



MINISTRY OF HEALTH & MEDICAL SERVICES

ANNUAL OPERATIONAL PLAN

2020-2021



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Minister's Foreword



We have a new Strategic Plan 2020-2025 that was launched in March 2020. The Strategic Plan will be operationalized through this Annual Operational Plan. This is the first year of implementation of our Strategic Plan and the first step in progressing towards the key outcomes that we have outlined in the Strategic Plan.

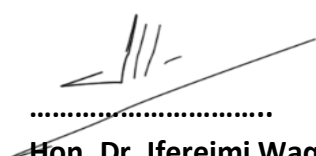
The National Development Plan (NDP) vision of a high quality health system, where medical services are raised to international standards is reflected in this Plan. This sets the pace in progressing towards universal health coverage. We will work towards

increasing access to quality, safe and patient-focused clinical services with a special focus on strengthening patient services and the continuum of care.

In this Plan we also have a focus on expanding the availability of care in communities, and innovative ways of doing this for people living in hard-to-reach locations, utilising available resources. We have designed a Remodeling of Health Services Plan to remodel health services in view of the impact of COVID 19. We are working with our Cost Centres (Divisions and Hospitals) to remodel key priority services, including our outreach services.

Our outreach services for routine clinical services and rehabilitative services will form part of our broader approach of bringing services closer to communities and people's homes. The decentralization of specific services to divisions will assist us in achieving our aim of reduction in complications, as our people will be able to access services more efficiently.

There has been an increasing emphasis on communicable diseases due to emerging infectious diseases and a predominance of viral illnesses. By improving environmental health and reducing the risks of public health emergencies, we aim to reduce the burden of Communicable Diseases. Overall we will also focus on driving efficient and effective management supported by evidence to improve our efficiency and effectiveness across the health system components.



Hon. Dr. Ifereimi Waqainabete
Minister for Health and Medical Services

Permanent Secretary's Statement



I have much pleasure in presenting the Annual Operational Plan (AOP) 2020-2021 for the Ministry of Health and Medical Services. The AOP is structured based on our three broad Strategic Priority Areas outlined in the Ministry's Strategic Plan 2020-2025. Our core priorities of integrated service delivery, strengthening patient services and continuum of care are reflected throughout our three strategic priority areas.

The Ministry will focus on enhancing health service delivery through remodeling of health services. The remodeling is based on an integrated approach to delivering public health services and clinical services, including the strengthening of the continuum of care for patients. This will further support the integration of the clinical and public health components that have been strengthened during the COVID-19 response.

We will focus on implementing preventative action from community to hospital levels to progress towards our aim of reducing the burden of both Communicable Diseases and Non Communicable Diseases. We will continue to strengthen health systems and this plan will assist in providing improved linkage with our functional areas and the twelve cost centers to improve financial efficiencies by improving spending on health services.

A comprehensive supply chain reform will be commenced to address key issues to enable the health system to respond adequately to service delivery needs. We also aim to manage and maintain our assets and facilities better, based on needs and endorsed plans. We will focus on attracting, selecting, retaining and empowering the right people to create a diverse, inclusive and engaged workforce.

I would like to thank all staff for their hard work and commitment and look forward to support from across the Ministry for the implementation of this plan.

A handwritten signature in black ink, appearing to read 'James Fong', written over a dotted line.

Dr. James Fong
Acting Permanent Secretary

Strategic Focus and Goals

The strategic direction for the Ministry is outlined in the Ministry's Strategic Plan 2020-2025. The strategic priorities are inextricably linked along the continuum of care. The strategies are based on supporting individuals, communities and islands across Fiji that are more vulnerable than others. The ultimate goal is to progress towards Universal Health Coverage (UHC) and a systems-level approach to health is a key driver to improving health care and providing UHC.

The plan has three strategic priorities and 14 outcomes which are:



Strategic Priority 1: Reform public health services to provide a population-based approach for diseases and the climate crisis

This strategic priority is based on an integrated approach to public health. Here we define public health as preventing disease, prolonging life and promoting health through the organised efforts of society. The emphasis is on ensuring that we seek ways to expand the availability of promotive, protective and preventive care across all islands.



Outcome 1.1: Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups

There is a focus on preventive action from community to hospital levels. A more integrated approach to CDs (including neglected tropical diseases) and NCDs will support case detection, screening and diagnosis of morbidities and co-morbidities before they become long-term conditions. We will work on reducing cases of CDs, particularly dengue, typhoid and leptospirosis and strengthen our efforts to progress towards reducing the burden of NCDs.

We will focus on decreasing lifestyle risk factors, and improving health-seeking behaviour among the population, through multidisciplinary teams. The focus is on covering the seven key cohorts (pregnancy, infant, toddler, child, adolescent, adult and senior citizen) and seven settings (villages, settlements, schools, workplaces, towns/cities, sports and faith-based organisations). We will seek ways to expand the availability of promotive, protective and preventive care in communities, and innovative ways of doing this for people living in hard-to-reach locations.



Outcome 1.2: Improve the physical and mental wellbeing of women, children and young people through prevention measures

We will initiate processes to integrate well-being support into every contact with women, pregnant mothers and children as they grow as part of a holistic approach to starting preventive measures early in people's lives. This is particularly important for our young population. Emphasis will be placed on integrating mental health, nutrition, physical activity and oral health into reproductive, maternal, newborn, child and adolescent health.

We have a robust and effective immunisation program. We will continue to focus on improving our immunisation services and high coverage rates. We will continue to promote breastfeeding and better nutrition for children.

We will also ensure improved prevention, detection and diagnosis of childhood illnesses, including strengthening Integrated Management of Childhood Illnesses. For adolescents we will better support mental health, sexual and reproductive health education.



Outcome 1.3: Safeguard against environmental threats and public health emergencies

Improving environmental health and reducing the risks of public health emergencies aim to reduce the burden of CDs. This falls under our responsibilities to enforce international health regulations (IHRs) and the Public Health Act for Fiji. IHRs exist to prevent, protect against, control and provide a public health response to the spread of diseases.

We will also provide support to protect against environmental and human-made hazards, including improving WASH in communities. We will also strengthen preparedness and resilience to public health emergencies.



Outcome 1.4: Strengthen population-wide resilience to the climate crisis

We will raise awareness about climate change effects and health responses among the public and key stakeholders. To ensure a more resilient health system, we will strengthen the collaborative approach between stakeholders to better use resources and information. In the event of a disaster, we will continue to enhance disaster preparedness and management, including making sure FEMAT is ready for deployment.



Strategic Priority 2: Increase access to quality, safe and patient-focused clinical services

Strengthening patient services and the continuum of care is the major focus under this strategic priority area. ‘Patient services’ covers the primary, secondary and tertiary-care approach to serving people, in terms of the curative, rehabilitative and palliative health services they need.



Outcome 2.1: Improve patient health outcomes, with a focus on services for women, children, young people and vulnerable groups

There is a focus on providing services closer to people's homes and to improve services for our young population, both in schools and at health facilities.

The continuous, critical audit of our services will be an important part of evaluating and implementing improvements (including the MSHI and perinatal audit tools). We will continue to provide and strengthen our sexual and reproductive health services throughout the country, including family planning services. Because of our predominantly young population, we will also look at increasing access to youth-friendly services in health facilities. This includes, STIs and mental health treatment, especially for those aged 15-24 years. For children aged 13-17 years, we will focus on improving our integrated clinical services in schools, which will also link to our preventive and promotional areas.



Outcome 2.2: Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population

Our main focus is to prevent morbidity and mortality by providing access to high-quality services. The decentralisation of specific services to divisions, will assist us in achieving our aim of reduction in complications, as our people will be able to access services more efficiently. We will prioritise strengthening current services, and ensure better linkage between clinical and preventive services.

We will continue to provide high-quality clinical services to our patients, including: inpatient and outpatient services, oncology, accident and emergency, surgery, oral health, eye care, physiotherapy, mental health, dermatology, paediatrics, and obstetrics and gynaecology services. These services are supported by the very important functions of radiology, pathology, nutrition, pharmacy, laboratory, and cleaning and security services. It is of paramount importance that these clinical and support services work well together as part of the one system approach.

Our outreach services for routine clinical services and rehabilitative services are also very important in supporting clinical services and bringing services closer to communities and people's homes. We will continue to use FEMAT to provide surgical outreach. By ensuring improved outreach in collaboration with nursing stations, health centres and community health workers (CHWs), we aim to reduce the burden on our hospitals.



Outcome 2.3: Continuously improve patient safety, and the quality and value of services

Our aim is to improve the overall experience of our customers. We will do this by providing clinical services in a standardised manner across the country, including improving clinical governance, competencies of staff, clinical practice guidance and auditing.

Improving clinical services will also increase productivity and the effectiveness of our health system. We will therefore also focus on improving patient safety and reducing any variations in availability and quality of care. Our approach will also improve quality and value by focusing on decreasing wastage.



Strategic Priority 3: Drive efficient and effective management of the health system

Strong systems underpin our public health and clinical services. We will continue to cover WHO's health systems building blocks and expand the area of focus to include strategic partnerships. We will seek innovation and evidence to improve our efficiency and effectiveness.



Outcome 3.1: Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued

We will focus on attracting, selecting, retaining and empowering the right people to create a diverse, inclusive and engaged workforce. This includes designing attraction and recruitment strategies, rapidly deploying staff, monitoring staff satisfaction and ensuring regular analysis of the health workforce.

We will work on providing opportunities for professional development to achieve a more engaged, skilled and satisfied workforce. We will support professional development across a range of clinical and non-clinical areas.



Outcome 3.2: Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment

We will assess and reform our business processes to ensure that FPBS remains efficient and relevant. We will start this by reviewing the end-to-end supply chain, and developing and implementing a reform plan (as stated in the NDP). We will focus on improving processes for supply chain management, warehousing and procurement, aiming to deliver commodities more efficiently to health facilities.

To ensure that health workers have the equipment they need, we will coordinate regular updates of equipment procurement and maintenance plans.



Outcome 3.3: Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable

Our aim is to ensure strengthened business processes across cost centres, which will improve financial controls, processes and expenditure to ensure the best use of taxpayers' money.

We will continue with our annual National Health Accounts (NHA) production. As part of our commitment to UHC, we will continue to monitor out-of-pocket expenditure. We will support cost centres to improve their financial controls and processes and establish contracting models for services based on improving the quality of those services.



Outcome 3.4: Ensure infrastructure is maintained to match service needs

We will aim to manage and maintain our assets and facilities better, based on needs and endorsed plans. We will update standards for equipment and infrastructure to match the new approach, developing national standards for all types of health facilities.

We want to ensure improved clinical spaces, implementing affordable aesthetic solutions and making better use of space, all supporting an improved patient experience.



Outcome 3.5: Harness digital technologies to facilitate better health care for our patients

We will develop and implement a digital health strategy and digitalisation plan to cover our long-term plan, using information system review findings.

We will focus on improving our health information and electronic medical records system, supply chain information, review and fortification of patient information (improving its use), exploring access to technology to improve productivity.

We will also improve access to and completeness of patient information (including specialist information). We will ensure that training and support in the use of information systems exists at all levels.



Outcome 3.6: Continue to strengthen planning and governance throughout the MHMS

We will review and update our plans and policies in light of this Strategic Plan. We will ensure that adequate and appropriate plans and policies are in place.

We will ensure improved governance structures across the MHMS and improved use of information for management decision-making through an effective monitoring, evaluation and learning system. We will also explore establishing a Global Health Coordination Unit and a Program Implementation Board to improve coordination, teamwork and governance.



Outcome 3.7: Widen our collaboration with partners for a more efficient, quality, innovative and productive health system

We want to enhance relationships with our partners and pursue ‘whole-of-government’ and ‘whole-of-society’ approaches for national policy and legislative interventions to address risk factors for poor health outcomes.

Externally, we will collaborate with communities, religious institutions, CSOs, research institutes, donors, UN agencies and other external stakeholders. We will also continue to work with our Boards of Visitors at hospitals. Core to collaboration will be either extending the reach of our services or providing specialist inputs that complement our capacity and capabilities.

Linkage to Government Priorities

Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	Ministry's Outcome
Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	Expand investment in approaches to address non-communicable diseases, including nutrition, mental health and injuries, within and beyond the health sector	Percentage of children under 5 years of age who are overweight Population prevalence of diabetes	Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups
Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	Retrofit health facilities to improve energy and water efficiency	% of health facilities meeting minimal standards for emergency and disaster preparedness	Strengthen population-wide resilience to the climate crisis
End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	Improve case detection and coordinated response to reduce communicable disease morbidity and Mortality	Incidence of leprosy per 100,000 population Prevalence of lymphatic Filariasis Case fatality rate for Leptospirosis Case fatality rate for typhoid Case fatality rate for dengue fever Total number of confirmed HIV cases Prevalence rate of tuberculosis per 100,000 population	Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups
Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	Expand investment in approaches to address non-communicable diseases, including nutrition, mental health and injuries, within and beyond the health sector	Premature mortality due to NCDs	Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population
Reduce the global maternal mortality ratio	All pregnant women, including teenagers,	Reduce Maternal Mortality ratio	

to less than 70 per 100 000 live births	mothers and new-borns receive timely, safe, appropriate and effective health services before, during, and after childbirth		
End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births	All pregnant women, including teenagers, mothers and new-borns receive timely, safe, appropriate and effective health services before, during, and after childbirth	Reduce Neonatal Mortality	Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups
		Perinatal mortality rate per 1,000 total births	
		% of live births with low birth weight	
		Infant mortality rate per 1,000 live births	
	Provide access to quality preventive and curative paediatric and nutritional services	Under 5 mortality rate per 1,000 live births	
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Reform Supply Chain Management and ensure high quality medicinal products are rationally used and readily accessible to all residents	Average availability of selected essential medicines in public and private health facilities	Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment
Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	Recruit, train and retain a qualified, motivated health workforce that is caring, customer-focused, and responsive to population health needs	Ratio of skilled healthcare workers (doctors, nurses, midwives) per 10,000 population	Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued
		Current health expenditure per capita, current FJD	Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable
		General government expenditure on health as a proportion of general government expenditure	
		Ratio of household out-of-pocket payments for health to current health expenditure	

Aim

The aim of the operational plan is to operationalize the Strategic Plan (SP) 2020-2025 by outlining the priorities, outputs, indicators and targets under the respective outcome areas of the SP.

The Ministry of Health & Medical Services (MHMS) SP 2020-2025 outlines the vision and mission and a set of agreed values to guide MHMS operations. MHMS is working towards achieving this vision by empowering Fijians to achieve optimal health and well-being through the delivery of a cost-effective, quality and inclusive health services

The Annual Operational Plan outlines the pathway for the Ministry to achieve the Strategic Plan goals and objectives within allocated resources and timelines.

The Ministry's focus for 2020/2021 is summarized under the broader key areas outlined below. Ministry's Remodeling Health Services Plan (RHSP) is embedded within these key areas. The RHSP will be operationalized through these key areas. The specific outputs and broader activities are reflected under the relevant key areas and will be further operationalized through the respective Business Plans for each of the Cost Centers.

The objective is to re-orient service delivery and work smarter within the allocated resources to achieve the Ministry's service delivery targets.

1. Reforming public health services, through an integrated approach to deliver preventative services for Non-communicable diseases and Communicable Diseases.
2. Improving environmental health and reducing the risks of public health emergencies with an overall aim of reducing the burden of Communicable Diseases.
3. Continuously improving service delivery with a focus on bringing services closer to the people. This includes strengthening and decentralizing selected clinical services, to meet the needs of the population.
4. Work towards increasing access to quality, safe and patient-focused clinical services with a special focus on strengthening patient services and the continuum of care.
5. Delivering specific services targeting maternal, neonatal, perinatal and child health outcomes.
6. Building resilient health systems, with a broad range of initiatives focusing on improving and upgrading current health facilities, reviewing processes and improving efficiency and effectiveness in terms of service delivery.
7. Strengthening the health workforce to provide caring and customer centered professional services to our customers.
8. Improving the provision of medicinal products and equipment through initiation of a supply chain reform process.
9. Improving information systems to promote evidence-based policy development, planning, implementation and assessment.
10. Ensuring strengthened business processes across cost centres, which will improve financial controls, processes and expenditure.

Statement of Core Business

The core function of the Ministry of Health and Medical Services is to provide high quality healthcare through capable governance and systems to the people of Fiji. We are committed to improve primary, secondary and tertiary healthcare. We are committed to ensuring the provision of accessible, equitable and affordable health services to all citizens of Fiji without discrimination.

A three-tiered structure provides our integrated services at primary, secondary and tertiary levels through our hospitals, health centers and nursing stations throughout the country, in a consistent and equitable manner.

The core business of the Ministry is delivered through three strategic priority areas focusing on:

1. Public Health Services

Strategic Priority 1- Reform public health services to provide a population-based approach for diseases and the climate crisis

An integrated approach to public health is the basis of reforming our public health services. Here we define public health as preventing disease, prolonging life and promoting health through the organised efforts of society. Core to this is ensuring we seek ways to expand the availability of promotive, protective and preventive care across all islands.

2. Clinical Services

Strategic Priority 2 -Increase access to quality, safe and patient-focused clinical services

Strengthening patient services and the continuum of care is a major focus area. 'Patient services' covers the primary and secondary care approach to serving people, in terms of the curative, rehabilitative and palliative health services they need.

3. Health Systems Strengthening

Strategic Priority 3 -Drive efficient and effective management of the health system

Strong systems underpin our public health and clinical services. We focus on improving the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability. We seek innovation and evidence to improve our efficiency and effectiveness.

Vision

A Healthy Population

Mission

Empowering Fijians to achieve optimal health and well-being through the delivery of cost-effective, quality and inclusive health services

VALUES

1. Accountability
2. Excellence
3. Inclusiveness
4. Integrity
5. Professionalism
6. Trust
7. Innovation



2020 /2021 Budget Highlights

The total proposed budget for the Ministry in 2020/2021 is \$394.4m, comprising \$316.2m for operating expenditure, \$66.1m for capital expenditure and VAT of \$12.1m. The 2020/2021 budget will be attributed to the following initiatives:

Budget Summary Table

Ministry Budget summary FY2020/2021

Budget Category	Summary (\$m)	Initiatives
Operating	316,218.3	<ul style="list-style-type: none"> An increase in service delivery outcomes through strengthening of patient services and continuum of care. Improved access to services by strengthening clinical services, including outreach services. There is an overall focus on quality and value of services. Improved productivity and effectiveness of our health system; with a special focus on strengthening workforce and supply chain processes Strengthen COVID-19 preparedness and response to global pandemic
Capital	66,050.8	<ul style="list-style-type: none"> MHMS infrastructure is maintained to meet operational and population needs in compliance with all relevant health service standards
VAT	12,075.4	
Total	394,344.5	

COVID-19 Budget Allocations:

Budget Item	Amount
COVID-19 Response and Preparedness (ADB)	\$4,482,295
COVID-19 Emergency Response Project (World Bank)	\$2,181,356
COVID-19 Emergency Response Project (World Bank)	\$4,580,852
COVID-19 Contingency Fund	\$25,000,000

The above is the distribution of funds allocated specifically for COVID 19 responses and preparedness, these are included as part of the overall operating budget. The specific activities under these will be coordinated by the Incident Management Team (IMT).

Staff Profile Summary Table

Staff profile summary FY2020/2021

	Total number of staff	Total Salary
Established Staff	4,468	197,858,800
Government Wage Earners	1,092	15,529,000
Total	5,560	\$213,387,800

Strategic Workforce Plan

The Ministry is in the process of developing a ten year Strategic Workforce Plan that is expected to be completed in the year 2020. Preliminary work towards the development of the Plan has been on-going and a draft of the plan is currently under review. The completed Plan will be based on the strategic direction from the Strategic Plan 2020 -2025. The Plan will also take into consideration key issues such as models of care; population health needs projection, current and future supply analysis and identification of key gaps that will be used to develop a 10 year outlook.

In the interim the Ministry will rely on the Workforce Plan Roadmap that outlines key workforce priorities and milestones over the 10 year period. The objective is to analyse, forecast and plan workforce supply and demand, assess gaps, and determine targeted talent management interventions, to ensure that the Ministry has the right people, with the right skills, in the right places, at the right time to fulfil its mandate.

The MHMS will continue to implement a strategic, needs-based approach to health workforce recruitment, deployment, training and retention with an emphasis on increasing both customer and employee satisfaction. The Ministry will also collaborate with relevant institutions to review and update required qualifications for health professional graduates and update workforce eligibility criteria to increase the availability of senior clinical specialists.

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

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

The staff establishment numbers required within each cadre are to accommodate a gradual but steady increase in the number of health workers (matching expected growth in population demographic trends and concurrent demand for services).

Managing growth in the workforce is dependent on response to a number of factors. For example changes in service priorities, supporting cadres of critical need, or extension in scopes of practice to meet new policy and service delivery strategies, are just a few of the acknowledged issues faced by the Ministry.

Overall the Ministry will focus on attracting, selecting, retaining and empowering the right people to create a diverse, inclusive and engaged workforce. This includes designing attraction and recruitment strategies, rapidly deploying staff, monitoring staff satisfaction and ensuring regular analysis of the health workforce.

Customers and Stakeholders

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

Our customers and stakeholders are:

Internal	External
Minister	Cabinet
Assistant Minister	Members of the Public
Senior Management	Non-Governmental Organisations
Ministry's Departments /Units	Diplomatic Missions
Ministry Staff	Providers of goods and services-locally and globally
	International Organisations
	Other Government Ministries, Departments and Agencies
	Medical Associations
	Medical Service Providers
	Education institutions
	Faith -based organisations
	Communities
	Donor Partners
	Grant Recipients

Roles and Functions of the Ministry

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

Strengthening primary health care

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

Supporting secondary level care

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

Improving and expanding tertiary level care

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

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

1. Curative and Rehabilitative Health

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

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

2. Preventive and Promotive Health

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

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

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

- **Wellness**

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

- **Health Protection**

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

- **Family Health**

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

3. Health Systems Strengthening

Health systems' strengthening is essential to achieving effectiveness, efficiency, equitable access, accountability, and sustainability of health services. The focus is on strengthening health system standards across the key health systems building blocks which are leadership/governance, health care financing, health workforce, medical products, technologies, health information and research.

- **Human Resource**

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

- **Finance and Asset Management**

Finance and Asset Management Division is responsible for the implementation of service-wide policies and procedures in relation to finance, budget, accounts and asset management. The Division is responsible for preparation of budget submission for the Ministry in consultation with the respective cost centres and monitoring the utilization of the annual budget including, compliance to Financial Management Act, Finance Instruction, the Finance manual and the General Orders.

This Division also looks after capital construction projects for the Ministry in consultation with different stakeholders and is responsible for overseeing the repair and maintenance of health facilities around the country.

- **Pharmaceutical and Biomedical Services**

Fiji Pharmaceutical and Biomedical Services (FPBS) core service is the supply chain management of medical supplies and health commodities. FPBS focuses on improving access to essential medicinal products of assured quality, safety, efficacy and cost-effectiveness.

The Essential Medicines Authority at FPBS is responsible for the development of product standardization and promoting rational use of medicine, whilst the Medicines Regulatory Authority is responsible for the strengthening of quality assurance processes for products imported in the country including the random testing of medicinal products.

- **Planning and Policy Development**

Planning and Policy Development Division (PPDD) is responsible for policy development, analysis and coordination of policy related activities as well as evidence-based health planning including the development of medium to long term strategies and annual operational plans.

PPDD's role also includes facilitating health services planning. PPDD has a healthcare financing section that develops National Health Accounts and assists with analysis of services and programs.

- **Research, Innovation, Data Analysis and Management**

The Research, Innovation, Digital Health, Data Analysis and Management Unit has been newly set-up to support and strengthen research and innovation in the Ministry. This is an initiation of ongoing efforts to ensure that good quality evidence is used to guide decisions about health sector strategy, functioning and oversight. The division has also taken over the role of Digital Health.

The Division is therefore, responsible for the development of information and communication technology for digital health and analyses including the ICT services for eHealth for the Ministry including procurement, expansion of network connectivity, server administration, management of databases (health applications) and website. The Division also conducts awareness and training for all health applications.

The Division will generate evidence and identify key areas for policy making in the Ministry and ensure that research is recognized as a key function to guide policy and decision making.

- **Nursing and Midwifery Division**

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

- **Executive Support Unit**

The Executive Support Unit is responsible for high-level executive support and administrative services for the Ministry's Executive. The Unit maintains awareness, identifies and investigates emerging corporate issues which may require the direct intervention of the Executive and ensures they are properly briefed

and advised. It manages the Ministry's engagement with cabinet, parliament and the media. The Unit is now also responsible for managing development partner coordination and related issues.

- **Clinical Support Services**

There are a number of clinical support functions that are based at Ministry's headquarters that provide specific support to Hospitals and Divisions. The key functions under this area are outlined below and will be coordinated by the Head of Clinical Support Services who will report to the Chief Medical Advisor:

- Patient Safety and Quality
- Visiting Medical Teams
- Overseas Referrals
- Blood and Ambulance Services

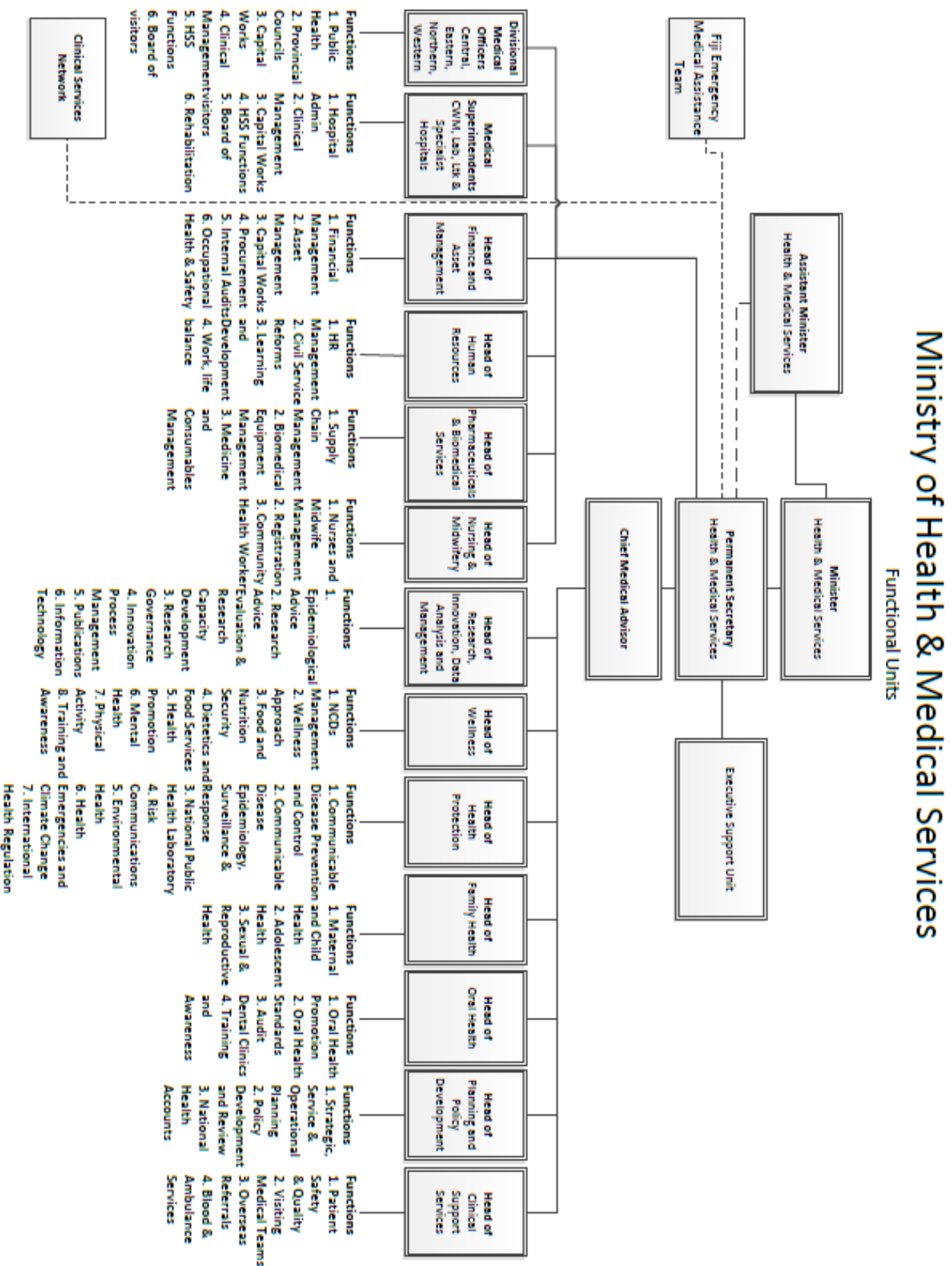
Legislative Framework

The Ministry of Health and Medical Services operates under the following legislative framework:

No	Description
1	Constitution of the Republic of Fiji 2013
2	Fiji National Provident Fund Decree 2011
3	Fiji Procurement Act 2010
4	Financial Administration Decree 2009
5	Financial Instructions 2005
6	Financial Management Act 2004
7	Financial Manual 2019
8	Occupational Health and Safety at Work Act 1996
9	Ambulance Services Decree 2010
10	Allied Health Practitioners Decree 2011
11	Child Welfare Decree 2010
12	Child Welfare (Amendment) Decree 2013
13	Food Safety Act 2003
14	HIV/AIDS Decree 2011
15	HIV/AIDS (Amendment) Decree 2011
16	Illicit Drugs Control Act 2004
17	Marketing Controls (Food for Infants and Children) Regulation 2010
18	Medical Imaging Technologist Decree 2009
19	Medical and Dental Practitioner Decree 2010

20	Medical and Dental Practitioners (Amendment) Decree 2014
21	Medical and Dental Practitioners (Amendment) Act 2017
22	Medical and Dental Practitioner (Amendment) Act 2018
23	Medical Assistants Act (Cap.113)
24	Medicinal Products Decree 2011
25	Medicinal Products (Amendment) Act 2018
26	Mental Health Decree 2010
27	Mental Treatment Act (Cap 113)
29	Nurses Decree 2011
30	Nursing (Amendment) Act 2018
31	Pharmacy Profession Decree 2011
32	Pharmacy Profession (Amendment) Act 2017
33	Private Hospitals Act (Cap. 256A)
34	Public Health Act (Cap. 111)
35	Public Health (Amendment) Act 2018
36	Public Hospitals & Dispensaries Act (Cap 110)
37	Public Hospitals & Dispensaries (Amendment) Regulations 2012
38	Public Hospitals and Dispensaries (Amendment) Act 2018
39	Optometrist and Dispensing Optician Decree 2012
40	Quarantine Act (Cap. 112)
41	Quarantine (Amendment) Decree 2010
42	Radiation Health Decree 2009
43	Tobacco Control Decree 2010
44	Tobacco Control Regulation 2012
45	The Food Safety Regulation 2009
46	The Food Establishment Grading Regulation 2011

Organizational Structure



Situation Analysis

Our overall focus is on progressing towards Universal Health Coverage (UHC), which is also a major strength that we want to build upon. There are opportunities to increase services outside of the main population areas and expand services to meet population needs. We are increasing the number of Special Outpatient Departments (SOPDs) in primary health care facilities and our preventative screening numbers are also increasing. Service delivery remains the key focus area with particular emphasis on efficiency, effectiveness and improving the overall service experience for patients.

Decentralisation has been a major initiative starting with shifting general outpatient services to subdivisional health centres and bringing services closer to densely populated areas. More services are also being decentralised and operated through SOPDs and General Outpatient Departments (GOPD). An important feature of the improved continuum of care has been the multidisciplinary teams conducting outreach in communities, in collaboration with Community Health Workers (CHWs).

The quality and number of skilled health workers is increasing. The Clinical Services Plans are also being developed for the divisions. To match this expansion and planning, more emphasis is needed to upgrade and maintain both health facility infrastructure and equipment. Improving infrastructure is a key component to decentralise services to health centres and increase the number and range of services offered at divisional hospitals.

There are opportunities to build on the current patient information system approach and harmonise more of the health information systems in Fiji including integrating digitization, strengthening data quality, improving data availability and more in-depth data analysis. Increasing human resource capacity and confidence in fully utilising the patient information system is a priority. There are also opportunities to expand specific information systems to support supply chain management as part of a more extensive supply chain management reform. Strengthening information system use and expanding information system capabilities are opportunities to strengthen the health system, patient care and customer service.

Building on the current strengthened human resource management, there is an opportunity to continue to reduce vacancy rates, improve on human resource systems with a focus on improving efficiencies. We also have an opportunity to further capitalise on this by also improving equipment, infrastructure and working environment. There is opportunity to build on the available workforce and discuss ways to meet the National Development Plan targets. There is also a potential for further exploring, customer satisfaction of services with a focus on improving overall patient experience.

The MHMS continues to build on the work done on process improvement and implementing reforms. Improving procurement processes provides opportunities to improve overall health service delivery. Importing new technology for more sophisticated health services is an area that may require additional support in the future. Bringing in more sophisticated technology that will expand services, may need to be combined with more specialised staff, and long-term agreements with equipment suppliers to service and maintain the technology.

Systems' strengthening is an integral part of progressing towards UHC and we aim to build strong health systems that underpin our public health and clinical services. We will also be focusing on more efficient and effective management of the health system.

Outputs and Targeted Performance

The Ministry's Annual Operational Plan outcomes and outputs are aligned to the strategic objectives of the Ministry's Strategic Plan 2020-2025 and the National Development Plan (NDP). The Ministry's achievement of these outcomes and outputs contributes towards achieving the relevant NDP strategies and outcomes for the sector.

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



Strategic Priority 1:

Reform public health services to provide a population approach for diseases and the climate crisis

Budget: \$30,051,060



1.1 Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups


Budget : \$29,024,280

Output 1.1.1 Preventative programmes targeting risk factors implemented

Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$721,580
1.1.1.1 Establish healthy settings (wellness)	i1. # of healthy settings established	20	Divisions Wellness	End of 4th Quarter	218,000
1.1.1.2 Conduct Health Promoting School audits in collaboration with Ministry of Education Heritage and Arts (MEHA)	i2. % of schools audited for classification as health promoting school	>20%	Divisions Wellness	End of 4th Quarter	
1.1.1.3 Nutritional assessments of schools	i3. % of kindergarten and primary schools nutritionally	>65%	Divisions	End of 4th Quarter	

	assessed in the Division				
1.1.1.4 Conduct oral health promotion in schools	i4. % of 12 year old(Year 7) made dentally fit	>50%	Divisions	End of 4th Quarter	32,700
1.1.1.5 Provide dental care to primary schools					
1.1.1.6 Conduct population screening with counseling on risk factors	i5. % of targeted population screened for diabetes and hypertension who also received SNAP counselling	85%	Divisions Wellness	End of 4th Quarter	207,100
1.1.1.7 Conduct staff training on motivational interviewing					
1.1.1.8 Identify disease based “hotspots” in the Divisions					
1.1.1.9 Conduct and enhance control and elimination activities for prioritized Communicable Diseases (CD) focusing on reduction to eliminate	i6. Incidence of Typhoid per 100,000	<30	Divisions Health Protection	End of 4th Quarter	21,800
	i7. Incidence of Leptospirosis per 100,000	<100		End of 4th Quarter	100,280
	i8. Incidence of Dengue per 100,000	<100		End of 4th Quarter	109,000
	i9. Prevalence of lymphatic filariasis	<1%		End of 4th Quarter	54,500
	i10. Incidence of measles per 100,000	<1	Divisions Health Protection Family Health	End of 4th Quarter	
Output 1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$2,790,400
1.1.2.1 Conduct training of Community Health Workers (CHW)	i11. % of active CHWs	80%	Divisions Nursing	End of 4th Quarter	2,725,000
1.1.2.2 Refresher training of CHWs					
1.1.2.3 Provision of integrated outreach services to the	i12. % coverage of	>80%	Hospitals	End of 4th	65,400

communities through comprehensive outreach programme approach	scheduled outreach visits		Divisions	Quarter	
Output 1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$25,512,300
1.1.3.1 Prevention and control of LTDs	i13. % of total LTD cases investigated and preventative measures implemented	100%	Divisions Hospitals	End of 4th Quarter	109,000
	i14. Case fatality rate for Dengue	<0.5%	Divisions Hospitals Health Protection	End of 4th Quarter	
	i15. Case fatality rate for Leptospirosis	<4%			
	i16. Case fatality rate for Typhoid	<1%			
1.1.3.2 Implement Tuberculosis control activities to achieve strategic targets	i17. Tuberculosis treatment success rate	>80%	National TB Control Officer	End of 4th Quarter	239,800
	i18. Incidence of tuberculosis per 100,000 population	54	National TB Control Officer	End of 4th Quarter	
1.1.3.3 Report new paediatric HIV cases	i19. # of new Paediatric HIV cases reported	0	CSN – Obstetrics and Gynecology Paediatric	End of 4th Quarter	163,500
1.1.3.4 Review of National Notifiable Diseases Surveillance System (NNDSS) functions and efficacy	i20. NNDSS review completed	100%	Divisions Health Protection	End of 4th Quarter	
1.1.3.5 Maintain and expand Early Warning, Alert and Response System (EWARS) at divisional and national level	i21. Average % of routine syndromic surveillance report received on time	100%	Divisions Health Protection	End of 4th Quarter	

1.1.3.6 Prevention and control of vaccine preventable disease	i22. Discard- ed non-measles rate	≥2 per 100,000 population	Divisions Health Protection	End of 4th Quarter	
1.1.3.7 Develop and operationalise Incidence Management Team (IMT) plan	i23. Plan developed	100%	IMT	End of 4th Quarter	25,000,000
 1.2 Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures Budget: \$418,560					
Output 1.2.1 Improved maternal and neonatal health services, with an increased focus on health risk assessments					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$80,660
1.2.1.1 Conduct awareness and promotion for early booking	i24. % of pregnant women who receive antenatal care in their first trimester	35%	Hospitals Divisions CSN - Obstetrics and Gynaecology Family Health	End of 4th Quarter	
1.2.1.2 Booking access available at nursing stations and health centres levels					
1.2.1.3 Strengthen Postnatal Clinic Services	i25. % of women attending postnatal clinic after 1 week and 6 weeks of delivery	80% for 1 week 60% for 6 weeks	Hospitals Divisions CSN - Obstetrics and Gynaecology Family Health	End of 4th Quarter	
1.2.1.4 Postnatal checklist to be administered at all levels of care (down to nursing station)					
1.2.1.5 Detect, diagnose and refer high-risk cases early	i26. % of high risk maternal cases referred	>90%	Hospitals Divisions CSN - Obstetrics and Gynaecology	End of 4th Quarter	
1.2.1.6 Mental health Gap Action Plan (mhGAP) capacity building and supervisory visits	i27. % of health facilities adhering to the Mental health Gap Action Plan Intervention	>26%	Divisions Wellness	End of 3rd Quarter	80,660
1.2.1.7 Audit of health facilities					

for Mental health Gap Action Plan adherence	Guide				
1.2.1.8 Develop scope of mental health activities					
Output 1.2.2 Strengthened immunisation services and NCDs screening at maternal and child health clinics					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget
1.2.2.1 Conduct EPI training and awareness for service providers and mothers	i28. Childhood vaccination coverage rate for all antigens	>90%	Hospitals Divisions Family Health	End of 4th Quarter	
1.2.2.2 Screening of mothers for NCDs at maternal child health clinics	i29. % of mothers attending maternal child health clinics screened for NCDs	>50%	Hospitals Divisions Family Health	End of 4th Quarter	
Output 1.2.3 Improved breastfeeding and nutrition for children					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$30,520
1.2.3.1 Facilitate External Assessment and Accreditation process on Baby Friendly Hospital Initiative (BFHI)	i30. % of divisional and sub-divisional hospitals reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	Divisional – 1/3 Sub divisional – 5/16	Hospitals Divisions Wellness	End of 4th Quarter	8,720
1.2.3.2 Strengthen infant and young child feeding (IYCF)	i31. % of children being breastfed at 6 months	60%	Hospitals Divisions CSN- Paediatric Wellness	End of 4th Quarter	21,800
Output 1.2.4 Improved prevention, detection and diagnosis of childhood illnesses					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$231,080
1.2.4.1 Management of Rheumatic Heart Disease(RHD) cases at all health care levels	i32. % of acute rheumatic fever and rheumatic heart	50%	Divisions Wellness	End of 4th Quarter	13,080

1.2.4.2 Provision of holistic care for RHD cases according to guideline at sub divisional levels	disease patients receiving ≥ 80% of secondary antibiotic prophylaxis				
1.2.4.3 Provide nutritional program/support in Maternal and Child Health Clinics	i33. # of Severe Acute Malnutrition admissions	<95	Hospitals Divisions CSN- Paediatric Wellness	End of 4th Quarter	
1.2.4.4 Divisional Training of trainers for Integrated Management of Acute Malnutrition (IMAM)					
1.2.4.5 Review of Integrated Management of Childhood Illness (IMCI) policy	i34. % of health facilities adhering to IMCI guideline	50%	Divisions Family Health	End of 4th Quarter	218,000
1.2.4.6 Maintain functional IMCI activities at all health facilities					
Output 1.2.5 Strengthened adolescent health services					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$54,500
1.2.5.1 Develop Adolescent Health Services (AHS) Care package	i35. AHS care package developed	100%	Family Health	End of 4th Quarter	54,500
1.2.5.2 Review AHS training manual					
1.2.5.3 Conduct relevant AHS trainings					
Output 1.2.6 Strengthened breast and cervical cancer prevention, screening and diagnosis					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$21,800
1.2.6.1 Conduct cervical cancer screening at health facilities and in communities	i36. Cervical cancer screening coverage	>10%	Divisions Family Health	End of 4th Quarter	21,800
1.2.6.2 Capacity developed for cervical cancer prevention in targeted medical subdivisions					




1.3 Safeguard against environmental threats and public health emergencies

Budget: \$499,220

Output 1.3.1 Improvement in the effectiveness of environmental health service delivery

Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$499,220
1.3.1.1 Development and implementation of Drinking Water Safety plan (DWSP) in communities	i37. % of rural sanitary district communities with improved Drinking Water Safety Plans	>60%	Divisions Health Protection [EHU]	End of 4th Quarter	117,720
1.3.1.2 Development and Implementation of Water, Sanitation and Hygiene (WASH) facilities in the communities within the 4 health divisions	i38. # of rural sanitary district communities, schools and health care facilities with holistic WASH Intervention	300	Divisions Health Protection [EHU]	End of 4th Quarter	
1.3.1.3 Auditing of drinking water standards in villages/settlements	i39. # of water samples taken for water quality testing	20 per Division	Divisions Health Protection [EHU]	End of 4th Quarter	
1.3.1.4 Conduct surveillance, prevention and control of vector born disease through Integrated Vector Management (IVM) program	i40. % of high-risk areas that have undergone source reduction program through IVM program	80%	Divisions Health Protection [EHU]	End of 4th Quarter	
1.3.1.5 Improve food safety control and hygiene through, Good Hygiene Practices (GHP) and food establishment grading	i41. % of scheduled, good hygiene practice and food establishment training conducted	85%	Divisions Health Protection [EHU]	End of 4th Quarter	163,500
1.3.1.6 Tobacco free settings established in communities	i42. # of communities declared Tobacco free setting (TFS)	10	Divisions Health Protection [EHU]	End of 4th Quarter	218,000

Output 1.3.2 Strengthen preparedness and resilience to public health emergencies


Planned Activities	KPI	Target	Responsible	Timeframe	Budget
1.3.2.1 IHR self-assessment annual reporting compliance	i43. IHR core capacity compliance	>80%	Divisions Health Protection	End of 4th Quarter	
1.3.2.2 Establishment of Border Health Protection Unit (BHPU)					
<div> 1.4 Strengthen population-wide resilience to the climate crisis Budget: \$109,000</div>					
Output 1.4.1 Strengthened role of Fiji Emergency Medical Assistance Team(FEMAT) including disaster preparedness, management and resilience					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$109,000
1.4.1.1 Conduct FEMAT simulation exercise biannually	i44. Simulation exercise conducted	100%	Health Protection FEMAT	Biannually	109,000





Strategic Priority 2:

Increase access to quality, safe and patient-focused clinical services

Budget: \$7,580,670

 2.1 Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups Budget: \$163,500					
Output 2.1.1 Increased access to maternal and child health services based on population needs					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget
2.1.1.1 Implementation of Mother Safe Hospital Initiative (MSHI) standards in divisional and sub divisional health	i45. Average % adherence to Mother Safe Hospital Initiative	>60%	Hospitals Divisions CSN -	End of 4th Quarter	

facilities	(MSHI) standards in divisional and sub divisional hospitals		Obstetrics and Gynaecology Family Health		
2.1.1.2 Conduct biannual internal audits of sub divisional hospitals for MSHI compliance					
2.1.1.3 Support training on neonatal resuscitation and other trainings on newborn care services	i46. % of scheduled training on neonatal resuscitation delivered	>80%	Divisions CSN- Paediatric Family Health	End of 4th Quarter	
2.1.1.4 Develop monitoring tool for neonatal and infant deaths					
Output 2.1.2 Strengthen sexual and reproductive health services					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$163,500
2.1.2.1 Strengthen sexual/reproductive health education and awareness in the schools	i47. % of secondary schools covered by the school health programme	20% of secondary schools per subdivision	Divisions	End of 4th Quarter	163,500
<div><div></div><div><div>2.2 Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population</div><div>Budget: \$6,953,920</div></div></div>					
Output 2.2.1 Increase access to effective treatment and specialist services					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$218,000
2.2.1.1 Decentralization of specialist curative services	i48. % coverage of scheduled visits	>80%	Hospitals Divisions	End of 4th Quarter	117,720
2.2.1.2 Strengthen clinical outreach utilising FEMAT	i49. # of major outreach per division per year including at least one maritime outreach for the use of MV Veivueti	1 per Division	Hospitals Divisions	End of 4th Quarter	

2.2.1.3 Rehabilitation programme including outreach for rehabilitation	i50. % coverage of scheduled rehabilitation outreach visits	80%	Tamavua/ Twomey Hospital	End of 4th Quarter	98,100
Output 2.2.2 Strengthen clinical management of priority NCDs					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$4,795,720
2.2.2.1 Strengthen the implementation of the Package of Essential Noncommunicable disease (PEN) interventions	i51. Average % adherence to minimum standards for implementation of PEN among SOPDs	27%- HC 100%- SDH	Divisions Wellness	End of 4th Quarter	
2.2.2.2 Support training on PEN audit					
2.2.2.3 Delivery of inpatient care services for NCD related admissions	i52. Unplanned readmission within 28 days of discharge	<10%	Divisions Hospitals	End of 4th Quarter	4,795,720
Output 2.2.3 Efficient and effective referral system					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$1,940,200
2.2.3.1 Efficient management of overseas medical referral applications	i53. Average time for processing overseas medical referrals	<4 weeks	Overseas Medical Referral Unit	End of 4th Quarter	1,940,200
2.2.3.2 Effectively streamline referral processes to support continuity of quality patient care	i54. % completion of review of current referral process	100%	Divisions Hospitals	End of 2nd Quarter	
 2.3 Continuously improve patient safety, and the quality and value of services Budget: \$463,250					
Output 2.3.1 Provision of standardised clinical services					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget
2.3.1.1 Development of National	i55. Framework	1	Patient Safety	End of 4th	

Patient Safety and Quality Framework	developed		and Quality	Quarter	
2.3.1.2 Develop National Clinical Governance Framework	i56. Framework developed	1	Patient Safety and Quality	End of 4th Quarter	
Output 2.3.2 Improved patient safety and reduced variation of care					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$452,350
2.3.2.1 Strengthen infection control practice in all health service facilities	i57. Intensive care unit hand hygiene rate (Paediatrics and Adults)	≥90%	Hospitals Patient Safety and Quality	End of 4th Quarter	452,350
2.3.2.2 Establish national hospital acquired infection surveillance and response(control)	i58. Surgical site infection for elective caesarean section at all divisional hospitals	<5%	Hospitals Patient Safety and Quality	End of 4th Quarter	
2.3.2.3 Strengthen National Patient Safety Response in all health facilities	i59. % of Unusual Occurrence Reports (UOR) resolved within timeframe	>80%	Hospitals Divisions Patient Safety and Quality	End of 4th Quarter	
2.3.2.4 Monitoring and implementation of Root Cause Analysis (RCA) recommendations	i60. % of RCA recommendations implemented	>80%	Hospitals Divisions Patient Safety and Quality	End of 4th Quarter	
Output 2.3.3 Improved quality and value of services by improving efficiency and reducing wastage					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$10,900
2.3.3.1 Initiate improvement of quality and safety standards at health facilities	i61. # of quality improvement initiatives implemented at health facility	2 per facility	Divisions Hospitals Patient Safety and Quality Units and Departments	End of 4th Quarter	10,900
2.3.3.2 Create awareness on 5S-KAIZEN					
2.3.3.3 Improve customer services and clinical service delivery at all	i62. Average patient	>90%	Hospitals	End of 4th	

health facilities	experience survey response rate, disaggregated by facility		Divisions Patient Safety and Quality	Quarter	
2.3.3.4 Improve waiting time for customers at all health facilities					
2.3.3.5 Efficient management of customer complaints through #157	i63. % of customer complaints resolved within predetermined resolution timeframes for complaints received through # 157	80%	Divisions Hospitals Patient Safety and Quality	End of 4th Quarter	
2.3.3.6 Training for Customer care services					



Strategic Priority 3:

Drive efficient and effective management of the health system

Budget: \$345,271,808



3.1 Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued

Budget: \$217,003,220


Output 3.1.1 Implement plans and policies to manage the workforce and working environment

Planned Activities	KPI	Target	Responsible	Timeframe	Budget
3.1.1.1 Align existing human resources to support the remodelled delivery of service	i64. Staffing needs realigned to remodeled health services	100%	Human Resources Divisions Hospitals	End of 4th Quarter	



Output 3.1.2 Attract, select, recruit, retain and empower the right people to create a diverse, inclusive and engaged workforce


Planned Activities	KPI	Target	Responsible	Timeframe	Budget
					\$216,218,420

3.1.2.1 Performance assessment conducted in compliance with Performance Management Guidelines	i65. Transition APA assessment completed and submitted by the respective due dates	100%	Human Resources Divisions Hospitals FPBS HQ	Mid-term Transition APA - 6 Dec 2020 Annual Transition APA– 6 May 2021	
3.1.2.2 Timely recruitment and selection of staff to ensure all health facilities are adequately resourced	i66. % of recruitment and selection completed in accordance with OMRS policy and guidelines	>70%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	216,218,420
3.1.2.3 Posting and transfer of staff effected to address staff shortage and to ensure efficient and effective health service delivery	i67. Staff transfers and posting are processed in accordance with posting/ transfer guidelines	100%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	
3.1.2.4 Analysis of exit questionnaire and report submitted	i68. Report on analysis of exit questionnaire submitted on a quarterly basis	1 report/ qtr	Human Resource	Quarterly	
Output 3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$784,800
3.1.3.1 Orientation and induction for all new appointees and promotees	i69. Induction of new appointees and promotees are conducted within the agreed time lines	80%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	
3.1.3.2 Awareness on My APA, OMRS, Disciplinary Guideline, Job Evaluation Exercise and	i70. Number of awareness sessions conducted	2 per cost centre	Human Resources Divisions Hospitals	End of 3rd Quarter	

Performance Assessment			FPBS HQ		
3.1.3.3 Facilitate learning and development opportunities for all staff	i71. Officers attend training programs and courses that are funded by respective funding agencies through the Ministry of Civil Service, WHO, POHLN, Fiji Health Support Facility etc	>80%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	741,200
	i72. The NTPC levy paying officers attend the required courses as per the NTPC Act	>80%	Human Resources	End of 4th Quarter	
3.1.3.4 Monitor compliance to Occupational Health & Safety	i73. % of facilities in compliance with Occupational Health & Safety requirements for certification	100%	Divisions Hospitals Human Resources Finance and Asset Management	End of 4th Quarter	43,600
3.1.3.5 Revive OHS committee/meeting					
<div></div> <div>3.2 Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment</div> <div>Budget: \$59,488,755</div>					
Output 3.2.1 Improved availability and accessibility to medical products					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$48,897,918
3.2.1.1 Conduct supervisory visits/stock take in all subdivisions	i74. Quarterly sub divisional visits and reports	4	Pharmaceuti- cal and Biomedical Services	Quarterly	
3.2.1.2 Conduct national quantification exercise for medical consumables and biomedical supplies	i75. Average % availability of tracer products in targeted facilities	>80%	Pharmaceuti- cal and Biomedical Services	End of 4th Quarter	48,897,918

3.2.1.3 Conduct end to end review of supply chain	i76. End to end review of supply chain completed and commencement of implementation of the recommendations	100%	Pharmaceutical and Biomedical Services	End of 4th Quarter	
3.2.1.4 Review allocation of medicines based on remodeling of services	i77. % completion of reallocation of medicines	100%	Pharmaceutical and Biomedical Services Divisions Hospitals	End of 4th Quarter	
Output 3.2.2 Quality assurance processes for all medical supplies established					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$43,600
3.2.2.1 Conduct analytical testing of medicines with international quality control laboratory	i78. # of samples sent for laboratory testing at a WHO accredited laboratory	15 samples	Pharmaceutical and Biomedical Services	End of 4th Quarter	
3.2.2.2 Conduct annual inspections of license holders	i79. % of private pharmacies and pharmaceutical wholesalers inspected annually	>50%	Pharmaceutical and Biomedical Services	End of 4th Quarter	43,600
Output 3.2.3 Improved functionality of biomedical & dental equipment in health facilities					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$10,547,237
3.2.3.1 Conduct annual audit of biomedical and dental equipment in all health facilities	i80. % of facilities having proper functional biomedical and dental equipment	>80%	Pharmaceutical and Biomedical Services	End of 4th Quarter	10,547,237
3.2.3.2 Support the maintenance of existing biomedical and dental equipment					
3.2.3.3 Develop replacement and maintenance plan for	i81. Plan developed	100%	Pharmaceutical and	End of 4th Quarter	

biomedical equipment			Biomedical Services		
 3.3 Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable Budget: \$34,114,956					
Output 3.3.1 Improved budget execution and financial performance					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$34,114,956
3.3.1.1 Collate budget execution data and rectify areas of high expenditure at facility level	i82. % execution of annual budget	>80%	Finance and Asset Management	End of 4th Quarter	34,114,956
3.3.1.2 Regular budget monitoring	i83. Monthly reports on expenditure from Finance	Monthly report submitted	Finance and Asset Management	Monthly	
 3.4 Ensure infrastructure is maintained to match service needs Budget: \$33,314,677					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$33,314,677
Output 3.4.1 Infrastructure upgraded based on needs					
3.4.1.1 Upgrade current infrastructure to meet service delivery needs	i84. % of health facilities upgraded as per requirement	>30%	Finance and Asset Management	End of 4th Quarter	33,314,677
3.4.1.2 Develop health facility annual maintenance plan	i85. % of health facilities that have an annual maintenance plan	100%	Finance and Asset Management	End of 1st Quarter	
Output 3.4.2 Affordable aesthetic solutions implemented					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget

3.4.2.1 Strengthen regular Board of Survey (BOS)	i86. # of BOS conducted and boarded items removed	1/year (All items removed from facility)	Finance and Asset Management Divisions Hospitals	End of 4th Quarter	
<div></div> 3.5 Harness digital technologies to facilitate better health care for our patients Budget: \$850,200					
Output 3.5.1 Improved access to and completeness of patient information (including specialist information)					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$730,300
3.5.1.1 Provide Patient Information Systems (PATIS) online access (Govnet) to targeted health facilities	i87. # and % of hospitals using a fully functional PATIS plus system	22(95%)	Information Technology	End of 4th Quarter	730,300
3.5.1.2 Ensure interoperability between current and new applications	i88. Average % of total discharges recorded in PATISplus system	90%	Information Technology	End of 4th Quarter	
3.5.1.3 Improve online functionality and use of HIS (PATIS+, CMRIS and LIMS)					
3.5.1.4 Improve birth data capture at divisional hospitals	i89. Average % of births recorded in PATISplus system	>75%	Information Technology	End of 4th Quarter	
3.5.1.5 Strengthen existing methods of reporting based on remodeled health services	i90. Timely submission of situation reports by command centre	100%	Divisions Hospitals	End of 4th Quarter	
3.5.1.6 Chronic disease registries established to support outreach services	i91. Review existing data sources and outline resource needs	100% completion of review	Divisions Hospitals Research, Innovation, Data Analysis and Management	End of 4th Quarter	

Output 3.5.2 Training and support provided for using information systems

Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$76,300
3.5.2.1 Capacity building on data collection and analysis at all levels	i92. Trainings conducted	1 National level and 4 divisional level training	Research, Innovation, Data Analysis and Management	End of 4th Quarter	76,300
3.5.2.2 Conduct supervisory visits and data verification audit					
3.5.2.3 Training for International Classification of Diseases(ICD) coding	i93. # of training conducted	1 National training	Research, Innovation, Data Analysis and Management	End of 4th Quarter	
3.5.2.4 Regular training for Medical Cause of Death Certificate					

Output 3.5.3 Strengthen research and innovation to support health systems strengthening

Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$43,600
3.5.3.1 Conduct annual research symposium	i94. Research symposium conducted	1	Research, Innovation, Data Analysis and Management	End of 4th Quarter	43,600
3.5.3.2 Increase awareness and training on operational research					
3.5.3.3 Review and update health research priorities	i95. Research priorities reviewed	1 report	Research, Innovation, Data Analysis and Management	End of 4th Quarter	




3.6 Continue to strengthen planning and governance throughout the MHMS

Output 3.6.1 Plans and policies reviewed and updated

Planned Activities	KPI	Target	Responsible	Timeframe	Budget
3.6.1.1 Review identified existing policies	i96. # of identified policies developed/ reviewed	5	Planning and Policy Development	End of 4th Quarter	

			All Heads		
3.6.1.2 Annual review of Strategic Plan 2020-2025	i97. SP reviewed	100%	Planning and Policy Development	End of 4th Quarter	
Output 3.6.2 Governance and reporting structures aligned to remodeled health service					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget
3.6.2.1 Divisional Command Centres (DCC) established to support remodeling of service delivery	i98. Divisional command centre established and operationalised	100%	Divisions Hospitals	End of 2nd Quarter	
3.6.2.2 Establish set of refined processes and frameworks					
3.6.2.3 Establish Divisional Working Groups to address any emerging issues					
3.6.2.4 Prepare cabinet papers in accordance with standards and requirements	i99. # of cabinet papers submitted to cabinet in accordance with standards	>10	Heads Executive Support	End of 4th Quarter	
3.6.2.5 Provide evidence-based policy advice on key issues of national interest	i100. # of papers, plans, policy briefs, reports submitted to PSHMS and Minister that meet quality standards	>10	Heads Executive Support	End of 4th Quarter	
3.6.2.6 Timely submission of briefs, request and reports to ESU	i101. % of briefs, request and reports submitted as per deadline	100%	All Heads, DMOs, MS, Executive Support	End of 4th Quarter	
Output 3.6.3 Effective Monitoring, Evaluation and Learning system established					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget
3.6.3.1 Develop comprehensive MEL plan	i102. Plan developed	1	Planning and Policy Development	End of 2nd Quarter	

3.6.3.2 Capacity building on the new MEL plan	i103. # of training / awareness on the MEL plan	4	Planning and Policy Development Research, Innovation, Data Analysis and Management	End of 4th Quarter	
 3.7 Widen our collaboration with partners for a more efficient, quality, innovative and productive health system Budget: \$500,000					
Output 3.7.1 Strengthened partnerships with external stakeholders					
Planned Activities	KPI	Target	Responsible	Timeframe	Budget \$500,000
3.7.1.1 Effective utilization of donor funds	i104. % of allocated funds utilised	100%	All Heads	End of 4th Quarter	
3.7.1.2 Engagement of CSOs for effective delivery of identified services	i105. % utilisation of CSO grants	100%	Finance and Asset Management Heads	End of 4th Quarter	500,000




Capital Works





Planned CAPEX





Strategic Priority	Project Ref No	SEG No	Project	Planned Completion date	Total Budget \$	1 st QTR \$	2 nd QTR \$	3 rd QTR \$	4 th QTR \$
Priority Area 3		8	Upgrading and Maintenance of Urban Hospitals and Institutional Quarters	Several maintenance projects are under this allocation. Some continuing over the financial year and some completing within	2,000,000	400,000	450,000	550,000	600,000
		8	Construction of New CWM Hospital Maternity Unit	July, 2021	7,000,000	-	-	3,000,000	4,000,000
		8	Maintenance of Sub-Divisional Hospitals, Health Centres and Nursing Stations	Several maintenance projects are under this allocation. Some continuing over the financial year and some completing within	2,000,000	200,000	500,000	500,000	800,000
		8	Completion of Navosa Sub-Divisional Hospital	July, 2021	4,423,115	2,423,115	2,000,000	-	-
		8	Completion of Rotuma Hospital	July, 2021	2,300,000	250,000	1,000,000	1,050,000	-
		8	Divisional Development Projects	July, 2021	100,000	20,000	30,000	25,000	25,000
		8	Upgrade of Labasa Hospital Interior Works	July, 2021	3,000,000	500,000	1,000,000	1,000,000	500,000







		8	Upgrade of Lautoka Hospital Operating Theatre	July,2021	2,080,502	1,080,502	1,000,000	-	-
		8	Refurbishment of CWMH Emergency Department	July,2021	642,000	642,000	-	-	-
Priority Area 3		9	ICT Infrastructure and Network	July,2021	500,000	250,000	200,000	10,000	40,000
Priority Area 3		9	Purchase of Equipment for Urban Hospitals	July, 2021	2,524,307	300,000	724,307	750,000	750,000
		9	Equipment for Sub-Divisional Hospitals, Health Centre and Nursing Stations	July, 2021	2,300,000	300,000	500,000	750,000	750,000
		9	Purchase of Bio-Medical Equipment for Urban and Sub-Divisional hospitals	July, 2021	7,000,000	1,500,000	2,000,000	1,630,000	1,870,000
		9	Purchase of Dental Equipment for Urban Hospitals and Sub - Divisional Hospitals	July, 2021	500,000	50,000	50,000	200,000	200,000

2020/21 Targeted Outcomes and Outputs Aligned to the Budget

Priority Area	Outcome	Outputs	Budget \$
<p>1:Reform public health services to provide a population approach for diseases and the climate crisis</p> 	<p>1.1 Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups</p> 	20 healthy setting established	218,000
		20 % of schools audited for classification as health promoting school in collaboration with Ministry of Education Heritage and Arts (MEHA)	
		65% of kindergarten and primary schools nutritionally assessed in the Division	
		50% of 12 year old (Year 7) made dentally fit through the oral health promotion in primary schools	32,700
		85% of targeted population screened for diabetes and hypertension who also received SNAP counselling	207,100
		Reduction to elimination of prioritized Communicable Diseases (CD) such as: Typhoid, leptospirosis, dengue, lymphatic filariasis and measles	285,580
		80% of active community health workers	2,725,000
		80% of scheduled integrated outreach services to the communities through comprehensive outreach programme approach	65,400
		100% of LTD cases investigated and preventative measures implemented to reduce case fatality of dengue, leptospirosis and Typhoid	109,000
		80% treatment success rate for Tuberculosis	239,800
		Early identification and treatment of Paediatric HIV cases	163,500
	<p>1.2 Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures</p> 	Booking access available at nursing stations and health centres levels and targeting that 35% of pregnant women who receive antenatal care in their first trimester	
		Increase the % of women attending postnatal clinic after 1 week and 6 weeks of delivery, where 80% attend PNC after 1 week and 60% and 6 weeks of delivery	
		90% of high risk maternal cases referred	
		26% of health facilities adhering to the Mental health Gap Action Plan Intervention Guide	80,660
		90% Childhood vaccination coverage rate for all antigens	
		50% of mothers attending maternal child health clinics screened for NCDs	
		1 Divisional hospital and 5 sub divisional hospitals	8,720

		reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	
		60% of children being breastfed at 6 months	21,800
		50% of acute rheumatic fever and rheumatic heart disease patients receiving $\geq 80\%$ of secondary antibiotic prophylaxis	13,080
		Less 95 admissions for Severe Acute Malnutrition in children	
		50% of health facilities adhering to Integrated Management of Childhood Illness (IMCI) guideline	218,000
		Adolescent Health Services (AHS) Care package developed	54,500
		More than 10% of Cervical cancer screening coverage	21,800
	1.3 Safeguard against environmental threats and public health emergencies 	60% of rural sanitary district communities with improved Drinking Water Safety Plans	117,720
		300 rural sanitary district communities, schools and health care facilities with holistic WASH Intervention	
		20 water samples per Division taken for water quality testing	
		80% of high-risk areas that have undergone source reduction program through IVM program	
		85% of scheduled, good hygiene practice and food establishment training conducted	163,500
		10 communities declared Tobacco free setting (TFS)	218,000
		More than 80% IHR core capacity compliance	
	1.4 Strengthen population-wide resilience to the climate crisis 	Fiji Emergency Medical Assistance Team(FEMAT) Simulation exercise conducted	109,000
2: Increase access to quality, safe and patient-focused clinical services 	2.1 Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups 	60% adherence to Mother Safe Hospital Initiative (MSHI) standards in divisional and sub divisional hospitals	
		80% of scheduled training on neonatal resuscitation delivered	
		20% of secondary schools per subdivision covered by the school health programme	163,500
	2.2 Strengthen and decentralise effective clinical services, including rehabilitation, to meet	80% coverage of scheduled specialist curative services	117,720
		1 major outreach per division per year including at least one maritime outreach for the use of MV Veivueti	

	the needs of the population	100% coverage scheduled rehabilitation outreach visits	98,100
		Less than 10% unplanned readmission within 28 days of discharge	4,795,720
		Less than 4 weeks average time for processing overseas medical referrals	1,940,200
		Review of current referral processes to support continuity of quality patient care	
	2.3 Continuously improve patient safety, and the quality and value of services	Framework developed for National Patient Safety and Quality and National Clinical Governance	
		More than 90% intensive care unit hand hygiene rate	452,350
		Less than 5% surgical site infection for elective caesarean section at all divisional hospitals	
		80% of Unusual Occurrence Reports (UOR) resolved within timeframe	
		80% of Root Cause Analysis (RCA) recommendations implemented	
		2 quality improvement initiatives implemented at health facility	10,900
		More than 90% patient experience survey response rate	
		80% of customer complaints resolved within predetermined resolution timeframes for complaints received through # 157	
3. Drive efficient and effective management of the health system 	3.1 Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued 	100% of transition APA assessment completed and submitted by the respective due dates	
		70% of recruitment and selection completed in accordance with OMRS policy and guidelines	
		100% of staff transfers and posting are processed in accordance with posting/transfer guidelines	
		80% orientation and induction for all new appointees and promotees within the agreed time lines	
		More than 80% officers attend training programs and courses that are funded by respective funding agencies through the Ministry of Civil Service, WHO, POHLN, Fiji Health Support Facility etc	741,200
		100% of health facilities in compliance with Occupational Health & Safety requirements for certification	43,600
	3.2 Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment	>80% availability of tracer products in targeted facilities	48,897,918
		100% end to end review of supply chain completed and commencement of implementation of the recommendations	
		100% completion of reallocation of medicines based on remodeling of services	
		15 samples of medicines sent for laboratory	

		testing at a WHO accredited laboratory	
		>50% of private pharmacies and pharmaceutical wholesalers inspected annually	43,600
		>80% of facilities having proper functional biomedical and dental equipment	10,547,237
		Plan developed for replacement and maintenance plan for biomedical equipment	
	3.3 Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable 	>80% execution of annual budget	34,114,956
		Monthly reports on expenditure from Finance	
	3.4 Ensure infrastructure is maintained to match service needs 	>30% of health facilities upgraded as per requirement	33,314,677
		100% of health facilities that have an annual maintenance plan	
		1 Board of Survey conducted per year and boarded items removed	
	3.5 Harness digital technologies to facilitate better health care for our patients 	95 % of hospitals using a fully functional PATIS plus system	730,300
		90% of total discharges recorded in PATISplus system	
		>75% of births recorded in PATISplus system	
		100% timely submission of situation reports by command centre	
		100% review existing data sources and outline resource needs	
		1 National level and 4 divisional level training data collection and analysis at all levels	76,300
		1 National training International Classification of Diseases(ICD) coding	
		1 Research symposium conducted	43,600
		Review and update health research priorities	
	3.6 Continue to strengthen planning and governance throughout the MHMS 	5 identified policies developed/ reviewed	
		Annual review of Strategic Plan 2020-2025	
		Divisional Command Centres (DCC) established and operational to support remodeling of service delivery	
		>10 cabinet papers submitted to cabinet in accordance with standards	
		>10 papers, plans, policy briefs, reports submitted to PSHMS and Minister that meet	

		quality standards	
		Comprehensive MEL plan	
		4 training / awareness on the MEL plan	
	3.7 Widen our collaboration with partners for a more efficient, quality, innovative and productive health system	100% utilisation of donor funds	
		100% utilisation of CSO grants for effective delivery of identified services	500,000



Budget Cashflow Forecast

Outcome	Output	Total Budget \$	1 st Qtr. \$	2 nd Qtr. \$	3 rd Qtr. \$	4 th Qtr. \$
Outcome 1.1. Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups	Output 1.1.1 Preventative programmes targeting risk factors implemented	721,580	160,818	117,482	203,500	239,780
	Output 1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams	2,790,400	621,894	454,311	786,950	927,245
	Output 1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	25,512,300	5,685,900	4,153,715	7,194,995	8,477,690
Outcome 1.2 Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures	Output 1.2.1 Improved maternal and neonatal health services, with an increased focus on health risk assessments	80,660	17,977	13,132	22,748	26,803
	Output 1.2.2 Strengthened immunisation services and NCDs screening at MCH clinics	-	-	-	-	-
	Output 1.2.3 Improved breastfeeding and nutrition for children	30,520	6,802	4,969	8,607	10,142
	Output 1.2.4 Improved prevention, detection and diagnosis of	231,080	51,501	37,623	65,169	76,787

	childhood illnesses					
	Output 1.2.5 Strengthened adolescent health services	54,500	12,146	8,873	15,370	18,110
	Output 1.2.6 Strengthened breast and cervical cancer prevention, screening and diagnosis	21,800	4,859	3,549	6,148	7,244
Outcome 1.3 Safeguard against environmental threats and public health emergencies	Output 1.3.1 Improvement in the effectiveness of environmental health service delivery	499,220	111,261	81,279	140,790	165,890
	Output 1.3.2 Strengthen preparedness and resilience to public health emergencies	-	-	-	-	-
Outcome 1.4 Strengthen population-wide resilience to the climate crisis	Output 1.4.1 Strengthened role of Fiji Emergency Medical Assistance Team(FEMAT) including disaster preparedness, management and resilience	109,000	24,293	17,747	30,740	36,220
Outcome 2.1. Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups	Output 2.1.1 Increased access to maternal and child health services based on population needs	-	-	-	-	-
	Output 2.1.2 Strengthen sexual and reproductive health services	163,500	36,439	26,620	46,110	54,331
Outcome 2.2 Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population	Output 2.2.1 Increase access to effective treatment and specialist services	218,000	48,585	35,493	61,481	72,441
	Output 2.2.2 Strengthen clinical management of priority NCDs	4,795,720	1,068,817	780,802	1,352,492	1,593,609
	Output 2.2.3 Efficient and	1,940,200	432,410	315,888	547,176	644,725

	effective referral system					
Outcome 2.3 Continuously improve patient safety, and the quality and value of services	Output 2.3.1 Provision of standardised clinical services	-	-	-	-	-
	Output 2.3.2 Improved patient safety and reduced variation of care	452,350	100,815	73,648	127,572	150,315
	Output 2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	10,900	2,429	1,775	3,074	3,622
Outcome 3.1. Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued	Output 3.1.1 Implement plans and policies to manage the workforce and working environment	-	-	-	-	-
	Output 3.1.2 Attract, select, recruit, retain and empower the right people to create a diverse, inclusive and engaged workforce	216,218,420	48,188,377	35,203,006	60,978,060	71,848,978
	Output 3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce	784,800	174,908	127,775	221,330	260,788
Outcome 3.2. Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment	Output 3.2.1 Improved availability and assessability to medical products	48,897,918	10,897,829	7,961,180	13,790,223	16,248,687
	Output 3.2.2 Quality assurance processes for all medical supplies established	43,600	9,717	7,099	12,296	14,488
	Output 3.2.3 Improved	10,547,237	2,350,652	1,717,219	2,974,539	3,504,827

	functionality of biomedical & dental equipment in health facilities					
Outcome 3.3. Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable	Output 3.3.1 Improved budget execution and financial performance	33,040,216	7,363,639	5,379,352	9,318,023	10,979,202
Outcome 3.4. Ensure infrastructure is maintained to match service needs	Output 3.4.1 Infrastructure upgraded based on needs	33,314,677	7,424,808	5,424,037	9,395,427	11,070,405
	Output 3.4.2 Affordable aesthetic solutions implemented	-	-	-	-	-
Outcome 3.5 Harness digital technologies to facilitate better health care for our patients	Output 3.5.1 Improved accessibility to and completeness of patient information (including specialist information)	730,300	162,761	118,902	205,960	242,677
	Output 3.5.2 Training and support provided for using information systems	76,300	17,005	12,423	21,518	25,354
	Output 3.5.3 Strengthen research and innovation to support health systems strengthening	43,600	9,717	7,099	12,296	14,488
Outcome 3.6 Continue to strengthen planning and governance throughout the MHMS	Output 3.6.1 Plans and policies reviewed and updated	-	-	-	-	-
	Output 3.6.2 Governance and reporting structures aligned to remodeled health service	-	-	-	-	-
	Output 3.6.3 Effective MEL system established	-	-	-	-	-
Outcome 3.7. Widen our collaboration with partners for a more efficient, innovative and higher-quality health system	Output 3.7.1 Strengthened partnerships with external stakeholders	500,000	111,434	81,406	141,010	166,149
COVID-19 Response and Preparedness		11,440,825	2,549,805	1,862,706	3,226,549	3,801,765
TOTAL		394,344,363	87,887,122	64,204,090	111,213,254	131,039,896

Annual Output Costing

Outcome	Output	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Total Budget
Outcome 1.1. Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups	Output 1.1.1 Preventative programmes targeting risk factors implemented	-	-	-	-	688,880	-	32,700	-	-	-	721,580
	Output 1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams	-	-	-	-	-	-	2,790,400	-	-	-	2,790,400
	Output 1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	-	-	-	-	272,500	-	239,800	-	-	25,000,000	25,512,300
Outcome 1.2 Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures	Output 1.2.1 Improved maternal and neonatal health services, with an increased focus on health risk assessments	-	-	-	-	15,260	-	65,400	-	-	-	80,660
	Output 1.2.2 Strengthened immunisation services and NCDs screening at MCH clinics	-	-	-	-	-	-	-	-	-	-	-
	Output 1.2.3 Improved breastfeeding and nutrition for children	-	-	-	-	21,800	-	8,720	-	-	-	30,520
	Output 1.2.4 Improved prevention, detection and diagnosis of childhood	-	-	-	-	13,080	-	218,000	-	-	-	231,080

	illnesses											
	Output 1.2.5 Strengthened adolescent health services	-	-	-	-	-	-	54,500	-	-	-	54,500
	Output 1.2.6 Strengthened breast and cervical cancer prevention, screening and diagnosis	-	-	-	-	-	-	21,800	-	-	-	21,800
Outcome 1.3 Safeguard against environmental threats and public health emergencies	Output 1.3.1 Improvement in the effectiveness of environmental health service delivery	-	-	-	218,000	281,220	-	-	-	-	-	499,220
	Output 1.3.2 Strengthen preparedness and resilience to public health emergencies	-	-	-	-	-	-	-	-	-	-	-
Outcome 1.4 Strengthen population-wide resilience to the climate crisis	Output 1.4.1 Strengthened role of Fiji Emergency Medical Assistance Team(FEMAT) including disaster preparedness, management and resilience	-	-	-	-	109,000	-	-	-	-	-	109,000
Outcome 2.1. Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups	Output 2.1.1 Increased access to maternal and child health services based on population needs	-	-	-	-	-	-	-	-	-	-	-
	Output 2.1.2 Strengthen sexual and reproductive health services	-	-	-	-	-	-	163,500	-	-	-	163,500

Outcome 2.2 Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population	Output 2.2.1 Increase access to effective treatment and specialist services	-	-	-	-	70,850	-	147,150	-	-	-	218,000
	Output 2.2.2 Strengthen clinical management of priority NCDs	-	-	272,500	-	4,357,820	-	65,400	-	-	100,000	4,795,720
	Output 2.2.3 Efficient and effective referral system	-	-	1,940,200	-	-	-	-	-	-	-	1,940,200
Outcome 2.3 Continuously improve patient safety, and the quality and value of services	Output 2.3.1 Provision of standardised clinical services	-	-	-	-	-	-	-	-	-	-	-
	Output 2.3.2 Improved patient safety and reduced variation of care	-	-	-	-	452,350	-	-	-	-	-	452,350
	Output 2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	-	-	-	-	10,900	-	-	-	-	-	10,900
Outcome 3.1. Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued	Output 3.1.1 Implement plans and policies to manage the workforce and working environment	-	-	-	-	-	-	-	-	-	-	-
	Output 3.1.2 Attract, select, recruit, retain and empower the right people to create a diverse, inclusive and engaged workforce	197,858,809	18,359,611	-	-	-	-	-	-	-	-	216,218,420
	Output 3.1.3 Provide opportunities for professional development to achieve a more	-	-	-	-	741,200	-	43,600	-	-	-	784,800

	engaged, skilled and satisfied workforce											
Outcome 3.2. Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment	Output 3.2.1 Improved availability and assessibility to medical products	-	-	-	-	48,897,918	-	-	-	-	-	48,897,918
	Output 3.2.2 Quality assurance processes for all medical supplies established	-	-	-	-	43,600	-	-	-	-	-	43,600
	Output 3.2.3 Improved functionality of biomedical & dental equipment in health facilities	-	-	-	2,372,237	-	-	-	-	8,175,000	-	10,547,237
Outcome 3.3. Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable	Output 3.3.1 Improved budget execution and financial performance	-	-	4,330,025	14,067,104	15,256,717	48,000	413,110	-	-	-	34,114,956
Outcome 3.4. Ensure infrastructure is maintained to match service needs	Output 3.4.1 Infrastructure upgraded based on needs	-	-	-	-	2,391,460	-	-	25,664,723	5,258,495	-	33,314,677
Outcome 3.5. Harness digital technologies to facilitate better health care for our patients	Output 3.5.1 Improved accessibility to and completeness of patient information (including specialist information)	-	-	-	-	185,300	-	-	-	545,000	-	730,300
	Output 3.5.2 Training and support provided for using information systems	-	-	-	-	-	-	76,300	-	-	-	76,300

	Output 3.5.3 Strengthen research and innovation to support health systems strengthening	-	-	-	-	-	-	43,600	-	-	-	43,600
Outcome 3.6 Continue to strengthen planning and governance throughout the MHMS	Output 3.6.1 Plans and policies reviewed and updated	-	-	-	-	-	-	-	-	-	-	-
	Output 3.6.2 Governance and reporting structures aligned to remodeled health service	-	-	-	-	-	-	-	-	-	-	-
	Output 3.6.3 Effective MEL system established	-	-	-	-	-	-	-	-	-	-	-
Outcome 3.7. Widen our collaboration with partners for a more efficient, innovative and higher-quality health system	Output 3.7.1 Strengthened partnerships with external stakeholders	-	-	-	-	-	500,000	-	-	-	-	500,000
COVID-19 Response and Preparedness		-	-	-	-	-	-	6,859,973	-	-	4,580,852	11,440,825
TOTAL		197,858,809	18,359,611	6,542,725	16,657,341	73,809,855	548,000	11,243,953	25,664,723	13,978,495	29,680,852	394,344,363

Acronyms

CD	Communicable Disease
CSN	Clinical Service Network
DMOs	Divisional Medical Officers
ESU	Executive Support Unit
FPBS	Fiji Pharmaceutical & Biomedical Services
HIV	Human Immunodeficiency Virus
HIS	Health Information System
ICD	International Statistical Classification of Diseases
MCDC	Medical Cause of Dead Certificate
MEL	Monitoring, Evaluation and Learning
mhGAP	Mental Health Gap Action Programme
MHMS	Ministry of Health and Medical Services
MSHI	Mother Safe Hospital Initiative
MSs	Medical Superintendents
PATIS	Patient Information Systems
RHD	Rheumatic Heart Diseases
SDG	Sustainable Development Goal
UHC	Universal Health Coverage
WHO	World Health Organisation