
MINISTRY OF HEALTH

Annual Report 2006



The Fourth Meeting of the Global Alliance to Eliminate Lymphatic Filariasis
The Warwick, Fiji March 29th 2006



MINISTRY OF HEALTH

Annual Report 2006

October 2007

The Interim Minister for Health
Minister for Health
Suva, Fiji

Dear Minister

I have much pleasure in submitting to you, the Annual Report of the Ministry of Health for 2006.

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

The report also illustrates the effort, commitment and achievements of our staff and our partners.

Yours sincerely

Dr. Lepani Waqatakirowa
Permanent Secretary for Health
Ministry of Health

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**SECTION
1**

INTRODUCTION

1.1 Review by the Chief Executive Officer

- Major Issues in 2006
- Performance and Major Achievements in 2006
- Outlook for the Future

1. INTRODUCTION

This Annual report records the Ministry's activities for the year 2006 covering the performance and achievements in programmes and activities under our responsibility.

As the main provider of health care services in the country, the Ministry of Health is constantly faced with the challenge of delivering free health services to the population that are dispersed over more than 300 islands. Preventive, curative, promotional and rehabilitative health services continued to be provided through our comprehensive network of divisional, sub-divisional, area hospitals, health centres, nursing stations and community/village health clinics.

The total budget allocation was F\$145 million, about 56% of which was spent on personal emoluments and 44% on goods and services to support the efficient delivery of the health services.

The Ministry of Health in its efforts to provide the highest quality care possible within its budgetary allocation, continuously seeks partnership with Non State Agents, local communities, schools, religious organizations, private employers and private health practitioners to join the campaign to improve the health status of our people.

The current health indicators have revealed an improvement in certain areas and a steady progress to achieving the proposed outcomes in others as depicted in the Ministry of Health Strategic Plan 2005-2008. With the opening up of new borders, a lot more people are able to commute at ease, and have contributed to an increase in the emergence of new diseases. The control or eradication of such diseases will continue to be a challenge for the Ministry of Health because of limited resources.

It should be noted that all achievements during the year that are contained in this report have been achieved within the context of the National Health Legislations that are currently in place, together with resources that were made available during the said period.

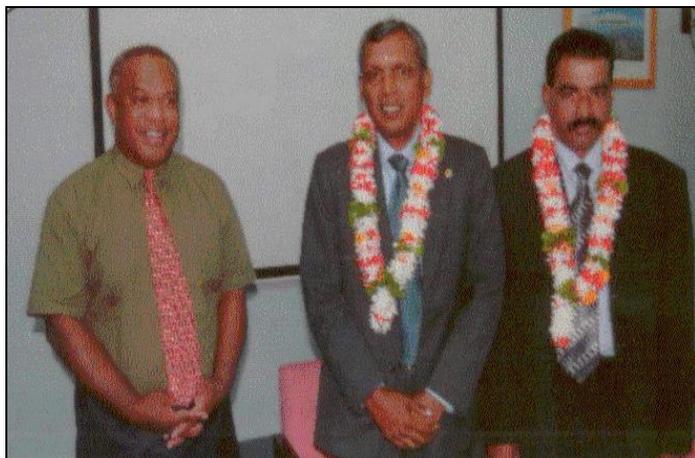
1.1 REVIEW BY THE CHIEF EXECUTIVE OFFICER

As has been the trend in the previous years, curative health services with its demand for modern medicine and high technology to support the efficient delivery of services have continued to be the major consumer of available health resources.

The year 2006 was an extraordinary year in the calendar of events for the Ministry. We bid farewell to Hon. Mr Solomoni Naivalu, who had been the Minister for Health for five years but did not seek re election ,and welcomed two new Ministers for Health in May after the general elections. Hon. Dr G .Gounder was appointed as Minister for Curative Health Services and Hon Mr.Udit Narayan as Minister for Primary and Preventive Health Services. These appointments meant a reshuffling at the management, realigning the Director Health Services Development Division to be Director Curative & Health Services Planning Division to accommodate the new ministerial appointments with added duties & responsibilities.



Hon. Mr. S. Naivalu being garlanded at his farewell.



CEO, Dr. L.Waqatakirewa welcomes the two Ministers, Dr Gounder, Minister for Curative Health Services and Mr. Udit Naravan. Minister for Primary and Preventative Health Services.

Major Issues in 2006

There were sporadic outbreaks of typhoid in the Northern and Central Divisions as well as measles in the Central and Western Division. Quick action by our Staff with technical assistance from WHO, brought them under control. These led to reprioritization of planned activities to those scheduled in the Divisional business plans. Mass measles immunization was carried out and brought the overall coverage to 74.2% of the target population [6months- 6 year olds].

The Opening of the 4 Bed Midwives Birthing Unit at the CWM Hospital in May marked another milestone in the development of obstetric services in Fiji. The Unit has been developed to provide specialized midwifery birthing care for low risk pregnancies. The Unit is staffed by midwives and nurses only and their service has been expanded to antenatal clinic care in the periurban clinics also. A total of 278 deliveries were done in this unit during this first year of operation.



Staff of the Mid-Wifery Birthing Unit, CMW Hospital.

A job evaluation exercise was initiated in the latter part of the year to assess the nurses' duties nationwide. However, due to unforeseen circumstances this project had to be shelved.

The Fiji Health Services Improvement Program continued to provide support to the Ministry in rural infrastructure development, training and recruitment of personnel for expansion of programs.

Performance and activities in 2006

The Ministry was successful in achieving most of its performance targets

The Fourth Meeting of the Global Alliance to Eliminate Lymphatic Filariasis was hosted by Fiji in March at the Warwick Hotel in Nadroga. This was the first time for Fiji, through the Ministry Of Health, to host such a global meeting. Since 1999, Fiji National Filariasis control program has been part of the Pacific Program to eliminate Lymphatic Filariasis [PacELF] aiming at **elimination by the year 2010**.

In recognition of the contribution of the tourism industry to the country's economy, the Ministry established a Tourist Health Unit in the Ministry to focus on the various environmental programs such as inspection on buildings, water quality, waste management, food preparations & activities in facilities used by tourists.

During the year, the Post Graduate Certificate Program in Mental Health Nursing was launched at the Fiji School of Nursing. The Public Health Nurses Competencies were developed with the aid of the JICA volunteers and were also launched.

The Western Health Services was declared a Baby Friendly division using the WHO/UNICEF criteria. Central /Eastern Division is yet to accomplish the required ten steps in Lakeba, Lomaloma and Rotuma Hospitals. The target is to get all hospitals in Fiji to be Baby Friendly by 2008

The WHO Tobacco Free Village award 2006 was won by Nabila village in Nadroga for the third time consecutively. This makes Fiji the first country in the world to be given the award three times. The 400 inhabitants of Nabila undertook the initiative of the smoking cessation program since 1986 and they have been able to maintain the tobacco free status to date.

Visits from various groups of specialists from overseas in their special fields assisted our staff in the major hospitals to manage the cases which would otherwise be considered for referral overseas. The cardiac teams from Sydney Australia, as well as the eye specialists from the Beeve Foundation US are two such groups that have been making regular visits in the past and this year again. An Orthopedic team and an Inter-plast team both from Australia paid a visit each to Labasa in June and August and performed much needed surgery to the patients already identified by the local surgeons there.

The Colonial War Memorial Hospital signed a sisterhood partnership agreement with Mackay Memorial Hospital of Taiwan on July 14 to work together on training of staff to improve their skills.

The extension to Labasa Hospital is yet to be completed as only \$1,220,000 was provided in 2006.

There were significant improvements in communication and transport. A new Ambulance was bought for Nabouwalu hospital to enhance patients' evacuations to Labasa Hospital. It was also pleasing to note that all health facilities in the Northern Division have been linked through Radio Telephone Network to improve patient care and safety. Similar works were undertaken for health facilities in the Western, and Central / Eastern Divisions and will be completed in the New Year.

Some new health facilities were constructed and completed during the year to support the efficient delivery of health services to the community as well as to enhance both the working and living conditions of our staff. These include: the new Nadarivatu Health Centre, new staff accommodation at Vunidawa Hospital, Keiyasi Health Centre, the new Medical Officer accommodation at Bureta Nursing Station (to be upgraded to health centre status after the renovation of the clinic), extension of Fiji School of Nursing Kitchen and dining facilities. A lot of repair and maintenance works were carried out in some prioritized health facilities throughout Fiji.

There are quite a number of Nursing Stations reported to be closed in the Central/Eastern Divisions due to either its run down state or the constant harassment to the staff.

A number of our health facilities were declared baby friendly by UNICEF and WHO respectively. This is a reflection of the dedication and commitment of the staff of the Ministry to continuously improve the delivery of the health services, which in turn contributes to the improvement of health status of our people

Outlook for the future

In the next three years, the Ministry will focus on building new partnerships as well as improving existing ones to improve community awareness on all health issues.

Non-Communicable Diseases especially their "risk factors", communicable diseases, TB, Lymphatic Filariasis, and HIV/AIDS will continue to be our focus.

Immunization program will be addressed aggressively to improve the coverage prevent outbreaks of the immunisable diseases.

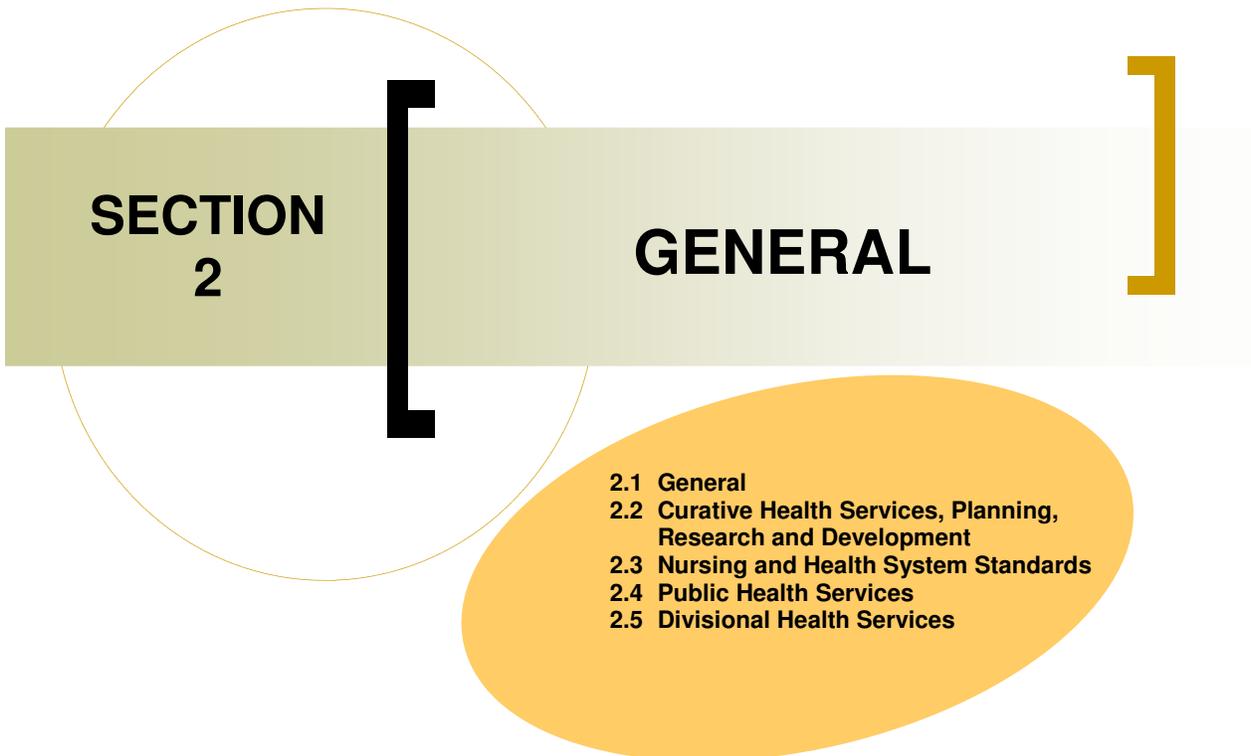
It is also anticipated that the Clinical Services Plan will be fully implemented, addressing the type of services, equipment, drugs and supplies and staffing at each level of health facility (nursing station, health centres, sub-divisional, divisional hospitals and specialized hospitals).

The Ministry will work at identifying retention strategies in order to curb the present trend of Continued resignations of our health professionals to either join the private sector or migrate to greener pastures.

The cost of the delivery of the health services is rising each year with the changing technologies and new expensive drugs & consumables, to support the delivery of the services. The Ministry will continue to work towards identifying alternate means of sourcing funds (user pay concept, social health insurance etc) to complement the annual government budget to support the ever increasing demand for the services.



Baby Friendly Division Award - Western
Billboard at the border of the Central and Western Division



**SECTION
2**

GENERAL

- 2.1 General**
- 2.2 Curative Health Services, Planning, Research and Development**
- 2.3 Nursing and Health System Standards**
- 2.4 Public Health Services**
- 2.5 Divisional Health Services**

2.1 GENERAL

The Ministry Of Health endorses the statements in the preamble to the constitution of the World Health Organisation that:

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

In support of this statement, the Ministry Of Health acknowledges that it is the right of every citizen of the Republic of the Fiji Islands, irrespective of race, colour, sex, creed or socio-economic status, to have access to a national health system that provides high quality health services. The principal function of which is to promote and maintain the health and well being of the citizens of Fiji to the maximum extent possible within available resources.

Vision

A strengthened divisional health structure supporting a well financed health care delivery system that fosters good health and well being.

Mission

To provide quality health services for the people of Fiji.

VALUES:

Customer Focus

Being genuinely concerned that our customers receive quality health care, respecting the dignity of all people.

Equity

Striving for an equitable health system that is fair in all our dealings: irrespective of ethnicity, religion, political affiliation, disability, gender and age.

Quality

Pursuing high quality outcomes in all facets of our activities.

Integrity

Committing ourselves to the highest ethical standards in all that we do.

Responsiveness

Responsiveness to the health needs of the population noting the need for speed in delivery of urgent health services.

Services (Outputs)

The health system has an infrastructure of base hospitals in the three geographical divisions, supported by area & sub-divisional hospitals, health centres and nursing stations in the rural and remote areas.

Table 1: Health Facilities

Division	Divisional Hosp.	Specialized Hosp.	Sub-Divisional Hosp	Area Hosp	Total	Private Hosp	Health Centre	Nursing Station	Old Peoples Home
Central	1	3	4	1	9	0	19	21	1
Western	1	0	5	0	6	1	24	26	1
Northern	1	0	3	0	4	0	19	21	1
Eastern	0	0	4	2	6	0	14	33	0
Total	3	3	16	3	25	1	76	101	3

The Ministry Of Health provides services to two types of users;

Internal – Provision of health care services to all citizens of Fiji Basic health care service is provided to all through a hierarchy of village health workers, nursing stations, health centres, and sub-divisional hospitals, divisional and specialized hospitals.

External – Monitoring of compliance with statues and regulation:

- i. Issue of Permits, certificates and reports
- ii. Professional Boards function
- iii. Provision of health care services to visitors
- iv. Provision for accommodation and meals for staff
- v. Provision of training to health staff of the region
- vi. Provision of care for the Elderly (OPH)

Figure 1.Organisation Structure

The Chief Executive Officer was assisted by four directors at headquarters and three directors at the geographical divisions during the year as depicted on the chart

These directors are assisted by technical advisers at Head Quarters and Managers at the Divisional Health Services.

2.2 Division of Curative Health Services, Planning and Research:

Under the directorship of Dr Margaret Cornelius. This division had to be reoriented to serve the New Minister for Curative Services, Hon Dr Gunasegaram Gounder, when he took up his appointment in May.

Despite the new title, this division continued to be responsible for the Health Services Planning and development, health information technology and research during the year while the Director Nursing and Health System Standards continued to oversee the Pharmaceutical Services and the professional Boards plus the curative services.

The Fiji National Research Ethics and Review Committee [FNRERC] was transferred from the Fiji School of Medicine to this Division. The Research Officer became the Secretary of this body.

2.3 Division of Nursing and Health System Standards:

This division, under the directorship of Mrs. Rigieta Nadakuitavuki, continued to oversee the Nursing Section under the Nursing adviser, the Health systems standards Unit manned by a Principal Assistant Secretary and a Professional Registration Office staffed by a Principal Assistant Secretary. The Fiji School of Nursing and the Fiji Pharmaceutical Services also come under the umbrella of this Division

2.4 Public Health Services Division

Under the directorship of Dr T.Tuiketel and assisted by seven national advisers continued to pursue the implementation of the various programs and activities outlined in the Public Health Division Business Plan.

The bulk of the work being implemented in the Divisions by the Doctors and Nurses, the Dietitians, Physiotherapists, Environmental Health Officers, Peer Educators, Community Condom distributors, Community Health Workers, and Community Rehabilitation Assistants.

The National Advisers [7] are mainly responsible for overseeing and offering technical advice on specific programs which include:

- Family Health
- Non- communicable diseases
- Communicable diseases
- Oral health
- Health Promotion
- Environmental Health
- Nutrition and Dietetics

2.5 Divisional Health Services:

As the implementing arms of the Ministry of Health, the bulk of the staff is distributed in the various hospitals and health facilities in the divisions.

The directors are assisted by a general manager of clinical services at the base hospital and a general manager of community health services .At the next level, the sub-divisional Medical Officer plays a dual role as the Head clinician of the hospital and also the Medical officer of Health in the sub-division. He is assisted by the representatives of the other professional support services i.e. Nursing, Oral Health, Environmental Health, Dietitians and Physiotherapists in only a few subdivisions.

The Directors of the Divisional Health Services in 2006 were:

Central/Eastern	-	Dr Salimoni Tuqa
Western	-	Dr.Tui Taoi
Northern	-	Dr. Ami Chandra

**SECTION
3**

**MANAGEMENT
RESOURCE**

3.1 Corporate Services

- 3.1.1 Human Resource
- 3.1.2 Employee Resource
- 3.1.3 Information Technology Unit
 - *Health Information

3.2 Major Developments

- * Job Evaluation and Restructuring Project
- * Institutional Strengthening Project
- * Infrastructure Development

3. MANAGEMENT RESOURCES

3.1 CORPORATE SERVICES

Corporate Service is the most critical part of any organization whether it is public or private entity. This is because of the two main core businesses that drive the organization in its strategic direction and operations to determine whether it is within the current framework of its corporate targets. Mr.A.Tamanitoakula continued as the director Corporate Services in 2006

3.1.1 Human Resource

The Ministry of Health, as one of the largest organizations within the public sector has more than more four thousand [4,000] employees in professionals' group, technical, administrative and support staff.

Establishment

In 2006, the Ministry had an approved establishments of **3,313** compared to **3,248** in 2005 with **371** vacancies while the number of approved government wage earners (GWE) has been **1,532** since 2004.

Most of these vacancies were in critical areas of specialized medicine and nursing supervisory positions at the main centres.

Table 2: Vacancies in Professional Entities

Category of Doctors	General Surgeons	Orthopaedic Surgeons	Internal Medicine	Pathology	Radiology	Eye	Anesthetists	Pediatricians	Obstetricians	Psychiatrists	GOPD	PH	Total
Consultants	1			1		1	1	1		1			6
Chief Medical Officer	1		1	1			1		1		1	3	9
Principal Medical Officer	2		2		1			1			1	1	8
Senior Medical Officer	3	1	3	1	1	2	4		2		2	10	29
Medical Officer													0
Total	7	1	6	3	2	3	6	2	3	1	4	14	52

Category of Nurses	CWM Hospital	Lautoka Hospital	Labasa Hospital	St Giles Hospital	Tamavua/Twomey Hospital	Central Division	Western Division	Northern Division	Eastern Division	Total
Matron				1						1
Senior Sister	10	4	6	1		1		2		24
Senior Health Sister						1			1	2
Sister	9	6		1		1			2	19
Health Sister						3	1		1	5
Total	19	10	6	3	0	6	1	2	4	51

During the first quarter of 2006, the post of Director Health Services Development was retitled to Director Curative Health Services to assist the Minister of Curative Health who was responsible for hospital services. In addition, a number of new positions were created to accommodate the multi-party Cabinet and also the demand for better health services.

These positions included the:

A newly created post of Senior Secretary [SS03] to provide secretarial duties for the second Minister for Health assigned to oversee Primary and Preventive Health Services.

5 new Pharmacy Assistant positions were also created through the Trade Off of five [5] orderly positions [NU 08]. The distributions of these new positions are as follows;

[i] Central Eastern – 3 positions [Levuka, Korovou, Vunidawa]

[ii] Western Health – 1 position [Nadi]

[iii] Northern Health – 1 position [Savusavu]

Approval was also obtained from the Public Service Commission on 09/01/2006 for the creation of 21 new positions in the following cadres;

[i] Medical Officers – 4 (2 Consultant, 1 Chief Medical Officer, 1 Principal Medical Officer)

[ii] Dental Officer - 4

[iii] Physiotherapist - 4

[iv] Technical Officer II [Radiology] - 4

[v] Dental Hygienist - 5

Staff Wastage

A total of 49 officers resigned from service, 9 proceeded on retirement and 9 passed away during the year.

Table 3: Attrition of personnel by profession and mode.

Mode	Doctors	Nurses	Paramedics	Others	Total
Resignation	4	28	14	3	49
Retirement	0	3	3	3	9
Deceased	0	3	3	3	9
Total	4	34	20	9	67

Training and Development

The Ministry has a provision of \$440,000.00 for in-service training and capacity building for all the employees. In 2006, a total of 19 employees were sponsored by the Ministry for in-service training at the Fiji School of Medicine in addition to the 35 continuing students from 2005 into 2006. This number excluded the 33 nurses who were sponsored by the Ministry of Health to undertake the Bachelor of Nursing Science program and Postgraduate Certificate in Preoperative Nursing program.

Table 4: Number of graduates by Program; Fiji School of Nursing September 2006

Program	Local	Regional	Total
Diploma in Nursing	200		200
Midwifery	28	8	36
Bachelor of Nursing Science [James Cook Uni.]	20		20
Post Graduate Certificate in Intensive care Nursing	6		6
Port Graduate Certificate in Cardiac Nursing	3		3
Certificate in Public Health Nursing	13		13



FSN Graduation 2006

The exorbitant fee charged by the Fiji School of Medicine was the main reason for the lower number of in-service training for 2006. The Ministry will have to identify other funding source to cope with the implication of the revised Retirement Policy

3.1.2 Employee Relation and Development

In 2006, a total of 97 disciplinary cases were received and 77 of these cases had been closed and needed no further action while 12 are still pending while 3 cases are before the Public Service Commission for deliberation.

The most common disciplinary cases were those related to (a) absent without approval (23) cases followed by (b) unprofessional and unethical conduct (15) and (c) misappropriation of funds (7). The table below gives the details of the other disciplinary cases for the period ending 31st December 2006.

Table 5: SUMMARY OF ALL MOH DISCIPLINARY CASES WITH EFFECT FROM JANUARY TO DECEMBER 2006

NO	CASES	NO OF CASES RECEIVED	PENDING CASES	NEW CASES	PSC CASES	CLOSED CASES	PROGRESS OF CASES
1	Absent without Approval	23	02	04	00	17	Work in progress/PSC
2	Appeal for Reinstatement	15	00	00	01	14	Work in progress/PSC
3	Reimbursement of Salary	02	00	00	00	02	Closed
4	Unprofessional/Unethical Conduct	15	05	01	00	09	Work in progress
5	Private Practice at CWMH	01	00	00	00	01	Closed
6	Job Application	01	00	00	00	01	Closed
7	Misappropriation of Funds	07	00	00	00	07	Closed
8	Insubordination	02	01	00	00	01	Work in progress
9	Payment of Subsistence, Wages & Other Allowances	07	01	00	00	06	Work in Progress
10	Downgrading	01	00	00	00	01	Closed.
11	Larceny & Forgery	01	00	00	00	01	Closed
12	Confirmation of Appointment	01	00	00	00	01	Closed
13	Medical Board	03	00	00	00	03	Closed
14	Misuse of Govt. Property	04	00	00	00	04	Closed
15	Theft	04	01	00	00	03	Work in Progress/PSC
16	Unfair Recruitment	01	00	00	00	01	Closed
17	Drunk at Work	01	00	00	00	01	Closed
18	Discrimination	01	00	00	00	01	Closed
19	Tempering with Exam Results/Sick Sheet etc	02	00	00	00	02	Closed
20	Personal Grievances	01	00	00	01	00	Work in Progress
21	Damages & Stolen Govt. Vehicles	01	00	00	00	01	Closed
22	Poor Attendance/Performance	03	02	00	01	00	Work in progress
	Total	97	12	05	03	77	

3.1.3 Health Information and Communication Technology Unit

In 2006, the Ministry was provided with an allocation of two hundred thousand dollars (\$200,000.00) for the rollout of patient information system to the Sub-divisional Hospitals and the sum of one hundred and ten thousand dollars (\$110,000.00) was allocated for the operational costs of the exiting information technology infrastructure and parts.

There was no rollout of the Patient Information System (PATIS) in 2006 because of the lack of expertise within the organization to support such major projects. One of the options the Ministry of Health has to explore is the development of a web-based PATIS to facilitate rollout in rural hospitals. In addition, the Ministry is also exploring the use of Thin Clients personal computers to replace mini tower and desktops personal computers. The Fiji Health Sector Improvement Project (FHSIP) is providing financial supports to explore the best possible technology to ensure sustainability of PATIS.



Fiji Health Information Management Conference, Nadi 27th – 29th November 2006

The FHSIP is also supporting capacity building in the management of health information at the Divisions and National level to maximize the utilization of data and also to improve the quality of data storage in association with Health Information Management Association of Australia (HIMAA).

In 2006, the Government of Japan, Sasakawa Peace Foundation and Tokai University also provided capacity building and awareness program in the development of Health. The training program was supported by International Telecommunication Union (ITU) a United Nation agency for information and communication technology. Fiji has been a member of ITU since 5th May 1971.

3.2 MAJOR DEVELOPMENT

Job Evaluation and Restructuring Project

A job evaluation exercise was initiated in the later half of 2006 to assess the nurses. This exercise unfortunately could not be taken much further due to unforeseen political situation in the country. This project was undertaken to assess the duties of nurses' nation wide in the various cadres and health institutions to upgrade their wages accordingly.

Institutional Strengthening Project

One way in which Ministry of Health actively strengthens its institutional functioning is by holding training for the staff of this ministry. Training and workshops are held for both headquarters and medical staff.

In this accord Fiji Health Sector Improvement Programme (FHSIP) has provided great assistance to Ministry Of Health in 2006. Some of the training and courses that were funded by FHSIP include:

- Frontline Management Course (FIT) - this course was undertaken to give an opportunity to frontline managers (both clinical and non-clinical staff) to develop their managerial skills and to prepare them well for their position. This course was attended by staff from headquarters and divisions.
- Performance Enhancement Project – this project gave Ministry of Health staff an opportunity to do an action learning project for their own work unit. This project included staff from head office, and the three geographic divisions.
- Also a fully equipped Training Center was set up for Northern Health Services fully funded by FHSIP.

Infrastructure Development

Fiji Health Sector Improvement Programme has provided unfaltering support to Ministry of Health in Rural Infrastructure Development. Their commitment in the year 2006 has contributed largely to develop infrastructure within the ministry. As a result of their contribution, two out-boards were given to the Central Eastern Health Services for Moala Health Center and Daviqa Health Center.

In terms of communication the Nadroga/Navosa Sub-division and Lakeba Sub-division had Radio Telephones (RT) installed in the vehicles to enhance communication links. In the Northern Division solar power was installed in three nursing stations.



Nursing Station, Northern Division – Solar Power

SECTION 4

REPORT ON PERFORMANCE

4.1 General Contribution to the Strategic Development Plan of 2003 - 2005

4.2.2 Ministry of Health Strategic Plan 2005 -2008

4.2 Service Delivery

4.2.3 Improvement in Health Services

4.2.4 Improvement in Communication & Transport

4.2.5 Improvement in Support Services

4.3 Vital Statistics

4.4 Report on Achievements of the Planned Activities as outlined in the Corporate Plan 2006

4.4.1 Provision of Health Services

4.4.2 Protection of Health

4.4.3 Promotion for Health

4.4.4 People in Health

4.4.5 Productivity in Health

4.5 Health Outcome – Status Report 2004-2006

4.6 Health Service utilization Statistics 2006

4.7 Morbidity and Mortality Statistics

4. REPORT ON PERFORMANCE

4.1 Ministry of Health's contribution to Strategic Development Plan 2003-2005

The Ministry Of Health has primary responsibility for the Goal in the Strategic Development Plan of "Quality, Affordable and Efficient Health Services for all".

Tabulated below were the policy objectives and key performance indicators included in the SDP 2003 – 2005. And from which our strategic Plan 2005 – 2008 was based.

Table 6: Strategic Development Plan Policy Objectives and Key Performance Indicators 2003 – 2005

Policy Objectives	Key Performance Indicators
1. To provide adequate primary and preventive health services.	Under 5 mortality rate (MDG) Infant mortality rate Proportion of one year-old children immunized against measles (MDG) Maternal mortality ratio (MDG) Proportion of births attended by skilled health personnel (MDG) HIV/AIDS prevalence among 15-24 year-old pregnant women (MDG) Contraceptive prevalence rate (MDG) Number of children orphaned by HIV/AIDS (MDG) Prevalence and death rates associated with tuberculosis (MDG) Proportion of tuberculosis cases detected and cured under DOTS (MDG)
2. To provide effective, efficient and quality clinical health care and rehabilitation services	Reduce waiting time for outpatients Patient Information & Health Information Systems fully developed. Participation of private and traditional care providers increased. Appropriate level of drugs and medical supplies reviewed and established Public Health Act, Public Health & Dispensaries Act and Mental Health Act reviewed.
3. To maintain appropriate level of human resources/staff	Graduates from Fiji School of Medicine with MBBS increased to 50 per year Graduates from FSN maintained at 200 per year Role of nurses and community health workers reviewed and strengthened Retention incentives for health professionals reviewed
4. To maintain appropriate infrastructure and facilities	Extension to Labasa hospital and FSM upgrading completed 2.06 patient beds per 1000 population
5. To build a management culture that promotes and supports continuous quality improvement	three divisional training programmes on quality customer care conducted annually Patient satisfaction survey programme in place in many hospitals and selected sub-divisional hospitals.
6. To improve health financing	Health financing options reviewed Revised fees and charges are in place.

Source: Government

4.1.2 Ministry of Health Strategic Plan 2005-2008

The Ministry of Health's Strategic Plan 2005 to 2008, identified **five strategic goals** to accomplish the seven **health outcomes** as set out below, as each goal would set the direction for the development of appropriate objectives, strategies and indicators.

These goals are:

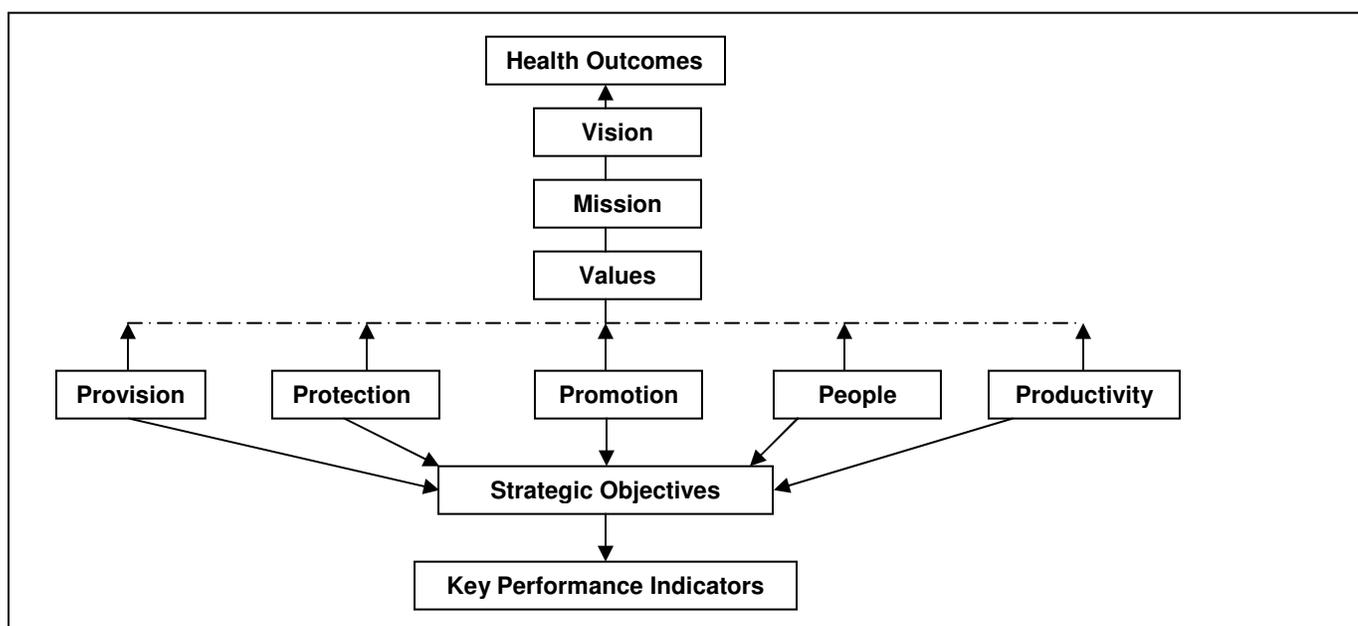
- ❖ **Provision of Health Services:** Provision of Affordable, well planned and quality health services [preventive, diagnostic, clinical, pharmaceutical rehabilitative] to everyone in Fiji.
- ❖ **Protection of Health:** Review, develop and implement policy, legislation, regulation and standards for the safety and protection of the health and well being of the people of Fiji.

- ❖ **Promotion of Health:** Development and maintenance of effective partnerships that empower all stakeholders to promote health and reduce risk factors related to communicable and non-communicable diseases.
- ❖ **People in Health:** Development and retention of a valued, committed and skilled workforce to enhance the delivery of a skilled workforce
- ❖ **Productivity in Health:** Develop and strengthen the use of integrated management systems to empower managers to maximize resources and promote continuous improvement at all levels of health service delivery.

The outcomes identified included:

- Reduced burden of non – communicable diseases
- Reversal of spread of HIV/AIDS, prevention, control or elimination of other communicable diseases.
- Improved family health and reduced maternal morbidity and mortality
- Improved child health and reduced child morbidity and mortality
- Improved adolescent health and reduced adolescent morbidity and mortality
- Improved mental health care
- Improved environmental health through safe water and sanitation.

Figure 2: Strategic Plan 2005 – 2008



Source: Ministry Of Health

4.2 SERVICE DELIVERY

Each Division had established their own Business plan based on the Strategic and Corporate plans alluded to above. Basic health care continued to be provided to all residents through a hierarchy of Community health workers from their Community Health Clinics, District and Zone nurses from Nursing Stations, Medical Officers/Assistants and Nurse Practitioners from Health Centres, Doctors, Nurses and Support staff from their sub-divisional area, divisional and specialized hospitals. Environmental Health Officers continued to operate from their health offices and also worked with their local municipalities and reporting to the Central Board of Health.

4.2.1 HIGHLIGHTS**IMPROVEMENT IN HEALTH SERVICES**

- Western Health Services was declared a Baby Friendly Division
- CWM, Navua, Nadi, Korovou and Vunisea Hospitals were declared Baby Friendly
- New Mental Health Nursing Programme was launched at the Fiji School of Nursing
- Improvement in disease coding ability of coders in hospitals through continual training through the year.
- Patient Safety Agenda was launched by the Minister for Curative Services, Dr G. Gounder at CWMH. To promote clinical risk management, infection control and customer service.
- Naviti St. Hub Centre in the west gained full momentum in providing preventive, clinical, and technical support services on sexual health, adolescent reproductive health, sexually transmitted infections and HIV/AIDS issues.
- Establishment of Birthing Unit at CWM Hospital to enhance midwifery services for the low risk pregnancies.
- Elimination of Scabies Project in Taveuni: Commenced on 11/07/06 with some volunteers from USA and financially supported by the Redondo Beach Rotary Club of USA. [Total seen: 4500]
- Introduction of ELISA Techique for multiple seriological testing with emphasis on ELISA sensitivity for HIV testing – at CWMH Lab.
- Confirmatory testing for HIV established at Mataika House Virus Lab to serve not only Fiji but also our neighbouring Pacific Islands.

4.2.2 IMPROVEMENT IN COMMUNICATION AND TRANSPORT

- All health facilities in the North have now been linked through radio telephone network
- West-Phase 2 of the installation of the Radio Telephone and solar panels was completed
- Cent/East – Lakeba sub-division RT installed in vehicles to enhance communication links.
- A new ambulance was bought for Nabouwalu hospital in the Northern Division.
- Medical boats were issued to Kadavu and Moala
- through the Fiji Health Sector Improvement Program Services [Project Funding]

4.2.3 IMPROVEMENT IN SUPPORT SERVICES

- Four new dental chairs were installed in the Northern Division [3 at Labasa H. Dental Clinic 1 at Nabouwalu]
- A draft Human Resource Manual developed
- Management and use of health information system has markedly improved
- Continued improvement in the financial management and accountability due to on going capacity building of relevant staff
- Continued improvement in payment of accounts to vendors and suppliers of goods
- Completion of the new Nadarivatu Health Centre to improve health services delivery to the community.
- Completion of new Dental staff accommodation at Keiyasi H/Centre to ease accommodation problem and at the same time facilitate the opening of Keiyasi Dental Clinic
- Completion of the new staff accommodation at Vunidawa Hospital
- Completion of the New Medical Officer's Quarters at Bureta to facilitate the regarding of the Nursing Station to Health Centre Status
- Completion of the Fiji School of Nursing Kitchen and dining facilities.
- Extension of Savusavu Hospital Children's Ward (Recreation area) – private donor
- New Gymnasium for Taveuni Hospital per kind donation by Mr Geoffery Amos & Mr John Amos who also supplied equipment.
- Bore Hole water supply provided to Namau Nursing Station and Namau Public School.
- Relocated Dogatuki Nursing Station was officially opened in March 2006.

4.3 VITAL STATISTICS:

The population for the year 2006 was estimated at 868,488 based on the 1996 census. The national census which was due in 2006 was deferred to a later date due to the general elections being held in the same year.

The distribution of the population nation wide is as follows:

40% live in the west, 39% in the Central division, 16% in the North and 5% in the East.

The total number of live births has increased to 18,394 bringing the birthrate per 1000 live births to 21.2. The crude death rate was 7.1 per 1000 population, an increase of 0.1%, thus the rate of natural increase remained at 1.4%.

The **infant mortality rate** [Probability of dying between birth and exactly one yr of age per 1000 live births] was **19.5**, higher than the 2004 level which was 17.8/1000 Live Births.

The **under five mortality rate** [Probability of dying between birth and exactly five years of age] was **25.8**, again higher than the 2004 level which was 22.5.

It is noted that the United Nations Millennium Declaration in 2000 established a goal of 2/3 [67%] reduction in Under 5 mortality rate [U5MR] from 1990 to 2015.

The top five causes of deaths in children under 5 years are as follows:

- Certain conditions originating in the perinatal period - 40%
- Infectious and parasitic diseases - 16.7%
- Respiratory disease - 13.7%
- Injury and poisoning - 6.8
- Circulatory disease - 5.3%

Maternal mortality ratio per 100,000 live births was 43.5 higher than the 2004 level of 33.9/100,000 live births. However the actual numbers are very low showing a good level of prenatal and postnatal care given to our mothers.

Table 7: VITAL AND HEALTH STATISTICS 2004 - 2006

	2004	2005	2006
Population	848647	849361	868488
Women [15-44]	167810	183295	186803
Total Live birth	17714	17826	18394
Crude Brith rate [per 1000 pop]	20.87	20.99	21
Crude death rate	6.63	7.02	7.1
Rate of natural increase	1.42%	1.4%	1.4%
Infant mortality rate [per 1000 live births]	17.84	20.76	19.5
Perinatal mortality rate	19.3	22.5	19.4
Neonatal mortality rate	10.5	15.37	11.3
Post neonatal mortality rate	7.79	5.39	8.2
Under five mortality rate	22.52	25.81	25.8
Maternal mortality ratio	33.87	50.49	43.5
Gross fertility rate/1000 CBA	105.56	97.25	
Family planning protection rate	45.92	42.48	49.1

Source: Ministry Of Health

4.4 **REPORT ON THE ACHIEVEMENTS OF THE PLANNED ACTIVITIES AS OUTLINED IN THE CORPORATE PLAN 2006**

4.4.1. **Key result area One: PROVISION OF HEALTH SERVICES:**

Provision of affordable, well planned, quality health services (preventive, diagnostic, clinical, pharmaceutical and rehabilitative) to everyone in Fiji.

The four strategies identified for this year were: -

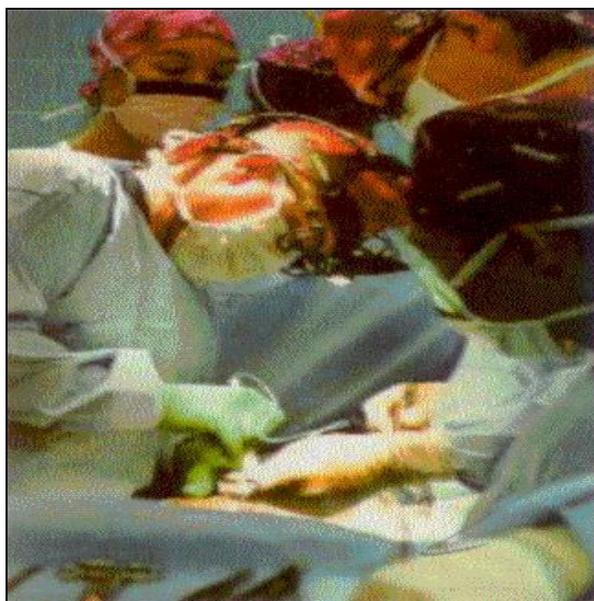
- Integration of health services to operate with defined roles
- establishment of a frame work for clinical services planning
- establishment and implementation of a quality improvement and risk management framework
- Development of an efficient logistics network to deliver consumables and medical supplies to the point of use.

Achievements:

- The Clinical Services Planning Framework [CSPF] was produced in 2005 to provide the basis for defining roles for all health facilities in Fiji to facilitate the provision of quality, integrated health services and reviewing current clinical services and identifying opportunities to introduce new services. The Divisional Clinical Services Plan Steering committees have been established in each division and all health facilities assessed against roles as designated in the CSPF.
- Scoping exercise for Oncology was undertaken, completed in June 2006 and draft protocol prepared and submitted to the National Drug and Therapeutic committee.

Cardiology services have been strengthened in the three divisional hospitals through the reorganization of the resources and training. Terms of reference and Protocol for cardiology services have already been developed and circulated to Physicians for their inputs.

Close to 50 people underwent open heart surgery at the CWM Hospital from June 18-30. Members of the Operation Open Heart team from the Sydney Adventist Hospital performed these 'life-saving' operations. This team has been coming to Fiji for the past decade and we are very grateful for their kind assistance.



Open Heart Surgery at CWM Hospital

- Efforts to strengthen and expand Risk Management and Customer Service related clinical Governance initiatives have resulted in the launching of Patient Safety Programs in all three divisions. Six areas of focus include: Clinical incident reporting, Infection control, Blood safety, Safe medication, Safe injections and customer services.



Launch of Year of Patient Safety 2006 at CWM Hospital

These are reported to be progressing well. Five workshops were conducted for Risk Management teams and multidisciplinary personnel in the divisions.[C/E –2,West –2,North –1]

Three national clinical indicators were developed and collected in the first half of 2006.

- Surgical site infection [post- caesarian section]
 - Lower limb amputation due to diabetic foot
 - Unplanned and unexpected readmissions within 28 days of discharge.
- Evaluation of the logistics of the IT networks at the Fiji Pharmaceutical Services Centre [FPS] was completed in April. Further strengthening is needed.

The laboratory items have been integrated into the FPS system .However the Dental and Biomedical supplies are yet to be integrated into the system in order to make FPS as the National Procurement Centre.

There is now a marked improvement in the availability of drugs and other medical supplies at all health facilities as a result of continued training of staff on logistics management information system. These were conducted 6 times during the year for all appropriate staff.

It is anticipated that availability of supplies will further improve as FPS has now engaged the services of a 'Freight Forwarder,' Mersk Logistics to look after supplies and timely delivery of drugs and medical supplies to Fiji.

The National Rehabilitation Unit, housed at Tamavua has 20 beds with a complement of 20 staff. A total of 80 admissions were recorded during the year. Patients included those suffering from:

- Tetraplegia – 9
- Paraplegia – 21
- Hemiplegia – 11
- Above Knee Amputees [AKA] – 10
- Below Knee Amputees [BKA] – 27
- Traumatic Brain Injury – 1
- Fracture Neck of Femur – 2
- Other debility problems – 3

Home visits to assess and advise on patient rehabilitation at home are routinely done by the relevant staff

The most significant change noted was the culture of patient safety developing in almost all areas of clinical services. The staff are better informed in the area of risk management and also alerted to the importance of the Clinical Service Plan and its role and impact on the health services delivery in all health facilities.

4.4.2 **Key Result Area Two: PROTECTION OF HEALTH**

Review, develop and implement policy, legislation, regulation and standards for the safety and protection of the health and well being of the people of Fiji.

Strategies include:

- Reviewing of existing legislation allocating appropriate resources for the process
- Examining and implementing options to transfer the functions of professional registration and regulation to independent professional bodies
- Allocation of resources to develop policies to govern the registration of allied health workers
- Development of an effective Disaster Management response

The following activities were undertaken and accomplished:-

- A short term Adviser was engaged to review the Pharmacy and Poisons Act
- Prioritized legislations for review were identified in April and include, the Public Health Act, Pharmacy & Poisons Act and Nursing Act.
- Draft of Revised Nursing Bill completed.
- The Scope of Practice-Decision Making Framework for Fiji Nurses developed by James Cook University and Registered Nurses Fiji was finalized and launched on 13th December 2006.
- Multisectoral consultations with appropriate stakeholders were undertaken and recommendations for the establishment of professional registration bodies to review the Fiji Medical and Dental Practitioners Act, the Nurses and Midwives and Nurse Practitioners Act, AHW Bill. Submitted to the National Executive Committee for endorsement.

4.4.3 **Key Result Area Three: Promotion for Health.**

Development and maintenance of effective partnership that empower all stakeholders to promote health and reduce risk factors related to communicable and non-communicable diseases.

Strategies:

- Implement an integrated Strategic Plan for the prevention early detection, and control of non communicable diseases and their complications
- Implement strategies for prevention, surveillance and control of communicable diseases
- Implement strategies for the integrated promotion of health across the lifespan
- Strengthen quarantine, waste management, burial and cremation activities
- Expand health promoting communities program and increase range of healthy settings
- Formulate an effective disaster response system

Activities and Achievements:

Non-Communicable Diseases:

The activities outlined in the 2005 **Non- communicable Diseases Strategic plan** and implemented by the three divisions were evaluated early in the year and areas that needed to be addressed were identified for action during the year.

Diabetes training package was developed and printed.

Review of the National Diabetes Center was completed and recommendations implemented.

One of the recommendations was to reduce the number of NCD subcommittees from eight to four viz: Risk Factors, Clinical, Research, and Divisional.

With funding from the FHSIP, an officer was appointed to manage the 'Save the Foot' project and based at the Ministry of Health Headquarters.

A Surveillance Officer was appointed to draw up the NCD surveillance Framework and to organize guidelines for screening standards nationally.

World No Tobacco Day in May targeted the younger generation.

The Who Award for a Tobacco Free village was won by Nabila Village in Nadroga province for the third time. This has put Fiji as the first country in the world to have received this award three times in a row.

National Tobacco control Strategic Plan was formulated and endorsed in April and was followed by recruitment and training of Enforcement officers to implement the prioritized enforcement activities in the divisions.

Activities outlined for the Implementation of the Framework on the Control of tobacco Convention [FCTC] were done during the latter half of the year.



Turaga ni Koro of Nabila Village receiving The WHO No Tobacco Day Award from Dr Chen Ken, WHO Fiji rep and Minister for Primary and Preventative Service, Mr. Udit Narayan.

ORAL HEALTH

The National Oral Health Policy was developed and endorsed in August 2006 based on the findings from the 2004 National Oral Health Survey.

A draft of the Oral Health Plan was completed at the end of the year.

The basic Package for Oral Health Care has been developed and distributed to users.

The Mental Health and Suicide Prevention Plan 2005-2008 was finalized early in the year and disseminated to all divisions for implementation.

Review of the Mental Treatment Act commenced in November 2006 and the national policy on disabilities was also formulated.

The Mental Health

World Mental Health Day celebrations were conducted at Parliament with 2 half day seminars on Mental Health for the members of the Upper and Lower houses of Parliament. These two seminars were the culmination of a month long mental health awareness campaign, which was launched on World Suicide Prevention Day [September 9, 2006]. Other milestones include:

- The commencement of the post-basic nursing certificate in mental health in September 2006.
- Appointment of Mental Health Project officers [1 for North Health Services & 1 for Western Health Services]
- Training of public health nurses in Northern and Western divisions in mental health



World Day for Suicide Prevention, Sukuna Park, Central Suva

Eye care prioritized activities as outlined in the National Strategic Plan on Eye Care 2004-2008 were implemented by December 2006.

Visiting Eye Specialists complemented the work of the local Ophthalmologists and provided the needed services in the rural areas such as in the Northern Division. New Technique for cataract surgery were introduced in Labasa

Hospital by the visiting VOSO team and special equipment have been donated to be used by the local eye specialists in the next two years. Almost 1000 free reading glasses were also supplied.

Beeves Eye Team: conducted eye screening in rural areas in Cakaudrove Subdivision, performed some minor eye surgeries and also issued eye glasses. The team also donated and installed an air conditioner for Savusavu Hospital Paying Ward lounge.

Marine Reach Eye Team: conducted screening & minor surgery in Taveuni. The trip was facilitated and organized by the Taveuni Rotary Club who also financed patients from other parts of Vanua Levu who were short listed for surgery.

Nutrition and Dietetics

The 2004 National Nutrition Survey Report was finalized and distributed to all divisions for dissemination. The report represents the most up to date information on the nutritional status of Fiji's population from a broad public health and nutritional perspective. This was the 3rd Fiji National Nutrition survey conducted by the National Food and Nutrition Centre [NFNC] of the Ministry of Health with funding and technical support from the following bodies; Fiji Govt, AUSAID, UNICEF, NZAID, and LINZ Centre of Otago University, NZ

School Nutritional Status:

The focus is assessment of nutritional status of students and staff, monitoring of school lunch/meals of students, healthy eating promotion and awareness for students and PTAs and also promote/encourage school gardens in the primary schools.

The following were the assessment for schools visited:

Tot No of Primary Schools in the Divisions = 711

Tot Schools visited & assessed = 538 with tot roll = 99722

Tot children seen & assessed by dieticians = 81377

Nutritional Status is as follows for Height for age and weight for Height:

Of the total (81377) seen,

Children with Normal weights = 51512 (63.30%)

Children who are under = 21394 (26.29%)

Of those there were 11.03% were Fijian Students (with Severe -1%, & Mod. Uwt = 10%)

And 15.26% were Indians – with 5.2 % severe & 10.06% moderate under wts)

Nutrition monitoring tool developed for children under 5 years old and endorsed by the National Executive committee.

World Food Day and World Diabetes Day activities were organized in the Divisions.

Baby Friendly Initiatives Program gathered momentum during the Year culminating in the award being given to Nadi, Navua, Korovou, Vunisea and CWM Hospital. All these hospitals were assessed and found to comply with the ten steps to reach the state of being Baby Friendly. This means that the Western Division's base and sub-divisional Hospitals are now Baby Friendly thus the award was presented to the West by WHO in November 2006. The only Division yet to accomplish this status is Central/ Eastern with three hospitals yet to declare as baby friendly.

National Centre for Communicable Diseases Surveillance

The National Communicable Disease Surveillance and outbreak Response Plan was finalized and endorsed followed by the finalization of the National and Divisional Influenza Pandemic Preparedness to get underway. Fiji has been working with Pac ELF towards the elimination of Lymphatic Filariasis since 2002. The 4th Global Alliance to Eliminate Lymphatic Filariasis meeting was hosted by Fiji at the Warwick Hotel. The fifth round of Mass Drug Administration for Filariasis infection was completed in December. 2006. Evaluation of this programme is envisaged in 2007.

The Public Health Food and water laboratory facilities were established during the year.

The National Expanded Program on Immunization [EPI] Plan with particular emphasis on Measles coverage was endorsed in June and implementation has progressed well in the divisions after the training of the relevant staff.



Immunization of a child.

A new pentavalent vaccine for the five preventable diseases [diphtheria, whooping cough, tetanus, hepatitis B and Haemophilus Influenza] was introduced nationally in January, 2006.

Work on strengthening TB services in the Northern Division was carried out during the year and consultation report submitted for National Executive Council's endorsement.

The TB prevalence rate at the end of Dec.2006 stood at 13.4/100,000 and the death rate was 0.47 per 100,000 populations.

Three [3] patients were identified as positive for TB and HIV.

Work was undertaken to develop the surveillance system and policy for HIV/AIDS and TB as well as strengthening the STI and SGS surveillance system.

Confirmatory testing for HIV/AIDS was established at Mataika House in March 2006 a very welcome development for Fiji and the Pacific region.

Reproductive Health Services continued to be expanded. A total of 12 sub-divisions now have peer educators.

The National Blood Service Strategies Plan 2006 – 2008 was finalized and endorsed by the National Executive Committee. A review of the Quantity, Assurance CWMH Blood bank was done and remedial actions carried out.

The National Maternal Mortality in relation to the Millennium Development Goals was reviewed and reports recommendation were submitted during the year.

The Integrated Management of Childhood illness Program has been rolled out to all division after the completion of National Training of Trainers. This training will be implemented in the division in 2007.

Environmental Health Surveillance under the Central Board of Health was strengthened during the year.

- New positions established in the divisions for Health Promotion Officers. I.e. Divisional Health Promotion Officers and Assistant Health Promotion Officers.
- A Tourist Health Unit was established with activities and parameters identified.

The National Health Emergency & Disaster Plan was finalized and training for the appropriate staff before the plans were distributed to all divisions for dissemination. Mock exercises were conducted in all hospitals with the recommendation that they be carried out at regular intervals.

The most significant changes noted were:

- Greater staff and community awareness on Reproductive Health Integrated Programs and HIV/AIDS

4.4.4 Key Result Area Four: PEOPLE IN HEALTH

Development and Retention of a valued committed and skilled workforce to enhance the delivery of quality health services.

Strategies:

- Analysis of professional staff needs & impact analysis of previous training using WHO methodology.
- Review and development of a professional training plan and policy
- Development of a realistic workforce strategy (that builds on previous plans and experiencing) incorporating areas of health service demands, workforce supply and access to training, retention strategies and succession planning
- Provision of high quality under-graduate and post-graduate programs relevant to Fiji and other Pacific Islands to Fiji School of Nursing
- Enhancement of capacity to develop and implement evidence based policy plan, set standards, monitor evaluate, set priorities, equitably allocate resources and manage risks to support effective management of health services in Fiji

Activities and Achievements:

Only 40% of courses conducted with the PSC compulsory management modules was done.
No Training mode analysis was undertaken.

Phase I of the current Workforce Plan (John Dewdney – WHO) in line with CSP has been completed.

Selection criteria for recruitment to Fiji School of Nursing have been completed.

Some national Health policies have been identified and catalogued.

The Health Research Committee has been established under the Ministry of Health. All research proposals received and endorsed for funding completed. A total of ...22...were endorsed by the Health Research Committee and 18 were approved by the National Research and Ethics Committee.

4.4.5 Key Result Area Five: PRODUCTIVITY IN HEALTH

Strategies:

- Development of Corporate & Business Plans to show clear links to the Millennium Development Goals.
- Development of a fully operational & effective human resource management information system (HRIS)
- Communication of implementation of Health Care Financing Strategies
- Development as part of GOF Financial Management Reforms (FMR) a range of options to supplement revenue.
- Development of an effective financial management system that accurately process transactions and reports on financial performance of centre level in a timely basis in compliance with Governance Acts and Regulations.
- Development of sustainable ICT structure that meet existing business needs
- Development of an asset management plan
- Put in place appropriate transport and communication system
- Implementation of effective health information decision making

Achievements:

- Timely submission of Quarterly Programs Reports in m/of & NP and to the Prime Minister's Office
- Monthly reports are currently being generated by the system and evaluated accordingly
- The Human Resource Manual for the Ministry is being prepared and is yet to be completed
- Various options have been identified and submitted to Cabinet on a range of health care financing for their information
- A task force has been established to identify revenue generation opportunities in accordance with FMR and membership include staff from the policy and operational level
- Integration of patient activity data with finance data has been achieved and is an ongoing task
- The Medical Garage at Tamavua is being strengthened to meet vehicle repair demands and the task will continue to the New Year as there is a need to create new positions for much needed specialized skilled personnel.

- There has been a marked improvement in all aspects of the management of the Health Information System due to a series of workshops and training organized by the Ministry
- The Consolidated Monthly Return has been reviewed and it is anticipated that the appointment of a consultant to develop the Public Health Information system will be done in 2007.
- The most significant change noted is the improvement in disease coding in all hospitals



Elementary ICD-10-AM Coding Certificate Holders

4.5 Health Outcome – Status Report: 2004 – 2005

An attempt to portray the progress of the indicators achieved in the first two years of the strategic plan including the 2004 figures on which the plan was based.

Table 8: HEALTH OUTCOME – STATUS REPORT; 2004 – 2006

Indicator	Achievement		
	2004	2005	2006
1) <u>Reduced burden of Non-Communicable Diseases</u>			
i. Incidence rate of Diabetes (per 100,000 pop)	26.9	24.5	62.6
ii. Admission rate for diabetes and its complications, hypertension and cardiovascular diseases (per 1000 admission)	20.0	20.2	13.2
iii. Amputation rate for diabetes sepsis (per 100 admission for diabetes & complications)	22.3	23.6	33.9
iv. Cancer Prevalence rate [per 10,000 pop]	57.3	46.5	35.0
v. Cancer Mortality [per 10,000 pop]	54.8	64.5	67.0
vi. Cardiovascular Dis.(Coronary Heart Dis.) Mortality rate (per 100,000 pop)	193.2	209.5	204.5
vii. Cardiovascular Dis.(stroke) Mortality rate (per 100,000 pop)	18.4	20.6	42.3
viii. Admission rate for Rheumatic heart diseases (1000 admission)	1.8	1.8	2.3
ix. Admission rate for Hypertensive disease (per 1000 admission)	16.7	15.5	21.0
x. Motor & other vehicle accidents Mortality rate (per 100,000 pop)	8.8	9.1	10.6
xi. Suicide mortality rate (per 100,000 pop)	2.8	2.6	2.8
xii. Healthy teeth index (DMFT)	1.4	1.4	1.4
2) <u>Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases.</u>			
i. HIV prevalence rate among 15 to 24 years old pregnant women	n/a	n/a	n/a
ii. No. of children orphaned by HIV/AIDS	n/a	n/a	4
iii. Prevalence rate of STI's among men and women aged 15- 24yrs (per 1000 [15-24yrs] pop)	6.1	5.4	4.2
iv. TB Incidence rate (per 100,000 pop)	15.8	15.5	13.4
v. Tuberculosis cases detected rate	69	72	89
vi. TB death rate	n/a	n/a	0.47
vii. Incidence of Dengue	n/a	n/a	3.3
viii. Incidence of Leptospirosis	n/a	n/a	9.3
ix. Prevalence rate of Lymphatic Filariasis (N/ survey – 1997)	16	16	16
x. Incidence rate of Measles (per 100,000 pop)	n/a	n/a	3.0
xi. Incidence rate of Leprosy (per 100,000 pop)	0.4	0.4	0
xii. Incidence rate of Typhoid (100,000 pop)	n/a	n/a	n/a
xiii. Incidence rate of Gonorrhoea (per 100,000 pop)	136.3	93.7	98.8
xiv. Incidence rate of Syphilis (per 100,000 pop)	100.5	101.8	75.8
3) <u>Improved family health, reduced maternal morbidity and mortality</u>			
i. Maternal mortality ratio			
ii. Prevalence of anemia in pregnancy at booking	33.9	50.5	43.5
iii. Contraceptive prevalence rate	21.0	18.9	13.5
iv. Proportion of births attended by skilled health personnel	45.9	42	49.1
	99%	98.9%	99.3%
4) <u>Improved child health</u>			
i. Prevalence of under 5 malnutrition (NNS)	7.0	7	7
ii. % of one year old fully immunized (MR1)	68.5	68.0	74.2
iii. Under 5 mortality rate (per 1000 live births)	22.5	25.8	25.8
iv. Infant mortality rate (1000 live births)	17.8	20.8	19.5
5) <u>Improved adolescent health and reduced adolescent morbidity and mortality</u>			
i. Rate of teenage pregnancy (per 1000 CBA pop)	7.5	7.9	8.1
ii. Number of teenage suicides	96	85	90
6) <u>Improved mental health</u>			
i. number of psychiatric beds	190	136	136
ii. number of personnel trained in mental health	N/A	N/A	15
7) <u>Improved environmental health through safe water and sanitation</u>			
• Percentage of population that has access to safe water	Urban – 90 Rural – 60	N/A N/A	N/A N/A
• Proportion of population with access to improved sanitation	Urban – 90 Rural – 90	N/A N/A	N/A 82

Outcome Status:

4.5.1 Burden of Non-communicable diseases: The burden is still heavy and therefore more consistent efforts by the staff at the driving seat to be pursued in order to reach the targeted outcome .A lot of work has been done to curb the increasing trend of this silent epidemic of Non communicable Diseases. The 'risk factor' approach vigorously pursued by the ministry together with inter-sectoral approach and support from the government, religious, non-government organizations and community leaders should go a long way to reverse the present trend in the not too distant future. It can be done.

4.5.2 Communicable Diseases: Control and Elimination, Reverse HIV/AIDS spread.

Tuberculosis prevalence rate is on the decreasing trend. There were a total of 114 reported cases with 71 sputum positives and 41 negatives. There were 3 cases reported that were also HIV positive. This should keep us on the alert as we continue our efforts to reverse the trend of HIV infections as well as control the spread of Tuberculosis.

Leprosy prevalence rate continues to be less than 1/10.000 population at risk.

The prevalence of lymphatic Filariasis is yet to be determined as work on the evaluation of the 5th phase of Mass Drug Administration on the programme of Elimination of Lymphatic Filariasis by 2010.

There was an outbreak of Measles infection during the year which led to mass measles immunization for the target population.

Dengue fever and Leptospirosis incidence were low compared to the previous two years a welcome trend which should be an incentive for continued diligence in this field of work.

HIV/AIDS .The Low prevalence picture as classified by WHO should be incentive for all to continue with vigour on the planned strategies to reverse the spread of this infection among our population at risk. The cumulative figure of 236 since 1989 is presumed to be under-reported.

Table 9: HIV BY GENDER, RACE, AGE GROUPS, AND MODE OF TRANSMISSION FROM YEAR 1989 - December 2006

YEAR	TOTAL	SEX		RACE			MODE OF TRANSMISSION						AGE GROUPS							
		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
TOTAL	236	135	101	194	30	12	207	8	1	1	16	3	16	7	103	72	25	10	1	2

4.5.3 Improved Family health and reduced maternal morbidity and mortality:

There is an encouraging achievement in the outcome where the maternal mortality ratio is generally low indicating good prenatal and postnatal care for mothers and the fact that 99% of deliveries are handled by trained health care providers.

The decreasing rate of anaemia in pregnancy at booking is another very good sign. It is a good indication of the interventions already in place such as flour fortification which was launched in mid 2004.

The contraceptive protection rate of almost 50% is very encouraging and it is noted that more women in the child bearing age [15-44] are opting for hormonal methods (Pills and injectable). This means that they are making informed choices and prefer to use reversible methods of contraception and space the number of children they prefer to have.

4.5.4 Improved child health and reduce child morbidity and mortality.

There is an increase in the percentage of one year olds fully immunized and it is hoped that this will continue so as to prevent the occurrence of the infectious diseases that are currently covered in the immunization programme.

The under 5 mortality rate is the critical indicator of the level of child well being and its rate of change. It measures the end result of the development process. A wide variety of inputs such as nutritional health and health knowledge of mothers, level of immunization and oral rehydration therapy use, availability of child health services including prenatal care income and food availability in the family, availability of clean water and safe sanitation and overall safety of the child's environment.

There is an upward trend which is challenging and should alert us to reassess our strategies and planned activities in order to give our children a better future.

Infant mortality rate has remained stagnant and concerted efforts to further reduce the rate as targeted are needed.

4.5.5 Improved adolescent health and reduced adolescent morbidity and mortality

The number of teenage suicides is under 100 and is a challenge to the community at large for vigilance in our approach towards the welfare of our young people. Counseling the young people through peer educators is an area that needs our full support.

4.5.6 Improved mental Health Care

The number of beds at the only psychiatric hospital in the country was 136, a reduction by 54 from the year 2004.

There were a quite a number of officers sent for further training in mental health. Two doctors returned with Masters Degree and one Nurse, the first in Fiji graduated with Masters in Nursing Practice [Mental Health] through distance learning with James Cook University.

Postgraduate certificate in Mental Health Nursing was also launched during the year with a class of 12 Registered Nursing students.

4.5.7 Improved Environmental Health through safe water and sanitation:

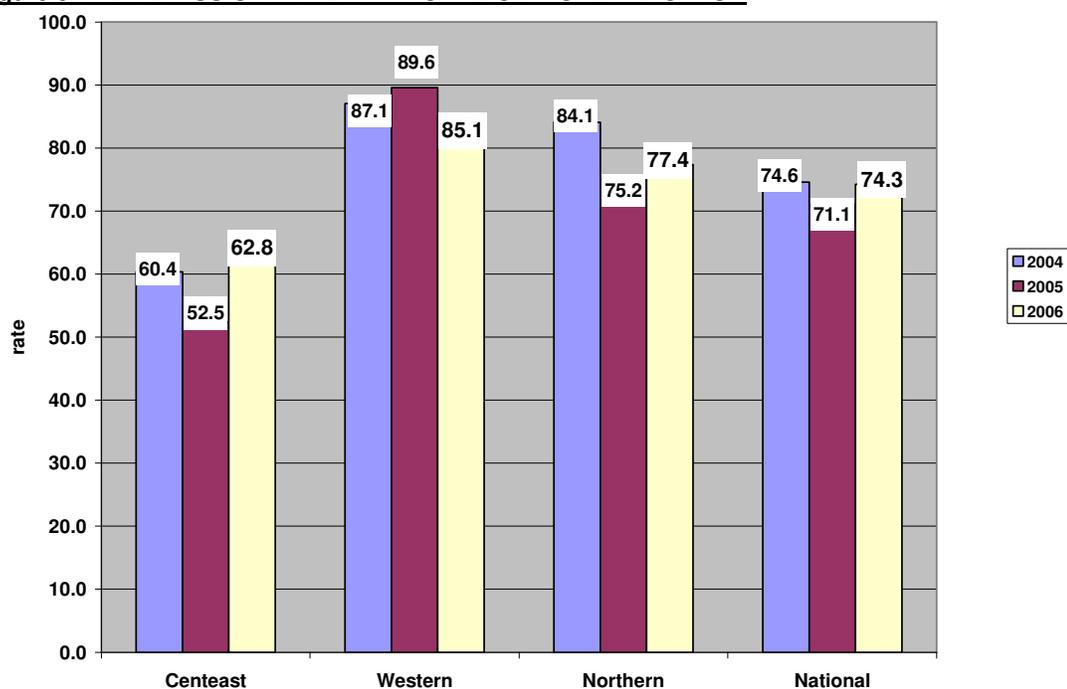
We should be able to get an up to date picture of the proportion of population with sustainable access to an improved water source, urban and rural as the percentage of the population who use any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well, protected spring or rain water from the census report of 2007. The level we reported in our 2004 Report is an indication of our good coverage and our environmental officers together with our Health Promotion officers are to be commended for their efforts working in rapport with the community and other community organization.

4.6 HEALTH SERVICES UTILISATION

The workload borne by the Ministry of Health in 2006 is given under the following tables:

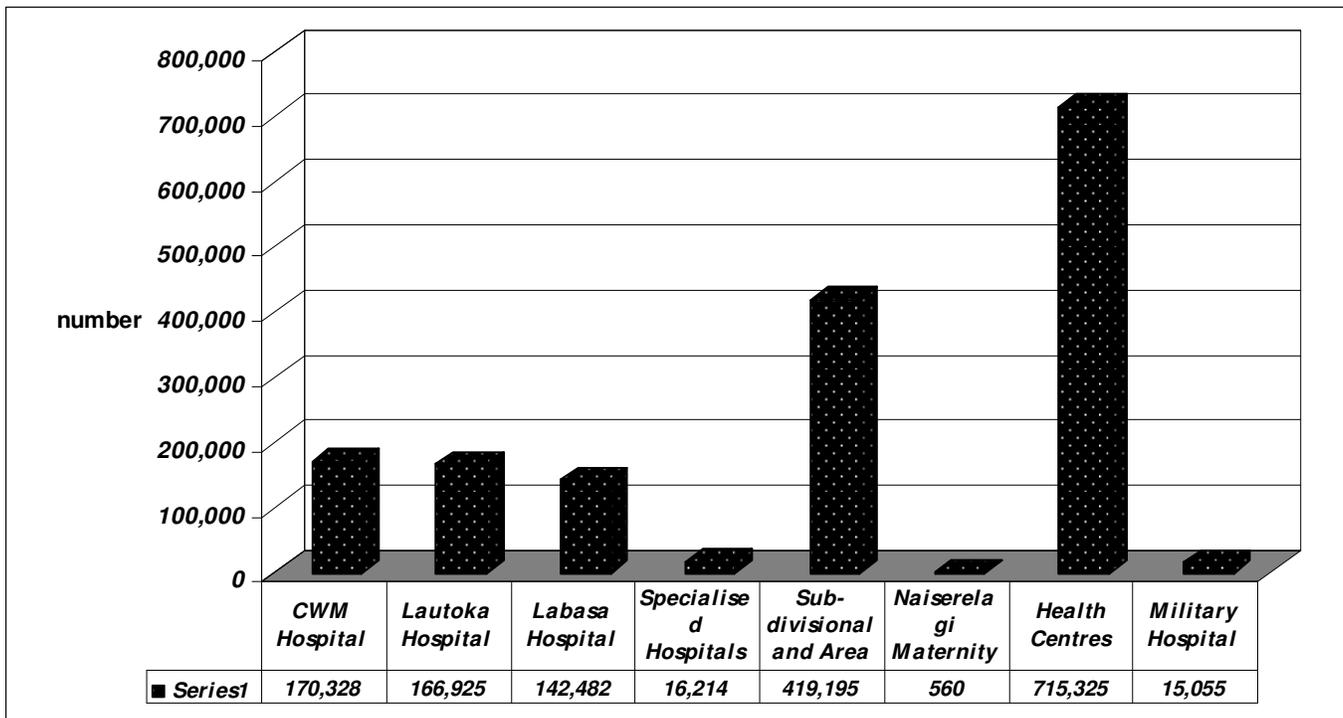
Table 10: Hospital Utilisation by divisions including the specialized hospitals and Old Peoples Home

Institution	Total Outpatient	Total Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed State	Aver Length of Stay
Central/Eastern Division							
CWM Hospital	170,328	426	20,545	112,186	72.15	307.36	5.46
Sub-divisional Hospitals - Central Div	101,016	79	4,807	11,752	40.76	32.20	2.44
Sub-divisional Hospitals - Eastern Div	50,227	109	2,409	8,239	20.71	22.57	3.42
Total	321,571	614	27,761	132,177	58.98	362.13	4.76
Western Division							
Lautoka	166,925	333	13,943	89,418	73.57	244.98	6.41
Sub-divisional Hospitals	225,871	260	13,489	39,411	41.53	107.98	2.92
Total	392,796	593	27,432	128,829	59.52	352.96	4.70
Northern Division							
Labasa	142,482	157	9,083	48,194	84.10	132.04	5.31
Sub-divisional Hospitals	43,735	123	4,634	17,150	38.20	46.99	3.70
Total	186,217	280	13,717	65,344	63.94	179.02	4.76
Sub Total- General Hospitals	900,584	1,487	68,910	326,350	60.13	894.11	4.74
Specialised Hospitals							
St Giles	4,165	136	471	53,021	106.81	145.26	112.57
Tamavua	2,555	64	183	10,489	44.90	28.74	57.32
PJ Twomey	9,494	27	29	3,833	38.89	10.50	132.17
Total	16,214	227	683	67,343	81.28	184.50	98.60
Grand Total	916,798	1,714	69,593	393,693	62.93	1078.6	5.66
Old Peoples Home							
Samabula	-	48	-	-	-	-	-
Natabua	-	44	-	-	-	-	-
Labasa	-	23	-	-	-	-	-

Figure 3: RE-ADMISSION RATE – NATIONAL CLINICAL INDICATOR

Source: Hospital Admission [within 28 days from previous admission]

Figure 4: Total Out-Patient Attendance for 2006



Maternal Child Health: Family Planning Protection & Immunization Coverage

❖ **Family Planning Protection**

Figure 5: Protection Rate by Division

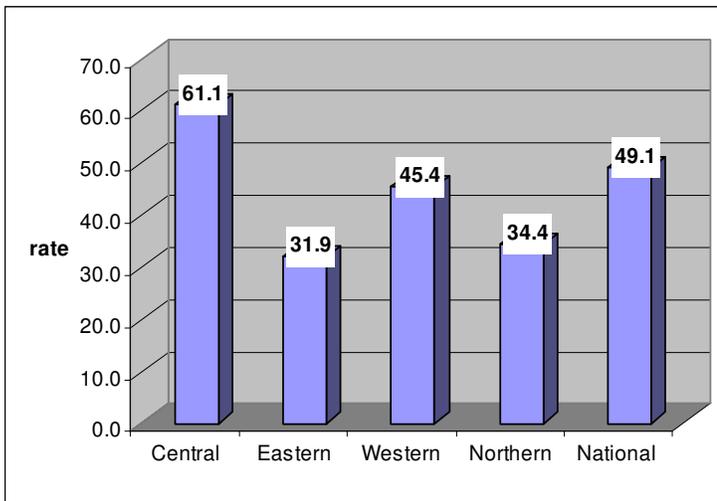
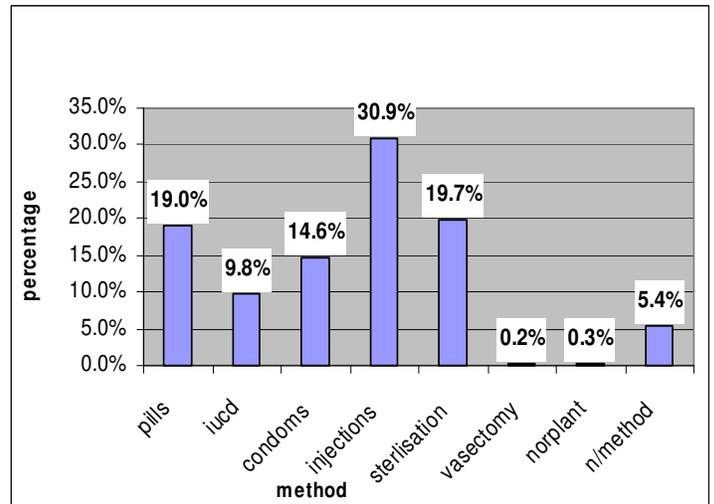


Figure 6: Percentage by Method



❖ **Immunizations****Table 11: Immunization Coverage 2006**

Vaccine	Central	Eastern	Western	Northen	National Coverage
	% immunised	% immunised	% immunised	% immunised	
BCG	93.1	77.7	90.3	97.9	92.5
OPV0	93.1	81.8	90.5	98.6	92.8
HBV0	93.1	79.1	92.9	98.7	93.6
DTP1	79.1	118.9	92.1	93.9	87.1
HepB1	77.9	113.6	94.4	97.5	87.9
OPV1	77.2	112.3	82.8	90.9	82.3
Hib1	789.1	125.7	92.1	93.9	87.3
DTP2	78.9	124.3	92.3	93.3	87.2
HepB2	77.6	116.4	99.8	101	90.3
OPV2	76.6	118.9	87.4	90	83.7
Hib2	78.9	124.3	92.3	93.3	87.2
DTP3	78.6	122.7	93	93.6	87.3
HepB3	57.8	126.6	71.9	60.2	64.9
OPV3	71.5	106.8	81.9	88.1	78.8
Hib3	78.6	125.5	93	93.6	87.4
MR1	67.21	92.4	75.7	87.5	74.2

**Table 12: Oral Health Services Attendances at Static Clinics and Schools outreach.
Attendance at Static Unit by Division 2006**

	Centeast Division			Western division			Northern Division		
	CWM Hosp	Sub-div hosp & H/C	Total	Lautoka Hosp	Sub-div hosp & H/C	Total	Labasa Hosp	Sub-div hosp & H/C	Total
Total Patient attendance	24,210	48,538	72,748	24,196	33,451	57647	18,530	8,102	26,632
Total Treatment rendered	32,466	85,348	117,814	34,139	n/a	34,139	27,339	6,639	33,978
Total Patient pay fees	19,561	34,071	53,632	n/a	24,512	24512	13,053	6,991	20,044
Total Patient exempted for paying fees	4,454	14,467	18,921	n/a	8,939	8939	5,477	2,878	8,355
Total Revenue collected	\$58,048	\$81,401	\$139,449	\$49,758	\$56,157	\$105,915	\$33,695	\$17,359	\$51,054
School Mobile Services attendance	0	16,086	16,086	0	21,695	21,695	0	21,563	21,563

Health Promotion Activities:**Table13: Health Promoting Settings Established.**

Setting	Total for 2006	Accumulated Total
Villages	33	169
Settlements	1	53
Schools		31
Hospitals/Health Facility		2
Town		1
Workplace		4
Others		31
Total	34	291

Multi Media Production Unit**Table 14: Items Produced**

ITEMS	TITLE/TOPICS	QUANTITY PRINTED
New IEC Materials	Oral Health	80,000
	Mental Health	20000
	Measles Fact Sheets	52000
	Cancer	10000
	Nutrition	20000
	Diabetes	35000
	Typhoid	40000
	HIV/AIDS Manual	5000
Pamphlets/Poster	Oral Health	40000
	Nutrition	10000
	Tobacco	20000
	Hypertension	2000
	HIV/AIDS	20000
	Diabetes	10000
Manual/Booklets	Family Assessment Forms	5000
	Cavu I kalawa ki na yanuyanu bulabula	3000
	Profiling Forms	1200
Banners	Measles campaign flag	2000
ITEMS DISTRIBUTED	I	QUANTITY
Posters		33217
Pamphlets		189,504
Booklets		4512
	Total Distributed	227233

Environmental Health Activities

Table 15: Surveillance of Sewage & Wastewater Disposal in the District

Divisions	No. of H/Hold in the District	No. of Inspections	Sewage System	Septic Tanks	Water Seal	Pit	None	Noticed Served
Western	3446	1462	-	2926	438	98	-	-
Central	8732	5860	1167	7199	1084	390	59	32
Eastern	8663	8663	-	3960	4241	277	185	-
Northern	4036	3098	-	1023	1494	191	390	-
Total	24,877	19,083	1167	15108	7257	956	634	32

Table 16: Inspection of Drinking Water Supply

Divisions	No. of Households	No. Inspected	Piped Water	Ground Water Source	Surface Water	Rain Water
Western	3446	109	3125	10	-	311
Central	8732	642	8061	176	124	371
Eastern	8663	8663	1063	601	5236	1763
Northern	4036	2186	3800	134	19	83
Total	24,877	22,900	16,049	921	5379	2528

Table 17: Status of Housing Development

Divisions	Total Surveyed	Concrete		Wooden		Fijian Bure		Lean-to-Sheds	
		Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
Western	3446	862	-	1355	-	416	-	813	-
Central	8732	4135	18	3196	64	24	-	1226	81
Eastern	8663	3197	-	3830	3	328	-	1304	1
Northern	4036	1280	2	1957	30	37	12	698	20
Total	24,877	15,948	20	8,838	94	797	12	3191	72

Community Health Projects

EHO's have been involved in major projects through out their divisions, which have helped in the improvement of Sanitation Status and Quality of Life.

Table 19: Community Health Projects by Division**Central**

Type of Projects	Location	Population of Project setting	Cost of Project	Project Status (In Progress or Completed)
Tikina Waiqanake	Waiqanake Settlement	134	-	In progress
Installation of Roto Mould Tanks 2 x 10,000 gal	Valenicina Settlement	200	\$4,500.00	Awaiting PWD to contract water supply to tanks
Flush Toilets	Tacirua settlements, Savutalele	200	\$2,000.00	In Progress
Low Cost Flush Toilet	◆ Namara Settlement, Tacirua.	200	\$2,000.00	◆ Multi Ethnic projects proposal were submitted by the community individually ◆ Preparing Proposal
	◆ Savutalele ◆ Nakalawaca	- 123	- \$20,000.00	
Water Closets	◆ Naivakacau Village	170	\$3,500.00	Completed
	◆ Namara Village	138	\$7,040.00	Completed
Water Project	◆ Matata Settlement	301	\$37,000.00	◆ Still awaiting connection to main PWD Supply ◆ Seeking Funding ◆ Completed ◆ In progress ◆ Proposal ◆ Proposal ◆ Proposal ◆ Proposal ◆ Proposal ◆ Proposal ◆ Proposal ◆ Proposal ◆ Proposal ◆ Completed
	◆ Vugalei District	250	\$65,000.00	
	◆ Nakalawaca	123	\$17,000.00	
	◆ Namara District School	138	\$7,000.00	
	◆ Logani Village			
	◆ Naimasimasi Village	137	\$59,000.00	
	◆ Vugalei District Sch.	407	\$100,000.00	
	◆ Visa Village			
	◆ Matamaivere Village	140	\$65,000.00	
	◆ Nailogotabua Village			
	◆ Nalato.	78	\$15,000.00	
	◆ Ucunivanua	140	\$15,000.00	
◆ Naikawaga				
◆ Naigani Village	100	\$2,000.00		
		117	\$2,000.00	
		120	\$2,000.00	
		134	\$17,000.00	
		224	-	
Ablution Block	◆ Matacaucau Village	391	\$2,243.60	◆ Completed
	◆ Naitutu Village			
	◆ Nataradave Village	375	\$1,711.80	◆ Completed
		245	\$25,500.00	◆ In progress (3 rd Phase)

Eastern

Type of Projects	Location	Population of Project setting	Cost of Project	Project Status (In Progress or Completed)
Water Project	▪ Naivakaraniniu, Kadavu	250	\$12,000.00	Completed
	▪ Tabamasa, Kadavu	29	\$7,500.00	Completed
	▪ Tavuki Primary School, Kadavu	120	\$8,200.00	Completed
	▪ Matuku, Lau	-	FHSIP Funding	In Progress
Sanitation Projects	▪ Kadavu	100	\$2,500.00	Completed
	▪ Lomaiviti	200	\$20,000.00	▪ Awaiting fund from Multi Ethnic affairs
	▪ Matuku, Lau	-	FHSIP Funding	▪ In progress

Northern

Type of Projects	Location	Population of Project setting	Cost of Project	Project Status (In Progress or Completed)
Water Project	▪ Coqeloa, Macuata	-	-	▪ Completed
	▪ Central Lagalaga	-	\$5,000.00	▪ Proposal forwarded to FHSIP
	▪ Papalagi Indian Sch.	-	-	▪ Completed
	▪ Naqili	-	\$10,000.00	▪ Proposal forwarded to Provincial development.
	▪ Waidina Settlement	-	\$5,000.00	▪ Completed
	▪ Wailevu Settlement, Udu	-	\$5,000.00	▪ Completed
	▪ Nabouono Village	-	\$5,000.00	▪ Completed
	▪ Lomaloma	-	\$5,000.00	▪ Completed
	▪ Nakavika	-	\$5,000.00	▪ Completed
	▪ Vunikodi Village	-	\$5,000.00	▪ Completed
	▪ Nabekavu Stage II	-	\$5,000.00	▪ Completed
	▪ Nukudamu	-	\$6,000.00	▪ Completed
	▪ Nainima	-	\$5,000.00	▪ Papers submitted to funding agencies
	▪ Lovelove	-	\$17,000.00	▪ Papers submitted to funding agencies
	▪ Nakera & Nasovaga	-	\$12,000.00	▪ Papers submitted to funding agencies
	▪ Korovuli	-	\$12,000.00	▪ Completed
	▪ Malawai Central	-	-	▪ Papers submitted to funding agencies
	▪ Matanisivana	-	\$3,800.00	▪ Papers submitted to funding agencies
	▪ Lovonivonu, Taveuni.	-	-	▪ Papers submitted to funding agencies
	▪ Nasawana, Bua	-	-	▪ 1 st Phase Completed & awaiting funding for 2 nd phase
▪ Soti	-	-	▪ Near Completion	
			\$26,000.00	▪ In Progress
			\$26,000.00	▪ Completed

		-	\$5,000.00 \$5,000.00	▪ Completed
Sanitation Project	<ul style="list-style-type: none"> ▪ Namara ▪ Vuiyakana ▪ Nayarabale ▪ Natabe ▪ Navukivuli ▪ Nubu ▪ Navakawau Village, Taveuni. ▪ Cogeia, Bua ▪ Navakasali, Bua ▪ Nakorotiki, Bua ▪ Naivaka, Bua ▪ Naruwai Village School, Bua 	- - - - - - - - - - -	\$29,000.00 \$5,000.00 \$5,000.00 \$5,000.00 \$5,000.00 \$6,000.00 \$12,000.00 \$5,000.00 \$5,000.00 \$5,000.00 - \$1,500.00	<ul style="list-style-type: none"> ▪ Proposal forwarded to Min. of Multi-Ethnic ▪ Completed ▪ Completed ▪ Papers submitted to funding agencies ▪ Papers submitted to Provincial Development ▪ In Progress ▪ In Progress ▪ In Progress ▪ In Progress ▪ 19 Completed ▪ Completed
Footpath	<ul style="list-style-type: none"> ▪ Nakawakawa, Bua ▪ Naruwai, Bua 	- -	\$5,000.00 \$1,500.00	▪ In Progress
Dispensary	◆ Tavea, Bua	-	\$5,000.00	◆ Completed
Kitchen & Dinning	◆ Ratu Luke Memorial Sch, Bua	-	\$4,000.00	▪ In Progress

Source: Ministry Of Health

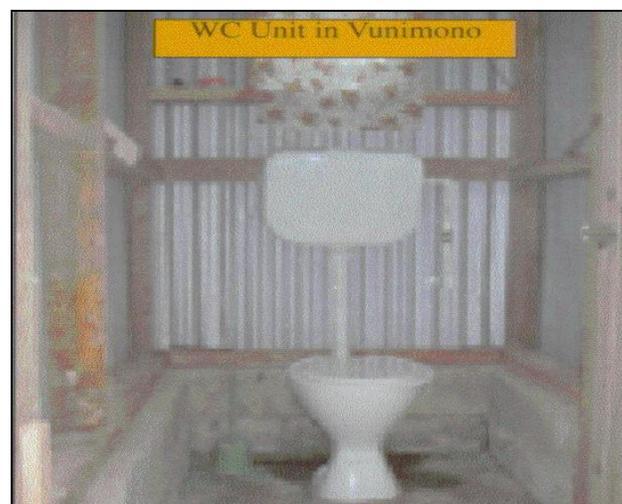
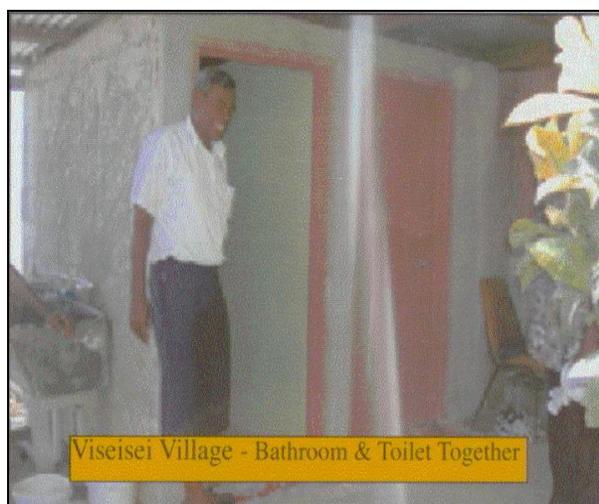


Table 20: Disease Investigation Summary [6.5]

Divisions	Diseases	No. of Cases	Locality	Preventative Measures Taken
Western	<ul style="list-style-type: none"> ▪ Measles ▪ Typhoid ▪ Fish Poisoning 	<p style="text-align: center;">2 3 14</p>	<ul style="list-style-type: none"> • Veisau, Vito • Namoli • Tomuka/ Jinnu/ Vio/ Navutu 	<ul style="list-style-type: none"> ▪ MMC ▪ PE Awareness ▪ Preventative & Control Measures Taken. ▪ Fijian Herbal Medicine.
Central	▪ Typhoid	84	<ul style="list-style-type: none"> ▪ Valenicina ▪ Nadonumai ▪ Matata ▪ Qauia ▪ Lami ▪ Naicobocobo ▪ Wailekutu ▪ Lami Primary Sch. ▪ Wairua ▪ Kalekana ▪ Wailea ▪ Nasoqo ▪ Lakha Singh Rd, Sakoca. ▪ Waigasa ▪ Flat 32, Nairai Rd ▪ Delai Veisari ▪ Naitubu Village ▪ Veinuqa Village ▪ Naimasimasi Village ▪ Wainibuku ▪ Nakaile ▪ Naselai ▪ Colo-I-Suva ▪ Verata Naila 	<ul style="list-style-type: none"> ▪ Collaboration work with Public Water Supply Department for the provision of wholesome water supply to Valenicina to address the Typhoid problem. This includes the installation of 3 ▪ Water Tanks to temporary provide water whilst all arrangement for the metre is done. ▪ Case investigation carried out. ▪ Environmental Health Assessment. ▪ Health Education and Awareness.
	▪ Suspected Fish Poisoning	17	<ul style="list-style-type: none"> ▪ Nabua Hall (Nakasaleka, Kadavu) ▪ Suva City Council Area- Staff of G.P.Lala & Associates. 	<ul style="list-style-type: none"> ▪ Interviewed the Cases and stool samples taken. ▪ Interviewed cases, Blue Sky Korean Restaurant was inspected, interviewed owner and fish sampled. ▪ Health awareness done, water sampled.
	▪ Dengue Fever	5	<ul style="list-style-type: none"> ▪ Vuga Street, Falgstaff. ▪ 23 Tora Street, Tamavua. ▪ Nataleira 	<ul style="list-style-type: none"> ▪ Identification of patients, determination of collection addresses. ▪ Case investigation conducted ▪ Larval sampling & Health Education (Handouts given)

	<ul style="list-style-type: none"> ▪ Diarrhoea 	2	<ul style="list-style-type: none"> ▪ Ligairatu 	<ul style="list-style-type: none"> ▪ Treatment and Health Education carried out for confirmed and contact cases
	<ul style="list-style-type: none"> ▪ Leptospirosis 	4	<ul style="list-style-type: none"> ▪ Lokia ▪ Savura ▪ Naduru 	<ul style="list-style-type: none"> ▪ Treatment and Health Education carried out for confirmed cases.
	<ul style="list-style-type: none"> ▪ STI/HIV 	4	<ul style="list-style-type: none"> ▪ Tailevu ▪ Davuilevu 	<ul style="list-style-type: none"> ▪ Contact Tracing ▪ Treatment at Hospital
Eastern	<ul style="list-style-type: none"> ▪ Diarrhoea ▪ Leptospirosis 	70 6	<ul style="list-style-type: none"> ▪ Eastern Division 	<ul style="list-style-type: none"> ▪ Interviewed cases. ▪ Water sample taken ▪ Health Education & Awareness.
Northern	<ul style="list-style-type: none"> ▪ Typhoid ▪ Leptospirosis ▪ Dengue 	54 5 1	<ul style="list-style-type: none"> ▪ Northern Division 	<ul style="list-style-type: none"> ▪ Basic sanitation ▪ Proper personal hygiene ▪ Safety precaution on food handling ▪ Contacts of the case were screened ▪ Safe water ▪ Advised to practice hand washing. ▪ Advised to drink boil water. ▪ Improvement toilet facilities.
Total		271		

International Quarantine/Port and Airport Health Services

Tables 21: Vessels Selected to Quarantine Measures

Types of Vessels	No. of Vessels Attended During the Year	Total No. Of Passengers & Crew Screened
Cargo Vessels	251	163
Fishing Vessels	1121	-
Yachts	352	-
Car Carriers	17	57
Passenger Vessels	34	-
Gas Tankers	25	-
Naval Vessels	10	-
Bulk Carriers	20	-
Cable Ships	0	-
Sugar Vessels	3	64
Barge	1	-
Oil Tanker	73	-
Research Vessels	6	-

Tugs	18	-
Local Vessels	25	-
Total	1956	284

Table 22: International Airport Quarantine Services

Services Rendered	Total for the Year		No. of Passengers & Crew Screened
	Nadi	Nausori	
Arriving aircraft Boarded & Inspected	95, 477	504	633,069
Top of Descent Spraying (Malarial)	"	40	"
Ground Spraying (Malarial)	"	54	"
Residual Disinsectisation	"	270	"
Vaccination Surveillance	"	80	"
Inspection of Suspected Items	"	20	"
Passenger Detention under Surveillance	"	-	"
Departing Aircraft Inspected	"	-	"
Airline Catering Services Inspections	"	434	"
Aircraft Waste management Inspections	"	434	"
Aircraft Sanitation Inspection	"	434	"
Red Alert Aviation Exercise	"	1	"
Biological Specimens	"	60	"
Holy Water Detention (21Days)	"	6	"
Human Remains Cleared	"	7	"
Total	95, 477	2, 344	633, 069

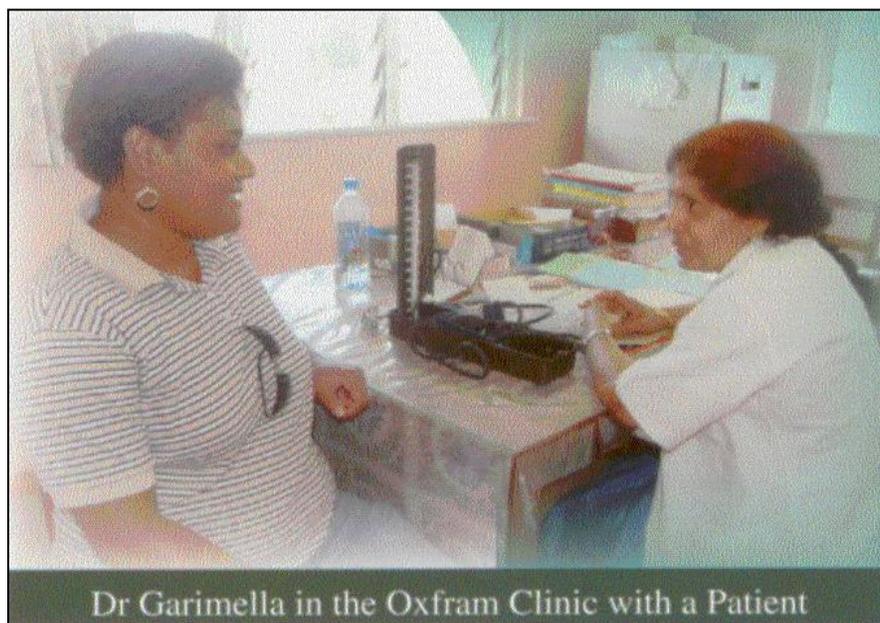
4.7 MORBIDITY AND MORTALITY STATISTICS**Table 23: Top Ten Causes of Morbidity and Mortality - 2006**

MORBIDITY			MORTALITY	
No.	Cause	%	Cause	%
1	Injury	5.2	Diabetes Mellitus	13.7
2	Influenza & pneumonia	4.4	Other forms of heart disease	11.7
3	Intestinal infectious disease	3.6	Ischaemic Heart Disease	10.6
4	Infection of skin and subcutaneous tissues	3.1	Hypertention	8.4
5	Ischaemic heart disease	2.4	Septicaemia	6.1
6	Other conditions originating in the perinatal period	2.4	Cerebrovascular Disease	5.8
7	Chronic lower respiratory disease	2.1	Other Conditions Originating in the Perinatal Period	3.1
8	Other forms of heart disease	2.1	Chronic Lower Respiratory Disease	3.0

8	Hypertention	1.4	Renal Failure	2.8
9	Diabetes mellitus	1.3	Influenza & Pneumonia	2.5
10	Cerebrovascular disease	1.0	Neoplasm of female genital organ	2.0

Source: Hospital Admission

Source: Death certificate



Dr Garimella in the Oxfram Clinic with a Patient

Advising her on preventative procedure to help detect cancer.

Table 24: Notifiable diseases reported during the year.

No.	Diseases	Central	Western	Northern	Eastern	Total
1	Acute Poliomyelitis	1	0	0	0	1
2	Acute Respiratory Infection	1,430	2,216	5,002	1,075	9,723
3	Anthrax	0	0	0	0	0
4	Brucellosis	0	0	0	0	0
5	Chicken Pox	375	502	91	74	1,042
6	Cholera	0	0	0	0	0
7	Conjunctivitis	6,360	3,637	1,593	512	12,102
8	Dengue Fever	14	1	18	1	34
9	Diarrhoea	4,606	3,622	2,457	726	11,411
10	Diphtheria	0	0	0	0	0
11	Dysentery (a) Amoebic	14	2	0	1	17
	(b) Bacillary	57	9	22	1	89
12	Encephalitis	1	0	1	1	3
13	Enteric Fever (a) Typhoid	22	1	139	0	162

	(b) Para					
	Typhoid	2	0	3	0	5
14	Fish Poisoning	168	255	159	35	617
15	Food Poisoning	12	12	7	2	33
16	German Measles (Rubella)	0	1	0	6	7
17	Infectious Hepatitis	20	18	37	6	81
18	Influenza	8,186	4,756	510	1,316	14,768
19	Leprosy	0	0	0	0	0
20	Leptospirosis	8	6	27	2	43
21	Malaria	2	0	0	0	2
22	Measles (Morbilli)	25	71	7	10	113
23	Meningitis	55	39	10	3	107
24	Mumps	1,860	1,373	1,537	100	4,870
25	Plague	0	0	0	0	0
26	Puerperal Pyrexia	0	0	2	1	3
27	Replasing Fever	187	0	30	0	217
28	Rheumatic Fever	2	0	0	0	2
29	Smallpox	0	0	0	0	0
30	Tetanus	0	0	0	1	1
31	Trachoma	28	167	11	253	459
32	Tuberculosis (a) Pulmonary	76	17	0	0	93
	(b) Others	23	3	0	0	26
33	Typhus	0	0	0	0	0
34	Viral Infection	6,842	7,117	4,373	3,356	21,688
35	Whooping Cough [Pertussis]	45	1	4	1	51
36	Yaws	0	0	0	0	0
37	Yellow Fever	0	0	0	0	0
38	Veneral Disease					
	(a) Gonorrhoea	314	449	48	47	858
	(b) Granuloma Inguinale	0	0	1	0	1
	(c) Herpes Zoster	9	12	4	1	26
	(d) Ophthalmia Neonatorium	0	0	0	0	0
	(e) Lymphogranuloma Inguinale	0	0	0	0	0
	(f) Soft Chancre	0	0	0	0	0
	(g) Syphilis	453	165	33	7	658
	(h) Veneral Warts	1	17	1	1	20

SECTION 5: FINANCE

5.1 BUDGETARY ALLOCATION

The total budget allocated to the Ministry of Health determines to a large extent our ability to effectively deliver services

The total health Budget for the year, 2006 was F\$145million which was 9.5% of the National Budget of F\$1.5billion.

The expenditure is categorized into operational and capital expenditure. The operational expenditure largely deals with the administration of which the biggest component has been salaries and wages.

Approximately 56% of the Annual Budget is spent on Personnel Emoluments/ Wages and 44% is spent on goods.

There were over expenditures in the **travel and communications, maintenance and operations and operating grants and transfers [segments 3, 4 &6]** of the budget.

Table 25: Budget Provision and Expenditure Commitment by Standard Expenditure Group.

								
Head Summary	Provision	Exp YTD (Jan - Nov)	Exp Current Month (Dec)	Total (FT)	Commitments (Always ZERO)	Total Expenditure	Balance Available	% of ACT/PROV
SEG 1 - Established Staff	67,675,100.00	70,220,503.65	-3,493,198.74	66,724,972.71	0.00	66,724,972.71	950,127.29	98.60%
SEG 2 - Government Wages Earners (GWVE)	14,680,100.00	10,374,046.67	3,787,305.33	14,178,652.00	0.00	14,178,652.00	501,448.00	96.58%
SEG 3 - Travel and Communications	2,426,800.00	2,647,529.33	497,100.77	3,142,436.66	0.00	3,142,436.66	-715,636.66	129.49%
SEG 4 - Maintenance and Operations	6,622,200.00	7,279,316.01	1,688,812.41	8,952,646.43	0.00	8,952,646.43	-2,330,446.43	135.19%
SEG 5 - Purchase of Goods and Services	23,371,100.00	17,265,649.47	5,684,706.25	22,606,096.57	0.00	22,606,096.57	764,003.43	96.73%
SEG 6 - Operating Grants and Transfers	4,249,600.00	4,208,784.37	53,451.98	4,262,236.35	0.00	4,262,236.35	-12,636.35	100.30%
SEG 7 - Special Expenditures	2,040,900.00	1,816,634.44	86,620.03	1,877,657.44	0.00	1,877,657.44	163,242.56	92.00%
SEG 8 - Capital Construction	4,480,321.00	2,324,154.64	577,761.44	2,901,916.08	0.00	2,901,916.08	1,548,083.92	64.77%
SEG 9 - Capital Purchase	2,898,186.00	2,481,622.77	154,120.95	2,635,743.72	0.00	2,635,743.72	262,442.28	90.94%
SEG 10 - Capital Grants and Transfers	1,000,000.00	1,000,000.00	0.00	1,000,000.00	0.00	1,000,000.00	0.00	100.00%
SEG 13 - Value Added Tax	15,524,388.00	15,023,506.13	1,430,952.11	16,454,458.24	0.00	16,454,458.24	-942,570.24	105.99%
Total	144,968,695.00	134,641,747.48	10,467,632.53	144,736,816.20	0.00	144,736,816.20	188,057.80	99.84%

5.2 REVENUE COLLECTED**Table 26: Revenue 2006**

No	Description	Total Revenue Collected
1	Fumigation and Quarantine	165,338.69
2	In-Patient Fees (Paying Ward)	157,886.24
3	In-Patient Fees (Public Ward)	4,402.14
4	X - Ray Fees	225,765.02
5	Laboratory Fees	33,886.24
6	Dental Fees	249,079.83
7	Miscellaneous i.e. ,	
	Ambulance Fees	
	Eye Department, Medical Report,	
	Notification of Birth, Death,	127,312.75
	Registration, etc	
8	Crutches	7,773.34
9	Fiji School of Nursing	265,818.08
Grand Total		1,237,262.33

Total Revenue collected was F\$1.2million. Fiji School of Nursing, Dental and X-ray fees were the top three revenue earners for the Ministry Of Health in 2006.

SECTION 6: CONCLUSION

The year 2006 was an extraordinary one for Fiji as a whole. The fact that we managed to perform our duties and implemented most of our planned activities, despite the political changes speaks volumes of the caliber of people at post. Whilst we may not have pleased everyone with our services, we have done our best with the resources given to us during the year.

The constraints we faced were not insurmountable and we are grateful that our Partners were able to assist us where there was a lack from the Government budget.

The Fiji Health Sector Improvement Program [Aus-Aid] has been of great assistance filling in the gap and moving us forward through personnel as advisers as well as monetary assistance for various projects.

Clinical Services Improvement through the implementation of the planned activities during the year has been noted.

Health promotion and Protection will need our concerted efforts especially to address the risk factors and complications of Non- communicable diseases as well prevention of the root causes of communicable diseases already highlighted in this report.

The threat of Infectious Diseases such as the Avian Flu and Pandemic Influenza has alerted us to pay special attention to border control and quarantine requirements.

Undergraduate and in-service training of health personnel continues to be addressed for proper preparation before and after joining our workforce.

We are encouraged that Private Institutions are being established in Fiji to offer more places for training of our future personnel.

Health care Financing is a big challenge that will need to be addressed.

Success will largely depend on how the Ministry Of Health had been, is, and will be perceived.

As we face the future with uncertainty, we can only focus on God, Our Creator who called us to this ministry, to guide us to serve our people to the best of our ability.

SECTION 7: ACKNOWLEDGEMENTS

We acknowledge the countries and organizations listed hereunder for their tremendous support and assistance both in financial and technical terms during the year.

These include:-

1. Countries

- Australia
- Canada
- Peoples Republic of China
- Japan
- New Zealand
- South Korea
- India
- United Kingdom
- United States of America

2. Commonwealth and United Nations Agencies

- World Health Organizations [WHO]
- United Nations Development Program [UNDP]
- United Nations Fund for Populations Activities [UNFPA]
- United Nations International Childrens' Emergency Fund [UNICEF]
- Food and Agricultural Organisation [FAO]
- Commonwealth Fund for Technical Co-operation
- International Telecommunication Union [ITU]

3. Local Institutions, Regional and International 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
- Fiji Red Cross Society
- Fiji Medical Association
- Fiji School of Medicine
- Fiji Sixes
- 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 the Pacific Community
- Secretariat for the Pacific Islands Applied Geoscience Commission
- Soqosoqo Vakamarama
- Tokai University
- University of the South Pacific

4. Statutory Bodies and Boards

- Boards of Visitors to various Hospitals and Health Centres
- Central Board of Health
- Pharmacy and Poisons Board
- Fiji Dental and Medical Board
- Nurses and Midwives Board
- Rural and Local Authorities.

The contribution of the staff and their dedication to duty is respectfully acknowledged and it is hoped that the achievements of 2006 will encourage everyone to work and achieve better results in 2007.

'But as for you, be strong and do not give up, for your work will be rewarded.' [2 Chronicles 15:7]

May God continue to bless Fiji and may His unfailing Love for us be reciprocated.

List of Abbreviations:

AHW	Allied Health Workers
AusAID	Australian Aid
BCG	Bacillus Calmette-Guerin
BFHI	Baby Friendly Hospital Initiatives
CBA	Child bearing age
CSP	Clinical Service Plan
CSPF	Clinical Service Plan Framework
CWMH	Colonial War Memorial Hospital
DMFT	Decayed Missing Filled Teeth (Permanent)
DOTS	Direct Observation Treatment Strategy
DPT	Diphtheria, Pertussis Tetanus
EHO	Environmental Health Officers
EPI	Expanded Program on Immunisation
FCTC	Framework on the Control of Tobacco Convention
FHSIP	Fiji Health Sector Improvement Program
FIT	Fiji Institute of Technology
FMR	Financial Management Reform
FNHRERC	Fiji National Research Ethics and Review Committee
FPS	Fiji Pharmaceutical Services
FSM	Fiji School of Medicine
FSN	Fiji School of Nursing
GOF	Government of Fiji
GOPD	General Out-patient
GWE	Government Wage Earners
HBV	Hepatitis B Virus
H/C	Health Centre
Hib	Haemophilus Influenza Type B
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HRIS	Human Resource Information System
ICT	Information Communication and Technology
IEC	Information Education and Communication
IMCI	Integrated Management on Childhood Illness
ITU	International Telecommunication Union
JICA	Japanese International Cooperation Agency
LINZ	Life in New Zealand Activity and Health Research Unit
MBBS	Bachelor of Medicine and Bachelor of Surgery
MDG	Millennium Development Goals
MMC	Mass Measles Campaign
MoH	Ministry of Health
MR	Measles and Rubella
NCD	Non-communicable disease
NFNC	National Food and Nutrition Committee
NZAID	New Zealand Aid
OPH	Old People's Home
OPV	Oral Polio Vaccine
PacELF	Pacific Program to Eliminate Lymphatic Filariasis
PATIS	Patient Information System
PE	Public Education
PH	Public Health
PSC	Public Service Commission
PTA	Parents and Teachers Association
RT	Radio Telephone
SGS	Second Generation Survey
STI	Sexual Transmitted Infection

TB	Tuberculosis
U5MR	Under 5 years mortality rate
UNICEF	United Nation International Children Education Fund
USA	United States of America
VOSO	Vision 20 20
WC	Water Closet
WHO	World Health Organisation