

# **MINISTRY OF HEALTH**

**Annual Report 2009**



# MINISTRY OF HEALTH

## Annual Report 2009

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**19 November 2010**

Dr Neil Sharma  
The Interim Minister for Health  
Ministry of Health  
Suva, Fiji

Dear Dr Sharma,

I have much pleasure in submitting to you, the Annual Report of the Ministry of Health for 2009.

The report highlights the Ministry's performance in delivering services to the people of Fiji and contributing to the outcomes targeted by the government.

It has been a busy and eventful year for the Ministry adapting to the changes brought about by the Government of the day.

The effort, commitment and achievements of our staff and our partners are reflected in this report.

We will continue to build on our achievement and implement our policies and prioritized activities.



Dr. Salanieta Saketa  
Permanent Secretary for Health  
**Ministry of Health**

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# ACRONYMS

<b>Aus AID</b>	Australian Assistance International Development	<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>AHD</b>	Adolescent Health Development	<b>JCU</b>	James Cook University
<b>APLS</b>	Advance Paediatric Life Support	<b>JICA</b>	Japanese International Cooperation Agency
<b>BCG</b>	Bacillus Calmette-Guerin	<b>KPI</b>	Key Performance Indicators
<b>BFHI</b>	Baby Friendly Hospital Initiative	<b>KOICA</b>	Korean International Cooperation Agency
<b>CBA</b>	Child Bearing Age	<b>MARYP</b>	Most At Risk Youth Population
<b>CBH</b>	Central Board of Health	<b>MBBS</b>	Bachelor of Medicine and Bachelor of Surgery
<b>CD</b>	Communicable Diseases	<b>MCDC</b>	Medical Cause of Death Certificate
<b>CG</b>	Clinical Governance	<b>MDG</b>	Millennium Development Goal
<b>CPG</b>	Clinical Practice Guidelines	<b>MDA</b>	Mass Drug Administration
<b>CQI</b>	Continuous Quality Improvement	<b>MOFNP</b>	Ministry of Finance & National Planning
<b>CSP</b>	Clinical Services Plan	<b>MR</b>	Measles and Rubella
<b>CSN</b>	Clinical Services Network	<b>NCD</b>	Non-communicable Disease
<b>CWMH</b>	Colonial War Memorial Hospital	<b>NHEC</b>	National Health Executive Committee
<b>DIPI</b>	Director Information Planning & Infrastructure	<b>OPV</b>	Oral Polio Vaccine
<b>DMFT</b>	Decayed Missing Filled Teeth (Permanent)	<b>PATIS</b>	Patient Information System
<b>DNS</b>	Director Nursing	<b>PH</b>	Public Health
<b>DOTS</b>	Directly Observed Treatment	<b>PHIS</b>	Public Health Information System
<b>DPBS</b>	Director Pharmaceutical & Biomedical Services	<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>DPT</b>	Diphtheria, Pertussis Tetanus	<b>POLHN</b>	Pacific Open Learning Health Net
<b>DSAF</b>	Deputy Secretary Administration Services	<b>PS</b>	Permanent Secretary
<b>DSHS</b>	Deputy Secretary Hospital Services	<b>PSC</b>	Public Service Commission
<b>DSPH</b>	Deputy Secretary Public Health	<b>PSH</b>	Permanent Secretary for Health
<b>EHO</b>	Environmental Health Officers	<b>RCA</b>	Root Cause Analysis
<b>EPI</b>	Expanded Program on Immunization	<b>RM</b>	Risk Manager
<b>EU</b>	European Union	<b>R/T</b>	Radio and Telephone
<b>FCTC</b>	Framework on the Control of Tobacco Convention	<b>SAHT</b>	Sydney Adventist Hospital Net
<b>FHSIP</b>	Fiji Health Sector Improvement Program	<b>SEEDS</b>	Sustainable Economic & Empowerment Development Strategy
<b>FIBS</b>	Fiji Island Bureau Statistics	<b>STI</b>	Sexual Transmitted Infection
<b>FIT</b>	Fiji Institute of Technology	<b>SLWP</b>	Study Leave With Pay
<b>FMR</b>	Financial Management Reform	<b>SLWOP</b>	Study Leave without Pay
<b>FNHRERC</b>	Fiji National Research Ethics and Review Committee	<b>TB</b>	Tuberculosis
<b>FNU</b>	Fiji National University	<b>U5MR</b>	Under 5 Mortality Rate
<b>FPBS</b>	Fiji Pharmaceutical Biomedical Service	<b>UNICEF</b>	United Nation International Children Emergency Fund
<b>FSMED</b>	Fiji School of Medicine	<b>USA</b>	United States of America
<b>FSN</b>	Fiji School of Nursing	<b>VOSO</b>	Visiting Ophthalmic Services
<b>GDP</b>	Gross Domestic Product	<b>WHO</b>	World Health Organization
<b>GOF</b>	Government of Fiji	<b>SLWP</b>	Study Leave with Pay
<b>GOPD</b>	General Outpatients	<b>SLWOP</b>	Study Leave with out Pay
<b>GWE</b>	Government Wage Earner	<b>APLS</b>	Advanced Paediatric Life Support
<b>HBV</b>	Hepatitis B Virus	<b>NHEC</b>	National Health Executive Committee
<b>HPV</b>	Human Papilloma Virus Vaccine	<b>RCA</b>	Root Cause Analysis
<b>H/C</b>	Health Center	<b>RM</b>	Risk Manager
<b>Hib</b>	Haemophilus Influenza Type B	<b>UNFPA</b>	United Nations Fund for Population Activities
<b>HIV/AIDS</b>	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome	<b>YFS</b>	Youth Friendly Services
<b>FNU</b>	Fiji National University	<b>VCCT</b>	Voluntary Confidential Counseling Test
<b>HITH</b>	Hospital in the Home	<b>MoH</b>	Ministry of Health
		<b>HQ</b>	Head Quarters

# *Section 1*

## *Introduction*

# SECTION 1 INTRODUCTION

## 1.1 Introduction and Review by the Permanent Secretary for Health

2009 has been a very challenging year. However with the new and young team holding senior executive positions, we managed to provide the services expected of us.

This report records the activities of the Ministry of Health for the year 2009 covering the performance and achievements in programs and activities within the portfolio of the Ministry.

As the main provider of health care services in the country, the Ministry is faced with the challenge of delivering free health services to the population that are dispersed over more than a hundred inhabited islands separated by open sea in the Fiji group.

Health Promotion, Preventative, Clinical, and Rehabilitative services continued to be provided through our comprehensive network of divisional, specialised, sub divisional and area hospitals, health centers, nursing stations and community / village health clinics.

The total budget allocation for Health was \$152,064,500m, which was approximately 9% of the total national budget of F\$1,715,225,400.m. This budget was reduced in October 2009 by \$3m from Seg. 1: Established staff for Ministry of Health

The current health indicators have revealed an improvement in certain areas and a steady progress to achieving the proposed outcomes in others as envisaged in the MoH Strategic Plan of 2007-2011 and the Corporate Plan for 2009. The outbreak of Typhoid, Leptospirosis and the H1N1 Influenza A pandemic stretched our resources but it is appropriate to note that these outbreaks were contained amicably.

Non-communicable diseases continued to be a challenge as we vigorously battled their 'risk factors' and continued to improve the clinical management of the disease entities to reduce secondary complications.

### **Key Developments include:-**

#### **1. Appointment of the new Minister:**

In December 2008 Cabinet approved the separation of the Department of Women Social Welfare and Poverty Monitoring and the Ministry of Health, which was implemented in January 2009 with Dr Jiko Luveni being appointed as Minister for Women, Social Welfare and Poverty Monitoring.

The Ministry welcomed the appointment of Dr Neil Sharma as the Minister of Health who brought with him a wealth of experience in the health care delivery system as he had served both in the Government health service and as a private practitioner.

#### **2. Appointment of new Permanent Secretary:**

This post became vacant at the end of December 2008 on the resignation of Dr. Lepani Waqatakirewa who was at the helm of the Ministry of Health for five years. During his leadership, when the Ministry underwent frequent policy changes, he provided stability, continuity and cohesion. The incumbent was appointed to this position in January 2009.

#### **3. Reform of structure:**

The restructure, as directed by PSC, resulted in the re-designation of various senior executives on par with other ministries. The biggest challenge the Ministry faced in 2009 was the mandatory retirement of all civil servants on reaching the age of 55yrs that came into effect at the end of April. A total of 361 officers were retired, 31% of whom were nurses, 48% were GWE, 9.1% Administrative Cadre and the remaining 12% comprised the other professional staff. This, however, provided the opportunity for the Ministry to review and re-strategise the implementation of its programmes, business plans and to work smarter.

### **3. Staffing:**

The total approved establishment for the year was 3, 452, with 2704 filled and 643 vacancies. There were 1,523 approved establishment for Government wage earners.

A total of 52 positions under the Fiji School of Nursing were regularised at the end of December when the School was transferred to the Fiji National University [FNU].

### **4. Outsourcing of Services:**

In order to streamline the delivery of health care, we had started to outsource certain services. Security services were the first to be sourced out in August 2009. As at the date of publication of this report, Grid Security Services Fiji Ltd is providing services to the three divisional hospitals, and all sub divisional hospitals except Levuka, Lakeba and Taveuni, which is provided by City Security services Fiji Ltd.

Work on Outsourcing of Cleaning Services for the three divisional hospitals is in progress and should be completed in 2010.

### **5. Health Metric network:**

Phase 1 - Assessment of the Health Information System has been completed and the report is now on the HMN website.

### **6. Overseas medical referrals:**

A total of 60 patients were referred overseas for medical treatment, the majority [45%] being for cardiac cases. Most of these patients were referred to India, Australia and NZ.

### **7. Natural disasters:**

The country suffered from the effects of flooding experienced in January in the West, Central and Northern divisions which posed threats of waterborne disease outbreak. There were similar issues faced with Cyclone Mick in December where various facilities were also damaged.

### **8. Outlook for the future:**

In view of the current global situation, the emergence of new and chronic diseases together with an increasing demand for free health services, the use of new technologies, modern and expensive drugs to support the delivery of services in the face of limited resources, achieving our major objectives will continue to be a challenge for the Ministry in the years to come. Staff Retention is an area of concern that continues to have an impact on the delivery of health care to our people.

However, with the implementation of the clinical services plan, improved planning and ongoing delivery of effective public health and health promotion activities, performance budgeting; identification of appropriate financing resource options to complement the health budget and implementation of appropriate prevention strategies; the Ministry aims to rise to the occasion and continue to provide quality health care and improved quality of life for all.

### **9. Partnership:**

I wish to acknowledge specifically the assistance of the following partners for their sterling contribution to health services during the year;

- Government of Australia - Fiji Health Sector Improvement Program [FHSIP]
- World Health Organization [WHO]
- United Nations Children's Fund [UNICEF]
- United Nations Fund for Population Activities [UNFPA]
- Government of Japan [JICA]
- Colonial Groups of Companies
- Visiting medical teams

I thank you all for your support and wish you continued blessings from our Creator.

Dr S Saketa  
**Permanent Secretary for Health**



# *Section 2*

## *Overview of the Ministry of Health Ministry of Health*

## SECTION 2 OVERVIEW OF THE MINISTRY OF HEALTH

The Ministry of Health 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.

### 2.1 Guiding Principles

Our **Vision** is to have a healthy population in Fiji that is driven by a caring health care delivery system.

Our **Mission** is to provide a high quality Health Care Delivery System 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.

### Our Values

We are genuinely concerned that health services are focused on people/patients receiving appropriate high quality health care delivery. We respect the sanctity and dignity of all we serve as we pursue high quality outcomes in all our activities and dealings. We strive for equitable healthcare and observe fair dealings with our customers in all activities at all times irrespective of race, color, or creed.

We commit ourselves to the highest ethical and professional standards in all that we do as we continue to respond to the needs of the people in a timely manner delivering our services in an effective and efficient manner.

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

### 2.2 Services

The Ministry of Health conducts health promotion and provides preventive, clinical and elderly care services through its various institutions which are spread throughout Fiji.

As of December 2009, over 231 health facilities were operating from the four geographical divisions as depicted in the table below:

**Table 1: Government Health Facilities**

Health Facility	Central/Eastern	Western	Northern	Total
Specialized Hospitals/National Referral.	St.Giles, Tamavua Twomey	-	-	2
Divisional Hospital	* 1	1	1	3
Sub divisional Hospital [level 1]	-	3	1	4
Subdivisional Hospital [level2]	9	2	2	13
Health Centre [level A]	7	4	1	12
Health Centre [level B]	3	4	3	11
Health Centre [Level C]	21	19	15	55
Nursing Stations	57	25	21	***103
Private Hospital		**1		1

\*CWMH plays a dual role as national referral Center and serves the C/Eastern Division

\*\*Ra Maternity Hospital is owned by the Roman Catholic Church but staffed by Ministry of Health staff under SDMO Ra.

\*\*\* Total Nursing stations currently in operation.

Services are provided to two types of clients:

1. Internal-
  - ✚ Provision of health care services to all citizens of Fiji through its hierarchy of health facilities as tabulated above.
2. External-
  - ✚ Monitoring of compliance with statutes and regulations
  - ✚ Issue of permits
  - ✚ Professional Boards function
  - ✚ Provision of health care services to visitors
  - ✚ Provision of accommodation and meals for staff
  - ✚ Provision of training for health staff for the region
  - ✚ Provision of care for the elderly.

### **2.3 Ministerial Assignment**

Under legal notice, the Minister for Health was given ministerial assignment for the following:-

#### **Business:**

1. Clinical Medical Services
2. Health Promotion
3. Medical Equipment and Supplies Services
4. Pharmaceutical Drugs and Medicine Services
5. Preventive Health programs and Services
6. Primary Health Care Services
7. Professional Staff Development and Management

#### **Departments:**

1. Divisional Hospitals
2. Fiji School of Nursing
3. Health Centers and Nursing Stations
4. Fiji Biomedical and Pharmaceutical Services
5. National Center for Health Promotion
6. National Referral Hospitals (St. Giles and Twomey Hospitals)
7. Sub divisional Hospitals
8. National Centre for Communicable Disease Control
9. Old People's Homes

Responsibility for all written laws regulating business pertaining to the above including subsidiary legislation made there under:

1. Animal (Control of Experiments) Act (Cap 161)
2. Burial and Cremation (Cap 117)
3. Dangerous Drugs Act (Cap 114)
4. Fiji school of Medicine Act 1997
5. Fiji National University Decree 2009
6. Food Safety Act 2003
7. Medical Imaging technologist Decree 2009
8. Medical and Dental Practitioner Decree 2009
9. Medical Assistant's Act (Cap. 113)

10. Mental Treatment Act (Cap113)
11. Nurses Midwives and Nurses Practitioners Act (Cap 256)
12. Pharmacy and Poisons Act (Cap 115)
13. Private Hospitals Act (Cap 256A)
14. Public Health Act (Cap 111)
15. Public Hospitals and Dispensaries Act (Cap 110)
16. Quarantine Act (Cap 112)
17. Radiation Health Decree 2009
18. Tobacco Control Act 1998

**The following Boards/Councils administer the 18 Acts/Decrees on behalf of the Minister:**

1. Central Board of Health
2. Rural Local Authorities
3. Hospital Board of Visitors
4. Nurses, Midwives and Nurses Practitioners Board
5. Fiji Dental Council
6. Fiji Medical Council
7. Fiji Pharmacy and Poisons Board
8. Private Hospital Board
9. Fiji Optometrist Board
10. Fiji School of Medicine Council

**2.4 Organizational Structure 2009**

The Ministry of Health, in line with the Government's policy of implementing the ten percent reduction in expenditure and upon approval by the Public Service Commission, implemented a number of changes in the senior executive level as follows:

- ✚ Three [3] director positions were re-designated as Deputy Secretary positions on par with other ministries and departments i.e. Director Corporate Services as Deputy Secretary Administration and Finance; Director Curative Health Services as Deputy Secretary Hospital Services; and Director Programmes and Training as Deputy Secretary Public Health Services.
- ✚ The positions of General Manager Hospital [GMH] at the three divisional hospitals [CWM, Lautoka and Labasa Hospitals] were re-designated as Medical Superintendents.
- ✚ The positions of General Manager, Community Health {GMCH} in the three divisional offices were re-designated as Divisional Medical Officers [DMO].
- ✚ The position of National Nursing Adviser [USO4] was transferred to the Fiji School of Nursing and re-designated as Director Fiji School of Nursing

As shown on the organisation chart the Permanent Secretary for Health, as of January 2009, is supported by three [3] deputy secretaries and [2] directors who lead the following services and directorates:

1. Hospitals Services
2. Public Health Services
3. Corporate services
4. Health Information, Planning and Infrastructure
5. Pharmaceutical and Biomedical Services

The Deputy Secretary Hospital Services is supported by the Director Nursing, the Medical Superintendents of the three divisional hospitals, two specialised hospitals and Director of the Fiji School of Nursing.

The Deputy Secretary Public Health is supported by seven National advisors of various Public Health programmes at Head Quarters and the three Divisional Medical Officers in the divisions.

The Deputy Secretary Administration & Finance is supported by the Director Human Resources and Senior Manager Finance and their respective staff at HQ and divisions.

The Director Health Information, Planning and Infrastructure is supported by the Epidemiologist and staff of the Planning and Health Information Units.

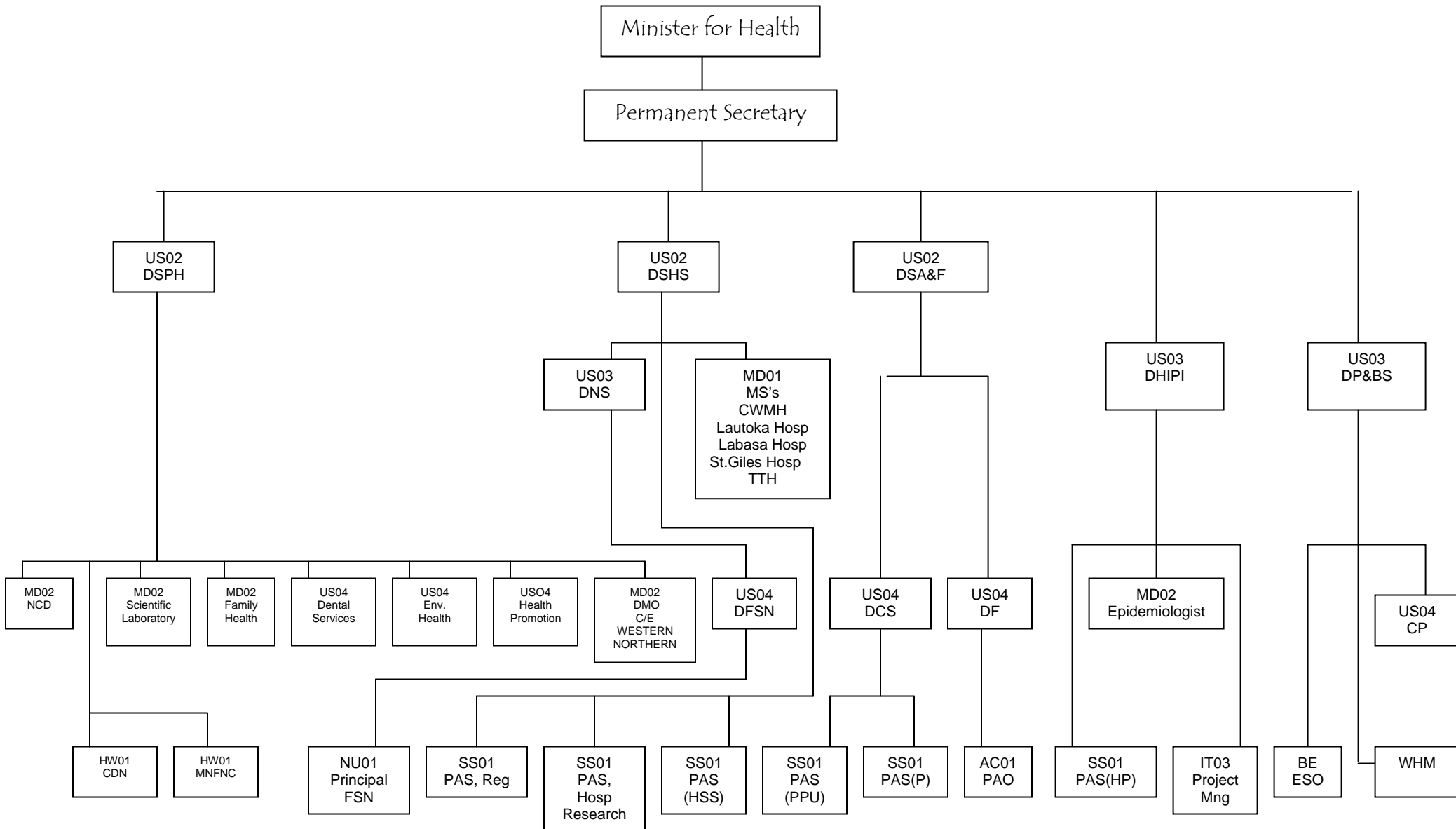
The Director Pharmaceutical and Biomedical Services is supported by the Chief Pharmacist and Head of the Biomedical Unit and their staff.



Health office staff with the top two officials

# MINISTRY OF HEALTH 2009 ORGANISATIONAL CHART

Figure 1: Organizational Structure 2009





# *Section 3*

## *Report on Performance*

## SECTION 3 REPORT ON PERFORMANCE

### 3.1 Strategic Direction

The National Strategic Development Plan [NSDP] 2007 – 2011 and the Sustainable Economic and Empowerment Development Strategy [SEEDS] 2008 – 2010, were replaced with the introduction of Government's new strategic plan, the Roadmap for Sustainable socio-Economic Development 2009 – 2014 in July while the goal remained unchanged for health:

Our **GOAL** is **QUALITY, AFFORDABLE AND EFFICIENT HEALTH SERVICES FOR ALL.**

This is translated into 2 major outcomes which are:-

- (i) Communities are served by adequate primary and preventative health services, thereby protecting, promoting and supporting their well being.
- (ii) Communities have access to effective, efficient and quality clinical health care and rehabilitation services.

21 Indicators to guide us in our efforts to improve our services and achieve the standard set at the beginning of the planned period include,

- Child mortality rate to be reduced from 26 to 20 per 1000 live births (MDG).
- Percentage of one year old immunized against measles increased from 68% to 95%.
- Prevalence rate of lymphatic filariasis reduced by 10%.
- Prevalence rate of tuberculosis reduced from 10% to 5% (part of MDG 22).
- Prevalence of anemia in pregnancy at booking.
- Maternal mortality ratio reduced from 50 to 20 per 100,000 live births.
- HIV/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 (MDG).
- Prevalence rate of Sexually Transmitted Infections among men and women aged 15 to 24.
- Prevalence of diabetes reduced from 16% to 14%.
- Admission rate for diabetes and its complications, hypertension and cardiovascular disease.
- Amputation rate for diabetic sepsis.
- Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56% (MDG).
- Proportion of the population aged over 35 years engaged in sufficient leisure time activity.
- Prevalence of under 5 malnutrition.
- Rate of teenage pregnancy.
- Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS).
- Average length of stay in psychiatric beds.
- Bed Occupancy rate of psychiatric beds.
- Number of staff trained in mental health.
- Doctors per 100,000 populations increased from 36 to 42.
- Elimination of stock outs of drugs from present 100 items per month.

### 3.2 Performance Highlights

These are discussed under the two major outcomes or strategic goals and ten output measures as identified in the Annual Corporate Plan as basis for measuring our performance in delivering our services.



### 3.2.1 STRATEGIC GOAL ONE

COMMUNITIES ARE SERVED BY ADEQUATE PRIMARY AND PREVENTIVE HEALTH SERVICES THEREBY PROTECTING, PROMOTING AND SUPPORTING THEIR WELL BEING

This is the provision of preventive and primary health care, clinical and rehabilitative facilities with enough manpower and support from local communities conducive to attainment of a better state of living.

#### **OUTPUT 1: PORTFOLIO LEADERSHIP, POLICY ADVICE AND SECRETARIAT SUPPORT:**

Formulation/ development of new legislation, policies and protocols and or review of existing legislation, policies and protocols on health service.

##### **Achievements:**

- Fiji Plan of Action on Nutrition submitted and endorsed by Cabinet in December 2009
- HIV Bill drafted – carried forward to 2010 for further consultations with stakeholders
- HIV Policy in draft
- National IHR Plan is in place with draft MOH policy for finalization in 2010
- Mental health Bill currently in its 4th draft and envisaged to be decreed in 2010
- Reproductive Health policy currently in its final draft
- Code of Marketing for breast milk substitute was updated, modified and completed by visiting consultants with NFNC support and input.
- National Food Summit was hosted by the Ministry of Health with recommendations submitted and endorsed by Cabinet.
- National NCD STRATEGIC Plan 2004 – 2008 reviewed by WHO consultant [Dr R. Banuve]
- NCD strategic Plan 2009 – 2011 – Womb-Tomb focus in its final draft form.
- Review of Nurses, Midwives and Nurse Practitioners' Act has started in October 2009
- Clinical Services policy in final draft form
- Phase 1 -review of workforce plan 1997-2012 completed by a WHO consultant during the year.

##### **Planned activities yet to be implemented include:**

- Review of National Health Promotion Strategic Plan 2006-2008 and development of 2009-2011 plan.
- Reproductive Health Plan
- Adaptation of CHN Competencies, Standards and Criteria for Nurses in hospital clinical settings
- Development of framework for measuring standards of Nursing
- Review of Medical and Dental Practitioners Act.
- Development of workforce policies
- Finalization of framework for registration of health professionals
- Development of management capacities for managers to effectively monitor and evaluate activities, set priorities, equitably allocates resources and manage risks
- Review and develop HR policies for staff retention and succession planning for all cadres of staff
- Review and implement realistic strategies to train, deploy and retain the health workforce
- Implement multi-skilling strategies of workforce as recommended in various reports.
- Policy advice and proposal for resource allocation for construction of new hospitals and other health institutions
- Develop evidence based proposals for additional vehicles to support an effective transport system
- Review existing fees and determine new fees and charges for identified health services
- Develop strategies to address medical negligence insurance matter
- Consultation with all relevant stakeholders to set up a National Health Commission – Pillar 10 of People's Charter for Building a better Fiji.

## **OUTPUT 2: PUBLIC HEALTH – PUBLIC HEALTH AWARENESS PROMOTIONS**

Healthy settings - three secondary schools met the basic criteria for Healthy Canteens set by the National Food and Nutrition Committee [NFNC] and were awarded the Bronze Prize. 13 Fact sheets on Nutrition and NCD topics were developed, printed and distributed by the NFNC.

The Environmental Health Officers or Health Inspectors as they are better known continued to provide support to communities in the promotion and protection of Public Health. Use of Water seal toilets continued to be promoted but there now seems to be a shift of demand for septic tanks.

Health Promotion Activities and Community health projects were intensified during the year and have helped in the improvement of sanitation status and quality of life. The type of projects implemented included supply of water tanks, digging of bore holes, flush toilets, hanging rubbish bins for the towns and fencing of the markets in rural areas. A total of 180,767 projects were implemented at a cost of \$1,417,903.2m.

On Health Promotion Activities, a total of 1,747 workshops, training or meetings were implemented during the year aimed at addressing the following issues in the 3 divisions:

- ❖ Environmental Health - 225
- ❖ Vector control - 274
- ❖ Environmental protection - 74
- ❖ Waste management and litter protection - 253
- ❖ Community water supply - 165
- ❖ Community sewage and waste water disposal - 170
- ❖ Distribution of IEC materials - 171
- ❖ Other health related issues.- 151

Various Healthy Islands Settings have been established throughout localities within the various sub-divisions which have helped communities develop workable action plans to develop and build healthy communities. These settings include villages, settlements, towns, schools and markets.

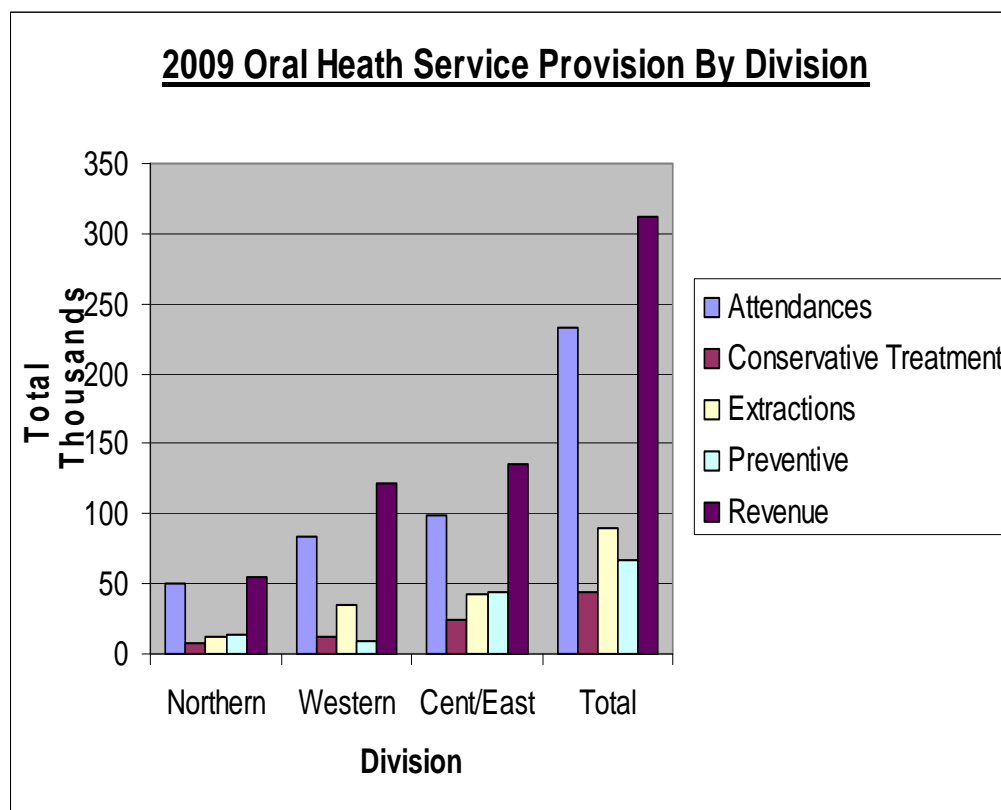
Oral Health promotion continued to be one of the priority programmes for the Ministry of Health. The provision of curative services at all Oral Health Centers added to our effort to restore and improve the oral health status of our people. In an effort to improve the early detection and management of cancers affecting the mouth, the oral health unit prioritised the procurement of two [2] oral cancer detecting machines.



National Oral Health Week was observed from March 23-27 throughout the divisions and generated a lot of interest and enthusiasm from the public including the school children.

The management of our dental materials and consumables through the National Dental Stores has always been a major challenge to the provision of sustained and quality services. An internal audit and Board of survey was conducted following the compilation of an electronic data base, which was a major achievement. The summary of provision of oral health services in the country for 2009 is tabled below:

**Table 2: Service Provision by Division**



### **OUTPUT 3: EMERGENCY RESPONSE SERVICES – MEDICAL EVACUATIONS AND BLOOD SUPPLY**

a. Improved Blood Services:

- Voluntary donations have increased by 2% through awareness media promotion i.e. radio talkback, TC and talks at the blood drive venue.
- Divisional and sub-divisional committees were established to oversee blood supply services
- IEC materials were developed and distributed
- Discussions were undertaken to improve the Blood Services Information System between IT Department and Vodafone.

b. Improved Emergency Services:

- National Ambulance Decree is being finalised to strengthen emergency services
- Concept paper being developed for a Medical or Hospital ship offering emergency and evacuation services to service the maritime areas to increase awareness through health promotion and at the same time deal with cases that have been on the waiting list
- Sub divisional contingency plans developed for disasters, flash flooding and pandemic Influenza in the Northern Division
- Airport crash and bomb explosion exercises conducted in Labasa, Savusavu and Taveuni.

## **OUTPUT 4: COMMUNICABLE DISEASE PREVENTION**

- Elimination of measles: Immunisation programmes implemented in all Divisions- Coverage 60%  
Routine data collected on immunisation coverage which shows 60% for measles and rubella given at 12 months is much lower than that collected during the survey by the Burnett Institute in December 2008 which showed that for children at 12 months of age the coverage for the same antigens was 94%.
- Elimination of Lymphatic Filariasis: MDA program implemented in the divisions - 88.9 % coverage in all divisions
- Morbidity Control project [hydrocoelelectomy] initiated. In Rakiraki, 269 cases were identified while some islands in the eastern division yet to be visited.
- Test and treatment Strategy for lymphatic filariasis initiated by Unit in 2009.
- Increase in immunisation and infection control- National Breastfeeding and Immunisation Week was observed from 26th to 30th October 2009. The theme was "I'm responsible I support Immunisation – Breast milk is still the best".
- Strengthened communicable disease surveillance system:
  - (i) HIV testing in all primary care facilities.
  - (ii) Establishment of sentinel sites for Influenza surveillance
  - (iii) Draft DS&OI guidelines reviewed to strengthen organisational structure of the Laboratory

The following were achieved:-

- ✚ Establishment of Influenza PCR Lab for national Influenza Centre,
- ✚ Continuous high performance [90-100%], H2S water kit test production also undertaken in Lab,
- ✚ Dried blood spot testing with HBASS in 21 sentinel sites.
- ✚ Typhoid fever lab surveillance system in place
- ✚ Influenza A H1N1 2009 pandemic brought under control with no case fatalities.
- ✚ Standard operating procedures for Influenza H1N1 2009 developed by the Nadi Sub divisional health team in the Western Division in line with Quarantine Act Cap 112 of the Republic of Fiji.
- ✚ Clinical Practice Guideline for Influenza A [H1N1] 2009 produced and distributed to all Health facilities.

Vector Control and disease investigation programmes: These continued to be implemented to monitor and control the agents of vector borne diseases as required in the Public Health Act [Chapter 111], Quarantine Act and other subsidiary legislation.

Anti mosquito campaigns, community education and mobilisation were organised as preventative measures within the three divisions.

Communicable Disease outbreaks reported during the year were followed up and where appropriate, the following actions were taken:-

- Contact tracing and investigation
- Stool sample collection
- Spraying
- Clean up campaigns organized
- Water and food sampling
- Health awareness and community education

## **OUTPUT 5: PROVISION OF PRIMARY HEALTH CARE - Implementation of Public Health programme activities**

- Community outreach activities were pursued in order to take health care to the people at their own settings e.g. Cakaudrove subdivisional team visiting and carrying out necessary clinical services as well as health promotion activities led to a great reduction in bed occupancy at the hospital.
- The Food based Security Guide 1982 Guideline was reviewed at a National Consultation workshop and endorsed by the Ministry of Health.
- Food Security Organic Gardens:

A Community garden was established as a model organic food garden center by NFNC at Drekena village in the Central division.

- Safe Motherhood Initiative awareness workshop undertaken for Central Division Hospitals and Nausori Maternity Unit was chosen as the pilot hospital for this programme.

- Rotuma Hospital was officially awarded with BFHI Award by UNICEF officer, Ms Seini Kurusiga. All the hospitals in Fiji are now Baby Friendly. Retraining of staff to maintain this status has continued to be implemented and Labasa, Savusavu, Taveuni and Nabouwalu Hospitals have undergone internal assessment in preparation for external assessment in 2010.

- Milk supplementation programme was continued in all divisions

- In the Northern Division 57% showed marked improvement in weight gain.

- 26% of those in the programme have been weaned off due to satisfactory progress.

- A booklet containing 10 key messages on Food for Growing Children from birth to two years was published and distributed to nurses and dietitians for use in clinics and communities.

- Complete roll out of AHD Centers to all subdivisions was accomplished but will require further development to satisfy 'Youth Friendly' criteria. Three models of these centers in place:

- Stand Alone YFS e.g. Our Place Suva
- Integrated in HUB Center e.g. Labasa and Lautoka
- Integrated into Health Centre and Hospital Setting

-Most at Risk Youth Population [MARYP] main focus in 2009; training in all 3 divisions completed and also the training of trainers was completed for all the sub divisions

- Increase in young people requesting VCCT for STI and HIV.

- Reduction in number of Teenage pregnancy noted.

- Community mental health outreach clinics were conducted on a regular basis in Central, Northern, and Western divisions

**Table 3: Outcome 1: Key Performance Indicators 2008 - 2009**

OUTPUTS	KEY PERFORMANCE INDICATORS	2008	Annual Target	2009
Public awareness Promotions – Public Health	Child mortality (0-5yrs) rate reduced from 26 to 20 per 1000 live births (MDG).	23.6	Reduce by 2/1000 live births	23.2
	Prevalence of anemia in pregnancy at booking	7.2	Reduce by 2%	11.1*
	Maternal mortality ratio reduced from 50 to 20 per 100,000 live births.	31.7	Reduce by 6%	27.5
	HIV/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 (MDG).	0.02	Maintain below 0.1%	0.02
	Prevalence rate of STIs among men and women aged 15 to 25.	2.4	Reduce by 2%	2.5*
	Prevalence of diabetes reduced from 16% to 14%.	18.3	Reduce by 0.5%	18.37*
	Admission rate for diabetes and its complications, hypertension and cardiovascular disease.	N/A	Reduce by 2%	42.5
	Amputation rate for diabetic sepsis.	N/A	Reduce by 1%	46.9
	Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56% (MDG).	44.7	Increase by 2%	28.9*
	Proportion of the population aged over 35 years engaged in sufficient leisure time activity.	N/A	Increase by 0.5%	N/A
	Prevalence of under 5 malnutrition.	7	Reduce by 1%	6
	Rate of teenage pregnancy.	6.6	Reduce by 0.5%	5.1
Communicable	Child mortality rate reduced from 26 to 20	23.6	Reduce by	23.2

OUTPUTS	KEY PERFORMANCE INDICATORS	2008	Annual Target	2009
Disease Prevention	per 1000 live births (MDG).		2/1000 live births	
	Percentage of one year old immunized against measles increased from 68% to 95%.	93.9	Maintain at >95% coverage	71.7
	Prevalence rate of lymphatic filariasis reduced by 10%.	9.5	Reduce by 10%	8.75
	Prevalence rate of tuberculosis reduced from 10% to 5% (part of MDG 22).	9.9	Reduce by 1%	11.3*
Provision of Clinical Services	Child mortality rate reduced from 26 to 20 per 1000 live births (MDG).	23.6	Reduce by 2/1000 live births	23.2
	Maternal mortality ratio reduced from 50 to 20 per 100,000 live births.	31.7	Reduce by 6%	27.5
	Admission rate for diabetes and its complications, hypertension and cardiovascular disease.	N/A	Reduce by 2%	42.5
	Amputation rate for diabetic sepsis.	N/A	Reduce by 1%	46.9
Provision of Primary Health Care	Child mortality rate reduced from 26 to 20 per 1000 live births (MDG).	23.6	Reduce by 2/1000 live births	23.2
	Prevalence of anemia in pregnancy at booking	7.2	Reduce by 2%	11.1*
	Maternal mortality ratio reduced from 50 to 20 per 100,000 live births.	31.7	Reduce by 6%	27.5
	Prevalence rate of STIs among men and women aged 15 to 25.	2.4	Reduce by 2%	2.5*
	Amputation rate for diabetic sepsis.	N/A	Reduce by 1%	46.9
	Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56% (MDG).	44.7	Increase by 2%	28.9*



### 3.2.2 STRATEGIC GOAL TWO

COMMUNITIES HAVE ACCESS TO EFFECTIVE, EFFICIENT AND QUALITY CLINICAL HEALTH CARE AND REHABILITATION SERVICES.

This is aimed at promoting improvement in health care standards in an efficient and effective health service.

#### **OUTPUT 6: PROVISION OF CLINICAL SERVICES**

- Improved clinical services: Implementation of Clinical Services Plan in Divisional Hospitals through Clinical Services Networks using CSP reports as guidelines e.g. Pathology, Radiology, Operating Theatre, and Oncology Reports
- Clinical Services Networks continued to work on development of clinical practice guidelines. Three Guidelines were launched during the year. Respiratory Drugs Guideline, Emergency Drugs and Influenza A [H1N1] – 2009
- Strengthening and extension of existing clinical services such as outreach services to sub-divisional hospitals. It is noted that all Divisional Hospital teams were implementing this strategy.
- Decentralisation of GOPD services to identified satellite health facilities piloted in the Suva Sub division with extended opening hours from 6 am to 10 pm i.e. in Valelevu, Makoi and Raiwaqa Health Centers manned by Medical Officers and Nurses working in two shifts.
- Strengthened management at divisional and specialized hospitals through the establishment of working committees to coordinate, support and monitor the networks
- Establishment of Cardiac Catheterisation Laboratory at CWM Hospital opened by the Minister of Health in October 2009

**Maintain a Quality Improvement management culture that promotes and supports continuous quality Health Services.**

- ▶ Major focus in 2009 – Sentinel event management and improving customer services.

With FHSIP support the MoH continued to work towards improving the processes involved in good clinical governance and clinical risk management, which are the core elements of Clinical Governance practices. Quality Improvement framework also included surveys of consumer satisfaction with the services delivered in 2009. The Risk Manager worked with the National Quality Improvement Committee to improve sentinel event reporting on management & streamline consumer feedback by improving the tools that allow the public to comment on our services.

- ▶ Improved Paediatric Emergency Response through advance Pediatric Life Support [PLS] Training.

A second series of Advanced Paediatric Life support [APLS] training for Clinicians was conducted in Suva this year. Over the last two years 48 health staff have been trained in the 3-day APLS course and 160 in the PLS training.

#### **OUTPUT 7: EDUCATION AND TRAINING: DISEASE CONTROL AND HEALTH - Provision of public education and training on disease control and health.**

Capacity building in key areas in primary health care and clinical services continued to be implemented in all divisions. Non communicable and lifestyle diseases - 139. Food and Nutrition: safe food practices -125

[Refer to In-service Training Report in Section 4]

## **OUTPUT 8: EDUCATION AND TRAINING: NURSES**

### **Fiji School of Nursing**

The USO4 post held by the National Nursing Advisor at head quarters was moved to the Fiji School of Nursing and designated as the Director Fiji School of Nursing as one of the changes effected at the beginning of the year.

Nursing Education reached a milestone in December when it was transferred to be under the umbrella of the Fiji National University. All 52 nursing positions were regularised in that exercise.

The following developments took place during the year:

- Midwifery Course – curriculum was reviewed and upgraded to Post Graduate Diploma in Midwifery from its certificate status for the last 20 years. Pioneer class of 60 with 11 regional students commenced on 2/11/2009
- Diploma in Nursing curriculum was also reviewed through the assistance of FHSIP
- Deed of Agreement between TISI Sangam, Nurses, Midwives & Nurse Practitioners' Board and the Ministry of Health was reviewed and signed on 31/12/09
- 90% of TISI Sangam graduates were contracted into the Ministry of Health Nursing workforce from June 2009.
- An agreement was reached in November 2009 to franchise selected Post Registration Nursing Courses to TISI Sangam School of Nursing to benefit the Northern Division [to include Midwifery, Public Health Certificate, and Advanced Nursing Practice.
- Establishment of the Fiji College of Nursing is already in the pipeline with specific progressive timelines. This will facilitate all continuing professional developments and continuing education programmes for nurses and the development criteria for Nursing Licensing.

## **OUTPUT 9: HOSPICE SERVICES - Accommodation and assistance for the Elderly** **Strengthened delivery of health care to the elderly.**

Currently there are three Homes for the Elderly run by the Government, one in each Division. Samabula, Natabua and Labasa Old Peoples' Homes with a total of 105 bed spaces, 56 for females and 49 for males.

The residents of the homes are regularly visited by the area medical officer and nursing staff are rostered to provide the necessary care.

Donations from Non Governmental Organisations and business houses are always welcomed to add comfort to the residents.

## **OUTPUT 10: SUPPLY OF GOODS - Medical Supplies and Consumables**

Supply of medical equipment, drugs, and clinical products by the Fiji Pharmaceutical Services

### **Pharmaceutical Services:**

Work continued to ensure that the core business of the Unit was strengthened so that timely and transparent processes are used to procure quality commodities [clinical products and essential medicines] at the most economical price and warehoused at the right condition for distribution to the right facilities for the right patient.

Achievements of the targets based on the Ministry Annual Corporate Plan were as follows:-

1. Strengthened Leadership Capacity. This was partially achieved (60%) due to
  - Lack of competence
  - Difficulty in recruiting and retaining technical staff
  - And a very lengthy recruiting system



2. Maintaining an effective, efficient & quality supply & use of medical equipment, medicines & clinical products: This process is in transition. System and processes were changed and the impact can be assessed in 2010. There was an achievement of 70%

- ✚ Strengthening warehouse operations and good stock management practices at health facilities level: This is an ongoing project
- ✚ Monitoring & implementation of consultant and taskforce short term goal recommendations: This review was superseded by another review which became the focus of our effort for the major part of 2009.

3. Demarcating/establishing a consistent funding programme from the health budget; Establishing a replacement and maintenance plan/strategy for biomedical equipments for priority programmes and areas; preventive maintenance of biomedical equipment; the Biomedical Unit is under budgeted. Negotiations are still underway for sufficient budget to purchase new equipments and replace those that are 10 yrs old or more.

4 Strengthening rational & quality use of medicines and clinical products by health care workers and patients: There was not much progress with this aspect due to non availability of the Essential Medicine Authority Pharmacist.

Standardising purchase and distribution of clinical products: Pending finalisation of Clinical Products Catalogue; 90% was achieved.

5. Strengthening regular inspection of health facilities and private sector: There was also a lag in this aspect due to the non availability of the Inspectorate and Regulatory Authority Pharmacist.

Random quality testing of tendered essential pharmacy inspected medicines. TGA: The new Drug tender had not been affected. Though there were some quality assessments tests done on other items.

National Medicines Policy Review: This has been scheduled for March 2010 with support of donor funds

6. Strengthen BPS Capacity: In the process of re-analysing 2008 and 2009 sales items to determine final BPS listing. Availability of affordable priority medicines and clinical products for the private sector was fulfilled and the target profit of \$100,000 was achieved.

7. Synchronizing IT upgrade with system & process improvement. There was some difficulty in negotiating with service provider with service provider (Link Technologies). Achievement of 50%. This target is carried forward to 2010.

**Table 4: Outcome 2: Key Performance Indicators 2008 - 2009**

OUTPUT	KEY PERFORMANCE INDICATOR	2008	Annual Target	2009
Public Awareness Promotions – Public Health	Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS).	82	Increase by 2%	94
Provision of Clinical Services	Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS).	86	Increase by 2%	92
	Average length of stay in psychiatric beds.	84.98	Reduce by 2%	102.9
	Bed Occupancy rate of psychiatric beds	85.94	Reduce by 1%	101.39
Provision of Primary Health Care	Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS).	91	Increase by 2%	90
Education and Training – Nurses and Doctors	Number of staff trained in mental health.	12[56]	40 staff	60
	Doctors per 100,000 populations increased from 36 to 42.	42	Maintain at 42/100,000 population	38.5
Supply of Goods – Medical Supplies and Consumables	Elimination of stock outs of drugs from present 100 items per month.		50%	176 items out /of stock Dec.09.

\* Generally these key performance indicators of 2009 were not achieved.

Key Performance Indicators will need to be reviewed and our reporting system further developed to capture the information needed for assessing our performance.

### 3.3 Health Statistics 2009

**Table 5: Vital Statistics 2009**

	2009
Population*	882,066
Women(15-44 yrs)	193,016
Total Live Births	18,854
Crude Birth Rate/1,000 Population	21.4
Crude Death Rate/1,000 Population	7.5
Rate of Natural Increase	1.4%
Under 5 Mortality Rate/1,000 live births (0-5rs)	23.2
Infant Mortality Rate/1,000 Live Births [0-12months]	15.2
Perinatal Mortality(Stillbirth and early neonatal deaths /1,000 live births	15.8
Early Neonatal(deaths 0-7 days)/ 1000 live births	6.8
Neonatal Mortality(deaths 0-28 days)/1000 live births	9.9
Post-neonatal Mortality(deaths 1-12 months)/ 1000 live births	5.3
Maternal Mortality Ratio/100,000 Live Births	27.5
General Fertility Rate/1,000 CBA Population	97.7
Family Planning Protection Rate	28.9

**Table 6: Immunisation Coverage 2009**

<u>Immunization Coverage (%) 0 - 1yr</u>	
Bcg	88.4
opv0	87.5
hbv0	62.4
opv1	82.1
pentavalent1	72.7
opv2	75.6
pentavalent2	75.4
opv3	74.8
pentavalent3	74.6
mr1	71.7

**Table 7: Top Notifiable disease reported during the year - 2009**

NO	DISEASES	TOTAL
1	Acute Poliomyelitis	1
2	Acute Respiratory Infection	36,084
3	Anthrax	0
4	Brucellosis	0
5	Chicken Pox	1,662
6	Cholera	0
7	Conjunctivitis	1,761
8	Dengue Fever	430
9	Diarrhoea	13,269
10	Diphtheria	0
11	Dysentery (a) Amoebic	2
	(b) Bacillary	172
12	Encephalitis	2
13	Enteric Fever (a) Typhoid	408
	(b) Para Typhoid	2
14	Fish Poisoning	1,165
15	Food Poisoning	12
16	German Measles (Rubella)	1
17	Infectious Hepatitis	210
18	Influenza	18,234
19	Leprosy	2
20	Leptospirosis	154
21	Malaria	5
22	Measles (Morbilli)	37

NO	DISEASES	TOTAL
23	Meningitis	159
24	Mumps	53
25	Plague	0
26	Puerperal Pyrexia	1
27	Replasing Fever	3
28	Rheumatic Fever	6
29	Smallpox	0
30	Tetanus	1
31	Trachoma	311
32	Tuberculosis (a) Pulmonary	35
	(b) Others	24
33	Typhus	0
34	Viral Infection	39,034
35	Whooping Cough [Pertussis]	87
36	Yaws	0
37	Yellow Fever	0
38	<b><u>Sexually Transmitted Diseases</u></b>	
	(a) Gonorrhoea	1,261
	(b) Granuloma Inguinale	0
	(c) Ophthalmia Neonatorium	1
	(d) Lymphogranuloma Inguinale	0
	(e) Soft Chancre	0
	(f) Syphilis	997
	(g) Veneral Warts	5

**Table 8: Health Service Utilisation Statistics - 2009****i) Divisional & Sub-divisional Hospital Utilization statistics.**

No.	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed State	Aver Length of Stay
1	CWM Hospital	186,605	442	23,453	137,121	84.99	375.67	5.85
2	Navua	4,117	12	696	1,639	37.42	4.49	2.35
3	Vunifawa	2,463	21	131	484	6.31	1.33	3.69
4	Korovou	3,197	17	745	2,520	40.61	6.9	3.38
5	Nasori	44,070	15	1,390	2,810	51.32	7.7	2.02
6	Wainibokasi	15,950	14	599	2,210	43.25	6.05	3.69
	<b>Sub-total</b>	<b>256,402</b>	<b>521</b>	<b>27,014</b>	<b>146,784</b>	<b>77.19</b>	<b>402.15</b>	<b>5.43</b>
7	Lautoka	148,489	341	13,821	86,477	69.48	236.92	6.26
8	Nadi	50,201	85	3,099	11,447	36.9	31.36	3.69
9	Sigatoka	20,240	58	2,226	9,111	43.04	24.96	4.09
10	Ba		36					
11	Tavua	25,098	42	1,826	4,520	29.48	12.38	2.48
12	Rakiraki	29,212	24	2,108	5,767	65.83	15.8	2.74
	<b>Sub-total</b>	<b>273,240</b>	<b>586</b>	<b>23,080</b>	<b>117,322</b>	<b>54.85</b>	<b>321.43</b>	<b>5.08</b>
13	Labasa	142,448	161	8,531	37,389	63.62	102.44	4.38
14	Savusavu	18,499	58	2,225	6,474	30.58	17.74	2.91
15	Waiyevo		33			0.00	0.00	0
16	Nabouwalu	9,735	32	861	2,723	23.31	7.46	3.16
	<b>Sub-total</b>	<b>170,682</b>	<b>284</b>	<b>11,617</b>	<b>46,586</b>	<b>44.94</b>	<b>127.63</b>	<b>4.01</b>
17	Levuka	17,328	40	987	2,293	15.71	6.28	2.32
18	Vunisea	7,459	22	376	1,334	16.61	3.65	3.55
19	Lakeba	1,113	12	211	417	9.52	1.14	1.98
20	Lomaloma	3,540	16	135	469	8.03	1.28	3.47
21	Matuku		5			0.00	0.00	0
22	Rotuma		14	16	141	2.76	0.39	8.81
	<b>Sub-total</b>	<b>29,440</b>	<b>109</b>	<b>1,725</b>	<b>4,654</b>	<b>11.7</b>	<b>12.75</b>	<b>2.7</b>
	<b>TOTAL</b>	<b>729,764</b>	<b>1,500</b>	<b>63,436</b>	<b>315,346</b>	<b>58.85</b>	<b>1025.71</b>	<b>5.82</b>
	<b>GRAND TOTAL</b>	<b>770,420</b>	<b>1,986</b>	<b>65,212</b>	<b>433,424</b>	<b>59.79</b>	<b>1187.46</b>	<b>6.65</b>

**ii) Specialized and Private Hospitals**

No.	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed Rate	Aver Length of Stay
1	St Giles	7,659	136	493	50,329	101.39	137.89	102.09
2	Tamavua	1,444	64	114	4,616	19.76	12.65	40.49
3	PJ Twomey	9,608	27	79	3,742	37.97	10.25	47.37
4	Military Hospital		9			0.00	0.00	0
5	Naisirelagi Maternity	1,617	7	202	352	13.78	0.96	1.74
	<b>Sub-total</b>	<b>20,328</b>	<b>243</b>	<b>888</b>	<b>59,039</b>	<b>66.56</b>	<b>161.75</b>	<b>66.49</b>

**Table 9: Morbidity & Mortality Statistics - 2009****i) Top Ten Causes of Mortality - 2009**

<b>No.</b>	<b>Diseases</b>	<b>Total</b>	<b>%</b>
1	Diseases of the circulatory system	2595	<b>40.52</b>
2	Endocrine, nutritional and metabolic diseases	1153	<b>18.00</b>
3	Neoplasms	652	<b>10.18</b>
4	Certain infectious and parasitic diseases	397	<b>6.20</b>
5	Diseases of the respiratory system	357	<b>5.57</b>
6	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	312	<b>4.87</b>
7	Injury, poisoning and certain other consequences of external causes	310	<b>4.84</b>
8	Diseases of the digestive system	156	<b>2.44</b>
9	Diseases of the genitourinary system	152	<b>2.37</b>
10	Certain conditions originating in the perinatal period	150	<b>2.34</b>

**ii) Top Ten Causes of Morbidity - 2009**

<b>No.</b>	<b>CAUSE GROUPS</b>	<b>%</b>
1	Pregnancy, Childbirth & Puerperium	27.8%
2	Factors Influencing Health Status & Contact with Health Services	17.3%
3	External Causes of Morbidity & Mortality	11.8%
4	Endocrine, Nutritional & Metabolic Diseases	7.2%
5	Injury, Poisoning & Certain Consequences External Causes	5.9%
6	Diseases of the Circulatory System	4.9%
7	Certain Infectious & Parasitic Diseases	4.7%
8	Diseases of the Digestive System	3.4%
9	Diseases of the Genitourinary System	2.8%
10	Diseases of the Skin & Subcutaneous Tissue	2.7%

### 3.4 Health Status Indicators 2009

**Table 10: Health Status Indicators 2009**

INDICATOR		Achievement 2008	Achievement 2009
<b>Reduced burden of NCD</b>			
	Prevalence rate of diabetes ( per 1000 population)	18.3	18.37
	Admission rate for diabetes and its complications, hypertension and cardiovascular diseases ( per 1000 admission)	N/A	42.5
	Amputation rate for diabetes sepsis (per 100 admission for diabetes and complications)	N/A	46.9
	Cancer prevalence rate(per 1000 population)	8	8.45
	Cancer Mortality ( per 100 000 population)	72.7	73.91
	Cardiovascular disease( coronary heart disease) Mortality rate per 100 000 population	160	205.5
	Admission rate for RHD (1000 admission)	N/A	2.5
	Motor and other vehicle accidents mortality rate (per 100 000 population)	7.5	5.10
	Healthy teeth index (DMFT) - 12 year old	1.4	1.4
<p><i>The challenge of reducing the burden of Non-communicable Diseases is enormous. Cardiovascular diseases, Diabetes Mellitus and cancer prevalence continue to increase creating more threat to the limited resources that we are equipped with. However, our hope is in educating the young people to avoid the 'risk factors' that will lead to the early development of these diseases.[Refer to appendix h.i]</i></p>			
<b>Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases</b>			
	HIV prevalence rate among 15 - 24 years old pregnant women per 1000	0.02	0.02
	Prevalence rate of STI's among men and women aged 15 - 24 years per 1000	2.4	2.5
	TB prevalence rate per 100000	9.9	11.3
	Tuberculosis cases detection rate	93%	80%
	TB death rate	2.8	10.08
	Incidence of dengue (per 10,000 pop)	21.56	4.87
	Incidence of Leptospirosis (per 100,000 pop)	9.44	17.5
	Prevalence rate of Leptospirosis (per 100,000 pop)	16.3	17.98
	Incidence rate of measles (per 100, 000 pop)	3.87	4.19
	Prevalence rate of Leprosy ( per 100 000 pop)	0.04	NC
	Incidence rate of Gonorrhea ( per 100 000 pop)	124.4	143.0
	Incidence rate of Syphilis (per 100 000 pop)	115.8	113.03
<ul style="list-style-type: none"> <li>• The total number of HIV cases confirmed during the year was 43 with 19 males and 25 females bringing the cumulative total since 1989 to 333. The commonest mode of spread is through heterosexual transmission.[Appendix-g]</li> <li>• It is to be noted that there has been a reduction on the incidence of gonorrhea and syphilis as compared to the figures reported in 2008.</li> <li>• On the other hand, the prevalence rate among men and women aged 15-24 yrs has slightly increased.</li> <li>• TB prevalence rate has increased and needs to be addressed more vigorously given its close association with HIV infection.</li> <li>• There were outbreaks of leptospirosis, and typhoid during the year[Refer to appendix c]</li> <li>• Pandemic Influenza A [H1N1] swine flu, 2009 reached our shores in June and 237 laboratory confirmed cases were reported.[Refer to special feature]</li> </ul>			
<b>Improved family health, reduced maternal morbidity and mortality</b>			
	Maternal mortality ratio	31.7	27.5
	Prevalence of anemia in pregnancy at booking	7.2	11.1
	Contraceptive prevalence rate	44.7	28.9
	Proportion of births attended by skilled health personnel	98.8	99.8
<ul style="list-style-type: none"> <li>• The increase in prevalence of anemia in pregnancy at booking is a challenge that needs to be addressed together with the contraceptive prevalence rate.</li> </ul>			
<b>Improved child health</b>			
	Prevalence or under 5 malnutrition	7	6
	% of one year fully immunized	93.9	71.7

INDICATOR	Achievement 2008	Achievement 2009
under 5 mortality rate/ 1000 births	23.6	23.2
infant mortality rate ( 1000 live births)	13.1	15.2
<i>Infant Mortality include foetal deaths. The % of one year olds fully immunized is low and need to be addressed.</i>		
<b>Improved adolescent health and reduced adolescent morbidity and mortality</b>		
rate of teenage pregnancy ( per 1000 CBA pop)	6.6	5.11
number of teenage suicides	66	13
<i>The positive turn of the two indicators in this section have shown the results of concerted efforts of the program implementers and they are to be commended.</i>		
<b>Improved mental health</b>		
number of psychiatric beds	136	136
number of trained personnel in mental health	12 [56]	60
<i>The indicators for mental health need reassessing to ensure that they capture the real state of mental health in Fiji.</i>		
<b>Improved environmental health through safe water and sanitation</b>		
% of population that has access to safe water - urban	43%	N/A
% of population that has access to safe water - rural	51%	N/A
% of population that has access to improved sanitation - urban	87%	N/A
% of population that has access to improved sanitation - rural	55%	N/A
<i>These indicators are not captured in the annual report from the Environmental Unit of the Ministry and thus need to be reassessed.</i>		

### 3.5 Overseas Treatment

**Table 11: Number of Patients Referred Overseas for Treatment - 2009**

Medical Condition	Total	Ethnic			Country			
		F	I	O	IND	NZ	AUS	Other
Cardiac	28	1	26	1	24	0	1	3
Cancer Treatment (Chemo/DXT)	14	5	8	1	14	0	0	0
Eye	3	0	3	0	0	2	1	0
Kidney Transplant	1	0	1	0	0	0	0	1
Other Renal Disease	4	0	4	0	2	1	1	0
Orthopaedic	3	0	3	0	3	0	0	0
Others	8	0	8	0	5	1	2	0
<b>Grand Total</b>	<b>61</b>	<b>6</b>	<b>53</b>	<b>2</b>	<b>48</b>	<b>4</b>	<b>5</b>	<b>4</b>

### 3.6 Research

The total of 28 proposals, 16 Progress reports and 3 final reports were received for ethical review in 2009. Tabulated below are the details.

**Table 12: New Research Applications - 2009**

Reference No	Title of Research Proposal	Investigator	Comments
2009 -001	Perceptions of Young Adults and Experiences of People Living with HIV/AIDS	Shazna Buksh	Approved with amendments
2009 -002	Prevalence of Hepatitis B virus and dengue fever antibody amongst blood donors in Fiji.	Dr. Salanieta Saketa	Approved with amendments
2009 -003	Ergonomics is your back paying the Price for your Practice	Rizvi Mahamud	Approved with amendments

Reference No	Title of Research Proposal	Investigator	Comments
2009 -004	Development and Validation of a Framework to Evaluate Vision-Specific Community Based Rehabilitation Services	Manjula Marella	Approved
2009 -009	Evaluation of Human Papillomavirus (HPV) vaccine campaign in Fiji	Sophie La Vincente	Approved with amendments
2009 -010	A Population Based Survey of the Prevalence, Causes and Impact of Adult Vision Impairment and Blindness with particular emphasis on Diabetic Eye Disease, and of the Knowledge, Attitudes and Practices in Relation to Eye Health and use of Eye Health Services in Fiji	John Szetu	Approved with amendments
2009 -012	A Cross-sectional Study of Reasons and Risk Factors Related to Non-Compliance for Childhood Immunization	Nahoko Miyamoto	Approved with amendments
2009 - 013	Knowledge and Attitudes of Health Professionals and Parents on the Use of Sugar Free Medicines	Tanveen Kaur	Disapproved. Referred to FSMed Research Committee
2009 -014	Common Radiographic Faults and Knowledge of Dentists in Extra – Oral Radiograph Prescription in Suva and Lautoka, Fiji.	Monesha Singh	Referred to FSMed Research Committee
2009 - 015	Rotavirus Surveillance in Fiji - Savusavu	Adam Jenny	Approved with amendments
2009 -016	Burns in Fiji: An Analysis of Hospitalized Burns Injuries and Deaths during the period 2004 - 2007	Mabel Taoi	Approved with amendments
2009 -017	Knowledge, Attitude, Practice and Behavior of women towards Cervical Cancer and Pap Smear Screening	Susana Matila Nakalevu	Approved with amendments
2009 -019	Women and HIV: Perspectives of Pacific Civil Society and HIV-Positive Pacific Women	Hilary Gorman	Disapproved
2009 -020	Stress and Burnout Levels among Surgeons in Fiji	Rajeev Patel	Approved with amendments
2009 - 023	TISI Sangam General Health Survey Examining Various Components Contributing to Member's Physical Health	Christa Cozzolino	Approved with amendments
2009 - 024	Strengthening Mortality and Cause of Death Reporting in Pacific Island Health Information Systems (Level of Mortality and Cause of Death by Proportional Mortality in Fiji) <b>AND</b> Strengthening Mortality and Cause of Death Reporting in Pacific Island Health Information Systems (Causes of Death in Fiji from Unit Record Analysis)	Richard Taylor	Approved with amendments
2009 -025	Risky business: A qualitative investigation into issues related to HIV transmission risk and vulnerability among sex workers in Fiji	Heather Worth	Approved
2009 -026	Impact of DTP Schedules on the Immunogenicity of Two Doses of the New 13 Valent PCV followed by early Booster Dose	Kim Mulholland	Referred to PSH for her decision
2009 - 028	Global Youth Tobacco Survey (GYTS) And Global School Personnel Survey (GSPS)	Mosese Salusalu	Approved with amendments
2009 - 031	Pilot Study of Nurse – Led Rheumatic Disease Echocardiography in Fiji	Dr. Joseph Kado and Samantha Colquhoun	Approved
2009 - 032	The effect of HIV pre-test counselling in reducing sexual risk behaviour among pregnant women attending the Colonial War Memorial antenatal clinic	Tamara Kwarteng	Pending approval
2009 -037	PneuCarriage Project	Kim Mulholland	Approved
2009 -038	The Pacific TROPIC Project: Translation Research for Obesity Prevention in Communities	Boyd Swinburn Professor Graham Roberts	Approved
2009 -039	Perceptions of and Barriers to HIV Service Access: Service Users, Clinicians, 'At Risk' Group members	Sarah Gwonyoma	Approved
2009 -040	'The People Living with HIV Stigma Index'	Jokapeci Tuberi Cati	Pending approval



Reference No	Title of Research Proposal	Investigator	Comments
2009 - 041	Prevalence survey of Human Papilloma Virus Infection in Fiji: A Cross Sectional Study	Dr Lepani Waqatakirewa, Dr James Fong, Dr. Eka Buadromo and MA Mere Turagabeci	Pending approval
2009 - 043	Understanding the attitudes, values and beliefs of Health Care Workers in Fiji towards people with HIV and those most at risk of HIV.	Kamal Kishore	Pending approval
2009 - 044	Comparison of three treatment regimes using ivermectin and/or permethrin for a localised community treatment program for scabies	Margot Whitfeld and Mohammed Hamid	Pending approval

**Table 13: Progress on Research Reports - 2009**

Reference No	Title of Research Proposal	Investigator	Comments
2009 -005	The Fiji Heart Disease Screening Study	Samantha Colquhoun, Michael Good and Jonathan Carapetis	Report presented
2009 – 006	Rotavirus Surveillance in Fiji	Kim Mulholland Fiona Russell and Adam Jenny	Report presented
2009 – 007	Fiji Group A Streptococcal Projects	Andrew Steer, Edward Mulholland, Michael Good, Jonathan Carapetis and Adam Jenny.	Report presented
2009 – 008	Fiji Group Interaction between Kava and Aspirin and their effect on Platelet Aggregation in the Fijian and Indo- Fijian Kava non-drinking and drinking Volunteers	Vaishali Jadhav	Amendments approved
2009 - 011	Development and Evaluation of a Continuous Quality Improvement Model for Rheumatic Heart Disease Prevention and Control in Fiji	Sara Noonan	Amendments approved
2009 -018	Evaluation of Human Papilloma Virus Campaign (HPV) in Fiji	Sophie La Vincente	Amendments approved
2009 - 021	Baseline Survey on the Seroprevalence of Hepatitis B and Dengue Virus Antibodies among the Adult Blood Donor Population in Fiji	Salanieta Saketa	Approved for extension
2009 – 027	Genetic Origins and Structure of Fijian Populations (Pilot Project)	Alan J. Redd	Report presented
2009 – 029	Infectious Disease Surveillance – Organisational Readiness for Change in the Fiji Ministry of Health	Sharon Biribo	Amendments approved
2009 – 030	Fiji Group Interaction between Kava and Aspirin and their effect on Platelet Aggregation in the Fijian and Indo- Fijian Kava non-drinking and drinking Volunteers	Vaishali Jadhav	Amendments approved
2009 - 033	A Randomised Controlled Trial of Honey Application on Diabetic Foot Ulcers	Rajneeta Saraf	Amendments approved
2009 - 034	Burns in Fiji: An Analysis of Hospitalized Burns Injuries and Deaths during the period 2004 – 2007	Mabel Taoi	Amendments disapproved
2009 – 036	Fiji Group A Streptococcal Projects	Andrew Steer, Edward Mulholland, Michael Good, Jonathan Carapetis and Adam Jenny	Amendments approved
2009 -042	Pilot Study of Nurse–Led Rheumatic Disease Echocardiography in Fiji	Joseph Kado, Samantha Colquhoun	Pending approval
2009 – 045	The Fiji Heart Disease Screening Study	Samantha Colquhoun, Jonathan Carapetis	Pending Approval
2009 – 046	Development and Evaluation of a Continuous Quality Improvement Model for Rheumatic Heart Disease Prevention and Control in Fiji	Sara Noonan	Pending approval

**Table 14: Final Research Reports - 2009**

Reference No	Title of Research Proposal	Investigator
2009 - 022	Ergonomics Is Your Back Paying The Price For Your Practice?	Rizvi Mahamud
2009- 035	The Usefulness of Anteroposterior View of Shoulder as a Routine View at Labasa Hospital Setting	Parvesh Nand
2009 -047	A Baseline Study of Micronutrient (Vitamin A, Iron and Zinc) Status of Children 6 months – under 5 years in Fiji	Josaia Samuela

### 3.7 Special Features

This report will highlight the role and achievements of two specific areas of services namely:

- ❖ Pathology Services -Colonial War Memorial Hospital, Suva- Central Division
- ❖ Outreach Services - Labasa Hospital Labasa - Northern Division
- ❖ Pandemic Influenza A –[H1N1]2009[swine Flu]

#### 3.7.1 Pathology Services - Colonial War Memorial Hospital [CWMH] Suva.

This Department is run by a Consultant Pathologist Dr Eka Buadromo, and assisted by the following staff:-

- ✚ Medical officers- 2,
- ✚ Technical officers,- 62
- ✚ Administrative staff- 3
- ✚ General Wage Earners -4

A total of 72 people altogether including the Head of Department.

##### 3.7.1.1 Major changes that took place at the CWMH laboratory in 2009.

- Forensic Pathology Service  
One of the major and historical changes was the transferal of the Forensic Pathology services from the Ministry of Health to the Police Department. This has alleviated the workload of clinical pathologist and registrar in CWMH enabling them to focus on clinical diagnostic work and improving the overall quality of clinical pathology service.
- Budget  
A sum of \$2M was overspent due mainly to the general increase in goods and service costs worldwide. This budget was only adequate to cover the clinical and public health laboratory investigations while the routine medical investigations were outsourced to private laboratories and spontaneous screenings were discouraged.
- Laboratory supplies and orders; Purchasing and storage of Laboratory consumables and reagents were transferred to Fiji Pharmaceutical and Biomedical Services
- Shift work system: Laboratory technicians system of working after hours and claiming overtime pay was changed to shift work system. Although it was difficult for the technicians to accept the change at the beginning the transition was smooth and they now appreciate better quality time for other activities.
- Laboratory Quality Management System [LQMS] maintained its momentum in 2009 under the leadership of Josaia Uluinaceva – Quality Manager. Three 5S audits conducted during the year and picked minimal weaknesses in the various laboratory sections.

Major improvement found in Microbiology Organism Identification and Immunology assays. The LQMS has resulted in Technical staff taking ownership of their own portion of work, ensuring good quality results are put out to facilitate proper patient management. The department is ready to take on some aspects of ISO standardization

### 3.7.1.2. Other Services

- External Quality Assessment: CWMH continued to take part in External Quality Assessment with Royal Australasian College of Pathologists, National Serology Reference Laboratory, Melbourne, Pacific Paramedical Training Centre and the WHO United Kingdom Hematology module. Review of EQUAS result in 2009 showed excellent performance in most sections especially in Microbiology which achieved great improvement after various corrective measures were instituted.
- Central /Eastern and Taveuni Sub Divisional Laboratory Services which are under the umbrella of CWM Hospital laboratory are challenging because of their geographical location and the difficulty in equipment maintenance. Coordinating their activities from CWMH was very challenging. A new assessment criteria is envisaged to be put in place to ensure participation in Quality assurance which can be monitored remotely from CWMH.

### 3.7.1.3 Work load

The Infectious Diseases Outbreaks such as Typhoid and some suspected ones increased the demands for laboratory services and stretched the utilization of consumables and reagents.

Donor Agencies are to be acknowledged for their prompt assistance allowing us to continue to provide services in both clinical and public health fields.

**Table 15: Laboratory Specimens and Tests conducted**

Sections	No. of Specimens	No. of tests
Microbiology	40,367	610,688
Hematology	76,706	115,246
Biochemistry	68,595	481,093
Histology	2,566	12,087
Serology	20,152	90,393
Blood bank	30,422	60,908
Cytology	9,683	106,291
C/E Sub divisional Laboratories		60,737
<b>Total</b>	<b>248491</b>	<b>1537443</b>

### 3.7.2 Labasa Hospital Outreach Services

Labasa is the Referral Hospital for the Northern Division serving over 138,000 people.

It has a bed capacity of 161 and offers clinical services which include all the major disciplines of medical services i.e. Surgery, Anaesthesia Internal Medicine, Obstetrics and Gynecology, Paediatrics, Ophthalmology, Radiology Pathology and Accident and Emergency as well as General Outpatients.



**Opening of the new accident & emergency unit Labasa Hospital by the Minister for Health, Dr. Neil Sharma [funded by the Korean Government] – 24 Nov, 2009**

The Medical Superintendent is the head of this hospital and the incumbent is the Consultant Surgeon who is supported by the Heads of Department of the clinical disciplines and the Hospital Administrator..

The three Sub divisional Hospitals in the North include:

1. Savusavu Hospital -58 beds
2. Nabouwalu hospital - 32 beds
3. Waiyevo hospital on Taveuni Is -33 beds.

Providing Outreach Services to the sub divisional hospitals in the Northern division is a challenging task due to the geographical location and the mode of transportation which are not easily available

Organization of Services:

All heads of the core disciplines together with a representative from the office of the Divisional Medical officer formed the committee that planned and also implemented the outreach services.

Core Business:

- To provide specialist clinical services to remote medical centers
- Share clinical knowledge and experience with staff in the rural settings
- Update staff with latest evidence-based clinical practice
- Discuss issues that are relevant on improving the quality of patient care.



**Teaching Advanced Life Support is part of the Outreach program. Up-skilling of our sub-divisional staff Dr Mua, HOD Medical Unit.**



Surgery in progress in Savusavu.

Tabulated below are the services provided, number of patients and surgeries performed at each Hospital/Health Center visited by the outreach team in 2009.

**Table 15: Outreach Activities by specialist team Northern Division**

Hosp/ H/Centre	Date	Teams	Activities	Patients/surgeries	
Waiyevo Hosp. Taveuni	11-15/5 /09	Medical,Surgical,Obs&Gynae Paediatrics,Anaesthesia,Physio Dietetics,OT staff.	Special clinics, surgeries, presentations	408	<b>40</b>
Savusavu Hosp	3-7/8/09	Medical, surgical. Obs & Gynae, Paediatrics Anaesthesia, Radiology, Pharmacy Risk manager, OT staff	Special clinics, Surgeries, Presentations, Pharmacy audit	194	<b>15</b>
Wainikoro H.Centre	11/8/09	Medical,Surgical,Obs&Gynae, Paediatrics, Anaesthesia, Dental, Physio. Pharmacy, Dietetics	Special clinics, Presentations	104	-
Seaqaqa Health centre	13/8/09	Medical, Surgical, Paediatrics, Physio, Pharmacy, Dietetics, Dental	Special clinics, Presentation	58	
Nabouwalu Hospital	24-28/8/09	Medical, Surgeical, Obs & Gynae, Paediatrics, Anaesthesia, Pharmacy, Physio, Risk manager, OT staff	Special clinics, surgeries, presentations, pharmacy audit	186	<b>20</b>





The surgical team performing surgery in Taveuni

### 3.7.3 Pandemic Influenza A [H1N1] 2009 (Swine Flu)

#### Introduction

In April 2009 a new strain of influenza, 'Pandemic Influenza H1N1 2009 [Swine flu]' commenced circulation in Mexico and has since been detected in over 210 countries worldwide.

#### Fiji Situation

The first case was detected in Nadi, in June 2009. The extent of the outbreak and the length of time it continued in Fiji is not known but 234 cases were laboratory confirmed. However we do know that there were 18,234 reported cases of Influenza like illness in the community last year but there was no death from the confirmed cases.

The geographical distribution of these cases were from the Western and Central Divisions. There were no confirmed cases reported from the Northern and Eastern divisions.

The cases from the Western Division were confined only in Nadi, Lautoka and Ba, while in the Central division they were reported only in Suva and Rewa. The 9 cases from Ba were all from a boarding school that had closed in the Yasawa group of Islands. The Yasawas are a well known tourist destinations in Fiji.

#### Global Situation

Globally, 210 countries reported laboratory confirmed cases and 12220 deaths as of December 2009. between 1-10% of cases have required hospitalization. A fatal outcome was recorded in 2-9 % of hospitalized patients. Pregnant women have a ten times higher likelihood of requiring admission to an ICU compared with the general population severe outcomes occur more often when underlying medical conditions are present such as chronic lung disease including asthma.

#### Second wave of Pandemic:

In all three 20<sup>th</sup> Century influenza pandemics [1918, 1957 and 1968], multiple waves of influenza activity were observed. In Fiji we can expect a second wave of Influenza A H1N1 2009, but it is not known when this may occur. In the Northern Hemisphere, the second wave of Influenza A H1N1 2009 pandemic commenced and peaked many weeks earlier than expected.

# *Section 4*

## *Management*

## *Resource*



## SECTION 4 MANAGEMENT AND RESOURCES

### **4.1 Senior Executives**

#### **4.1.1 Permanent Secretary for Health**

The PSH provides overall leadership and future direction for the Ministry. The incumbent is mandated under legislation to ensure the safe practice of health professionals and the provision of specialized health services for the people of Fiji. PSH is accountable to the Minister for Health and the Prime Minister through the Public Service Commission for the delivery of health services in Fiji.

#### **4.1.2 Deputy Secretary Hospital Services:**

The incumbent is responsible to the Permanent Secretary for Health for the development and formulation of strategic health policies and translation into the priority health programs in accordance with the Ministry's Strategic and Corporate Plans. To provide advice to the Permanent Secretary on Clinical Services related issues; to monitor and evaluate the implementation of Clinical Service programs in the five main referral Hospitals [CWM, Lautoka, Labasa, St Giles & Tamavua/ Twomey] to ensure effective delivery of care to the people of Fiji; to monitor the health system standards provided in all health facilities in Fiji. Ensure that the Ministry facilitates and abides by the relevant decrees and legislations and where necessary provide recommendations to the Permanent Secretary in relation to appropriate amendments.

#### **4.1.3 Deputy Secretary Public Health**

The incumbent is responsible to the Permanent Secretary for Health for the development and formulation of strategic public health policies and translation into the priority health programs in accordance with the Ministry's Strategic and Corporate Plans; to provide advice to the Permanent Secretary on Public Health related issues; to monitor and evaluate the implementation of Public Health programs throughout Fiji to ensure effective delivery of Primary Health care to the people of Fiji. The broad programme areas include Communicable Diseases, Non-Communicable Disease, Reproductive health/sexual health/family planning & family health, Mental Health, Nutrition, Oral Health, Environmental health, Public health Laboratory and National Centre for Scientific Sciences in virology, vector Borne Diseases and other Disease Control, Health promotion, Epidemiology, Health care of the Elderly and Rehabilitation. Ensures that the Ministry facilitates and abides by the Public Health Act and where necessary provide recommendations to the Permanent Secretary in relation to appropriate amendments.

#### **4.1.4 Deputy Secretary Administration and Finance**

The incumbent is responsible to the Permanent Secretary for Health for managing the corporate infrastructure supporting day to day management of the Ministry of Health, including Human Resources, Financial Management Information Systems; and act as advisor to the Permanent Secretary and Minister for Health on corporate services issues.

The DSAF would be expected to prepare, implement and review national Human Resource Management and Employee Relations policies and procedures including PMS, OHS and EEO in accordance with the HR Policies provided by the Public Service Commission and ensure uniformity of application of policies and procedures throughout the Ministry of Health. To organize, direct and monitor the introduction of Financial Management Reforms of the Public Finance Management Act into the existing financial and accounting systems and developing the necessary new financial management information systems to deal with the purchaser/provider contract instruments for use within the Ministry; prepare, implement and monitor the Annual Budget in accordance with those models; oversee the introduction of information, Management and Technology systems, policies, procedures and guidelines taking into account the varying levels of infrastructure development between the operational divisions; plan and facilitate implementation of infrastructure development and maintenance needs of health facilities throughout Fiji; and provide support and advice to the Permanent Secretary, the Medical Superintendents, the Divisional

Medical Officers and Corporate Service staff, in respect of asset and contract management, human, financial, physical resource development and information management systems.

#### **4.1.5 Director Information, Planning and Infrastructure**

The incumbent is responsible to the Permanent Secretary for Health for co-coordinating the development, formulation and documentation of the Ministry of Health's policies, National health Plan, department/section/unit plans, and medium-term strategies in alignment with the Ministry's long term Mission and Vision vide infra; to regularly evaluate and monitor the implementation of such health policies and plans, and provide professional advice to ensure that medium-term targets/results are achieved, and positively contribute to the attainment of desired outcomes and hence the ultimate achievement of the Ministry's Mission and Vision; to oversee the Ministry's Health Information System Development Program for cost-effective and user friendly system that meets management's timely reporting, monitoring and evaluation and information needs for decision making; and to ensure regular information feedback through production of appropriate reports and documents of various forms; Strengthening of essential health research activities; building of health Planning & HP Information Unit capacity to perform relevant tasks.

#### **4.1.6 Director Pharmacy and Biomedical Services**

The incumbent is responsible to the Permanent Secretary for Health for the provision of policy advice and management support. The DPBS plays a lead and vital role in initiating and coordinating, formulating and implementing the development of National Strategies and plan in relation to clinical and pharmaceutical services; to procure new technology to support and enhance the delivery of health care; replace aging biomedical equipment and new technology; budgetary development for new technology in health; budget development for pharmaceutical and medical supplies and cabinet papers to lobby for additional budgetary provision for pharmaceutical and medical supplies and technology and replacement bio-medical equipment.

The DPBS will contribute to the development of the Ministry's corporate and strategic plans. Data analysis, planning and forecast competencies are essential. Ensure that effective communication is maintained with Divisional and Sub-Divisional heads and other stakeholders involved in the health services delivery to monitor the implementation of the health programs for planning variations. The incumbent is responsible for leading, directing and motivating the team, coaching and developing staff, in change management and effectively managing resources allocated to the Division.

#### **4.1.7 Director Nursing**

The officer is responsible to the Permanent Secretary for Health, through the Deputy Secretary Hospital Services for policy advice and management of the national nursing services. The DNS is responsible for the planning, formulation and review national nursing policies for endorsement by the Nurses Midwives and Nurses Practitioners' Board, monitoring of the nurses' continuous implementation and adherence to the required standard of nursing practice, ensuring that nurses work within their scope of nursing practice and exercise discipline through the Board to those who practice beyond their scope. Responsible for the formulation and review of the Nurses, Midwives and Nurse Practitioners Act and Nursing Legislation and professional registration of nurses in the country. Planning and management of nursing staffing need for the nation and preparation of a national training and development plan for nurses. Acts as National Health Advisor of the Ministry and also provides advice and support to the Principal Fiji School of Nursing and the seven [7] Senior Nurse Managers of the various Health Institutions.

#### **4.2 Human Resources;**

Tabulated below is the summary of the staff establishment in the Ministry.

**Table 16: Summary of Staff Establishment MOH as at December 2009**

Post/Cadre	Grade	Approved Est.	No. Filled	No. Vacant	Remarks
<i>Minister for Health</i>		1	1	0	
<i>Permanent Secretary for Health</i>		1	1	0	
<u>SES/posts/Directors</u>	US 02	3	1	2	<i>[DSPH, DSHS]</i>
	US 03	3	3	0	
	US 04	8	4	4	<i>Epi, NAHP, HA(2)</i>
Medical	MD	416	340	76	
Dental	DE	201	170	31	
Pharmacy	PH	84	53	31	
Dietitians	HW	57	54	3	
Environmental Health	HW	119	109	10	
Laboratory Technicians	HW	134	106	28	
Physiotherapists	HW	35	28	7	
X-ray Technicians	HW	65	63	2	
Occupational Therapist	HW	1	1	0	On secondment
Bio-medical Technicians	ES	10	8	2	
Supervisor HG – Hospital Services	ES	5	4	1	
Orthontist	HW	1	1	0	
Domestic & Institutional Services	TG	24	12	12	
Information Technology	IT	9	5	4	
Library Services	IR	3	3	0	
Welfare Services	HW	3	1	2	
Stores	SK	31	22	9	
Telephone Operator	SS	10	7	3	
Accounting Officers	AC	20	15	5	
Administration Support	SS	162	135	27	
Statistical services	SS	13	8	5	
Reporting/Typing	SS	52	36	16	
Nursing	NU	1,981	1,691	290	
	<b>TOTAL</b>	<b>3452</b>	<b>2881</b>	<b>571</b>	

#### 4.2.1 Postings and Transfers:-

A total of eight hundred and sixty-five (865) posting orders were dispatched to respective staff of the Ministry in 2009. A breakdown list of each of the cadres is as follows:

Table 17: Posting & Transfers of staff 2009

<b>No.</b>	<b>Cadre</b>	<b>Total Posting Orders</b>
1.	Doctors	145
2.	Nursing	360
3.	Oral Health	47
4.	Pharmacy Staff	16
5.	Dietitians	14
6.	Environmental Health	37
7.	Laboratory Staff	28
8.	Radiographers	8
9.	Physiotherapists	14
10.	Corporate Staff	154
11.	GWE	42
	<b>TOTAL</b>	<b>865</b>

#### 4.2.2 Acting Appointments:

Processing of acting appointments was delegated to the Unit wef. 3<sup>rd</sup> Qtr. 2009. The total number of acting appointments for nursing staff been processed for the 3<sup>rd</sup> and final quarter of 2009 is as tabled below:

Table 18: Nursing Staff on Acting Appointments, July to December 2009

<b>No.</b>	<b>Hospital / Division</b>	<b>3rd Qtr (July-Sept)</b>	<b>4<sup>th</sup> Qtr (Oct-Dec)</b>
1.	CWM Hosp.	60	59
2.	Cent/East Div.	35	34
3.	Lautoka Hosp.	38	40
4.	Western Div.	24	26
5.	Labasa Hosp.	19	21
6.	Northern Div.	18	8
7.	St. Giles Hosp.	10	10
8.	Tamavua-Twomey Hosp.	3	3
	<b>TOTAL</b>	<b>207</b>	<b>201</b>

#### 4.2.3 Voluntary Attachments:-

A total of **thirty-eight (38)** applications for voluntary practical work attachments in Administration, Accounts, IT, and Maintenance Units of the Ministry were processed in 2009. The applicants were attached to various divisional offices and hospitals to gain work experience and skills up to a maximum period of six (6) months.

Table 19: Attrition of Personnel by Profession & Mode

<b>Modes</b>	<b>US[SES]</b>	<b>Doctors</b>	<b>Dental</b>	<b>Nurses</b>	<b>Pharmacy</b>	<b>Parameds</b>	<b>Admin &amp; Others</b>	<b>GWEs</b>	<b>Total</b>
Resignation	2	24	8	40	5	27	12	18	136
Retirement	7	6	13	112	2	12	33	176	361
DTHR	-	1	1	10	-	6	2	8	28
Termination							1	2	3
Deceased			1	3			3	3	10
<b>Total</b>	<b>9</b>	<b>31</b>	<b>23</b>	<b>165</b>	<b>7</b>	<b>45</b>	<b>51</b>	<b>207</b>	<b>538</b>

### 4.3 Training and Development

**Table 20: In -service Training Activities for 2009**

a)

Local In-Service Programs and Sponsors						
	Type of students		Sponsors			
Program	New	Con't	MOH	FAB	WHO	AUSAID
Master in Public health		4	4			
Master in Anesthesia		5	5			
Master in Medicine - Internal Medicine		4	4			
Master in Medicine - Paediatrics		5	5			
Master in Obs & Gynae		2	2			
Master in Surgical & Orthopedic		6	6			
Bachelor in Medical Laboratory Science		7	4		3	
Bachelor in Environmental Health	2		2			
Bachelor in Dental Surgery	2			2		
Postgraduate Diploma in Eye Care						
Postgraduate Diploma in Surgery	3		3			
Postgraduate Diploma in Anaesthesia	1		1			
Postgraduate Diploma in Paediatrics	4		4			
Postgraduate Diploma in Ophthalmology						
Postgraduate Diploma in Obs & Gynae	4		4			
Postgraduate Diploma in Surgical & Orthopedic	2		2			
Postgraduate Diploma in Accident & Emergency	2		2			
Postgraduate Diploma in Internal Medicine	1		1			
Postgraduate Diploma in Public Health	1	1	1			1
Postgraduate Certificate in Health Service Management	1		1			
<b>FIT / USP</b>						
Advanced Diploma in Industrial Relations and Human Resource Management, FIT			2			
Diploma in Frontline Management Course, FIT (Samabula Campus)						51
<b>Total Summary</b>						

B)

OVERSEAS TRAINING		
Programmes	SLWP	SLWOP
<b>Full Time studies</b>		
Intro Academic Program [IAP] & Masters of Laboratory Science Training Program, Australia	1	
Masters in Nutrition & Dietetics, University of Queensland, Australia	1	
Master of Nursing Science in Nursing Administration, Thailand	1	
Graduate Public Health Leadership for International Student, Japan	1	
Postgraduate Diploma of Eye Care, FSMed	1	
Master in Dental Surgery, University of Otago, NZ	1	
Bachelor in Sports and Exercise Program, University of Sunshine Coast, Australia	1	
Bachelor of Commerce, Management & Public Administration, USP	1	
Postgraduate Diploma in Management & Public Administration, USP, Fiji	1	
Advanced Diploma in Industrial Relations and Human Resource Management, FIT	1	
Diploma in Office & administration { management]	1	
Advanced Diploma in Industrial Relations and Human Resource Management, FIT	1	
Master in Public Health Programme, Northumbria University UK		1
<b>Part time Studies</b>		
Diploma of Community Welfare Works, Australian Pacific Training College	1	
Master in Ophthalmology, FSMed	1	
<b>Total</b>	<b>14</b>	<b>1</b>

c)

2009 Courses /Attachments 2009	No. of attaché
Attachment at the St John of God Private Psychiatric Hospital, NSW, Australia	2
(FHSIP)Clinical Placement, Australia	2
Attachment on HIV Medicine, Australia	2
Clinical Attachment of Integrated Management of Childhood Illness for Pre-Service Training, Manila, Philippines	1
Study Attachment on Air-Port & Sea Boarder Control, Hong Kong	1
The Midwives Clinical Attachment, New Zealand	2
Overseas Attachment in Advanced Surgical Training, Palmerston North Hospital (08/12/08 - 06/12/09)	1
<b>TOTAL</b>	<b>11</b>

## 4.4 Employee Relations

In 2009, a total of 76 disciplinary cases were received by the Ministry, most of which were cases reported in the 2008 Audit report. Of these, 66 cases had been dealt with and closed whilst 3 are still pending as at December of 2009 and 7 are being handled by the Police.

**Table 21: Summary of Disciplinary Cases handled in 2009**

1	<b>Number of cases received</b>	<b>76</b>
2	Pending Cases	3
3	Police 7 Finance cases	7
4	No. of cases closed	66

Despite the reduction in the number of disciplinary cases over the last 3 years, the need is still there to establish a proper ER unit with its human resources to tackle the growing number of cases reported in the Audit Report and other disciplinary issues arising from the Union or other stakeholders.

## 4.5 Infrastructure

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

- Maintenance work continued to be implemented during the year with a total budget of \$7.06 m. These works included urban and subdivisional hospitals and institutional quarters, health centers and nursing stations.
- Public Sector Improvement Program projects: The large number of projects undertaken also included the Laundry upgrading project whereby new laundry equipment were purchased for the three divisional hospitals, CWMH, Lautoka and Labasa ,and seven sub divisional hospitals [Nabouwalu, Savusavu ,& Taveuni, Nadi, Ba, Tavua and Rakiraki ].

The Public Sector Improvement Programme (PSIP) projects were:

- Bureta H/Centre Upgrading - 50% complete; C/F for completion in 2010
- Maintenance of Ba Mission Hospital, Ba H/Centre & Nailaga H/centre - funding vired towards purchase of CT Scan machines
- Savusavu Hospital Upgrade of A/E & GOPD - works commenced on 06/08/2009 and is 58% complete; C/F for completion in 2010
- Lakeba Hospital Upgrade of new Pharmacy Extension - 100% complete
- Lomaloma Hospital Upgrade of new Duplex Grade 5 Qtrs - 97% complete; C/F for completion in 2010
- Mualevu N/Station Upgrade of new Grade 6 Qtrs - 80% complete; C/F for completion in 2010
- Rotuma Hospital Upgrade - funding vired for Laundry Upgrading Project
- New Nasau N/Station Project - Phase 1 completed: construction of Grade 6 Qtrs. Phase 2 - construction of clinic to be undertaken in 2010
- Viwa N/Station Upgrade of new Grade 6 Qtrs - Phase 1 completed: construction of Grade 6 Qtrs. Phase 2 - refurbishment of clinic to be undertaken in 2010

According to records from Accounts Section, we exceeded our budget allocation by \$622,091.40 (8.8%), which indicated the large number of projects undertaken including the Laundry upgrading project that saw the purchase of new Laundry equipment for CWMH, Lautoka and Labasa hospitals; Nabouwalu, Savusavu & Taveuni subdivisional hospitals in the Northern Division and Nadi, Ba, Tavua & Rakiraki subdivisional hospitals for the Western Division. The Laundry upgrading project is to be completed in 2010.



For Capital Purchases; a new Boiler was purchased for CWMH while a new Back-up Generator was purchased for Lautoka Hospital and a new Suction Compressor machine was purchased for Labasa Hospital. Highlights for 2009 included:

1. The opening of the New Wing, Labasa Hospital by the Prime Minister in March after a 4-year delay.
2. The signing of an MoA between the GoF and Govt of PRC for the construction of the new Navua Hospital
3. The opening of the Cath Lab, CWMH by the Minister for Health in October
4. The implementation of the Clinical Services Plan Infrastructure Development Plan to upgrade all old nursing station models (single facility) by constructing new Grade 6 Staff Qtrs. In 2009 this was done for Udu Nursing Station and Coqeloa Nursing Station, Macuata.

#### **4.6 Procurement**

The Fiji Pharmaceutical and Biomedical Supplies (FPBS) is the central procurement agency for pharmaceuticals inclusive of 444 essential medicines and 1186 clinical products that have been categorized into ABC analysis for procurement purposes with a total 2009 operating budget line of \$18.614 million.

FPBS is comprised of five core strategic business units: Inspectorate & Regulatory Affairs; Biomedical Unit; Essential Medicines Authority; Logistics & Warehousing and Corporate Services. In addition the Bulk Purchase Scheme operates on a seeding grant of \$500,000 for bulk transactions with private health care providers; government departments; small island states; individual and tertiary institutions.

**Procurement Unit** has 5 staff led by a senior pharmacist while the ware house has 35 personnel. A review was done for the 5,204 sq m storage capacity for the warehouse in preparation for the consolidation of dental and laboratory commodities. The review included:

- Strengthening of human resources
- Relocation of commodities to other bulk areas
- Relocation of cold chain commodities to respective coolers as per program activities

Capital Purchases included:

- A new boiler for CWMH
- A new back up generator for Lautoka Hospital
- A new suction compressor machine for Labasa hospital
- CT Scanners for Lautoka and Labasa Hospitals.
- Vehicles:
  - Purchased - 1 [\$54,500]
  - Leased vehicles - 14
  - Gift - 1

#### **4.7 Finances**

##### **INTERIM REPORT – 2009**

- 4.7.1 Table 22 indicates the budgetary allocation by geographical division. The allocation to Ministry of Health HQ included Mataika House, Fiji Pharmaceutical Services and Fiji School of Nursing and also accounted for the budgetary allocation for Capital Works and Capital Purchases.

**Table 22: Segregation of 2009 Budget**

<b>GRAND SUMMARY</b>		
<b><u>SEGREGATION OF 2009 BUDGET - CO/HS&amp;RESERVES/NVL/FPS/FSN - CEHS/WHHS/NHS</u></b>		
<b><u>Division</u></b>	<b><u>Total Budget</u></b>	<b><u>% over Total</u></b>
		<b><u>Health Budget</u></b>
HQ/RESERVES/NVL/FPS/FSN	53,887,462	30.01%
Divisional Medical Officer Central/Eastern	50,139,131	27.93%
Divisional Medical Officer Western	29,296,294	16.32%
Divisional Medical Officer Northern	18,741,613	10.44%
<b>Total Health Budget 2009</b>	<b>152,064,500</b>	<b>100.00%</b>

**Table 23: Proportion of Health Budget over National Budget**

<b>Year</b>	<b>Health Budget</b>	<b>National Budget</b>	<b>% over Total Budget</b>
2009	152,064,500	1,715,225,400	8.86%

The total Health Budget for the year was \$152,064,500.00, which was 8.86% of the National Budget.

With a review of the budget in October 2009, a total of **\$3million** was taken out of Seg 1- Established Staff, which reduced the Budget to **\$149,064,500**.

**Table 24: Revised Budget October 2009**

<b>Year 2009</b>	<b>MOH Budget \$million</b>	<b>Personnel Emoluments Est &amp; GWE</b>	<b>Goods &amp; Services Operating Expenditure</b>
MoH	149,064,500	82,614,858	39,903,527

Based on the revised budget as per Table 24, approximately 55.42% of the annual budget was utilised on Personnel Emoluments and 26.77% was spent on goods and services.

**Table 25: Comparative Annual Budget [2005 – 2009]**

<b><u>Year</u></b>	<b><u>National Budget</u></b>	<b><u>Health Budget</u></b>	<b><u>% of Health Budget Over National</u></b>
2005	1,424,484,200	136,880,800	9.61%
2006	1,548,662,900	147,062,300	9.50%
2007	1,390,436,200	150,822,000	10.84%
2008	1,527,907,000	140,234,100	9.18%
2009	1,715,225,400	149,064,500	8.86%

Figure 2: Comparative Annual Budget [2005 – 2009]

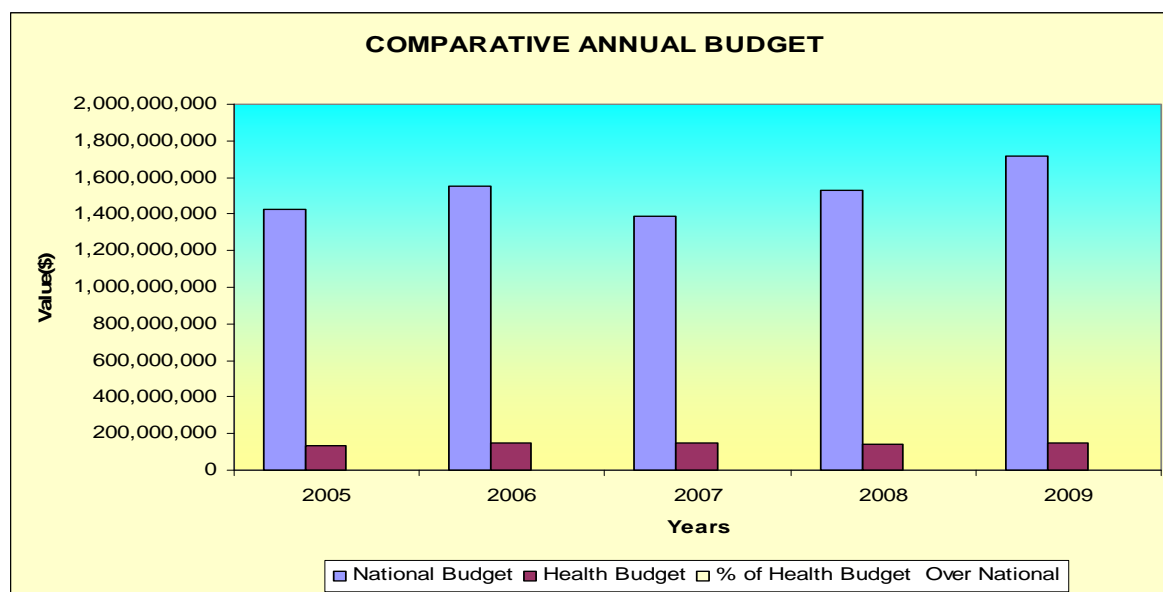
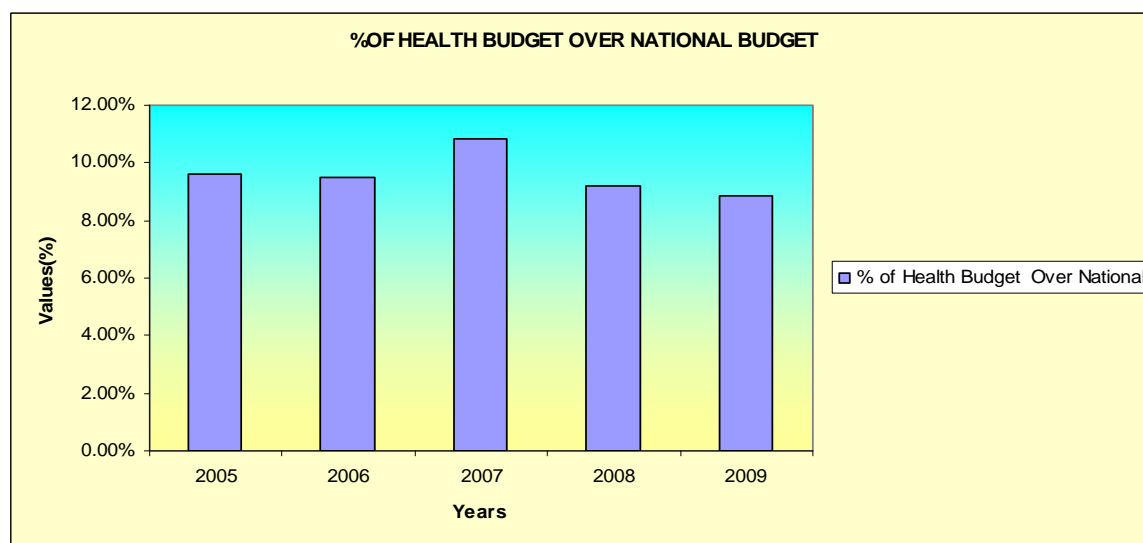


Figure 3: Percentage of Health Budget over National Budget



## REVENUE (Interim Report)

**Table 26: Revenue Collected, 2009**

No.	Description	Total Revenue Collected
1	Fumigation and Quarantine	<b>156,922.54</b>
2	In-Patient Fees(Paying Ward)	254,025.56
3	In-Patient Fees(Public Ward)	4,456.11
4	X-Ray Fees	190,420.35
5	Laboratory Fees	25,957.20
6	Dental Fees	249,258.70
		<b>724,114.92</b>
	<b>Miscellaneous i.e.</b>	
7	Ambulance Fees	111,660.64
	Eye Department, Medical Report	
	Notification of Birth, Death,	
	Registration, etc	
8	Crutches	4,133.61
9	Fiji School of Nursing	909,369.18
	<b>Grand Total</b>	<b>\$1,906,200.89</b>

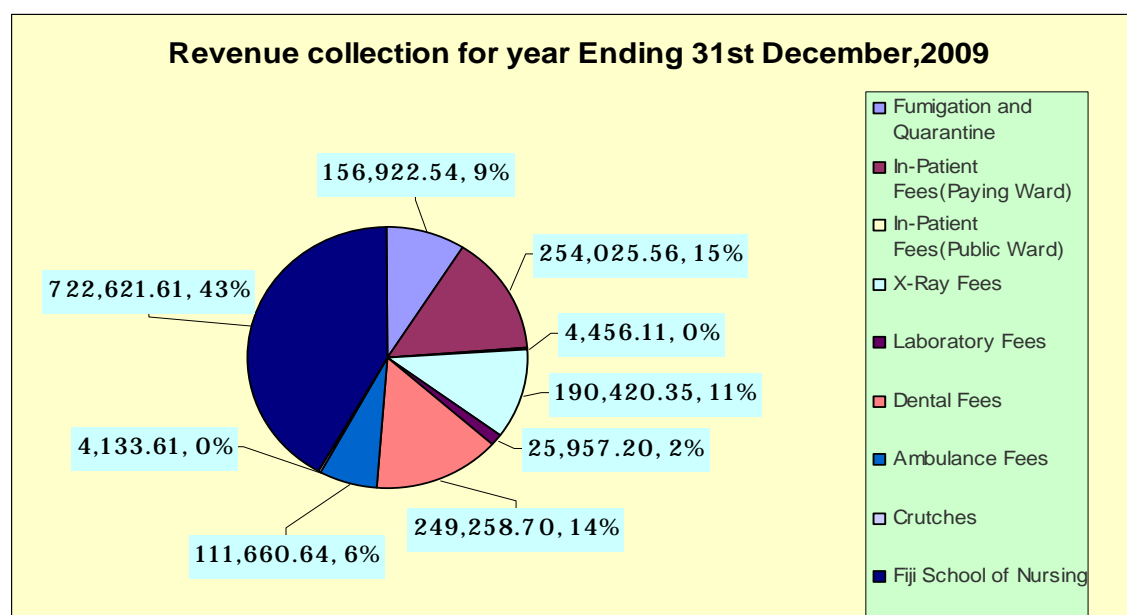
### Explanatory Notes:

The above **REVENUE** figure was extracted from the December Interim Report showing an increase in collection from 2008.

Our revenue are targeted at addressing the challenges on,

- (a) systematic follow-up communication with debtors for overdue accounts
- (b) strengthening of revenue collection through improved compliance and facilitating efficient and effective collection practices

*Figure 4: Revenue Collected, 2009*



**Table 27: Total Revenue as A Percentage Of Budget Allocation 2004-2009**

Year	Budget Allocation	Total Revenue	% Revenue over Budget
2005	149,963,100	1,335,619.00	0.89
2006	147,062,300	1,237,262.00	0.85
2007	150,822,000	1,872,305.00	1.24
2008	140,234,100	2,020,650.00	1.44
2009	149,064,500	<b>1,719,023.45</b>	1.15

This table highlights the trend of revenue collection for the last five (5) years.

#### **4.7.2 STATEMENT OF EXPENDITURE AS AT 31ST DECEMBER, 2009**

**Table 28: Statement of Expenditure, 2009**

EXPENDITURE Description	Ministry Budget 2009	Ministry Expenditure 2009
<b>Operating Expenditure</b>		\$
Established Staff	68,195,600	69,569,027
Un-established Staff	14,419,258	14,675,469
Travel & Communication	3,134,100	3,161,283
Maintenance & Operation	8,492,475	8,801,859
Purchase of Goods & Services	21,216,418	24,633,063
Operating Grants & Transfers	3,351,000	3,126,611
Special Expenditure	3,709,534	2,663,230
<b>Total Operating Expenditure</b>	<b>122,518,385</b>	<b>126,630,543</b>
<b>Capital Expenditure</b>		
Capital Construction	5,051,368	5,573,608
Capital Purchase	14,685,237	17,200,651
Capital Grants & Transfers	140,000	140,000.00
<b>Total Capital Expenditure</b>	<b>19,876,605</b>	<b>24,522,498</b>
Value Added Tax	6,669,500	6,293,158
<b>TOTAL EXPENDITURE</b>	<b>149,064,490</b>	<b>155,837,958</b>

#### **Overspent provision**

Over-expenditure by the Ministry in 2009 comes after a period of 5 years wherein the Ministry of Health had maintained expenditures within the budgeted provision. Brief explanations on the areas of expenditures are detailed below:

**Seg 1 – Established Staff** – Ministry of Finance reduced the salary staff budget by \$3million in October hence an **overspent provision of \$1.3m at the end of the year.**

**Seg 2 – GWE** - A negative variance of an amount of \$256k was reflected in the GWE Allocation due to Hospital staff and drivers overtime during the natural disasters in January and December.

**Seg 4 – Maintenance & Operation** - Overspent provision was also seen in the Maintenance and Operation Allocation (**\$313k**) due to increases in cost of fuel, maintenance and spare parts for vehicle, air and sea passage, meals and hotel accommodation for traveling official, power supply, cooking Gas,

stationery and printing and other cost factors within the line items for Urban Hospitals and Sub Divisional Hospitals which are unavoidable.

**Seg 5 – Purchase of Goods and Services** - The Laboratory and other expenditure in Seg 5 highlights a negative variance of **\$3.41m**. The overspent 2009 budget was to cover the projected laboratory service, based on Laboratory returns (statistics 2008). **The lab itself is in no position to reduce its service**, but to try and fulfill the requirements of clinicians. Reductions will have to come from the end users who are the clinical doctors.

**Seg 8 - Capital Construction** – About \$522k was overspent in this allocation

**Seg 9 – Capital Purchases** - The total virement of funds from various allocations to supplement the provision of \$4,946,100 in Seg 9 was \$9,727, 222 and in total it was **\$14.673, 322** The expenditure arrived at a total of **\$17.2m which highlights a negative variance of \$2.5m** and this is well justified through purchase of Replacement Bio Medical Equipments for Urban Hospitals, phases 1 to 4. Purchase of X-Ray Machines and New Boilers for Lautoka, Purchase of Laundry Machines for MoH Institutions, Purchase of CT Scanner for Labasa & Lautoka, and also for the spare parts. The Bio Medical Engineering Unit were able to procure most of the Hospital equipments through Capital Purchase allocation and also by way of virements from within our budget to accommodate the needed replacement equipments. Most of the Indents placed in 2008 were received in 2009 which also contribute to the increase expenditure in this allocation.

#### **4.7.4 Audited Finance Statement**

While the Auditor-General's Report (refer below) had stated the audit was for the Ministry of Health, Women & Social Welfare it is appropriate to note that a Cabinet decision in January 2009 saw the separation of the Ministry of Health and the Department of Women & Social Welfare.

With the implementation of the separation, the Ministry of Health had a total of ten (10) outputs, which were reflected in the Ministry's 2009 Annual Corporate Plan. These 10 outputs were funded through the four (4) budgetary programme allocations set by the Ministry of Finance, which are:

1. Programme 1 - Policy and Administration  
This covers both general administration at headquarters together with research confined to virus typing, vector control, filariasis control and surveillance of HIV/AIDS.
2. Programme 2 - Medical Services  
This covers all activities including drugs and other supplies, associated with patient care in urban and subdivisional hospitals, health centres and nursing stations. Areas targeted include Maternal Child Health, Non-Communicable Disease [NCD] and Communicable Disease [CD] prevention, Family Planning, Pollution Control and Rural health services.
3. Programme 3 - Health Education and Training  
This programme looks at capacity building for medical, nursing, clinical support, dental and allied health personnel at Fiji School of Medicine and Fiji School of Nursing.
4. Programme 4 – Institutional Services  
This programme provides for the operation of the three (3) elderly care homes (Old Peoples Home) at Samabula, Suva and Natabua, Lautoka and Labasa.



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



ACCOUNTABILITY IN THE PUBLIC SERVICE SECTOR THROUGH QUALITY AUDIT SERVICES

**INDEPENDENT AUDIT REPORT**

**To: The Minister of Health, Women and Social Welfare**

**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, Women and Social Welfare for the year ended 31 December 2009, as set out on pages 6 to 24. The financial statements comprise the following:

- (i) Statement of Receipts and Expenditures;
- (ii) Statements of Output Costs;
- (iii) Appropriation Statement; and
- (iv) Statement of Losses;

The Ministry of Health, Women and Social Welfare is responsible for the preparation and presentation of the special purpose financial statements and the information contained therein. I have conducted an independent audit of these special purpose financial statements in order to express an opinion on them to the Minister.

My audit was conducted in accordance with the Fiji 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 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 policies in Note 2, the Audit Act and the Financial Management Act, so as to present a view which is consistent with my understanding of the financial performance of the Ministry of Health, Women and Social Welfare for the year ended 31 December 2009.

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

**Qualifications**

All the account balances in the TMA for the Bulk Purchase Scheme under the Ministry of Health do not agree to the balances stated in the general ledger (FMIS).

The overall impact of these variances is an overstatement of Assets by \$209,988, understatement of Liabilities by \$177,271, understatement of Expenses by \$22,148, understatement of Revenue by \$140,347 and overstatement of Equity by \$378,327 in the general ledger as at 31 December 2009.

**Qualified Audit Opinion**

In my opinion, except for the matter discussed in the qualification paragraph, the special purpose financial statements present fairly, in accordance with the accounting policies stated in Note 2, the financial performance of the Ministry of Health, Social Welfare and Women for the year ended 31 December 2009.

Without further qualification, I draw attention to Note 2 (c) of the financial statements which describes the inability of the Ministry to accurately determine the actual costs under each Budget Output. The Ministry had fifteen outputs under the 2009 Budget, out of which only fourteen outputs were prepared.

Tevita Bolanavanua  
**AUDITOR GENERAL**



Suva, Fiji  
22/09/10



MINISTRY OF HEALTH, WOMEN AND SOCIAL WELFARE

MANAGEMENT CERTIFICATE

We certify that the financial statements:

- (a) fairly reflect the financial performance of the Ministry Of Health, Women And Social Welfare for 2009; and
- (b) have been prepared in accordance with the requirements of the Financial Management Act 2004, the Finance Instructions and Finance Circular 16/2006.

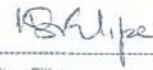


Ms. Salanieta Saketa

*Permanent Secretary*  
Ministry of Health

Date: 7/9/10





Ms. Nina Filipe

*Acting Principal Accountant*  
Ministry of Health

Date: 08/9/10

# *Section 5*

# *Obituary*

## SECTION 5 OBITUARY

We express our deepest sympathy to the families and friends of our dear colleagues who have passed on during the year. They have served the government and the people of Fiji with dedication and sacrifice.

1. **Mr Simone Navulase [fnpf.MH 733]**, Watchman, Fiji School of Nursing had served for 7 years.
2. **Ms Amelia Ravutugaga [EDP. 59706]**, Dental Therapist, CWM Hospital had served for fourteen [14] years.
3. **Jone Navale, Project Officer IT**, Headquarters had served for 3 years.
4. **Mr Vijay Prasad[FL 419]**, Labourer, Raiwaqa Health Centre had served for 34 years.
5. **Mrs Alisi Manulevu[EDP 31354]**, Senior Tutor, Fiji School of Nursing had served for 30 years.
6. **Mrs Akesa Moroca[EDP 17298]**, Clerical Officer, Headquarters had served for 34 years.
7. **Mrs Rosi Tuburuarua[EDP 31475]**, Staff Nurse in Nausori Maternity Unit had served for 14 years.
8. **Mr Mataiasi Waqa [OK 661]**, Driver, Fiji School of Nursing had served for 12 years.
9. **Ms Amelia Kurunawai[33629]**, Staff Nurse, CWM Hospital had served for 5 years.
10. **Mr Inoke Ratulo[EDP 59167]**, Domestic Assistant[Laundry], Lautoka Hospital had served for 15 years.

May their souls Rest in Peace.

# *Section 6*

## *Conclusion*

## SECTION 6 CONCLUSION

2009 has been a year of many challenges as implementation of planned activities was stalled by the changes brought about in the first half of the year. The mandatory retirement of officers reaching the age of 55 years left a huge gap in the senior and middle management levels. These were acutely felt in the nursing division, administrative cadre and the government wage earners.

The senior executives affected included the Director Corporate Services, Director Nursing and Director Primary and Preventive Health Services. There was a quick turnover of personnel holding the Director Pharmaceutical and Biomedical Services position during the year, with the incumbent being the third.

Our budget allocation was overspent after five years as we needed to replace old and non-functioning medical and other essential equipment that were over 10 years old and also buy CT Scanners for the radiology units in Lautoka and Labasa hospitals.

Human resources for health continues to be a big challenge for us as we lose our trained professionals to other countries that offer better conditions of work. The merger of the two Tertiary Institutions Fiji School of Medicine and the Fiji School of Nursing under the Fiji National University has relieved the Ministry of Health from its responsibility for pre service training of its workforce although we still have to provide the practical clinical training at the three teaching hospitals.

The millennium development goals remain a challenge as we strive to reach our targets.

Addressing the double burden of communicable diseases epidemics and non-communicable diseases continues to be our number one priority and we are indebted to our partners; WHO, UNICEF, UNFPA, AusAID, JICA and NZODA and KOICA for their continued support and assistance.

Despite the challenges and setback encountered during the year, our staff continued to persevere to perform their duties to the best of their ability. They have demonstrated that to work for the Ministry of Health provides them the opportunity to serve and care for the people of Fiji and guide them to be healthier.

*May God continue to guide and bless us as we bless others with our services.*

# *Section 7*

## *Acknowledgement*

## SECTION 7 ACKNOWLEDGEMENT

The Ministry of Health gratefully acknowledges the many countries and organizations for the tremendous financial and technical support during the year. Special thanks are due to the central agencies, OSC, Ministry of Finance and National Planning and other government ministries and departments. The Ministry is also indebted to the thousands of staff, professionals, managers, and consultants, clerical, technical and government wage earners and our senior executives for the services and dedication, despite the constraints and hurdles.

### 1. Countries

- Australia
- Canada
- Peoples Republic of China
- Japan (JICA)
- New Zealand
- South Korea (KOICA)
- Republic of China (Taiwan)
- India
- United Kingdom
- United States of America
- Sri Lanka
- South Pacific Islands
- Mongolia

### 2. Commonwealth and United Nations Agencies

- World Health Organisations (WHO)
- United Nations Development Program (UNDP)
- United Nations Fund for Populations Activities (UNFPA)
- United Nations International Children's Emergency Fund (UNICEF)
- Food and Agricultural Organisation (FAO)
- Commonwealth Fund for Technical Co-operation
- International Telecommunication Union (ITU)

### 3. Partner Hospitals and Institutions

- Seventh Day Adventist Hospital - Sydney
- Beeve Foundation
- VOSO Foundation
- International Lions Eye Care
- Vision 2020
- Medical Ministry International
- Marine Reach
- Interplast Team of the Royal Australasian College of Surgeons
- Shriners Hospital for Children, Hawaii
- SCRIPPS of USA
- Chennai Hospital, Indian
- Starship Hospital – Auckland
- Sandringham Hospital – Victoria

### 4. Local Institutions, Regional and International Universities and Organizations

- Aids Task Force of Fiji
- Fiji Institute of Architecture
- Fiji Institute of Civil Engineers
- Fiji Cancer Society
- Fiji College of General Practitioners

- Fiji Council of Social Services
- Pacific Islands Forum Secretariat
- Methodist Church
- Roman Catholic
- Pacific Eye Institute
- Care Giver International
- Fiji Red Cross Society
- Fiji Medical Association
- Fiji School of Medicine
- Fred Hollows Foundation
- Kidney Foundation of Fiji
- Marie Stopes International
- New Zealand Lepers Trust Board
- Responsible Parenthood Council
- Reproductive and Family Health Association of Fiji
- Sasakawa Peace Foundation
- Secretariat of Pacific Community
- Secretariat for the Pacific Islands Applied Geoscience Commission
- Soqosoqo Vakamarama
- Tokai University
- University of the South Pacific
- James Cook University – Queensland
- Fiji Nursing Association (FNA)
- RANZCOG
- Fiji Dental Association
- Dietetics Association
- Physiotherapy Association
- Laboratory Association
- X-Ray Association
- FNPF
- National Health Promotion Council
- NCOPS
- National NCD Committee
- MoHWSW&PA Annual Report 2008 93
- St John Ambulance
- ANZ Bank
- Holiday Inn
- Amrit Property Group
- Fiji Human Rights Commission
- Rotary Club of Lautoka
- Republic of Fiji Military Forces
- Fiji Police Force
- Fiji Prisons & Correction Services
- School of Economics, USP
- Indian High Commission
- National Council of Women
- Public Employees Union
- Viti National Union of Taukei Workers
- Fiji Public Service Association



- National Union of Public Workers
- Vodafone
- National Colonial Bank
- Vatukoula Community Consultative Committee
- Save the Children Fund
- Women's Crisis Centre

#### **5. Statutory Bodies and Boards**

Boards of Visitors to various Hospitals, Health Centres and Old People's Home  
 Central Board of Health  
 Pharmacy and Poisons Board  
 Fiji Dental and Medical Board  
 Nurses, Midwives and Nurse Practitioners Board  
 Rural and Local Authorities  
 FSM Council  
 Fiji National Council of Disabled Persons

# *Section 8*

# *Appendices*

## SECTION 8 APPENDICES

### 8.1 Trends of Health Statistics.

#### a) Millennium Development Goal Indicators for Health Services in Fiji

Goal 4 Reduce Child Mortality Rate	Year	Percentage
Under 5 Mortality Rate	2007	22.4
	2008	23.6
	2009	23.2
Proportion of 1 year old immunized against measles	2007	80.6
	2008	93.9
	2009	71.7
<i>2015 – Reduce by 2/3 between 1990 and 2015 the under 5 mortality National target: Reduce IMR from 26 to 20 per 1000 live births</i>		
<b>GOAL 5 Improve Maternal Health</b>		
Maternal Mortality ratio per 100,000 live births	2007	31.1
	2008	31.7
	2009	27.5
<i>2015 – Reduce by ¾ MMR between 1990 and 2015</i>		
<b>GOAL 6 Combat HIV/AIDS &amp; Other Diseases</b>		
HIV/AIDS prevalence among 15 – 24 year old pregnant women	2007	0.07
	2008	0.02
	2009	0.02
Contraceptive prevalence rate among population of child bearing age	2007	43
	2008	44.7
	2009	28.9
Proportion of TB cases detected & cured under DOTS	2007	88
	2008	93
	2009	80%
<i>2015 – Have halved and begun to reverse the spread of HIV/AIDS and other diseases</i>		

## b) National Cumulative Data on HIV Infections

### HIV BY GENDER, RACE, AGE GROUPS, AND MODE OF TRANSMISSION FROM YEAR 1989 - 31st December, 2009.

	TOTAL	SEX		RACE			MODE OF TRANSMISSION						AGE GROUPS							
	Total	Male	Female	Fij	Ind	Oth	Hetro	Homo	Trans	IV Drug	Peri	ukn	0-9	10-19	20-29	30-39	40-49	50-59	60+	Ukn
1989	4	3	1	1	3	0	3	0	1	0	0	0	0	0	2	1	0	1	0	0
1990	3	3	0	2	1	0	3	0	0	0	0	0	0	1	2	0	0	0	0	0
1991	3	2	1	1	2	0	1	1	0	0	1	0	1	0	0	2	0	0	0	0
1992	4	2	2	1	2	1	2	2	0	0	0	0	0	0	2	1	1	0	0	0
1993	3	2	1	3	0	0	1	2	0	0	0	0	0	0	2	1	0	0	0	0
1994	6	5	1	4	1	1	3	2	0	1	0	0	0	0	2	2	2	0	0	0
1995	8	6	2	7	1	0	8	0	0	0	0	0	0	0	3	3	2	0	0	0
1996	4	2	2	4	0	0	3	0	0	0	1	0	1	0	2	1	0	0	0	0
1997	4	4	0	3	1	0	3	0	0	0	0	1	0	0	2	2	0	0	0	0
1998	7	4	3	5	2	0	7	0	0	0	0	0	0	0	4	0	2	1	0	0
1999	12	8	4	9	1	2	8	0	0	0	3	1	3	0	5	3	1	0	0	0
2000	10	5	5	10	0	0	9	0	0	0	1	0	1	0	3	4	2	0	0	0
2001	17	9	8	14	1	2	17	0	0	0	0	0	0	1	9	7	0	0	0	0
2002	26	15	11	24	1	1	25	0	0	0	1	0	1	1	20	2	1	0	0	1
2003	31	18	13	29	2	0	28	0	0	0	3	0	3	0	15	10	3	0	0	0
2004	29	13	16	27	2	0	26	0	0	0	3	0	3	0	12	10	2	2	0	0
2005	29	16	13	22	6	1	26	0	0	0	2	1	2	1	7	12	4	2	1	0
2006	36	18	18	28	4	4	34	1	0	0	1	0	1	3	11	11	5	4	0	1
2007	23	11	12	17	3	3	23	0	0	0	0	0	0	1	15	7	0	0	0	0
2008	31	16	15	25	3	3	27	0	0	0	1	3	2	0	16	8	2	1	0	2
2009	43	19	24	35	6	1	37	0	0	0	5	1	5	1	15	12	5	1	1	3
TOTAL	333	181	152	271	42	19	294	8	1	1	22	7	23	9	149	99	32	12	2	7

Racial count is short by 1 case. Referral lab still to confirm before it can be added to the National Statistics

### c) MORBIDITY SUMMARY LISTING FOR THE YEAR 2009 - BY RACE, SEX AND AGE GROUPS

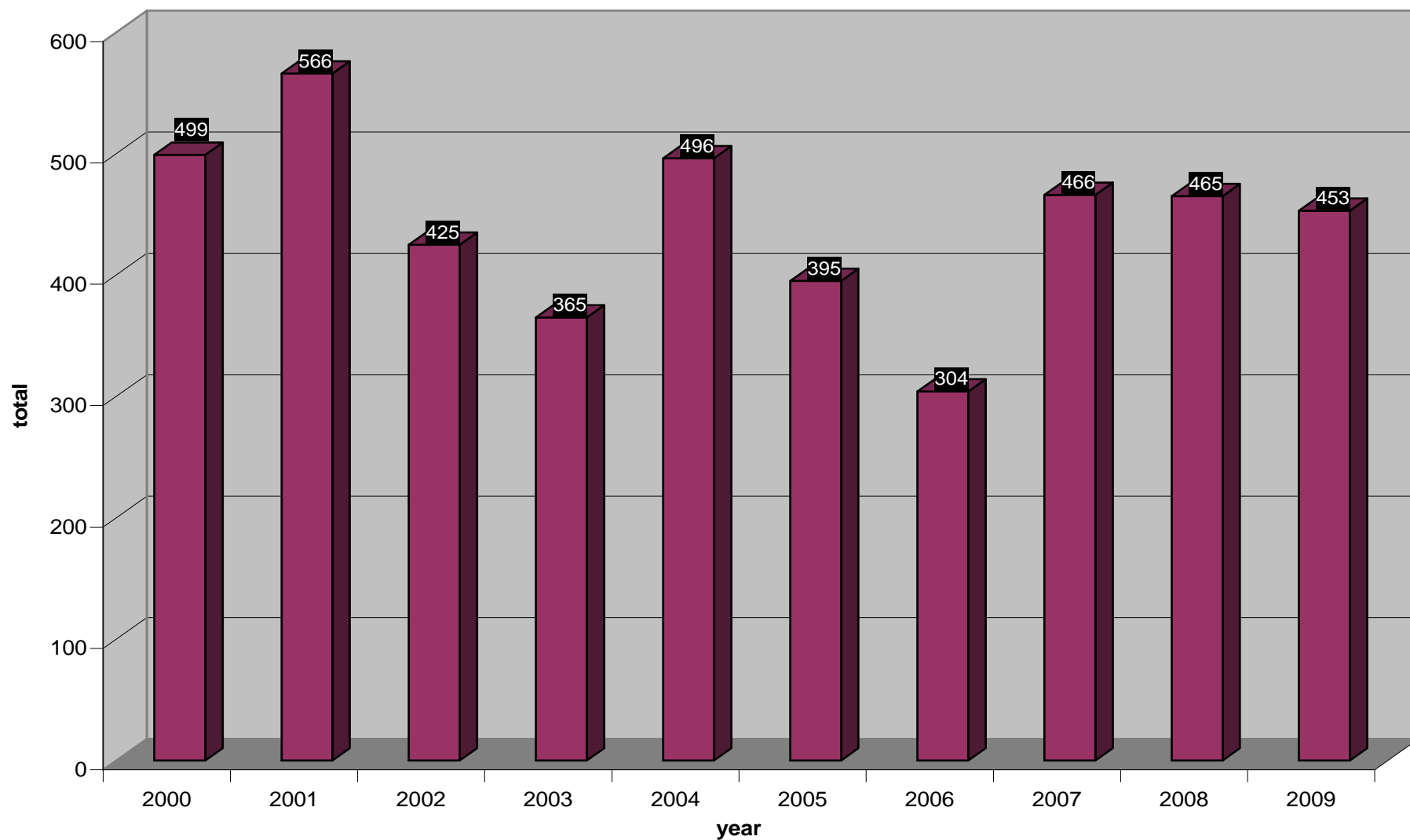
Code Group	Cause Groups	R A C E				S E X		A G E																G R O U P S						Grand Total
		Fijian	Indian	Others	Rotuman	Male	Female	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Unk						
A00-B99	Certain Infectious and Parasitic Diseases	2328	819	225	22	1728	1666	53	273	140	126	201	201	253	194	165	177	279	208	376	176	284	228	60	3394					
C00-D48	Neoplasm	828	634	46	10	306	1212	0	48	8	15	16	18	43	51	128	192	325	197	130	125	110	102	10	1518					
D50-D89	Diseases of Blood and Blood Forming	750	536	43	9	443	895	1	75	44	41	62	127	104	100	59	92	173	103	145	66	55	82	9	1338					
E00-E89	Endocrine,Nutritional and Metabolic Diseases	3053	1820	272	44	2765	2424	13	60	16	4	6	43	31	83	160	301	717	647	1069	766	604	622	47	5189					
F00-F99	Mental and Behavioural Disorders	29	28	8	0	32	33	1	1	2	1	7	2	8	6	6	9	5	4	7	3	1	2	0	65					
G00-G99	Diseases of the Nervous System	213	157	23	4	220	177	7	39	13	5	17	36	16	23	20	33	12	39	26	35	17	43	16	397					
H00-H59	Diseases of the Eye and Adnexa	156	378	16	5	210	345	3	7	2	4	4	6	7	6	7	16	26	52	87	98	92	136	2	555					
H60-H95	Diseases of the Ear and Mastoid Process	23	10	0	0	13	20	1	6	4	12	4	0	1	0	0	1	0	2	0	0	1	1	0	33					
I00-199	Diseases of the Circulatory System	1462	1850	197	15	1876	1648	5	20	19	39	66	41	72	73	135	181	351	405	535	456	455	661	10	3524					
J00-J99	Diseases of the Respiratory System	1252	578	61	5	1070	826	138	362	108	56	70	76	94	75	76	91	113	102	114	89	84	169	79	1896					
K00-K93	Diseases of the Digestive System	1329	1040	88	11	1542	926	8	89	76	120	137	184	195	159	169	175	187	228	212	203	134	153	39	2468					
L00-L99	Diseases of the Skin and Subcutaneous Tissue	1363	477	88	12	1115	825	23	158	122	98	105	104	103	121	112	104	166	149	182	121	114	150	8	1940					
M00-M99	Diseases of the Musculoskeletal System & Connective Tissue	526	169	35	4	484	250	4	44	54	95	45	50	47	34	29	47	42	58	32	55	41	53	4	734					
N00-N99	Diseases of the Genitourinary System	1020	916	88	12	620	1416	5	41	22	13	79	161	130	173	183	226	232	171	128	179	110	158	25	2036					
O00-O99	Pregnancy,Childbirth and the Puerperium	12720	6471	730	158	7	20072	0	0	0	2	1212	5821	6384	3778	2105	712	60	0	4	0	0	1	0	20079					
P00-P96	Certain Conditions Originating in the Perinatal Period	393	124	2	18	260	277	88	14	3	2	0	5	1	1	1	0	0	0	0	0	0	0	422	537					
Q00-Q99	Congenital Malformations,Deformations & Chromosomal Abnormalities	206	128	14	7	200	155	1	111	55	21	25	11	3	8	6	0	1	1	2	2	1	3	104	355					
R00-R99	Symptoms,Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified	527	324	24	3	455	423	40	93	35	27	46	83	65	44	39	37	78	69	48	48	33	68	25	878					
S00-T98	Injury,Poisoning & Certain Other Consequences of External Causes	2479	1649	157	35	3087	1233	11	211	319	311	397	527	520	396	264	271	229	205	191	89	156	214	9	4320					
U50-Y98	External Causes of Morbidity & Mortality	4589	3525	290	94	5965	2533	0	387	706	649	833	897	931	756	509	564	504	417	366	188	288	498	5	8498					
Z00-Z99	Factors Influencing Health Status & Contact with Health Services	7978	3922	471	124	833	11662	5	48	26	37	744	3147	3651	2295	1314	533	129	127	128	88	94	63	66	12495					
	Grand Total	43224	25555	2878	592	23231	49018	407	2087	1774	1678	4076	11540	12659	8376	5487	3762	3629	3184	3782	2787	2674	3407	940	72249					

**d) MORBIDITY SUMMARY LISTING FOR THE YEAR 2009 - BY RACE, SEX AND AGE GROUPS**

No.	Cause Groups	R A C E				S E X		A G E G R O U P S																	Grand Total
		Fijian	Indian	Others	Rotuman	Male	Female	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Unk	
1	Pregnancy,Childbirth and the Puerperium	12720	6471	730	158	0	20079	0	0	0	2	1212	5821	6384	3778	2105	713	60	0	4	0	0	0	0	20079
2	Factors Influencing Health Status & Contact with Health Services	7978	3922	471	124	833	11662	5	48	26	37	744	3147	3651	2295	1314	533	129	127	128	88	94	63	66	12495
3	External causes of Morbidity & Mortality	4589	3525	290	94	5965	2533	0	387	706	649	833	897	931	756	509	564	504	417	366	188	288	498	5	8498
4	Endocrine,Nutritional and Metabolic Diseases	3053	1820	272	44	2765	2424	13	60	16	4	6	43	31	83	160	301	717	647	1069	766	604	622	47	5189
5	Injury,Poisoning & Certain Consequences External Causes	2479	1649	157	35	3087	1233	11	211	319	311	397	527	520	396	264	271	229	205	191	89	156	214	9	4320
6	Certain Infectious and Parasitic Diseases	2328	819	225	22	1728	1666	53	273	140	126	201	201	253	194	165	177	279	208	376	176	284	228	60	3394
7	Diseases of the Circulatory System	1462	1850	197	15	1876	1648	5	20	19	39	66	41	72	73	135	181	351	405	535	456	455	661	10	3524
8	Diseases of the Digestive System	1329	1040	88	11	1542	926	8	89	76	120	137	184	195	159	169	175	187	228	212	203	134	153	39	2468
9	Diseases of the Genitourinary System	1020	916	88	12	620	1416	5	41	22	13	79	161	130	173	183	226	232	171	128	179	110	158	25	2036
10	Diseases of the Skin and Subcutaneous Tissue	1363	477	88	12	1115	825	23	158	122	98	105	104	103	121	112	104	166	149	182	121	114	150	8	1940

e) Reported Cancer for 2000 - 2009

Total Cancer Cases For The Year 2000 - 2009

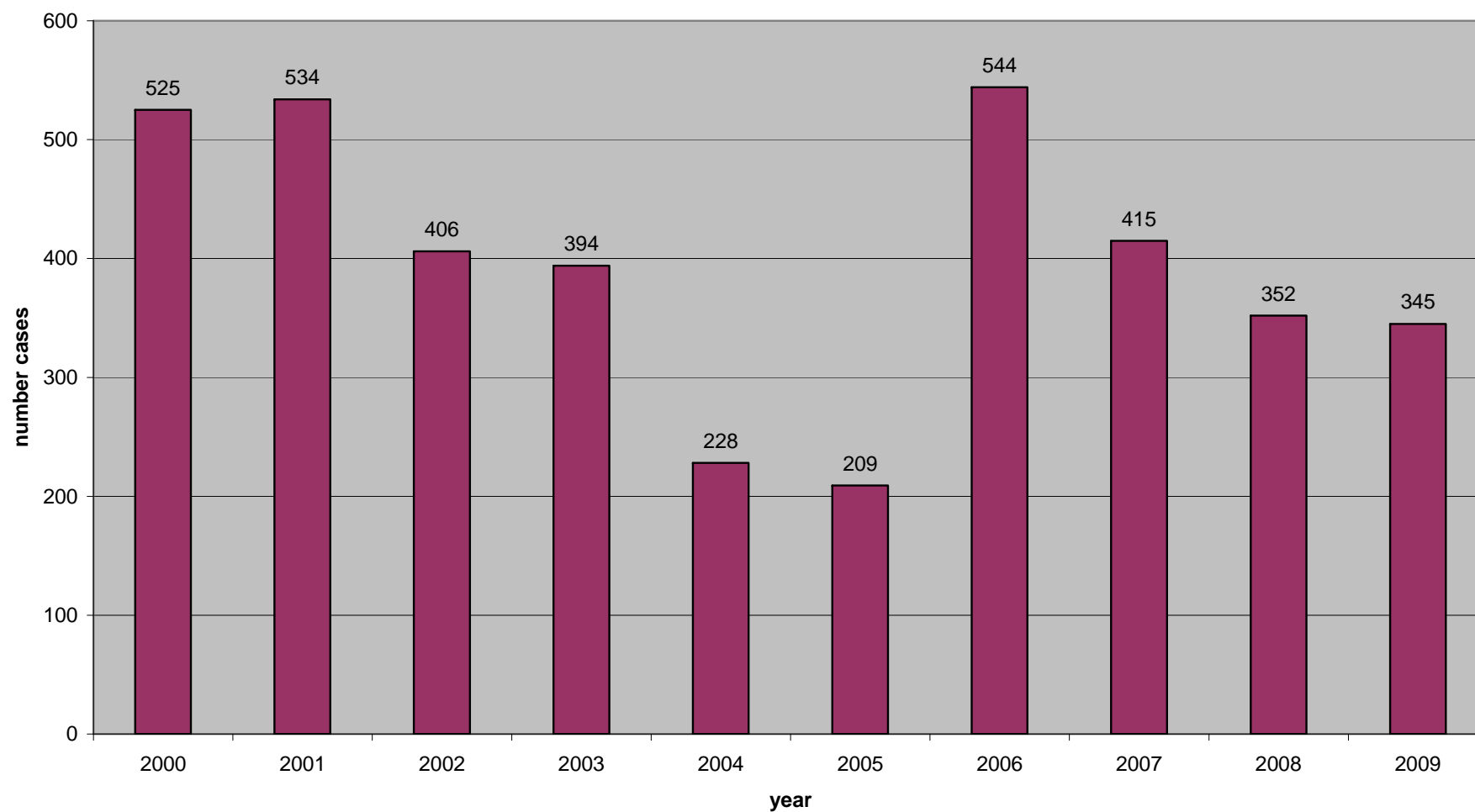


Source: MOH Pathology lab report



**f) Reported Cases of Diabetes Mellitus  
[2000 – 2009]**

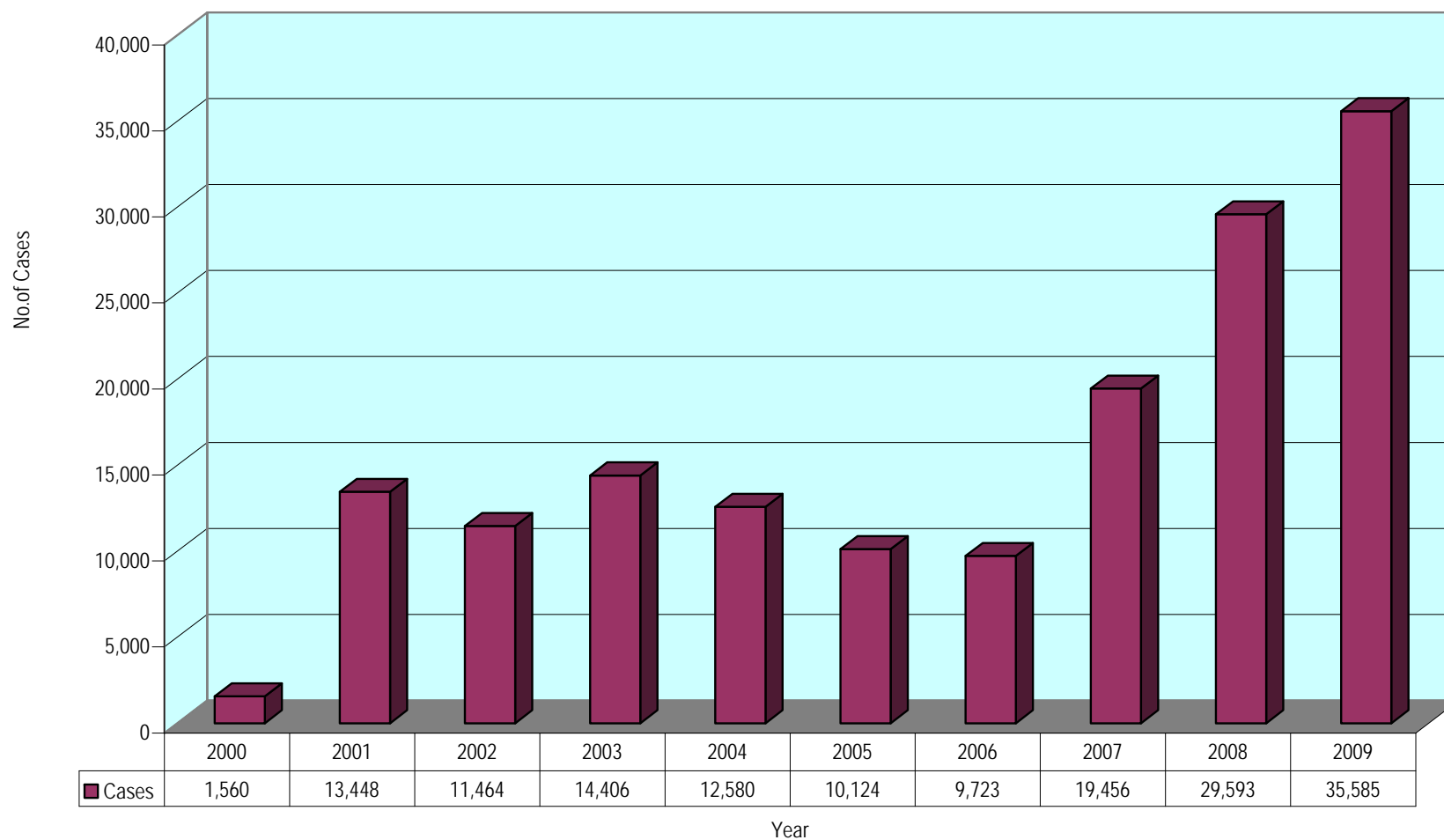
**Total Diabetes Cases for the year 2000 - 2009**



**Source: MOH Diabetes Notification**

**g) Reported Cases of Acute Respiratory cases 2000 - 2009**

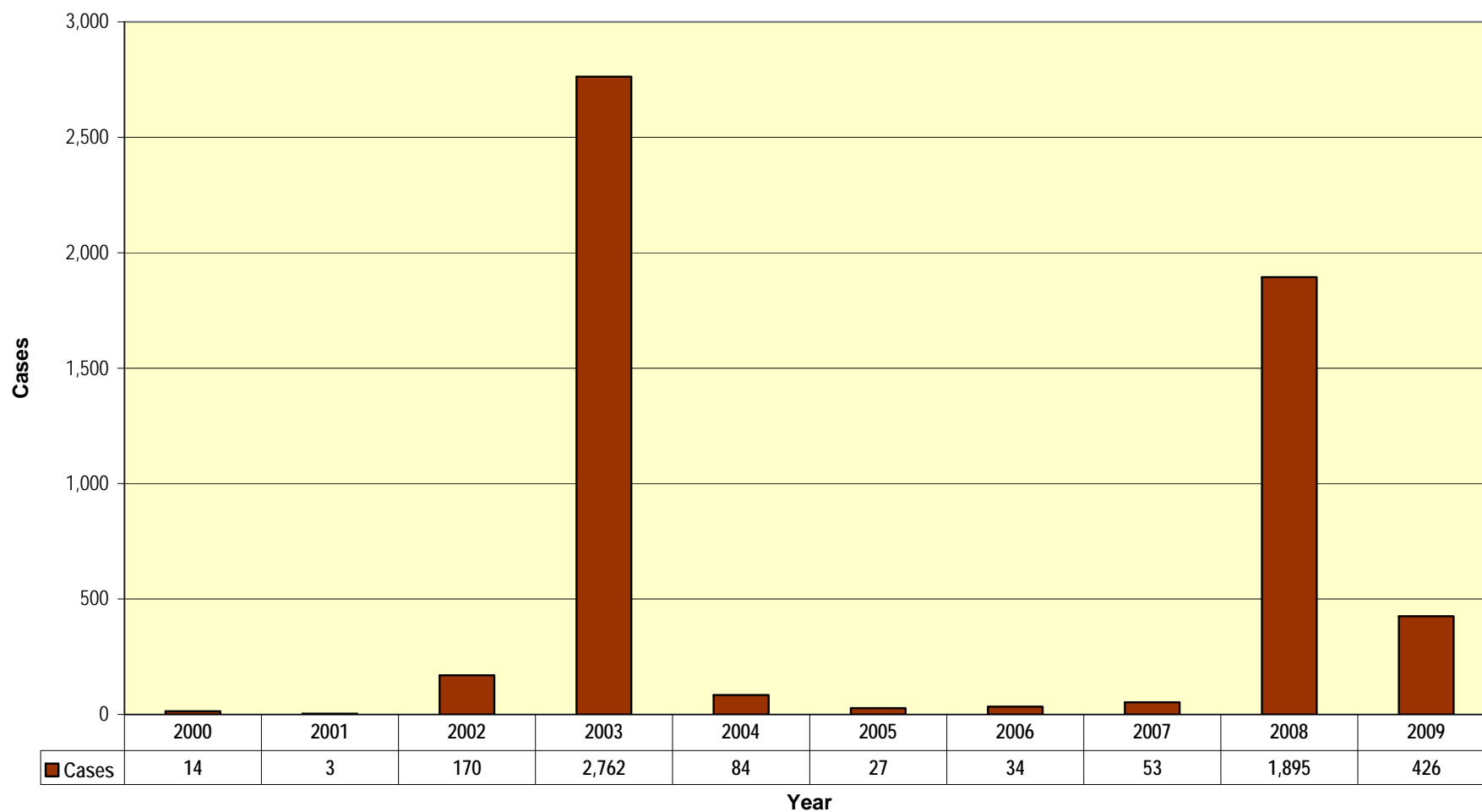
**Total Acute Respiratory Infection Cases 2000 - 2009**



**Source: MOH Weekly Notifiable Report & PATIS**

h) Reported Cases of Dengue Fever 2000  
- 2009

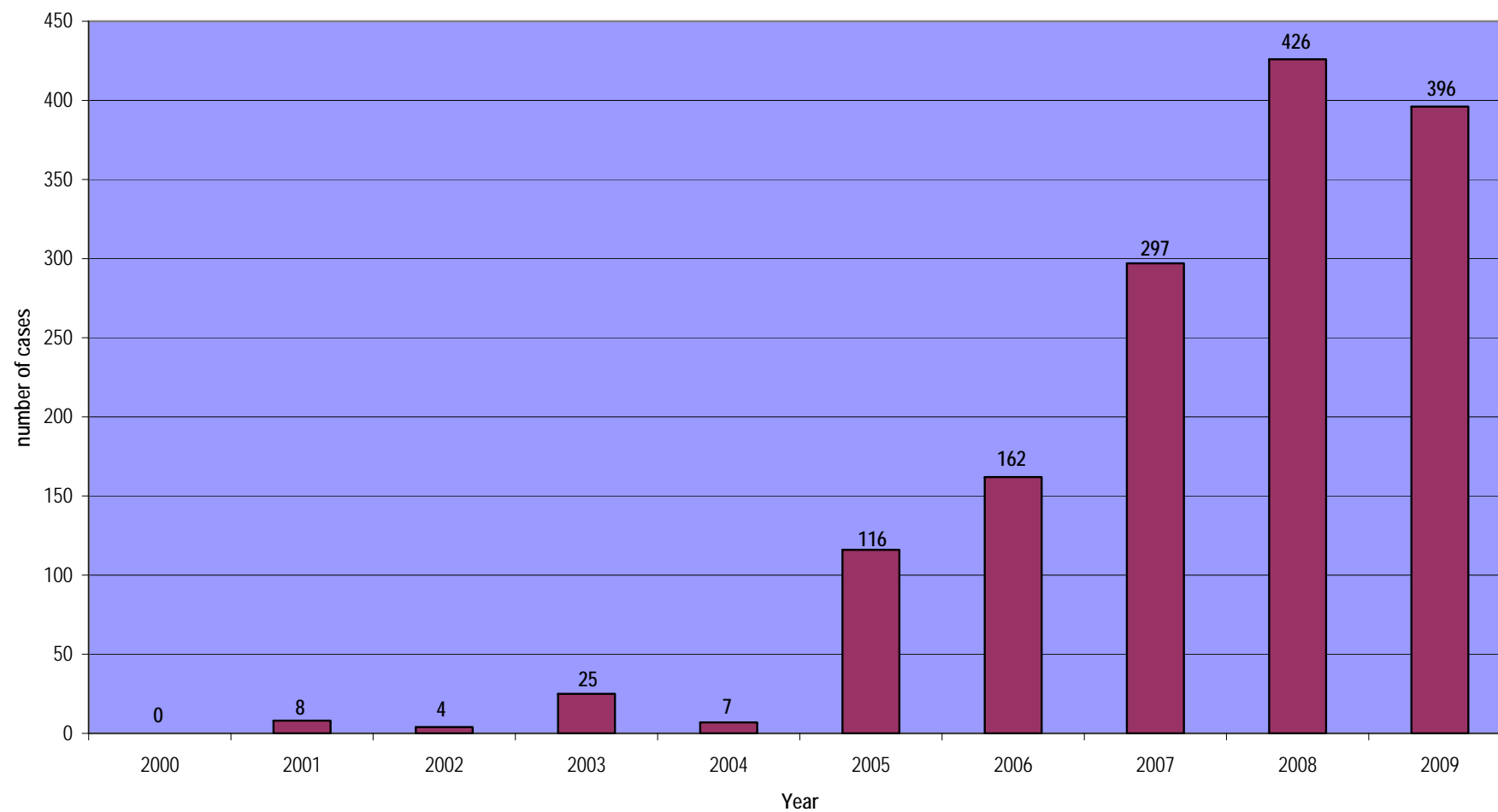
**Dengue Fever Cases from 2000 - 2009**



**Source: MOH Weekly Notifiable Report & PATIS**

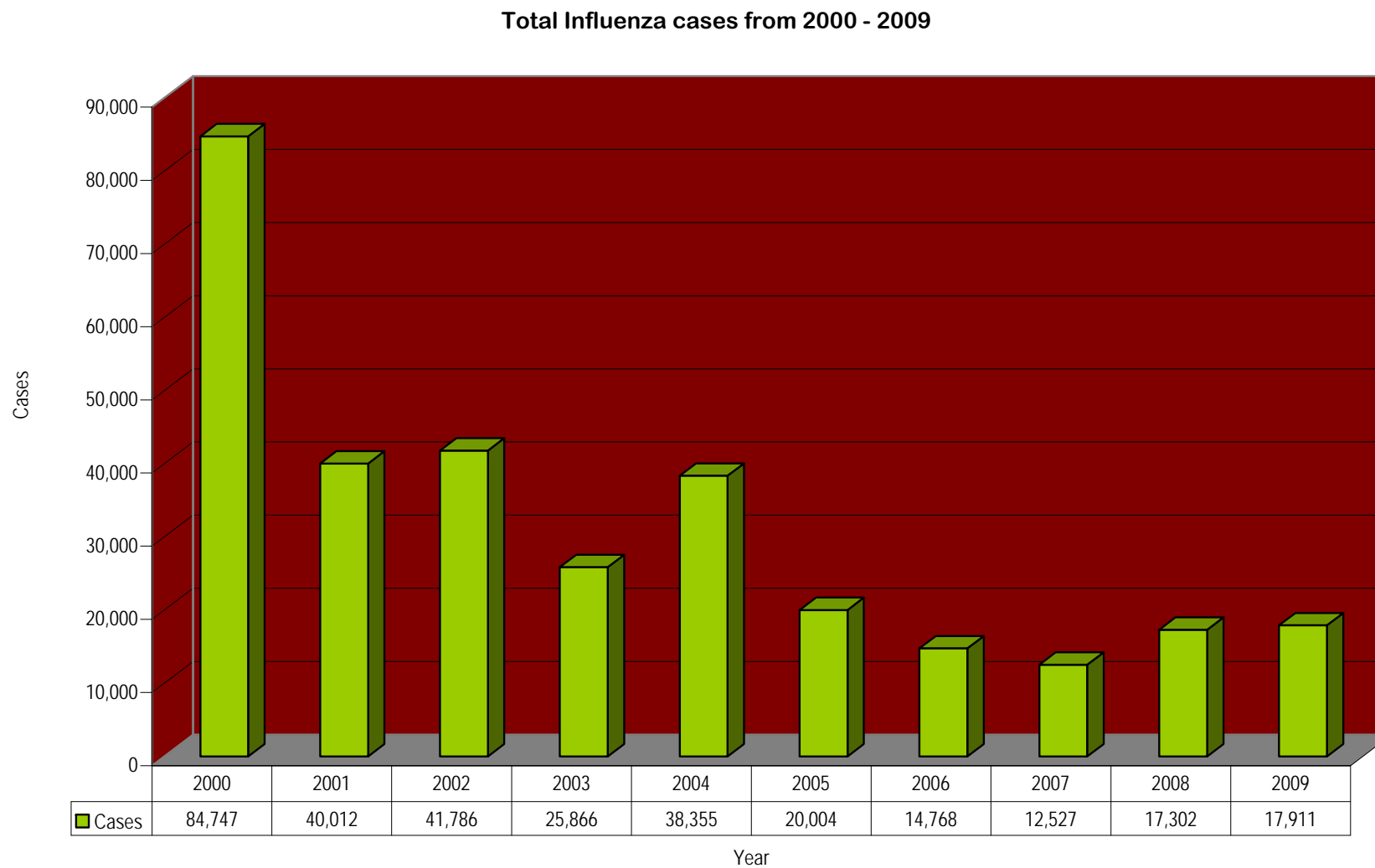
**i) Reported Cases of Typhoid Fever 2000  
- 2009**

Typhoid Fever cases from 2000 - 2009



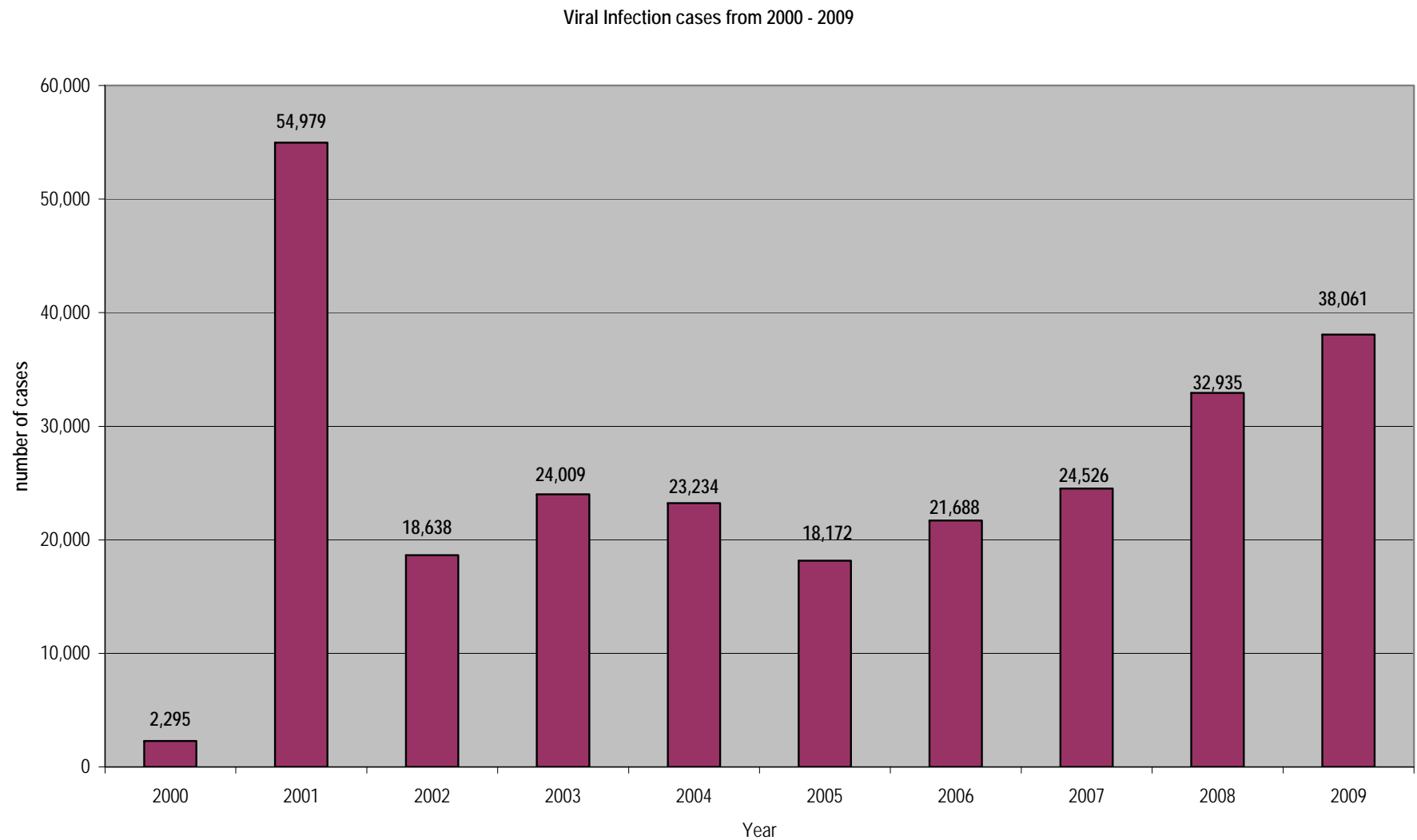
**Source: MOH Weekly Notifiable Report & PATIS**

j) Reported Cases of Influenza 2000 - 2009



**Source: MOH Weekly Notifiable Report & PATIS**

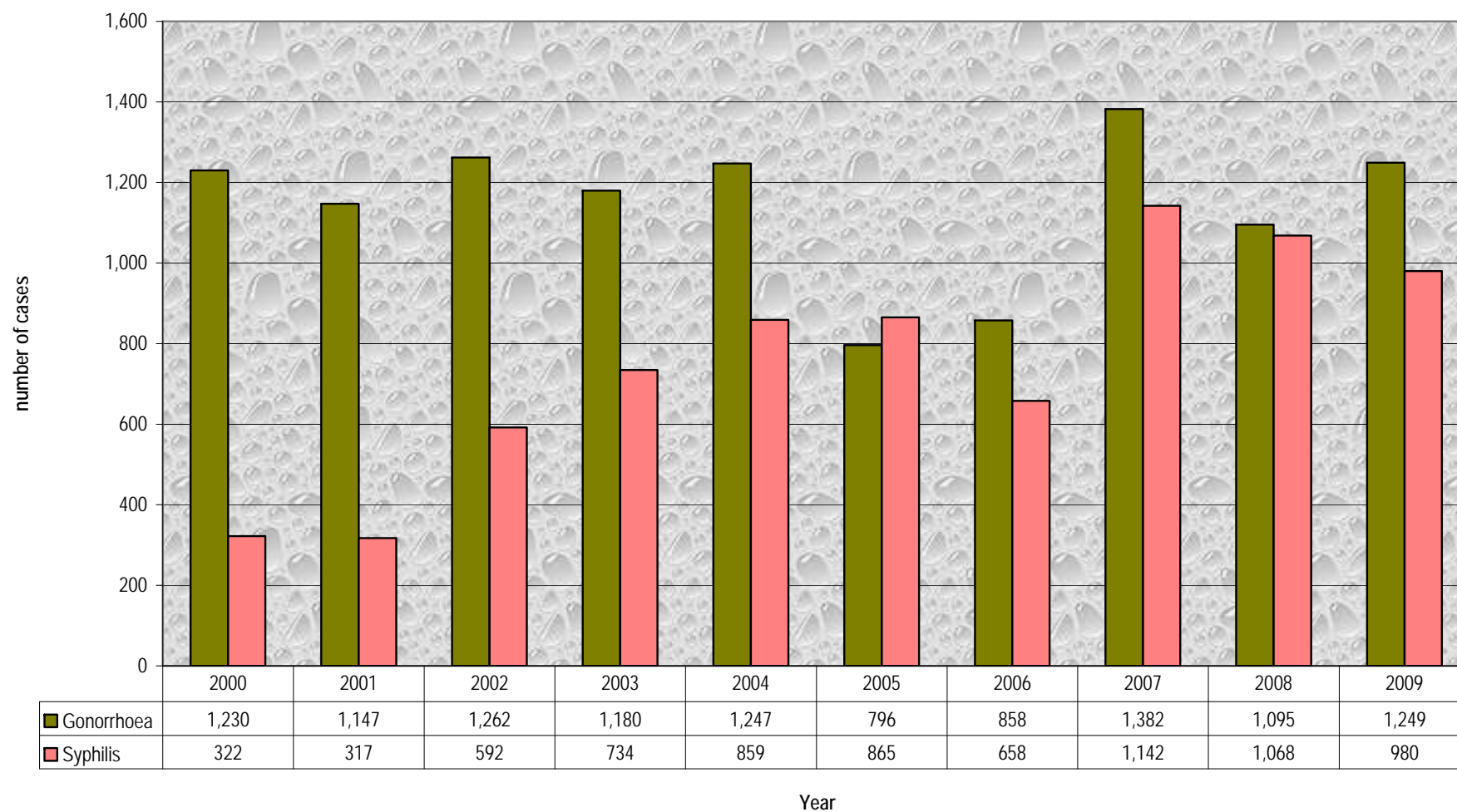
**k) Reported Cases of Viral Infection 2000  
- 2009**



**Source: MOH Weekly Notifiable Report & PATIS**

**I) Reported Cases of Sexual Transmitted  
Infection Disease 2000 - 2009**

Sexually Transmitted Infection Cases from 2000 - 2009





## 8.2 In Service Training Sponsorship - 2009

Sponsors	Courses	Attachments	Conference	Meetings	Workshops	Trainings
MOH						
WHO						
Fred Hollows Foundation	2		12	24	12	
TICA						
AusAid FHSIP	2	6	8			8
FAB Scholarship	5			1		
ADS (Australian Regional Development Scholarship)			1			
Pacific Leprosy Foundation & Leprosy Trust Board of Fiji	1					
Government of Japan				1		
Partial APTC Scholarship	1		3			
EBOS/Shimadzu, Australia	1					2
United States Codex Office				1		
PIERs Group, Italy	1					1
UNICEF-East Asia Pac. Regional Office						1
<b>Source: MOH Weekly Notifiable Report &amp; PATIS</b>	1					
Pacific Society for Reproductive Health (PSRH)						

APLS						
UNAIDS			1			
NZ Govt			1			
SEAMEO TROPED						
Korean Air-lines		1				
MTCP				1		
ANSOG				1		
DOHA (Australian Government of Health Aging)				1		
South Pacific Chief Nursing & Midwifery Officers Alliance (SPCNMOA) thru AusAID				1		
Korea National Health Insurance/MOH			1			
NZAID						
Taiwan Govt				1		
HIV Consortium for Partnership in Asia & the Pacific		3				
Govt of Singapore			1			
Global Fund				1		
Black Dog Institute	1		2			
International Congress of Nutrition						
Roche Diagnostic NZ				1		
Dept of Health & Aging, Aus Govt					1	
University of Latrobe						
Organisation for the Prohibition of Chemical Weapons (OPCW)			1			
FSMed				1		

European Commission						
Govt of Singapore & MOH			1			
Govt of China						
Siemens Health Care Diagnostic of Auckland				1		
Yuil Trading Corporation			2			3
SPC			1		4	