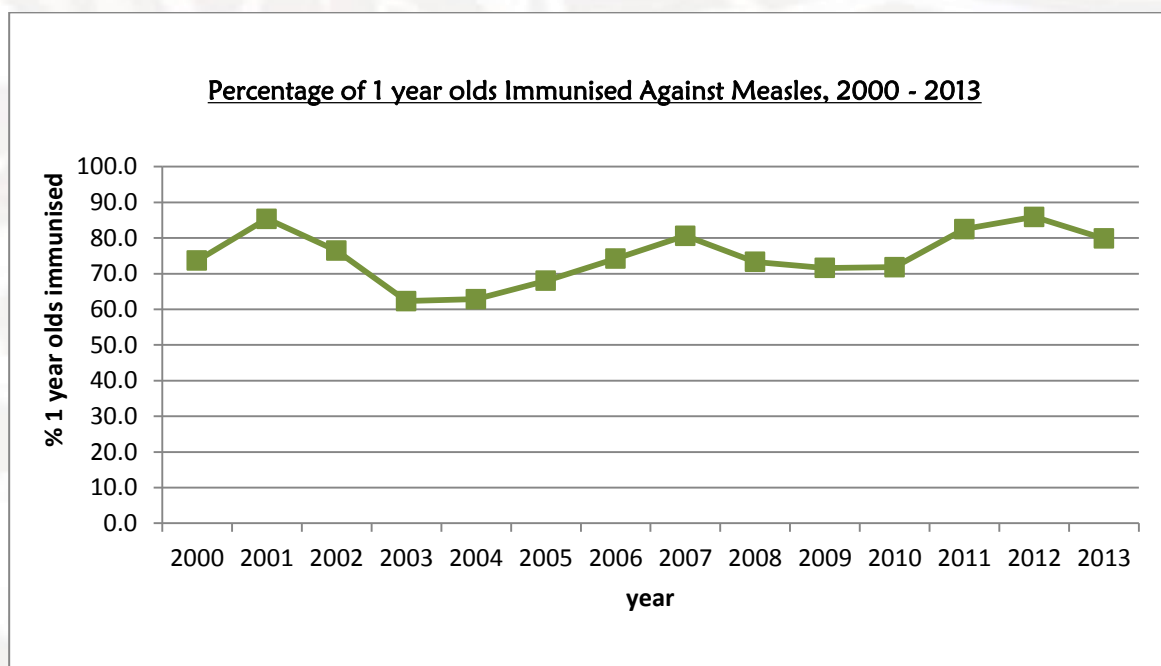
Figure 18: Contraceptive Prevalence Rate for Fiji (per 1000 CBA) 2000-2013



Source: Public Health Information System, Ministry of Health

The CPR continues to remain low due to poor recording, poor capture of outside sectors (general practice, private pharmacies and NGO's) data.

Figure 19: Percentage of 1 Year Olds Immunised against Measles 2000-2013



Source: Public Health Information System, 2000 – 2013, MOH

The immunization coverage remains consistently high; around 80% in 2013. However, 2008 and 2012 coverage surveys have noted much higher coverage's (95%) than those reported on PHIS.

18. Health Statistics

Table 12: Vital Statistics

	2012	2013
Population	899,735	914,663
Women (15-44yrs)	171,412	209,956
Total Live births	20,178	20,970
Crude Birth Rate /1000 population	22.4	22.7
Crude death Rate /1000 population	7.52	7.6
Rate of Natural Increase	1.49	1.6
Under 5 mortality rate/ 1000 livebirths (0-5 yrs)	20.96	17.9
Infant Mortality rate / 1000 live births (0-12months)	15.86	13.7
Perinatal Mortality (stillbirth and early neonatal deaths/1000 livebirths)	16.75	14.7
Early Neonatal (deaths 0-7days) /1000 livebirths	5.80	5.7
Neonatal Mortality (deaths 0-28days/ 1000 live births	7.93	7.4
Post-neonatal mortality (deaths 1-12 months)/ 1000 live births	7.99	6.3
Maternal mortality ratio /100,000 live births	59.47	19.07
General Fertility rate / 1000 CBA Population	99.02	102.9
Family Planning Protection Rate (per 1000 CBA Population)	35.7	38.4

Table 13: Immunization Coverage 2013

Immunization Coverage (%) 0-1 yr	2012		2013	
	Number	%	Number	%
BCG	20131	99.7	18152	86.7
OPV0	15885	99.8	n/a	n/a
HBV0	20089	99.5	13801	85.2
Pentavalent1	18761	93	18621	88.9
OPV1	18475	91.6	18660	89.1
Pneumoccal 1	n/a	n/a	18504	88.4
Rotavirus 1	n/a	n/a	18485	88.3
Pentavalent2	18495	91.7	18346	87.6
OPV2	18477	91.6	18314	87.5
Pneumoccal 2	n/a	n/a	18039	86.1
Pentavalent3	18379	91.1	18318	87.5
OPV3	18350	90.9	18285	87.3
Pneumoccal 3	n/a	n/a	17776	84.9
Rotavirus 2	n/a	n/a	17510	83.6
MR1	17552	85.9	16113	79.9

Table 14: Notifiable Diseases 2013

No.	Diseases	Total	No.	Diseases	Total
1	Acute Poliomyelitis	0	23	Meningitis	62
2	Acute Respiratory Infection	48,620	24	Mumps	7
3	Anthrax	0	25	Plague	0
4	Brucellosis	0	26	Pneumonia	3,516
5	Chickenpox	1,961	27	Puerperal Pyrexia	0
6	Cholera	0	28	Relapsing Fever	2
7	Conjunctivitis	6,350	29	Rheumatic Fever	23
8	Dengue Fever	969	30	Smallpox	0
9	Diarrhoea	25,805	31	Tetanus	0
10	Diphtheria	0	32	Trachoma	355
11	Dysentery a) Amoebic	3	33	Tuberculosis a) Pulmonary*	212
	b) Bacillary	89		b) Others*	0
12	Encephalitis	1	34	Typhus	0
13	Enteric Fever a) Typhoid	492	35	Viral Infection	47,284
	b) Para typhoid	0	36	Whooping Cough [Pertussis]	6
14	Fish Poisoning	1,790	37	Yaws	0
15	Food Poisoning	10	38	Yellow Fever	0
16	German Measles (Rubella)	68	39	Sexually Transmitted Infections	
17	Infectious Hepatitis	225		a) Gonorrhoea	775
18	Influenza	27,693		b) Granuloma inguinale	0
19	Leprosy	3		c) Ophthalmia neonatorum	15
20	Leptospirosis	216		d) Lymphogranuloma inguinale	0
21	Malaria	1		e) Soft chancre	0
22	Measles (Morbilli)	19		f) Syphilis	600
				g) Veneral warts	1
				h) Candidiasis	144
				i) Chlamydia	0
				j) Genital Herpes	1
				k) Trichomoniasis	86
				l) PID	0
				m) Congenital Syphilis	28
				n) Herpes zoster	44

The top notifiable diseases for 2013 are acute respiratory infections, diarrhoea, viral illnesses and influenza.

Table 15: Health Service Utilization Statistics 2013

i) Divisional and Sub-Divisional Hospital Utilization Statistics

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	ALOS
1	CWM Hospital	135,078	481	22,762	22,116	124,772	71.07	341.8	5.6
2	Navua Hospital	6,553	12	969	941	2,192	50.05	6.0	2.3
3	Vunidawa Hospital	17,020	24	550	549	1,941	22.16	5.3	3.5
4	Korovou Hospital	4,466	17	882	710	2,524	40.68	6.9	3.6
5	Nausori Hospital	23,063	17	2,394	2,390	2,968	47.83	8.1	1.2
6	Wainibokasi Hospital	3,705	12	939	929	2,962	67.63	8.1	3.2
	Sub-total	189,885	563	28,496	27,635	137,359	66.84	376.3	5.0
7	Lautoka Hospital	170,992	305	13,453	12,168	69,749	62.65	191.1	5.7
8	Nadi Hospital	114,809	75	5,323	5,096	16,822	61.45	46.1	3.3

9	Sigatoka Hospital	58,351	58	3,681	3,681	11,148	52.66	30.5	3.0
10	Ba Mission Hospital	73,977	55	3,096	3,060	7,652	38.12	21.0	2.5
11	Tavua Hospital	90,887	29	1,368	1,243	3,463	32.72	9.5	2.8
12	Rakiraki Hospital	43,169	24	1,630	1,525	4,717	53.85	12.9	3.1
	Sub-total	552,185	546	28,551	26,773	113,551	5,698	311.1	4.2
13	Labasa Hospital	114,869	182	5,601	5,197	27,186	40.92	74.5	5.2
14	Savusavu Hospital	33,897	56	1,982	1,703	6,428	31.45	17.6	3.8
15	Waiyevo Hospital	21,395	33	1,473	1,314	4,182	34.72	11.5	3.2
16	Nabouwalu Hospital	11,503	26	793	763	1,978	20.84	5.4	2.6
	Sub-total	181,664	297	9,849	8,977	39,774	36.69	109.0	4.4
17	Levuka Hospital	24,701	40	1,020	500	2,435	16.68	6.7	4.9
18	Vunisea Hospital	7,236	22	499	428	1,768	22.02	4.8	4.1
19	Lakeba Hospital	3,558	12	297	270	877	20.02	2.4	3.2
20	Lomaloma Hospital	4,675	16	107	107	388	6.64	1.1	3.6
21	Matuku	1,479	5	53	53	168	9.21	0.5	3.2
22	Rotuma Hospital	3,091	14	143	136	370	7.24	1.0	2.7
	Sub-total	44,740	109	2,119	1,494	6,006	15.10	16.5	4.0
	Total	968,474	1,515	69,015	64,879	296,690	53.65	812.8	4.6
	Grand Total	990,691	1,758	69,992	65,705	330,864	51.56	906.5	5.0

The Western division serviced the greatest number of outpatients and in patients. However it must be noted that there is a discrepancy in the number of admitted cases and the number discharged by 4287 patients nationally; this accounts for 6.1% of all admissions. Translated this means that 6.1% of all patients admitted are yet to be discharged (this may be due to administrative errors on the system and failure to discharge on the system).

ii) Specialised and Private Hospitals

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	ALOS
1	St Giles Hospital	5,609	136	438	380	21,089	42.48	57.8	55.5
2	Tamavua/Twomey Hospital	14,453	91	306	250	12,450	37.48	34.1	49.8
3	Military Hospital		9				0.0	0.0	0.0
4	Naiserelagi Maternity	2,155	7	233	196	635	24.85	1.7	3.2
	Sub-total	22,217	243	977	826	34,174	38.53	93.6	41.4

The greatest number of outpatients seen was at the Tamavua/Twomey Hospital whereas the greatest number of patients admitted was at the St Giles Hospital (Specialist facilities). There continues to be a discrepancy in the number admitted and the number discharged by 151 (15%). This may be due to patients having chronic conditions that need longer lengths of stay at the facility.

Table 16: Morbidity and Mortality Statistics 2013

i) Mortality per facility 2013

Facility	Deaths	Rate per 1000 deaths	Facility	Deaths	Rate per 1000 deaths
Central	2905	418.8	Eastern	246	35.5
Naitasiri	77	11.1	Kadavu	50	7.2
Laselevu	6	0.9	Daviqele	9	1.3
Nakorosule	4	0.6	Kadavu	3	0.4
Naqali	4	0.6	Kavala	8	1.2
Vunidawa	63	9.1	Vunisea	30	4.3
Rewa	502	72.4	Lakeba	56	8.1
Mokani	48	6.9	Kabara	4	0.6
Naulu	1	0.1	Lakeba	34	4.9
Nausori	293	42.2	Matuku	5	0.7
Wainibokasi	160	23.1	Moala	9	1.3
Serua/ Namosi	115	16.6	Moce	1	0.1
Korovisilou	5	0.7	Ono-i-Lau	2	0.3
Navua	110	15.9	Vanuavatu	1	0.1
Suva	2087	300.9	Lomaiviti	97	14.0
CWMH	1989	286.8	Bureta	2	0.3
Grace Medical, Lami	2	0.3	Koro	6	0.9
Lami	7	1.0	Levuka	62	8.9
Makoi	22	3.2	Nasau	1	0.1
Mitchells Clinic	2	0.3	Qarani	26	3.7
Nasese MC	1	0.1	Lomaloma	32	4.6
Nuffield	1	0.1	Cicia	18	2.6
PJ Twomey	6	0.9	Lomaloma	14	2.0
Raiwaqa	2	0.3	Rotuma	11	1.6
RFMF	1	0.1	Rotuma	11	1.6
Samabula	1	0.1	Western	2609	376.2
Suva Private	35	5.0	Ba	333	48.0
Tamavua	1	0.1	Ba	333	48.0
Valelevu	17	2.5	Lautoka/ Yasawa	1212	174.7
Tailevu	124	17.9	Kese	7	1.0
Korovou	113	16.3	Lautoka	1195	172.3
Lodoni	3	0.4	Malolo	3	0.4
Nayavu	8	1.2	Nacula	5	0.7
Northern	1176	169.6	Yasawa-i-rara	2	0.3
Bua	92	13.3	Nadi	410	59.1
Lekutu	19	2.7	Faizals M/C, Nadi	1	0.1
Nabouwalu	68	9.8	Nadi	401	57.8
Wainunu	5	0.7	Zens	8	1.2
Cakaudrove	256	36.9	Nadroga/ Navosa	312	45.0
Korotasere	7	1.0	Keiyasi	2	0.3
Nakorovatu	8	1.2	Korolevu	8	1.2
Natewa	16	2.3	Lomawai	1	0.1
Rabi	30	4.3	Naqalimare	1	0.1
Saqani	10	1.4	Raiwaqa	5	0.7
Savusavu	166	23.9	Sigatoka	287	41.4
Tukavesi	19	2.7	Vatulele	8	1.2
Macuata	702	101.2	Ra	191	27.5
Dreketi	10	1.4	Namarai	2	0.3
Labasa	616	88.8	Nanukuloa	24	3.5
Lagi	4	0.6	Nasau	1	0.1

Naduri	1	0.1	Ra	164	23.6
Seaqaqa	43	62	Tavua	151	21.8
Wainikoro	28	4.0	Tavua	151	21.8
Taveuni	126	18.2			
Taveuni	126	18.2			
Total Mortality - 6936					

ii) Top ten causes of mortality 2013

No.	Cause of Death	Cases	%
1	Diseases of the circulatory system	2485	35.8
2	Endocrine, nutritional and metabolic diseases	1476	21.3
3	Neoplasms	768	11.1
4	Diseases of the respiratory system	354	5.1
5	Certain infectious and parasitic diseases	352	5.1
6	External causes of mortality	346	5.0
7	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	216	3.1
8	Diseases of the genitourinary system	184	2.7
9	Diseases of the digestive system	156	2.2
10	Diseases of the nervous system	129	1.9

The top cause of mortality remains NCD related (79% of top ten causes of mortality) with disease of the circulatory system being the top cause of mortality, similar to the top cause of admissions in 2013.

iii) Top ten causes of mortality 2013

No.	Disease Classification	Cases	%
1	Diabetes mellitus	1343	19.4
2	Ischaemic heart diseases	1078	15.5
3	Hypertensive diseases	497	7.2
4	Cerebrovascular diseases	439	6.3
5	Other heart diseases	389	5.6
6	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	216	3.1
7	Chronic lower respiratory diseases	212	3.1
8	Other diseases of the genitourinary system	173	2.5
9	Other malignant neoplasms	160	2.3
10	Other external causes	156	2.2

The top four diseases accounting for deaths in 2013 were all NCD related (72% of top ten deaths). Diabetes and its complications were the top cause of mortality in 2013.

Table 17: Top ten causes of morbidity 2013

No.	Disease Classification	Cases	%
1	I00-I99 Diseases of the Circulatory System	4064	11.1
2	A00-B99 Certain Infectious & Parasitic Diseases	3848	10.5
3	J00-J99 Diseases of the Respiratory System	3725	10.2
4	S00-T98 Injury, Poisoning & Other Consequences of External Causes	3475	9.5
5	E00-E89 Endocrine, Nutritional & Metabolic Diseases	1850	5.1
6	L00-L99 Diseases of the Skin & Subcutaneous Tissue	1820	5.0
7	N00-N99 Diseases of the Genitourinary System	1617	4.4
8	K00-K93 Diseases of the Digestive System	1248	3.4
9	P00-P96 Certain Conditions Originating in the Perinatal Period	1092	3.0
10	G00-G99 Diseases of the Nervous System	618	1.7

Diseases of the circulatory system continue to be the top cause of morbidity in our admitted population; these reflect the high burden of non-communicable diseases as the top cause of admission. Dengue Fever contributed to Certain Infectious & Parasitic Diseases being rated as the 2nd cause of admissions. NCD's accounted for 43% of all admissions.

Table 18: Health Status Indicators 2012-2013

Indicator	2012	2013
Reduced Burden of NCD (Strategic Plan Outcome 1)		
Prevalence rate of diabetes (per 1000 population)	25.8	25.6
Admission rate for diabetes and its complications, hypertension and cardiovascular diseases (per 1000 admissions)	98.5	118.5
Amputation rate for diabetes sepsis (per 100 admission for diabetes and complications)	41.5	47.3
Cancer prevalence rate (per 100,000 population)	127.3	169.8
Cancer mortality (per 100,000 population)	77.80	84.0
Cardiovascular disease (ICD code I00-I52.8) Mortality rate per 100,000 population	230.62	220.1
Admission rate for RHD (1000 admission)	2.16	1.6
Motor and other vehicle accidents mortality rate (per 100,000 population)	5.11	5.1
Healthy teeth index (DMFT) – 12 year old	1.4	1.4
Begin to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases (Strategic Plan Outcome 2)		
HIV prevalence rate among 15-24 year old pregnant women per 1000		
Prevalence rate of STIs among men and women aged 15-24 years per 100000	83	55
TB prevalence rate per 100,000	30 per 100,000	2013 will be estimated by WHO in the 2014 Report.
TB case notification rate of new and relapse cases (per 100,000 population)	25	29
TB case notification of new smear positive cases (per 100,000)	13	12
Tuberculosis case detection rate	99%	Will be available in 2014 WHO Global TB Report released around October 2014
TB treatment success rate	93%	2013 will be reported in

		2015 as some of the cases are still on treatment.
TB death rate	3.56	3.7
Incidence of dengue (per 100,000 pop)	51.16	105.92
Incidence of leptospirosis (per 100,000 pop)	44.04	23.62
Prevalence rate of leptospirosis (per 100,000 pop)	44.0	23.62
Incidence rate of measles (per 100,000 pop)	3.78	2.08
Prevalence rate of Leprosy (per 100,000 pop)		
Incidence rate of Gonorrhoea (per 100,000 pop)	108.0	84.7
Incidence rate of Syphilis (per 100,000 pop)	80.41	65.59
Improved family health and reduced maternal morbidity and mortality (Strategic Plan Outcome 3)		
Maternal mortality ratio	59.47	19.07
Prevalence of anaemia in pregnancy at booking	35.8	27.1
Contraceptive prevalence Rate	35.7	38.4
Proportion of births attended by skilled health personnel	99.3	99.7
Improved child health and reduced child morbidity and mortality (Strategic Plan Outcome 4)		
Prevalence of under 5 malnutrition		
% of one year fully immunized	85.9	79.9
Under 5 mortality rate/ 1000 births	20.96	17.9
Infant mortality rate (1000 live births)	15.86	13.7
Improved adolescent, health and reduced adolescent morbidity and mortality (Strategic Plan Outcome 5)		
Rate of teenage pregnancy (per 1000 CBA pop)	3.98	7.75
Number of teenage suicides	13	14

The health status indicators for 2013 demonstrate:

Consistency in the facility based prevalence of Diabetes; whilst indicating increased admission rates for diabetes and its complications including amputation rates. The prevalence of Cancer increased in 2013 compared to 2012 (by 33%) as did Cancer mortality (by 3%). This may be due to Breast and Cervical cancers. The prevalence rate of cardiovascular diseases decreased by 11% as did the admission rates for RHD – by 26% (may be due to reporting on the PATIS system). Mortality from MVAs remained relatively stable. The incidence of Dengue increased predominantly due to the outbreak experienced in 2013, with a decrease in incidence of leptospirosis, syphilis and gonorrhoea. The MMR has improved significantly in 2013 compared to 2012, although the MDG target is yet to be realized. The other indicators of maternal health such as anaemia in pregnancy and proportion of births attended to by skilled professionals show improvements. The improvements in CPR are moderate. Improvements overall in the arena of child health have been noted. Teenage and adolescent health issues need improvements; the rate of teenage pregnancy increased (by 95%) and so did the rate of suicide amongst teenagers (by 15%).

19. Overseas Patient Referral 2013

Table 19: Patient Referral by Medical Category, 2009-2013

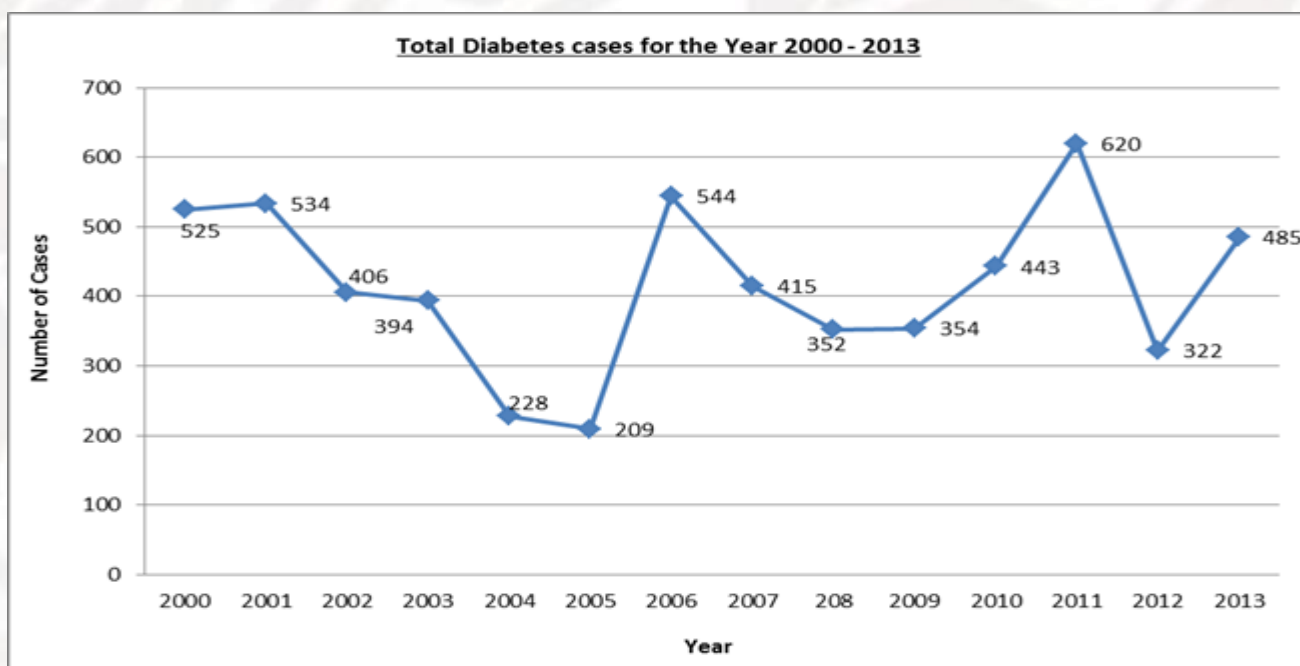
Category	2009	2010	2011	2012	2013	Total
Cardiac	39	45	97	43	23	247
Oncology	22	30	50	23	17	142
Renal	6	2	7	4	1	20
Surgical	6	11	14	3	15	49
Ophthalmology	9	5	25	15	9	60
Other	0	0	10	12	2	24
Total	82	93	203	100	67	545

Table 20: Patient Referral Costs by Category 2013

Category	2013	Costs
Cardiac	23	443,571.21
Oncology	17	406,237.08
Renal	1	3,148.20
Surgical	15	130,683.36
Ophthalmology	9	77,004.54
Other	2	25,438.01
Total	67	\$1,086,082.40

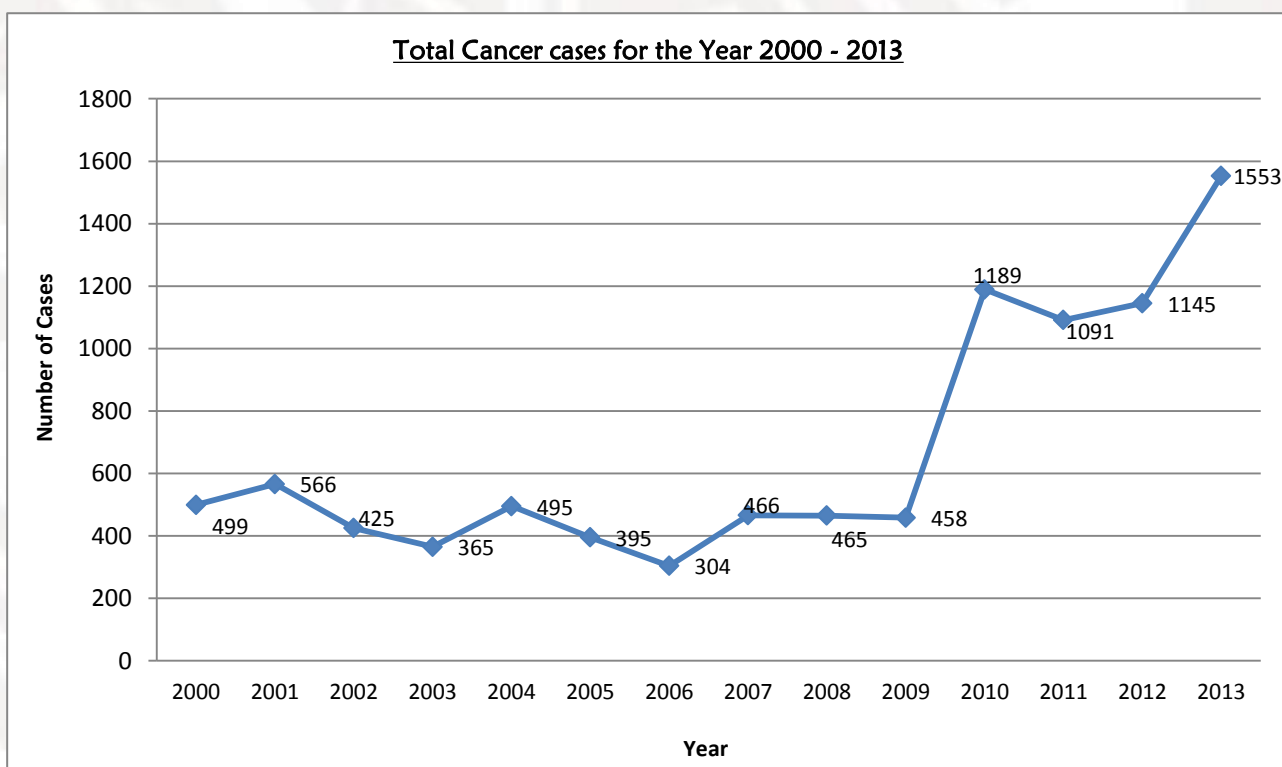
20. Disease Trend Analysis 2000-2013

Figure 20: Diabetes Cases 2000–2013



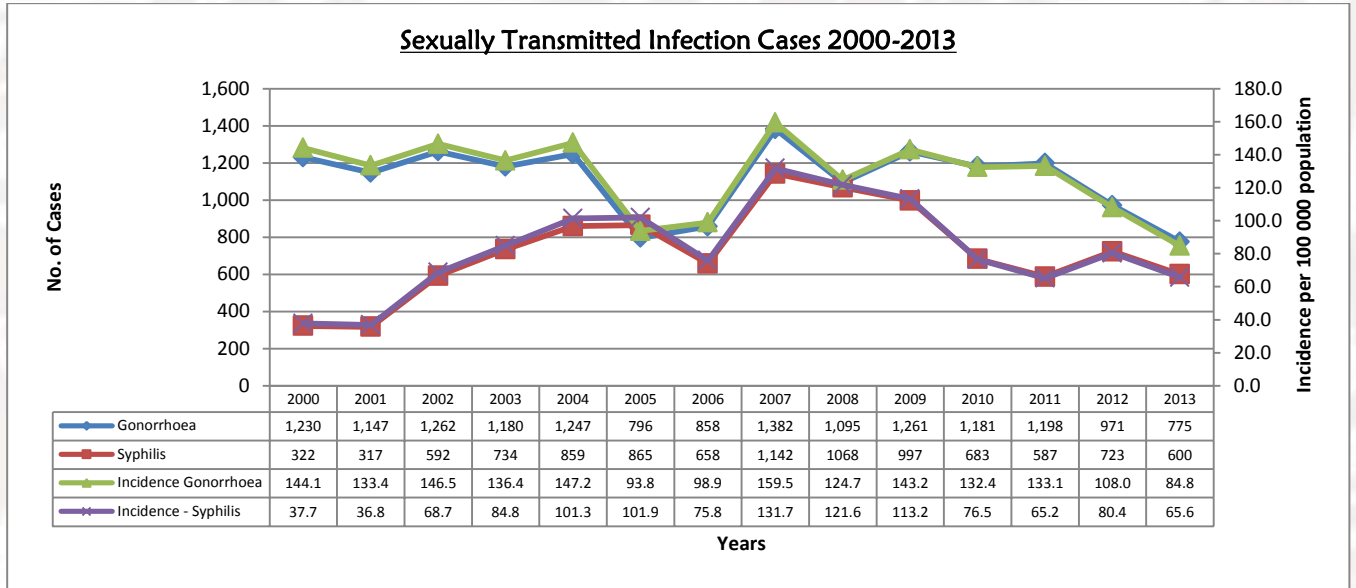
The number of cases of Diabetes remains variable due to underreporting of new cases.

Figure 21: Cancer Cases from 2000 – 2013



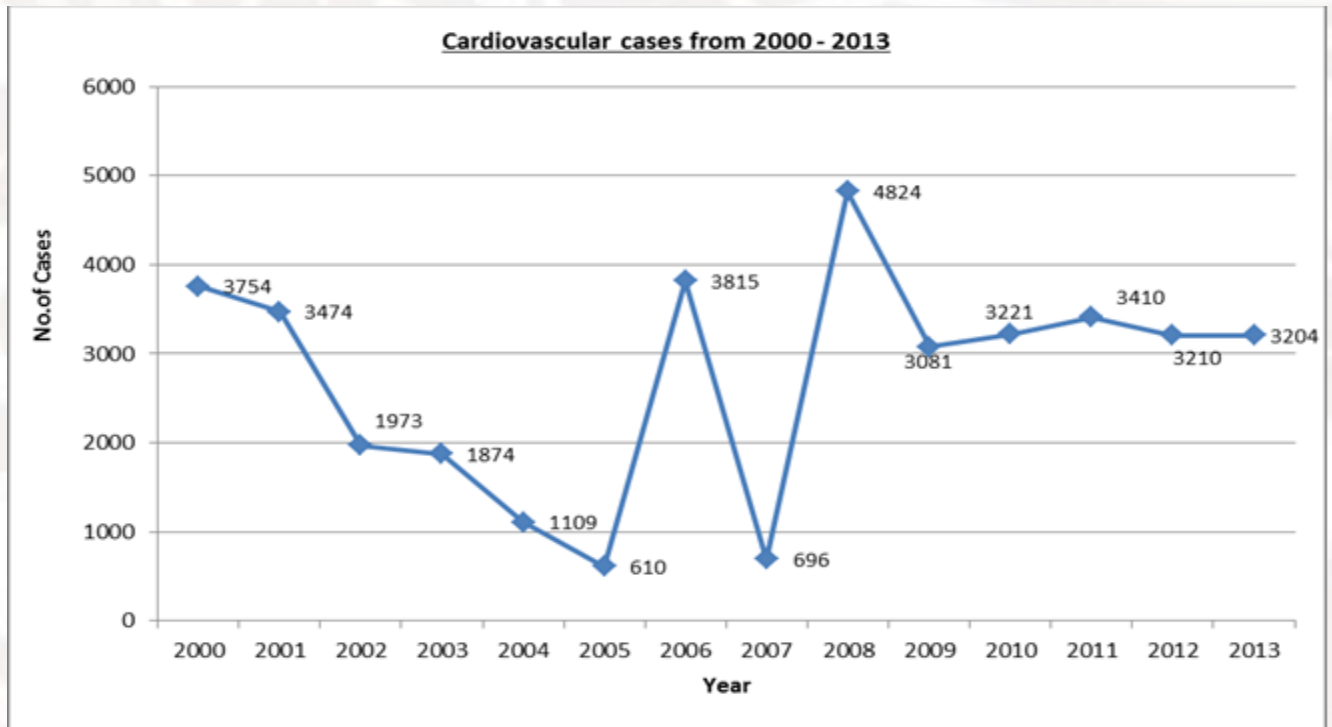
The number of cases of cancer increased 2009 due to multiple sources of reporting.

Figure 22: Sexually Transmitted Infection Cases 2000-2013



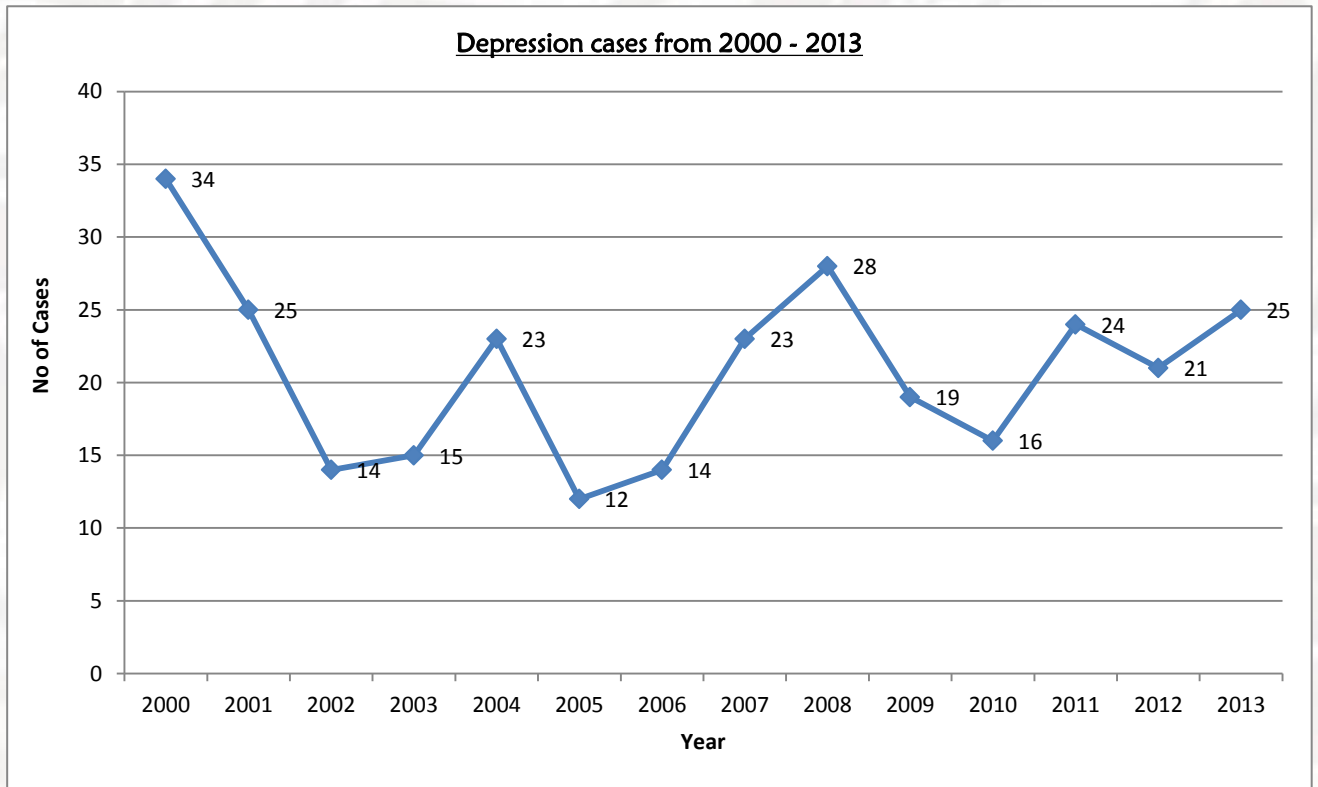
The incidence of syphilis and gonorrhoea is variable over the years. This could be due to underreporting.

Figure 23: Cardiac Related Cases 2000–2013



The number of cases of cardiac disease remains generally consistent over the last five years (2009 – 2013). However, morbidity from cardiac disease results in demonstrable effects on productivity and quality of life.

Figure 24: Depression Cases 2000–2013



There has been a decline in the number of cases of depression seen in public facilities from 2000 to 2013.

Figure 25: Kidney Cases 2000-2013

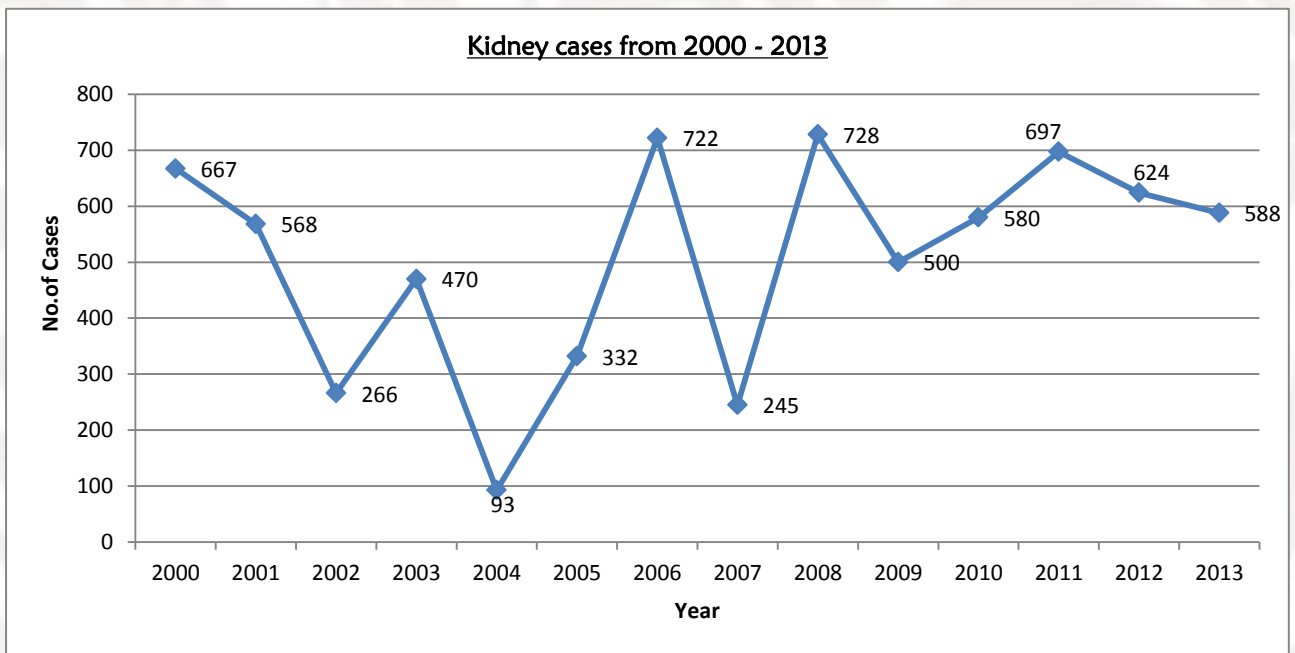
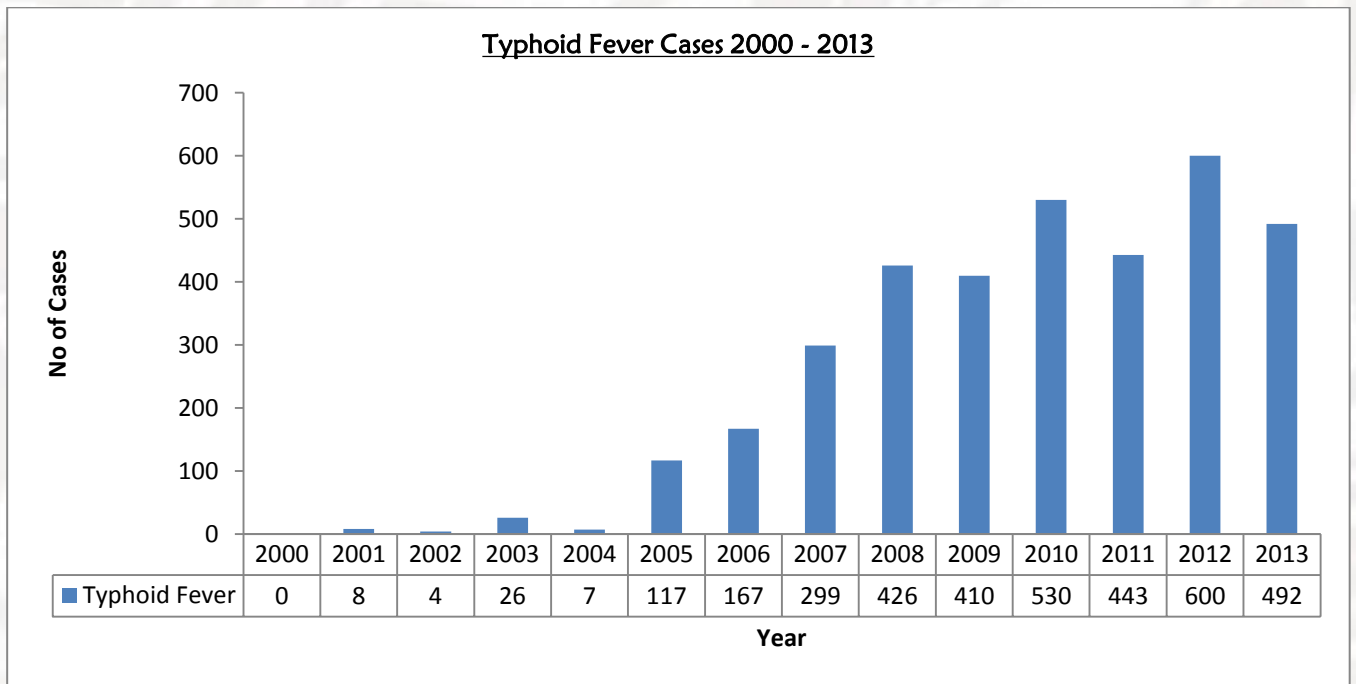
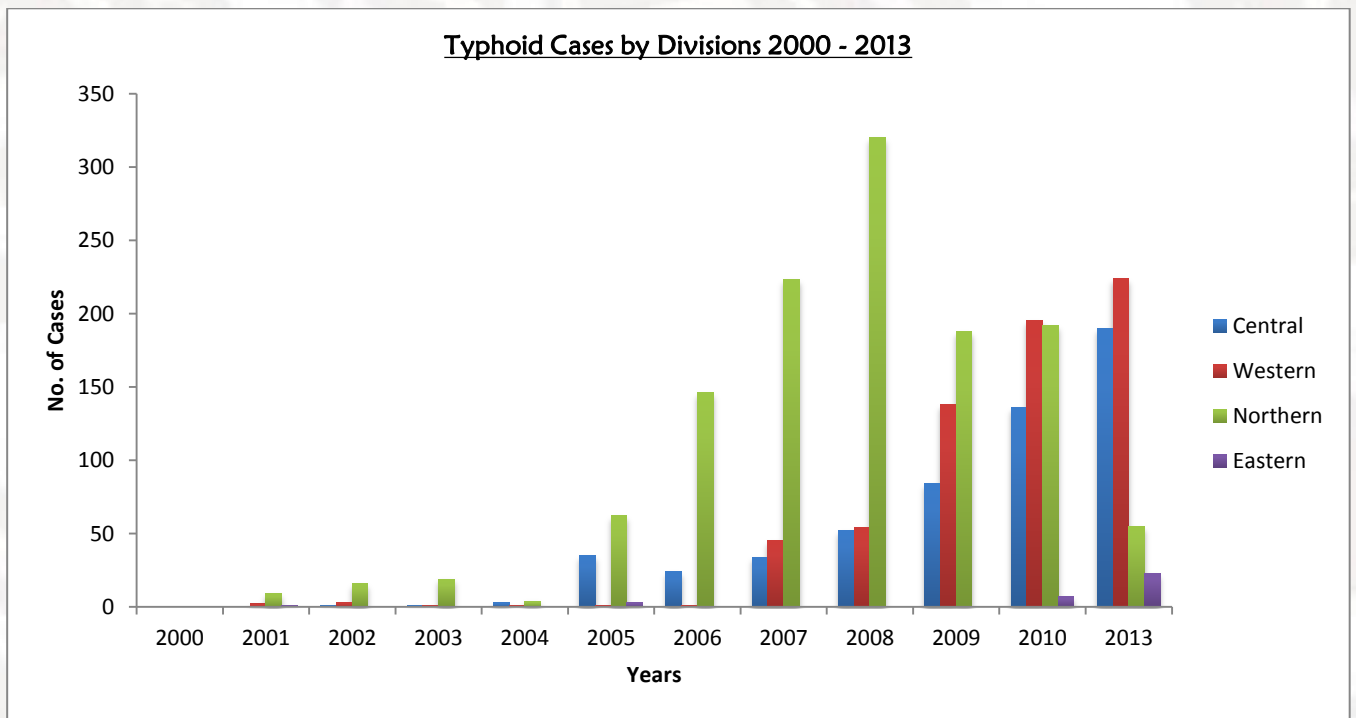


Figure 26: Typhoid Cases 2000–2013



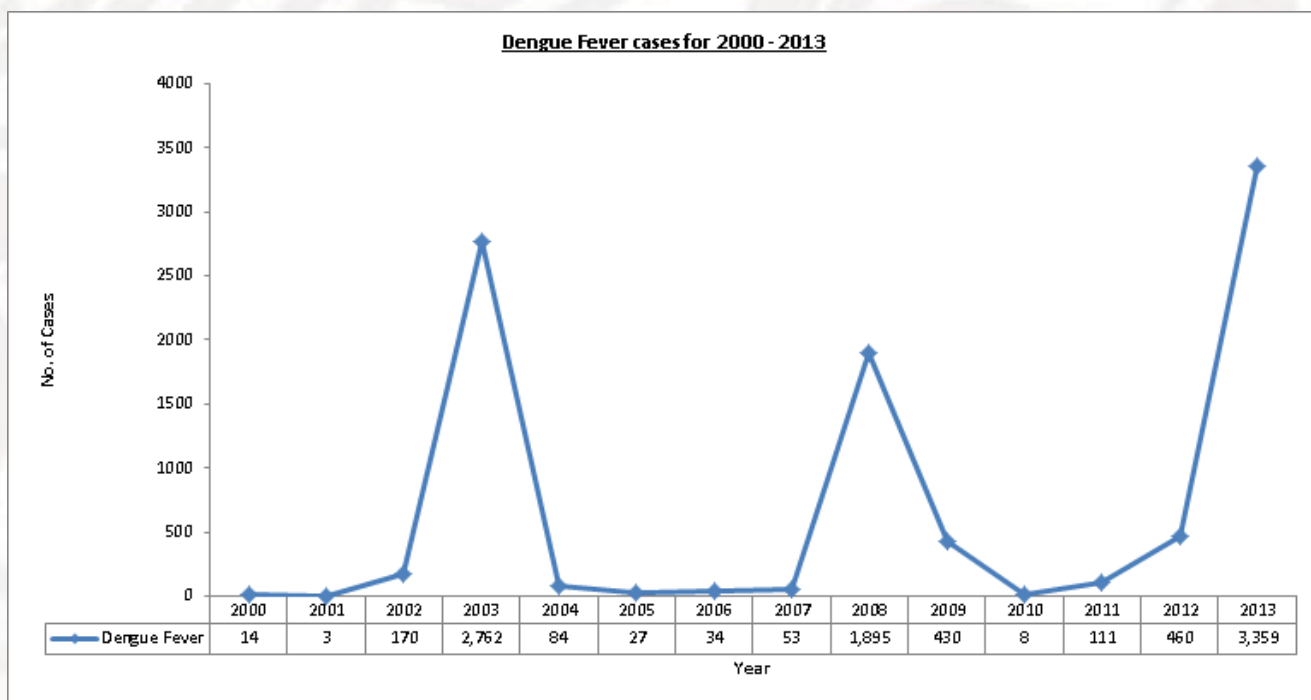
There continues to be a increase in number of cases of Typhoid reported from the year 2005 up to 2013; this could be due to better reporting and better diagnostics or simply true increases in the number of cases.

Figure 27: Typhoid Cases by Divisions 2000-2013



The Northern division seems to report increased cases of Typhoid over the years 2005-2010, followed by the Western division between the years 2007-2013, the Central division from 2005 – 2013 and there is a minimal number of cases from the Eastern division.

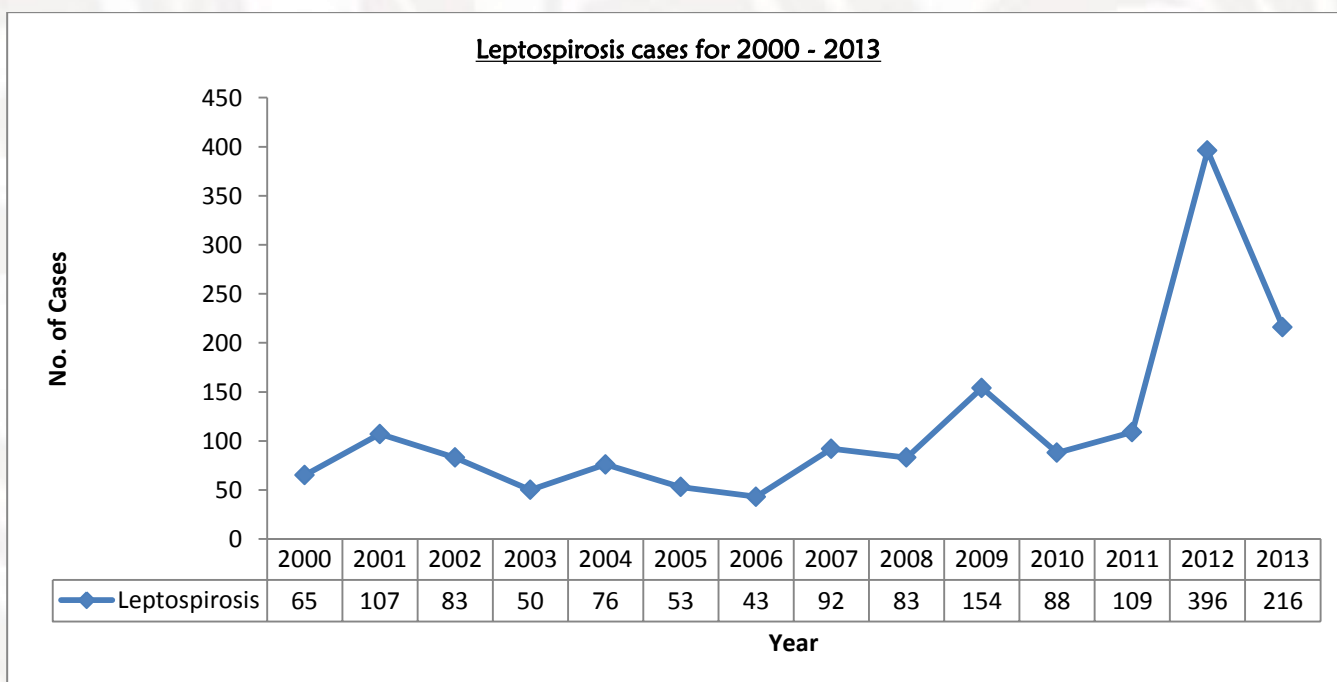
Figure 28: Dengue Fever Cases 2000-2013



Source: NNDSS and National Public Health Laboratory Register

The trends show peaks in 2003, 2008 and 2013 (outbreaks).

Figure 29: Leptospirosis Cases 2000-2013



The number of cases of leptospirosis has increased over the last 7 years with a peak in the year 2012.

21. Donor Assisted Programs/Projects 2013

Table 21: Donor Assist Programs

i) Cash Grant

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

ii) Aid in Kind

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

22. MDG Progress Report

Table 22: MDG Performance




Targets	2009	2010	2011	2012	2013
Goal 4 Reduce Child Mortality					
Under 5 Mortality Rate	23.2	17.7	20.95	20.96	17.5
Proportion of 1 year old immunized against Measles	71.7	71.8	82.5	85.9	79.9
2015 – Reduce by 2/3 between 1990 and 2015 the under 5 mortality	9.3	9.3	9.3	9.3	9.3
Goal 5 Improve Maternal Health					
Maternal Mortality Ratio per 100,000 live births	27.5	22.6	39.8	59.47	19.07
2015 – Reduce by ¾ MMR between 1990 and 2015	6.75	6.75	6.75	6.75	6.75
Contraceptive Prevalence Rate among population of child bearing age	28.9	31.77	36.5	44.3	38.4
Goal 6 Combat HIV/AIDS and other Diseases					
HIV/AIDS prevalence among 15-24 year old pregnant women					0.037
Proportion of TB cases detected and cured under DOTS	Case Detection Rate (CDR) = 56%	CDR=79% TSR= 67%	CDR=92% TSR =93%	Detection Rate=99% TSR=93%	N/A
2015 – Have halved and begun to reverse the spread of HIV/AIDS and other diseases					

The under mortality rate has decreased significantly over the last 5 years with general improvement noted in immunization status of one-year olds. The MMR target is still elusive but slow progress in reduction in the number of maternal deaths is noted for 2013. However, the CPR still remains low.

23. Finance

Figure 30: Auditors Report 2013

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Excellence in Public Sector Auditing

MINISTRY OF HEALTH
FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2013

INDEPENDENT AUDIT REPORT

Scope

I have audited the special purpose financial statements which have been prepared under the cash basis of accounting and notes thereon of the Ministry of Health for the year ended 31 December 2013, as set out on pages 28 to 30. The financial statements comprise the following:

- (i) Statement of Receipts and Expenditure;
- (ii) Appropriation Statement;
- (iii) Trading and Manufacturing Account (TMA); and
- (iv) Statement of Leases.

The Ministry of Health is responsible for the preparation and presentation of the special purpose financial statements and the information contained therein.

My responsibility is to express an opinion on these special purpose financial statements based on my audit.

My audit was conducted in accordance with the Fiji Standards on Auditing to provide reasonable assurance as to whether the special purpose financial statements are free of material misstatements. My audit procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the special purpose financial statements and evaluation of government accounting policies. These procedures have been undertaken to form an opinion as to whether, in all material respects, the special purpose financial statements are fairly stated and in accordance with government accounting policies in Note 2 and the Financial Management Act 2004, so as to present a view which is consistent with my understanding of the financial performance of the Ministry of Health for the year ended 31 December 2013.

The audit opinion expressed in this report has been formed on the above basis.

Qualifications

- 1. Included in the TMA balance sheet is VAT receivable of \$142,425. The audit calculation noted a VAT payable of \$2,592 as such VAT receivable of \$142,425 was incorrectly stated in the TMA balance sheet.
- 2. The Ministry did not provide all theirements and redeployment records hence a variance of \$1,703,581 existed between the original budget of \$167,451,445 and the revised budget of \$169,155,046. As a result I was not able to ascertain the accuracy of the Appropriation Changes in the Appropriation Statement.
- 3. The Ministry's bank reconciliation for the main Trust Fund account for December did not reconcile to the FMIS general ledger. The main Trust Fund account had a closing balance of \$77,075.59 in FMIS general ledger while the bank reconciliation balance as at 31/12/13 was \$388,648.82 resulting in a

variance of \$465,875.41. I was not able to ascertain whether all receipts and payments were correctly stated in the main Trust Fund Account.

4. The main Trust Fund Account for the year ended 31/12/12 was not prepared. However, an unaudited opening debit balance of \$152,725 from the FMIS general ledger was included in main Trust Fund account for the year ended 31/12/13. Therefore I was not able to ascertain whether the opening balance was correctly stated.

In addition the main Trust Fund Account cash book maintained by the Ministry had total receipts of \$847,695 and total payment of \$489,562.61 which did reconcile to the total receipts and payments stated in the FMIS general ledger of \$715,901.41 and \$640,251.90 respectively. I was not able to ascertain whether the amounts in the main Trust Fund Account were fairly stated.

Qualified Audit Opinion

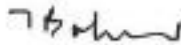
In my opinion:

- a) except for the matters referred to in the qualification paragraphs, the financial statements present fairly, in accordance with the government accounting policies stated in Note 2, the financial performance of the Ministry of Health for the year ended 31 December 2013.
- b) the financial statements give the information required by the Financial Management Act 2004 in the manner so required.

Without further qualifying the accounts, attention is drawn to the following matters:

- The Ministry did not reconcile the expenditure in the FMIS general ledger as no expenditure ledger was maintained. The Ministry prepared its financial statements from the FMIS general ledger. As a result I was not able to ascertain the accuracy of the amounts stated in the Statement of Receipts and Expenditure.
- The correctness of the Statement of Losses submitted by the Ministry could not be verified as the Board of Survey was not completed for the whole Ministry.

I have obtained all the information and explanations which, to the best of my knowledge and belief, were necessary for the purpose of my audit.



Tevita Bolanavasa
AUDITOR GENERAL

Suva, Fiji
2 June 2014



Table 23: Segregation of 2013 Budget

Program / Activity	Total Budget	Revised Budget	% of Overall Revised Health Budget
Program 1 Activity 1 Administration	\$22,444,700	\$23,222,358.00	13.73%
Program 1 Activity 1 Research	\$585,000	\$573,629.00	0.34%
Program 2 Activity 1 Urban Hospitals	\$64,866,000	\$66,796,958.00	39.49%
Program 2 Activity 2 Sub Divisional Hospitals, Health Centres and Nursing Stations	\$35,714,800	\$36,006,500.00	21.29%
Program 2 Activity 3 Public Health Services	\$5,412,800	\$5,224,037.00	3.09%
Program 2 Activity 4 Drugs and Medical Supplies	\$34,463,200	\$33,327,292.00	19.70%
Program 3 Activity 1 Hospital Services	\$3,041,800	\$3,096,480.00	1.83%
Program 4 Activity 1 Senior Citizen' s Home	\$923,100	\$907,794.00	0.54%
Total	\$167,451,400	\$169,155,048	100%

Table 24: Proportion of Ministry of Health Budget against National Budget and GDP

Year	Revised Health Budget	National Budget	% of Overall Total Budget	% of GDP
2013	\$169,155,048	\$2,327,385,300	7.27%	2.18%

Table 25: Statement of Receipts and Expenditure for the Year Ended 31st December 2013

	Notes	2013 \$	2012 \$
RECEIPTS			
State Revenue			
Operating Revenue: Indirect Taxes		0	301,649
OPR		4,325	0
Rental for Land		1,614	0
Rental for Qrts		75,254	0
Commission		26,176	0
Miscellaneous Revenue		1,224,543	0
Fees Govt B/School		540	0
Total State Revenue	3 (a)	1,332,452	301,649
Agency Revenue			
		1,389,079	1,402,187
Health Fumigation & Quarantine		1,945,088	2,098,305
Hospital Fees		1,137,919	994,973
License & Others		1,739	99,823
Fiji School of Nursing		471	1,174,185
Miscellaneous Revenue			
	3 (b)	4,474,296	5,769,473
Total Agency Revenue		5,806,748	6,071,122
TOTAL RECEIPTS			
EXPENDITURE			
Operating Expenditure			
Established Staff	3 (c)	79,140,819	76,216,424
Unestablished Staff	3 (d)	12,978,866	12,576,750
Travel & Communication	3 (e)	3,726,317	3,843,930
Maintenance & Operations	3 (f)	12,059,593	10,798,208
Purchase of Goods & Services	3 (g)	31,805,889	29,413,026
Operating Grants & Transfers	3 (h)	737,965	671,008
Special Expenditure	3 (i)		7,246,655
		8,723,637	
Total Operating Expenditure		149,173,086	140,766,001
Capital Expenditure			
Construction	3(j)	6,873,071	4,089,327
Purchases	3(k)	7,665,371	5,222,347
Total Capital Expenditure		14,538,442	9,311,674
Value Added Tax		6,754,542	8,270,775
TOTAL EXPENDITURE		170,466,070	158,348,450

Table 26: TMA Trading Account for the Year Ended 31st December 2013

Trading Account	2013 (\$)	2012 (\$)
Sales	503,183	396,357
Miscellaneous revenue	0	263
Total Revenue	503,183	396,620
Opening Stock of Finished Goods	40,973	30,539
Add: Purchases	349,128	344,899
	390,101	375,438
<i>Less:</i> Closing Stock of Finished Goods	0	40,974
Cost of Goods Sold	390,101	334,464
Gross Profit Transferred to Profit & Loss Statement	113,082	62,156

Table 27: TMA Profit and Loss Statement for the Year Ended 31st December 2013

INCOME	2013 (\$)	2012 (\$)
Gross Profit Transferred to Profit & Loss Statement	113,082	62,156
Total Income	113,082	62,156
EXPENSES		
Salaries and related payments	45,151	101,264
Travel Domestic	1,044	261
Telecommunication	1,504	7,726
Office Upkeep and Supplies	5,250	5,208
Power Supplies	827	196
Rent	15,653	0
Special Fees and Charges	1,793	0
Total Expenses	71,222	114,655
NET (LOSS)/PROFIT	41,860	(52,499)

Table 28: TMA Balance Sheet for the Year Ended 31st December 2013

	2013 (\$)	2012 (\$)
Current Assets		
Cash at Bank	456,637	938,001
Account Receivables	4,959	9,588
Finished Goods	0	40,974
VAT on Revenue	142,425	0
Total Current Assets	604,021	988,563
Current Liabilities		
Accounts Payable	0	0
Tax Payable	0	0
Deposits and Deductions	0	(8,498)
Total Current Liabilities	0	(8,498)
NET ASSETS	604,021	997,061
EQUITY		
TMA Surplus Capital Retained to CFA	(384,998)	49,903
TMA ACC Surplus	989,019	947,158
Total	604,021	997,061

Table 29: Appropriation Statement for the Year Ended 31st December 2013

SEG	Item	Budget Estimate \$	Appropriation Changes \$	Revised Estimate \$ a	Actual Expenditure \$ b	Carry- Over \$	Lapsed Appropriation \$ (a-b)
1	Established Staff	71,606,987	---	71,606,987	79,140,819	---	(7,533,832)
2	Unestablished Staff	11,047,453	---	11,047,453	12,978,866	---	(1,931,413)
3	Travel & Communication	3,937,960	186,392	3,751,608	3,726,317	---	25,291
4	Maintenance & Operations	12,161,500	347,304	12,110,452	12,059,593	---	50,856
5	Purchase of Goods & Services	30,422,106	(1,171,661)	31,593,761	31,805,889	---	(212,128)
6	Operating Grants & Transfers	872,000	95,654	776,346	737,965	---	38,381
7	Special Expenditure	12,530,237	(464,819)	12,065,418	8,723,637	---	3,341,781
	Total Operating Costs	142,578,243	(270,000)	142,952,025	149,173,086	---	(6,221,061)
	Capital Expenditure						
8	Construction	6,359,602	(2,276,488)	8,636,088	6,876,071	---	1,763,017
9	Purchases	8,470,000	722,241	7,747,759	7,665,371	---	82,388
10	Grants & Transfers	0	0	0	0	---	0
	Total Capital Expenditure	14,829,602	(1,554,247)	16,383,847	14,538,442	---	1,845,405
13	Value Added Tax	10,043,600	224,426	9,819,174	6,754,542	---	3,064,632
	TOTAL EXPENDITURE	167,451,445	(1,648,326)	169,155,046	170,466,070	---	(1,311,024)