MINISTRY of HEALTH & MEDICAL SERVICES

Shaping Fiji's Health

Ministry of Health & Medical Services

Annual Report

2014

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2014

Hon Jone Usamate
The Minister for Health and Medical Services
Ministry of Health and Medical Services
Suva

Dear Hon Usamate,

I am pleased to submit the 2014 Annual Report in accordance with the Government's regulatory requirements.

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Dr Meciusela Tuicakau
Acting Permanent Secretary for Health and Medical Services

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Acronyms

ACBA	Australian Coding Benchmark Audit
ACP	Annual Corporate Plan
AHD	Adolescent Health Development
ALOS	Average Length of Stay
AMU	Asset Management Unit
ARH	Adolescent Reproductive Health
BFHI	Baby Friendly Hospital Initiative
BP	Business Plan
BOV	Board of Visitors
CBA	Child Bearing Age
CD	Communicable Diseases
CMNHS	College of Medicine, Nursing and Health Sciences
CPG	Clinical Practice Guidelines
CSN	Clinical Service Network
CWMH	Colonial War Memorial Hospital
DMFT	Decayed Missing Filled Teeth
DNS	Director of Nursing
DOTS	Directly Observed Treatment
DPPDU	Director Planning and Policy Development Unit
DSAF	Deputy Secretary Administration and Finance
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary Public Health
EH	Environmental Health
EmNOC	Emergency Obstetric and Newborn Care
EPI	Expand Program of Immunisation
ESKD	End Stage Kidney Disease
FCCDC	Fiji Centre for Communicable Disease Control
FHSSP	Fiji Health Sector Support Program
FJPH	Fiji Journal of Public Health
FNU	Fiji National University
FPBS	Fiji Pharmaceutical and Biomedical Services
GDP	Gross Domestic Product
GF	Global Fund
GMU	Grant Management Unit
GO	General Orders
GOPD	General Outpatient Department
HC	Health Centre
HCF	Health Care Finance
HEADMAP	Health and Emergencies Disaster Management Plan
HIU	Health Information Unit
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
HPTSG	Health Policy Technical Support Group
HQ	Headquarters
HRP	Health Research Portal
ICT	Information Communication Technology
IMCI	Integrated Management of Childhood Illnesses
JICA	Japan International Cooperation Agency
KPI	Key Performance Indicator
LIMS	Laboratory Information System
MDA	Mass Drug Administration
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoHMS	Ministry of Health AND Medical Services
MR	Measles and Rubella
MRI	Magnetic resonance imaging
MVA	Manual Vacuum Aspirator

NCD	Non Communicable Diseases
NCHP	National Centre for Health Promotion
NHA	National Health Account
NHEC	National Health Ethics Committee
NICU	Neonatal Intensive-Care Unit
NIMS	National Iron and Micronutrients Supplementation
NQSHL	National Quality Standards for Health Laboratory
NRP	Neonatal Resuscitation Programme
NSP	National Strategic Plan
NTBD	National Tooth Brushing Day
NTD	Neglected Tropical Diseases
OPV	Oral Polio Vaccine
PATIS	Patient Information System
Pac ELF	Pacific Programme to Eliminate Lymphatic Filariasis
PHIS	Public Health Information System
PICU	Paediatric Intensive Care Unit
PO	Purchase Order
PPHSN	Pacific Public Health Surveillance Network
PPTCT	Prevention of Parent-to-Child Transmission
PPP	Public Private Partnership
PPU	Post Processing Unit
PR	Principal Recipient
PSC	Public Service Commission
PSHMS	Permanent Secretary for Health and Medical Services
RCA	Root Cause Analysis
RDSSED	Road for Democracy, Sustainable Socio-Economic Development
RDQA	Routine Quality Data Assessment
RHD	Rheumatic Heart Disease
SOPD	Special Outpatient Department
SHA	System Health Account
SPC	Secretariat of the Pacific Community
SP	Strategic Plan
STI	Sexually Transmitted Infections
TAS	Transmission Assessment Survey
TB	Tuberculosis
TISI	Then India Sanmarga Ikya Sangam Fiji
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USP	University of the South Pacific
VCCT	Voluntary Confidential Counselling Test
WDF	World Diabetes Foundation
WHO	World Health Organisation
WPRO	Western Pacific Regional Office

1. Permanent Secretary's Remarks

The 2014 journey for the Ministry of Health and Medical Services has been an exciting one especially with the threats of Dengue Fever and Ebola Viral infections. Despite the odds and other challenges the Ministry was able to scoop the Service Prize Excellence Award with the SFCCO Rating of 95.27%.

The achievement indicates the Ministry's commitment to service excellence and ensures that all Fijians have access to affordable, efficient and safe health care services. Healthcare Services, system and structure continue to evolve globally in order to improve patient care and respond to emerging and re-emerging disease pattern and burdens. Fiji is no exception and 2014 saw the signing of several MOUs, commissioning of new facilities, commissioning of new equipment's and the endorsement by Cabinet of additional manpower for 2015. In addition, it had strengthened some of its legislative jurisdiction such as the Food & Safety Regulation and the Tobacco Control Decree.

Below were some of the key achievements:

1. Commissioning of the New Operating Theatre, Cath Lab, Liquid Based Cytology Machine, Maternity Renovations, Kitchen Upgrade, Lithotripter Machine and Wellness for Women facility at CWM Hospital
2. Opening of the New Navua Hospital
3. Opening of the Dialysis Centre at Labasa Hospital
4. Refurbishment and separation of Acute and Chronic Wards at St Giles Hospital
5. Rebranding of the Wellness unit as WELLNESS FIJI – HARVEST THE WELLNESS IN YOU
6. Launch of Sexual Health guidelines and Policies
7. Implementation of the 2013-2018 National Medicinal Products Policy Strategic Plan

Although more achievements have been attained, the Ministry continues to explore opportunities for continuous improvements by encouraging Public Private Partnership's projects, supporting outsourcing, coordinating Visiting Teams and strengthening Outreach Services.

As we reflect over the years the Ministry recognises that the main crisis at the moment in terms of the Health of this nation is the burden of NCDs with its high mortality and morbidity. We will continue to fight and we note that the best approach is the Wider Sector involvement or whole of government approach where all Fijians have the responsibility to advocate for Wellness throughout their lifetime whether individually or family, community or the population at large.

As I conclude I must acknowledge the MoHMS team for their perseverance in continuously improving the health of all Fijians. In addition I also wish to thank our development partners, NGOs and other organisations who have made 2014 a success.

We will continue to improve so all Fijians receive the best in our delivery of healthcare service.

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Dr Meciusela Tuicakau

Acting Permanent Secretary for Health and Medical Services

2. Ministry of Health and Medical Services Overview

The Ministry of Health and Medical Services acknowledges that it is the right of every citizen of Fiji, irrespective of race, gender, creed or socioeconomic status, to have access to a national health system that provides high quality health services, the principal function of which is to provide accessible, affordable, efficient and high quality health care and strengthen community development leading to improved quality of life.

3. Ministry of Health and Medical Services Priorities

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

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

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

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

The Guiding Principles for Ministry of Health and Medical Services are,

Vision

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

Mission

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

Values

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

Respect for Human Dignity
We respect the sanctity and dignity of all we serve

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

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

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

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

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

Legislation for which this portfolio is responsible,

1.	Allied Health Practitioners Decree 2011
2.	Animals (Control of Experiments) Act (Cap.161)
3.	Burial and Cremation Act (Cap.117)
4.	Child Welfare Decree 2010
5.	Child Welfare (Amendment) Decree 2013
6.	Food Safety Act 2003
7.	HIV/AIDS Decree 2011
8.	HIV/AIDS (Amendment) Decree 2011
9.	Marketing Controls (Food for Infants and Children) Regulation 2010
10.	Medical Imaging Technologist Decree 2009
11.	Medical and Dental Practitioner Decree 2010
12.	Medical and Dental Practitioner (Amendment) Decree 2014
13.	Food Safety Act 2003
14.	Illicit Drugs Control Act 2004
15.	Medical Assistants Act (Cap.113)
16.	Medicinal Products Decree 2011
17.	Mental Health Decree 2010
18.	Mental Treatment Act (Cap113)
19.	Methylated Spirit Act (Cap. 225A)
20.	National Ambulance Decree 2010
21.	Nurses Decree 2011
22.	Pharmacy Profession Decree 2011
23.	Private Hospitals Act (Cap. 256A)
24.	*Public Health Act (Cap. 111)
25.	Public Hospitals & Dispensaries Act (Cap 110)
26.	Public Hospitals and Dispensaries (Amendment) Decree 2012
27.	Public Hospitals and Dispensaries Regulation 2012
28.	Optometrist and Dispensing Optician Decree 2012
29.	*Quarantine Act (Cap. 112)
30.	Quarantine (Amendment) Decree 2010
31.	Radiation Health Decree 2009
32.	Tobacco Control Decree 2010
33.	Tobacco Control Regulation 2012
34.	The Food Safety Regulation 2009
35.	The Food Establishment Grading Regulation 2011

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

Key Cabinet Papers

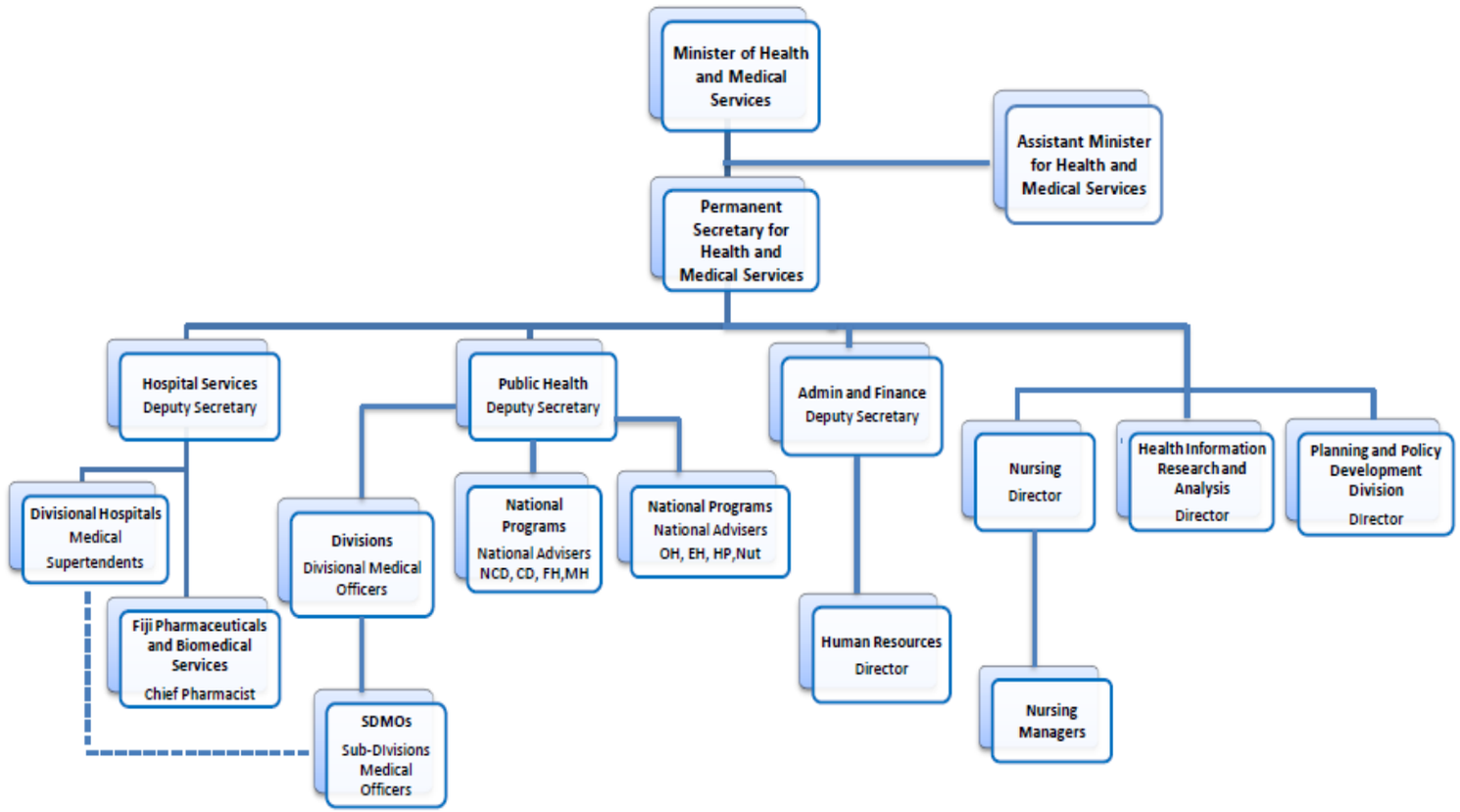
Ministry of Health and Medical Services is Responsible for:

Table 1: Key Cabinet Decision for 2014

No.	Cabinet Title	Type	Date Submitted	CP Decision #	Annex Attached	File No.
1.	Development of the Medical Laboratory Law	Discussion	CP (14) 01 10/01/2014	Noted CD # 7	Annex I – National Laboratory Policy and Standards	MD. 7/16/37
2.	Memorandum of Understanding Between the Ministry of Health of the Republic of Fiji and the Ministry of Health of Brazil	Discussion	CP (14) 15 29/01/14	Noted CD # 24	Annex I – MOU between MOH and Ministry of Health of Brazil on Cooperation on Health related matters	MD. 1/1/32
3.	First Meeting of the Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific	Information	CP (14) 20 29/01/14	Noted CD# 32	Annex I – Guiding Principles and Outcomes Annex II – Regional Steering Group for Civil Registration and Vital Statistics in Asia and the Pacific Annex III – Key Note Address from Minister for Health	MD. 13/23/165
4.	Radio Oncology Centre	Information	CP (14)14 29/01/13	Noted CD # 23	Annex I – Brief Epidemiology of Cancer in Fiji Annex II – Development of Oncology Policy in 2013 Annex III – Cancer prevention and Control Program implemented through the Wellness Centre Annex IV Overseas Treatment Annex V – Membership with IAEA	MD. 42/25-VII
5.	Memorandum of Understanding Between the Australian Capital Territory Government and MOH	Discussion	CP (14)32 11/02/14	Noted CD # 36	Annex I – MOU between Australian Govt. and MOH of the Republic of Fiji Annex II – Consultation on this project with the Ministry of Foreign Affairs Annex III – Consultation with the Solicitor-General Office	MD. 1/1/32-5
6.	Dengue Fever Outbreak	Discussion	CP (14) 39 25/02/2014	Noted CD # 51	Annex I – WHO Dengue and Severe Dengue Annex II – Distribution (trend) of the Dengue Fever cases in Fiji by Division Annex III – Dengue response plan of action – Phase 1 & 2	MD. 42/26
7.	Medical and Dental	Discussion	CP (14) 66	Noted CD #	Annex I – Medical and	MD.

	Practitioner (Amendment) Decree 2014		25/03/2014	88	Dental Practitioner (Amendment) Decree 2014 Annex II – Consultation with the Office of the Solicitor-General	1/8/36- II
8.	Memorandum of Understanding between the MOH and the Han Wha Corporation, Korea	Discussion	CP (14) 70 25/03/2014	Noted CD # 90	Annex I – MOU between MOH and Hanwha Corporation, Korea on Cooperation on Health related matters Annex II – Consultation with the Solicitor General's Office	MD. 1/1/32-5
9.	MOU between the MOH and the Punja Charity Trust	Discussion	CP (14) 69 25/03/2014	Noted CD# 89	Annex I – MOU between MOH and the Punja Charity Trust	MD 1/1/32-5
10.	Dengue Fever Epidemic Update in Fiji 2014	Information	CP (14) 95 22/04/2014	Noted CD#117	Annex I – Fiji Dengue Outbreak Action Plan Annex II – Cabinet Decision extract from Minutes of Meeting held on Tuesday 25/02/2014	MD. 42/46
11.	Electronic Nicotine Delivery System	Discussion	CP (14) 138 17/06/2014	Noted CD #161	Annex I – Consultation with Solicitor-General	MD. 8/105
12.	Report on the 67th WHA Meeting – 19 – 24 June, 2014	Information	CP (14) 139 17/06/14	Noted CD# 169	Annex I - III – Resolutions of the WHA Annex II – Public Hospitals and Dispensaries Act	MD. 19/23
13.	Request for Staffing Establishment Increases for the Ministry of Health	Discussion	CP (14) 153 01/07/2014	Noted CD#182	Annex I – Annex X	MD. 2/1/41
14.	Food and Safety (Amendment) Regulation 2014	Discussion	CP (14) 170 20/07/2014	Noted CD# 202	Annex I – Annex VI-	MD. 17/3/19
15.	Eleventh Pacific Health Ministers Meeting - 2015	Discussion	CP (14) 194 21/10/2014	Noted CD# 239	Annex I – Annex III	MD. 12/58/1
16.	MOU on Health Cooperation between the National Health and Family Planning Commission of the People's Republic of China and the Ministry of Health And Medical Services of the Republic of Fiji	Discussion	CP (14) 246 11/11/2014	Noted CD# 295	Annex I – Annex II	MD. 1/1/32-6
17.	Fiji Ebola Virus Disease Preparedness and Response Plan	Information	CP (14) 248 11/11/2014	Noted CD# 301	Annex I – Annex IV	MD. 1/1/16-11
18.	Fiji Demographic Health Survey	Discussion	CP (14) 247 11/11/2014	Noted CD# 296	Annex I – Annex VI	MD. 11/18/40

Figure 1: Ministry of Health and Medical Services Organisation Structure



4. Reporting on RDSSED 2009-2014

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

Table 2: RDSSED Performance Indicators for 2013 and 2014

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective RDSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSSED)	2013	2014
Pillar 10: **Improving Health Service Delivery**	Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their well being.	Child mortality rate reduced From 26 to 20 per 1000 live Births (MDG).	17.9	18.0
		Percentage of one year olds Immunised against measles Increased from 68% to 95% (MDG).	79.9*	82.5
		Maternal mortality ratio reduced from 50 to 20 per 100,000 live births (MDG).	19.07	44.4
		Prevalence of diabetes in 15-64yrs age reduced from 16% to 14% (note: baseline and target may need revision).	25.6	25.9
		Contraceptive prevalence rate (CPR) amongst population of child bearing age increased from 46% to 56% (MDG).	38.4	43.5
		Increased Fiji resident medical graduates from FSMed from 40 to 50 per year	34	73
		Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually.An annual growth rate of 5% over the medium term	Increase of Health Budget by 0.04% of GDP as compared to 2012	Increase of Health Budget by 0.52% of GDP as compared to 2013
		Average length of stay for in-patient treatment reduced from 7 to 5 days	5.0	4.6
		Prevalence rate of STIs among men and women aged 15 to 25 (per 100 000 population)	55	90.70
		Admission rate for diabetes and its complications, hypertension and cardiovascular disease.	118.5	112.7
		Amputation rate for diabetic sepsis	16.1	15.4
		Prevalence of under 5 malnutrition (per 1000 population)	36.3	2*
		Prevalence rate of Tuberculosis reduced from 10% to 5% (part of MDG 22).	100 per 100,000	2014 will be estimated by WHO in the

				2015 Report.
		Prevalence of anaemia in pregnancy at booking from 55.7% to 45%	27.1	31.1
		Rate of teenage pregnancy reduced by 5% (per 1000 CBA population)	7.75	4.91
		Adolescent birth rate (per 1000 girls aged 15-19yrs)	40.1	26.7

** from PHIS*

The Ministry has improved performance in the following categories: The child mortality performance indicator has been surpassed with the 2013 and 2014 CMR being < 20 deaths per 1000 live births; improvements in the yearly immunization coverage rates by 3% from 2013; improvements in CPR by 13% compared to 2013; adherence to the prevalence of anemia indicator and keeping this below 45%; improvements in the rates of teenage pregnancy and adolescent pregnancy by 36% and 34%, respectively; improvements in the average length of hospital stay . The maternal mortality ratio has increased in 2014; and the prevalence rate of STI's has increased by 43% due to improvements in data capture. The facility based prevalence of diabetes mellitus, admission rate for Diabetes, hypertension and CVDs, amputation rates for DM remains consistent over the two comparative years.
The prevalence of under 5 malnutrition is quite low in comparison to 2013 because PHIS only captures severe malnutrition cases who were admitted.

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

Table 3: RDSSED Performance Indicators for 2013 and 2014

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective RDSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSSED)	2013	2014
Pillar 10: **Improving Health Service Delivery**	Communities have access to effective, efficient and quality clinical health care and rehabilitation services.	Participation of private and health care providers increased from 2 to 10.	21 GPs 2 Private Dentists 1 Private Pharmacy 1 Private Hospital	3 GPs 1 Private Dentists
		Health (actual) expenditure increased from the current 2.19% to at least 5% of GDP by 2013	Health actual expenditure is 2.20% of GDP	Health actual expenditure is 2.6% of GDP
		Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually.	Increase of Health Budget by 0.04% of GDP as compared to 2012	Increase of Health Budget by 0.52% of GDP as compared to 2013
		Doctors per 100,000 populations increased from 36 to 42.	50	60.6
		Outsourcing non technical activities such as laundry, kitchen and security by end of 2011	Mortuary services outsourced. Laundry and	Mortuary, Security and Cleaning services

			kitchen are still in process	outsourced. Laundry and kitchen are still in process
		Health Policy Commission established by 2011	Health Policy Technical Support Group established 2012	Health Policy Technical Support Group established 2012
		Average length of stay for in-patient treatment reduced from 7 to 5 days	5.0	4.6
		Elimination of stock outs of drugs from present 100 items per month	80	70.5
		'Proportion of tuberculosis cases detected an d cured under directly observed treatment short course (DOTS)'.	Case Detection=50% Treatment Success rate =85%	Case Detection will be released by WHO in Oct 2015 TSR will be calculated in 2015 as people are still on treatment
		Bed Occupancy Rate of Psychiatric beds	42.48	37.97
		Number of staff trained in mental health	11	7

The bed occupancy rates (only for St Giles Hospital) for Psychiatric beds decreased by 11% due to a combination of reporting, decentralization of psychiatry services and establishment of stress wards. The ALOS improved by 8% in 2014.

5. Hospital Services

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

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

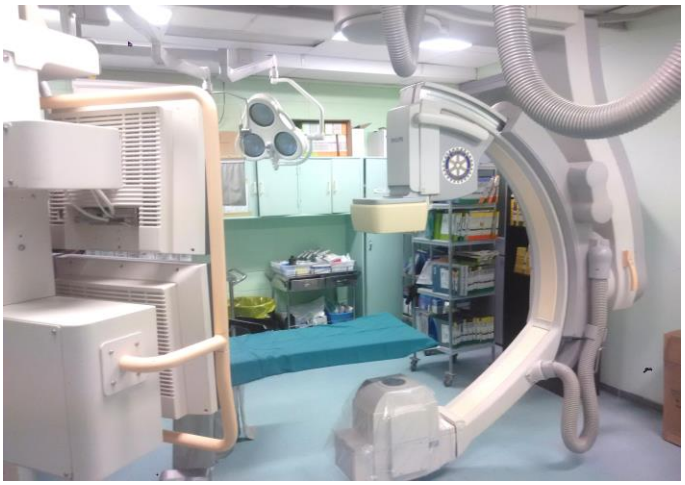
1) The Fiji Pharmaceutical and Biomedical Services (FPBS).
2) Health Systems and Standards.
3) Clinical Services Network.
4) Blood and Ambulance Services.
5) Overseas Referrals.
6) Specialist Visiting Teams.
7) Implementation of Service Excellence Framework.

Colonial War Memorial Hospital

Achievements

a. Endorsement of Internal Patient Referral Form and hospital policy for disposal of foetal tissue by hospital.
b. Commissioning of five projects in March 2014 by the Minister for Health Dr Neil Sharma – Liquid Based Cytology Machine, Maternity Renovations, Kitchen Upgrade, Lithotripter Machine & Wellness centre for Women.
c. Launch of the National Immunization Week on 22nd April 2014 by the PS Health Dr Eloni Tora at the Ante Natal Clinic with the theme: "Stop Hepatitis B and Liver Cancer – Vaccinate at Birth".
d. Launch of the first ever celebration of the World Asthma Day on 7th May 2014 at FNU Pasifika Campus auditorium, facilitated by the CWMH ED team.
e. Donation of furniture and books from International School students, 600 cartons of Fiji water bottles from Fiji Water Company and 55 cartons of Bula water bottles from Tappoo's Company.
f. Total of 10 visiting overseas cardiologist teams providing services while training and supporting local cardiology team at the Cath Lab.
g. New Echo Machine (GE Vivid E9) installed in June 2014 at the Cardiology department.
h. Renovations and Exterior painting of South Wing (Children's hospital), Nurses Quarters, Physiotherapy Department and Antenatal Clinic.
i. Donation of Digital Screens to ANC and Children's OPD from Asco Motors, Tradeplus and Design Grafix companies and launched by Minister of Health Dr Neil Sharma on 24th July 2014.
j. Commissioning of new Operating Theatres, PARU and Cath Lab by the PM Rear Admiral (Ret.) Voreqe Bainimarama in August 2014.
k. Purchase and installation of new biomedical equipment for OT & PARU with new patient trolleys in August 2014.
l. Commencement of outreach by Eye Team to Naboro Correctional Facility in November 2014 in collaboration with the Fiji Corrections Services.
m. Renovation of Microbiology Incubator room & Media Prep room and purchase of Infant Warmers by Australian Aid handed over on 16th December 2014 by Australian High Commissioner Mrs Margaret Twomey.
n. Additional positions approved for CWMH establishment – Medical Officers; Medical Interns; Radiographers; Laboratory Assistants and Phlebotomists.

Lithotripter Machine (CWMH). This machine is used to shatter bladder stones that can pass easily through urinary passage therefore saving surgeries and bed occupancy.



Cath Lab (CWMH), *used for Cardiac Procedures and treatment of Heart Diseases*

Wellness centre for Women at CWMH- a project in partnership with International Women's Association

Labasa Hospital

Achievements

a. 88.06% achievements towards 2014 Business Plan activities. Even though the facility was under resourced in terms of human resources, financial, infrastructure and equipment, this achievement has to be commended.
b. The opening and handing over of the POHLN Training facilities by the WHO. The hospital provides the room and WHO provides the computers. This facility will enable our personnel to undertake trainings available online.
c. Service Excellence – implementation of the Monthly Employee Award.
d. Training of medical officers and nurses on the management of Dengue Fever, Leptospirosis and Typhoid Fever.
e. Opening of the Dialysis Unit in Labasa Hospital in September 2014.

Labasa Dialysis Centre – a project in partnership with BOV for managing patients with ESKD

Lautoka Hospital

Achievements

a. O&G CSN with FHSSP released a pocket sized Clinical Practice Guideline booklet in June.
b. 3 visiting overseas orthopedic team (Hand, Shriners & Sahaydri).
c. Opening Feeding Room in Children's Ward.
d. One infection outbreak in 2014 compared to 3 per year in previous years in the Paediatric unit.
e. Tracer product availability – achieved throughout (>80%).
f. 2 Infection Control training conducted and 100% orientation to new staff.
g. Successful containment of 1 Klebsiella Pneumonia outbreak compared to 2 in 2013.
h. National Tooth brushing Day was launched at Jasper William High School.
i. 2 Prosthetic Outreach: Keiyasi & Vatulele.
j. Decentralizing of serving at ward levels.

k. Renovation of A/E and additional theaters.
l. Repair and resealing of roads from Main road to hospital ambulance area.

Tamavua / Twomey Hospital

Achievements

a. The Leprosy program has maintained its elimination prevalence rate of less than 1 per 10,000 population. The program continues to sustain implementation strategies for early diagnosis through screening outreach includes skin clinic in Korovou Prison and Nasinu Prison and dermatology clinics.
b. Engaged in hospital consultations in CWM Hospital and the care of generalized serious and chronic skin diseases that are admitted in the Leprosy ward.
c. The NTP recorded 345 new and 4 relapse cases in 2014. There has been a significant (37%) increase in the number of new and relapse cases from 2013 to 2014. The number of new smear positive cases has slightly decreased (1%) to 105 in 2014 compared to 2013 (106).
d. The development of TB modules for medical officers and the training by NTP has equipped doctors better in identifying presumptive TB cases and making a faster and correct diagnosis to commence early treatment.
e. The prosthetic Department made a total of 120 prosthesis (Below Knee, Above Knee & Forefoot).
f. Rehab Out-Reach Clinics and Home Visits were able to provide support to the Divisional CRAs and Physiotherapists in assessing cases, conduct clinics at various health facilities, and to home visit high risk patients who are not able to attend Rehab Clinic. A total of 231 outreach visits were conducted in the Central, Western and Northern Division.
g. Renovation of Quarters 48 which now houses the Medical Superintendent and Tamavua House which is now being used by short term stayers of the Ministry as well as those that comes in for training.

St Giles Hospital

Achievements

a. Expansion and maintenance of psychiatry outreach clinics.
b. Extensive renovation of food service areas and inpatient areas to improve services.
c. Separation of hospital wards and patient care into Acute and Chronic.
d. Establishment of Admission Discharge Planning Unit and Forensic Unit.
e. Strengthening of Divisional psychiatry services through trainings and transfer of key posts from St Giles Hospital to Stress Management Wards.
f. Revival of Psychiatry CSN (National, Divisional).
g. Revival of National Committee for the Prevention of Suicide.
h. Resumption of Medical Intern attachments in Psychiatry.


CWMH New Operating Theatres. Taking surgical care to another level

6. Fiji Pharmaceutical and Biomedical Services Centre (FPBSC)

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

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

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

Achievements

a. Total of 5 regulations for the Medical Products Decree 2011 to be developed through WHO funding and technical assistance, 3 are in draft state and 2 to be developed in 2015.
b. Fiji Pharmacy Professional Board and Fiji Medical Products Board had 3 and 2 meetings respectively.
c. National Medicinal Products Policy Strategic Plan 2013-2018, 2014 activities implemented.
d. Launch of National Medicinal Products Policy on 24th April 2014.
e. FPBS 2015 Procurement Plan developed and endorsed.
f. Epicor and FMIS training facilitated by CP and 30 FPBS staff attended.
g. More than 80% delivery to health facilities were achieved for all three supply period and 100 % of the targeted health facility more than 50% of tracer products availability.
h. Development and implementation of 2 policies for FPBS warehouse.
i. Clinical Pharmacy Seminar – 22nd to 23rd February. The Pharmacy Clinical Services Network (CSN) organized a pharmacy seminar in Nadi that brought together hospital pharmacy personnel from all over Fiji to share their clinical experiences and learn from each other.

Launch of National Medicinal Products Policy

7. Divisional Report 2014

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

Figure 2: Four Divisions within Fiji

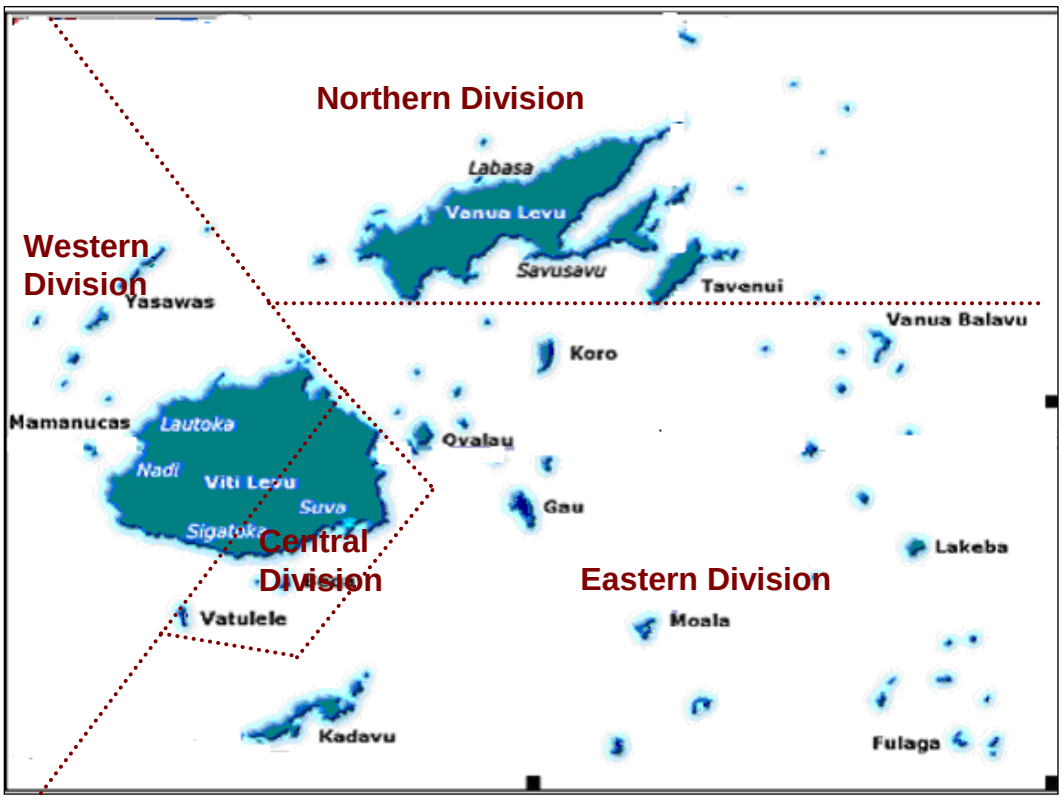


Table 4: Government Health Facilities

Health Facility	Central	Western	Northern	Eastern	Total
Specialized Hospitals/ National Referral	2	0	0	0	**2**
Divisional Hospital	1	1	1	0	**3**
Sub divisional Hospital [level 1]	0	3	1	0	**4**
Sub divisional Hospital [level 2]	5	3	2	6	**16**
Health Centre [level A]	7	4	1	0	**12**
Health Centre [level B]	2	4	3	1	**10**
Health Centre [level C]	12	18	15	14	**59**
Nursing Stations	21	25	21	31	**98**
Private Hospital	0	1	0	0	**1**
Total	**51**	**59**	**44**	**52**	**205**

Central/Eastern Division

The Central/Eastern division is the largest by population size and caters to about 51 health facilities. The total number of people in this division is 414,373 with the majority people residing in the Suva subdivision.
Health services are delivered from 1 divisional hospital, 5 sub division hospitals (level 2), 21 health centres (7 level A, 2 level B, 12 level C), and 21 nursing stations.

Health services in the Eastern Division are delivered from 6 sub division hospitals (level 2), 15 health centres (1 level B, 14 level C), and 31 nursing stations.

Table 5: Demography of Central/Eastern Division

Subdivision	2013	2014
Suva	216,540	217,597
Rewa	84,413	84,872
Naitasiri	20,002	20,232
Serua/Namosi	29,625	29,588
Tailevu	19,963	22,384
Lomaiviti	13,886	16,187
Kadavu	10,995	10,946
Lomaloma	4,332	3,358
Lakeba	7,284	7,294
Rotuma	1,921	1,866
Total	**408,961**	**414,373**
Central (Total Population)	**370,543**	**374,673**
Eastern (Total Population)	**38,418**	**39,651**

In comparison to 2013 the total population for the Central & Eastern division has both increased by 4,130 & 1,233 respectively.

Western Division

The Western Division is divided into 6 sub division (Ra, Tavua, Ba, Lautoka/Yasawa, Nadi and Nadroga/Navosa) with a total population of 387,710. Health services are delivered from 1 divisional hospital, 6 sub division hospitals (3 level 1 and 3 level 2), 26 health centres (4 level A, 4 level B, 18 level C), and 25 nursing stations.

Table 6: Demography of Western Division

Subdivision	2013	2014
Ra	29,920	29,266
Tavua	26,529	26,376
Ba	55,825	56,143
Lautoka/Yasawa	108,141	132,385
Nadi	90,993	90,810
Nadroga/Navosa	53,971	52,730
Total	**365,379**	**387,710**

The total population for the Western division has increased by 22,331 in comparison to 2013 which implies that the reporting of populations by the zones and divisions are not consistent and may not be valid.

Northern Division

The Northern Health Division office provides health services for 4 sub divisions of Bua, Cakaudrove, Macauta and Taveuni. Health services are delivered from 1 division hospital, 3 sub division hospitals (1 level and 2 level 2), 21 health centres (3 level A, 4 level B, 15 level C) and 21 nursing stations.

Table 7: Demography of Northern Division

Subdivision	2013	2014
Bua	15,961	16868
Cakaudrove	32,717	33034

Macuata	75,089	64439
Taveuni	16,556	16649
Total	**140,323**	**130,990**

Table 8: Summary Population by Division

Division	2013	2014
Central	359,462	374,673
Eastern	38,418	39,651
Western	365,379	130,990
Northern	140,323	387,710
Total	**914,663**	**933,024**

Achievements

1) Expansion and strengthening of services

a. Engagement of an ongoing weekly program by Medical area staff in most subdivisions.
b. Wellness and Reproductive Health Teams conducted NCD and HIV/STI screening and awareness during the Hibiscus Festival.
c. Vunidawa Hospital visit by the surgical team from CWMH where patients with lumps and bumps including hydrocoels & hernias were treated in Vunidawa during the one week stay.
d. Nakida Outreach Tour in the month of May 2014 where the remote villages in the Nakorosule Medical Area were visited by the Outreach team and the following services provided including GOPD, SOPD, Dental, MCHC, Fam. Planning, Eye check and community inspection.
e. Wainimala Tour (villages visited included Tubarua, Nasauvere, Nasava, Matawailevu, Narokorokoyawa, Korovou & Sawanikula Village. The Outreach team spent 1 whole week visiting all these remote villages providing GOPD, SOPD, Dental, MCHC, Family Planning, Eye check and community inspection.
f. Rotuma Lab Quality Assessment conducted by Dr Litia Tudravu and Mrs Nanise Malupo on 27th – 31st Sept.
g. Sea Mercy tour assisted the Sub-divisional team to conduct outreaches to the outer islands through 3 visits. Outreaches included GOPD, SOPD, Dental Care and other specialities including Eye care and Family Planning and Paps Smear.
h. Lakeba Public Health Team conducted outreach to the eight villages in Lakeba.

2) Strengthening of Public/Private Partnerships

a. National tooth brushing day – in partnership with Colgate Palmolive involving communities, schools, corporate and business houses, and health facilities. This was conducted on 25th July at 12.30pm where all that were registered brushed at one time.
b. New Medical boat was bought for the Subdivision with the assistance and contribution from the Board of Visitors of Lomaloma hospital in collaboration with Ministry of Health.
c. A 13kVA Generator has been donated to Hospital by Mr Martin from Mago Island.
d. Opening of newly renovated Levuka GOPD/SOPD/IMCI and Foot care Clinic in April, funded by FHSSP.
e. New treatment room for Nausori HC, sponsored by the Board of Visitors completed and operational.
f. Donations to Wainibokasi hospital received from Ney Plymouth AOG Church, New Zealand.
g. Twice this year Insulin for life Australia and Israel donated cartons of insulin syringes, pens, lancets, glucometers and strips to Diabetic Centre, Suva.
h. Visitation from Chinese naval medical team and New Zealand golden oldies mission team to the Senior Citizens home in Samabula to provide free medical checkup for all residents.
i. Mass Casuality Mock Exercise in Rewa – first water based emergency evacuation exercise conducted in conjuction with Airports Fiji Limited.
j. Chinese Medical Boat "Peace of Ark" visit to Fiji and conducted free medical and surgical consultation and treatment at the boat in the Suva wharf, Valelevu HC and Samabula Senior Citizen's Home.
k. Wellness Carnival – held in Vunisea on 31st July, and 1st August. Primary and secondary schools participated in oratory contests, debates, and skits concerning NCDs. Other stakeholders that attended the event were the Ministry of Fisheries from Suva, Corrections Services, Careers Expo, Ministry of Agriculture, and National Fire Authority.

China Naval Ship – Peace Ark – docked at Suva Harbour providing Surgical Procedures and Outpatient Clinics on various disciplines

3) Infrastructural improvements

a. Maintenance of Infrastructure for:
   Eastern Division – Nasau, Galoa and Nausori Health Centre, Wainibokasi and Vunidawa Hospital.
   Central Division – Diabetic Centre, Senior Citizens Home and Lami Health Centre.
   Western Division – Kamikamica Park Hub, Tau Nursing Station, Raiwaqa, Lomawai, Namaka, Balevuto, Vatukarasa and Korolevu Health Centre.
   Northern Division - Savusavu Hospital.
b. Ground breaking ceremony for the new Rotuma Hospital officiated by Honourable Minister Major General Jioje Konrote.
c. Finalization of preliminary works for the New Nausori hospital, to include Site visits, Geotechnical survey, Environment Impact assessment, Stakeholder consultation meetings, Topographic survey and the Development, Formulation & Finalization of the Hospital design.
d. Opening of Navua Hospital on 31st July, 2014.

Navua Hospital – a project of the Government of China – to improve healthcare services in the Navua Subdivision and along Suva- Navua Corrridor

4) Improvement in Services

a. 2 Primary Care Practitioners training on Diabetes and related issues were held in March and November for a combined total of more than 80 General Practitioners and primary health practitioners at the Suva Studio Six.
b. More than 80 registered nurses from the Central, Eastern, Western and Northern Division were trained on Diabetes foot care and were also provided with foot kits courtesy of Diabetes Fiji.
c. More than 6 Diabetes peer groups set up by Diabetes Fiji were visited by the Diabetes Centre staffs for education and training on Diabetes.
e. Three workshop consultations were held at Suva, Lautoka and Labasa to advocate for an increase in taxation of sugar sweetened beverages to combat the rise in Diabetes rates. In January 2015, government announced in its budget a taxation of 5% increase/ml on all SSBs.
f. The Foot care manual was launched at the World Diabetes Day Celebration at Nausori on the 14/11/14.
g. Ebola mock training and mock exercise at Nausori and Nadi International airport.
h. Implementation of MNP program (Multi Nutrient Powder Supplementation Program to piloted sites in Labasa Medical area.

8. Public Health Services

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

Wellness Centre

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

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

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

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

Achievements

a. Completion of Public Health Protection Bill.
b. Completion of National Wellness Policy.
c. Completion of National NCD Strategic Plan 2015-2019.
d. Initiation of consultation of Community Health Worker Policy.
e. Global meeting in Nadi for FCTC.
f. Completion of construction of Wellness North Bus.
g. Completion of Competency Manuals for CHW and wellness.
h. Completion of PEN training except for eastern division.
i. Diabetes Fiji and Consumer Council lead in community mobilisation for Sweetened Sugar Beverages (SSB).
j. Launch of Khana Kakana innovation by Australia Volunteers in Fiji.

Mental Health

The Mental Health Unit core functions as stipulated in the Mental Health Decree 2010 in general involves:

- The coordination and promotion of the decentralisation of mental health services through the integration into primary health care and the general health care systems.
- The strengthening of existing community mental health services through the provision of training and adequate infrastructure and resources in the community

The Mental Health Unit officially began in the National Wellness Centre in April 2014 with the inclusion of the Acting National Advisor Mental Health into the team.

The National Mental Health Strategic Plan 2012-2016 mid – term review was conducted in August to ascertain gaps in the plan and strengthen the directions of mental health services and also to set the groundwork for the National Mental Health and Suicide Prevention Policy [2015]. In support for the decentralisation of mental health services, the unit in collaboration with WHO conducted a training of trainers on the mental health gap action programme (mhGAP) in July then commenced training of the Primary Care staff achieving a total of 195.

The World Suicide Prevention Day (September 9th) and World Mental Health Day (October 10th) celebrations were done in collaboration with stakeholders to encourage community involvement in raising awareness on mental health and suicide prevention. The Ministry of Health and Medical Services in collaboration with University of Texas supported by the College of Medicine, Nursing and Health Sciences of the Fiji National University organised the first mental health conference on "Treating Depression in Primary Care" in October 2014.

Collaboration with the National Substance Abuse Advisory Council on raising awareness on mental health and suicide prevention within in the school context was conducted. Activities were also conducted in collaboration with our public health staff in Tavua and Kadavu in to improve mental health care by training staff in the mhGAP and also conducting mental health education for students and the general community.

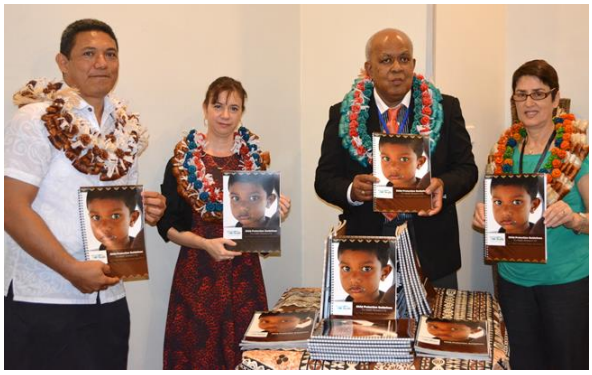
Family Health

The Programs functions are,

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

Child Health

Fiji has been en-route to reducing under 5 mortality over the past decade. With reductions being noted in the under 5 mortality there has been a number of different programs and trainings contributing towards the reduction.



Some such programs which the Ministry continued to strengthen in 2014 were: The Integrated Management of Childhood Illnesses (IMCI), where all effort has been made to firstly develop a guiding policy for the program. Strengthening staff capacity in the area of IMCI so that all children around Fiji are seen under the IMCI Guidelines for holistic care.

Apart from the IMCI programs under child health, the Ministry continued to strengthen its efforts in training and strengthening the Divisional and Sub-Divisional Teams in the WHO Pocket Trainings, Advanced paediatric Life support, and Child Protection Training.

There were a few concept papers, policies and action plans developed in 2014 for the child health program:

1) Fiji Action Plan for Children with Disabilities 2014-2015.
2) Integrated Management of Childhood Illnesses Policy.
3) Child Protection Action Plan with the Elimination of Violence against Women, Girls and Children program.

Maternal Health

The Ministry of Health and Medical Services has targeted under the Maternal and Child health to achieve targets set for the Millennium Development Goals. The MDG goal globally has been set to reduce child mortality by 2/3rds and reduce maternal mortality by three quarters. The Maternal Health Goal for the Ministry weren't realistic as one death due to the low population makes a difference of approximately 10%.

There were a number of programme that were strengthened in 2014 under maternal health, one of the biggest one which was also factored in at the Annual Corporate plan level was the Mother Safe Hospital Initiative. Tools for this was developed in 2013 and further strengthened as an audit tool in 2014.

The focus in 2014 was to strengthen the 6 major health facilities which delivered more than 80% of child deliveries in Fiji including CWMH, Lautoka and Labasa Hospital, with three Sub-Divisions which were, Nadi, Nausori and Sigatoka Hospitals.

Other Sub divisional hospitals were also strengthened in terms of equipment's, training, and development of national Standards of Practice such as Tetracycline Ointment Application etc. The MSHI standards were slightly revised in 2014 to encompass the standards for Divisional hospitals and Role Delineation that occurred at that level.

The other means of strengthening capacity of the young work force in the Sub-Divisions was strengthened by the development of a communications plans where with the support of UNFPA (United Nations Population Fund) we bought easytel telephone lines for all Maternity Units in the Sub-Divisions and for the three Divisional hospitals with

white boards which was for the constant monitoring of all pregnant women in the Sub-Divisions by the consultants and registers in the Divisions. Each Sub-division is assigned a register to ensure appropriate, timely oversight of all pregnant cases in the Sub-Divisions to avoid near misses, maternal mortality and morbidity.

Development of the Manual on the Manual Vacuum Aspiration method where trainings were done at the national level for roll out to the divisions was implemented. The Manual is now finalized ready for appropriate roll out to all the three divisions and sub-divisions. The package with implementation of services has been progressed with few recommendations outlined as per the report developed by the consultant.

The Development of the Clinical Practice Guidelines for Maternal Health was completed in 2014 and early 2015 which will advocate for and strengthen standards of practice by the clinicians both in the public health division and the divisional hospitals.

Under the Cervical Cancer program, a national policy on Cervical Cancer was developed which became a guiding document to support and guide the nurses and doctors in relations to screening and treating all positive cases with the necessary referral points.

An important move for maternal health in 2013 and 2014 was the completion of the maternal health strategic plan which was developed for the first time for the Ministry of health and medical services in Fiji. This provided a comprehensive review with a sound situation analysis which provided the Ministry and specifically the Maternal health program under family health the strategic direction that it needed to take.

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

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

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

Gender

Training package on Gender mainstreaming and social inclusion for delivery in Fiji was developed. The package consists of a Facilitators Manual and a Participant Manual.

Gender based violence

In response to the national agenda of eliminating violence against women in Fiji, there is currently a national task force which meets regularly made of intergovernmental, UN Agencies, Interco-operated with the Fiji Women's Crisis Centre, Fiji Women's Rights Movements and other important Non-Government Organizations to address violence against women in Fiji.

Ministry of Health and Medical Services sits on this task force through the Family Health Unit, and with the support of UNFPA (United Nations Population Fund) the Health sector developed a guideline for addressing holistically women and children affected by violence, whether it is physical or sexual.

Gender training participants

The Ministry had lacked the capacity to train and also lacked standard guidelines in addressing violence. The guideline named, "Responding to intimate partner violence and Sexual Violence against Women," Health Guidelines for Comprehensive case management.

The guidelines have now been endorsed and discussed at national levels with consultation at national and divisional level. The development and now the launch and training of health care workers in this area will be instrumental in addressing violence against women in Fiji. This provides prophylaxis to women and girls exposed to penetrative sexual violence for HIV and other Sexually Transmitted Infections.

Sexual Health

The Achievements for Sexual Health Program were:

The following policies and guidelines were endorsed in 2013 but launched in 2014:

1) HIV Treatment and Care Guidelines.
2) Prevention of Parent to Child Transmission of HIV (PPTCT) Policy.
3) Prevention of Parent to Child Transmission of HIV (PPTCT) Training Manual.

Trainings:

1) **Voluntary confidential counselling and testing.** This training was carried out in the three divisions Central/Eastern, Western and Northern Division. The training was mainly for the Health Care workers, though mainly for those who focused on the HIV Program, TB/HIV program and Hospital based.
2) **Prevention of Parent to Child Transmission of HIV (PPTCT).** Two national trainings under the PPTCT Program, firstly the training of trainers for PPTCT, followed by the training of health care workers in the Ministry on PPTCT, the participants for this were broad, and it involved personal from all over the country. There was a focus of training for pediatricians, obstetricians, HIV Clinicians, including health care workers from the maternity and public health hospital based.

3) **STI Syndromic training.** STI Syndromic Training from 2013 being divisional trainings moved down to carry out Sub-Divisional Trainings. The trainings varied per sub-division depending on a needs basis. The Western Division and Northern Division did the STI syndromic training in all the Sub-divisions of the country. The Central had done two sub-divisions which were Suva and Nausori.
4) **HIV training in PNG.** The HIV Training in PNG was supported by Oceania Society of Sexual Health and HIV Medicine, (OSSHHM) and Australian Society for HIV Medicine (ASHM). Five officers from the MOHMS attended this training with the support provided. It was a practical and theoretical training for the pacific islanders where Fiji participated along with a few other Pacific Islands Countries.
5) **HIV Prescribers training through ASHM.** The HIV Prescribers Training in Melbourne involved training of two HIV Clinicians on HIV.
6) **Fiji HIV Prescribers.** Fiji HIV Prescribers was carried out by having done the HIV Training in PNG and the ASHM training during the Melbourne International AIDS Conference. This was the first time in four years where Fiji carried its training out with its own facilitators. The HIV Prescribers was a training done in the central division with facilitators from the Medical, Paediatric, Obstetric and HIV Hub Centers.

Adolescent Health

Adolescent Reproductive Health is a key component of the national Reproductive Health Program, which is part of the public health program under the Fiji Ministry of Health. ARH is reflected in the national strategic plans, annual corporate plans and the Reproductive Health Policy of the Ministry. It is also incorporated into the divisional and sub-divisional business plans with the aim that implementation takes place at these levels.
The AHD Peer education program which is specifically aimed at young people (adolescents and young adults) is focused on actively raising awareness and creating enabling environments to initiate and support behavior change to reduce and/or prevent sexually transmitted infections (STI) and teenage pregnancies, and actively promotes and advocates family planning services.
The AHD program implements activities in collaboration with numerous stakeholders to maximize reach to its target population with the coordination.

The AHD Project Officers in the aim to increase knowledge and skills of members of our target population conducted awareness/information sessions and workshops. These activities include:

1. School health visit – primary & secondary schools.
2. Community outreach/awareness – as requested or as part of medical area plans.

Communicable Diseases (CD)

The core responsibilities of Communicable Disease program are:

a. To assist and advice in the formulation of relevant national plans, policies, guidelines and protocols for the control of communicable diseases of priority to the Ministry of Health and Medical Services and PPHSN.
b. to establish and maintain an effective surveillance system for CDs of priority to Fiji and the Pacific Public Health Surveillance Network (PPHSN).
c. To provide high quality reference laboratory services for the diagnosis of priority CDs to Fiji and PPHSN.
d. To conduct, support and advise on the investigation of a communicable disease outbreak and the consequent response, monitoring and evaluation activity.
e. To assist and advice in the ongoing dissemination of information to the general public and also health care providers on communicable diseases and how to prevent them.
f. To develop, support and sustain communication networks with key stakeholders on communicable disease prevention and control.
g. Through NTCOPD secretariat functions, coordinate CD control activities amongst internal and external collaborating partners.
h. To provide consultation services on communicable disease issues from a community health perspective.
i. To assist and advice in the facilitation of training in CD surveillance, data management, outbreak investigation and control, for the health division.
j. To conduct operational research on communicable disease prevention and control.
k. To provide outpatient care and domiciliary support services for lymphatic filariasis patients.

FCCDC consists of four operational units, which are: National Public Health Laboratory (NPHL), Surveillance Unit, National Eliminating Lymphatic Filariasis (ELF) Unit, and Vector Control Unit (VCU).

A summary of the key activities or achievements of the four Units are listed below:

Public Health Laboratory (PHL)

a. Performing communicable disease testing and data transfer to surveillance unit and reporting to clinicians.
b. Conducting of laboratory quality assurance:
    - Internal quality assurance in place but may need to develop or import reference biological material for in-house control.
    - External Quality Assurance 98% was scored for Measles and Rubella from the Victorian Infectious Disease Research Laboratory, Melb Australia/WHO collaborated Institution.
    - Influenza certified by Centre for Health Protection, Department of Health, Government of Hong Kong.

Surveillance Unit

a. Secretariat to the NTCOPD and the four Technical Working Groups under the Taskforce.
b. Coordinated response to the National Dengue Outbreak Situation.
c. Conducted LTD Surveillance and provided updates.
d. Conducted DORT/SORT training.
e. Facilitate Dengue clinical management and Risk Communication training of trainers.
f. Assisted in outbreak investigation in Rakiraki, Waldorf Preschool, Lautoka Hospital.
g. Collaborated with WHO/CDC team on a case control study of Guillain Barré Syndrome.
h. Coordinated response and activities for Ebola Virus Disease situation, Influenza surveillance, SARI, Syndromic Surveillance and Vaccine Preventable Disease Surveillance.

National ELF Programme

a. Transmission Assessment Survey (TAS) for Western and Central division. Prevalence Rate in Western Division was found to be 0.21%.
b. Mass Drug Administration in the Eastern Division, Taveuni Subdivision and Malolo Island. Overall MDA coverage in these divisions was 93%.
c. The programme managed to complete all activities captured in the FCCDC Business Plan for 2014.

Vector Control Unit

a. Launching of the National Clean Up Programme.
b. Civil servants clean-up programme at various dengue hot spot areas.
c. Multi-sectorial clean-up campaigns at the various Divisions and Sub division with the assistance of the municipal council.
d. Anti-dengue spraying.
e. Health Promotion activities – awareness on Prevention and control of dengue conducted.
f. Handing over of four (4) compound microscopes to DHI-Northern to assist in identification of vectors such as mosquitoes and so on.
g. IVM project funded by WHO and coordinated by Ministry of Health under the vector control unit.
h. Larval survey activities carried out.
i. ADENPAC programme – collection of Aedes aegypti and cultured at Mataika laboratory. Survey was done at Delaisaweni (western division) and Tuatua (northern division).
j. Mosquito colonization for resistant testing.
k. Guppy fish project assisted by USP. The NVCU assisted in the entomology survey.
l. National Disaster at Nabua bridge burst waste pipe. Awareness was carried out to the affected communities.
m. Training at Nasinu Town Council and health officers from Kirbati on Vector Surveillance Control and Monitoring.

Environmental Health (EH)

The Environmental department is responsible for:

a. Pollution control to ensure developments are carried out in sustainable manner without compromising the essential natural ecological processes of the environment.
b. The enforcement of the food laws to protect the consumers against unsafe, impure and fraudulently presented food by prohibiting the sale of food not of the nature, substance or quality demanded by the purchaser.
c. Emphasize the monitoring and improving sanitary conditions for populations in urban and rural areas.
d. Monitoring and controlling the agents of vector- borne diseases.
e. Monitor international travellers and cargoes via aircraft and vessels.
f. Community awareness programs to increase the people's capacity in understanding existing environmental risks and mitigation measures.
g. Ensure building plans are in compliance with standards prescribed under the appropriate building legislation prior to approval. It is also mandatory that EHO's conduct progressive inspections at critical stages of every approved building that is under construction.

Environmental Health encompasses all measures necessary to deal with issues such as environmental degradation and climate change, hazards including contaminated food and water, chemical exposure, and it also provided the opportunities to enhance health by planning for improved health outcomes and work towards health promoting environment.

The following legislation governs the EH department's responsibilities:

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

Achievements

a. The Western division conducted the highest inspection for sewerage and waste water discharge with 13,980 dwelling houses inspected followed by northern division 7445, Central 7360 and Eastern the least with 4970.

b. 383 import permits were issued to approve Food Business Operator (FBO) for importing perishable, non-perishable, frozen and other food products into the country. The food program managed to process and issue 5782 Health License for both New and Renewals for the year 2014.
c. 21381 premises were visited for larval sampling: 4933 in the central, 4894 west, 4286 north and 7267 in the east. Only 896 premises were found to positive of breeding immature (Larval) stage of mosquito.
d. In the year 2014, 7963 vessels were cleared through our quarantine services. 5798 of the vessels cleared were aircrafts and the remaining 2165 were ships.
e. A total of 887 community trainings were conducted in central, eastern and northern division to increase community awareness on environmental risks.
f. In total, 109 building developments were completed and Completion Certificate (CC) issued to indicate the completed structures are in compliance with approved plans. 37 of completed structures were recorded in the Northern division, 36 in the Central, 35 in the Western and 1 in the Eastern division.

Dietetics and Nutrition

The Dietetics and Nutrition Unit is responsible for the nutritional wellbeing of our population. The value of good and proper nutrition in our health facilities and community has never been higher. With the burden of NCD crises and the rising premature death of our populations; Dietitians focused more on local fresh foods, plenty of fruits and vegetables and reduction in salt, sugar and fat and physical activity. Food displays, cooking demonstrations for whole family especially for children up to 5 years old were strengthened in all the divisions.

With our limited number **(62 Dieticians to our population of approximately over 900, 000)** and resources; we look to the support of other health workers and stakeholders (local and overseas) to help us achieve our health vision of a nutritionally well Fiji. Only 5 new graduate Dieticians complemented our number this year after the resignation of 3 Dieticians. Clinical Dietetics, Public Health and Food Service Administration are the 3 broad areas that Dieticians are honoured to be looking after in our divisional and sub-divisional hospitals.

The strengthening of the nutrition counselling in SOPD and Maternal & Child Health clinics; community outreaches and Wellness screening in workplaces and primary school health were the main areas of focus this year. The National Nutrition Survey started in the Quarter 3 and should be completed in 2015.

We had a budgetary allocation of $110,000.00 for Baby Friendly Hospital Initiative and Milk Supplementation program to address Malnutrition and $2.403 M Rations budget for Divisional and sub-divisional hospitals; $20, 000 for Major Kitchen equipment and $12, 000 for minor kitchen equipment, most divisions kept within their budgetary allocation.

Achievements:

a. The newly renovated CWMH Kitchen was opened in March, replacement of old and damaged major and minor equipment throughout the divisional and sub-divisional hospitals totalled $32, 000.
b. Some Dieticians had an opportunity to attend two overseas training in Thailand and Japan and locally 4 Dieticians accompanied by 2 Paediatricians attended the WHO Facility-based Management of Severe Acute Malnutrition Cases in August.
c. The Dieticians toolkit and Cash-calorie training was completed in all the divisions – a boost to Dieticians tools for community nutrition awareness.
d. Kana Kakana a very colourful recipe book produced by Ms Jessie Pullar and Ms Mia Cusack, including Dietician Ilisabeta Sili featuring local recipes was produced.
e. Dietetics & Nutrition brought into Wellness Unit.

Oral Health

Good oral health is vital for the health and wellbeing of our people. To begin with, healthy mouths lead to healthy eating, which leads to healthy people who are part of healthy and strong communities and all contributing to a productive and progressive nation.

Dental services are delivered by about 185 dental practitioners, through 32 dental centres, and at three levels; the preventive, curative and at the specialized level in the divisional hospitals.

There were many achievements and success stories for the Oral Health Unit in 2014; increased community outreach programs, comprehensive specialist prosthetic outreaches, and inaugural visits to secondary school children to promote tooth brushing. This is in addition to the annual primary school visits, which always have excellent coverage and the best oral health outcomes.

Oral surgery services have also been enhanced through the post graduate Diploma in Oral Surgery. In addition, through the accumulated purchases of specialized equipment, instruments and consumables, the ministry is now able to manage more oral surgery patients locally, saving costs and inconvenience to patients and improving quality of life.

The ever present challenges of staff shortages, dental materials supply, equipment maintenance and replacement, and minimal access of transport continue to hinder service provision and staff enthusiasm and productivity.

Despite the constraints of resources, the Oral Health Team has performed very well and outdone itself in 2014 by surpassing the volume of work and various achievements of 2013.

Table 9: Dental Statistics

		2013	2014	Change 2013 - 2014	
Attendances		255,111	298,458	**43,347**	**↑17%**
Revenue Collected		$540,700.03	$606,383.39	**$65,683.36**	**↑12%**
Conservative Treatment		63,165	57,979	**-5,186**	**↓9%**
Prosthetics		2,790	3,593	**803**	**↑29%**
Extractions & Oral Surgery		86,789	102,638	**15,849**	**↑18%**
Preventive Procedures	151,780	153,556	**1,776**	**↑1%**	
School Services	132,240	139,865	**7,625**	**↑ 6%**	
Outreach Programs Attendances	17,568	41,845	**24,277**	**↑138%**	

Two significant Key Performance Indicators (KPI's) achieved from the 2014 Oral Health Business Plan was:

i. % of Form 3-7 school children reached by MoHMS tooth brushing campaign was 16 %.
ii. % of 12 year old school children who are "dentally fit" increased to 89%.

The Oral Health was able to achieve its target set for the two indicators in the MoHMS Annual Corporate 2014.

Tooth brushing in schools

9. Administration and Finance

The role of Human Resources mirrors the vision, mission and values of the Ministry of Health and Medical Services in providing responsiveness and effective financial, human resource and training services to the Ministry staff to provide goods and services. This staffs are internal clients and the "produce" of this ministry that supports its effective function to provide quality health care services and promote wellness to all peoples of Fiji.

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

Training Unit

The Unit's objectives are,

Act as a central and initial point of reference in relation to all training activity conducted or proposed for delivery to MoHMS staff.
Maintain a Master Training Plan that reflects outcomes of Training Needs Analysis in collaboration with recommendation of Divisional and Individual Learning and Development Plans and matches against the training that is provided by internal partners (including the PSHMS) and external donor bodies or Universities (including FNU, USP).
Manage and administer In-Service Training [IST] and Overseas Attachments for MoHMS Personnel including:

a) Compilation of Bond forms for MoHMS sponsored students,
b) Ensure payment of Tuition Fees for MoHMS sponsored students,
c) Facilitate overseas attachment arrangements for health workforce,
d) Facilitate participation of staff in PSC Scheduled training courses,
e) In-house training on HRIS to facilitate effective monitoring of workforce.

In 2014, the Ministry of Health and Medical Services Training & Development Unit administered In Service Training to 238 officers at Local Institutions for Tertiary level programs. The unit further arranged logistics for 209 officers who attended short overseas workshops. In order to strengthen Human Resources Management the unit conducted 15 In House Workshops (mainly on Succession Planning & WISN) and facilitated 73 officers to attend 35 PSC Training.
The unit also provided Secretariat support to the National Training Committee which had 12 meetings and deliberated over 100 requests.

Personnel Unit

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

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

Table 10: Personnel Activities 2014

	Activity	Medical Officer	Nursing	Allied Health Workers	Corporate Services	Government Wage Earners [GWE]	Total
1	Retirement	2	11	8	9	13	**43**
2	Resignation	9	32	17	1	10	**69**
3	Deceased		2		1		**3**
4	Deemed Resignation		1	3	1	2	**7**
5	Leave Abroad	All Cadre					**226**
6	Leave Without Pay [LWOP]	All Cadre					**22**
7	Leave Allowance	All Cadre					**122**
8	Leave Compensation	All Cadre					**4**
9	Secondment	All Cadre					**25**
10	Forfeiture of salary	All Cadre					**323**
11	Posting & Transfer	All Cadre					**770**
12	Volunteers & Attachees	All Cadre					**28**
13	Salary Upgrade/Revision	All Cadre					**18**

Post Processing Unit (PPU)

The Unit's role includes,

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

The total vacancy processed for 2014 were 738 positions.

Table 11: Post Processing Activities 2014

	Activity	Total
1	Advertised Established and GWE vacancies processed	306
2	New appointments including graduates and re-employments	376
3	Re-engaged officers	22
4	Expatriate officers (new and extended)	34
5	Locum Medical practitioners engaged during the year	25
6	Project Officers appointed/appointments renewed	113

Industrial Relations

The industrial Relations deal with the following issues:

a) Disciplinary cases in view of conduct and behaviour of the workers.
b) Grievances brought by officers in view of their supervisors.
c) Occupational, Health & Safety.

d) Ensure that all health facilities that have twenty or more workers are registered as per HASAW Act 1996 section.
e) The compliance of the HASAW Act 1996 and the 6 legal notices.
f) Workmen's Compensation.
g) Ensure that Laws of Fiji Cap 94 on Workmen's Compensation is adhered.

In 2014 there were 96 new cases tabled before the National Disciplinary Committee. An increase of 31 cases from 2013.

Workforce Planning

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

Achievements:

a) Development of the draft Retention Policy and Strategies Implementation Plan.
b) Development of the draft MoHMS Human Resource (HR) Manual.
c) Review of the Minimum Qualification Requirements (MQR) for all existing positions.
d) Review of 104 completed Standard Operating Procedures[SOP]
e) Development, endorsement and implementation of Employment Satisfaction Survey Template (ESS)specific to the Ministry of Health & Medical Services.
f) Development, endorsement and implementation of Master Position description templates.
g) Endorsement of In service Training Plan template.
h) Conduct of HRIS Online Training and endorsement of Training manual.
i) Creation of the Workforce Projection Report 2014 – 2014 as outcome of the WISN exercise which had successfully contributed to the approval of the Ministry of Health and Medical Services establishment increase from 2015 by cabinet.
j) Completion of workforce survey online and via email.
k) Development of more Succession Plans especially for the various departments in the Divisional Hospitals and other Sub divisional facilities.
l) Development of Master In -service Training Plan by all cadres that contributes to the MOHMS Learning and Development Plans.

The Planning Process that started in January 2013 is proposed to continue until December, 2017 [5 years Plan].

Finance

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

The Unit's objectives include,

a) Ensure equitable budgetary distribution to the Divisions and Sub-divisions.
b) Proper management of budget allocation which is fundamental to ensuring value for money in delivering services to the public as well as having cost effective internal controls within the purchasing and payments system. This plays an important role to ensure that wastage of funds, over expenditure, misuse and corruption does not happen.
c) Ensure Internal Control measures are in place, maintained and identified areas for improvements where appropriate and recommendations designed to assist the Ministry in order to improve the system and compliance with the Finance regulation.
d) Effective utilisation of the Financial Management Information System (FMIS).
e) To establish the Internal Audit team and processes at HQ, to cover areas in 3 main source of information:

    I. Examination of evidence on payments etc. - supporting the payments to ensure that the Finance manual and other related regulation, process and procedures are complied with.
    II. Review work performance and identify necessary changes to strengthen the unit's performance.
    III. Interviewing personnel in order to confirm the functions and gain a holistic understanding of the procedures and control of the system and identify general responsibilities and roles of individual within the system. Having a job description for each position

Asset Management Unit (AMU)

The Asset Management Unit looks after the management of non-technical physical assets for the Ministry of Health and Medical Services from Procurement right through to the writing-off and disposal of assets.

Key stakeholders AMU works closely with include Ministry of Finance (Fiji Procurement Office), Ministry of Works, Transport & Public Utilities, Ministry of Lands and Ministry of Industry & Trade.

Key Responsibilities include:

a) The AMU documents, registers, archives and monitoring of the physical assets of the Ministry nationwide.
b) Ensure that the acquisition of each physical asset is recorded with all relevant details in the fixed asset register.
c) Carry out Board of Survey procedures and inspections of assets on a regular basis.
d) Management of Quarters Issues
e) Management of Fleet
f) Infrastructure Maintenance Plan and Procurement Planning

Projects
Completed Projects
Refurbishment of Lautoka Hospital [Exterior]
Refurbishment of CWM Hospital- South Wing [Exterior].
CWMH East Wing Refurbishment – Clearing of obligated cost
CWMH West Wing Refurbishment – Clearing of obligated cost
Supply, install and Commission of Medical Lift at Labasa Hospital
Furniture & Fixtures for Extension of SOPD & GOPD - Labasa Hospital
Refurbishment and Maintenance of Tamavua Nurses Home
Refurbishment and Maintenance of St Giles Hospital
CWM Hospital – MRI Room Repair
Vunidawa Hospital – Clearing of obligated costs
Kamikamica Park Hub– Clearing of obligated costs
Savusavu Hospital (Roof maintenance)
Vatukarasa Health Centre (Sigatoka)
Galoa Health Centre
Tau Nursing Station
Raiwaqa Health Centre (Sigatoka)
Lomawai Health Centre
Namaka Health Centre
Namau Nursing Station
Korolevu Health Centre
Lami Health Centre
Balevuto Health Centre
Sigatoka Hospital – Refurbishment and Maintenance of Existing Maternity Unit
Maintenance of Quarters 48 at Tamavua
Maintenance of Nausori Health Centre
Construction of Sigatoka Hospital Maternity Extension
Ongoing Projects
Extension of CWM Maternity Unit
Extension & Refurbishment of Operating Theatres CWM
Maintenance of Wainibokasi Hospital
Upgrading of Lautoka Hospital Emergency Department
Construction of Makoi Low Risk Maternity Unit
Construction of New Ba Hospital
Construction of New Nausori Hospital
Valelevu HC Upgrading
Keyasi HC Upgrading
Relocation of Naulu Health Centre

AMU implemented 92% of capital works planned for the year. A total of 26 projects in all the division was completed for 2014. These projects involved renovations and refurbishment at hospitals, health centres and nursing stations to ensure a conducive environment for health workers and patients alike and contributing to the high quality of health services provided throughout Fiji.

Completion of painting works at Lautoka Hospital

10. Health Information Research and Analysis Division

The division oversees the MoHMS Health Information System, Research and Analysis (HIRA) aimed at achieving a cost – effective and user friendly system that meets management's timely reporting, monitoring, evaluation and information needs for decision making and is charged with strengthening essential health research activities.

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

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

1. Health Information and Epidemiology
2. Health Research
3. Information and Communication Technology
4. Monitoring and Evaluation

Health Information and Epidemiology

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

Collection of data from across the health system, provides hospital medical records departments with policy guidance on medical records and information system management. There had been successful implementation of year 3 Health Information Systems Strategic Plan activities. Some key notable inclusions are training of trainers, training of nurses, supervisory visitations, data audit visitations and national health information committee meetings. The following were achieved in 2014; there were 12 training of trainers conducted throughout the divisions, 26 training of nurses was also conducted in the four divisions, there were 109 supervisory visits done in all the four divisions of which 2.8% of the total health facilities were visited twice, there was also a total of 123 data audit visitation carried out for selected health facilities and a total of 4 NHIC meetings conducted in 2014 (one per quarter).

100% of timely reporting for PHIS monthly returns from all the medical areas and below in all the divisions, development of standard operating procedures for HIU staff, revised HIU forms and guidelines, development of National Health Data Dictionary, revised lab forms, introduction of balanced scorecard systems for Divisional Hospital, literature review on data confidentiality and quality data audit tools (ACBA and RDQA), strengthened civil registration and vital statistics committee activities, revised PHIS Online phase 2 training and implementation, continuous training and development of HIU staff and also public health nurses by HIU staff during field visits and scheduled Divisional training programs.

A successful development of the Consolidated Monthly Return Information System (CMRIS Online) that consist both the PHIS and data collection for Maternal Child Health (MCH).Publications of 1st, 2nd and 3rd Quarter Bulletin, 2014 and NNDSS monthly bulletins.

The HIU staffs had the opportunity to attend the following overseas training:

1. The "Healthcare Personnel Training Programme" in Taiwan from May 6th to June 26th, 2014.
2. The 1st National Medical Writing Workshop in Ulaanbaatar, Mongolia from the 13th - 14th August 2014
3. The Joint Meeting of APAME and WPRIM and APAME Convention in Ulaanbaatar, Mongolia from 15th - 17th August 2014
4. The "WHO Cancer Registry Training Course" in collaboration with WHO Western Pacific Regional Office and International Agency for Research on Cancer, in Seoul Korea from September 29th October 2nd, 2014.

Health Research

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

The following Research Guide, Policy and SOP were endorsed at the National Health Information Committee Meeting [NHIC] on 11th December 2014.

i. Guidelines for the Responsible Conduct of Health Research in Fiji: Roles and Responsibilities of Researchers.
ii. Fiji National Health Research Ethics Review Committee [FNHRERC] Standard Operating Procedure and;
iii. Policy on Public Health Research Data Management and Sharing in the Republic of Fiji.

Completion of the 1st review and update of the Fiji Health Research Portal website (www.health.gov.fj/fijihrp) in July 2014, with the addition of few other fields as (Research Domains, Research Fields, Proposal Type). The 3 sets of user manuals for the portal users were also completed in July (Complete User Manual; Investigator manual and Reviewer manual).

Completion of the development of the Fiji National Data Repository Website(www.health.gov.fj/fijindr) in July 2014.

Two issues of the Volume 3 of the Fiji Journal of Public Health (FJPH) were published with the following respective themes.

- Issue 1 – Health Systems Strengthening published in May 2014.
- Issue 2 - Women and Children's Health published in September 2014.

Information and Communication Technology

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

The Unit have explored Paper-less hospital and have scoped this in the design for new Ba and Nausori Hospital. Radiology Information System and Warehouse Management System tenders had been called and have been evaluated and for implementation in 2015. Govnet services were expanded to Pacific Eye Institute, Tamavua/ Twomey Hospital, Namaka Health Center and Ba Health Center.

The VOIP technology was also installed in Rakiraki and Nabouwalu hospital which allowed communications easier and cheaper amongst existing VOIP health facilities. Lautoka Hospital structured cabling was successfully commissioned whilst Phase 1 was completed for CWM and Labasa Hospital. Telemedicine Technology was also successfully implemented for Radiology Services in CWM Hospital. Furthermore, MoHMS's website went live in December which was a revamp of the old website.

Other online web-portals that went live were Fiji Health Research Portal, Fiji Journal of Public Health and Fiji National Data Repository. Public Health Information System (PHIS) was launched and it was enhanced to include other monthly reporting. PHISOnline application was further expanded and named Consolidated Monthly Returns Information System (CMRIS) which now includes both PHIS and Hospital Maternal and Child Health Monthly Returns.

With the assistance of donor partners and MoHMS, the unit also recruited Product Manager for PatisPlus, HRIS and LIMS. The unit continued to maintain and sustain the web based PATISPlus, PHIS, LIMS, website services including ICT helpdesk support services. Procurement of additional PCs, multi-functional printers and other IT resources were acquired and delivered to health facilities across the country. Other areas that have been successfully innovated are the e-Surveys and automation of manual surveys to digital for analysis.

Monitoring and Evaluation

The government's policy of a string inter-sectoral approach has seen the set-up of the Strategic Framework for Coordinating Change office in 2009. This Office monitors and evaluates government programmes and projects described in the various annual corporate plans, and coordinates activities where there is overlap in the responsibilities between different stakeholders.

The reporting structure for SFCCO is divided into two parts:

- the Overview of the Ministry's Performance which highlights the progress and achievements of the Ministry through its specified Outcomes and Outputs; and

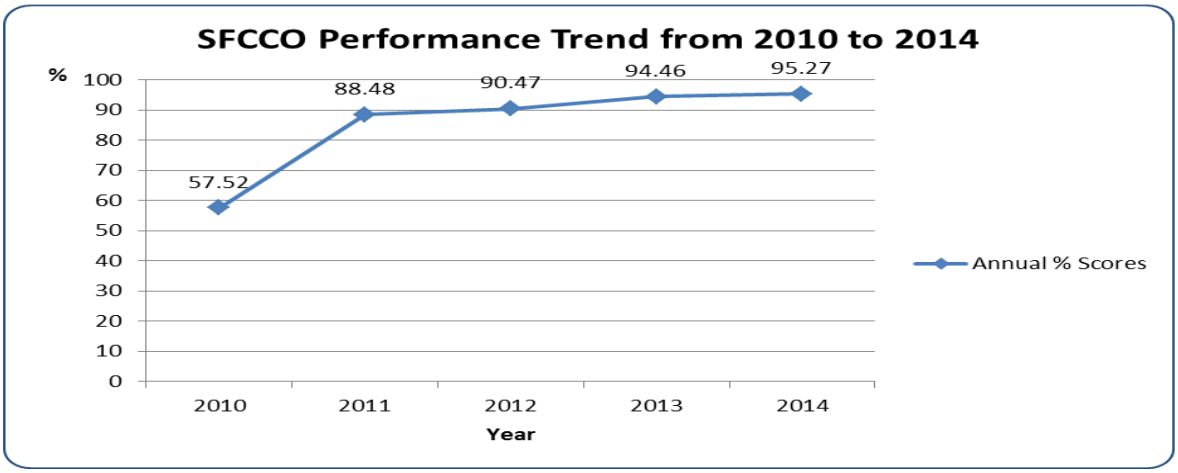
- Performance Matrix which provides information and data on the performance results rating and the audited progress.

The Ministry of Health has five (5) Outcomes, namely; Health; Gender Equality and Women in Development; Poverty Reduction; Public Sector Reform; and Financial Services.

Performance – Ratings for 2014

- 4th Quarter – 95.27% (Excellent)
- 3rd Quarter– 94.56% (Excellent)
- 2nd Quarter– 83.85% (Very Good)
- 1st Quarter – 73.40% (Average)

Figure 3: SFCCO Performance trend 2010-2014



Establishment of Monitoring Evaluation Technical Team (METT)

The establishment of the Monitoring and Evaluation Technical Team for the Ministry of Health is to:

- Strengthen M&E in the planning, implementation, and assessment of Business Plans (or Clinical Services Plans) in alignment of the Annual Corporate Plan (ACP) and National Strategic Plan (NSP).
- Facilitate continuous learning and improvement in MoHMS programs, divisions, subdivisions and major hospitals.
- Increase M&E knowledge and skills among MoHMS staff so that all staff understand and fulfill their role in contributing to effective M&E (i.e., applying the principle of "m+e=me").

Monitoring and Evaluation Resource Network and Training Summary

Total of 103 Resource network staffs from Northern, Western and Central Division of all cadres were trained to be able to align with the principles of competency-based training. Participants are expected to demonstrate their proficiency in key skills or competencies through active participation and completion of a series of facilitated group activities during the workshop, including group presentation, peer review, and expert critique.
Specific competencies and demonstrated evidence are listed in the table below.

Competencies *Specific knowledge and skills participants will gain by the end of the workshop*	**Demonstrated Evidence** *The measurable evidence that participants demonstrate to prove their proficiency in each competency*
Effectively translate Business Plan activities into a detailed implementation schedule (aka "micro plan")	Demonstrate "micro planning" by breaking down a Business Plan activity into a series of tasks with specific deliverables and timelines
Delineate and document roles, responsibilities and points of collaboration for team members to implement Business Plan	Produce a "responsibility matrix" to articulate key roles for all team members to effectively implement a

activities and tasks	Business Plan activity
Develop and articulate meaningful, measurable indicators of unit progress and performance toward desired outcomes	Critically assess and refine an indicator to meet SMART criteria (Specific, Measurable, Achievable, Relevant, and Timely)
Clearly articulate operational details of indicators to ensure availability, quality, and appropriate use of results for decision-making	Identify and document metadata (data sources, definitions, calculation, etc.) for one or more selected indicators
Guide colleagues in understanding and applying criterion-based audits against standards to facilitate continuous quality improvement	Review a sample case record/data source to assess adherence to a specific standard or guideline (e.g., MSHI) and report findings
Interpret and express the logic behind a strategic approach for a program or intervention using a simple visual diagram	Develop and present a diagrammatic Results Framework illustrating the strategic approach and logic for a sample program
Analyse and communicate program progress and results, including context, adequacy, implications and recommendations	Write and present a results narrative for a sample program based on a Results Framework and mock data from associated indicators

National Monitoring and Evaluation Team

11. Planning and Policy Development Unit (PPDU)

The is responsible for coordinating the development, formulation and documentation of MoHMS Policies, the National Health Accounts, Donor Coordination, Department plans, and medium to term strategies in alignment with the MoHMS long term mission and vision.

PPDU is responsible for an inclusive planning process of national plans and strategies and ensure coherent implementation of the national strategy and a proactive approach towards the coordination of all health partners and external donors of the health sector in Fiji.

The main areas of work of the Unit can be characterized as follows,

a) Planning
b) Policy
c) Health Care Finance

Planning

The core responsibility of the Planning unit is development of National Health Strategic Plan for 5 years through a systematic process that takes into consideration ideas, thoughts and priorities of all levels of health workers, national, regional and international priorities. Coordinate and facilitates various activities in formulating the Annual Corporate Plan of the Ministry. Review and develop health services planning for divisions in Fiji in order identify services gap in different divisions and formulate necessary financial requirements for the provision of adequate HR, technologies and equipment and infrastructures. To continuously monitor and evaluate business plan quarterly reports and make recommendations based on results.

As reflected in the PPDU 2014 Business Plan (BP) some of the key achievements were:

a) The Ministry of Health and Medical Services Annual Report 2013 was compiled and published in July 2014.
b) The ACP 2015 was developed after various consultations with respective Senior Managers. ACP 2015 planning consultant began in August 2014 and two workshops were held to finalize the ACP 2015, one was on the 8th of October and another on the 30-31st of October.
c) The ACP 2015 was printed and distributed in December after various consultations with PSC, National Strategic Office and Office of the Prime Minister.
d) The 1st Draft National Strategic Plan 2015-2020 workshop was held on the 10th of December and inputs received from Senior Managers were consolidated as the 1st draft of NSP 2015-2020.
e) The final MoHMS NSP 2015-2020 is expected to be completed by May 2015.

ACP Secretariat Team

Policy

The Policy Unit is responsible for the technical support, initiation, coordination, monitoring and evaluation, of health policies having an impact on health care delivery and preventive service delivery in all facilities under the Ministry. The Director oversee the policy planning and development cycle through empowering and delegating required actions and

stages of policy development cycle with the assistance of Senior Administrative Officer and a Project Officer. The unit provides secretariat support to Health Policy Technical Support Group (HPTSG) Meetings and coordinates Stakeholders consultation.
The Unit constantly played a supportive and secretariat role to the major conventions and consultations either with internal or National policies such as National Wellness Policy, CSN forum for the Oncology Policy.

Policies Developed include:

1. MoHMS Policy guideline
2. Oncology Policy Finalized
3. National Blood Policy
4. Draft National Referral Policy
5. Draft Wellness Policy (re-draft)
6. Draft Community Health Worker Policy
7. Rheumatic Heart Disease Policy
8. National Ambulance Policy
9. National Policy on Management of the Deceased (re-draft)
10. National Biomedical Services Management Policy
11. Standardisation of Laboratory Clinical Services Policy
12. Baby Friendly Hospital Initiative Policy
13. Mental Health and Suicide Prevention Policy

Health Care Financing

The healthcare Financing Unit (HCF) within the Policy Planning and Development Division (PPDD) is responsible to coordinate monitoring of resource flow through production of National Health Accounts, writing of policy briefs from the NHA finds and recommendations, provide secretarial support for the National Budget Steering Committee meetings and sub-committees for budget management, evaluation and analysis of capital projects and its timely reporting to central agencies, conducting costing studies as and when required for possible outsourcing or Public Private Partnership (PPP) and provide local counterpart support to research institutions for undertaking health financing studies or analysis.

Some of the major achievements for the unit were:

a) Obtaining increases in the operational budget through the monitoring and evaluation of budget management using expenditure trends and forecast,
b) Effective utilization of public health program funds based on the activities and again through the monitoring of budget management,
c) Regular monitoring of capital projects by measuring the actual utilization of funds and the reporting of physical progress which resulted in improvement in implementation,
d) The production of 2007-2012 Government Health Expenditure time series report using SHA 2011 guideline,
e) The implementation of recommendations from the 2011/2012 NHA Report,
f) Development of three policy briefs a) Cost Accounting – It's time to know how health money is spent! b) Drug Shortages – Act Now! c) NCD Crisis – Money or Management!
g) Implementation of recommendations for the policy briefs,
h) The successfully completion of data collection for the Sustainable Healthcare financing in Fiji and Timor-Leste (SHIFT) Study project,
i) The timely completion and receiving of the Laundry Services Costing report conducted at Lautoka Hospital laundry
j) Successful coordination of development partners meeting.

12. The Nursing Division

The Division of Nursing is responsible for the planning, development, coordination, monitoring and evaluation of nursing standards, policies, and guidelines and protocols.
The objectives of nursing as a service, a profession and a practice is to provide quality nursing care via the overarching provision of nursing technical support mechanism for quality curative and preventative health care in Fiji Health System.

Nursing is managed in a 3 facet structure which includes clinical/curative, public health and basic specialization nursing covering midwifery, advanced nursing practice (NP), mental health, TB and Leprosy. Nursing in the three (3) divisional hospitals [CWM/Lautoka/Labasa] including St. Giles Hospital are managed by Manager Nursings whilst the four divisions [Central/Western/Northern/Eastern] are managed by the four (4) Divisional Health Sisters. The other specialist hospital [Tamavua/Twomey] is headed by the Sister In-charge.

Nursing numbers have increased from its approximately two decades old establishment from 1811 to 2600 in the last 6 years. This has raised a nurse-population ratio to 30 per 10,000 from 22: 10,000. This will further improve once the remaining cabinet approved 600 nurses are recruited in the next 3 years.

Achievements

1) High coverage in Supervisory Visits in the Central, Northern and Eastern divisions noted.
2) Progressive filling of nursing vacancies even though there is still room to improve in its timeliness.
3) Excellent School health coverage in all 3 divisions.
4) High Immunization coverage of 92%.
5) Huge improvement in the facilitation of Continuous Professional Development via in-service trainings and clinical attachments.
6) Notable change in nursing attitude toward attending and accessing CPD Programs.
7) Overall improvement in adherence to Quality Improvement initiatives.
8) Inclusion of nurses in CSN as highlighted by Labasa Hospital.
9) Establishment of Oncology Unit for Chemotherapy and Palliative services at Labasa Hospital.
10) Northern Division was able to enrol its five (5) pioneers of Nurse Practitioners to TISI Sangam School of Nursing.
11) Excellent MDA Coverage reported in the Northern Division.
12) Nursing staff at all 3 divisional hospital received first hand exposure with Overseas Medical visiting teams.
13) Continued overseas attachments to India and Canberra for Neurology and Cardiology.
14) Approximately 35 nurses were selected to attend overseas program related meeting and attachments.
15) 50 nurses from all 4 divisions commenced the Master in Nursing Program via the University of Fiji toward the end of 2014 as private/self-funded students.
16) Another cohort of 12 nurses was selected for the Golan Heights deployment.
17) A consultant was engaged by the Fiji Nursing Council to develop the nursing regulations of the Nursing Decree 2011 in November 2014.
18) Adherence to the conditions of obtaining a Nursing Practising Licences has gradually gained momentum with a few still yet to fully comply.
19) Development of the Scope of Practice for Registered Nurses & Registered Midwives and the review of the Scope of Practice for Registered Nurse Practitioners completed.
20) First cohort of 200 additional new nursing positions recruited.

13. Development Partner Assistance

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

Fiji Health Sector Support Program (FHSSP)

The FHSSP is the Australian government's bilateral program of support to the MoHMS. The total funding is 33 million Australian dollars (AUD) over 5 years from July 2011- June 2016. The program is managed by Abt JTA on behalf of the Australian Government. The Program goal is to support MoHMS efforts to achieve its higher level strategic objectives in relation to reducing infant mortality, Millennium Development Goal (MDG) 4, improving maternal health (MDG5), and the prevention and management of diabetes as outlined in MoHMS National Strategic Plan 2011–2015.

There are five key objectives for FHSSP:

1. To institutionalise a safe motherhood program at decentralised levels throughout Fiji;
2. To strengthen infant immunisation and care and the management of childhood illnesses and thus institutionalise a "healthy child" program throughout Fiji;
3. To improve prevention and management of diabetes and cervical cancer at decentralised levels;
4. To revitalise an effective and sustainable network of community health workers as the first point of contact with the health system for people at community level; and
5. To strengthen key components of the health system to support decentralised service delivery.

To achieve these objectives FHSSP provides technical coordination and management support to MoHMS to build and sustain capacity towards achieving the target health outcomes identified in the National Strategic Plan 2011-2015.

Achievements 2014

a. 67% of targeted facilities now meet the Mother Safe Hospital Initiative Standards for adequacy of staff trained in EmONC.
b. Research to determine women's attitudes towards antenatal visits completed
c. MoHMS is now supporting 69% of the cost for the HPV vaccines, this is beyond the target of 50% and well on track for full support in 2016.
d. Vaccine coverage for pneumococcal conjugate first dose was 87%, and rotavirus vaccine second dose over 87%. Vaccine coverage for human papillomavirus third dose was 72%.
e. 71% of targeted facilities have at least 60% of staff trained in advanced paediatric life support.
f. Over 50% of targeted facilities achieved the minimum number of staff trained in integrated management of Childhood Illness (IMCI).
g. Training plans to improve paediatric care informed by audit results and implemented.
h. Training audits of targeted facilities completed every six months as planned.
i. 76% of the population screened for diabetes received on-the-spot behaviour change counselling.
j. 21% of the >30yr population screened for diabetes
k. 74% of active community health workers (CHWs) have been trained in the core competency manual.
l. Promote Safe Motherhood, Promote Healthy Child and Promote Wellness in Your Community training packages developed for CHWs and training commenced.
m. Public health information system (PHIS) hospital enhancement software for collecting birth and maternal child health data was tested, finalised and released. PHIS online data and reports used by MoHMS to monitor performance against business plans
n. Software redeveloped for eight modules and associated reports in the patient information system (i.e. PATISPlus).
o. 92% of MoHMS M&E Resource Network trained to establish a basic level of standardised M&E technical knowledge, skills and competencies across the MoHMS
p. MoHMS Productivity Workforce Plan 2015-2025 endorsed by Fiji Cabinet.
q. MoHMS Results Framework and Annual Corporate Plan indicators revised with targeted M&E training developed and provided to all levels of the MoHMS.

Grant Management Unit (GMU)

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

The GMU goals are:

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

The GMU objectives are:

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

Achievements

a. Global Fund supported four National Health Information Committee meetings in 2014, the Health Information Unit has reviewed the Data Accuracy Tool which has been endorsed by NHIC. The tool is currently utilised by the Divisions.
b. 92% of activities planned under the National TB Strategic Plan 2011-2015 achieved. Inclusive use of updated National TB Guidelines and procurement of innovative technologies such as three GeneXpert for early detection of Rifampicin resistance and two portable X-ray machines(Viti Levu and Vanua Levu) to complement improving diagnosis during community advocacy sessions;
c. The National TB Program is progressing towards its 2015 goal with decrease 50% of burden of TB (from 1999) to 20/100,000 population. The 2013 Case Notification Rate is at 29/100,000 population for new and relapse TB cases (269 TB cases were registered in 2013). More cases notified projecting better diagnosis competent medical officers, influenced community members in seeking positive health behaviour.
d. 349 new and relapse cases registered in 2014; 105 of which were new smear positive cases.
e. The National TB Programme as part of the concept note submission to the Global Fund has proposed for community systems strengthening activities such as grant schemes, & enablers for DOT providers to enhance high treatment outcomes.
f. 18 out of 20 public laboratories complied with the National Laboratory Quality Management Systems Standards.

14. Organisation Wide Challenges

In delivering its services the Ministry of Health and Medical Services has identified the following as salient challenges during 2014. These are grouped under the health system building blocks.

Governance

1) Strengthening relationships with external stakeholders within the public service, development partners and nongovernmental organisations is necessary.
2) Communication throughout the MoHMS requires strengthening to ensure decisions and efficiently dissemination throughout the organisation.
3) The Ministry needs to ensure quarterly review of the plan and provision of evidence for quarterly activities implemented and measure the results of the planned activities and interventions.

Workforce

1) Staff shortages due to expansion in services through opening of new health facilities, study leave, retirements, transfers and resignation.
2) Lack of qualified, knowledge and skilled support staff as well lack of technical training and expertise.
3) 100% Accuracy of P2P data given geographical locations of Health facilities and inconsistent submission of P2P reports from the divisions and Hospital administrations
4) Reducing the Vacancies in the Ministry while the Establishment and Staff Turnover rate continually increase.

Health Information

1) Accurate and reliable information in a timely fashion due to lack of timely submission from facilities for NNDSS, Diabetes notification, MCDC and Hospital returns.
2) The scarcity of coders and a limited pool of recorders are a major challenge for applicability of standards in the facilities.
3) The elusiveness of an annual certification criteria for coding is also a major criterion limiting achieving the highest level of quality in health information.

Financing

1) Inadequate operational budgetary provisions allocated hence, services on non-essential areas are comprised for exigencies of services.
2) The current budget provision does not allow much needed innovations and sustainability of hardware which is vital for Health Information use.

Service Delivery

1) Quality of new nursing interns increases the demand for mentoring, coaching and quality supervision to get the best out of them
2) Customer Services needs a lot of improvement in the lives of nurses.
3) Need for better communications systems, transportation, power and water supply back-ups in the rural/remote/maritime stations

Medical Products, Vaccines and Technologies

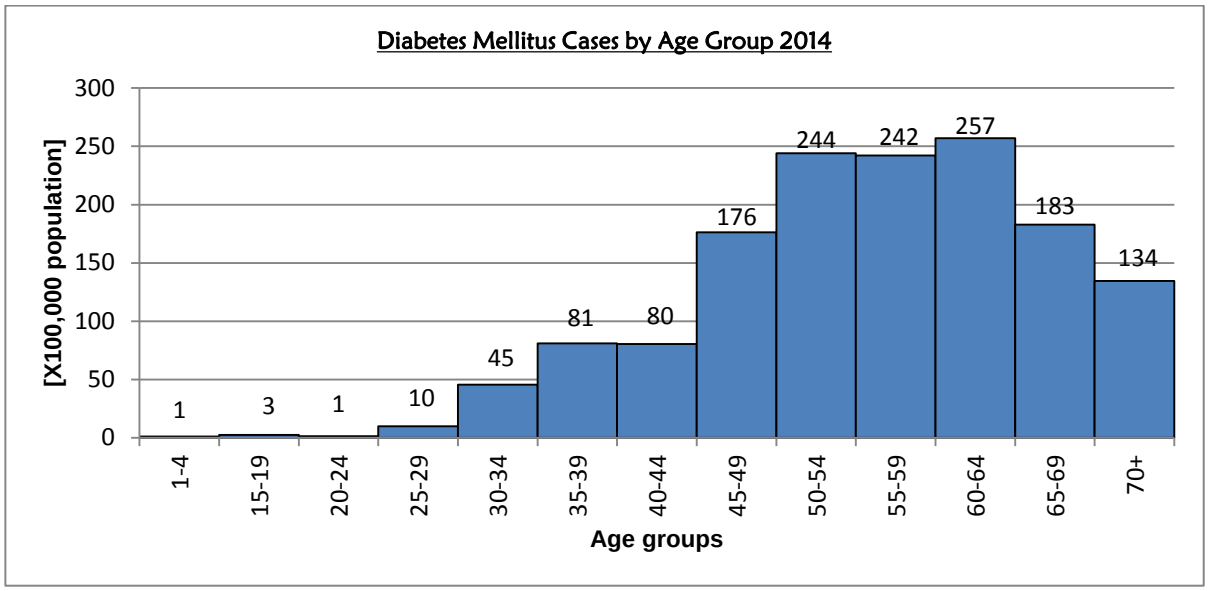
1) Despite improvements made at FPBS there continuous to be stock outs of some drugs and consumables.
2) Equipment – some equipment's are old and need replacement. Several equipments do not have parts available locally and takes time to resume operation thus disrupting services.

15. Health Outcome Performance Report 2013

Non Communicable Disease

Diabetes

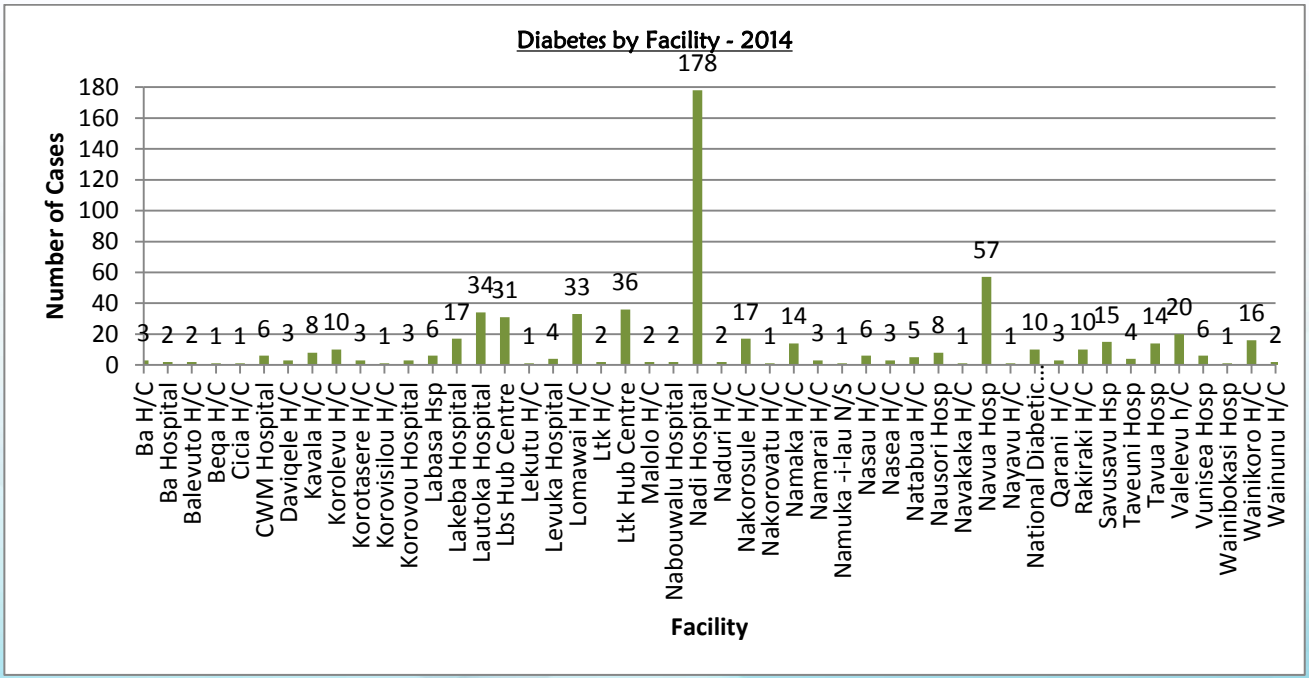
Figure 4: Diabetes Cases by Age Group 2014



Source: Diabetes Notification Forms, 2014

Based on the existing datasets, those in the 45-70+ age groups were most afflicted (new cases) by Diabetes Mellitus Type 2 in 2014. However, there is significant underreporting on the DM notification forms. The form must be filled by the Medical Officers in all the Hospitals and Health Centre, (and where there is no Medical Officer it should be filled by the Nurse Practitioners) when a new case is diagnosed. These forms must then be sent to the Health Information Unit (HIU). Carbonated Notification books have been available from December 2014; the white copy is submitted to HIU; the yellow copy is the patient folder copy; the green copy is submitted to the DMO; and the blue copy is the archive copy.

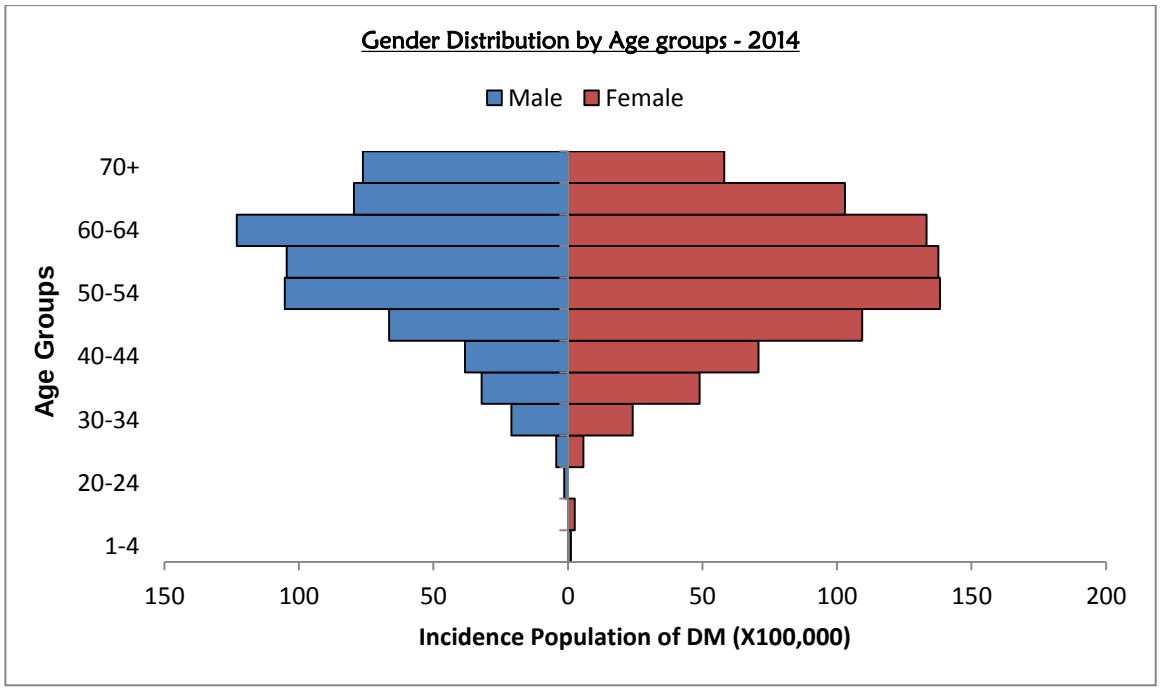
Figure 5: Diabetes Cases by Facility 2014



Source: Diabetes Notification Forms, 2014

There were a total of 609 diabetic notifications received nationally compared to 485 cases for 2013. The vast majority of the new cases were reported from Nadi Hospital, Navua and Lautoka (hospital and Hub Centre). This may be due to good reporting from these facilities. There may have been a underreporting from other facilities resulting in a low numbers for all other facilities.

Figure 6: New Diabetes Cases (Incidence) by Gender and Age Group 2014

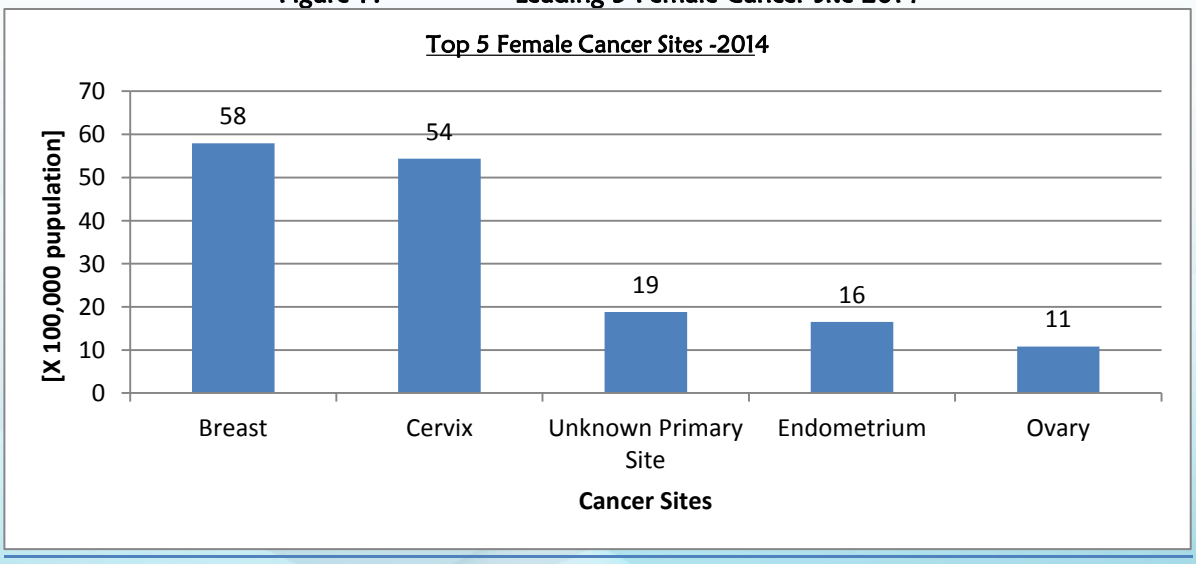


Source: Diabetes Notification Forms, 2014

The above graph compares the incidence of new diabetic cases by gender. It indicates that females contributed the highest proportion of cases in the age groups 35-70+. It must be noted that females presented at an earlier age group with DM Type 2 than males. The male gender was demonstrated to have higher proportion of cases in the 45 – 70+ age groups and later age onset DM type 2 compared to the female gender. There is still gross undereporting of cases from health facilities.

Cancer

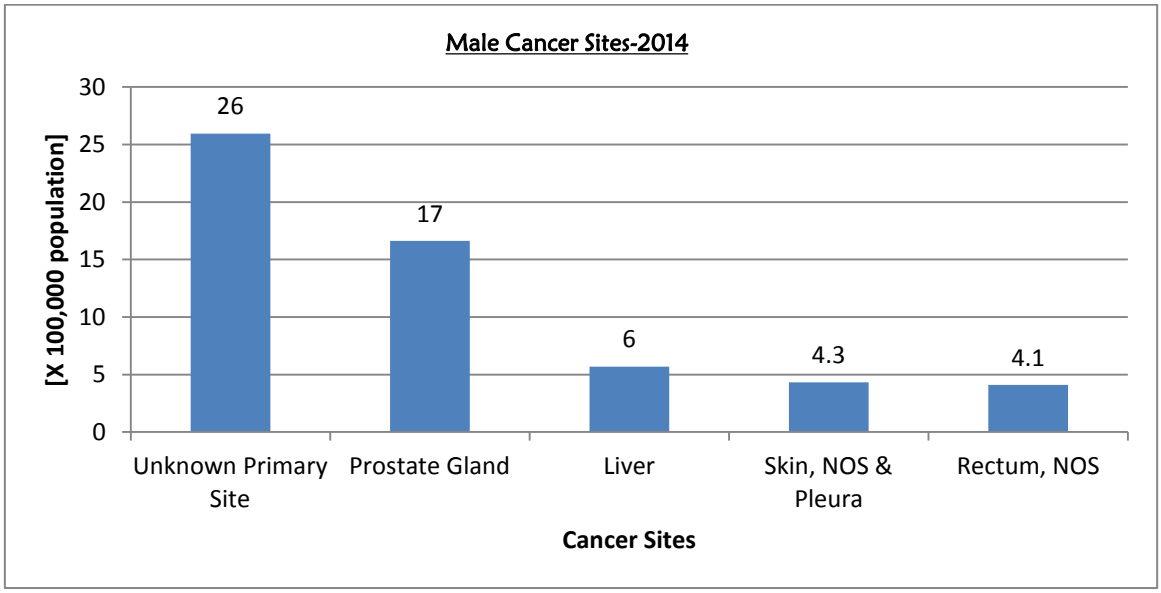
Figure 7: Leading 5 Female Cancer Site 2014



Source: Cancer Registry, 2014

The leading cause of cancer for females in 2014 was attributable to breast cancer followed by cervical cancer. The inclusion of 'unknown primary sites' has arisen due to poor documentation.

Figure 8: Leading 5 Male Cancer Sites 2014

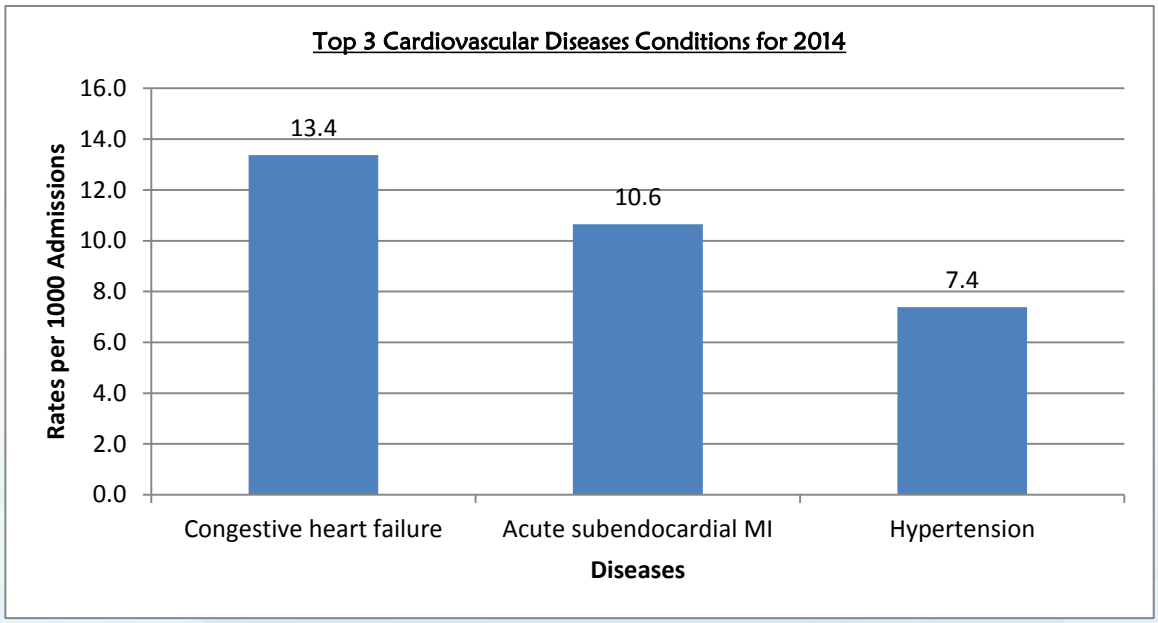


Source: Cancer Registry, 2014

The leading causes of cancer in females are still breast and cervix cancer with unknown primary site and prostate cancers affecting males in 2014. Predominantly cancer of the female genital tract is the leading cause of morbidity in females and cancers of the liver and gastrointestinal tract leads affliction from cancers in the male population in 2014.

Cardiovascular

Figure 9: Leading 3 Cardiovascular Disease Conditions 2014



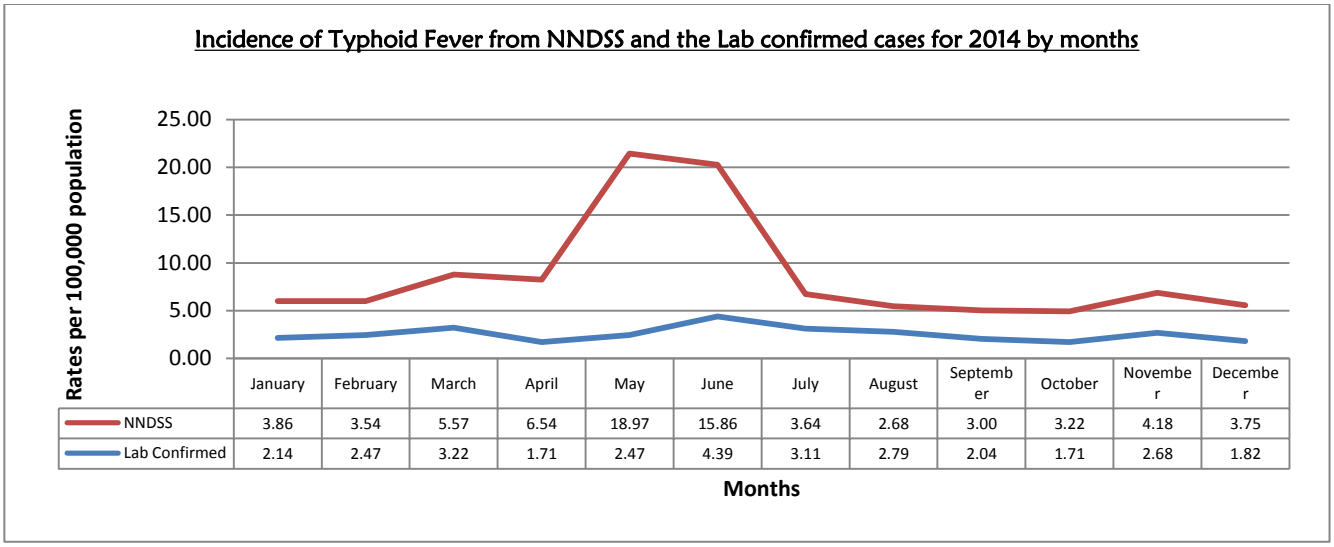
Source: Manual Tear-offs and PATISPLUS

The most common cardiovascular diseases in 2014 included Congestive Heart Failure, Acute subendocardial myocardial infarction and Hypertension respectively.

Communicable Disease

Typhoid

Figure 10: Typhoid Cases for 2014 by Month



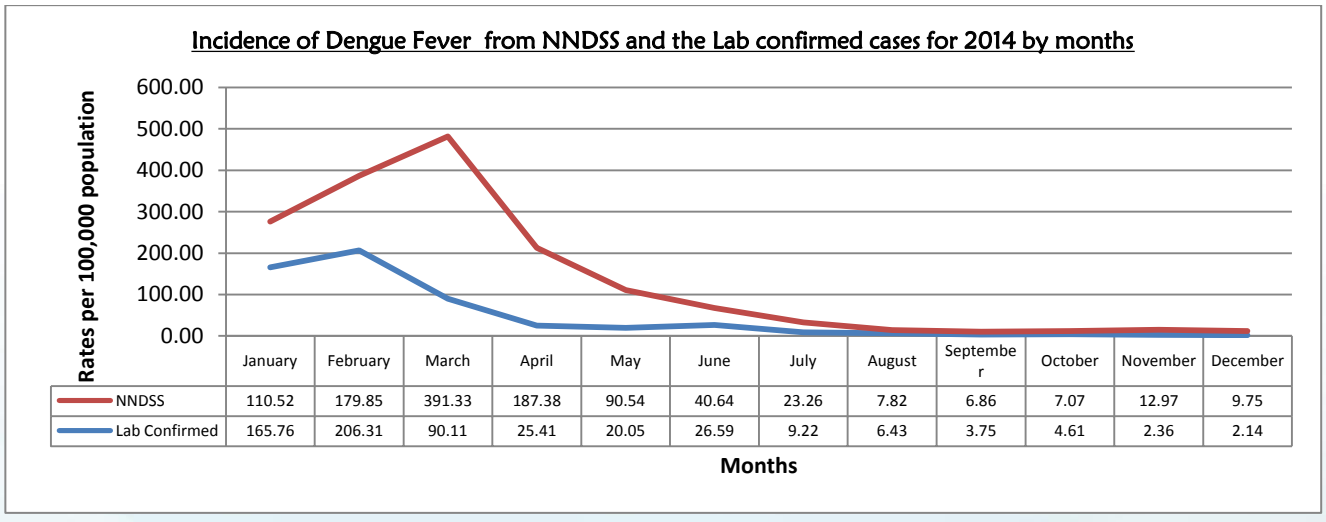
	January	February	March	April	May	June	July	August	September	October	November	December
NNDSS	3.86	3.54	5.57	6.54	18.97	15.86	3.64	2.68	3.00	3.22	4.18	3.75
Lab Confirmed	2.14	2.47	3.22	1.71	2.47	4.39	3.11	2.79	2.04	1.71	2.68	1.82

Source: Laboratory confirmed Data from FCCDC

There is high number of cases seen in NNDSS data compared to Mataika house lab data as NNDSS captures the clinical and the suspected cases whereas lab data are only positive cases.

Dengue

Figure 11: Dengue Cases for 2014 by Month



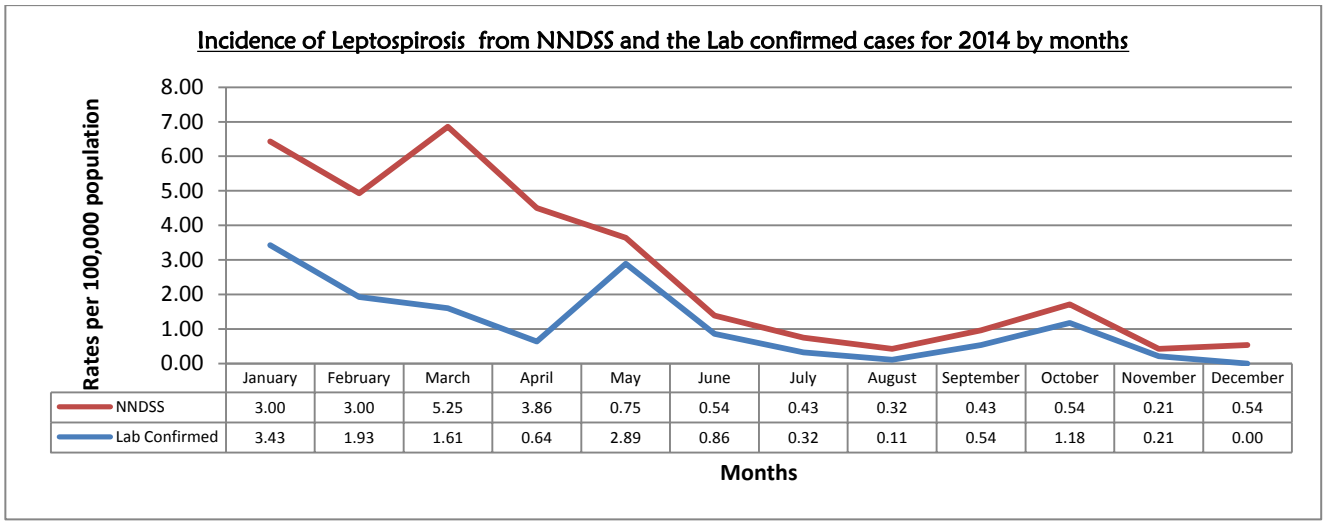
	January	February	March	April	May	June	July	August	September	October	November	December
NNDSS	110.52	179.85	391.33	187.38	90.54	40.64	23.26	7.82	6.86	7.07	12.97	9.75
Lab Confirmed	165.76	206.31	90.11	25.41	20.05	26.59	9.22	6.43	3.75	4.61	2.36	2.14

Source: Laboratory confirmed Data from FCCDC

There is an increase in cases since the beginning of the year until September as this was the period the outbreak was declared. The NNDSS cases are high as it reports the clinical and the suspected cases whereas lab only reports the confirmed cases (or lab positive cases).

Leptospirosis

Figure 12: Leptospirosis Cases for 2014 by Month



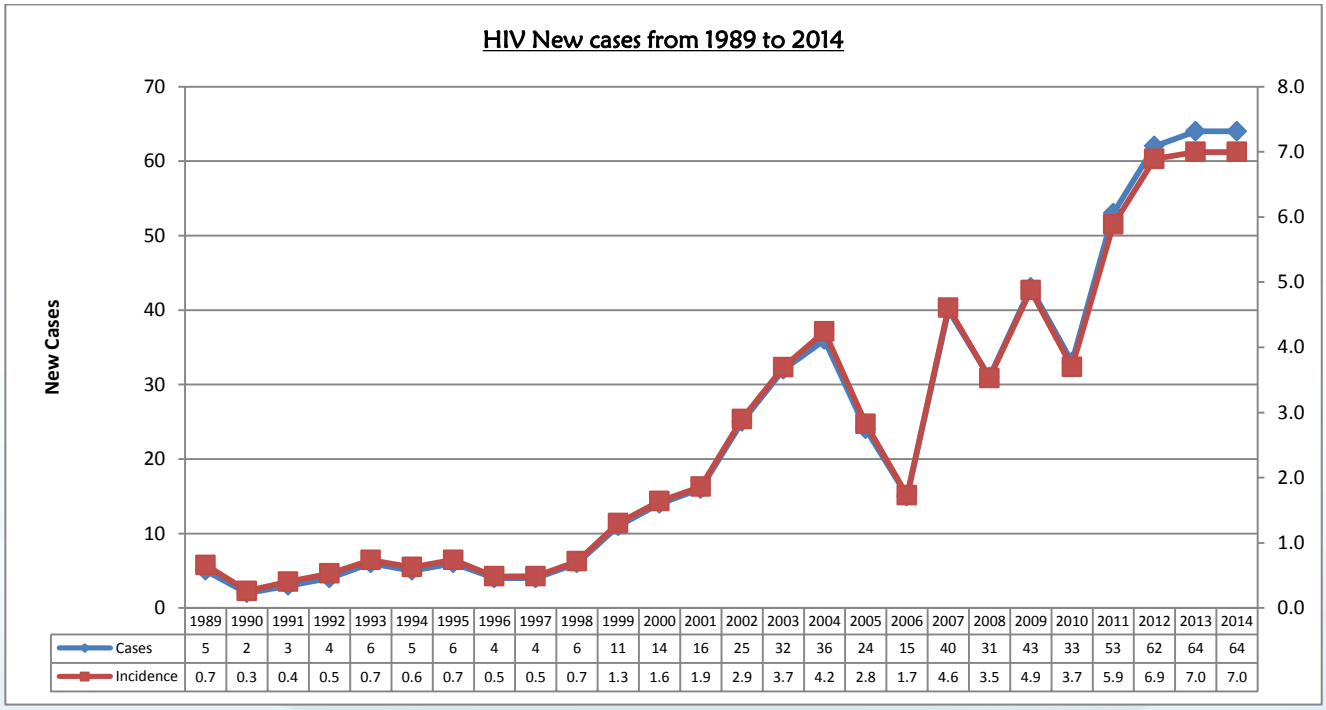
	January	February	March	April	May	June	July	August	September	October	November	December
NNDSS	3.00	3.00	5.25	3.86	0.75	0.54	0.43	0.32	0.43	0.54	0.21	0.54
Lab Confirmed	3.43	1.93	1.61	0.64	2.89	0.86	0.32	0.11	0.54	1.18	0.21	0.00

Source: Laboratory confirmed Data from FCCDC

The increase of cases (seasonality) of Leptospirosis is noted in May. The NNDSS data is higher than lab as lab reports only confirmed cases.

HIV

Figure 13: New HIV Cases 1989-2014



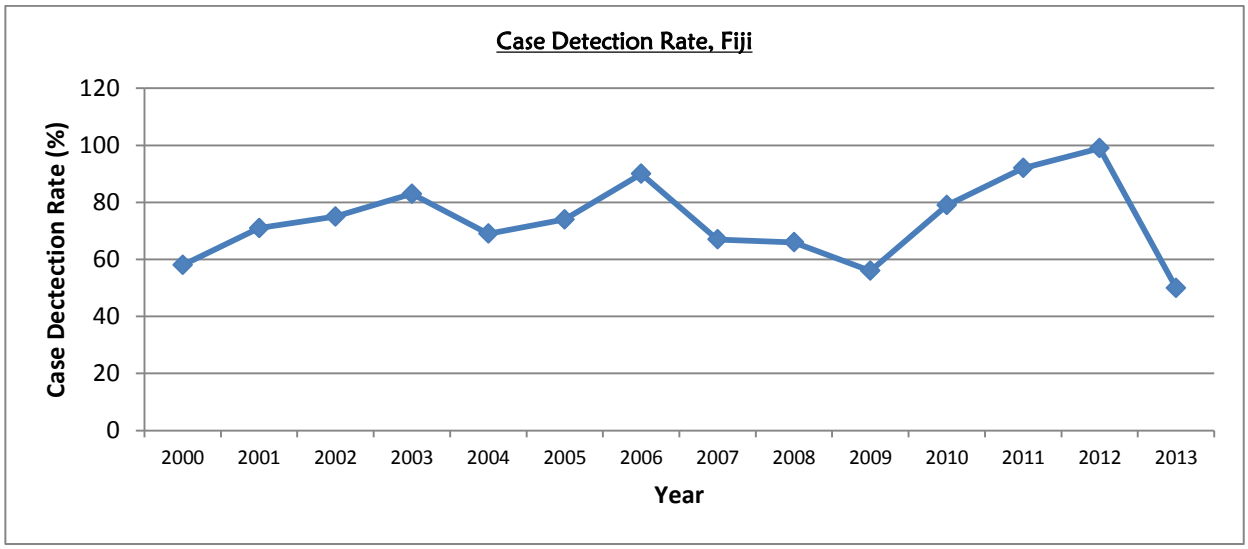
	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Cases	5	2	3	4	6	5	6	4	4	6	11	14	16	25	32	36	24	15	40	31	43	33	53	62	64	64
Incidence	0.7	0.3	0.4	0.5	0.7	0.6	0.7	0.5	0.5	0.7	1.3	1.6	1.9	2.9	3.7	4.2	2.8	1.7	4.6	3.5	4.9	3.7	5.9	6.9	7.0	7.0

Source: Laboratory confirmed Data from FCCDC

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

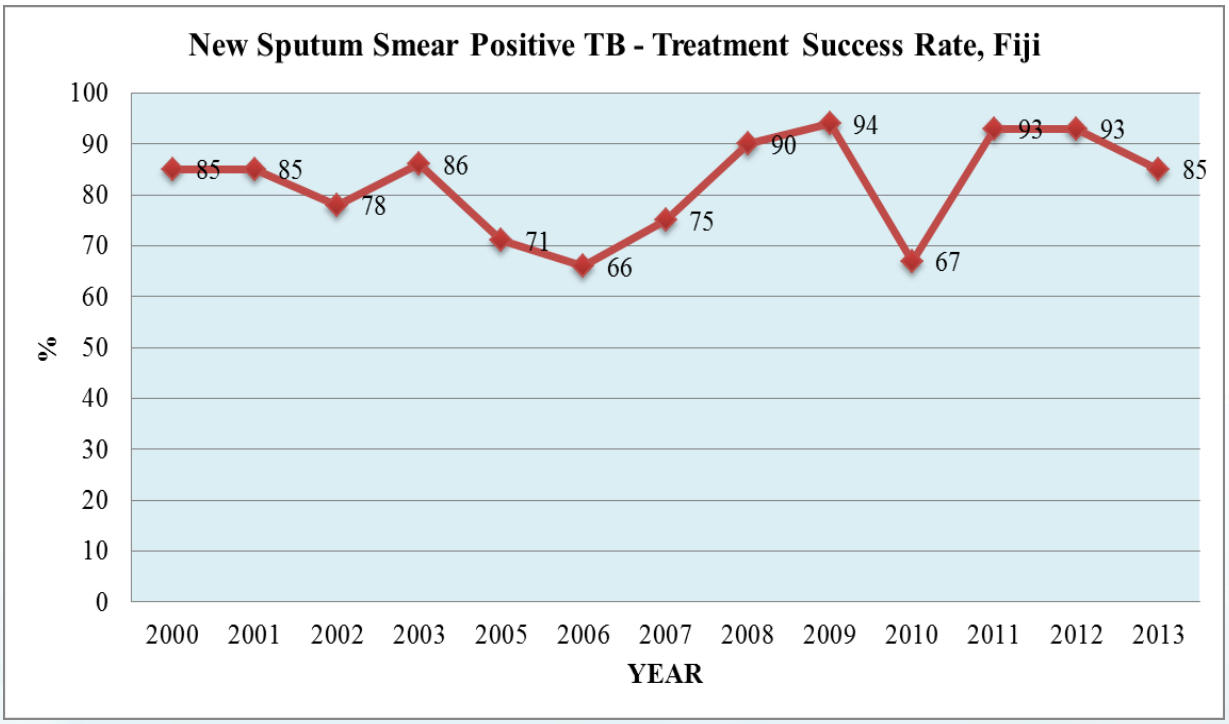
Tuberculosis

Figure 14: TB Indicators by Division for 2013



Source: TB Annual Report 2014

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

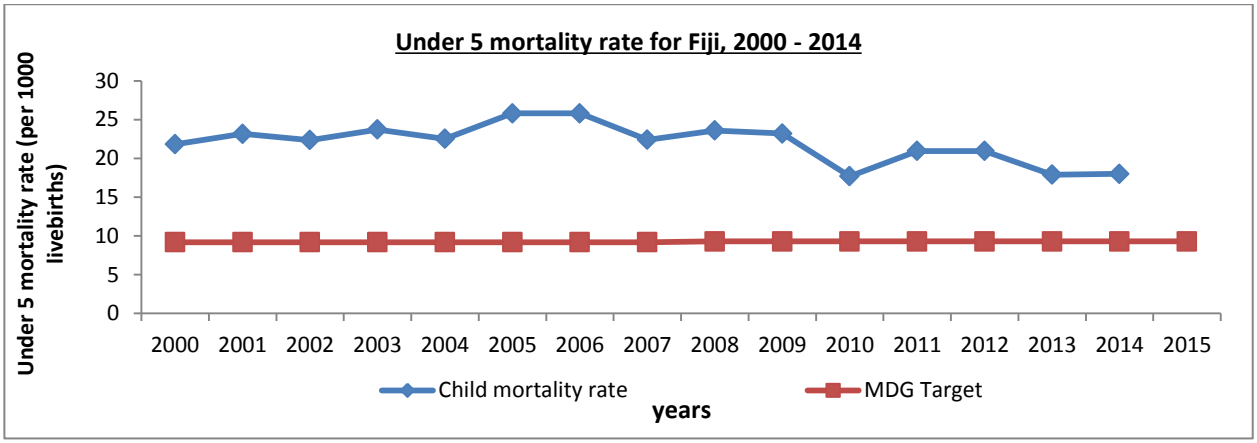


Source: TB Annual Report 2014

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

Maternal Child Health

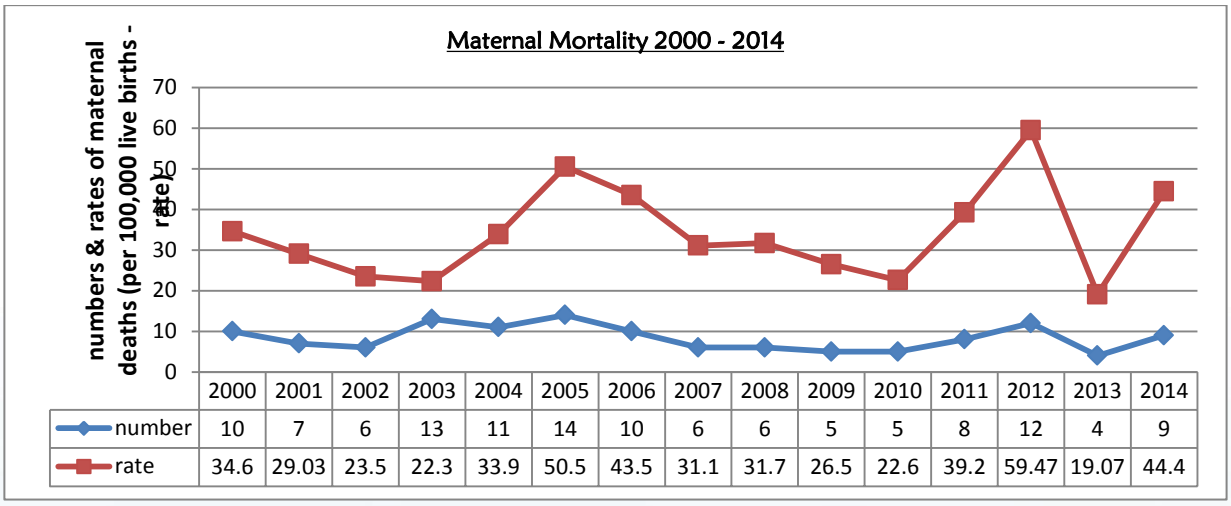
Figure 16: Under 5 Mortality Rate for Fiji 2000-2014



Source: Medical Cause of Death Certificate, 2000 – 2014, MoHMS

There has been a fairly large reduction in the child mortality rate from the year 2000 but the MDG target has yet to be achieved. However, it is important to note that the MDG target may not be the best indicator for small island countries like Fiji due to the small population size.

Figure 17: Maternal Mortality Ratio for Fiji 2000-2014

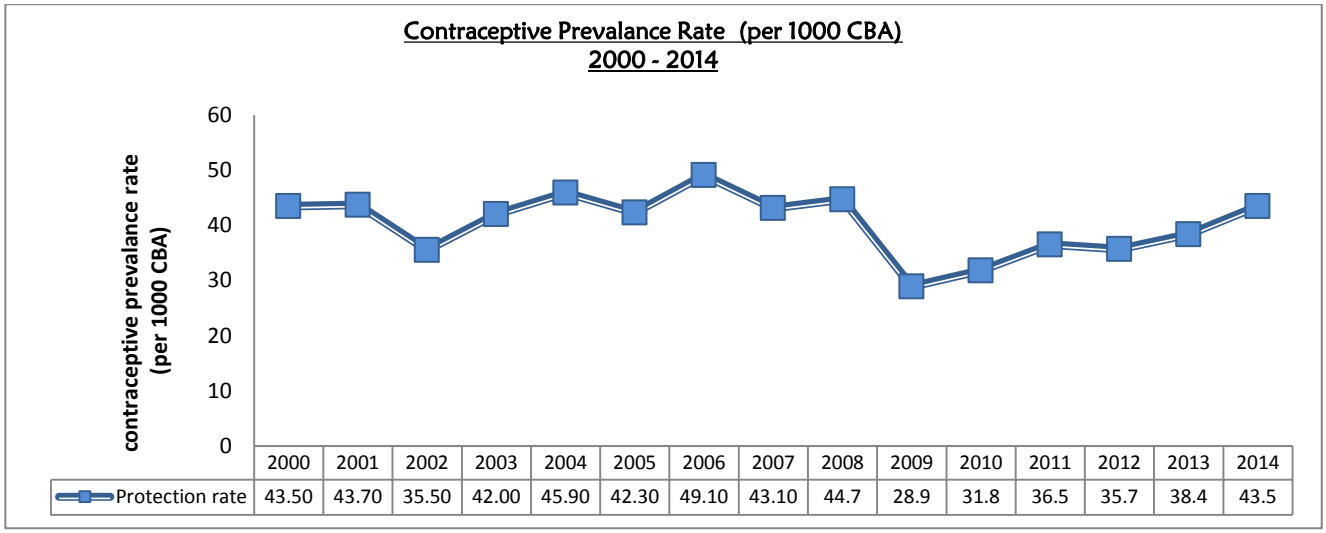


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
number	10	7	6	13	11	14	10	6	6	5	5	8	12	4	9
rate	34.6	29.03	23.5	22.3	33.9	50.5	43.5	31.1	31.7	26.5	22.6	39.2	59.47	19.07	44.4

Source: Medical Cause of Death Certificate, 2000 – 2014, MoHMS

The MMR continues to be elusive of the MDG target; as developing countries like Fiji with small populations have large variations in the MMR with even a minute number of maternal deaths. There is an increase of MMR from 19.07 in the year 2013 to 44.4 in 2014.

Figure 18: Contraceptive Prevalence Rate for Fiji (per 1000 CBA) 2000-2014

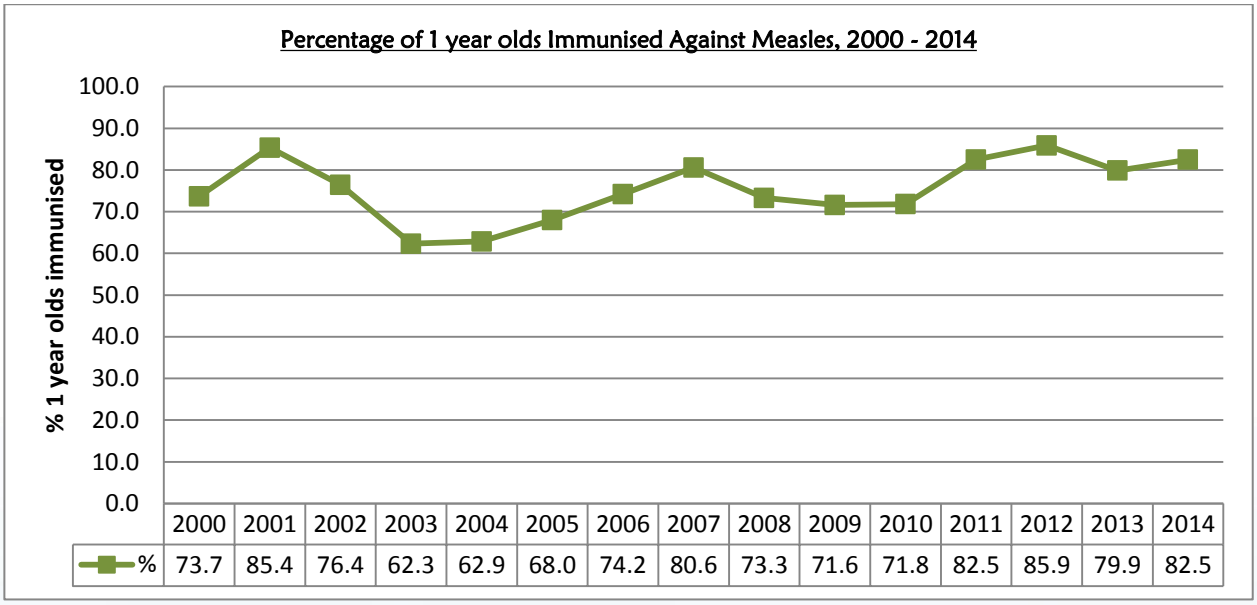


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Protection rate	43.50	43.70	35.50	42.00	45.90	42.30	49.10	43.10	44.7	28.9	31.8	36.5	35.7	38.4	43.5

Source: Public Health Information System, MoHMS

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

Figure 19: Percentage of 1 Year Olds Immunised against Measles 2000-2014



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
%	73.7	85.4	76.4	62.3	62.9	68.0	74.2	80.6	73.3	71.6	71.8	82.5	85.9	79.9	82.5

Source: Public Health Information System, 2000 – 2014, MoHMS

The immunization coverage remains consistently high; around 80% in 2014. However, 2008 and 2012 coverage surveys have noted much higher coverage (95%) than those reported on PHIS.

16. Health Statistics

Table 12: Vital Statistics

	2013	2014
Population	**914,663**	**933,024**
Women (15-44yrs)	209,956	217,434
Total Live births	20,970	20,249
Crude Birth Rate /1000 population	22.7	*23.4
Crude death Rate /1000 population	7.2	*8.0
Rate of Natural Increase	1.6	1.5
Under 5 mortality rate/ 1000 livebirths (0-5 yrs)	17.5	18.0
Infant Mortality rate / 1000 live births (0-12months)	13.4	13.8
Perinatal Mortality (stillbirth and early neonatal deaths/1000 livebirths)	13.5	12.7
Early Neonatal (deaths 0-7days) /1000 livebirths	5.7	5.8
Neonatal Mortality (deaths 0-28days/ 1000 live births	7.3	7.7
Post-neonatal mortality (deaths 1-12 months)/ 1000 live births	6.1	6.2
Maternal mortality ratio /100,000 live births	19.07	44.4
General Fertility rate / 1000 CBA Population	102.9	99.4
Family Planning Protection Rate (per 1000 CBA Population)	38.4	43.6

**Use of FIBOS 2014 population projection*

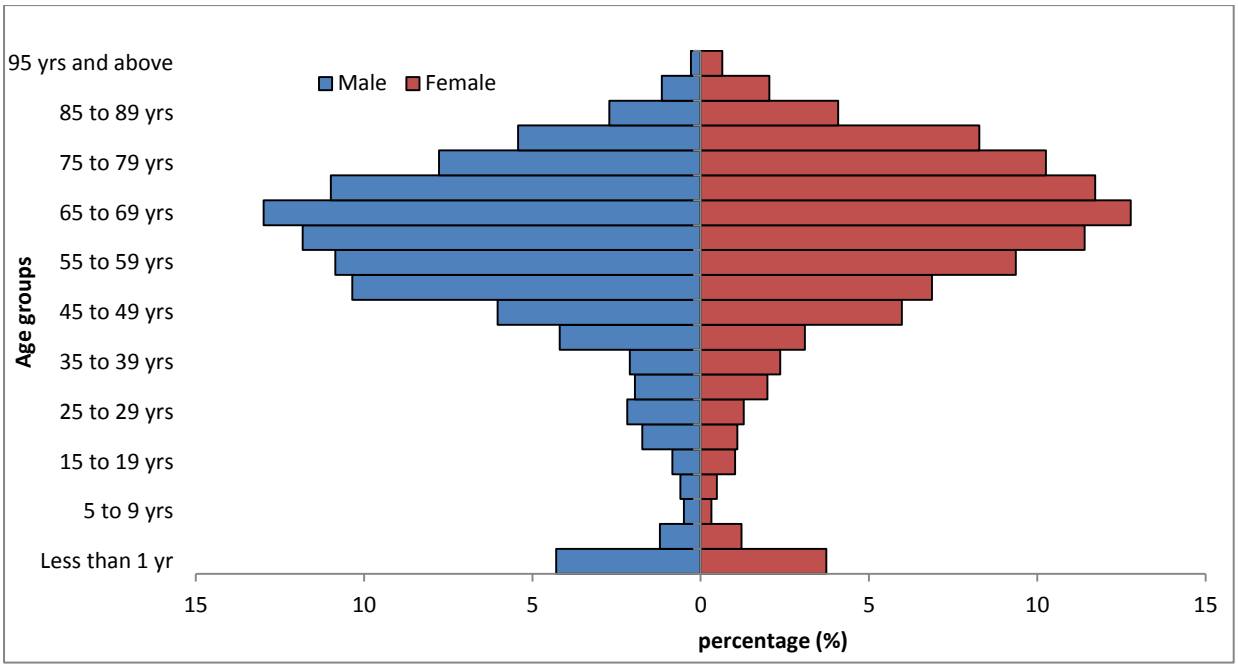
Table 13: Life Expectancy – 2014

Age (yrs)	Male			Female			National		
	Life Expectancy	L95%CI	U95%CI	Life Expectancy	L95%CI	U95%CI	Life Expectancy	L95%CI	U95%CI
at birth	66.3	65.9	66.8	70.7	70.3	71.2	68.4	68.1	68.8
at 5 yrs	62.9	62.5	63.3	67.0	66.6	67.4	64.9	64.6	65.1
at 15 yrs	53.2	52.8	53.6	57.2	56.8	57.6	55.1	54.8	55.4
at 40 yrs	30.1	29.7	30.4	33.8	33.4	34.2	31.9	31.6	32.1
at 60 yrs	15.4	15.1	15.7	17.9	17.6	18.2	16.7	16.4	16.9

Life expectancy is an estimate of the average number of years a person can expect to live, based on age-specific death rates in a given year. Life expectancy at birth is one of the most commonly used measures to describe the health status of a population. In Fiji, on average, a Fijian male born today is expected to live sixty-six (66) years if the economic status of the country remains the same with confidence interval of 65.9-66.8 percent whereas for a Fijian female is expected to live seventy-one (71) years with confidence interval of 70.3-71.2 percent. On average, a forty (40) year old is expected to live another thirty-two (32) years (CI, 31.6-32.1) and a sixty (60) year old is expected to live another sixteen (16) years (CI, 16.4-16.9).

Mortality Pyramid for Fiji – 2014

Figure 20: Mortality Pyramid for 2014



The mortality rates between males and females demonstrate that males have a peak between 50-79yrs and females have a peak between 55-84 yrs. Most males are dying earlier than females.

Table 14: Immunization Coverage 2014

Immunization Coverage (%) 0-1 yr	2013		2014	
	Number	**%**	**Number**	**%**
HBV0	13801	85.2	20176	99.6
BCG	18152	86.7	19923	98.4
DPT-HepB-Hib1	18621	88.9	18319	90.5
OPV1	18660	89.1	18317	90.5
Pneumoccal 1	18504	88.4	18328	90.5
Rotavirus 1	18485	88.3	18320	90.5
DPT-HepB-Hib2	18346	87.6	18220	90.0
OPV2	18314	87.5	18211	89.9
Pneumoccal 2	18039	86.1	18199	89.9
DPT-HepB-Hib3	18318	87.5	18398	90.9
OPV3	18285	87.3	18383	90.8
Pneumoccal 3	17776	84.9	18380	90.8
Rotavirus 2	17510	83.6	18312	90.4
MR1	16113	79.9	17295	82.5

Table 15: Notifiable Diseases 2014

No.	Diseases	Total	No.	Diseases	Total
1	Acute Poliomyelitis	0	23	Meningitis	94
2	Acute Respiratory Infection	60,261	24	Mumps	13
3	Anthrax	0	25	Plague	0
4	Brucellosis	0	26	Pneumonia	7,096
5	Chickenpox	2,847	27	Puerperal Pyrexia	0
6	Cholera	0	28	Relapsing Fever	0
7	Conjunctivitis	7,311	29	Rheumatic Fever	29
8	Dengue Fever	9,942	30	Smallpox	0
9	Diarrhoea	34,670	31	Tetanus	0
10	Diphtheria	0	32	Trachoma	275
11	Dysentery a) Amoebic	13	33	Tuberculosis a) Pulmonary*	280
	b) Bacillary	160		b) Others*	0
12	Encephalitis	1	34	Typhus	0
13	Enteric Fever a)Typhoid	698	35	Viral Infection	76,701
	b) Para typhoid	1	36	Whooping Cough [Pertussis]	12
14	Fish Poisoning	1,843	37	Yaws	0
15	Food Poisoning	103	38	Yellow Fever	0
16	German Measles (Rubella)	140	39	Sexually Transmitted Infections	
17	Infectious Hepatitis	324		a) Gonorrhoea	1,168
18	Influenza	33,749		b) Candidiasis	335
19	Leprosy	3		c) Chlamydia	2
20	Leptospirosis	176		d) Congenital Syphilis	57
21	Malaria	0		e) Genital Herpes	0
22	Measles (Morbilli)	69		f) Lymphogranuloma Venerum	0
				g) Herpes Zoster (Shingles)	41
				h) Opthalmia Neonatorium	34
				i) PID	0
				j) Chancroid	0
				k) Syphilis	525
				l) Trichomoniasis	85
				m) Veneral Warts	0
				n) Gonorrhoea	1,168

The top notifiable diseases for 2014 are acute respiratory infections, diarrhoea, viral illnesses and influenza.

Table 16: Health Service Utilization Statistics 2014

Divisional and Sub-Divisional Hospital Utilization Statistics

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	Average Length of Stay
1	CWM Hospital	85,331	481	25,254	25,208	135,233	77%	371	5.4
2	Navua Hospital	3,775	22	842	772	1,866	23%	5	2.4
3	Vunidawa Hospital	14,003	24	447	448	1,171	13%	3	2.6
4	Korovou Hospital	5,083	16	935	919	2,205	38%	6	2.4
5	Nausori Hospital	3,678	17	1,969	1,824	2,342	38%	6	1.3
6	Wainibokasi Hospital	5,660	12	1,164	1,036	3,442	79%	9	3.3
	Central Division Sub-total	**117,530**	**572**	**30,611**	**30,207**	**146,259**	70%	**401**	**4.8**
7	Lautoka Hospital	162,224	305	14,715	13,690	67,370	61%	**185**	4.9

8	Nadi Hospital	160,773	75	6,256	6,203	19,374	71%	**53**	3.1
9	Sigatoka Hospital	90,729	66	4,165	3,845	10,322	43%	**28**	2.7
10	Ba Mission Hospital	84,950	50	3,451	3,353	8,963	49%	**25**	2.7
11	Tavua Hospital	54,708	29	1,541	1,328	3,298	31%	**9**	2.5
12	Rakiraki Hospital	37,156	30	1,464	1,424	4,614	42%	**13**	3.2
	Western Division Sub-total	**590,540**	**555**	**31,592**	**29,843**	**113,941**	56%	**312**	**3.8**
13	Labasa Hospital	86,007	182	11,081	9,030	36,995	56%	101	4.1
14	Savusavu Hospital	63,800	56	2,049	2,029	5,799	28%	16	2.9
15	Waiyevo Hospital	18,139	33	1,279	1,170	3,492	29%	10	3.0
16	Nabouwalu Hospital	16,764	26	837	746	2,700	28%	7	3.6
	Northern Sub-total	**184,710**	**297**	**15,246**	**12,975**	**48,986**	45%	**134**	**3.2**
17	Levuka Hospital	25,547	40	930	819	2,684	18%	7	3.3
18	Vunisea Hospital	8,121	22	506	477	1,622	20%	4	3.4
19	Lakeba Hospital	3,544	12	266	248	504	12%	1	2.0
20	Lomaloma Hospital	4,849	16	194	181	684	12%	2	3.8
21	Matuku	1,382	5	50	50	92	5%	0	1.8
22	Rotuma Hospital	5,378	14	135	124	469	9%	1	3.8
	Eastern Division Sub-total	**48,821**	**109**	**2,081**	**1,899**	**6,055**	15%	**17**	**3.2**
	TOTAL (Divisional &Sub divisional)	**941,601**	**1,533**	**79,530**	**74,924**	**315,241**	56%	**864**	**4.2**

Specialised and Private Hospitals

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	Average Length of Stay
1	St Giles Hospital	7,230	86	450	342	18,850	60%	52	55.1
2	Tamavua/Twomey Hospital	15,575	91	371	332	13,201	40%	36	39.8
4	Military Hospital		9				0%	0	0
5	Naiserelagi Maternity	2,082	7	189	189	301	12%	1	1.6
	Specialized Hospital Sub-total	**24,887**	**193**	**1,010**	**863**	**32,352**	**46%**	**89**	**37.5**
	GRAND TOTAL	**966,488**	**1,726**	**80,540**	**75,787**	**347,593**	55%	**952**	**4.6**

Source: Hospital Monthly Returns and PATISPLUS

Based on the above reporting, the overall average length of stay is 4.6 days. The Occupancy rate is at 55% which illustrates the number of beds occupied by hospital inpatients. The analysis is based on the reports received from the Divisional and Sub divisional Hospitals. The discrepancy between patient discharges and patient admissions was noted to be 4606 patients; this meant that 5.8%of all patients admitted were not discharged or were yet to be discharged from the hospitals when the analysis was undertaken. This also indicates the quality of data entry from the data providers and their level of supervision of data. This is also a quality check for the team at HIU and simply means that cases admitted are not discharged due to administrative omissions or in some cases due to chronic disease such as TB or psychiatric co-morbidities.

The report shows narrowed gaps with more discharges being reported compared to 2013. There were no outpatients reported from Navua Hospital from August this year, as it is reported in PHIS through the Navua Health Centre. The bed occupancy rates have improved and with improved statistics on admissions and discharges, the perception is that BOR will reflect the true facility incidence.

In the arena of the specialist and private hospitals, the greatest number of outpatients seen was at Tamavua/Twomey Hospital whereas St Giles Hospital recorded the greatest number of inpatients. There continues to be discrepancies for patients' admissions and discharged in which 14.5% patients admitted were either not discharged or were yet to be discharged from the respective specialized and private hospitals.

Table 17: Morbidity and Mortality Statistics 2014

i) Top ten causes of mortality 2014

No.	Diseases	Total	%
1	Diseases of the circulatory system	2417	34.9
2	Endocrine, nutritional and metabolic diseases	1465	21.1
3	Neoplasm	691	10.0
4	External causes of injuries	412	5.9
5	Diseases of the respiratory system	398	5.7
6	Certain infectious and parasitic diseases	397	5.7
7	Diseases of the genitourinary system	166	2.4
8	Diseases of the digestive system	157	2.3
9	Certain conditions originating in the perinatal period	121	1.7
10	Diseases of the nervous system	117	1.7
	Grand Total	**6927**	

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

ii) Top ten causes of mortality 2014

No.	Diseases	Total	%	Rate per 100,000 population
1	Diabetes mellitus	1345	19.4	155.6
2	Ischaemic heart disease	1138	16.4	131.7
3	Cerebrovascular diseases	517	7.5	59.8
4	Hypertensive diseases	347	5.0	40.1
5	Other heart diseases	340	4.9	39.3
6	Other external causes of mortality	229	3.3	26.5
7	Chronic lower respiratory diseases	224	3.2	25.9
8	Sepsis	193	2.8	22.3
9	Other diseases of the genitourinary system	151	2.2	17.5
10	Other malignant neoplasms	140	2.0	16.2
	Total	**6927**		

The top seven diseases accounting for deaths in 2014 were all NCD related (60% of top ten deaths). Diabetes and its complications were the top cause of mortality in 2014.

Table 18: Top ten causes of morbidity by disease cause group 2014

No.	Disease Classification	Cases	%
1	Certain Infectious & Parasitic Diseases	5819	14.1
2	Diseases of the Circulatory System	4064	9.9
3	Diseases of the Respiratory System	3694	9.0
4	Injury, Poisoning & Certain Other Consequences of External Causes	2916	7.1
5	Diseases of the Skin & Subcutaneous Tissue	1791	4.4
6	Endocrine, Nutritional & Metabolic Diseases	1710	4.2
7	Diseases of the Genitourinary System	1503	3.7
8	Diseases of the Digestive System	1190	2.9
9	Certain Conditions Originating in the Perinatal Period	805	2.0
10	Diseases of the Blood & Blood Forming Organs	542	1.3

Source: HDD from Sub-Divisional and PATISPLUS

Certain Infectious & Parasitic Diseases is the leading cause of morbidity in our admitted population. The leading cause of admissions in 2014 was Diseases of the circulatory system.

Table 19: Top ten causes of morbidity by disease 2014

No.	Disease Classification	Cases	%
1	Viral infection unspecified	1840	4.5
2	Pneumonia unspecified	1304	3.2
3	Dengue fever [classical dengue]	1295	3.1
4	Diarrhoea & gastroenteritis presumed infectious	1107	2.7
5	Type 2 DM with foot ulcer due to multiple causes	577	1.4
6	Sepsis unspecified	571	1.4
7	Congestive heart failure	550	1.3
8	Asthma unspecified	525	1.3
9	Stroke not specified as haemorrhage or infarction	510	1.2
10	Acute subendocardial MI	438	1.1

Source: HDD from Sub-Divisional and PATISPLUS

Viral infection unspecified is the leading cause of admissions, while the 10th leading cause of admission is Acute subendocardial MI. The leading cause of admissions was Pneumonia unspecified in 2014.

Table 20: Health Status Indicators 2013-2014

Indicator	2013	2014
Reduced Burden of NCD (Strategic Plan Outcome 1)		
Prevalence rate of diabetes (per 1000 population)	25.6	25.9
Admission rate for diabetes and its complications, hypertension and cardiovascular diseases (per 1000 admissions)	118.5	112.7
Amputation rate for diabetes sepsis (per 100 admission for diabetes and complications)	16.1	15.4
Cancer prevalence rate (per 100,000 population)	169.8	152.5
Cancer mortality (per 100,000 population)	84.0	79.9
Cardiovascular disease (ICD code I00-I52.8) Mortality rate per 100,000 population	220.1	215.4
Admission rate for RHD (1000 admission)	1.6	3.0
Motor and other vehicle accidents mortality rate (per 100,000 population)	5.1	7.3
Healthy teeth index (DMFT) – 12 year old	1.4	1.4
Begin to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases (Strategic Plan Outcome 2)		
HIV prevalence rate among 15-24 year old pregnant women per 1000	0.037	
Prevalence rate of STIs among men and women aged 15-24 years per 100000	55	80.41
TB prevalence rate per 100,000	100	2014 will be estimated by WHO in the 2015 Report.
TB case notification rate of new and relapse cases (per 100,000 population)	29	39
TB case notification of new smear positive cases (per 100,000)	12	12
Tuberculosis case detection rate	50%	2014 will be reported in October 2015 as some of the cases are still on treatment.

TB treatment success rate	85%	2014will be reported in October 2015 as some of the cases are still on treatment.
TB death rate	3.5	10.9
Incidence of dengue (per 100,000 pop)	105.92	1150.20
Incidence of leptospirosis (per 100,000 pop)	23.62	20.36
Prevalence rate of leptospirosis (per 100,000 pop)	23.62	20.36
Incidence rate of measles (per 100,000 pop)	2.08	7.98
Prevalence rate of Leprosy (per 100,000 pop)	0.33	0.35
Incidence rate of Gonorrhoea (per 100,000 pop)	84.7	135.13
Incidence rate of Syphillis (per 100,000 pop)	65.59	60.74
Improved family health and reduced maternal morbidity and mortality (Strategic Plan Outcome 3)		
Maternal mortality ratio	19.07	44.4
Prevalence of anaemia in pregnancy at booking	27.1	31.1
Contraceptive prevalence Rate	38.4	43.6
Proportion of births attended by skilled health personnel	99.7	99.23
Improved child health and reduced child morbidity and mortality (Strategic Plan Outcome 4)		
Prevalence of under 5 malnutrition	36.3	
% of one year fully immunized	79.9	82.5
Under 5 mortality rate/ 1000 births	17.9	18.0
Infant mortality rate (1000 live births)	13.7	13.8
Improved adolescent, health and reduced adolescent morbidity and mortality (Strategic Plan Outcome 5)		
Rate of teenage pregnancy (per 1000 CBA pop)	7.75	4.91
Number of teenage suicides	14	9

The health status indicators for 2014 demonstrate:

Consistency in the facility based prevalence of Diabetes; whilst indicating increased admission rates for diabetes and its complications. The prevalence of Cancer decreased in 2014 compared to 2013(by 10.2%) as did Cancer mortality (by 0.1%). The prevalence rate of cardiovascular diseases increased by 4.5% as did the admission rates for RHD – by 87.5% (may be due to reporting on the PATIS system). Mortality from MVAs increased by 40.4%. The incidence of Dengue increased predominantly due to improvements in data capture, with a decrease in incidence of leptospirosis. The MMR has increased significantly in 2014 compared to 2013, although the MDG target is yet to be realized. The other indicator of maternal health such as anaemia in pregnancy has increased and proportion of births attended to by skilled professionals remains consistent. The improvements in CPR are moderate. Improvements overall in the arena of child health have also been noted. Teenage and adolescent health issues have improved; the rate of teenage pregnancy increased (by 95%) and so did the rate of suicide amongst teenagers (by 15 %).

17. Overseas Patient Referral 2014

Table 21: Patient Referral by Medical Category, 2009-2014

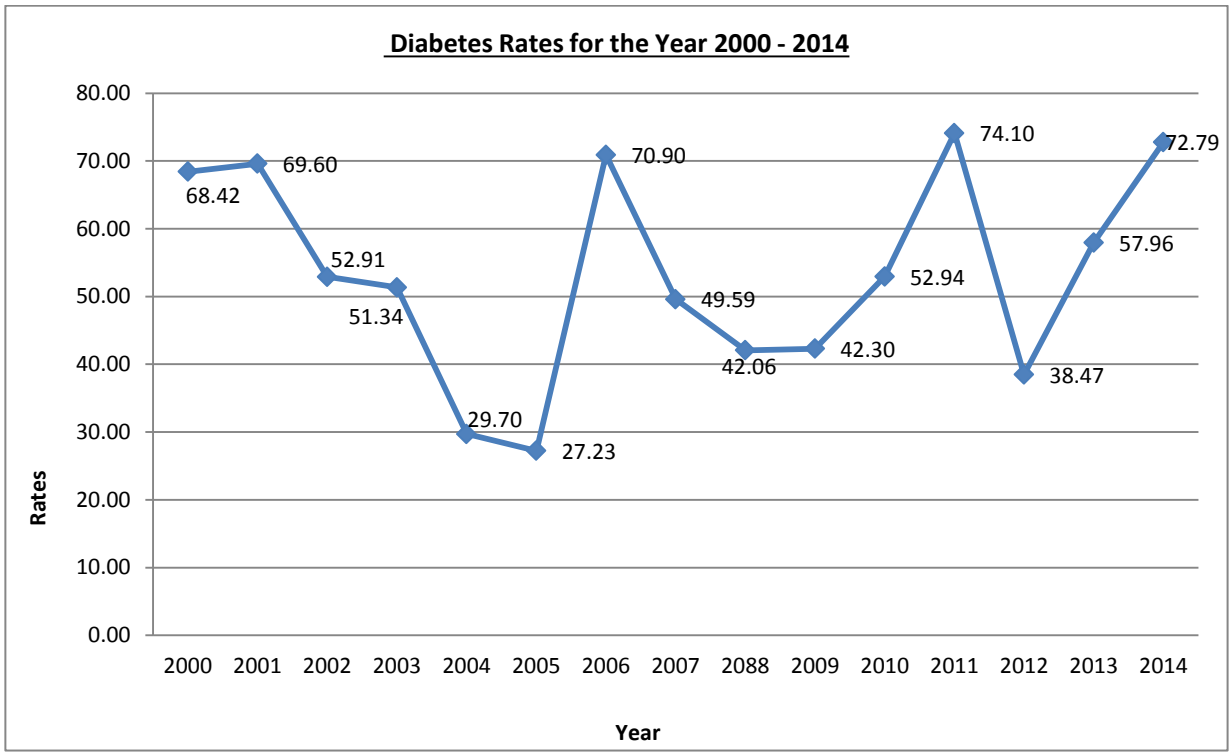
Category	2009	2010	2011	2012	2013	2014	Total
Cardiac	39	45	97	43	23	3	**250**
Oncology	22	30	50	23	17	22	**164**
Renal	6	2	7	4	1	2	**22**
Surgical	6	11	14	3	15	16	**65**
Ophthalmology	9	5	25	15	9	8	**71**
Other	0	0	10	12	2	3	**27**
Total	**82**	**93**	**203**	**100**	**67**	**54**	**599**

Table 22: Patient Referral Costs by Category 2014

Category	2014	Costs
Cardiac	3	$58,026.00
Oncology	22	$402,625.83
Renal	2	$10,008.40
Surgical	16	$96,247.70
Ophthalmology	8	$54,959.40
Other	3	$17,224.50
Total	**54**	**$639,091.83**

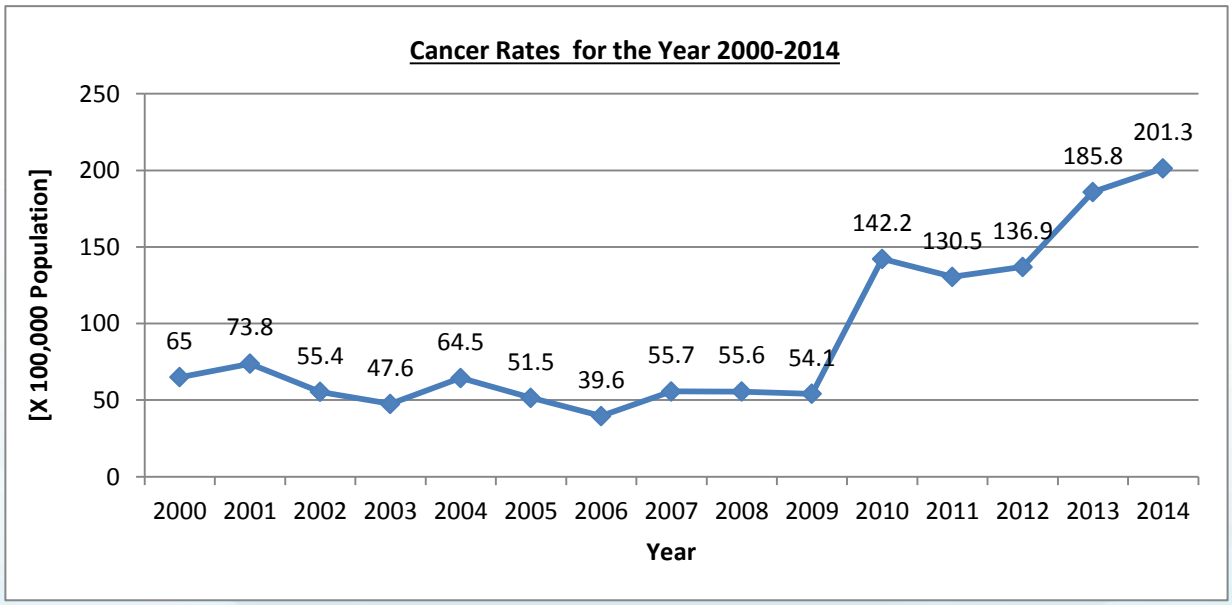
18. Disease Trend Analysis 2000-2014

Figure 21: Diabetes Cases 2000–2014



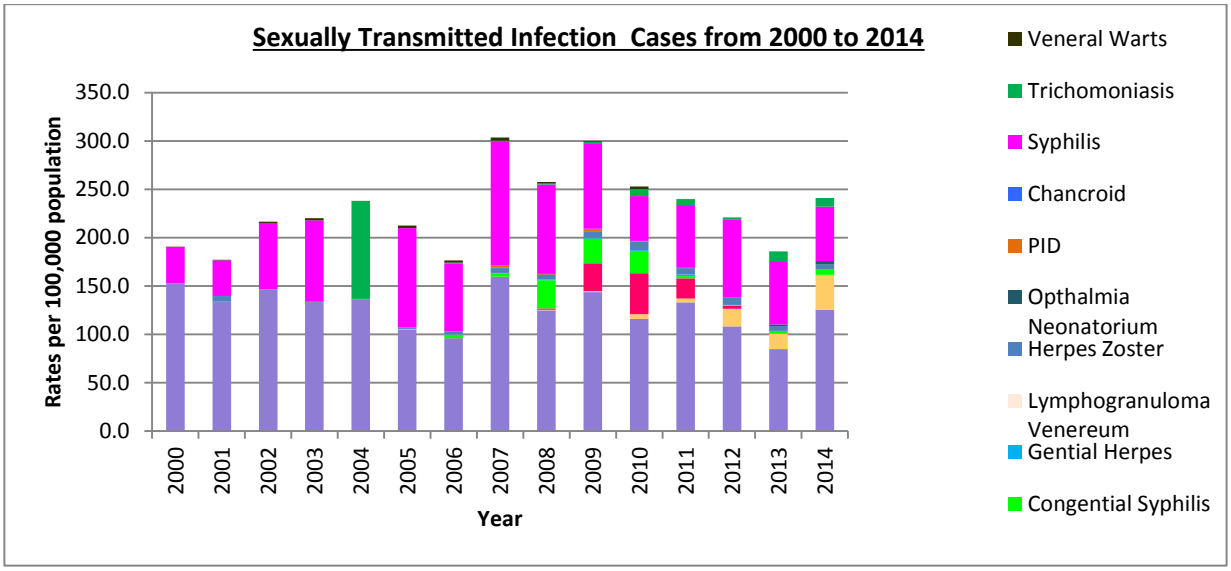
The number of cases of Diabetes remains variable due to undereporting of new cases.

Figure 22: Cancer Cases from 2000 – 2014



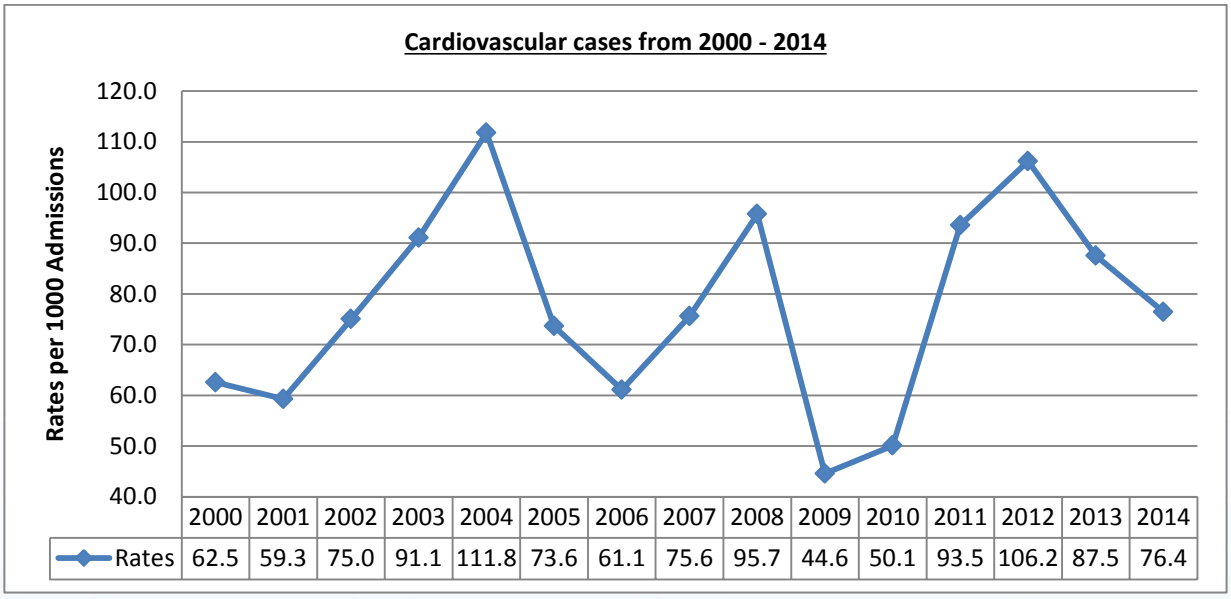
The number of cases of cancer increased in 2010 due to multiple sources of reporting. The rates have increased over time due to improvements in data capture.

Figure 23: Sexually Transmitted Infection Cases 2000-2014



The incidence of syphilis and gonorrhoea is variable over the years. This could be due to underreporting and differences in syndromic and laboratory case definitions.

Figure 24: Cardiac Related Cases 2000–2014

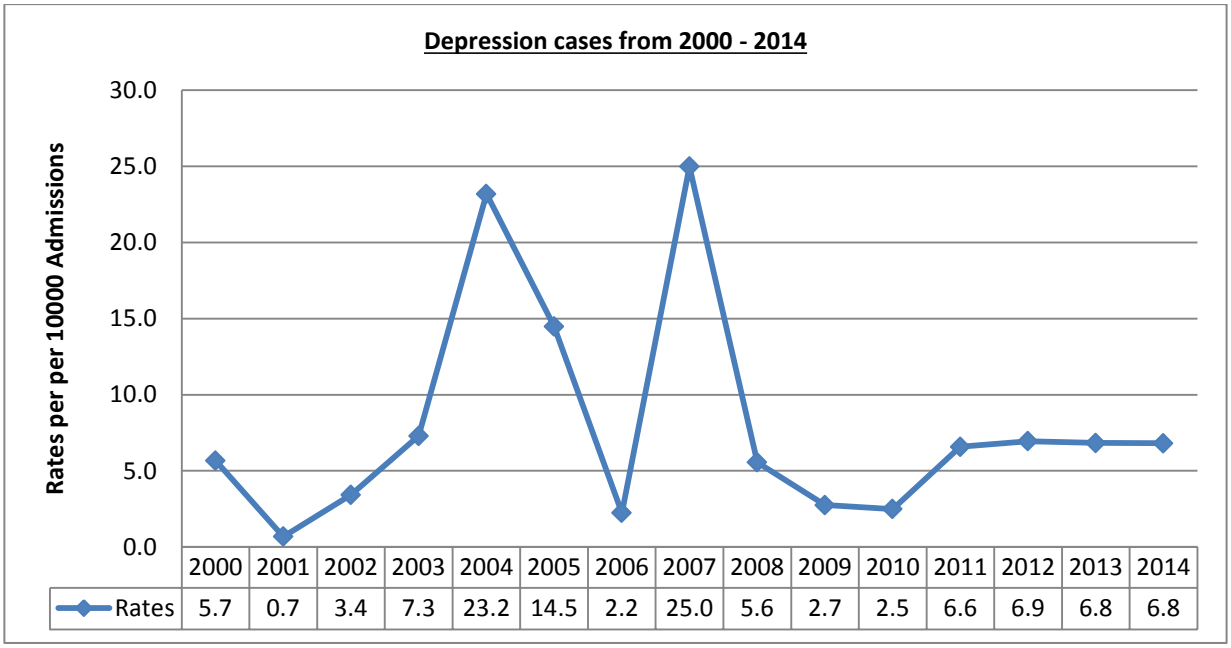


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Rates	62.5	59.3	75.0	91.1	111.8	73.6	61.1	75.6	95.7	44.6	50.1	93.5	106.2	87.5	76.4

Source: Manual Tear-offs and PATISPLUS

The number of cases of cardiac disease are decreasing in the period 2013 – 2014. However, morbidity from cardiac disease results in demonstrable effects on productivity and quality of life.

Figure 25: Depression Cases 2000–2014

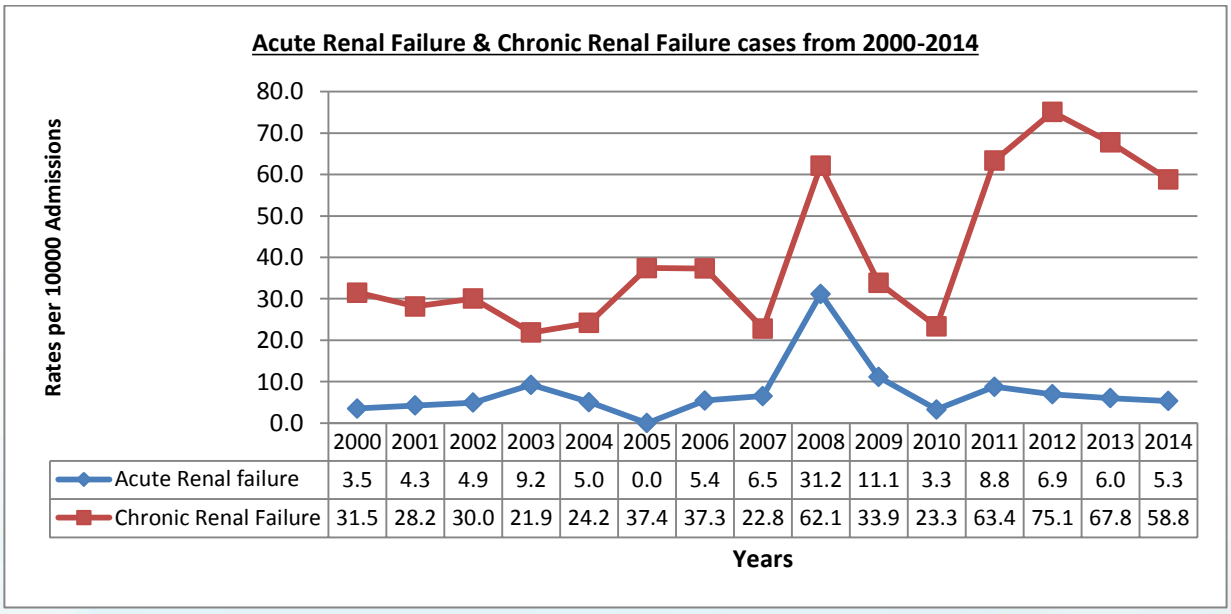


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Rates	5.7	0.7	3.4	7.3	23.2	14.5	2.2	25.0	5.6	2.7	2.5	6.6	6.9	6.8	6.8

Source: Manual Tear-offs and PATISPLUS

There has been a general decline in the number of admitted cases of depression seen in public facilities from 2000 to 2014. This could be due to the early intervention strategies available to individuals due to counselling services and outpatient access to control depression.

Figure 26: Acute and Chronic Renal Failure Cases 2000-2014

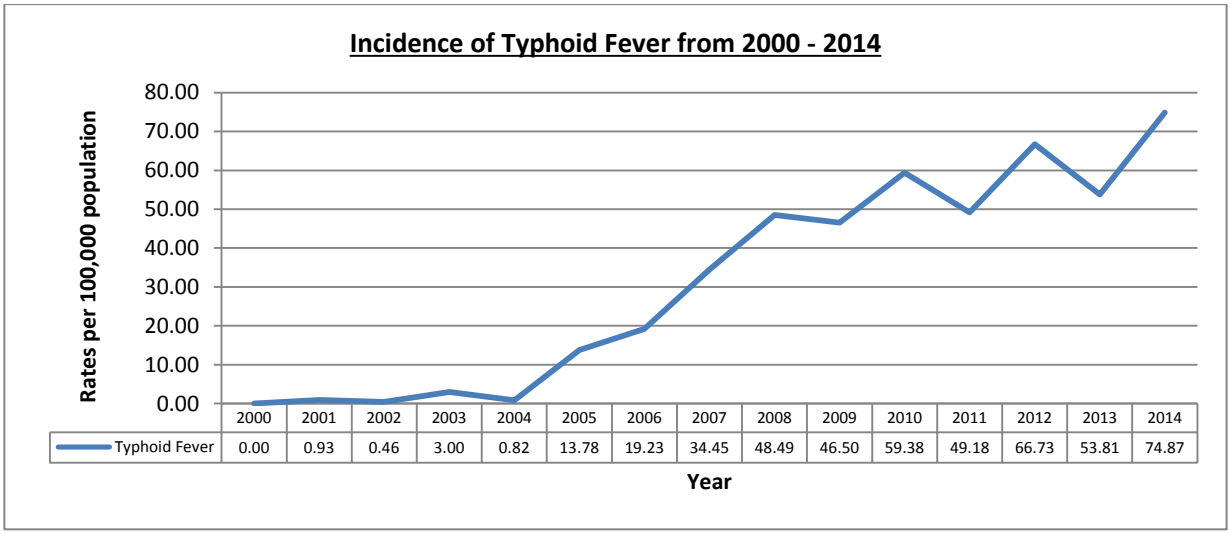


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Acute Renal failure	3.5	4.3	4.9	9.2	5.0	0.0	5.4	6.5	31.2	11.1	3.3	8.8	6.9	6.0	5.3
Chronic Renal Failure	31.5	28.2	30.0	21.9	24.2	37.4	37.3	22.8	62.1	33.9	23.3	63.4	75.1	67.8	58.8

Source: Manual Tear-offs and PATISPLUS

There has been an increase in admissions for Chronic renal failure compared with Acute renal failure with both a peaks in the year 2008. There is also increasing rates of Chronic Renal failure 2011 and 2012.

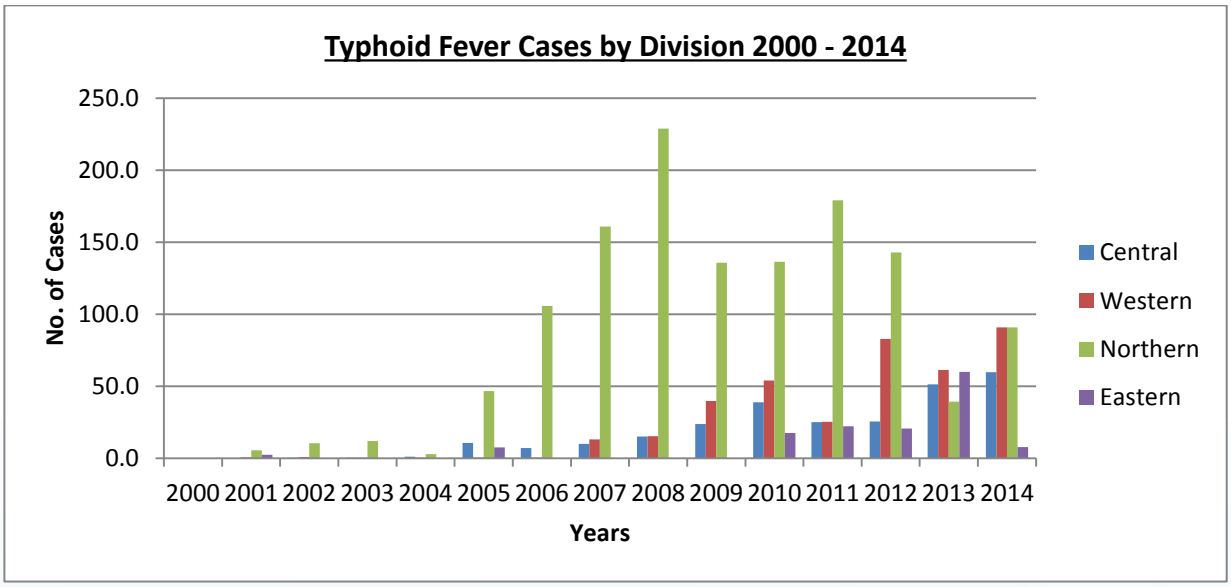
Figure 27: Typhoid Cases 2000–2014



Source:NNDSS and Laboratory confirmed Data from Mataika House

There continues to be an increase in number of cases of Typhoid reported from the year 2005 up to 2014; this could be due to better data capture.

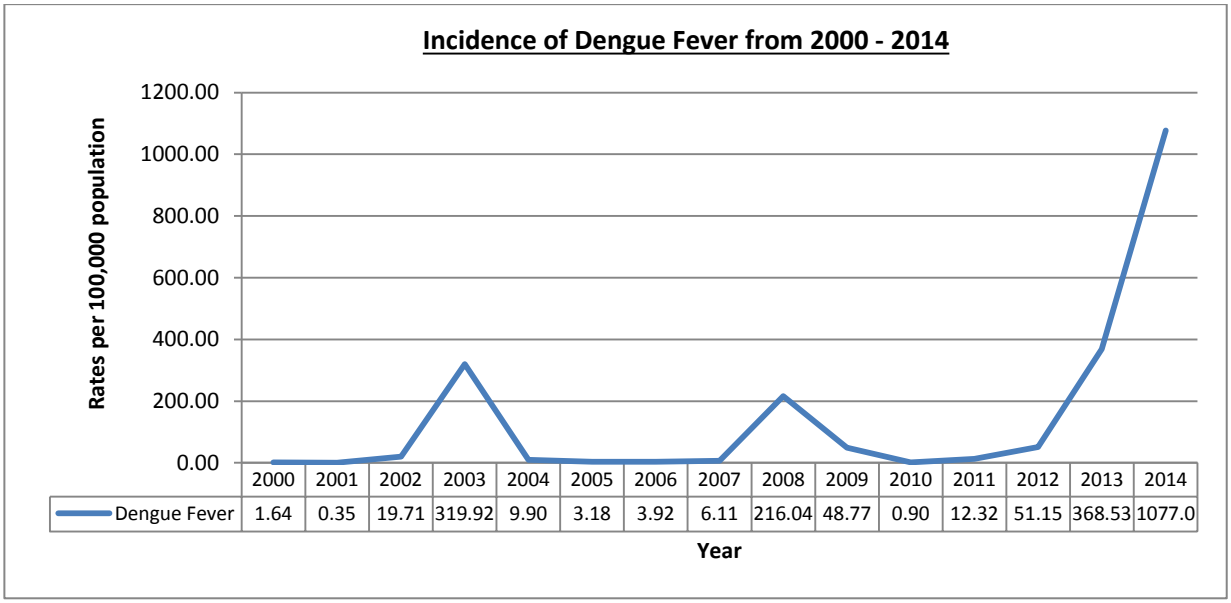
Figure 28: Typhoid Cases by Divisions 2000-2014



Data Source NNDSS

The Northern division seems to report increased cases of Typhoid over the years 2005-2010, followed by the Western division between the years 2007-2014, the Central division from 2005 – 2014 and there is a minimal number of cases from the Eastern division.

Figure 29: Dengue Fever Cases 2000-2014

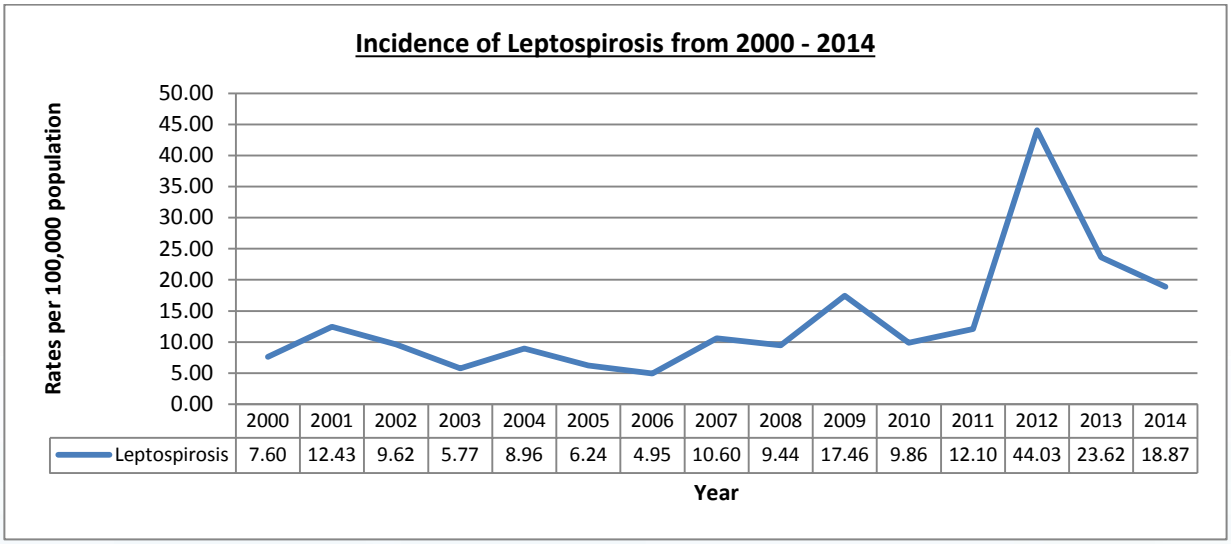


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Dengue Fever	1.64	0.35	19.71	319.92	9.90	3.18	3.92	6.11	216.04	48.77	0.90	12.32	51.15	368.53	1077.0

Source: NNDSS , Laboratory confirmed Data from Mataika House and DLI Surveillance Data

The trends show peaks in 2003, 2008 and 2013-2014 (outbreaks years).

Figure 30: Leptospirosis Cases 2000-2014



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Leptospirosis	7.60	12.43	9.62	5.77	8.96	6.24	4.95	10.60	9.44	17.46	9.86	12.10	44.03	23.62	18.87

Source: NNDSS and Laboratory confirmed Data from Mataika House

There have been variable rates of leptospirosis over the 15 year period, with a peak in the year 2012.

19. Donor Assisted Programs/Projects 2014

Table 23: Donor Assist Programs

i) Cash Grant

Donor	Program	Amount
Global Fund	Assistance for (Malaria / Tuberculosis) Program	$4,647,883
UNICEF	Child Protection Program	$10,000
UNICEF	Health and Sanitation	$163,383
UNICEF	HIV/AIDS	$125,000
UNFPA	(Reproductive Health) Program	$148,841
UNICEF	Policy Advocacy, Planning and Evaluation	$20,000
	Total	**$5,115,107**

ii) Aid in Kind

Donor	Program	Amount
AusAID	Fiji Health Sector Support Program Programme	$17,188,037
China	Relocation and Construction of New Navua Hospital	$1,200,000
NZAID	Medical Treatment Scheme	$451,807
UNFPA	Technical Assistance	$247,508
WHO	Program Assistance	$2,936,930
SPC	Non Communicable Disease	$30,000
SPC	Assistance	$50,000
UNICEF	Health and Sanitation Program	$104,155
UNICEF	Child Health Protection	$10,000
ILO	Technical Assistance for HIV/AIDS (Regional)	3,000
	Total	**$22,221,437**

20. MDG Progress Report

Table 24: MDG Performance

Targets	2009	2010	2011	2012	2013	2014
Goal 4 Reduce Child Mortality						
Under 5 Mortality Rate	23.2	17.7	20.95	20.96	17.5	18.0
Proportion of 1 year old immunized against Measles	71.7	71.8	82.5	85.9	79.9	82.35
2015 – Reduce by 2/3 between 1990 and 2015 the under 5 mortality	9.3	9.3	9.3	9.3	9.3	9.3
Goal 5 Improve Maternal Health						
Maternal Mortality Ratio per 100,000 live births	27.5	22.6	39.8	59.47	19.07	44.4
2015 – Reduce by ¾ MMR between 1990 and 2015	6.75	6.75	6.75	6.75	6.75	6.75
Contraceptive Prevalence Rate among population of child bearing age	28.9	31.77	36.5	44.3	38.4	43.5
Goal 6 Combat HIV/AIDS and other Diseases						
HIV/AIDS prevalence among 15-24 year old pregnant women					0.037	
Proportion of TB cases detected and cured under DOTS	Case Detection Rate (CDR) = 56% Treatment Success Rate (TSR) = 94%	CDR=79% TSR= 67%	CDR=92% TSR =93%	Detection Rate=99% TSR=93%	Case Detection=50% Treatment Success rate =85%	Case Detection will be released by WHO in Oct 2015 TSR will be calculated in 2015 as people are still on treatment
2015 – Have halved and begun to reverse the spread of HIV/AIDS and other diseases						

The under mortality rate has decreased significantly over the last 5 years with general improvement noted in immunization status of one-year olds. The MMR target is still elusive with an increase in the number of maternal deaths noted for 2014. However, the CPR shows improvement between 2013 and 2014.

21. Finance

Figure 31: Auditors Report 2014

OFFICE OF THE AUDITOR GENERAL

Excellence in Public Sector Auditing

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Website:http://www.oag.gov.fj

MINISTRY OF HEALTH AND MEDICAL SERVICES
SPECIAL PURPOSE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2014

INDEPENDENT AUDITORS REPORT

Scope

I have audited the special purpose financial statements which have been prepared under the cash basis of accounting and notes thereon of the Ministry of Health and Medical Services for the year ended 31 December 2014, as set out in Notes 1 – 5. The special purpose financial statements comprise the following:

(i) Statement of Receipts and Expenditure;
(ii) Appropriation Statement;
(iii) Trading and Manufacturing Account (TMA);
(iv) Trust Fund Account – Statement of Receipts and Payments; and
(v) Statement of Losses.

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

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

My audit was conducted in accordance with the International Standards on Auditing to provide reasonable assurance as to whether the special purpose financial statements are free of material misstatements. My audit procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the special purpose financial statements and evaluation of government accounting policies. These procedures have been undertaken to form an opinion as to whether, in all material respects, the special purpose financial statements are fairly stated and in accordance with government accounting policies in Note 2 and the Financial Management Act 2004, so as to present a view which is consistent with my understanding of the financial performance of the Ministry of Health and Medical Services for the year ended 31 December 2014.

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

Qualifications

1. The Trust Fund account Statement of Receipts and Payments for the year ending 31/12/13 had a debit balance of $149,211. However the Trust Fund account Statement of Recepts and Payments for the year ending 31/12/14 had opening credit balance of $746,781. The opening balance for the Trust Fund account Statement of Receipts and Payments was incorrectly stated. I was not able to ascertain the correctness of the main Trust Fund account balance at balance date.

2. The Ministry recorded total receipts of $338,299 in the trust fund Statement of Receipts and Payments. The total receipts in the Trust Fund FMIS general ledger (9-22101-22002-895048) were $195,485. I was not able to ascertain the correctness of the main Trust Fund account balance at balance date.

3. The Ministry's bank reconciliation for the Trust fund account for December 2014 did not reconcile to the FMIS general ledger. The main Trust Fund account had a closing debit balance of $98,155 (overdrawn) in the FMIS general ledger while the bank reconciliation balance as at 31/12/14 had a debit balance of $32,069 resulting in a variance of $130,224.

   In addition the Trust Fund bank account reconciliation for December 2014 included an unsubstantiated amount of $224,822 to reconcile Trust Fund bank account balance with Trust Fund manual cash book balance of $32,069. I was not able to ascertain the correctness of the main Trust Fund account balance at balance date.

4. The Ministry did not maintain a separate Trust Fund account to record the retention sums deducted from progress payments for capital works. The Trust Fund Statement of Receipts and Payments for retention sum held were not included in the Special Purpose Financial Statements as required under Section 25 of the Financial Management Act 2004.

5. Included in TMA Balance sheet is VAT receivable of $134,794. The Bulk Purchase Scheme does not pay VAT on purchases of medical supplies from Fiji Pharmaceutical and Biomedical Services for resale at VAT inclusive price. The VAT receivable of $134,794 was incorrectly stated in the TMA Balance Sheet.

6. The Ministry of Finance posted $81,972 into Account Receivable (debit entry) and TMA ACC Surplus (credit entry) accounts. No detail of the adjustment was provided by the Ministry. I was not able to ascertain the correctness of the Accounts Receivable and TMA ACC Surplus balances of $98,345 and $1,129,675 respectively.

Qualified Audit Opinion

In my opinion:

a) except for the matters referred to in the qualification paragraphs, the special purpose financial statements present fairly, in accordance with the government accounting policies stated in Note 2, the financial performance of the Ministry of Health and Medical Services for the year ended 31 December 2014.

b) the special purpose financial statements give the information required by the Financial Management Act 2004 in the manner so required.

Atunaisa Nadakuitavuki
for **AUDITOR GENERAL**

Suva, Fiji
17 June 2015

Table 25: Segregation of 2014 Budget

Program / Activity	Original Budget ($m)	Revised Budget	% of Overall Revised Health Budget
Program 1 Activity 1 Administration	$21,953,634	$24,698,265	11.10%
Program 1 Activity 1 Research	$626,146	$596,584	0.27%
Program 2 Activity 1 Urban Hospitals	$97,746,672	$96,800,820	43.51%
Program 2 Activity 2 Sub Divisional Hospitals, Health Centres and Nursing Stations	$54,996,578	$54,603,401	24.54%
Program 2 Activity 3 Public Health Services	$5,892,145	$6,156,556	2.77%
Program 2 Activity 4 Drugs and Medical Supplies	$37,150,558	$35,576,051	15.99%
Program 3 Activity 1 Hospital Services	$3,111,565	$3,070,919	1.38%
Program 4 Activity 1 Senior Citizen' s Home	$999,241	$973,943	0.44%
Total	**$222,476,539**	**$222,476,539**	**100%**

Table 26: Proportion of Ministry of Health Budget against National Budget and GDP

Year	Revised Health Budget	National Budget	% of Overall Total Budget	% of GDP
2014	$222,476,539	$2,883,261,100	7.72%	2.87%

Table 27: Statement of Receipts and Expenditure for the Year Ended 31st December 2014

	Notes	2014 $		2013 $
RECEIPTS				
State Revenue				
OPR		16,826		4,325
Rental for Land		0		1,614
Rental for Qrts		13,696		75,254
Commission		49,747		26,176
Miscellaneous Revenue		928,520		1,224,543
Fees Govt B/School		-		540
Total State Revenue	3 (a)	**1,008,789**		**1,332,452**
Agency Revenue				
Health Fumigation & Quarantine		1,778,602		1,389,079
Hospital Fees		2,112,170		1,945,088
License & Others		1,269,624		1,137,919
Fiji School of Nursing		-		1,739
Miscellaneous Revenue		215		471
Total Agency Revenue	3 (b)	**5,160,611**		**4,474,296**
TOTAL RECEIPTS		**6,169,400**		**5,806,748**
EXPENDITURE				
Operating Expenditure				
Established Staff	3 (c)	103,781,190		79,140,819
Unestablished Staff	3 (d)	14,300,629		12,978,866
Travel & Communication	3 (e)	4,249,572		3,726,317
Maintenance & Operations	3 (f)	12,772,759		12,059,593
Purchase of Goods & Services	3 (g)	35,265,801		31,805,889
Operating Grants & Transfers	3 (h)	1,170,544		737,965
Special Expenditure	3 (i)	7,332,660		8,723,637
Total Operating Expenditure		**178,873,155**		**149,173,086**
Capital Expenditure				
Construction	3(j)	15,653,214		6,873,071
Purchases	3(k)	8,745,113		7,665,371
Total Capital Expenditure		**24,398,328**		**14,538,442**
Value Added Tax		10,407,715		6,754,542
TOTAL EXPENDITURE		**213,679,198**		**170,466,070**

Table 28: TMA Trading Account for the Year Ended 31st December 2014

Trading Account		2014		2013
		($)		($)
Sales		544,121		503,183
Miscellaneous revenue		-		-
Total Revenue		**544,121**		**503,183**
Opening Stock of Finished Goods		**34,196**		**40,973**
Add: Purchases		403,115		349,128
		437,311		**390,101**
Less: **Closing Stock of Finished Goods**		22,711		-
Cost of Goods Sold		**414,600**		**390,101**
Gross Profit Transferred to Profit & Loss Statement		**129,521**		**113,082**

Table 29: TMA Profit and Loss Statement for the Year Ended 31st December 2014

INCOME		2014		2013
		($)		($)
Gross Profit Transferred to Profit & Loss Statement		129,521		113,082
Total Income		**129,521**		**113,082**
EXPENSES				
Salaries and related payments		48,269		45,151
Travel Domestic		1,108		1,044
Telecommunication		785		1,504
Office Upkeep and Supplies		321		5,250
Power Supplies		669		827
Rent		15,653		15,653
Special Fees and Charges		4,031		1,793
Total Expenses		**70,836**		**71,222**
NET (LOSS)/PROFIT		**58,685**		**41,860**

Table 30: TMA Balance Sheet for the Year Ended 31st December 2014

		2014		2013
		($)		($)
Current Assets				
Cash at Bank		488,827		456,637
Account Receivables		98,345		4,959
Finished Goods		22,711		-
VAT on Revenue		134,794		142,425
Total Current Assets		**744,677**		**604,021**
Current Liabilities				
Deposits and Deductions		-		-
Total Current Liabilities		-		-
NET ASSETS		**744,677**		**604,021**
EQUITY				
TMA Surplus Capital Retained to CFA		(384,998)		(384,998)
TMA ACC Surplus		1,129,675		989,019
Total		744,678		**604,021**

Table 31: Appropriation Statement for the Year Ended 31st December 2014

SEG	Item	Budget Estimate $	Appropriation Changes $	Revised Estimate $ a	Actual Expenditure $ b	Carry–Over $	Lapsed Appropriation $ (a-b)
SEG	**Item**	**Budget Estimate $**	**Appropriation Changes $**	**Revised Estimate $ a**	**Actual Expenditure $ b**	**Carry–Over $**	**Lapsed Appropriation $ (a-b)**
1	Established Staff	97,306,332	1,439,436	98,745,768	103,781,190	---	**(5,035,422)**
2	Unestablished Staff	12,463,464	1,100,593	13,564,057	14,300,629	---	**(736,572)**
3	Travel & Communication	3,937,960	357,225	4,295,185	4,249,572	---	**45,613**
4	Maintenance & Operations	12,461,500	645,323	13,106,823	12,772,759	---	**334,064**
5	Purchase of Goods & Services	33,929,276	1,256,493	35,185,769	35,265,801	---	**(80,032)**
6	Operating Grants & Transfers	872,000	306,416	1,178,416	1,170,544	---	**7,872**
7	Special Expenditure	10,721,007	(260,920)	10,460,087	7,332,660	---	**3,127,427**
	Total Operating Costs	**171,691,539**	**4,844,566**	**176,536,105**	**178,873,155**	**---**	(2,337,050)
	Capital Expenditure						
8	Construction	29,940,000	(3,211,888)	26,728,112	15,653,214	---	**11,074,898**
9	Purchases	6,925,000	1,813,347	8,738,347	8,745,113		**(6,766)**
10	Grants & Transfers	-	-	-	-	---	-
	Total Capital Expenditure	**36,865,000**	**(1,398,541)**	**35,466,459**	**24,398,327**	**---**	11,068,132
13	Value Added Tax	13,920,000	(3,446,025)	10,473,975	10,407,715	---	**66,260**
	TOTAL EXPENDITURE	**222,476,539**	**0**	**222,476,539**	**213,679,197**	**---**	8,797,342