

MINISTRY
Of **Health**

Shaping Fiji's Health

STRATEGIC PLAN
2007 - 2011

Table of Contents

MESSAGE FROM THE MINISTER FOR HEALTH	3
MESSAGE FROM THE CHIEF EXECUTIVE OFFICER - HEALTH	4
OVERVIEW	5
GUIDING PRINCIPLES	6
Mission	6
Vision	6
Values	6
FIJI AND ITS PEOPLE	7
HEALTH IN FIJI	8
Health Indicators	9
Specific Diseases and Health Programmes	9
Clinical Services	12
Human Resource Development	13
Infrastructure	13
Health Service Structure	13
Health Care Budget	14
Health Care Financing Options	15
THE PLANNING PROCESS OF STRATEGIC PLAN	15
STRATEGIC GOALS FOR THE MOH 2007-2011	19
Health Outcomes	20
Health Outcome Indicators	21
ANNEX 1: PARTICIPANTS LIST	23

MESSAGE FROM THE MINISTERS FOR CURATIVE AND PRIMARY & PREVENTIVE HEALTH SERVICES

We are proud to present the Ministry of Health's Strategic Plan 2007-2011 developed to coincide with the multi-party government that is now in place. This is reflected in our appointments as two fully fledged ministers, one to be responsible for Curative Health Services and the other for Primary & Preventive Health Services.

It is developed in tandem with the National Vision and Strategic Development Plan of the Government and will form the basis for streamlining health care services. The document will provide direction for Health Service development in the National Strategic Development Plan 2007-2011.

Whilst the document provides the strategic framework for activity it does not exist in isolation and should be read concurrently with the Ministry of Health Corporate Plans for the appropriate years. Together these will move health services forward on a national level to enable the Ministry to achieve its mission, which is to provide quality health services for the people through strengthened health structures. It is also anticipated that the seven major health outcomes would be achieved by 2011 through the successful implementation of appropriate strategies.

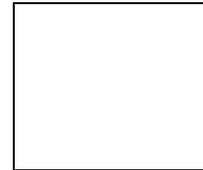
Over the years a number of changes have taken place in the management of Health Services in Fiji. The Health Management Reform Project has successfully de-centralized operational decision-making to the operational divisions to streamline service delivery. We also noted that operational divisions have their own business plans aligned to the MOH Corporate Plan and the National Health Strategic Plan. This will surely contribute again to the increase efficiency in the delivery of services to the people.

The Ministry will continue to work with major stakeholders to provide essential, efficient and affordable health services. There is a need for the Ministry to consider other sources of funding to improve as well as provide additional health services needs for our people.

At this point in time, it is only appropriate that we wish everyone good health & well-being and successful years ahead.

**MESSAGE FROM THE CHIEF EXECUTIVE OFFICER,
DR LEPANI WAQATAKIREWA**

(Photo)



The Strategic Plan 2007-2011 for the Ministry of Health is formulated in conjunction with the Strategic Development Plan 2007-2011, to reflect the new multi party government now in place. It is based on six goals or policy objectives namely: maintain an adequate primary & preventive health care services and promotion of health, maintain an effective, efficient and quality clinical health care and rehabilitation services, maintain an adequate, qualified and committed workforce for the health services, construction of new and continuous maintenance of all health infrastructure and facilities, maintain a management culture that promotes and supports continuous quality improvement, appropriate complimentary funding and resource allocation schemes identified for the health service.

The Plan reinforces the vision of Government that Primary Health Care or Preventive Health should be the primarily focus of the Ministry in addressing its core business of maintaining good health and well being of the citizens of Fiji.

Needless to mention, clinical services will be also further developed and strengthened through the implementation of the Clinical Health Services Plan to meet the health care needs of the population. This commitment is made in view of the current high demand for quality health services provision. Moreover, from our present disease burden trends especially with non-communicable diseases, up scaling of clinical services will need to be undertaken.

The seven Health Outcomes in our Strategic Plan 2007-2011 are mainly disease oriented but achievement of these outcomes will require not only the interaction of preventive and curative health services but also the whole of the health systems and structures that support these services.

A focus on human resource development and staff retention will be looked at in depth to address the acute shortages of health professionals through migration and registrations. This is vital to ensure the sustainability of the delivery of health services to our people.

I sincerely hope that the Strategic Plan 2007-2011 and the yearly Corporate Plans will be implemented successfully and that the set Health Outcomes and Indicators will be fully achieved by the end of 2011.

I wish all staff of the Ministry of Health success, good health and happiness for 2007 and beyond and I look forward to your continued support & commitment in improving the delivery of health care services to all.

Overview

The Strategic Plan 2007-2011 for the Ministry of Health is the culmination of wide consultations with a wide range of stakeholders in the private sector, non-government organisations (especially our partners in health), the central government with the National Strategic Development Plan 2007-2011 which draws extensively from the Manifesto of the Soqosoqo Duavata ni Lewenivanua Party and consensus reached with the Fiji Labour Party on issues of national importance, towards the achievement of the Vision of a Peaceful and Prosperous Fiji.

It is noted that three of the eight MDGs concern health issues and they are: reduction in child mortality MDG 4, improved maternal health MDG 5 and combating HIV/AIDS MDG 6.

The development constraints and challenges continuously faced by the Ministry include: the increasing number of HIV/AIDS and STIs cases, increase in non communicable diseases, the emigration of skilled health care professionals, limited capacity at the Fiji School of Medicine, the increased in demand and cost of delivery of health care services, limited resources and the need for health financing reforms.

It is hoped that these constraints will be minimised and mission achieved through the successful implementation of appropriate strategies in the annual corporate plan.

Guiding Principles

Mission

To provide quality health services through strengthened divisional health structures for the people of Fiji.

Vision

A well financed health care delivery system that fosters good health and wellbeing for all citizens.

Values

Customer focus

Being genuinely concerned that our customers receive quality health care, respecting the dignity of all people

Equity

Striving for an equitable health system and being fair in all our dealings: irrespective of ethnicity, religion, political affiliation, disability, gender and age

Quality

Pursuing high quality outcomes in all facets of our activities

Integrity

Committing ourselves to the highest ethical standards in all that we do.

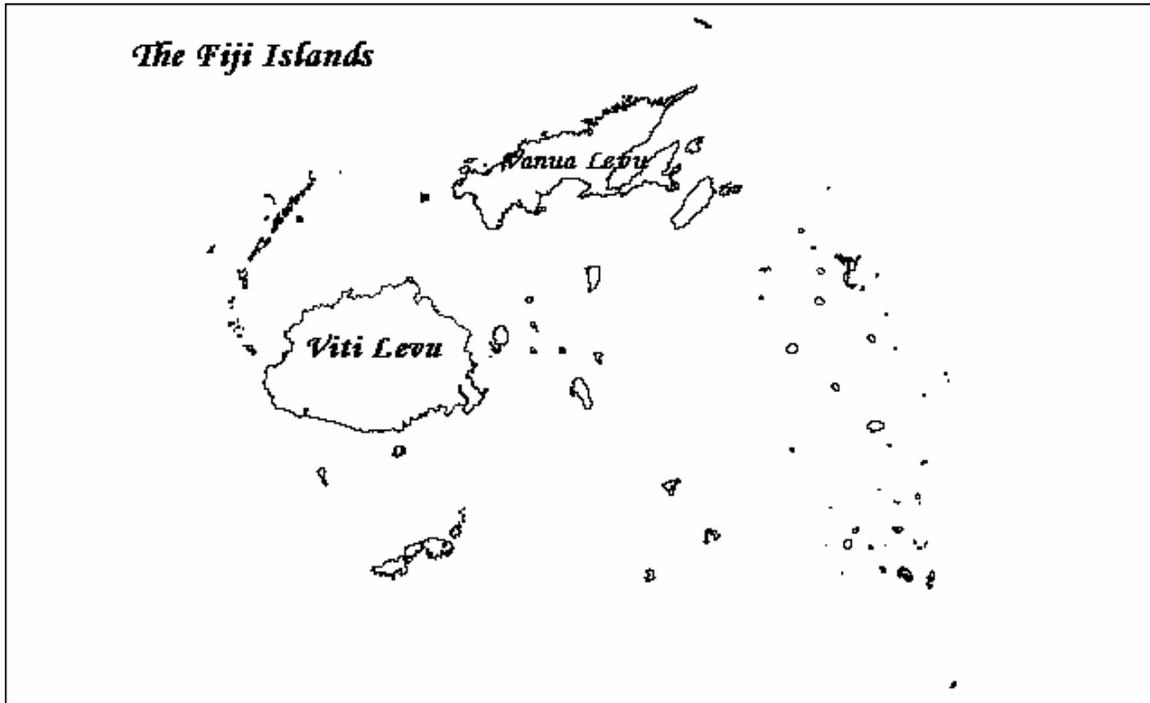
Responsiveness

Responsive to the health needs of the population noting the need for speed in delivery of urgent health services.

FIJI AND ITS PEOPLE

The Fiji Islands are a republic comprised of greater than 300 islands covering more than 18,000 square kilometres. The nature of this geography

poses significant challenges for the delivery of health services to the population that are dispersed over such a large maritime region.



In 2005, the population was estimated to be approximately 849,361 (for government planning purposes these are divided into three divisions, Central Eastern, with a population of 370,481; Western, with a population of 345,810 and Northern, with a population of 133,070). Approximately 51.7% of the population are Fijians, 43.2% Indians and 5.1% other races, (source: MOH). (This is updated)

The major sources of income in Fiji are derived from:

- Tourism
- Sugar Cane farming
- Fishing and
- Forestry.

Health in Fiji

The Ministry of Health endorses the statement in the preamble to the constitution of the World Health Organisation that:

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition.

In support of the above statement the Ministry of Health acknowledges that it is the right of every citizen of the Republic of Fiji, irrespective of race, sex, colour, creed or socio economic status, to have access to a national health system that provides a high quality health service. The principle function of this system is to promote and maintain the health and well being of the citizens of Fiji to the maximum extent possible within available resources.

The Ministry of Health also acknowledges that person' lifestyles and the conditions in which they live, work and play strongly influence their health. Recognised social determinants of health include:

- the need for policies that prevent people from falling into long term disability and disadvantage;
- the impact of the social, psychological and physical environment on health;
- the importance of ensuring a good environment in early childhood and adolescent;
- the impact of work on health;
- the problems of unemployment and job insecurity;
- the role of family, friendship and social cohesion;
- the dangers of social exclusion;
- the effects of tobacco, alcohol and other drugs;
- the need to ensure access to supplies of healthy food choices for everyone;
- the need for effective transport systems.

The above social determinants are often experienced differently for men and women, and these gender-based differences need to be recognised and attended to as the Ministry of Health seeks to improve the health status of the people in Fiji.

A comprehensive, integrated approach to addressing social determinants of good health for men and women requires the mainstreaming of gender concerns into the corporate plan of the Ministry of Health. Mainstreaming these concerns will ensure that every citizen, irrespective of sex, to have

access to a national health system that provides a high quality of care appropriate to their needs will be respected.

Whilst the Ministry of Health cannot address all of these issues on their own it recognises the need to develop health outcomes and health improvement strategies, which are measured through the improved health status of the population. The value of both health protection and promotion are now recognised as essential components when developing health outcome measures as we move away from evaluating services based on activity alone. The Ministry's commitment to the principles and philosophy of primary health care is based on the belief that success in achieving and maintaining health is not the responsibility of hospitals and the medical and/or curative model of care alone, but will come from a health system wide approach.

Health Indicators

The national health indicators compare favourably with other developing countries. Infant, child and maternal mortality rates and incidence of low birth weight have shown gradual decrease over the last decade. Non Communicable Diseases (NCDs) such as diabetes, heart disease, high blood pressure, respiratory diseases and cancers have now replaced infectious and parasitic diseases as the principal cause of mortality and morbidity. There are 3 health goals under the Millennium Development Declaration. The two mortality goals have been largely achieved but the target for HIV/AIDS will be a challenge for the duration of this strategic plan.

Specific Diseases and Health Programmes

A national strategic plan for NCDs has been developed. A range of initiatives has been commenced to support the control of NCDs. These are being co-ordinated through the National Diabetes Centre, National Food and Nutrition Centre, National Centre for Health Promotion and National Health Promotion Council. A range of health legislation continues to be reviewed and strengthened e.g, Tobacco Control legislation, the Public Health Act, Mental Treatment Act etc.

The increasing number of HIV/AIDS cases is a national challenge. The number of HIV/AIDS cases as at September 2006 was 229. A large proportion of the cases are between the ages of 20 and 29. With a window of 5 to 10 years from the time of infection to detection, it is clear that

many are picking up the virus while still in their teens. A Strategic Plan to prevent and control the spread and impact of HIV/AIDS and Sexually Transmitted Infections (STIs) has been developed and is supported through a dedicated Government of Fiji Budget and under the coordination of the National Advisory Committee on AIDS.

Evidence to date proves that the threat of emerging and re-emerging communicable diseases in the world and the region is becoming more serious. The world too has just experienced new threats of infectious diseases such as SARS, which posed international and socio-economic impacts worldwide. The recent human pathogenic avian influenza epidemic (HPAI H5N1) is a true testimony of the real threats of emergence of a novel viral strain of influenza that jumped species and caused clinical diseases and fatalities in humans. It was a wake up call for vigilance in surveillance, border control, capacity to detect, capacity to investigate and capacity to respond in a timely and coordinated manner. As 80% of emerging and reemerging infectious diseases now are of zoonotic origin, there is a greater need for partnerships between Ministry of Health and animal health stakeholders for disease prevention.

The threat of dengue virus infection and outbreaks will continue in Fiji given the many factors that could introduce the virus here. To reduce disease burden and case fatality rates we must continue to improve epidemiological and entomological surveillance through better emergency preparedness to prevent and control epidemics, effective case management through sensitive diagnostics, infrastructure improvements and strengthened vector control activities in an integrated vector management mode.

Good oral hygiene is an important element in maintaining general overall health, as oral health is integral to total health. The two most common oral afflictions are dental caries and periodontal diseases as revealed yet again in the 2004 National Oral Health survey report. The Ministry of Health in its effort to address the devastating effect of both dental caries and periodontal diseases intends to vigorously pursue appropriate strategies to reduce these afflictions. The strategies that are currently being pursued are: Fissure Sealant Program, Oral Health Education Programs in schools and communities, making oral health services more accessible to the people, and enabling public health agencies to promote oral health.

Leptospirosis represents an under diagnosed, underreported and misdiagnosed zoonotic infection and continues to spread to humans with evidence showing shifts in clinical presentations and humans pathogenic serovars. With the advent of eco-tourism, humans are posed with increased risky situations to acquire the pathogenic organisms in the environment. Research and identification of Animal reservoir will be undertaken in this plan.

Regional Elimination Initiatives include Lymphatic Filariasis (Pac ELF) and Measles Elimination. Also addressed is Control of Hepatitis B Virus. Fiji is a committed partner in these initiatives with WHO coordinating them for the region.

Fiji plays a key role in the development of public health surveillance of eight priority infectious diseases (Pac NET), public health laboratory networks (Lab NET) and targeted outbreak response (EpiNET) under the Pacific Public Health Surveillance Network (PPHSN). Fiji hosts the level 2 public health laboratories at Mataika House and is now venturing into the Regional Measles Laboratory Network. There is now an initiative to coalesce public health laboratory functions at Mataika House through collaboration between clinical and public health laboratory.

HIV/AIDS laboratory testing in Fiji has undergone assessment and validation testing had commence the confirmatory testing with the guidance of National Reference Laboratory (Melbourne, Australia)-WHO Collaborating Centre for HIV/AIDS and funding from the Global Fund ATM. Testing will be for diagnosis, surveillance and for monitoring patients on Anti retroviral treatment.

Environmental health has been defined as "those aspects of human health determined by physical, biological, and social factors in the environment." Environmental health issues include safe drinking water supplies, sewage management, public swimming pools, toxicology, microbial control, skin penetration industries, arbovirus control, air quality, waste management and basic hygiene.

The Environmental Health Unit of the Ministry of Health has put together a plan of action to address the effective management of environmental health. The Plan identifies nine key strategic areas and details how these will be

managed at both National and local levels for the sixteen Rural Local Authorities. The nine areas are:

- Environmental Health Planning and Management
- Pollution Control
- Health Promotion
- Water and Sanitation
- Food Quality Control
- Vector Borne Disease Surveillance and Control
- International Quarantine/Port Health Services and Burial and Cremation
- Legal Enforcement
- Central Board of Health and Local Authority Services

The Plan explores effective ways of using the top down regulatory approach and the bottom up community based approach. The Ministry of Health is currently reviewing and strengthening Public Health legislation to more adequately address the current challenges in environmental health.

Clinical Services

Secondary and tertiary health care services are currently offered from the divisional hospitals. Subdivisional hospitals offer primary care and limited secondary health care services. Clinical services for surgery, medicine, paediatrics, obstetrics and gynaecology, orthopaedic, ENT, emergency medicine and relevant support services need to be strengthened. During the course of this plan, clinical services will be strengthened for cardiology, oncology, nephrology and hyperbaric medicine.

The initiation of clinical services networks will greatly assist in prioritising and implementing appropriate measures in a timely manner to improve clinical health services. Opportunities for private sector investment and participation in health service delivery will be sought and facilitated to meet the needs of the people.

Human Resource Development

Emigration of health professionals including doctors, nurses and paramedics has increased over the last few years. The Ministry of Health is reviewing the Workforce Plan to ensure that the training of doctors and nurses is aligned with the requirements of the health system. A review of the various professional structures in health is being undertaken and appropriate strategies will be put in place in the lifespan of this plan. A focus will also be

placed on the retention of existing staff, training nurse practitioners, employing part-time highly skilled staff and increasing the training opportunities for health professionals.

Infrastructure

Maintenance of appropriate levels of infrastructure and facilities is vital for the delivery of health services. Over recent years new facilities have been built and are in full operation at Nadi, Levuka, Vunidawa, and Taveuni. New infrastructure development will include the completion of Labasa Hospital, relocation of Navua Hospital, constructions of a new hospital in Ba, Nausori and the relocation of St Giles Hospital. As an ongoing activity the Ministry of Health will be concentrating on maintaining and improving existing facilities.

Health Service Structure

Fiji has a well developed health system with an infrastructure of base hospitals in three geographic divisions, supported by area and sub-divisional hospitals, health centres and nursing stations in the smaller towns and rural and remote areas.

The Ministry of Health underwent a Health Reform programme in 1999-2003 where the divisional health management structure was reviewed and strengthened to support the now decentralised health service structure. The Ministry of Health provides services to two types of users;

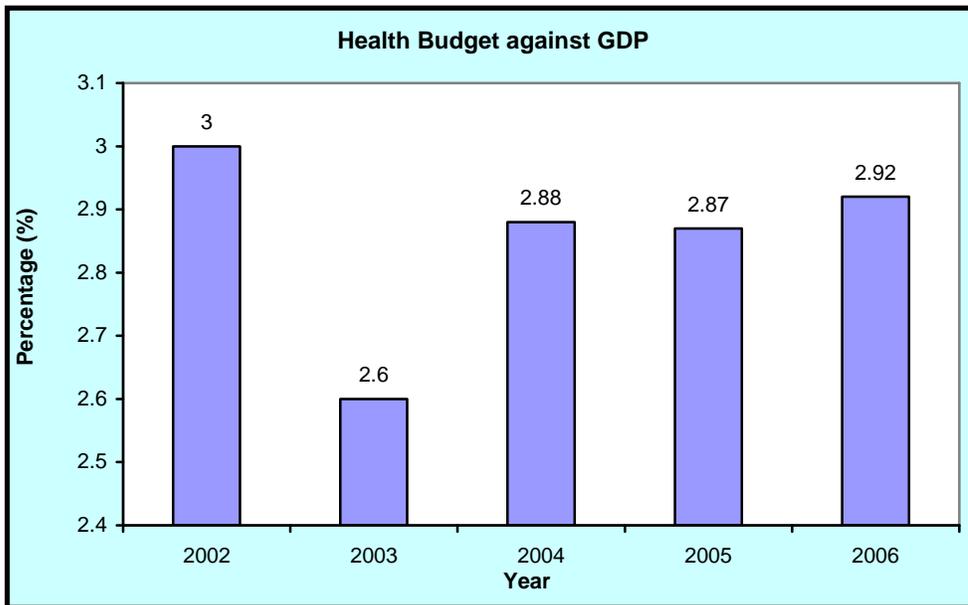
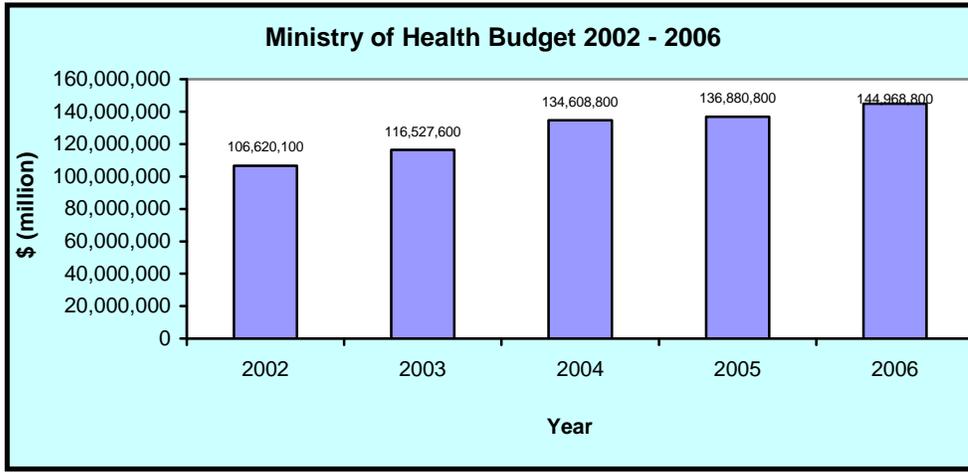
Internal - Provision of health care to citizens of Fiji

External

- Monitoring of compliance with statues and regulation
- Issue of permits, certificates and reports
- Professional Boards function
- Provision of health care to visitors
- Provision of accommodation and meals for staff
- Provision of training to health staff of the region

Basic health care is provided to all residents through a hierarchy of village health workers, nursing stations, health centres, sub divisional hospitals and divisional and specialized hospitals.

Health Care Budget



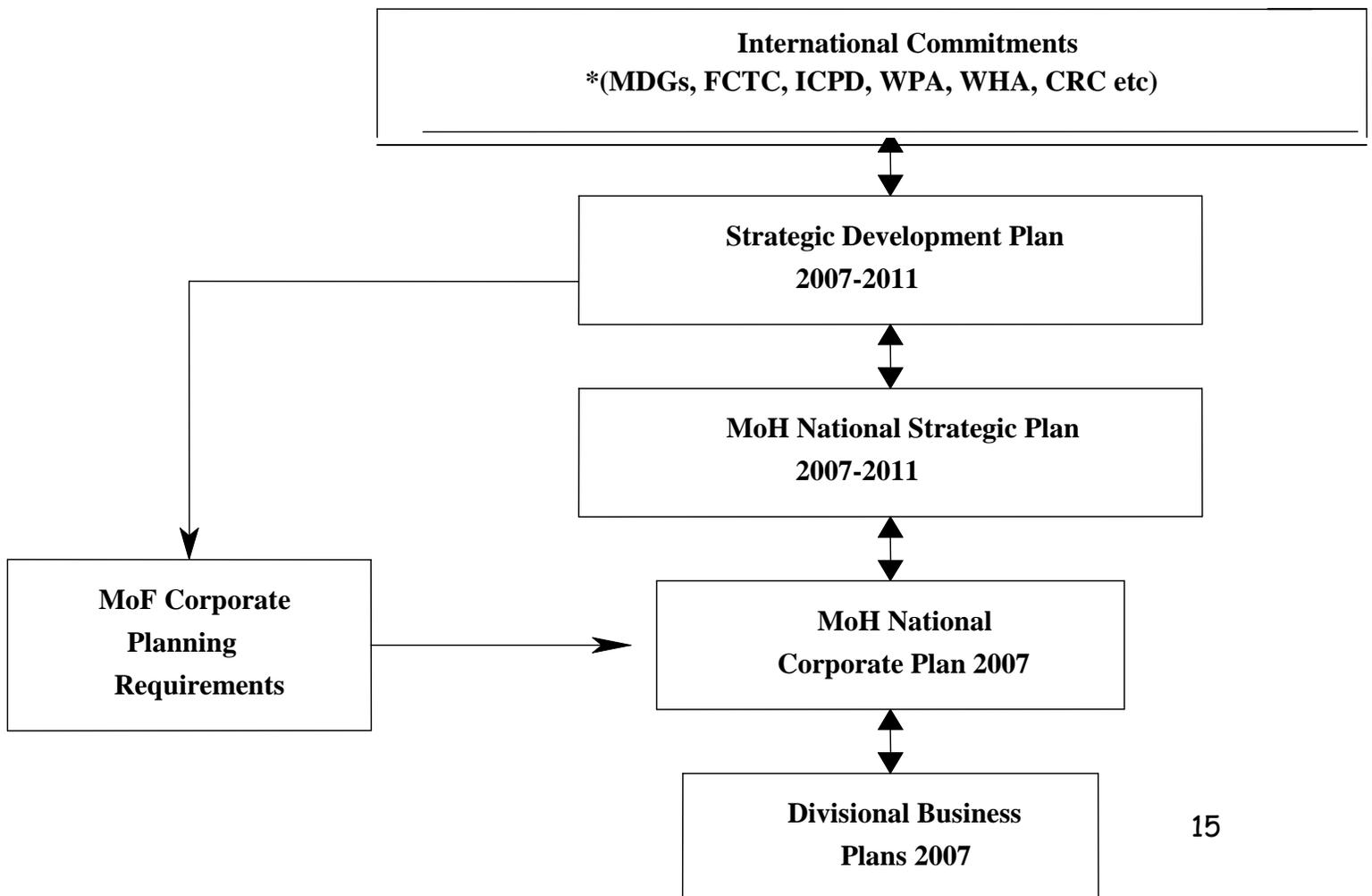
Health Care Financing Options

The public health care system and cost is heavily dependent on general taxation. The increasing demand and cost for health care coupled with limited resources requires the Ministry of Health to place a greater focus on health care financing and cost recovery strategies. Over the period of this plan the Ministry of Health will be examining a range of health financing options including Social Insurance. Moreover, the proposed Finance

Management Reform (FMR) is expected to provide opportunities for Agency Revenue generation and retention. The hospital fees and charges for services as determined in the Public Hospital and Dispensary Act need to be reviewed. However any cost recovery strategies and fees introduced must ensure that disadvantaged groups in the community are not adversely affected.

The Planning Process of Strategic Plan

The Ministry of Health Strategic Plan 2007-2011 was developed through extensive consultations with major stakeholders that include private sectors, non-government organizations, central government agencies and senior staff of the Ministry of Health. The Strategic Plan has been developed in recognition of the Government of Fiji's international commitments, the Government of Fiji's Strategic Development Plan 2007 to 2011, the major health priorities for the people of Fiji and in recognition of the planning requirements of the Ministry of Finance and National Planning (as indicated in the table below). The Strategic Plan is also expected to form the framework for the development of annual Corporate Plans for the Ministry of Health for each successive the years, from 2007 to 2011 inclusive.



*Millennium Development Goals, Framework Convention on Tobacco Control, International Convention on Population Development, Women Plan of Action, World Health Assembly and Convention on Rights of the Child

Link to National Strategic Priorities

Health activities will support achievement of the Strategic Priorities for peace and harmony, strengthening good governance and restructuring to promote competition and efficiency.

Link to UN Millennium Development Goals (MDGs)

The implementation of Integrated Management of Childhood Illnesses strategies and extended immunization programme is anticipated to address child mortality, thus, satisfying MDG 4. Implementation of Safe Motherhood programmes and Clinical Services Plan will improve maternal health for mothers, thus, satisfying MDG 5. The continuous awareness programmes, improved resource allocation and implementation of the Strategic Plan to prevent and control the spread and impact of HIV/AIDS and Sexually Transmitted Infections (STIs), is envisaged to satisfy MDG 6.

Development Rationale

Health continues to be a growing and increasingly complex field of competing priorities from all perspectives, from individuals to government, businesses, health professionals and the health service systems. A healthy and productive population is a key to sustainable economic development.

Policy Objectives, Strategies and Key Performance Indicators (MOH's Contribution to SDP 207-2011)

Policy Objectives	Strategies	Key Performance Indicators
Communities are served by and appropriate & adequate primary and preventive health services, thereby protecting, promoting and supporting their well-being.	<ul style="list-style-type: none"> Strengthen and implement integrated programme on maternal and child health, Expanded Programme on Immunisation, 	<ul style="list-style-type: none"> Infant mortality rate reduced from 23 to 17/1000 live births by 2011(MDG). HIV/AIDS prevalence among 15-24 year old pregnant women reduced

Policy Objectives	Strategies	Key Performance Indicators
	<p>integrated Management of Childhood Illnesses and Reproductive Health.</p> <ul style="list-style-type: none"> • Implement the safe motherhood programme. • Strengthen reproductive programme. • Implement the STI/HIV/AIDS Strategic Plan 2007-2011. • Implement the non Communicable Diseases Strategic Plan 2005-2008. <p>Maintain appropriate levels of health care professionals and ensure high standards of health care.</p>	<p>from 0.04 to 0.03 by 2011 (MDG)</p> <ul style="list-style-type: none"> • Prevalence of diabetes reduced from 16% to 12%. • Contraceptive prevalence rate amongst population of childbearing age increased from 46 to 56%. • Reduction in teenage pregnancy rates from 16% to 8% in 2011. • Reduction in STIs rates amongst 15 to 24 year olds reduced from 15% to 10% by 2011. • Prevalence of Tuberculosis reduced from 10% to 5%. <p>Reduce amputation rate for diabetic sepsis from 13 to 9%.</p>
<p>Communities have access to an effective, efficient and quality, clinical health care and rehabilitation services.</p>	<ul style="list-style-type: none"> • Balanced mix of public and private financing for priority health programs. • Improved level of equity, efficiency and effectiveness of health services. • Financial resources shifted towards cost-effective health programmes. <p>Increased budget spending for health by 1% of GDP in 2009 and 2% by 2011 from current levels.</p>	<ul style="list-style-type: none"> • Participation of private health care providers increased from 2 to 10. • Doctors per 100,000 population increased from 36 to 42 • Elimination of stock outs of drugs from present 100 items per month <p>Bed occupancy rates reduced from 80% to 60%.</p>

Strategic Goals/Policy Objectives for the Ministry of Health Strategic Plan 2007-2011

GOAL 1:

Maintain an adequate Primary and Preventive Health Care Services and Promotion of Health.

GOAL 2:

Maintain an Effective, Efficient and Quality Health Care & Rehabilitation Services.

GOAL 3:

Maintain an Adequate, Qualified and Committed Workforce for the Health Service.

GOAL 4:

Construction of New and Continuous Maintenance of All Health Infrastructure and Facilities

GOAL 5:

Maintain a Management Culture that Promotes and Support Continuous Quality Improvement.

GOAL 6:

Appropriate Complimentary Funding and Resource Allocation Schemes Identified for the Health Services

Health Outcomes

The achievement of the six strategic goals, through the implementation of appropriate strategies in the next successive 5 year Corporate Plans, will enable the Ministry of Health to accomplish the seven major health outcomes by 2011 and are appended below:

- **Health outcome 1:** Reduced burden of Non-Communicable Diseases
- **Health outcome 2:** Begun 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.

Health Outcome Indicators

Indicators have been developed to assist the Ministry of Health to measure success against the outcomes using 2004 as the base. These indicators have been detailed below:

Health outcome 1: Reduced burden of Non-Communicable Diseases

Proportion of the population aged over 35 years engaged in sufficient leisure time activity.¹

Proportion of population with a sufficient intake of fruit and vegetables²

Admission rate for diabetes and its complications, hypertension and cardiovascular disease

Amputation rate for diabetic sepsis

Health outcome 2: Reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases

HIV prevalence rate among 15 to 24 year old pregnant women

Prevalence rate of STIs among men and women aged 15 to 24

TB cases detected and cured

Incidence of Dengue and Leptospirosis

Prevalence rate of lymphatic filariasis (PacELF/WHO)³

Incidence of measles (WHO criteria)⁴

Incidence of leprosy (WHO criteria)⁵

¹ Sufficient leisure time activity is determined to mean, "Undertaking moderate or vigorous activity up to 30 minutes each day"

² Sufficient intake of fruit and vegetables is deemed to be at least 400gms per day - can be either fruit or vegetables.(This is in reference to the Global Strategy on Diet, Physical Activity and Health, May 2004 – WHA)

³ This is in reference to the PacELF guideline for the elimination of Lymphatic Filariasis

⁴ This is in reference to the WHO guideline for the elimination of measles

⁵ This is in reference to the WHO guideline for the elimination of Leprosy

Health outcome 3: Improved family health and reduced maternal morbidity and mortality

Maternal mortality ratio⁶

Prevalence of anaemia in pregnancy at booking

Contraceptive Prevalence Rate in the child bearing age group

Health outcome 4: Improved child health and reduced child morbidity and mortality

Prevalence of under 5 malnutrition

Percentage of one year olds fully immunised

Under 5 mortality rate⁷

Health outcome 5: Improved adolescent health and reduced adolescent morbidity and mortality

Rate of teenage pregnancy

Access to adolescent health services and counselling

Number of teenage suicides

Health outcome 6: Improved mental health care

Number of psychiatric beds

Number of personnel trained in mental health

Health outcome 7: Improved environmental health through safe water and sanitation.

Percentage of the population that has access to safe water⁸

Proportion of population with access to improved sanitation⁹

⁶ The *maternal mortality ratio* is the number of women who die from any cause related to or aggravated by pregnancy and/or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births

⁷ The *under-five mortality rate* is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates.

⁸ The percentage of the population who use any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well, protected spring or rainwater. Improved water sources do not include vendor-provided waters, bottled water, tanker trucks or unprotected wells and springs

⁹ The percentage of the population with access to facilities that hygienically separate human excreta from human, animal and insect contact.

PARTICIPANTS LIST

MOH Head Office

Dr. L Waqatakirewa	Chief Executive Officer - Health
Mr A. Tamanitoakula	Director Corporate Services
Dr T. Tuiketei	Director Public Health
Mrs R. Nadakuitavuki	Director Nursing & Health System Standards
Dr Margaret Cornelius	Director Curative Health Services
Dr Frances Bingwor	National Adviser - Family Health
Dr Joe Koroivueta	NA - Communicable Diseases
Mrs Nisha Khan	National Adviser - Nutrition & Dietetics
Dr Tokasa Leweni	National Adviser - Oral Health
Mr Waisale Delai	National Adviser - Environmental Health
Mr Manasa Niubalerua	National Adviser - Health Promotion
Mrs P. Cirikiyasawa	PAS Health Planning
Mr Vinod Babu	Senior Manager Finance
Mr Timoci Namotu	PAS ESU
Mrs Emele Wara	PAS Personnel

CentEast Health Services

Dr S. Tuqa	Director Divisional Health Services [C/E]
Dr L. Alefaio	General Manager Clinical Services
Mrs L. Tavaga	General Manager CWM Hospital
Dr Sala Saketa	General Manager Community Health

Western Health Services

Dr T. Taoi	Director Divisional Health Services [W]
Dr Tharid Ali	General Manager Community Health
Dr Jemesa Tudravu	General Manager Clinical Services
Dr Eloni Tora	General Manager Hospital

Northern Health Services

Dr Ami Chandra	Director Divisional Health Services [N]
Sis. Litia Cava	General Manager Hospital Services
Sis. Selinia Waqa	General Manager Community Health
Ms Meliki Waqa	General Manager Corporate Services

Fiji School of Nursing

Mrs Iloi Rabuka	Principal
Mrs S. Balgovind	Deputy Principal

Fiji Pharmaceutical Services Centre

Mr Peter Zinck	Chief Government Pharmacist
Mrs Vasiti Nawadra	Principle Pharmacist

Partner Organizations

Mrs P Lalabalavu	SAO/CSR, Public Service Commission
Mr Keshwar Reddy	Economic Planning Officer, MoF & NP
Ms L. Kerse	WHO
Dr Hayes & Dr Vatucawaqa	UNFPA
Mr Tadashi Ikeshiro	JICA Representative

FHSIP

Dr. V. Rabukawaqa	Director Fiji Health Sector Improvement Program
Dr. Will Parks	STA HP & PME
Mr Steven Anderson	FHSIP