



# MINISTRY OF HEALTH & MEDICAL SERVICES

# ANNUAL OPERATIONAL PLAN 2021-2022



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# Minister's Foreword



The Annual Operational Plan outlines our priorities for 2021/2022 and is based on our aim of progressing towards meeting our strategic objectives, as we continue to respond to the current COVID 19 Pandemic. It is expected that a large part of our efforts will be directed towards the current COVID 19 response strategy and related functions.

We will, however continue to deliver our core business under the broader objectives of health protection, health and well-being of mothers and children, and managing the ongoing burden of non-communicable diseases and complications due to this. This will be done in a more targeted way and will be remodeled around our response to the current pandemic as we progress through this challenging year.

This AOP includes activities that will assist us in progressing towards the broader outputs and outcomes. We have taken a more realistic approach and understand that our progress will be affected by issues such as re-prioritization due to COVID 19 related initiatives as well as a focus on delivering efficient and timely services based on current needs.

Our health system components outlined in the plan are essential enablers for the delivery of quality services and we will continue our efforts to strengthen the overall health system. There has been a focus on taking an integrated approach to resource mobilization that has enabled us to sustain services and we will continue to build on these efforts. We will continue to focus on strengthening our clinical services in a feasible manner through innovative options, including decentralization of selected clinical services.

Our overall approach is still based on the Universal Health Coverage approach including the focus on reaching the unreached and taking services closer to communities in a feasible manner. This approach will be visible in both the delivery of our public health initiatives as well as in the decentralization of health services. We will continue to strengthen both these initiatives.

The nexus between climate change and health is real and an existential threat. The MHMS takes cue from the ambitions of the Hon. Prime Minister as the previous COP 23 President and Climate Change Champion. We will pursue a Climate Resilient Health System and decrease our carbon foot print by working to reduce our emissions.

I appreciate the hard work and dedication of our health staff in meeting the various challenges faced due to the COVID 19 Pandemic as well as the increasing demand on the health sector. I would like to encourage everyone to assist the Ministry in our nationwide efforts and I look forward to working in partnership with all our stakeholders in progressing towards achieving our health outcomes.

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

# Permanent Secretary's Statement



The Annual Operational Plan for the financial year 2021/2022 outlines the overall approach and direction towards achieving health sector objectives for the fiscal year that is effectively aligned to our resources and emerging service delivery demands. This Plan outlines the pathway for the Ministry to achieve strategic goals and objectives within allocated resources and timelines, taking into consideration the ongoing demands for addressing the current COVID 19 Pandemic.

We will continue our ongoing efforts towards sustaining service delivery and meeting the ongoing demands based on our response to the COVID 19 Pandemic. It is anticipated that a major initial focus for this fiscal year will be on responding to the current pandemic, whilst sustaining the delivery of normative functions through our health facilities.

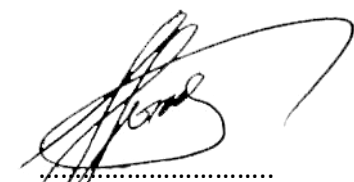
The plan is reflective of our overall objective to re-orient service delivery and work smarter within the allocated resources to achieve the Ministry's service delivery targets. The specific outputs and broader activities are reflected under the relevant key areas and will be further operationalized through the respective Business Plans for each of the Cost Centers.

We acknowledge that this is a unique and challenging year for the Ministry; a lot of our efforts at the operational level are directly impacted by our current mitigation efforts and future transition to the new normal. The transition required in this fiscal year, will be captured through supportive monitoring frameworks that will assist us in reviewing and updating the plan as needed.

We will continue to review processes and improve efficiency and effectiveness in terms of service delivery based on the ongoing demand. There is also a focus on strengthening existing human resource capacity towards providing customer centered services.

Improving the provision of medicinal products and equipment through supply chain reform process is also an ongoing initiative this year as we appreciate the importance of a strong supply chain management system in delivering effective and timely health care services.

I acknowledge the hard work and dedication of all staff and look forward to continuing support in the delivery of services to meet the current and anticipated demands on the health services. I also look forward to working closely with all stakeholders in implementing this plan.



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**Dr. James Fong**  
Permanent Secretary



# 1.0 Corporate Profile

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## 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

Accountability  
Inclusiveness  
Professionalism  
Innovation

Excellence  
Integrity  
Trust

## 1.1 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	Allied Health Practitioners Decree 2011
2	Ambulance Services Decree 2010
3	Burial and Cremation Act
4	Constitution of the Republic of Fiji 2013
5	Child Welfare Decree 2010
6	Child Welfare (Amendment) Decree 2013
7	Fiji National Provident Fund Decree 2011
8	Fiji Procurement Act 2010
9	Financial Administration Decree 2009
10	Financial Instructions 2005
11	Financial Management Act 2004
12	Financial Manual 2019
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 Health (COVID-19 Response) (Amendment) Act 2020
37	Public Health (Amendment) Act 2021
38	Public Hospitals & Dispensaries Act (Cap 110)
39	Public Hospitals & Dispensaries (Amendment) Regulations 2012
40	Public Hospitals and Dispensaries (Amendment) Act 2018
41	Optometrist and Dispensing Optician Decree 2012
42	Occupational Health and Safety at Work Act 1996
43	Quarantine Act (Cap. 112)
44	Quarantine (Amendment) Decree 2010
45	Radiation Health Decree 2009
46	Tobacco Control Decree 2010
47	Tobacco Control Regulation 2012
48	The Food Safety Regulation 2009
49	The Food Establishment Grading Regulation 2011

# ical Services



## 1.3 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:

### **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.

### **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.

### **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.

## 2.0 Strategic Priorities

### 2.1 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 aim to promote climate resilient health care facilities that are environmentally friendly and protect against the impact of adverse climate events.

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.

## 2.2 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



Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	Ministry's Outcome
Reduce the global maternal mortality ratio to less than 70 per 100 000 live births	All pregnant women, including teenagers, mothers and newborns receive timely, safe, appropriate and effective health services before, during, and after childbirth	Reduce Maternal Mortality ratio	
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 newborns 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
	Improve health financing, equity and efficiency	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	

## 2.3 Strategic Workforce Plan

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.

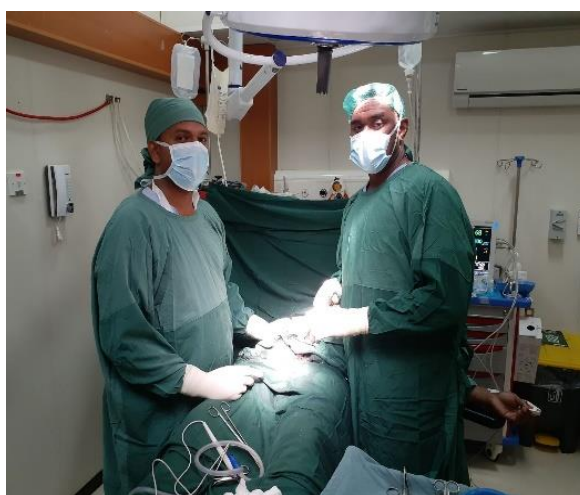
The Ministry's ability to fulfil its core functions depends largely on the extent to which our workforce in terms of numbers, cadres, skill levels and distribution, meet the health needs of the population. Given the constantly evolving health trends in the country, the Ministry needs to routinely monitor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



## 3.0 Situation Analysis

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Fiji is in the second year of the global COVID 19 pandemic. The pandemic has had a major impact on the economy, resulting in economic contraction and major loss in GDP. This has potential for negative implications on health expenditure and further developments in the health sector in the future.

Fiji has gone through two phases of the pandemic and we are now in mitigation phase. The public health, social and economic impact of the global COVID 19 pandemic has prompted the need to remodel the mode of delivery of health services. The Remodeling of Health Services Framework was developed that provides directions on how health services will be provided by the Ministry of Health and Medical Services (Ministry) in light of the existence of the global COVID 19 pandemic.

A number of guiding documents were also developed including Preparedness and Response Plan, SOPs covering key areas such as quarantine, home/ self-isolation, testing criteria, rational use of PPE etc. Amendments were also done to relevant Acts i.e. Public Health Act, Quarantine Act and Regulations were developed such as Public Health (Infectious Diseases) (Infringement Notices) Regulations 2021.

The major focus for the last fiscal year has been on responding to the current wave of COVID 19 pandemic. Ministry's overall focus has been on immediate response and transitioning to the new normal, whilst sustaining the delivery of normative functions through our health facilities. The Ministry's strategy has focused on a targeted and sustainable approach based on its health system capacity and socio-economic implications of any population based efforts.

The response has been evaluated on a daily basis in discussion with divisional teams that are responsible for operationalizing the strategies. The ongoing communication has assisted in identifying and resolving issues on the ground as they arise and enable more health systems support to be diverted where it is most needed. The multi-sector approach was strengthened through close collaboration with other sectors to ensure a coordinated and sustainable approach to addressing issues arising from ongoing efforts.

The nationwide vaccination campaign was also ramped up with timely support from development partners and a strategic and coordinated vaccination campaign was rolled out with a national target of 80 percent of the target population to be fully vaccinated by 31 October 2021.

The vaccination rate also became key criteria for lifting of containment borders, reopening of borders for international travel and reopening of all businesses i.e. returning to normal. Vaccination for children in the age group of 15 to 17 years has also been organized for the safe opening of schools for year 12 and 13 later this year, followed by children 12 years and above.

Our overall focus has remained on progressing towards Universal Health Coverage (UHC), and this pandemic provided a number of opportunities for engaging at community level and reaching the unreached. There are opportunities to increase services outside of the main population areas and expansion of services to meet population needs. Innovative options such as Telehealth services were implemented to cater for people living with non-communicable diseases (NCD), this service provided access to NCD consultation and treatment medication.

Service delivery during the pandemic remained both a challenge and key focus area with particular emphasis on sustaining the delivery of services from health facilities. Decentralisation has been a major facilitative initiative during

this phase and has enabled the movement of services away from health facilities and closer to communities which is in line with our overall strategy. New services have also been established such as the Border Health Protection Unit that is responsible for coordinating and overseeing quarantine operations.

General Practitioners have been engaged under Free Medical Services in Communities Scheme to provide non-COVID healthcare to patients who usually seek General Outpatients Services from the public health facilities. The selected GP's under this scheme will provide services through their clinics, in Nadi, Lautoka, and Ba and the Lami-Nausori Corridor. The cost of these services will be borne by the Government and a sum of \$5million has been allocated for the initial phase. The services provided under this arrangement include consultations, reviews, referrals, injections, dressings, and other minor treatments.

Strengthening information system use and expanding information system capabilities provides opportunities to strengthen the health system further to support current and ongoing initiatives. The COVID 19 Dashboard was launched, where active cases in Fiji can now be viewed online using an interactive GIS Dashboard. A vaccine dashboard has been launched that provides real-time data on first dose and second dose numbers at the national, divisional and sub-divisional levels.

The current pandemic has presented major human resource challenges with respect to sustaining health services delivery from major hospitals. There is no reserve staff to manage surge in capacity and compromised situations, there is reliance on mobilizing staff. The FEMAT field hospital was set-up with staff support from Labasa Hospital and CWMH. Laboratory technicians were recruited to support laboratory capacity and were based within the Fiji Center for Disease Control and divisional hospitals.

Health 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. The current pandemic has tested the health system to the core and brought to the fore many opportunities to further develop and strengthen capacities.

## 4.0 2021.2022 Outputs

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### 4.1 Aim

The overall aim of the Annual Operational Plan (AOP) is to implement the Strategic Plan (SP) 2020-2025 by outlining the priorities, outputs, indicators and targets under the respective outcome areas of the SP. The changing demands in service delivery needs and emerging public health issues also largely affect the priorities and outputs in the AOP.

The Annual Operational Plan outlines the pathway for the Ministry to achieve strategic goals and objectives within allocated resources and timelines, taking into consideration the ongoing demands of addressing public health emergencies such as the impact of the current COVID 19 Pandemic.

The Ministry's overall focus for 2021-2022 is summarized under the broader key areas outlined below. It is anticipated that a major focus for this fiscal year will be on responding to the current pandemic and transitioning to the new normal, whilst sustaining the delivery of normative functions through our health facilities.

The objective is to align service delivery based on emerging needs throughout the fiscal year and work smarter within the allocated resources to achieve the Ministry's service delivery targets.

1. Strengthen public health services based on an integrated approach to service delivery Communicable Diseases and Non-Communicable Diseases.
2. Improving environmental health and effectively addressing the ongoing risks of public health emergencies with an overall aim of reducing the burden of Communicable Diseases.
3. Sustaining clinical 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. Maintaining accessibility 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.
  - Strengthening the health workforce to provide caring and customer centered professional services to our customers.
  - Improving the provision of medicinal products and equipment to support the current demand and work towards strengthening overall supply chain management for sustainability of services.
  - Improving information systems to promote evidence-based policy development, planning, implementation and assessment.



## 4.2 2021-2022 Budget Highlights

The total proposed budget for the Ministry in 2021-2022 is **\$403.3m**, comprising **\$332.6m** for operating expenditure, **\$59.4m** for capital expenditure and VAT of **\$11.3m**. The 2021-2022 budget will be attributed to the following initiatives:

### Budget Summary Table

Ministry Budget summary FY2021-2022

Budget Category	Summary (\$m)	Initiatives
<b>Operating</b>	<b>332,557.4</b>	<ul style="list-style-type: none"> <li>An increase in service delivery outcomes through strengthening of patient services and continuum of care.</li> <li>Improved access to services by strengthening clinical services, including outreach services. There is an overall focus on quality and value of services.</li> <li>Improved productivity and effectiveness of our health system; with a special focus on strengthening workforce and supply chain processes</li> <li>Strengthen COVID-19 preparedness and response to global pandemic</li> </ul>
<b>Capital</b>	<b>59,425.2</b>	<ul style="list-style-type: none"> <li>MHMS infrastructure is maintained to meet operational and population needs in compliance with all relevant health service standards</li> </ul>
<b>VAT</b>	<b>11,322.7</b>	
<b>Total</b>	<b>403,305.3</b>	

### COVID-19 Budget Allocations:

Budget Item	Amount
COVID-19 Response and Preparedness (ADB)	\$3,018,218
COVID-19 Emergency Response Project (World Bank)	\$5,374,894
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).

## 4.3 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 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 have been outlined in this plan. The achievement of targets will depend largely on the magnitude of our COVID 19 response efforts and its impact on the respective health system components that support the broader strategic priority areas outline below.

### **Public Health Services**

The integrated approach to public health and strengthening the continuum of care for patients remains the underlying approach. Based on the current situation, it is understood that majority of the public health resources at all levels of the Ministry have been dedicated to COVID 19 response and containment efforts, including the nation-wide vaccination programme. This will have an impact on prioritization and delivery of normative public health services in this fiscal year.

This Plan has outlined a number of activities under the respective areas; the achievement in these areas will be impacted by the overall changing demands due to COVID 19 on our public health resources. We will continue to realign our services based on changing demands throughout this fiscal year.

### **Delivery of clinical services**

There has been a major impact on the delivery of clinical services especially in the Central Division that has required a major re-orientation of services through the various stages of the pandemic. This has had an impact on the routine functions of some of the facilities. Decentralization of services from the main divisional hospitals has been a major strategy in sustaining the continuity of service delivery. This is an area that will be further strengthened based on the service delivery needs during the different phases of the pandemic. Whilst the major outputs based on our core role will still need to be achieved, it is anticipated that during the first two quarters of the fiscal year, the major focus will be on COVID 19 related efforts.


### **Health Systems Issues**

We will continue to focus on strengthening existing health systems. System capacities in the areas of human resources (clinical workforce), medical products and technology as well as health information systems have also become critical areas of focus as important components to support the increasing service delivery needs. The increasing demand in services across the broader strategic priority areas above requires ongoing health systems support throughout the year.



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

**Budget: \$34,498,638**

<b>Outcome 1.1</b>	 <b>Reduce communicable and non-communicable disease prevalence, especially for vulnerable groups</b>
<b>Budget</b>	<b>\$29,429,325</b>


Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$777,080
1.1.1 Preventative programmes targeting risk factors implemented	1.1.1.1 Establish healthy settings	<b>i1.</b> # of healthy settings established	>5	Divisions Wellness	End of 4th Quarter	109,000
	1.1.1.2 Conduct health promotion activities	<b>i2.</b> % of targeted health promoting activities conducted in schools	80%	Divisions Wellness	End of 4th Quarter	
	1.1.1.3 Conduct oral health promotion in schools	<b>i3.</b> % of targeted age group made dentally fit	>50%	Divisions	End of 4th Quarter	32,700
	1.1.1.4 Provide dental care to primary schools					
	1.1.1.5 Conduct population screening with counseling on risk factors	<b>i4.</b> % of targeted population screened for CD or NCD related risk factors	85%	Divisions Wellness	End of 4th Quarter	218,000
	1.1.1.6 Development of NCD strategic plan	<b>i5.</b> Plan developed	1	Wellness	End of 4th Quarter	

	1.1.1.7 Implementation of food and nutrition security programme	i6. % of targeted activities conducted	80%	Wellness (NFNC)	End of 4th Quarter	92,650
	1.1.1.8 Conduct and enhance control and elimination activities for prioritized Communicable Diseases (CD) focusing on reduction to eliminate	i7. Incidence of Typhoid per 100,000	<30	Divisions Health Protection	End of 4th Quarter	109,000
		i8. Incidence of Leptospirosis per 100,000	<100		End of 4th Quarter	100,280
		i9. Incidence of Dengue per 100,000	<100		End of 4th Quarter	98,100
		i10. Prevalence of lymphatic filariasis	<1%		End of 4th Quarter	16,350
		i11. Incidence of measles per 100,000	<1	Divisions Health Protection Family Health	End of 4th Quarter	
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$3,066,715</b>
1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams	1.1.2.1 Submission of monthly CHW reports	i12. % of active CHWs	80%	Divisions Nursing	End of 4th Quarter	2,725,000
	1.1.2.2 Provision of integrated outreach services to the communities	i13. % coverage of scheduled outreach visits	>80%	Hospitals Divisions	End of 4th Quarter	341,715
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$25,586,530</b>
1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	1.1.3.1 Prevention and control of LTDs	i14. % of total LTD cases investigated and preventative measures implemented	100%	Divisions	End of 4th Quarter	109,000

		<b>i15.</b> Case fatality rate for Dengue	<0.5%	Divisions Hospitals Health Protection	End of 4th Quarter	
		<b>i16.</b> Case fatality rate for Leptospirosis	<4%			
		<b>i17.</b> Case fatality rate for Typhoid	<1%			
	1.1.3.2 Implement Tuberculosis control activities to achieve strategic targets	<b>i18.</b> Tuberculosis treatment success rate	>80%	National TB Control Officer	End of 4th Quarter	163,500
		<b>i19.</b> 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	<b>i20.</b> # of new Paediatric HIV cases reported	<5	CSN – Obstetrics and Gynecology Paediatric Family Health	End of 4th Quarter	314,030
	1.1.3.4 Early diagnosis and treatment for all HIV patients	<b>i21.</b> % of HIV patients on Antiretroviral (ARV) treatment	>70%	Family Health	End of 4th Quarter	
	1.1.3.5 Maintain and expand Early Warning, Alert and Response System (EWARS) at divisional and national level	<b>i22.</b> 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	<b>i23.</b> Discarded non-measles rate	≥2 per 100,000 population	Divisions Health Protection	End of 4th Quarter	
	1.1.3.7 Implementation of COVID 19	<b>i24.</b> % implementation of	100%	IMT	End of 4th Quarter	25,000,000



	activities through IMT	COVID 19 related planned activities				
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<b>Outcome 1.2</b>	 <b>Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures</b>
<b>Budget</b>	<b>\$439,270</b>

<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$98,100</b>
1.2.1 Improved maternal and neonatal health services, with an increased focus on health risk assessments	1.2.1.1 Booking access available at nursing stations and health centres levels	<b>i25.</b> % 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 Strengthen Postnatal Clinic Services	<b>i26.</b> % 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	
	1.2.1.3 Postnatal checklist to be administered at all levels of care (down to nursing station)					
	1.2.1.4 Detect, diagnose and refer high-risk cases early	<b>i27.</b> % of high risk maternal cases referred	>90%	Hospitals Divisions CSN - Obstetrics and Gynaecology	End of 4th Quarter	
	1.2.1.5 Mental Health Gap Action Plan (mhGAP) capacity building and supervisory visits	<b>i28.</b> % of health facilities adhering to Mental Health Gap Action Plan Intervention	>20%	Divisions Wellness	End of 4th Quarter	98,100


	1.2.1.6 Audit of health facilities for Mental Health Gap Action Plan adherence					
1.2.2 Strengthened immunisation services and NCDs screening at maternal and child health clinics	1.2.2.1 Conduct childhood vaccination programme	<b>i29.</b> 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	<b>i30.</b> % of mothers attending maternal child health clinics screened for NCDs	>50%	Divisions Family Health	End of 4th Quarter	
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$25,070</b>
1.2.3 Improved breastfeeding and nutrition for children	1.2.3.1 Facilitate External Assessment and Accreditation process on Baby Friendly Hospital Initiative (BFHI)	<b>i31.</b> # of divisional and sub-divisional hospitals reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	Divisional – 1/3 Sub divisional – 5/16	Hospitals Divisions Programs	End of 4th Quarter	8,720
	1.2.3.2 Strengthen infant and young child feeding (IYCF)	<b>i32.</b> % of children being breastfed at 6 months	60%	Hospitals Divisions Programs	End of 4th Quarter	16,350
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$239,800</b>
1.2.4 Improved prevention, detection and diagnosis	1.2.4.1 Management of Rheumatic Heart Disease(RHD) cases at all health care levels	<b>i33.</b> % of acute rheumatic fever and rheumatic heart disease patients receiving ≥ 80% of secondary	40%	Divisions Wellness	End of 4th Quarter	21,800

of childhood illnesses	1.2.4.2 Provision of holistic care for RHD cases according to guideline at sub divisional levels	antibiotic prophylaxis				
	1.2.4.3 Provide nutritional program/support in Maternal and Child Health Clinics	i34. # of Severe Acute Malnutrition admissions	<95	Hospitals Divisions Wellness	End of 4th Quarter	
	1.2.4.4 Review of Integrated Management of Childhood Illness (IMCI) policy	i35. % of health facilities adhering to IMCI guideline	50%	Divisions Family Health	End of 4th Quarter	218,000
	1.2.4.5 Maintain functional IMCI activities at all health facilities					
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$54,500</b>
1.2.5 Strengthened adolescent health services	1.2.5.1 Develop Adolescent Health Services (AHS) Care package	i36. 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					
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$21,800</b>
1.2.6 Strengthened breast and cervical cancer prevention, screening and diagnosis	1.2.6.1 Conduct cervical cancer screening at health facilities and in communities	i37. Cervical cancer screening coverage	>10%	Divisions Family Health	End of 4th Quarter	21,800

<b>Outcome 1.3</b>	 <b>Safeguard against environmental threats and public health emergencies</b>
<b>Budget</b>	<b>\$4,521,043</b>

Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$647,600
1.3.1 Improvement in the effectiveness of environmental health service delivery	1.3.1.1 Development and implementation of Drinking Water Safety plan (DWSP) in communities	<b>i38.</b> % of rural sanitary district communities with improved Drinking Water Safety Plans	>50%	Divisions Health Protection [EHU]	End of 4th Quarter	375,100
	1.3.1.2 Development and Implementation of Water, Sanitation and Hygiene (WASH) facilities in the communities within the 4 health divisions	<b>i39.</b> # of rural sanitary district communities, schools and health care facilities with holistic WASH Intervention	150	Divisions Health Protection [EHU]	End of 4th Quarter	
	1.3.1.3 Implementation of WASH cluster activities					
	1.3.1.4 Auditing of drinking water standards in villages/settlements	<b>i40.</b> # of water samples taken for water quality testing	10 per Division	Divisions Health Protection [EHU]	End of 4th Quarter	
	1.3.1.5 Conduct surveillance, prevention and control of vector born disease through Integrated Vector Management (IVM) program	<b>i41.</b> % of targeted high- risk areas that have undergone source reduction program through IVM program	80%	Divisions Health Protection [EHU]	End of 4th Quarter	

	1.3.1.6 Improve food safety control and hygiene through, Good Hygiene Practices (GHP) and food establishment grading	<b>i42.</b> % of scheduled, good hygiene practice and food establishment training conducted	>50%	Divisions Health Protection [EHU]	End of 4th Quarter	163,500
	1.3.1.7 Tobacco free settings established in communities	<b>i43.</b> # of communities declared Tobacco free setting (TFS)	5	Divisions Health Protection [EHU]	End of 4th Quarter	109,000
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$3,873,443</b>
1.3.2 Strengthen preparedness and resilience to public health emergencies	1.3.2.1 IHR self-assessment annual reporting compliance	<b>i44.</b> IHR core capacity compliance	>80%	Divisions Health Protection	End of 4th Quarter	
	1.3.2.2 Conduct nationwide COVID 19 vaccination drive	<b>i45.</b> % of scheduled vaccination drive conducted	100%	Family Health	End of 4th Quarter	3,873,443
		<b>i46.</b> Vaccination of targeted population	>95%	Family Health	End of 4th Quarter	

<b>Outcome 1.4</b>	 <b>Strengthen population-wide resilience to the climate crisis</b>
<b>Budget</b>	<b>\$109,000</b>

<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$109,000</b>
1.4.1 Strengthen role of Fiji Emergency Medical Assistance Team(FEMAT) including disaster	1.4.1.1 Deploy FEMAT to support essential service delivery in areas of need	<b>i47.</b> # of FEMAT deployment to areas of need	>1	FEMAT	End of 4th Quarter	109,000




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

Budget: \$9,348,545


<b>Outcome 2.1</b>	 <b>Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups</b>
<b>Budget</b>	<b>\$163,500</b>

Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$163,500
2.1.1 Increased access to maternal and child health services based on population needs	2.1.1.1 Implementation of Mother Safe Hospital Initiative (MSHI) standards in divisional and sub divisional health facilities	<b>i48.</b> Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in divisional and sub divisional hospitals	>60%	Hospitals Divisions CSN - Obstetrics and Gynaecology Family Health	End of 4th Quarter	\$163,500
	2.1.1.2 Conduct biannual internal audits of sub divisional hospitals for MSHI compliance					

<b>Outcome 2.2</b>	 <b>Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population</b>
<b>Budget</b>	<b>\$8,696,180</b>

Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$260,510
2.2.1 Increase access to effective treatment and specialist services	2.2.1.1 Decentralization of specialist curative services	<b>i49.</b> % coverage of scheduled visits	>80%	Hospitals Divisions	End of 4th Quarter	167,860
	2.2.1.2 Utilization of telehealth services	<b>i50.</b> # of services offered through telehealth	>1	Hospitals	End of 4th Quarter	
	2.2.1.3 Decentralization of services from the Divisional hospitals	<b>i51.</b> % of targeted specialized services decentralized	100%	Hospitals	End of 4th Quarter	
	2.2.1.4 Conduct clinical outreach utilising FEMAT	<b>i52.</b> # of major outreach per division per year including the use of MV Veivueti	1 per Division	Hospitals Divisions	End of 4th Quarter	
	2.2.1.5 Rehabilitation programme including outreach for rehabilitation	<b>i53.</b> % coverage of scheduled rehabilitation outreach visits	80%	Tamavua/ Twomey Hospital	End of 4th Quarter	92,650
Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$7,345,670
2.2.2 Strengthen clinical management of priority NCDs	2.2.2.1 Strengthen the implementation of the Package of Essential Noncommunicable disease (PEN) interventions	<b>i54.</b> Average % adherence to minimum standards for implementation of PEN at SOPDs	27%- HC 100%- SDH	Divisions Wellness	End of 4th Quarter	
	2.2.2.2 Delivery of inpatient care services for NCD	<b>i55.</b> Unplanned readmission	<10%	Hospitals	End of 4th Quarter	7,345,670

	related admissions	within 28 days of discharge				
Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$1,090,000
2.2.3 Efficient and effective referral system	2.2.3.1 Efficient management of overseas medical referral applications	i56. Average time for processing overseas medical referrals	<4 weeks	Overseas Medical Referral Unit	End of 4th Quarter	1,090,000

<b>Outcome 2.3</b>	 <b>Continuously improve patient safety, and the quality and value of services</b>
<b>Budget</b>	<b>\$488,865</b>

Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$488,685
2.3.1 Provision of standardised clinical services	2.3.1.1 Strengthen clinical governance, Patient Safety and quality practices in all health facilities	i57. Policies and guidelines reviewed and developed	2	Patient Safety and Quality	End of 4th Quarter	
2.3.2 Improved patient safety and reduced variation of care	2.3.2.1 Strengthen infection control practice in all health service facilities	i58. Intensive care unit hand hygiene rate (Paediatrics and Adults)	≥80%	Hospitals Patient Safety and Quality	End of 4th Quarter	488,865
	2.3.2.2 Establish national hospital acquired infection surveillance and response(control)	i59. 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	i60. % 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	<b>i61.</b> % of RCA recommendations implemented	>80%	Hospitals Divisions Patient Safety and Quality	End of 4th Quarter	
2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	2.3.3.1 Improve customer services and clinical service delivery at all health facilities	<b>i62.</b> Average patient experience survey response rate, disaggregated by facility	80%	Hospitals Divisions Patient Safety and Quality	End of 4th Quarter	
	2.3.3.2 Improve waiting time for customers at all health facilities					
	2.3.3.3 Efficient management of customer complaints through #157	<b>i63.</b> % of customer complaints resolved within predetermined resolution timeframes for complaints received through # 157	≥80%	Divisions Hospitals Patient Safety and Quality	End of 4th Quarter	





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


Budget: \$350,665,237

<b>Outcome 3.1</b>	 <b>Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued</b>
<b>Budget</b>	<b>\$229,642,691</b>

Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$228,685,152
3.1.1 Implement plans and policies to manage the workforce and working environment	3.1.1.1 Align existing human resources to support delivery of service	<b>i64.</b> Staffing needs realigned to delivery of services	100%	Human Resources Divisions Hospitals	End of 4th Quarter	
3.1.2 Attract, select, recruit, retain and empower the right people to create a diverse, inclusive and engaged workforce	3.1.2.1 Performance assessment conducted in compliance with Performance Management Guidelines	<b>i65.</b> Transition APA assessment completed and submitted by the respective due dates	100%	Human Resources Divisions Hospitals FPBS HQ	Mid-term Transition APA - Dec 2021  Annual Transition APA– May 2022	
	3.1.2.2 Timely recruitment and selection of staff to ensure all health facilities are adequately resourced	<b>i66.</b> % of recruitment and selection completed in accordance with OMRS policy and guidelines	>70%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	228,685,152

	3.1.2.3 Posting and transfer of staff effected to address staff shortage and to ensure efficient and effective health service delivery	<b>i67.</b> 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	<b>i68.</b> Report on analysis of exit questionnaire submitted on a quarterly basis	1 report/ quarter	Human Resource	Quarterly	
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$957,539</b>
3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce	3.1.3.1 Orientation and induction for all new appointees and promotees	<b>i69.</b> 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 Performance Assessment	<b>i70.</b> Number of awareness sessions conducted	2 per cost centre	Human Resources Divisions Hospitals FPBS HQ	End of 3rd Quarter	
	3.1.3.3 Facilitate learning and development	<b>i71.</b> Officers attend training programs and courses that are funded by respective funding	>80%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	924,839

	opportunities for all staff	agencies through the Ministry of Civil Service, WHO, POHLN, Fiji Health Support Facility etc				
		<b>i72.</b> 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	<b>i73.</b> % of facilities in compliance with Occupational Health & Safety requirements for certification	100%	Divisions Hospitals Human Resources Finance and Asset Management	End of 4th Quarter	32,700

<b>Outcome 3.2</b>	 <b>Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment</b>
<b>Budget</b>	<b>\$60,355,523</b>


Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$48,523,445
3.2.1 Improved availability and accessibility to medical products	3.2.1.1 Conduct national quantification exercise for medical consumables and biomedical supplies	<b>i74.</b> Average % availability of tracer products in targeted facilities	>80%	Pharmaceutical and Biomedical Services	End of 4th Quarter	48,523,445
	3.2.1.2 Rollout of Msupply chain management system	<b>i75.</b> Implementation of supply chain review recommendations	100%	Pharmaceutical and Biomedical Services	End of 4th Quarter	
	3.2.1.3 Conduct review of Essential Medicines List (EML) and	<b>i76.</b> Review completed	100%	Pharmaceutical and Biomedical Services	End of 4th Quarter	

	revised list published					
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$54,500</b>
3.2.2 Quality assurance processes for all medical supplies established	3.2.2.1 Conduct analytical testing of medicines with international quality control laboratory	<b>i77.</b> # of samples sent for laboratory testing at a WHO accredited laboratory	15 samples	Pharmaceutical and Biomedical Services	End of 4th Quarter	54,500
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$11,777,578</b>
3.2.3 Improved functionality of biomedical & dental equipment in health facilities	3.2.3.1 Support the maintenance of existing biomedical and dental equipment	<b>i78.</b> % of facilities having proper functional biomedical and dental equipment	>80%	Pharmaceutical and Biomedical Services	End of 4th Quarter	11,777,578


<b>Outcome 3.3</b>	<b>\$ Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable</b>
<b>Budget</b>	<b>\$35,958,879</b>

<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$35,958,879</b>
3.3.1 Improved budget execution and financial performance	3.3.1.1 Collate budget execution data and rectify areas of high expenditure at facility level	<b>i79.</b> % execution of annual budget	>80%	Finance and Asset Management	End of 4th Quarter	35,958,879
	3.3.1.2 Regular budget monitoring	<b>i80.</b> Monthly reports on expenditure from Finance	Monthly report submitted	Finance and Asset Management	Monthly	
	3.3.1.3 Efficient	<b>i81.</b> Timely remuneration of	>90%	Finance CNMO	Monthly	

	processing of monthly allowance for CHW's	Community Health Workers		Divisions		
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<b>Outcome 3.4</b>	 <b>Ensure infrastructure is maintained to match service needs</b>					
<b>Budget</b>	<b>\$23,390,645</b>					

Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$23,390,645
3.4.1 Infrastructure and assets upgraded based on needs	3.4.1.1 Upgrade current infrastructure to meet service delivery needs including repairs due to climate change	<b>i82.</b> % of targeted health facilities upgraded as per requirement	75%	Finance and Asset Management	End of 4th Quarter	23,390,645
	3.4.1.2 Health care facilities retrofitted to achieve climate resilience					
	3.4.1.3 Strengthen regular Board of Survey (BOS)	<b>i83.</b> # of BOS conducted and boarded items removed	1/year (All items removed from facility)	Finance and Asset Management Divisions Hospitals	End of 4th Quarter	

<b>Outcome 3.5</b>	 <b>Harness digital technologies to facilitate better health care for our patients</b>					
<b>Budget</b>	<b>\$817,500</b>					



Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$730,300
3.5.1 Improved access to and completeness of patient information (including specialist information)	3.5.1.1 Provide Patient Information Systems (PATIS) online access (Govnet) to targeted health facilities	<b>i84.</b> % of targeted govnet sites (health centres) using Health Information Systems	100%	Information Technology	End of 4th Quarter	730,300
	3.5.1.2 Improve online functionality and use of HIS (PATIS+, CMRIS, RFIS, LIMS and other)					
	3.5.1.3 Improve inpatient data capture at divisional hospitals	<b>i85.</b> Average % of total discharges recorded in PATISplus system	90%	Information Technology Hospitals	End of 4th Quarter	
	3.5.1.4 Implementation of new health information systems (HIS)	<b>i86.</b> # of new HIS implemented	4	Information Technology	End of 4th Quarter	
	3.5.1.5 Improve birth data capture at divisional hospitals	<b>i87.</b> Average % of births recorded in PATISplus system	>75%	Information Technology Hospitals	End of 4th Quarter	
	3.5.1.6 Strengthen existing methods of reporting based on remodeled health services	<b>i88.</b> Timely submission of situation reports by command centre	100%	Divisions Hospitals	End of 4th Quarter	
Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$76,300
3.5.2 Training and support provided for	3.5.2.1 Capacity building on data collection and	<b>i89.</b> Trainings conducted	1 National level and 4	Research, Innovation, Data Analysis	End of 4th Quarter	

using information systems	analysis at all levels		divisional level training	and Management		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					
	3.5.2.4 Regular training for Medical Cause of Death Certificate					
<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget \$10,900</b>
3.5.3 Strengthen research and innovation to support health systems strengthening	3.5.3.1 Increase awareness and training on operational research	<b>i91.</b> Research training conducted	1 National training	Research, Innovation, Data Analysis and Management	End of 4th Quarter	10,900
	3.5.3.2 Review health research SOP	<b>i92.</b> SOP reviewed	1	Research, Innovation, Data Analysis and Management	End of 4th Quarter	
	3.5.3.3 Review and update health research priorities					
	3.5.3.4 Establishment of Health Research Ethics Review Committee	<b>i93.</b> Health Research Ethics Review Committee meeting conducted	1 report	Research, Innovation, Data Analysis and Management	End of 4th Quarter	
	3.5.3.5 Update on number of health research proposals					
	3.5.3.6 Review of Health Research Portal	<b>i94.</b> Review conducted	1 report	Research, Innovation, Data Analysis and Management	End of 4th Quarter	

**Outcome 3.6**

Continue to strengthen planning and governance throughout the MHMS

Output	Activities	KPI	Target	Responsible	Timeframe	Budget
3.6.1 Plans and policies reviewed and updated	3.6.1.1 Review identified existing policies	<b>i95.</b> # of identified policies developed/ reviewed	5	Planning and Policy Development All Heads	End of 4th Quarter	
3.6.2 Governance and reporting structures aligned to remodeled health service	3.6.2.1 Prepare cabinet papers in accordance with standards and requirements	<b>i96.</b> # of cabinet papers submitted to cabinet in accordance with standards	>10	Heads Executive Support	End of 4th Quarter	
3.6.3 Effective Monitoring, Evaluation at operational level	3.6.3.1 Operational level performance reviews based on respective Business Plans	<b>i97.</b> % of Business plan progress reports submitted as per timelines	>50%	Hospitals Divisions Heads	Quarterly	

**Outcome 3.7**

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

**Budget**

**\$500,000**

Output	Activities	KPI	Target	Responsible	Timeframe	Budget \$500,000
3.7.1 Strengthened partnerships with external stakeholders	3.7.1.1 Effective utilization of donor funds	<b>i98.</b> % of allocated funds utilised	100%	All Heads	End of 4th Quarter	
	3.7.1.2 Engagement of CSOs for effective delivery of identified services	<b>i99.</b> % utilisation of CSO grants	100%	Finance and Asset Management Heads	End of 4th Quarter	500,000

## 5.0 Annual Output Costing

### 5.1 Capital Works

Strategic Priority	SEG No	Project	Planned Completion date	Total Budget \$	1 <sup>st</sup> QTR \$	2 <sup>nd</sup> QTR \$	3 <sup>rd</sup> QTR \$	4 <sup>th</sup> QTR \$
Priority Area 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	<b>562,000</b>	92,000	50,000	210,000	210,000
	8	Construction of New CWM Hospital Maternity Unit	July, 2022	<b>7,000,000</b>	-	-	2,000,000	5,000,000
	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	<b>270,000</b>	-	70,000	100,000	100,000
	8	Completion of Navosa Sub-Divisional Hospital- Final Payment	July, 2022	<b>3,600,000</b>	-	3,600,000	-	-
	8	Land Stabilization and Refurbishment of Savusavu Hospital	July, 2022	<b>1,000,000</b>	-	250,000	250,000	500,000
	8	Upgrade of Labasa Hospital Interior Works	July, 2022	<b>2,500,000</b>	-	500,000	500,000	1,500,000
	8	Upgrade of Lautoka Hospital Operating Theatre and X-Ray Department	July, 2022	<b>1,100,000</b>	100,000	1,000,000	-	-

	8	Completion of CWMH Emergency Department-Final Payment	July, 2022	<b>74,000</b>	-	74000	-	-
Priority Area 3	9	ICT Infrastructure and Network	July, 2022	<b>500,000</b>	250,000	200,000	10,000	40,000
Priority Area 3	9	Purchase of Equipment for Urban Hospitals	July, 2022	<b>1,944,307</b>	100,000	250,000	500,000	1,094,307
	9	Equipment for Sub-Divisional Hospitals, Health Centre and Nursing Stations	July, 2022	<b>1,200,000</b>	100,000	250,000	500,000	350,000
	9	Purchase of Bio-Medical Equipment for Urban and Sub-Divisional hospitals	July, 2022	<b>7,000,000</b>	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, 2022	<b>800,000</b>	200,000	200,000	200,000	200,000

## 5.2 Budget Cashflow Forecast

Outcome	Output	Total Budget \$	1 <sup>st</sup> Qtr. \$	2 <sup>nd</sup> Qtr. \$	3 <sup>rd</sup> Qtr. \$	4 <sup>th</sup> Qtr. \$
Outcome 1.1. Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups	Output 1.1.1 Preventative programmes targeting risk factors implemented	776,080	172,964	126,355	218,871	257,890
	Output 1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams	3,066,715	683,476	499,299	864,877	1,019,064
	Output 1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	25,586,530	5,702,444	4,165,800	7,215,930	8,502,356
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	98,100	21,863	15,972	27,666	32,598
	Output 1.2.2 Strengthened immunisation services and NCDs screening at MCH clinics	-	-	-	-	-
	Output 1.2.3 Improved breastfeeding and nutrition for children	25,070	5,587	4,082	7,070	8,331
	Output 1.2.4 Improved prevention, detection and diagnosis of childhood illnesses	239,800	53,444	39,042	67,629	79,685



	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	647,600	144,330	105,437	182,637	215,196
	Output 1.3.2 Strengthen preparedness and resilience to public health emergencies	3,873,443	863,270	630,644	1,092,391	1,287,138
Outcome 1.4 Strengthen population-wide resilience to the climate crisis	1.4.1 Strengthen 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	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	260,510	58,060	42,414	73,469	86,567
	Output 2.2.2 Strengthen clinical management of priority NCDs	7,345,670	1,637,122	1,195,965	2,071,631	2,440,952
	Output 2.2.3 Efficient and effective referral system	1,090,000	242,927	177,465	307,403	362,205
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	488,865	108,953	79,593	137,870	162,449
	Output 2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	-	-	-	-	-
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	228,685,152	50,966,824	37,232,743	64,493,936	75,991,649
	Output 3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce	957,539	213,406	155,899	270,046	318,188
Outcome 3.2. Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment	Output 3.2.1 Improved availability and accessibility to medical products	48,523,445	10,814,370	7,900,211	13,684,614	16,124,250
	Output 3.2.2 Quality assurance processes for all medical supplies established	54,500	12,146	8,873	15,370	18,110
	Output 3.2.3 Improved functionality of biomedical & dental equipment in health facilities	11,777,578	2,624,857	1,917,534	3,321,520	3,913,667
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	35,958,879	8,014,118	5,854,546	10,141,146	11,949,068

Outcome 3.4. Ensure infrastructure is maintained to match service needs	Output 3.4.1 Infrastructure upgraded based on needs	23,390,645	5,213,049	3,808,283	6,596,645	7,772,668
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	10,900	2,429	1,775	3,074	3,622
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 Monitoring, Evaluation at operational level	-	-	-	-	-
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		8,792,885	1,959,661	1,431,589	2,479,775	2,921,859
<b>TOTAL</b>		<b>403,305,305</b>	<b>89,884,238</b>	<b>65,663,041</b>	<b>113,740,425</b>	<b>134,017,600</b>

## 5.3 Budget and Overheads

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	-	-	-	-	6,34,380	-	141,700	-	-	-	776,080
	Output 1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams	-	-	-	-	-	-	3,066,715	-	-	-	3,066,715
	Output 1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	-	-	-	-	218,000	-	368,530	-	-	25,000,000	25,586,530
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	-	-	-	-	32,700	-	65,400	-	-	-	98,100
	Output 1.2.2 Strengthened immunisation services and NCDs	-	-	-	-	-	-	-	-	-	-	-

	screening at MCH clinics											
	Output 1.2.3 Improved breastfeeding and nutrition for children	-	-	-	-	16,350	-	8,720				25,070
	Output 1.2.4 Improved prevention, detection and diagnosis of childhood illnesses	-	-	-	-	21,800	-	218,000	-	-	-	239,800
	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	152,600	-	277,000	-	-	-	647,600
	Output 1.3.2 Strengthen preparedness and resilience to public health emergencies	-	-	-	-	218,000	-	3,655,443	-	-	-	3,873,443
Outcome 1.4 Strengthen population-wide resilience to the climate crisis	1.4.1 Strengthen role of Fiji Emergency Medical Assistance Team(FEMAT) including disaster preparedness,	-	-	-	-	109,000	-	-	-	-	-	109,000

	management and resilience											
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	-	-	-	-	-	-	-	165,300	-	-	<b>165,300</b>
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	-	189,660	-	-	-	<b>260,510</b>
	Output 2.2.2 Strengthen clinical management of priority NCDs	-	-	436,000		5,387,870	-	21,800	-	-	1,500,000	<b>7,345,670</b>
	Output 2.2.3 Efficient and effective referral system	-	-	1,090,000	-	-	-	-	-	-	-	<b>1,090,000</b>
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	-	-	-	-	488,865	-	-	-	-	-	<b>488,865</b>
	Output 2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	-	-	-	-	-	-	-	-	-	-	-




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	209,965,266	18,719,886						-	-	-	228,685,152
	Output 3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce	-	-	-	-	924,839	-	32,700	-	-	-	957,539
Outcome 3.2. Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment	Output 3.2.1 Improved availability and accessibility to medical products	-	-	-	-	48,523,445	-	-	-	-	-	48,523,445
	Output 3.2.2 Quality assurance processes for all medical supplies established	-	-	-	-	54,500	-	-	-	-	-	54,500
	Output 3.2.3 Improved functionality of biomedical & dental equipment in health facilities	-	-	-	3,275,578	-	-	-	-	8,502,000	-	11,777,578

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	-	-	4,357,722	14,532,635	16,697,351	30,000	341,170	-	-	-	35,958,879
Outcome 3.4. Ensure infrastructure is maintained to match service needs	Output 3.4.1 Infrastructure upgraded based on needs	-	-	-	-	2,407,810	-	-	17,555,540	3,427,295	-	23,390,645
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	-	-	-	-	-	-	10,900	-	-	-	10,900
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 Monitoring, Evaluation at operational level	-	-	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-	-	-
	Output 3.7.2 Strengthened partnerships with external stakeholders	-	-	-	-	-	500,000	-	-	-	-	500,000
COVID-19 Response and Preparedness		-	-	-	-	-	-	3,417,991	-	-	5,374,894	8,792,885
<b>TOTAL</b>		<b>209,965,266</b>	<b>18,719,886</b>	<b>5,883,722</b>	<b>18,026,213</b>	<b>76,143,660</b>	<b>530,000</b>	<b>12,131,829</b>	<b>17,555,540</b>	<b>12,474,295</b>	<b>31,874,894</b>	<b>403,305,305</b>

# Summary of Outputs


 <b>Priority Area 1: Reform public health services to provide a population approach for diseases and the climate crisis</b>		
Outcome	Outputs	Budget \$
1.1 Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups	5 healthy settings established	109,000
	80% of targeted health promoting activities conducted in schools	
	50% of targeted age group made dentally fit	32,700
	85% % of targeted population screened for CD or NCD related risk factors	218,000
	80% of targeted food and nutrition security activities conducted	92,650
	Reduction to elimination of prioritized Communicable Diseases (CD) such as: Typhoid, leptospirosis, dengue, lymphatic filariasis and measles	323,730
	80% of active community health workers	2,725,000
	80% coverage of scheduled outreach visits	341,715
	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	163,500
	Early identification and treatment of Paediatric HIV cases	314,030
	>70% HIV patients on Antiretroviral (ARV) treatment	25,000,000
	100% % implementation of COVID 19 related planned activities	
	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	98,100
1.2 Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures	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	98,100
	>20% of health facilities adhering to Mental Health Gap Action Plan Intervention	
	90% Childhood vaccination coverage rate for all antigens	98,100
	50% of mothers attending maternal child health clinics screened for NCDs	

	1 Divisional hospital and 5 sub divisional hospitals reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	8,720
	60% of children being breastfed at 6 months	16,350
	40% of acute rheumatic fever and rheumatic heart disease patients receiving ≥ 80% of secondary antibiotic prophylaxis	21,800
	Reduction in 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	50% of rural sanitary district communities with improved Drinking Water Safety Plans	375,100
	150 rural sanitary district communities, schools and health care facilities with holistic WASH Intervention	
	10 water samples per Division taken for water quality testing	
	80% of high-risk areas that have undergone source reduction program through IVM program	
	50% of scheduled, good hygiene practice and food establishment training conducted	163,500
	5 communities declared Tobacco free setting (TFS)	109,000
	More than 80% IHR core capacity compliance	
	>95% COVID 19 vaccination of targeted population	3,873,443



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

Outcome	Outputs	Budget \$
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	163,500
2.2 Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population	80% coverage of scheduled specialist curative services	167,860
	1 major outreach per division per year including the use of MV Veivueti	
	80% coverage scheduled rehabilitation outreach visits	92,650
	Less than 10% unplanned readmission within 28 days of discharge	7,345,670
	Less than 4 weeks average time for processing overseas medical referrals	1,090,000
2.3 Continuously improve patient safety, and the quality and value of services	Policies and guidelines reviewed and developed for National Patient Safety and Quality and National Clinical Governance	
	More than 80% intensive care unit hand hygiene rate	488,865

	Less than 5% surgical site infection for elective caesarean section at all divisional hospitals	
	80% of Unusual Occurrence Reports (UOR) resolved within timeframe	
	More than 80% of Root Case Analysis (RCA) recommendations implemented	
	More than 80% patient experience survey response rate	
	More than 80% of customer complaints resolved within predetermined resolution timeframes for complaints received through # 157	
 <b>Priority Area 3: Drive efficient and effective management of the health system</b>		
Outcome	Outputs	Budget \$
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	
	More than 70% of recruitment and selection completed in accordance with OMRS policy and guidelines	228,685,152
	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	924,839
	100% of health facilities in compliance with Occupational Health & Safety requirements for certification	32,700
3.2 Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment	>80% availability of tracer products in targeted facilities	48,523,445
	End to end review of supply chain completed and commencement of implementation of the recommendations	
	Review of Essential Medicines List (EML) and revised list published	
	15 samples of medicines sent for laboratory testing at a WHO accredited laboratory	54,500
	>80% of facilities having proper functional biomedical and dental equipment	11,777,578
3.3 Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable	>80% execution of annual budget	35,958,879
	Monthly reports on expenditure from Finance	
	Timely remuneration of Community Health Workers	
3.4 Ensure infrastructure is maintained to match service needs	Targeted health facilities upgraded as per requirement	23,390,645
	1 Board of Survey conducted per year and boarded items removed	



3.5 Harness digital technologies to facilitate better health care for our patients	100% of targeted govnet sites (health centres) using Health Information Systems	730,300
	90% of total discharges recorded in PATISplus system	
	Implementation of new health information systems (HIS)	
	>75% of births recorded in PATISplus system	
	100% timely submission of situation reports by command centre	76,300
	1 National level and 4 divisional level training data collection and analysis at all levels	
	National training International Classification of Diseases(ICD) coding	
	National Research training conducted	10,900
	Review and update health research priorities and SOP	
	Review of Health Research Portal	
	Health Research Ethics Review Committee meeting conducted	
3.6 Continue to strengthen planning and governance throughout the MHMS	5 identified policies developed/ reviewed	
	>10 cabinet papers submitted to cabinet in accordance with standards	
	50% of Business plan progress reports submitted as per timelines	
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

# Acronyms

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