

EVALUATION OF HEALTH INFORMATION SYSTEMS (HIS)

*Strengthening Data Quality, Governance,
Integration and Evidence-Based
Decision-Making*



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ACRONYMS

<u>ACRONYM</u>	<u>MEANING</u>
AOP	Annual Operational Plan
BP	Business Plan
BPPR	Business Plan Progress Report
CDC	Communicable Disease Centre
CMRIS	Consolidated Monthly Return Information System
CMA	Chief Medical Adviser
DHIS	Divisional Health Information System
DHIO	Divisional Health Information Officer
FMIS	Financial Management Information System
HIS	Health Information System
HIU	Health Information Unit
HMIS	Health Management Information System
HRMIS	Human Resource Management Information System
ICT	Information and Communication Technology
LIMS	Laboratory Information Management System
MEL	Monitoring, Evaluation & Learning
MHMS	Ministry of Health & Medical Services
mSupply	Pharmaceutical Procurement System
NHA	National Health Accounts
PATIS	Patient Information System
PIRS	Performance Indicator Reference Sheet
RFIS	Rheumatic Fever Information System
SRH	Sexual and Reproductive Health

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EXECUTIVE SUMMARY

The Ministry of Health and Medical Services (MHMS) uses diverse health information systems to enhance operations and improve health outcomes through data-driven insights. This evaluation report highlights the effectiveness, integration issues, and challenges faced by these systems, including gaps in data collection across programs and divisions. User feedback reveals the need for improved reliability, functionality, and accessibility of the systems.

This evaluation provides a consolidated review of MHMS Health Information Systems (HIS). It describes the current system landscape, identifies strengths and weaknesses, and proposes practical recommendations for strengthening data quality, system performance, reporting, metadata and governance.

The assessment draws on divisional and programme evaluation questionnaires, gap analysis reports, Monitoring, Evaluation and Learning (MEL) documentation, Annual Operational Plan (AOP)/Performance Tracking Matrix (PTM) reviews and digital health strategic documents.

Overall, the HIS is characterized by multiple parallel systems, variable functionality, outdated metadata, inconsistent reporting practices and limited interoperability. Key findings include:

1. Fragmentation across HIS platforms, with several systems operating in isolation.
2. A draft data dictionary that is outdated and incomplete.
3. Performance Indicator Reference Sheets (PIRS) that are partially populated and not uniformly applied.
4. Reporting gaps, such as missing denominators, incomplete submissions and weak narrative analysis.
5. Capacity constraints and unclear governance arrangements for indicator ownership and data quality assurance.
6. Multiple indicators to monitor that are not aligned to the national plan.

7. MEL Reliance on Other Units

Evaluation Indicators Summary:

- Overlapping Indicators: Many indicators currently overlap across programmes, contributing to reporting duplication and inconsistency (approx. 380+ overlapping indicators identified).
- Current Indicators: Many existing indicators lack proper metadata definitions such as numerators, denominators, disaggregation, and data sources.

Refined Indicators: Only a small proportion of indicators meet the criteria for well-defined, aligned, and results-focused indicators. A structured refinement process is needed to harmonise indicators with MHMS strategic priorities.

Recommendations focus on reviewing indicators, finalizing and institutionalizing the data dictionary and PIRS, rationalizing and integrating HIS components, strengthening governance and accountability, and investing in staff capacity and digital literacy and Separate MEL division.

INTRODUCTION

The Health Information System (HIS) is fundamental to the Ministry of Health and Medical Services (MHMS) mandate to plan, implement and monitor health services. High-quality, timely and complete information enables managers to track performance, allocate resources, detect emerging issues and ensure accountability at all levels of the health system.

This report brings together results from multiple assessment tools and documents to provide a single, coherent evaluation of the current HIS. It is intended to inform ongoing digital health reforms and the implementation of the Fiji Digital Health Strategy 2023–2027.

BACKGROUND

Over time, MHMS has developed and deployed a range of information systems. These include patient and facility-based systems (e.g. PATIS, CMRIS, RFIS), human resources and finance systems (HRMIS, FMIS), programme databases and a variety of spreadsheet-based tools. While each system was introduced to address specific needs, in aggregate they have led to fragmentation and duplication.

Reporting requirements have expanded through the Strategic Plan, AOPs, development partner commitments and global monitoring frameworks. However, the underlying metadata resources – in particular the data dictionary and Performance Indicator Reference Sheets (PIRS) – have not kept pace with these changes. As a result, there is variable understanding of indicator definitions, denominators and data sources across programmes and divisions.

EVALUATION QUESTIONS

The evaluation addressed the following core questions:

- What HIS systems and databases are currently in use at national, divisional, sub-divisional and programme levels?

- How functional, reliable and effective are these systems in supporting routine reporting and decision-making?
- What are the main data quality challenges, including completeness, timeliness, accuracy and consistency?
- How adequate and up to date are the data dictionary, PIRS and other metadata resources?
- What gaps exist in integration and interoperability between HIS components?
- How can the indicators be streamlined to ensure focused and actionable reporting?
- What measures are currently in place to ensure data integrity, security and privacy, and how can they be improved?
- Are the current database systems reliable and capable of meeting the Ministry's data needs?
- What capacity and support needs do staff identify in relation to HIS and data use?
- What are the perspectives and feedback of data users regarding the current database systems?

METHODOLOGY

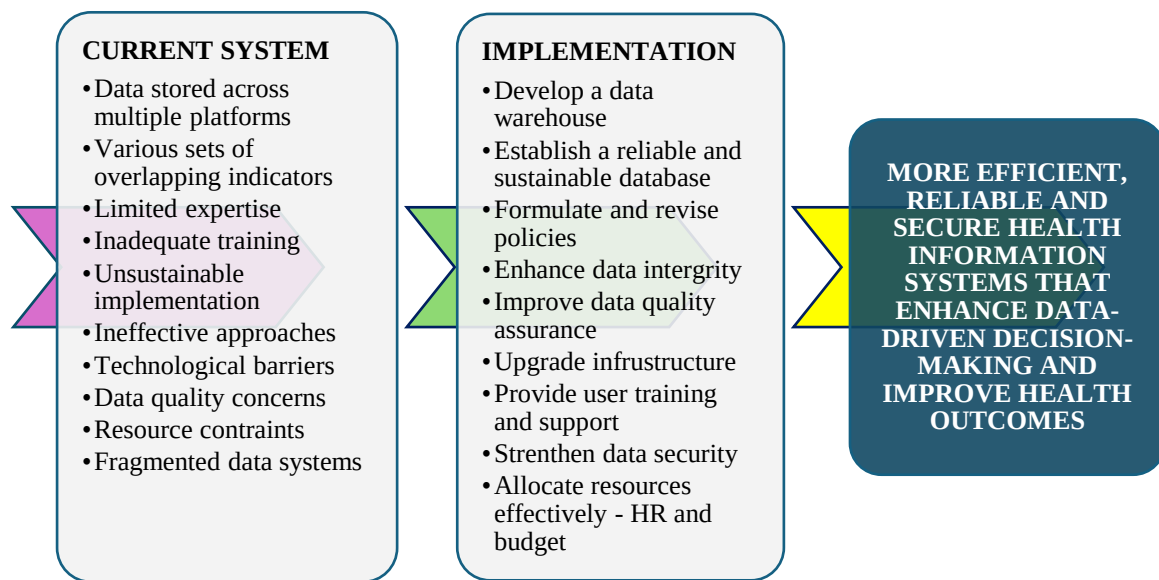
A mixed-methods approach was used, combining quantitative and qualitative information from multiple sources:

- Document Review – including gap analysis reports, AOP/PTM reviews, MEL frameworks, SRH/HIV HMIS assessments, and digital health strategy documentation.
- Evaluation Questionnaires – completed by 2 units utilizing data and M&E officers, describing systems used, strengths, gaps and challenges.
- System Mapping – high-level description of core systems (PATIS, CMRIS, RFIS, HRMIS, FMIS, mSupply) and key program databases.
- Metadata Review – examination of the current draft data dictionary and a sample of PIRS to understand coverage, consistency and gaps.
- Data Quality Analysis – synthesis of evidence on completeness, use of denominators, consistency of definitions and timeliness of reporting from existing gap analysis documents.

- User Feedback – review of narrative comments on system usability, training needs and perceived barriers to effective data use.

The evaluation did not involve collection or analysis of patient-level data. It focused on system-level performance, metadata and reporting processes.

THEORY OF CHANGE



The theory of change for HIS strengthening in MHMS can be summarised as follows:

If MHMS:

- establishes clear governance and accountability for HIS,
- standardises indicators and metadata through an approved data dictionary and fully updated PIRS,
- modernises and integrates core information systems,
- establishes a dedicated standalone MEL Division, and
- invests in building staff skills in data management and use,
- then, data quality will improve, reporting will become more reliable and timely, and managers at all levels will be better able to use information for planning,

performance management and service improvement. Ultimately, this will contribute to more efficient resource use and improved health outcomes for the population.

FINDINGS

Key Finding – Indicator Quality Issues:

MHMS currently uses many indicators across programs and divisions; however, many of these indicators are not fit-for-purpose. A significant proportion are not true performance indicators, as they are written as activities rather than outputs or outcomes. Several indicators lack proper definitions, including clear numerators, denominators, clarity of disaggregation, and data sources.

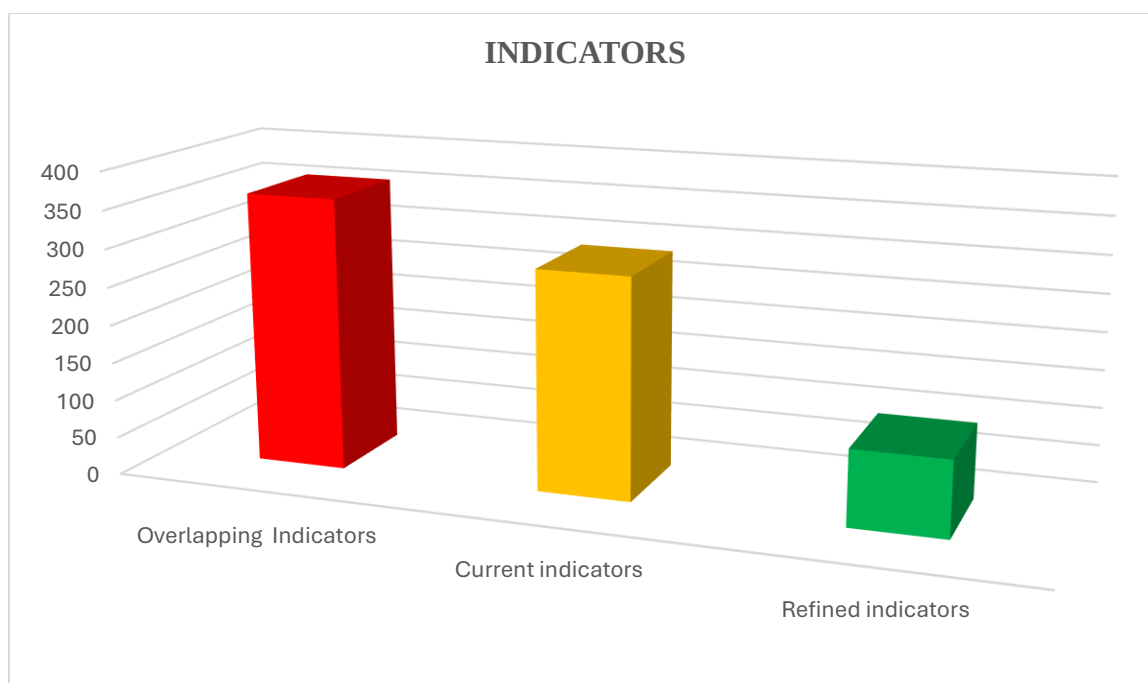
Many indicators are also not aligned with the MHMS Strategic Plan or national priority areas, resulting in inconsistent reporting, unclear performance tracking, and weak linkage between reported results and national health goals. Some indicators are written as activities instead of outputs/outcomes, and lack clear definitions including numerators, denominators, disaggregation, and data sources. This reduces the usefulness of current reporting systems and limits the Ministry's ability to effectively monitor outcomes and drive evidence-based decision-making leading to inconsistent reporting and weak linkage between results and national goals.

Major Findings (Core Issues):

1. No Centralized Data Hub or National Data Warehouse
MHMS does not have a centralized national data hub or data warehouse. Health data is stored across multiple unlinked systems, requiring manual extraction, re-entry, and consolidation for reporting. This fragmentation prevents efficient data access and limits MHMS' ability to generate real-time, integrated national health insights.
2. Overdependent MEL Structure
The absence of a strong and independent Monitoring, Evaluation and Learning (MEL) division is a gap, with MEL functions currently combined with planning

responsibilities. This creates a conflict of interest, as the same unit responsible for developing plans is also expected to objectively evaluate their performance and shortcomings, compromising neutrality and accountability. The current structure weakens critical MEL functions such as monitoring, data verification, evaluation, and learning, as planning priorities often take precedence over independent assessment.

Indicators

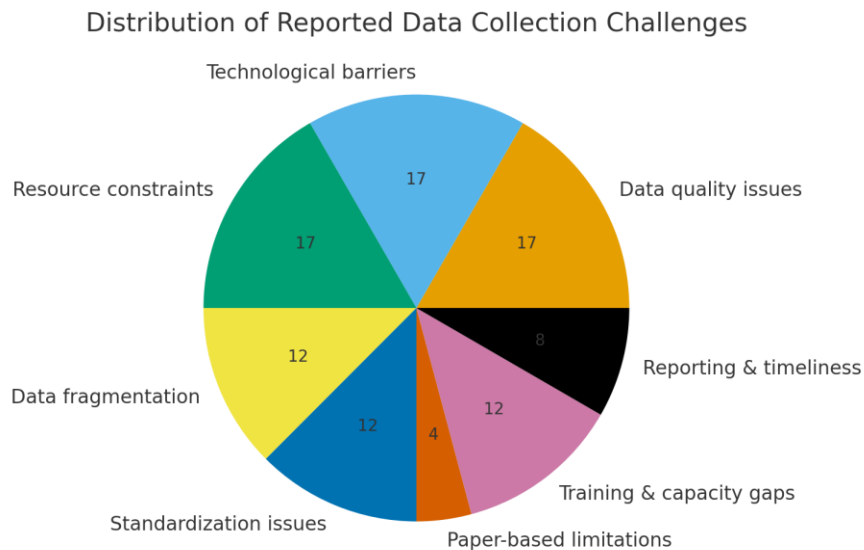


The graph shows the results of the indicator review conducted as part of this study. A total of **345 indicators** were identified across various plans, with many found to be overlapping or duplicated. Of these, **260 indicators** were reflected in the current plan. Further analysis showed that approximately **70 indicators were aligned with national indicators and priorities**, highlighting the need to strengthen indicator harmonization and ensure better alignment between organizational and national monitoring and reporting frameworks.

Additional Major Findings:

- Indicator definitions lack clarity, including unclear numerators, denominators, and disaggregation requirements.

- There is no standardised metadata governance mechanism, causing inconsistent reporting and interpretation across programs and divisions.



Based on findings from the MEL Audit, the pie chart highlights the key challenges affecting data collection and reporting within the Health Information System (HIS). The most commonly reported challenges were technological barriers (17%), data quality issues (17%), and resource constraints (17%), indicating significant limitations in infrastructure, data management, and workforce capacity. Additional challenges included training and capacity gaps (12%), standardization issues (12%), and data fragmentation (12%), while reporting and timeliness issues (8%) and paper-based limitations (4%) were reported less frequently. These findings underscore the need to strengthen digital systems, improve data quality assurance, enhance staff capacity, and promote greater standardization and integration of health information systems across the Ministry.

SYSTEM LANDSCAPE

The HIS landscape is characterised by multiple systems with overlapping functions and limited interoperability. Some systems remain functional and provide valuable outputs,

while others are partially used or have become non-functional. Examples include:

- Core clinical and public health systems (PATIS, CMRIS, RFIS) with varying degrees of use across facilities.
- Programme-specific databases and spreadsheets supporting HIV, SRH and other programmes.
- Administrative systems (HRMIS, FMIS) that are not yet fully linked to service delivery data.

This fragmentation creates challenges in producing consolidated views of performance and increases reporting workload for staff.

DATA QUALITY AND REPORTING

Divisions and programmes face challenges in meeting reporting requirements. Key issues include:

- Late submission of reports from some facilities and units.
- Incomplete data, especially missing denominators needed to calculate percentages.
- Use of vague comments such as “ongoing” instead of clear quantitative updates.
- Misalignment between AOP indicators and business plan reporting at divisional level.

These issues reduce the reliability and usefulness of quarterly and annual reports and require substantial follow-up effort from HIU and planning staff.

METADATA AND INDICATORS

The review of metadata resources highlights critical gaps:

- The national data dictionary is in draft form and has not been updated to reflect current indicators and systems.
- The existing PIRS set is incomplete, with some indicators lacking clear definitions, numerators, denominators and disaggregation criteria.
- Not all key strategic and programme indicators are included in the current PIRS.

Without a definitive and up-to-date metadata reference, it is difficult to ensure consistency in indicator calculation and reporting across divisions and programmes.

GOVERNANCE AND CAPACITY

The evaluation found that governance and capacity for HIS are not yet fully institutionalised:

- Roles and responsibilities for indicator ownership and data quality are not consistently defined across programmes and levels.
- Governance mechanisms for HIS (e.g. a cross-cutting HIS/Data Governance Committee) are either absent or not fully operational.
- Staff report the need for more regular training and support in indicator interpretation, analysis and data use.
- Standalone MEL functions to have the transparency.

These limitations contribute to uneven data use and make it challenging to embed a strong culture of results and learning.

RECOMMENDATIONS

Short-Term (0–12 months)

1. Finalise, approve and disseminate a national health data dictionary as the single authoritative metadata reference.
2. Review and update all PIRS so that each indicator has a clearly defined numerator, denominator, disaggregation and data source.
3. Simplify and restructure the existing prototype database in line with the updated data dictionary and PIRS.
4. Strengthen AOP/PTM reporting templates to require complete quantitative updates and avoid vague comments.
5. Provide targeted refresher training on indicator definitions, data quality and reporting requirements for divisional and programme staff.

Medium-Term (1–3 years)

6. Develop and implement an interoperability framework to progressively link key systems.

7. Rationalise and modernise HIS components, prioritising those with high reporting and decision-making value.
8. Establish a formal HIS/Data Governance Committee to oversee metadata, system changes and data quality assurance.
9. Integrate data quality assurance and feedback processes into routine supervisory and review mechanisms.
10. Establish dedicated, standalone and centralised MEL unit/division. Establishing a standalone MEL division is essential to ensure unbiased reporting, strengthen evidence-based decision-making, and improve transparency and accountability across the health system.

Long-Term (3–5 years)

11. Progressively move towards an integrated digital health ecosystem as envisaged in the Fiji Digital Health Strategy.
12. Institutionalise ongoing capacity development in digital health and data use for relevant cadres.
13. Embed data use and HIS performance indicators into management performance agreements at all levels.

CONCLUSION

The HIS evaluation confirms that significant but manageable challenges exist in the areas of system integration, metadata, reporting practices, governance and capacity. The recommendations set out a realistic pathway to strengthen HIS in phases and to support full implementation of the Fiji Digital Health Strategy. Sustained leadership commitment and coordinated action across programmes, divisions and support units will be essential to realise these benefits.

ANNEX

Annex 1: Example of Performance Indicator Reference Sheet (PIRS)

Indicator Code;i13	Indicator Type; immediate outcome	Reference:
Priority Area 2; Maternal, infant, child and adolescent health		
“SMART” INDICATOR STATEMENT (i.e., what you will be measuring) % of pregnant women who receive ANC visits at term		
INDICATOR DESCRIPTION (i.e., why the indicator is important) Antenatal care coverage is an indicator of access and use of health care during pregnancy. The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to their health and wellbeing and that of their infants. Receiving antenatal care at least four times, as recommended by WHO, increases the likelihood of receiving effective maternal health interventions during antenatal visits. This is an MDG indicator.		
Precise Definition of Key Terms (from Indicator Statement) <u>Antenatal care:</u> Antenatal care is the clinical assessment of mother and fetus during pregnancy, for the purpose of obtaining the best possible outcome for the mother and child. <u>Antenatal period:</u> The period from conception to delivery <u>Clinic:</u> a facility that is devoted to diagnosis and care of outpatients*		
UNIT OF MEASURE AND CALCULATIONS: - Unit of measure (e.g., #, %, status): % - Numerator (if applicable): The number of women with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses or midwives) at least once during pregnancy - Denominator (if applicable): Total number of women with a live birth in the same period. - Disaggregated by (if applicable):		
DATA SOURCE(S):	PHIS/CMRIS	
FREQUENCY/TIMING OF DATA COLLECTION AND REPORTING: Quarterly		
USE(S) OF INDICATOR (should be consistent with timing/frequency of reporting): This indicator will track the number of women seeking antenatal care during pregnancy. Antenatal care enables the assessment of the health status of the mother in relation to safe motherhood practices and allows assessment of the wellbeing of the foetus. This indicator allows relative evaluation of the quality of ANC services, loosely.		

CRITICAL ASSUMPTIONS AND RISKS/CHALLENGES *(related to this indicator)*

This indicator only tracks antenatal care received at public health facilities. This indicator does not include care received at private practices and private hospitals. The denominator used to calculate this indicator is a proxy for the number of pregnancies of the previous year. Please note that the international indicator is used to report at an international level. This indicator measures retrospectively as it uses the live births from the pregnancies which can only be measured after delivery. The current indicator used in PHIS and Hospital Obstetric Monthly Returns allows for collation and analysis on a current basis without waiting for the outcome of the pregnancy.

M&E Responsibilities	Who (Team, Position, Name)
Data Collection:	Sub Divisional Health Sisters, Sister in Charge (Sub-Divisional Hospitals) and Matron Maternity (Divisional Hospitals)
Data Quality Validation:	Sub Divisional Health Sisters , Sister in Charge (Sub-Divisional Hospitals), Matron Maternity (Divisional Hospitals), PHIS and Hospital Statistical Officers
Final Data Submission to M&E Team:	PHIS and Hospital Statistical Officers

Annex 2: Evaluation questionnaires

TOPIC: EVALUATION OF DATABASE SYSTEMS FOR THE MINISTRY OF HEALTH AND MEDICAL SERVICES (MHMS), FIJI

Evaluation

Questions:

The following questions will guide the evaluation process:

1. Please list all the health information system available and what type of data is collected from this system?

Health Systems	Information	Data collection

2. What are the current functional and nonfunctional database system?

Functional	Purpose

Nonfunctional	Purpose

3. How effective and efficient are the current database systems in supporting the Ministry's operations?

4. To what extent do the health information systems integrate with existing databases and processes?

5. What are the key gaps and challenges in the current data collection processes?

6. How can the indicators be streamlined to ensure focused and actionable reporting?

7. What measures are currently in place to ensure data integrity, security, and privacy, and how can they be improved?

8. Are the current database systems reliable and capable of meeting the Ministry's data needs?

9. What are the perspectives and feedback of data users regarding the current database systems?

Annex 3: Indicators By Reporting Mechanism

Outcome	Indicator	SP	NDP	SDG	Healthy Islands
Strategic Pillar 1: Reform public health services to provide a population-based approach to disease and climate crisis					
Reduce CD and NCD prevalence, especially for vulnerable groups	Prevalence of cancer (by cancer type)	X			
	Prevalence of diabetes*	X	X		
	Prevalence of rheumatic heart disease	X			
	Prevalence of hypertension	X			
	Incidence of leptospirosis per 100,000 population	X			
	Incidence of typhoid per 100,000	X			
	Incidence per dengue per 100,000	X			
	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (SDG 3.3.1)*		X	X	X
	HIV prevalence among the general population				X
	Tuberculosis incidence per 100,000 population (SDG 3.3.2)*		X	X	X
	Hepatitis B incidence per 100,000 population (SDG 3.3.4)			X	
	Number of people requiring interventions against neglected tropical diseases (SDG 3.3.5)			X	
	Premature mortality due to NCDs attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (SDG 3.4.1)*	X	X	X	
	Risk of premature death from target non communicable diseases (NCD)				X
	Incidence of leprosy per 100,000 population		X		
	Prevalence of lymphatic filariasis		X		
	Case fatality rate for leptospirosis		X		
	Case fatality rate for typhoid		X		
	Case fatality rate for dengue fever		X		
	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders (SDG 3.5.1)			X	
	Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol (SDG 3.5.2)			X	
	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older (SDG 3.a.1) *			X	X

Outcome	Indicator	SP	NDP	SDG	Healthy Islands
	Heavy episodic drinking				X
	Insufficient physically active adults				X
	Tobacco excise taxes				X
	Excise taxes in the retail price of alcoholic drinks				X
	Excise taxes in the retail price of sweetened sugary beverages (SSBs)				X
	Cervical cancer screening*				X
	Service coverage for people with increased risk for CVD				X
	Diabetes related amputations				X
	Population using clean fuels for cooking /heating / lighting				X
1.2. Improve the physical and mental wellbeing of all citizens with particular emphasis on women, children and young people through prevention measures	Life expectancy at birth; both sexes				X
	Ante-natal coverage			X	X
	Immunization coverage rate*	X		X	X
	Immunization coverage for DTP3			X	X
	Immunization coverage for measles				X
	Re-admission rate for mental illness within 28 days of discharge				
	% of 12-year-old (Year 6) made dentally fit	X			
	Prevalence of overweight /obesity in primary school children	X			
	Obesity in adolescents				X
	Children who are obese				X
	Proportion of in patients for CDs and NCDs that are women, children and young people	X			
	Adolescent birth rate (SDG 3.7.2)*	X		X	X
	Suicide mortality rate (SDG 3.4.2) *			X	X
	Children and adolescent suicide rate				X
	Death rate due to road traffic injuries (SDG 3.6.1)			X	X
	Prevalence of undernourishment (SDG 2.1.1)			X	
	Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age (SDG 2.2.1)			X	X
	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight) (SDG 2.2.2)			X	
	Proportion of children under 5 years of age who are developmentally on track in health,			X	

Outcome	Indicator	SP	NDP	SDG	Healthy Islands
	learning and psychosocial well-being, by sex (SDG 4.2.1)				
	Service coverage for people with severe mental health disorders				X
	Exclusive breast-feeding rate*				X
	Evidence of healthy food policies in schools				X
	HPV vaccine coverage among adolescents*				X
	HIV prevalence among pregnant women				X
1.3.Safeguard against environmental health threats and public health emergencies	Outbreak case fatality rate	X			
	Number of vector borne disease outbreaks				X
	Mortality rate attributed to household and ambient air pollution (SDG 3.9.1)			X	
	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) (SDG 3.9.2)			X	
	Mortality rate attributed to unintentional poisoning (SDG 3.9.3)			X	
	International Health Regulations (IHR) capacity and health emergency preparedness (SDG 3.d.1)			X	X
	Percentage of population using safely managed drinking water services (SDG 6.1.1)*			X	X
	Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water (SDG 6.2.1)*			X	X
1.4 Strengthen population wide resilience to the climate crisis	Percentage of health facilities meeting minimal standards for health emergency and disaster preparedness	X	X		
Strategic Pillar 2: Increased access to quality, safe, patient focused clinical services					
2.1 Improve patient health outcomes with a particular focus on women, children young people and vulnerable groups	Number of live births	X			
	% of live births with low birth weight		X		X
	Maternal Mortality ratio	X	X	X	X
	Maternal deaths		X		X
	Under five mortality rates	X	X	X	X
	Infant mortality rate	X	X	X	
	Perinatal mortality rate per 1,000 total births		X		
	Prevalence of anaemia in pregnancy at booking		X		
	Number of children categorized moderate or severely malnourished by age	X			
	Proportion of births attended by skilled health personnel (SDG 3.1.2)		X	X	
	Neonatal mortality rate (SDG 3.2.2)		X	X	X

Outcome	Indicator	SP	NDP	SDG	Healthy Islands
	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (SDG 3.7.1)			X	
	Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2)			X	
	Intimate partner violence				X
	Contraceptive prevalence rate				X
	Births attended by a skilled birth attendant			X	X
2.2 Strengthen and decentralize effective clinical services, including rehabilitation to meet the needs of the population	# of patients reached through decentralized clinical (specialized) services (broken down by specialized service)	X			
	Average length of stay	X			
	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population) (SDG 3.8.1)			X	X
2.3 Continuously improve patient safety, and the quality and value of services	Unplanned re-admission rate within 28 days of discharge	X			
	Patient experience (index)	X			
	Peri-operative mortality rate	X			
Strategic Pillar 3: Drive efficient and effective management of the health system					
3.1 Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued	Health worker density and distribution (SDG 3.c.1) *		X	X	x
	Proportion of critical positions that are currently filled	X			
3.2 Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment	Proportion of health facilities that have a core set /basket of essential medicines available*	X			
	Average availability of selected essential medicines in public and private health facilities		X		
	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis (SDG 3.b.3)			X	

Outcome	Indicator	SP	NDP	SDG	Healthy Islands
	Access to essential NCD drugs				X
3.3 Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable	Out of pocket health expenditure	X			
	Proportion of population with large household expenditures on health as a share of total household expenditure or income (SDG 3.8.2)			X	
	Current health expenditure (CHE) per capita, current FJD		X		x
	General government expenditure on health as a proportion of general government expenditure		X		
	Ratio of household out-of-pocket payments for health relative to current health expenditure		X		
3.4 Ensure infrastructure is maintained to match service needs	# of facilities that are maintained to standards / meet structural standards	X			
3.5 Harness digital technologies to facilitate better health care for our patients	Proportion of patients with <u>complete</u> health records in PATIS+	X			
	Total net official development assistance to medical research and basic health sectors (SDG 3.b.2)			X	
	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (SDG 16.9.1)			X	
	Death registration coverage				X
	Birth registration coverage				X
3.6 Continue to strengthen planning and governance throughout the MHMS	Availability of an updated Strategic Plan	X			
	Evidence of annual health review, plan and budget				X
3.7 Widen our collaboration with partners for a more efficient, innovative and higher-quality health system	# of collaborative projects / initiatives /plans established	X			

Annex 4: Digital Health Strategy 2023–2027

[Fiji Digital Health Strategy Publication - \(23-06-22\)](#)