MINISTRY of Health

Shaping Fiji's Health

Annual Report 2012

MINISTRY OF HEALTH

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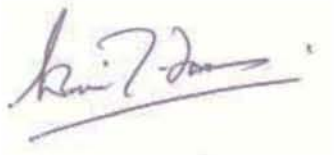
July 2013

Dr Neil Sharma
The Minister for Health
Ministry of Health
Suva

Dear Dr Sharma.

In accordance with the Government's regulatory requirements I am pleased to submit the 2012 Annual Report.



Dr Eloni Tora
Permanent Secretary for Health

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Acronyms

ACP	Annual Corporate Plan
A&E	Accident and Emergency
AHD	Adolescent Health Development
ALOS	Average Length of Stay
APLS	Advanced Paediatric Life Support
ARH	Adolescent Reproductive Health
AMU	Asset Management Unit
AusAID	Australian Agency for International Development
BCG	Bacillus Calmette Guerin
BFHI	Baby Friendly Hospital Initiative
CBA	Child Bearing Age
CBH	Central Board of Health
CD	Communicable Diseases
CG	Clinical Governance
CPG	Clinical Practice Guidelines
CQI	Continuous Quality Improvement
CSDs	Climate Sensitive Diseases
CSP	Clinical Service Plan
CSN	Clinical Service Network
CWMH	Colonial War Memorial Hospital
DMFT	Decayed Missing Filled Teeth
DNS	Director of Nursing
DOTS	Directly Observed Treatment
DPT	Diptheria, Pertusisis, Tetanus
DSAF	Deputy Secretary Administration and Finance
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary Public Health
EHO	Environmental Health Officer
EPI	Expand Program of Immunisation
EU	European Union
FCTC	Framework Convention on Tobacco Control
FHSSP	Fiji Health Sector Support Program
FIBS	Fiji Islands Bureau of Statistics
FMR	Financial Management Report
FNERC	Fiji National Ethics and Research Committee
FNU	Fiji National University
FPAN	Fiji Plan of Action for Nutrition
FPBS	Fiji Pharmaceutical and Biomedical Services
FSC	Fiji Sugar Corporation
GDP	Gross Domestic Product
GF	Global Fund
GMU	Grant Management Unit
GO	General Orders
GOF	Government of Fiji
GOPD	General Outpatient Department
HBV	Hepatitis B Virus
HEADMAP	Health and Emergencies Disaster Management Plan
HPV	Human Papilloma Virus Vaccine
HC	Health Centre
Hib	Haemophilus Influenza Type B
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome

HQ	Headquarters
ICPD	International Conference on Population Development
ICT	Information Communication Technology
IMCI	Integrated Management of Childhood Illnesses
JICA	Japan International Cooperation Agency
KPI	Key Performance Indicator
KOICA	Korean International Cooperation Agency
MARYP	Most At Risk Youth Population
MCDC	Medical Cause of Death Certificate
MDG	Millennium Development Goals
MDA	Mass Drug Administration
MOF	Ministry of Finance
MOH	Ministry of Health
MR	Measles and Rubella
MVA	Manual Vacuum Aspirator
NCD	Non Communicable Diseases
NCHP	National Centre for Health Promotion
NHEC	National Health Ethics Committee
NIMS	National Iron and Micronutrients Supplementation
NTBD	National Tooth Brushing Day
OPV	Oral Polio Vaccine
PATIS	Patient Information System
PCCAPHH	Piloting Climate Change Adaptation to Protect Human Health
PHC	Primary Health Care
PHIS	Public Health Information System
PLS	Paediatric Life Support
PMTCT	Prevention of Mother to Child Transmission
POHLN	Pacific Open Health Learning Network
PPU	Post Processing Unit
PR	Principal Recipient
PSH	Permanent Secretary for Health
PSC	Public Service Commission
RCA	Root Cause Analysis
SEEDS	Sustainable Economic and Empowerment Development Strategy
STI	Sexually Transmitted Infections
SLWP	Study Leave With Pay
SLWOP	Study Leave Without Pay
TB	Tuberculosis
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
USP	University of the South Pacific
WAF	Water Authority of Fiji
WHO	World Health Organisation
VCCT	Voluntary Confidential Counselling Test

1. Permanent Secretary's Remarks

The Ministry of Health's Annual Report provides a mechanism to measure the progress and impact of programs and activities undertaken over a calendar year in contributing towards achievement of outcomes stipulated in the Ministry of Health's 2011-2015 Strategic Plan. The Annual Report is also an opportunity to highlight success, identify areas requiring further support and strengthening and develop priorities for the next 12 months.

Priority continues to be afforded to progressing the health objectives articulated in the Government's Roadmap for Democracy and Sustainable Economic Development and the Millennium Development Goals (MDGs).

During 2012 Fiji was struck with natural disasters with flooding twice in the first two quarters and a hurricane in the last quarter. The Ministry of Health was able to mobilise national and development partner resources to respond to the subsequent health related consequences. The lessons learnt from these events have been incorporated in the Ministry's Fiji National Health Emergencies and Disaster Management Plan (HEADMAP), 2013-2017.

Fiji continues to develop activities and strategies to address the double burden of communicable and non-communicable diseases. The Ministry of Health introduced the Wellness approach as an innovative means of addressing health issues. Wellness is about maintaining population wellness throughout the lifespan in settings. The approach refocuses service delivery, specifically targeting the seven (7) stages of life, baby, infant, toddler, child, adolescent, adult and senior citizen. Wellness action is focused on the seven (7) social determinants of health; breathing, eating, drinking, moving, thinking, resting and reproduction.

The Ministry of Health during the year adopted the WHO health systems strengthening building blocks (governance, workforce, health information, finance, service delivery and medical products, vaccines and technologies) as a strategic guide for the services and programs it delivers. For the Fiji health system to perform at its highest possible level warrants each building block is afforded the appropriate level of support and investment to ensure they mutually contribute to Fiji's sustained health systems performance.

The achievements and progress the Ministry of Health made in 2012 is attributed to the dedicated performance of its staff who have worked tirelessly to provide the best quality health services with the available resources at their disposal, this collective effort is commended and highly appreciated.

The support of the Government of Fiji, development partners, non government organisations and stakeholders is acknowledged without would make the Ministry's delivering health services that much more difficult. To this end the Ministry will continue to seek internal and external support in its efforts to provide, accessible, safe, affordable health services to the people of Fiji.

May God Bless Fiji.

Dr Eloni Tora
Permanent Secretary for Health

2. Ministry of Health Overview

The Ministry of Health of the Republic of Fiji endorses the statement in the preamble of the World Health Organisations constitution, which states,

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

The Ministry of Health of the Republic of Fiji therefore acknowledges that it is a fundamental right of every citizen of the nation, irrespective of ethnicity, gender, creed, or socioeconomic status to have access to a national health system providing quality health care with respect to accessibility, affordability, efficiency and a strengthened partnership with communities for which this health care is provisioned, in order to improve the quality of life of the citizens of the Republic of Fiji.

3. Ministry of Health Priorities

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

In supporting these Strategic Goals the Ministry of Health has set 7 Health Outcomes to pursue,

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

The Ministry of Health's Guiding Principles are,

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

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

Values

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

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

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

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

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

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

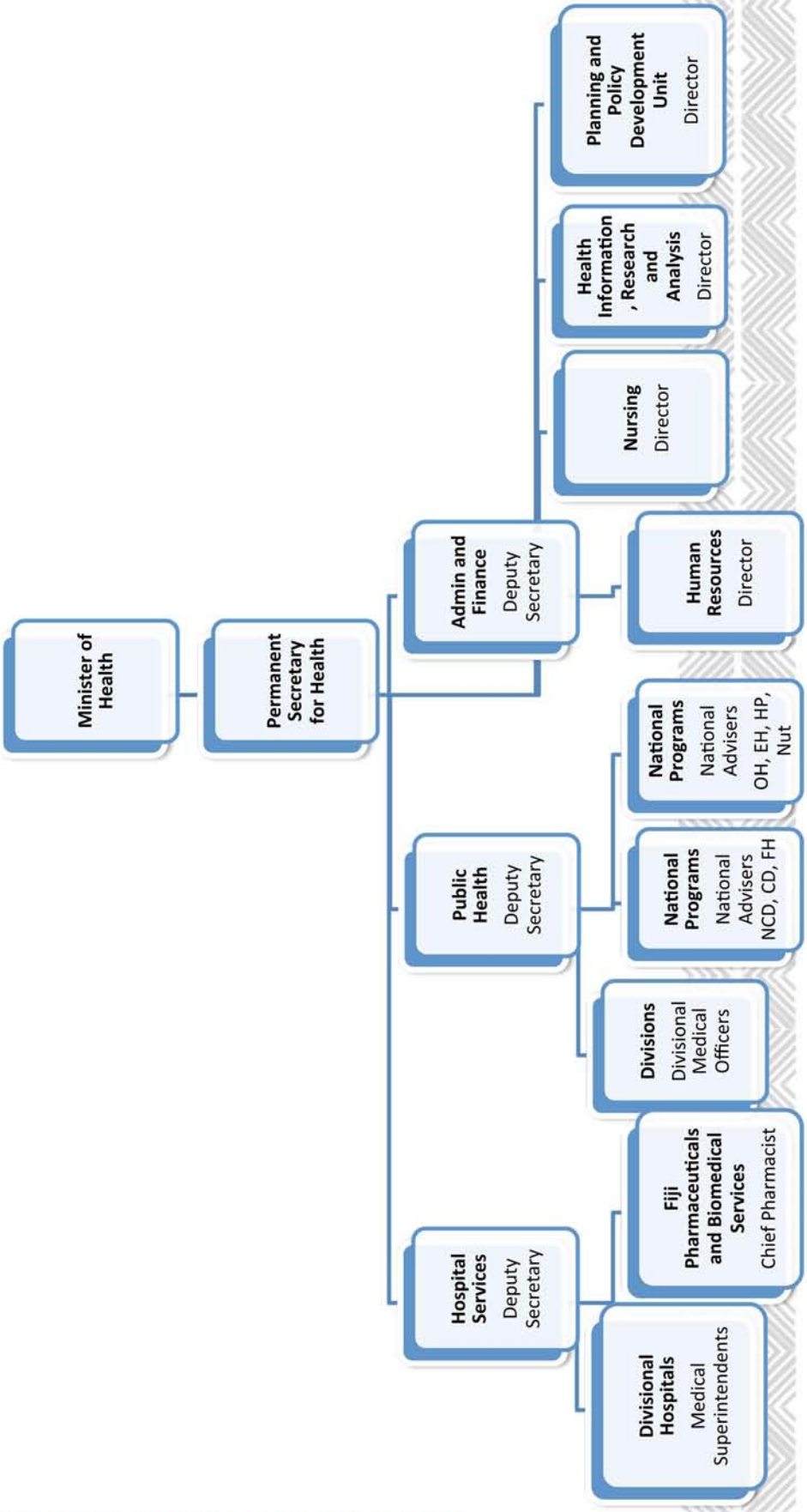
Faithfulness
We will faithfully uphold the principles of love, tolerance and understanding in all our dealings with the people we serve.

Legislation for which this portfolio is responsible,

1. Ambulance Services Decree 2010
2. Animals (Control of Experiments) Act (Cap.161)
3. Burial and Cremation Act (Cap.117)
4. Child Welfare Decree 2010
5. Code of Marketing Control of Food for Infants and Children
6. Dangerous Drugs Act (Cap. 114)
7. Food Safety Act 2003
8. Medical Imaging Technologist Decree 2009
9. Medical and Dental Practitioner Decree 2010
10. Medical Assistants Act (Cap.113)
11. Methylated Spirit Act (Cap. 225A)
12. Mental Health Decree 2010
13. Pharmacy Profession Decree 2011
14. Medicinal Products Decree 2011
15. Private Hospitals Act (Cap. 256A)
16. Public Health Act (Cap. 111)
17. Public Hospitals & Dispensaries Act (Cap 110)
18. Quarantine Act (Cap. 112)
19. Radiation Health Decree 2009
20. Tobacco Control Decree 2010
21. The Food Safety Regulation 2009
22. The HIV Decree
23. The Nurses Decree 2011
24. The Allied Health Decree
25. The Food Establishment Grading Regulation 2011

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

Figure 1: Ministry of Health Organisation Structure



4. Reporting on RDSSED 2009-2014

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

Table 1: RDSSED Performance Indicators for 2011 and 2012

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective RDSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSED)	2011	2012
Pillar 10: Improving Health Service Delivery	Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their well-being.	Child mortality rate reduced From 26 to 20 per 1000 live Births (MDG).	20.95	20.96
		Percentage of one year olds Immunised against measles Increased from 68% to 95% (MDG).	82.5	85.9
		Maternal mortality ratio reduced from 50 to 20 per 100,000 live births (MDG).	39.2[1]	59.47
		Prevalence of diabetes in 15-64yrs age reduced from 16% to 14% (note: *baseline and target may need revision*).	[2]	[2]
		Contraceptive prevalence rate (CPR) amongst population of child bearing age increased from 46% to 56% (MDG).	36.5	44.3
		Increased Fiji resident medical graduates from FSMed from 40 to 50 per year	42	33
		Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually. An annual growth rate of 5% over the medium term.	No increase as compared to 2010 % of Health Budget to GDP	Increase of health budget by 0.2% of GDP as compared to 2011
		Average length of stay for in-patient treatment reduced from 7 to 5 days	5.8	4.9
		Prevalence rate of STIs among men and women aged 15 to 25.	[3]	[3]
		HIV/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 (MDG).	[3]	[3]
		Admission rate for diabetes and its complications, hypertension and cardiovascular disease.	83.1	98.4

[1] 12 maternal deaths in 2012 compared to 8 in 2011. Note that even 1 maternal death can dramatically increase the maternal mortality ratio.
[2] 16% from last NCD STEPS Survey [2002]
[3] Requires survey

		Amputation rate for diabetic sepsis	43.2	41.5
		Proportion of the population aged over 35 years engaged in sufficient leisure time activity.	[3]	[3]
		Prevalence of under 5 malnutrition	[3]	[3]
		Prevalence rate of lymphatic filariasis (Pac ELF/WHO)	9.5%[f]	Filariasis Programme informed they are awaiting WHO to release the data.
		Prevalence rate of Tuberculosis reduced from 10% to 5% (part of MDG 22).	[3]	[3]
		Prevalence of anaemia in pregnancy at booking from 55.7% to 45%	12.96	N/A
		Rate of teenage pregnancy reduced by 5% (per 1000 CBA population)	2.98	N/A
		Adolescent birth rate (per 1000 girls aged 15-19yrs)	15.7Error! Bookmark not defined.	N/A

The child mortality rate in 2012 has remained stable at about 21 per 1000 live births compared to 2011. Improvement in immunisation rate for measles was noted from 82.5% to 85.9%. Contraceptive prevalence rate also increased from 36.5% to 44.3%. The average length of stay in our hospitals reduced from 5.8 in 2011 to 4.9 in 2012. There were also less admissions and outpatient numbers seen in 2012 compared to 2011.

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

Table 2: RDSSED Performance Indicators for 2011 and 2012

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective RDSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSED)	2011	2012
Pillar 10: Improving Health Service Delivery	Communities have access to effective, efficient and quality clinical health care and rehabilitation services.	Participation of private and health care providers increased from 2 to 10.	NA	4
		Health (actual) expenditure increased from the current 2.92% to at least 5% of GDP by 2013	2.4% of Nominal GDP	2.2% of Nominal GDP
		Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually.	No increase as compared to 2010 % of Health Budget to GDP	Increase of health budget by 0.2% of GDP as compared to 2011

		Doctors per 100,000 populations increased from 36 to 42.	39.9	49.1
		Outsourcing non technical activities such as laundry, kitchen and security by end of 2011	Services outsourced are Cleaning and Security by end of 2011 Laundry and Kitchen are still in the process	Mortuary services outsourced
		Health Policy Commission established by 2011	The Health Policy Commission is expected to be established by the end of 2012	Health Policy Technical Support Group established
		Average length of stay for in-patient treatment reduced from 7 to 5 days	5.8	4.9
		Elimination of stock outs of drugs from present 100 items per month	85	N/A
		'Proportion of tuberculosis cases detected an d cured under directly observed treatment s hort course (DOTS)'.	Case Detection Rate= 92% Treatment Success Rate = 93%	Case Detection Rate = (To be reported in 2013 Report) Treatment Success Rate (To be reported in 2014)
		Bed Occupancy Rate of Psychiatric beds	109.61	104.12
		Number of staff trained in mental health	172	N/A

Whilst the average length of stay has reduced slightly in 2012, the bed occupancy rate for psychiatric beds remains high.

5. Hospital Services

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

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

1) The Fiji Pharmaceutical and Biomedical Services (FPBS).
2) Health Systems and Standards.
3) Clinical Services Network.
4) Blood Bank Services.
5) Overseas Referrals.

Highlights,

1) Expansion and strengthening of services.
   a. Commissioning of the Stroke Unit in Tamavua Rehab Hospital.
   b. Decentralisation of GOPD Services in the Suva Subdivision while strengthening the Accident and Emergency Unit of CWMH.
   c. Engagement of Prof Dewa as Mental Health Advisor.
   d. Commencement of postgrad Mental Health Diploma Program at FNU.
   e. Commencement of postgrad Pathology Diploma Program at FNU and centralisation of Pathology services to Suva.
   f. Appointment of National Laboratory Services Manager to oversee the Laboratory Services in Fiji.
   g. Appointment of CSN Technical Officer to coordinate CSN activities.
   h. Commissioning of cytotoxic suite at CWMH.
2) Strengthening of Public/Private Partnerships.
   a. Signing of MOU with the Sahyadri Group of Hospitals, India who subsequently made their first visit and performed joint replacement surgeries.
   b. Outsourcing of the old morgue at CWMH.
   c. Outsourcing of security and cleaning services.
3) Infrastructural improvements.
   a. Refurbishment of TB Wards, OPD and Skin Clinic in Twomey Hospital.
   b. Renovation works at CWMH Tailevu and Namosi ward and old A&E.
4) Improvement in Services.
   a. Reduction in wastage at FPBS from 3 million in 2011 to less than a million in 2012.
   b. Installation and commissioning of new laundry machines at all 3 Divisional hospitals.
   c. Introduction of the echocardiography training by Peace Corp Volunteer at CWMH.
   d. Establishment of clinical attachment for medical personnel to Sahyadri Hospitals In India.
   e. Reduction in mortality rates at Intensive Care Units.
   f. Reduction in waiting time for urology cases.

Table 3: Hospital Utilisation

	Hospital	No. OPD	No. Beds	No. Admissions	Occupancy Rate	ALOS	Patient Days	Daily Bed State
1	CWMH	116,134	481	22,291	65	5	113,606	311
2	Lautoka	178,131	340	13,344	50	4.6	61,311	168
3	Labasa	75,890	182	9,501	50	3.5	32,881	90
4	Tamavua/Twomey	16,367	91	446	44	32	14,559	40
5	St Giles	5,931	136	509	104	59	30,019	141

The following are to be taken into account in reviewing the Table above.

1) The data was derived from PATIS and does not reflect the reality on the ground as actual occupancy rates at CWMH, Lautoka and Labasa, range between 80-100%.
2) OPD cases continue to decline at CWMH and are attributed to the decentralisation of services in the Suva Subdivision.
3) Admission numbers continue to rise mostly and are attributed to NCD cases. St Giles Hospital continues to witness the same trend with an increase of admissions from 452 in 2011 to 509 in 2012.
4) Tamavua/Twomey Hospital has progressively seen 90- 100% occupancy after the commissioning of the Stroke Unit but is offset by low occupancy in TB and Leprosy wards due to the successful control programs.

6. Divisional Report 2012

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

Figure 2: Four Divisions within Fiji

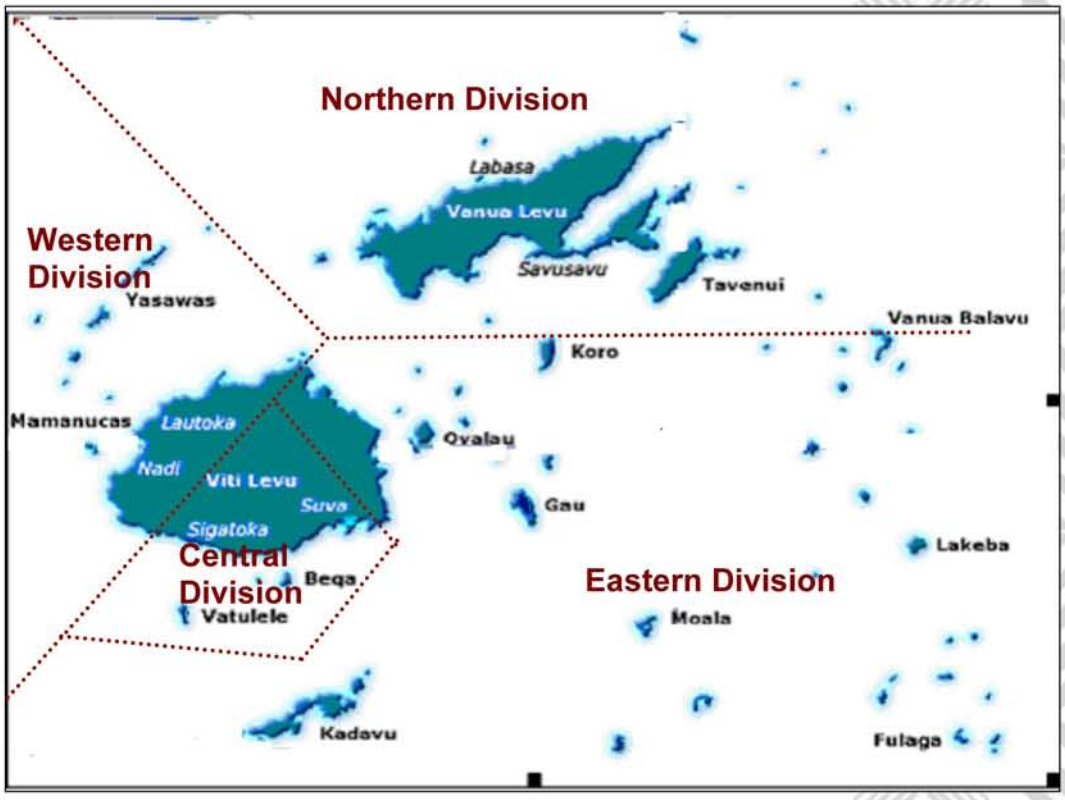


Table 4: Government Health Facilities

Health Facility	Central	Western	Northern	Eastern	Total
Specialised Hospitals/ National Referral	2	-	-	-	2
Divisional Hospital	1	1	1	-	3
Subdivisional Hospital [level 1]	-	3	1	-	4
Subdivisional Hospital [level 2]	4	2	2	5	13
Health Centre [level A]	7	4	1	-	12
Health Centre [level B]	2	4	3	1	10
Health Centre [level C]	11	17	16	14	58
Nursing Stations	19	24	18	21	82
Private Hospital	2	1	-	-	2
Total	47	56	42	41	186

Central/Eastern Division:

The Central/Eastern Health Division has the largest population catchment projected to be 398,176, with the majority residing in the Suva sub division (203,811). The Central division is further divided into 10 sub divisions as reflected in Table 5 below. Health services are delivered from 1 divisional hospital, 4 sub division hospitals (level 2), 20 health centres (7, level A, 2 level B, 11 level C), and 19 nursing stations.

Health services in the Eastern Division are delivered from 5 sub division hospitals (level 2), 15 health centres (1 level B, 14 level C), and 21 nursing stations.

Table 5: Demography of Central/Eastern Division

Subdivision	Total
Suva	203,811
Rewa	84,436
Naitasiri	21,111
Serua/Namosi	29,641
Tailevu	20,463
Lomaiviti	15,475
Kadavu	10,995
Lomaloma	3,248
Lakeba	7,045
Rotuma	1,951
Total	398,176
Central (total population) – 359,462	
Eastern (total population) – 38,714	

Western Division

The Western Health Division office oversees health services of the 6 sub divisions of Ra, Tavua, Ba, Lautoka/Yasawa, Nadi and Nadroga/Navosa. The division has a population catchment of 359,603. Health services are delivered from 1 divisional hospital, 5 sub division hospitals (3 level 1 and 2 level 2), 25 health centres (4 level A, 4 level B, 17 level C), and 24 nursing stations.

Table 6: Demography of Western Division

Subdivision	Total
Ra	29,873
Tavua	27,921
Ba	55,823
Lautoka/Yasawa	107,194
Nadi	87,716
Nadroga/Navosa	51,076
Total	359,603

Northern Division

The Northern Health Division office provides health services for 4 sub divisions of Bua, Cakaudrove, Macauta and Taveuni. Health services are delivered from 1 division hospital, 3 sub division hospitals (1 level and 2 level 2), 20 health centres (1 level A, 3 level B, 16 level C) and 18 nursing stations.

Table 7: Demography of Northern Division

Subdivision	Total
Bua	15,391
Cakaudrove	32,092
Macuata	77,926
Taveuni	16,004
Total	141,413

7. Public Health Services

The Deputy Secretary Public Health is responsible for managing services ranging from the development and formulation of public health policies and their translation into priority public health programmes as legislated under the Public Health Act 2002. Services are delivered through Sub Division Hospitals and national programs (Family Health, Wellness, Communicable Diseases, Food and Nutrition, Environmental Health and Oral Health) to ensure effective delivery of primary health care to the people of Fiji.

Wellness Centre

The MOH in February 2012, created the Wellness Unit by merging the National Centre for Health Promotion (NCHP) with the Non Communicable Diseases (NCD) Control Unit.

The Wellness approach, often referred to as the rainbow approach, was adopted after the 2012 Wellness Symposium. The approach refocuses service delivery, specifically targeting the seven (7) stages of life, baby, infant, toddler, child, adolescent, adult and senior citizen.

Wellness is about maintaining population wellness throughout the lifespan in settings. Wellness Action is focused on the seven (7) social determinants of health – breathing, eating, drinking, moving, thinking, resting and reproduction to achieve the priorities listed by the Ministry for Health.

While the MOH is seen as the leading agency in wellness service delivery, community collaboration, partnership and social responsibility hold the key to harvesting wellness in Fiji.

Highlights,

1) Merging of NCD and NCHP to promote wellness as response to NCD and CD in Fiji. Unit now has about 30 staff promoting wellness across the lifespan in settings.
2) Following the United Nations General Assembly High Level Meeting on NCD's in New York, the Government of Fiji assigned $ 400,000 to implement the "Best Buys". These funds were utilised to support efforts to increase taxation for alcohol, tobacco, salt, sugar and fats.
3) Collaborations with the Ministry for Education in selecting health promotion schools throughout Fiji and Suva City Council in registering Suva as Healthy City.
4) Participation in major social events (Hibiscus Festival, Fiji Showcase, Agriculture Shows) to advocate wellness targeting youths with NCD theme.
5) Toolkit training for public health nurses in the central and western division to maintain wellness in Fijians, reduce risk behaviour and to detect early disease.
6) Incorporation of wellness in Training of Trainers for nurses identified to train Community Health Workers pilot in the northern division.
7) 3 diabetes HUBS have been established in Fiji by offering a 1 stop shop of services through a multidisciplinary team (dieticians, physiotherapist, nurse educator, counsellors) targeting people with NCD risk factors, high blood pressure, sugar, cholesterol.
8) The development of wellness indicators.
9) Establishment of Diabetes CSN to discuss all issues related to diabetes in Fiji and the development of the diabetes guidelines.
10) STEPS 2011 data entry completed by FNU and data now with WHO for analysis.
11) Partnership and collaboration with Ministry for Youth and Sports, Ministry of Education, Westpac, Nestle, BAT, Faith based, civil societies, donor agencies, sports organisations to introduce and advocate the wellness approach.

Family Health

The Programs objectives are,

a) Halt the spread of HIV, reverse the epidemic of STI's, and improve quality of life of People Living with and Affected by HIV.
b) To contribute to the reduction of childhood morbidity and mortality by two thirds between 1990 and 2015, this contributing to the achievements of MDG 4.
c) To contribute to the reduction of maternal morbidity and mortality by three quarters between 1990 and 2015, thus contributing to the achievements of MDG 5.
d) To contribute to the reduction in under five under-nutrition by three quarters between 1990 and 2015, thus contributing to the achievements of MDG 1, specifically: To reduce under-nutrition in under 5 years olds to 50% by 2015.
e) Communities are served by adequate primary and preventive health services thereby protecting, promoting and supporting their wellbeing (through localized community care).
f) Improved adolescent health and reduced adolescent morbidity and mortality.

The Programs functions are,

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

Child Health

2012 was a successful year for child health and some of the highlights were,

1) Implementation of the Child Health Record to all babies born from the 17th September 2012.
2) Commencement of the new vaccine communication strategy and introduction of the new vaccines into the schedule.
3) Advanced Paediatric Life Support (APLS) instructor training; 47 nurses trained.
4) Paediatric Life Support (PLS) training; 53 nurses trained.
5) There was a reduction in the number of malnutrition cases from 2011 into 2012, by 22% and a reduction of 47% in the number of deaths in comparison to 2011.
6) Development and Endorsement of the Child Health Policy and Strategy 2012-2015.
7) EPI training; 160 nurses from across the 4 divisions were trained.
8) Integrated Management of Childhood Illnesses (IMCI) supervisory courses; 99 nurses trained as facilitators and 238 nurses were trained in general IMCI.

Maternal Health

Training in maternal health and media campaigns were prominent during 2012,

1) Early Booking Kit; 10 nurses trained.
2) Birth Preparedness and Complication Readiness; 83 staff trained in two divisions.
3) Emergency Obstetric and Neonatal Care; 140 staff from all three divisions were trained, mainly doctors and midwives.
4) Baby Friendly Hospital Initiative; 359 staff trained.

19 Manual Vacuum Aspirator kits (MVA) were procured to assist in miscarriages to prevent infection and haemorrhage. The training toolkit is still under development and training is planned to be conducted in 2013.
With support from FHSSP audits were conducted at selected Sub-Divisional Hospitals using the WHO Checklist for, "mother safe," facility. Plans are been developed to address the gaps identified.

HIV/STI's

Despite global HIV/AIDS statistics indicating gradual reduction, the same cannot be said for HIV/AIDS in Fiji. Cases are wide spread and much still needs to be done in different areas of HIV. 70% of new HIV cases detected in 2012 were from the central division, mainly from the Suva Nausori corridor.

Stigma and discrimination are issues that need to be addressed in the country. Fiji has a HIV decree thus advocacy needs to be undertaken at all levels for health care workers and the general public.

Fiji does not have an HIV epidemic, however there is a STI pandemic and in comparison to global rates are considered much higher. The predominant mode of HIV transmission is sexual and given the high rates of STI it is imperative individual behaviour change and safe sexual practices are pursued. Furthermore the high STI and low HIV reporting warrants strengthening health information reporting systems to ensure an accurate incidence of the diseases are available.

Adolescent Health

The Adolescent Reproductive Health (ARH) Project was established in Fiji in response to the global call for action, following the International Conference on Population Development (ICPD) in 1999. It evolved to be the Adolescent Health Development (AHD) program of the MOH aimed at achieving Health Outcome 5 of the National Strategic Plan to "Improve Adolescent Health and Reduce Adolescent Morbidity and Mortality".

The AHD Peer education program which is specifically aimed at young people (adolescents and young adults) is focused on actively raising awareness and creating enabling environments to initiate and support behavior change to reduce and/or prevent sexually transmitted infections (STI) and teenage pregnancies, and actively promotes and advocates family planning services.

The peer-to-peer approach has been proven as an effective tool for peer educators to reach their peers with sexual reproductive health information and provision and/or referral to services

Reproductive Health (RH)

RH programs contribute to the achievement of MDG's in particular MDG's 4,5,6 and health services and programs are delivered via a decentralized approach through the Divisions. RH services are also provided by the private sector through Suva Private Hospital and registered General Practitioners.

NGOs also provide complimentary RH services and include the Reproductive and Family Health Association of Fiji, Fiji Red Cross, Marie Stopes International, AIDS Taskforce of Fiji and Men Fiji.

Despite the decentralisation of services, Fiji continues to face significant challenges that impede the delivery of quality reproductive health services at all levels of the health care system. These are largely related to staffing and human resources shortage, inadequately equipped facilities, weak health systems and inadequate coordination and management of program and services.

There is still a need to have consistent reviews and research related to reproductive health so there is evidence based planning which will lead to informed policy formulation.

A highlight of 2012 was the training of various health staff in Results Based Management in the North and West, North participants were from nursing stations and health centres. Participants from the West were senior staff working in obstetrics and gynaecology. At the completion of the training, both groups were confident in applying the newly acquired skills with the formulation of their department business plans.

The University of Canberra, UNFPA and Fiji National University in collaboration with the MOH delivered a Certificate in Pharmacy Care program for 18 pharmacy assistants, the course is accredited by University of Canberra. The training is part of the efforts to strengthen reproductive commodities supply management.

Dr Katoanga a national expert was engaged to facilitate a review of the Family Planning policy and guidelines and participants were from the different sub divisions and divisions.

Communicable Diseases (CD)

The Programs objectives are,

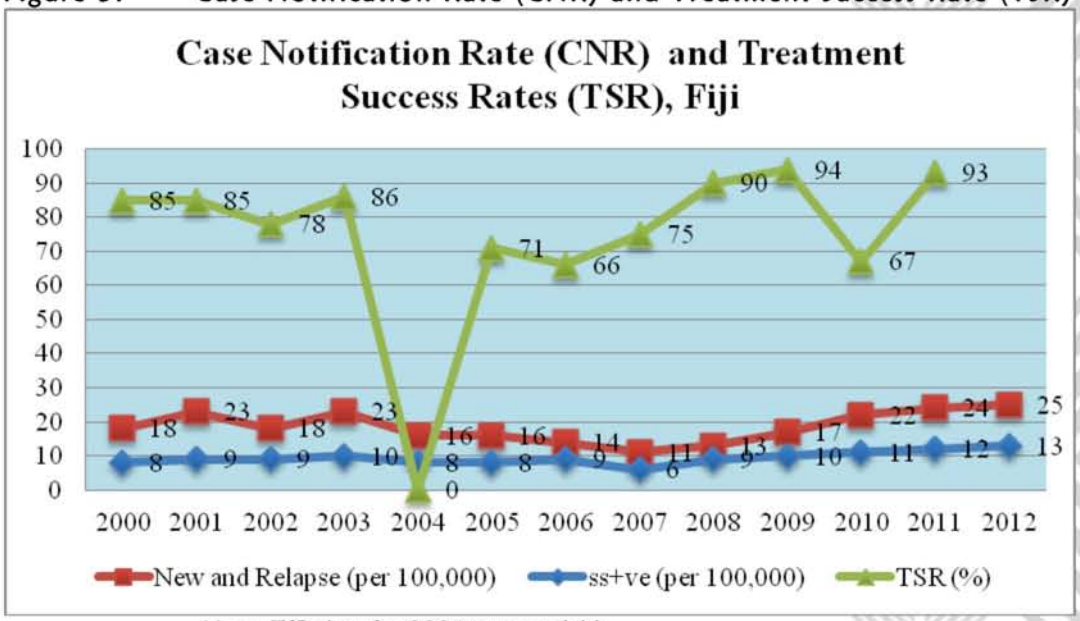
a) Enhance resilience of CD control during disasters and health emergencies.
b) Strengthen and expand prioritized CD programs.
c) Facilitate the fulfilment of the IHR minimal core capacities.
d) Strengthen the operational capacity of Mataika House.
e) Implement surveillance specific components of the STI/HIV action plan.
f) Manage environmental risks and primary care initiatives for outbreak prone diseases.
g) Ongoing and other new activities.

The Programs functions are,

a) To formulate relevant plans, policies, guidelines and protocols for the control of outbreak prone diseases of priority to the MOH and PPHSN.
b) to establish an early warning system on emerging or seasonal CD events.
c) to establish and maintain an effective surveillance system for CD's of priority to Fiji and the Pacific Public Health Surveillance Network (PPHSN).
d) To provide high quality reference laboratory services for the diagnosis of priority CD's to Fiji and PPHSN
e) To conduct, support and advise on the investigation of a CD outbreak and the consequent response, monitoring and evaluation activity.
f) To facilitate the ongoing dissemination of information to the general public and also health care providers on CD and how to prevent them.
g) To develop, support and sustain communication networks with key stakeholders on CD prevention and control.
h) To provide consultation services on CD issues from a community health perspective
i) To undertake training in CD surveillance, data management, outbreak investigation and control, for the health divisions.
j) To conduct operational research on CD prevention and control.
k) To provide outpatient care and domiciliary support services for lymphatic filariasis patients.

Tuberculosis Control

Figure 3: Case Notification Rate (CNR) and Treatment Success Rate (TSR)

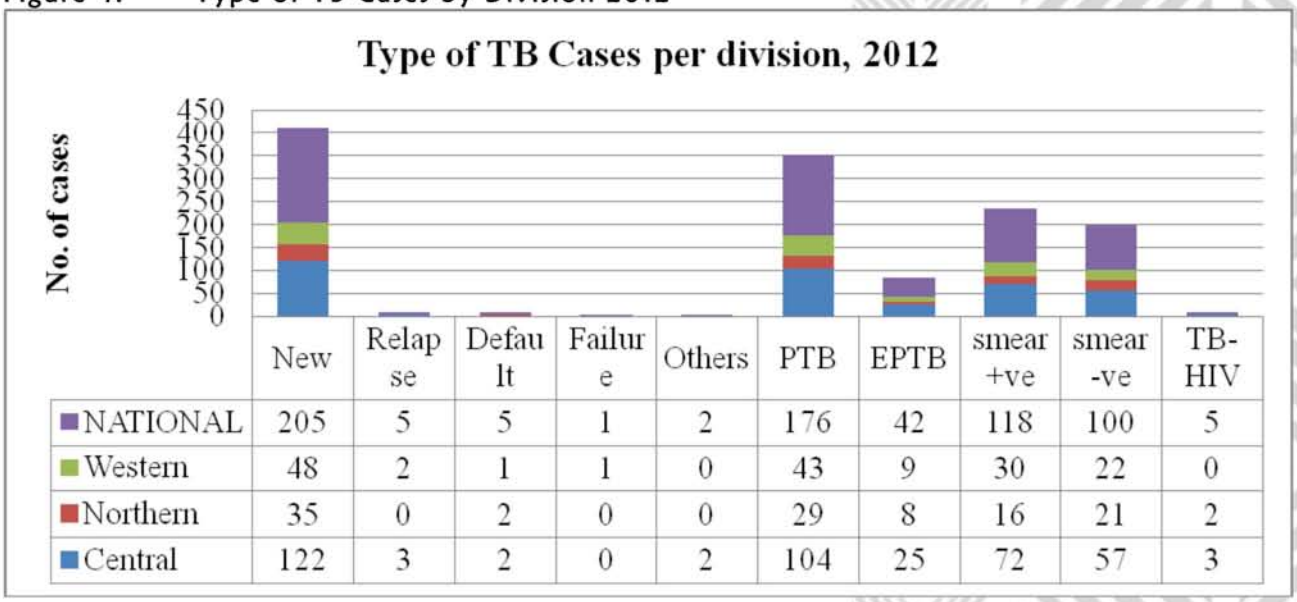


Note: TSR data for 2004 is unavailable

The Stop TB Strategies adopted by the TB programme has increased TB cases notified in the past six years. Extra funding from Global Fund (GF) since 2010 has contributed to the increase in case detection. In particular, the number of new smear positive cases has increased from 89 in 2010 to 110 in 2012, a 24% increase. Plausible explanations contributing to increase include improvement in laboratory diagnostic services, improved diagnosis by health workers, rise in community awareness to seek services and regular supervisory visits integrated with divisional staff.

NTP had experienced a decrease in treatment success in 2010 due to a high rate of defaulters (24%), case fatality (6%) and transfer out (3%). This led to the development of the 'Operational Plan for Improved TB Care' adopted in 2012, which focused on intensifying patient follow up, reducing defaulters, DOTS and other basic standard operating procedures. As a result, the Treatment Success Rate (TSR) for 2011 cohort gradually increased per quarter to 93% annually. (ACP 2012 target: TSR for 2011 cohort ≥80%).

Figure 4: Type of TB Cases by Division 2012



	New	Relapse	Default	Failure	Others	PTB	EPTB	smear +ve	smear -ve	TB-HIV
NATIONAL	205	5	5	1	2	176	42	118	100	5
Western	48	2	1	1	0	43	9	30	22	0
Northern	35	0	2	0	0	29	8	16	21	2
Central	122	3	2	0	2	104	25	72	57	3

A total of 218 of all forms of TB cases registered in 2012 of which 118 out of 176 (67%) Pulmonary TB cases were smear positive cases. 110 out of 118 (93%) were new smear positive TB cases of which 60% (66/110) from the Central Division, along the main Suva-Nausori corridor with a decrease in default to 2%. Intensified and targeted interventions implemented in 2012. The TB-HIV positivity reported at 4% with adoption of TB-HIV collaboration to improve diagnosis, treatment and continuum of care.

Laboratory

The National Public Health Laboratory in its efforts to support CD prevention in addition to routine services it delivered identified the following activities as priority during 2012.

Activities	Status
Rapid HIV confirmatory testing strategy-pilot	New HIV Testing Algorithm Developed , Training Conducted at Pilot sites , Pilot Phase ongoing
Viral isolation training	Training completed, awaiting Viral Isolation room to be constructed
Dengue and Leptospirosis confirmation and typing	Leptospirosis PCR training completed by staff, tests conducted in 2012
Re-conduct MDA for Central/Eastern and Northern division	Data entry ongoing; preliminary coverage – 86%

Test and Treat – lymphatic filariasis	Positive cases identified; followed up by district nurses
Enhancing human capacities to detect & respond to PH emergencies	Taskforce endorsed by NHEC, chaired by DSPH, meets regularly – 2 - 3 weekly Ongoing support and monitoring of Priority CDs and PH concerns

Environmental Health (EH)

The EH department is responsible for the protection and improving the health of Fiji's population by limiting their exposure to biological, chemical and physical hazards in a host of settings such as private and public dwellings, communities, workplaces and so forth.

The EH department Business Plan which aligns with the MOH Strategic Plan identifies 9 Key Result Areas.

KRA 1: Environmental Health Planning and Management
KRA 2: Pollution Control
KRA 3: Health Promotion
KRA 4: Water and Sanitation
KRA 5: Food Quality Control
KRA 6: Vector Borne Disease Surveillance and Control
KRA 7: International Quarantine and Port Health Services
KRA 8: Legal Enforcement
KRA 9: Central Board of Health (CBH) and Local Authority Services

The following legislation govern the EH department's responsibilities,

1. Public Health Act (Cap III)
2. Food Safety Act and Regulations.
3. Quarantine Act
4. Town and Country Planning Act
5. Sub-Division of Land Act.

In addition to routine responsibilities the following activities were undertaken during 2012.

1) Installation of incinerators at the 3 Divisional hospitals. The incinerator at CWMH has been commissioned and the remaining 2 (Lautoka and Labasa) require commissioning.
2) Installation of laundry machines at Labasa Hospital.
3) A detail Qawa River study was carried out to ascertain pollutants discharged from the Fiji Sugar Corporation (FSC). Samples were analysed by the University of the South Pacific on certain parameters like BOD, nitrate, ammonia, alcohol, TSS, caustic soda and hydrogen sulphide. Based on the results appropriate recommendations will be made.
4) Formulation of the National Dengue Action Plan and SOP for Mosquitoes Surveillance and Control.
5) The review of the Public Health Act was completed and the Solicitor General's Office is currently preparing draft legislation.
6) The first edition of the Environmental Health Department Manual was completed and due for printing and distribution.
7) The Fiji National Drinking Water Safety Plan was developed in accordance with WHO Standards and is currently been finalised for printing and distribution.
8) A National Water and Sanitation Profiling was undertaken and data entry and analysis is underway.
9) The Health Care Waste Policy was developed and has been disseminated to stakeholders for comment prior to finalisation and submission for review and endorsement by relevant authorities.
10) The Clean Fiji Initiative was launched to combat Solid Waste Management in urban, rural, and in *I Taukei Villages*. Three projects have been identified,
    a) Rewa River Clean Up.
    b) Laucala to Suva Harbour Corridor Clean Up
    c) Derelict vehicle and damaged white goods removal campaign.

Dietetics and Nutrition

The Programs objective is to,

a) Provide policy advice and management of the national Hospital Dietetics and Public Health Nutrition Services.

The Programs functions are.

a) Development and formulation of new Hospital Dietetics and Public Health Nutrition policies.
b) Development of a National Dietetics and Public Health Nutrition Plan.
c) Planning, monitoring and evaluation, of hospital dietetics and public health nutrition programs and effecting appropriate adjustments.
d) Coordinate procurement and acquisition of identified minor and major hospital food service equipment's for the 30 stations throughout the country.
e) Management and maintenance of appropriately trained, skilled and motivated Hospital Dietician and Public Health Nutrition workforce.
f) Advise the Permanent Secretary for Health and government on issues pertaining to Hospital Dietetics and Public Health Nutrition.

In pursuing the above functions the Program undertakes the following activities,

1) Food Service Management is the provision of nutritionally adequate meals, dietary management of patients and complements the recovery of patients. For 2012, Food Service Management was allocated a budget of $1.7 million. Biannual plate waste and meal satisfaction survey are the auditing tools to ascertain level of service and corrective measures taken for quality improvements.
2) Clinical Dietetics includes nutritional assessment and counselling, dietary modifications and therapeutic diets for individual patients and nutritional promotion activities within Hospitals and Institutions. Reduction strategies on salt, sugar and fat as NCD friendly meals are incorporated into health care facility meals.
3) Public Health Nutrition coordinates and implements nutrition activities in the Division and communities and uses the FPAN as its guiding document. There are 2 main programs funded by the MOH, Baby Friendly Hospital Initiative ($60,000.00) and the Milk Supplementation Program ($50,000.00).
4) Baby Friendly Hospital Initiative and Infant and Young Child Feeding Practices maintained and coordinated in all health care facilities. BFHI auditing and internal assessments were carried out in 2012 and maternity facilities will be externally assessed in 2013.

Nutrition Intervention Programs

1) The MOH implements the National Iron and Micronutrient Supplementation (NIMS) program as a preventative measure to reduce anaemia and vitamin A deficiency in young children. The NIMS micro plan was strengthened in 2012 and rolled out to schools, MCH Clinics and targeted CBA's.
2) A US based company is supplying free vitameal to the children in Fiji as part of their "Feed the Children Initiative". One (1) shipment was received in 2012 and was distributed to the Divisions. Vitameal is distributed to the mild, moderate and severe malnourished children who attend the non thrivers clinic. Recipes and cooking demonstrations for mothers is also undertaken.
3) The provision of milk powder to supplement the diets of moderate to severe malnutrition cases who are from disadvantaged families and attend the non-thrivers clinic. Healthy beverages, snacks and assorted fruits are made available as nutrition promotion education at clinics.
4) The government introduced the Food Voucher program in June where $30 per clinic visit is paid to expectant mothers when attending their rural health centres and nursing stations. The same initiative endeavours to encourage early bookings by expectant mothers to identify early any pregnancy complications.

The following nutrition promotion activities were implemented.

1) World Salt Week – The media launch at Dinem House by Minister for Women with the theme "Reduce Salt, Prevent Stroke" followed by national roll out of awareness activities on salt content in processed foods, less salt in cooking demonstrations in the subdivisions from 26/03-01/04/12.
2) National Nutrition Month – 2012 has been the second consecutive year for August to be declared Nutrition Month for Fiji with the theme "Act Against Anaemia". National roll out of the month's activities on weekly themes, Breastfeed your Baby, Grow your own Food and Take your iron supplements.
3) World Food Day – National launch by the Hon Minister for Agriculture at Rakiraki on 16/10/12 with the theme "Agricultural cooperatives….Key to feeding the World". Showcases were by the schools, communities and Ministry of Agriculture.
4) NCD Month – Support for November on the national roll out on the promotion of nutrition wellness activities.
5) World Diabetes Day – 14/11/12 – Supported and strengthened roll out of activities in the Divisions.

Due to the devastation of the twin floods in the Western Division in 2012, a post flood nutrition assessment was carried out for 300 children less than 5 years. Three (3) communities were selected per sub division (2 most affected and 1 least affected). Assessments were carried out in April, June and August and were funded by UNICEF and FHSSP.

Oral Health

The Oral Health Department provides preventive and curative services at primary, secondary and tertiary levels of the health system in Fiji. These services range from oral health promotion to complex oral surgery.

Staff levels, funds for equipment and oral health promotion activities have remained the same over the past few years but were fortunate receive a significant increase in the funds allocated for the purchase of dental materials and consumables. This allowed the Department to conduct two specialist prosthetic outreach programs, more community outreaches and an increase in school services.

The expansion of dental services to densely populated areas was accomplished with the opening of a new dental clinic at Raiwaqa Health Centre, on the 17th of August, to make services more accessible and decentralised.

The assistance of FHSSP enabled two specialized clinical service outreach programs to be conducted in the Cakaudrove and Lomaloma Subdivisions. These two prosthetic tours were highly appreciated by the people in these rural and maritime areas and helped meet their need for dentures to improve their quality of life and save personal resources otherwise incurred in travel and incidental expenses to receive these services.

The Oral Health Clinical Services Network (CSN) facilitated clinical attachments for staff capacity building and the development and review of Clinical Practice Guidelines (CPGs).

The Ministry was fortunate to receive the services of a specialist oro-maxillo facial surgical team from Australia. The team attended to patients who needed advanced oral surgeries, which are not available locally, and reduced the burden of sending them overseas for expensive treatment.

Oral Health Promotion

Oral health promotion activities during the year were very well organized and executed with major events like National Oral Health Week (May), Oral Health Month (August) and National Tooth Brushing Day (NTBD - July). These events bring national attention on the importance of good oral health through tooth brushing and nutrition.

A matter of national pride and which must be acknowledged is the highly successful 2012 NTBD, which was carried out in collaboration with Colgate Palmolive (Fiji) Limited. Statistics indicate 162,340 individuals were brushing together at the same time throughout the country, which included 426 schools and 178 organisations. This is in in comparison to 161,000 in 2011.

The dental department was successful in achieving 675 outreach programs in all the subdivisions, when our target for the year was only 25. The divisional hospitals also carried out specialist outreach programs to subdivisional hospitals and maritime areas.

"A Healthy 5/20 Smile" campaign was implemented with vigour and renewed focus and involving the new Fiji Child Health Record.

Public Health

The two preventive, community based initiatives of fluoridated water and toothpaste were monitored during the year to ensure compliance. Awareness sessions were held with importers and distributors of toothpaste to confirm standards and checks were also undertaken by environmental health officers.

Unfortunately, the sustained fluoridation of water by the Water Authority of Fiji (WAF) ceased due to the breakdown of the fluoride machines at the two treatment plants. It is anticipated these machines are repaired in fluoridation of the reticulated water system recommences.

Public Private Partnerships (PPP) continue to strengthen with corporate, religious and service organisations contributing to upgrading some of the Ministry's facilities and the provision of free dental services to the underprivileged groups of society.

National Oral Health Initiatives

The National Oral Heath Strategic Plan 2007-2011 was reviewed with a successful implementation rate of 64% and important unmet or partially met strategies and KPI's are to be included in the Oral Health Strategic Plan 2013-2017.

A review of the new hospital fees recommended reductions to the new dental fees charged. The gazetting of the revised fees now make services more accessible and affordable and will see an increase in the attendances and utilization of services throughout the country.

Challenges in transport hinder the mobility of staff to provide community services and the school program with vehicles being limited and unreliable. The availability of dental materials and consumables ensure the sustainable provision of services at an affordable cost to the public.

Post graduate training of staff continue with In-Service Training including the newly introduced Post Graduate Diploma in Dental Public Health and Forensic Odontology at the Fiji National University.

Dental staff establishment has remained constant over the past few years with vacancies existing in the vital cadres of therapists, hygienists and technicians. The significant numbers of hygienists retiring, the decreasing intake of new therapists and the oversupply of dental officers have caused an imbalance in the various dental cadres.

Table 8: Dental Statistics

	2011	2012	Change
Attendances	187,856	198,045	10,189 ↑ 5.4%
Revenue Collected	$735,442.89	$736,751.53	$1,308.64 ↑ 0.18%
Conservative Treatment	29,152	15,262	3,890 ↓25.5%
Endodontics	275	847	562 ↑204%
Prosthetics	2166	2107	59 ↓ 2.8%
Extractions	56,095	53,900	2,195 ↓ 4%
Preventive Procedures	72,559	52,950	19,609 ↓ 37%
School Services	46,196	98,299	52,103 ↑ 113%
Outreach Programs Attendances		20,075	

There is no significant difference in the number of attendances and revenue collected in 2011 and 2012. An area of concern is the decrease in conservative and preventive procedures between 2011 and 2012 which can be attributed to the high costs of treatment. However increases in the number of attendances at community outreach and school programs reflects the focus on prevention and promotion.

2012, has seen many achievements and shortfalls in the delivery of dental services in Fiji. The challenge is to continue providing high quality and sustained services within the allocated resources. Primary and preventive services must be strengthened to reduce the need for expensive curative treatments and people must be empowered to take responsibility for their own health through good strong oral hygiene practices.

Climate Change

The Piloting Climate Change Adaptation to Protect Human Health (PCCAPHH) project in Fiji aims to enhance the capacity of the health sector to respond effectively to climate-sensitive diseases (CSDs), in particular communicable diseases like dengue and typhoid fevers, leptospirosis and diarrhoeal illnesses. Specifically it seeks to achieve the following outcomes,

Outcome 1: Develop a climate-based disease early warning system that provides timely information on disease outbreaks in project pilot sites.
Outcome 2: Build institutional and human capacity within the Ministry of Health to strengthen health information systems for effective detection and control of outbreaks.
Outcome 3: Pilot health adaptation activities in vulnerable communities in the pilot sub-divisions.

Highlights,

Outcome 1: Early-warning system

Climate-sensitivity analysis for pilot sites (Ba and Suva sub-divisions) has been completed. Sub-divisional health practitioners have been consulted on the value of early warning systems. While such systems will no doubt be valuable, practitioners highlighted the need for adequate resources to utilise early warnings to prevent outbreaks. Diseases that hold greatest promise for early warnings include dengue and diarrhoea, with greatest sensitivity to temperature, rainfall and extreme climate events. Attempts will be made to produce seasonal early warnings, as well as monthly early warnings with statisticians at USP and the Australian National University.

Outcome 2: Strengthening health systems and capacity building

Members of the project Technical Working Group have been trained to use statistical software like SaTScan, a space-time statistical tool, STATA and ArcGIS. A number of awareness raising activities have been carried out in pilot sub-divisions and other sub-divisions. With regards to health systems strengthening, 3 GIS licences have been purchased for the MoH. In the new laboratory pathology forms, spaces have been inserted to record patient addresses and contact details to allow interventions to set in faster for confirmed cases. A draft terms of reference for the review of the NNDSS systems has been developed by the Epidemiologist- the review will be funded by the PCCAPHH project. An information paper on gaps in health adaptation to climate change in Fiji has been developed and shared with the project Steering Committee.

Outcome 3: Community health adaptation

The Fiji Red Cross Society (FRCS) has been engaged, via a Letter of Agreement with the WHO office, to implement Outcome 3 in pilot sites. Initial surveys to determine community health vulnerability to climate change have been completed; data is currently being analysed by the FRCS.

National Health Disaster and Emergency Management Unit

The National Health Emergency and Disaster Management Unit (NHED MU) was formally created in 2012 with the establishment of a permanent coordinator based at the Ministry's HQ. The Unit is aligned to the Public Health programs and reports to the Deputy Secretary Public Health.
The Unit's objectives are,

a) To ensure the MOH is prepared for health emergency, disaster preparedness and crisis management
b) To ensure health facilities are resilient to disasters and staff capable to response in times of emergencies and disasters.

2012 was a very challenging year in light of the three natural disasters that affected Fiji and its subsequent impact on health services delivery. The first being the floods in January, then a subsequent flood in March in the Western Division and finally a Category 4 Tropical Cyclone Evan that affected much of Fiji in December.

Highlights,

1) The review and development of the HEADMAP
2) Proposal and Completion of the Emergency Operation Centre (EOC) at MoH Headquarters
3) Purchase and Installation of a back-up generator for Dinem House
4) Development of a Safe Hospital Checklist
5) Having no (zero) casualty in Tropical Cyclone Evan (December 2012)

8. Administration and Finance

The Division of Administration and Finance plays a key service support role regarding asset and contract management, human, financial and physical resource development and information management. The Division is led by the Deputy Secretary of Administration and Finance who reports to the Permanent Secretary for Health, and also provides policy advice on the implementation, monitoring and evaluation of civil service reforms in the MOH.

The goals and objectives of Corporate Services Division mirrors the vision, mission and values of the MOH in providing responsive and effective financial, human resource, asset management and training services to the staffs and stakeholders. These staff are internal clients are the 'produce' of this Ministry and allow its effective function to provide quality health care services and promote wellness to all peoples of Fiji.

Training Unit

The role of the training team is to monitor, support and report on the training activities to meet the needs of clinical and administrative staff through continuous professional development opportunities. To also ensure all new and existing staff meet minimum qualification requirements. The Training Unit also assesses the suitability of proposed courses to verify that the curriculum meets the identified training needs of the workforce, and is value for money.

The Unit's objectives are,

a) Act as a central and initial point of reference in relation to all training activity conducted or proposed for delivery to MOH staff.
b) Maintain a Master Training Plan that reflects outcomes of Training Needs Analysis in collaboration with recommendation of Divisional and Individual Learning and Development Plans and matches against the training that is provided by internal partners (including the PSH) and external donor bodies or Universities (including FNU, USP).
c) Manage and administer In-Service Training [IST] and Overseas Attachments for MOH Personnel including,
    i) Compilation of Bond forms for MOH sponsored students.
    ii) Ensure payment of Tuition Fees for MOH sponsored students
    iii) Facilitate overseas attachment arrangements for health workforce
    iv) Facilitate participation of staff in PSC Scheduled training courses.
    v) In-house training on HRIS to facilitate effective monitoring of workforce.

Strategies	Activities
Payroll update for NTPC Levy payment	2 NTPC levies submitted to PSC Taskforce established in May,2012 Review of 2008 Training policy completed and endorsed in Nov. 2012
Sustained a well-trained and qualified human resource for health	Administer IST available locally for MOH personnel[229 officers undertook IST in 2012] Facilitate effective arrangements of overseas attachments /trainings/workshops/meetings for health staff Facilitate effective arrangements on participation of staff in CTD Scheduled courses Compile training reports for all overseas workshops/meetings & attachments

Personnel Unit

The role of the Personnel team is to manage all forms of leave entitlements for staff. Leave and other conditions under the General Orders (GO) shall be deemed to be the right of officers, however, this is at the fair and reasonable discretion of a supervisor.

The Unit's objectives are,

a) Managing all forms of staff leave (Abroad, Without Pay, Military, Sporting, Maternity, Bereavement, Long Service, Annual, Sick, and Allowances).
b) Managing all process related to Resignation, Retirement, Certificate of Service, Medical Board, Transfers and Transfer Allowance, ACR, Assessment Form, Extension of Reliving Appointments for GWE, P2P, Re-activation of Salary, Secondment, NEC Attachment, and SEA.

Table 9: Personnel Activities 2012

	Activity	Medical Officer	Staff Nurse	Allied Health	Corporate Services	General Wage Earner	Total
1	Resignation	11	45	30	0	13	99
2	Retirement	2	26	3	4	21	56
3	Leave Abroad	42	121	60	7	24	254
4	LWOP	8	9	16	2	16	51
5	Leave Allowance	3	40	7	8	0	58
6	Deemed resignation	2	5	1	0	6	14
7	Deceased	0	3	1	0	2	6
8	Posting/Transfers	131	116	78	34	0	359
9	Secondment	1	16	10	3	0	30
10	Termination	0	8	0	0	8	16
11	Forfeiture of salaries	All Cadres					305

Post Processing Unit (PPU)

The role of the PPU team is to manage all areas for engagement of new staff and tracking of current staff to fill vacancies and maintain a functional workforce within the Ministry.

The Unit's objectives include,

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

Asset Management Unit (AMU)

The role of the AMU is to provide for physical assets which are an important part of the health service since they provide the necessary support on which the delivery of health care depends. The quality of health care and its effective delivery is dependent; among other things upon adequately built and equipped facilities.

The Unit's objectives include,

a) Manage and report on vehicles and transport of the MOH fleet.
b) Participate and respond to Board of Survey.
c) Manage and organise Infrastructure maintenance.
d) Planning and monitoring delivery of Capital Projects including approvals, compliance and commissioning
e) Manage Capital Purchases.
f) Build capacity to improve understanding of process involved with all areas of AMU with internal and external client/partners.

Table 10: Asset Management Unit Activities 2012

Western Division			
1	Tokaimalo Nursing Station	Water tank and booster pump	$26,398.60
2	Nailaga HC	Relocation of mortuary	$19,170.00
3	Tavua Hospital	Extension of waiting area	$25,000.00
4	Ba Hospital	Kitchen upgrading	$17,900.00
Central/Eastern Division			
1	New Navua Hospital	Payment for water and FEA	$158,508.00
2	Nayavu HC	Grade V duplex quarters	$327,623.00
3	Korovisilou HC	Grade V duplex Quarters	$170,000.00
4	Tuvuca NS	Maintenance to clinic and staff qtrs	$25,512.68.
5	Nayau NS	Maintenance to clinic and staff qtrs	$29,848.88
6	Nausori Maternity & Dental Unit	Power upgrading	$26,183.02 $33,391
7	Makoi Medical	Upgrading of electrical sub-board	$11,406.70
8	Narokorokoyawa Nursing Station		$18,495.53
Northern Division			
1	Wainunu HC	Maintenance to clinic and staff qtrs	$14,652.96
2	Qamea HC	Maintenance to clinic and staff qtrs	$70,807.09
3	Navakasiga NS	Maintenance to clinic and staff qtrs	$21,265.13
4	Dreketi HC	Maintenance to clinic and staff qtrs	$42,106.14
5	Savusavu Hospital	Sewer line redirected	$20,984.84
6	Rabi HC	Solar batteries / couch & bed	$7,895.26
7	Rabi HC	Generator new installation	$2,902.00
8	Rabi HC	Generator repair standby	$4,575.00
CWMH & HQ			
1	Baby Feeding Room	Refurbishment	$2,620.00
2	CWMH - Stand-by Incinerator		
3	CWMH Cytotoxic Suite		
4	CWMH – A&E (East Wing)	Refurbishment	$174,000
5	CWMH - West Wing	Structural engineering assessment	$17,162.60
6	CWMH - West Wing	Electrical works	$17,006.00
7	Namosi Ward	Refurbishment	$41,000.00
8	Tailevu Ward	Refurbishment	$37,000.00
Tamavua Hospital			

1	Tamavua Hospital Project Heaven	Repair of roof	$21,413.01
2	National Rehabilitation Centre	Re-tiling of passage way	$3,100.00
Lautoka Hospital			
1	Installation of new water line		$2,011.85
2	Laundry	Roof Replacement	$13,237.35
3	Stores	Floor tiling	$5,343.95
4	Laundry Ceiling	Painting	$2,349.95
5	Pharmacy	Renovations	$4,732.00
Labasa Hospital			
1	A&E	Road side railings	$4,252.54
2	Office partitioning		$858.32
3	Bowzer Shed		$7,783.03
4	Boiler Shed	Repairs	$4,983.32
5	Admin Office	Shelving	$3,382.60
6	old garage to new Gym	Renovation	$20,196.55

AMU implemented 85% of capital works planned for the year. A total of 41 projects in all the division was completed for 2012. These projects involved renovations and refurbishment at hospitals, health centres and nursing stations to ensure a conducive environment for health workers and patients alike and contributing to the high quality of health services provided throughout Fiji.

Finance

The role of this team is to monitor that goods and services are efficiently delivered on time as per the agreed budget.

The Unit's objectives include,

a) Ensure equitable budget distribution to the Divisions.
b) Proper management of budget allocation which is fundamental to ensuring value for money in delivering services to the public as well as having cost effective internal controls within the purchasing and payments system. This plays an important role in ensuring that waste of funds over expenditure and corruption do not happen.
c) Ensure Internal Control measures are maintained and identified areas for improvements where appropriate and recommendations designed to assist the Ministry improve the system and compliance with the Finance Manual.
d) Effective utilisation of the Financial Management Information System (FMIS).
e) To establish the Internal Audit team and processes at HQ, to cover areas in 3 main source of information.
f) Examination of evidence on payments etc- supporting the payments to ensure that the Finance manual and other related procedures are complied with.
g) Review work performance and identify any changes to strengthen the units
h) Interviewing personnel in order to confirm the functions and gain a holistic understanding of the procedures and control of the system and identify general responsibilities and roles of individual within the system.

Industrial Relations

The role of this team is to meet legislative requirements and provide advice and monitoring for a safe and healthy workplace for all staff, patients and visitors within any MOH facility. It is also to monitor and respond to issues relating to Industrial or workplace relations particularly in cases of disciplinary proceedings.

The Unit's objectives include,

a) Provide advice and response in situations where there are breaches of legislation or non-compliance by an employee, or where there has been unfair treatment of an employee.
b) Address all legislated and policy requirements in relation to disciplinary matters from initiation, investigation, and monitoring through to presentation of reports to executive level or before tribunals to finalise matters.
c) Provide in service and outreach awareness raising sessions to Divisional and subdivisional levels.
d) Act as first point of contact for information and response requirements particularly in relation to Public Service Code of Conduct, employment terms and conditions, disciplinary committees, Acts and Decrees.
e) Facilitate cooperation to ensure a safe workplace.
f) Enact Workplace Health and Safety committees and monitor function as well as assist in the development of required OHS policy and procedures.
g) Provide advice and in service particularly in relation to OHS training, Fire drills, development of appropriate policies and procedures, registration of workplaces (for OHS).

For the year 2012, the Ministry received a total of 87 cases. Of this number, 66 were closed and the remaining pending cases were with PSC, FICAC and the MOH. Pending cases could not be cleared in the year in view of its offence and nature of the case.

Table 11: Ministry of Health Disciplinary cases for 2012

New Cases	7
Pending Cases	6
PSC Cases	4
Police/ FICAC Cases	4
Number of closed Cases	66
Total	**87**

i): Details of Disciplinary cases for 2012

Late arrivals/poor attendance	11
Appeal for reinstatement	3
Unethical behavior	24
Misappropriation of funds	5
Insubordination	3
Discrepancies	1
Theft	7
Personal grievances	2
Abuse of office	1
Tampering with medical certificate	1
Sexual harassment/extra marital affairs	4
Split LPO's	1
Fraudulent activities	9
Lost item	1
Poor performance	4
Conflict of interest	1
Misconduct/negligence	1
Total	**80**

9. Health Information Research and Analysis Division

The Health Information, Research and Analysis Division is responsible for the overall development and management of health information; and promoting appropriate research for the National Health Service; monitoring and evaluation of the Ministry's Corporate an Strategic Plans including Key Performance Indicators for SFCCO; and management of ICT services for the Ministry.
The Division assists the Corporate Services Division in management of Information Systems relating to Asset, Finance and Human Resource Management; Public Health Division in disease surveillance and disaster management; Health System Standards; and other operational divisions in maintaining standards, monitoring and evaluation of health services.

It plays a vital role in the compilation and analysis of health statistics and epidemiological data and management of the information system (software) and also purchase and maintenance of computer hardware.

The Division also manages the entire computer network infrastructure of the Ministry together with all the servers and maintenance of the Ministry website.

The three functional Units of the Division that carry these responsibilities are,

1. Health Information
2. Health Research
3. Information and Communication Technology

Highlights,

1) Collection of data from across the health system, provides hospital medical records departments with policy guidance on medical records and information system management.
2) Successful implementation of year 1 Health Information Systems Strategic Plan activities.
3) Analysis and production of quarterly health information bulletin, CD integrated report and Annual Report.
4) Implementation of web based PATIS, HRIS, LIMS, and intranet and website services.
5) Expansion of govnet services to 30 health facilities using IPVPN technology and upgrade of VOIP technology in 10 major health institutions.
6) Establish Wi-Fi internet in all divisional and 10 sub-divisional hospital to improve communication and collaboration for patient care and improving clinical staff capacity through online training.
7) 5 NHRC and 1 FNRERC Meetings were conducted
8) Publication of 2 research papers in the Public Health Journal.
9) Review of NHRC/FNRERC procedures completed.
10) Consolidation and finalization of the Research Policy, Guide and Standard Operating Procedures were completed and processed for endorsement.
11) Establishment of a monitoring and evaluation framework of progress of research activities was established.
12) Compilation and reporting Strategic Framework for Change Coordinating Office which highlights the progress and achievements of the Ministry through its specified Outcomes and Outputs and the Performance Matrix which provides information and data on the performance results rating and the audited progress. The performance ratings were,

    - 4th Quarter – 90.47% (Excellent)
    - 3rd Quarter – 87.47% (Very Good)
    - 2nd Quarter – 80.75% (Very Good)
    - 1st Quarter – 69.27% (Average)

10. Planning and Policy Development Unit (PPDU)

Led by the Director Planning and Policy Development is responsible for coordinating the development, formulation and documentation of MOH Policies, the National Health Accounts, Donor Coordination, Department plans, and medium to term strategies in alignment with the MOH's long term mission and vision.

The PPDU was established in 2011 with the objective of supporting senior management in the development and analysis of the National Health Strategy including the initiating evidence based policies and reforms.

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

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

a) Economic and policy analysis.
b) Research.
c) Planning, governance and social determinants.

Highlights,

Output	Activities	Status
Output 1: Portfolio Leadership Policy Advice and Secretarial Support	Assist in the formulation and review of: Clinical Services Strategic Plan NCD Strategic Plan Strategic Workforce Plan Mental Health Strategic Plan Oral Health Strategic Plan New format and formulation of ACP 2013 Review MOH Training Policy 2008 TROPCII conducted training on policy briefs writing Assist in the feasibility study on SHI Assist in the MOH Budget 2013 approved by MOF Assist in the MOH Housing Policy - Draft Workshop on Awareness of Planning Process and Policy	ACP completed and distributed Clinical Service Plan ongoing NCD Strategic Plan completed and to be reviewed in 2013 Training Policy completed TROPIC conducted
Output 2: Health Information Systems	Assist the Annual Report Committee in compilation of Annual Report 2011	AR 2011 completed and distributed
Output 3: Human Resources Development	Assist in the engagement of prorate specialist engagement Collaboration with Health Policy and Financing Hub – Nossal Institute.	Pro-rata concept accepted and approved by PSC
Output 4: Provisions of Health Care Financing Option	Assist in ensuring adequate funding (0.5% annually) from MOH in the 2013 budget Development of National Health Accounts 2011-2012 using SHA 2.0 Classifications	NHA work on going major activities per work plan
Output 12: Provision of Goods, Supplies, and Asset, Medical drugs, Consumables and Bio-med Equipment's and Asset Management	Assist in development of Annual Procurement Plan 2014	Assistance provided to AMU and ongoing

11. Fiji Pharmaceutical and Biomedical Services (FPBS)

The Chief Pharmacist manages FPBS and is responsible for the provision of policy advice and management support in initiating and coordinating, formulating and implementing national strategies and plans in relation to pharmaceutical services and biomedical equipment.

FPBS objectives are,

a) Ensuring the timely supply of affordable, safe and effective pharmaceuticals and biomedical equipments to health facilities.
b) Promote and ensure the rational use of pharmaceuticals at health facilities.
c) Ensuring the maintenance and sustainability of all biomedical equipment used in the health facilities.

Financial Resources

xpenditure Item	Allocation	Funding Source
Staff Costs	$869,110.00	FPBS Budget
Operational Costs	$2,0442,700.00	FPBS Budget
Training Costs	Nil	
Capital Works	$4,469,530.00	FPBS Budget
Special Projects	N/A	N/A

Procurement

The unit carried out procurement of around $24,361,559 in 2012 of pharmaceutical supplies and biomedical equipment which are all procured internationally. One of the major projects for the team is the purchases of the lithotripter machine. Total biomedical equipment purchased for 2012 was approximately $3.38 million.

Warehouse

At any given time the inventory holding at the warehouse is approximately $ 14 million which includes biomedical equipment. Distributions of pharmaceuticals suppliers are undertaken on monthly, bimonthly and quarterly basis to around 230 health facilities throughout Fiji. In 2012, the value of pharmaceutical items supplied to health facilities was approximately $20.412 million.

Human Resources/Finance

The improved financial performance in 2012 is attributed to coordinated team work. Significant savings were made on the electricity allocation which reflects the teams collective efforts to control costs.

Essential Medicines Authority

The National Medicines and Therapeutic Committee, National Clinical Products Committee and the National Biomedical Committee met 3 times in 2012. The committees were able to make decisions on the improvement of resources needed in the patient management at hospital level.

Highlights,

1) The FPBS received the Commitment Award from the Fiji Business Excellence Award Program in November 2012.
2) Reduction of the wastage to around $0.6 million of pharmaceuticals due to expiration.
3) Formulation of Guide for Immediate Relief Assistance and Emergency Procurement with the assistance of Fiji Procurement Office.
4) Timely renewal of tenders.
5) Purchase of 3 new vaccines (Rotavirus, Synflorix, Pneumovax).
6) Facilitate purchase of 3 new transplant drugs that will improve the accessibility, affordability an availability of transplant medication to patients.

12. Development Partner Assistance

The Ministry of Health continues to benefit from the financial and technical support of a range of development partners and international organisations in support of delivering its mandate responsibilities.

Fiji Health Sector Support Program (FHSSP)

As defined by the Final Design Document, and reinforced by the contract between JTA and AusAID, FHSSP will contribute to the achievement of clear outcomes that can be categorised under the five objectives listed below.

1) To institutionalise a Safe Motherhood program at decentralised levels throughout Fiji.
2) To strengthen infant immunisation and care and the management of childhood illnesses and thus institutionalise a "healthy child" program throughout Fiji.
3) To improve the prevention and management of diabetes and hypertension at decentralised
4) To revitalise an effective and sustainable network of village/community health workers as the first point of contact with the health system for people at community level; and
5) To strengthen key components of the health system to support decentralised service delivery (including health information, monitoring and evaluation, strategic and operational planning, supervision and operational research).

Objectives 1, 2 and 3 of FHSSP align with Health Outcomes 1, 3 and 4 of the MoH Strategic Plan. Program Objectives 4 and 5 support national priorities for health system strengthening, identified in the Strategic Plan as necessary to deliver Fiji's health status and health service objectives.

Highlights,

At the completion of 2012,

1) 66% of scheduled work plan activities were either completed or were progressing in line with the work plan schedule, or 67% when the Unallocated Fund activities are included.
2) 18% of program activities were progressing, albeit at a slower pace than anticipated or 19% when the Unallocated Fund activities are included.
3) 16% had not progressed and were either rescheduled to 2013 or had been cancelled due to external factors.

As a result of the floods throughout Northern and Western Divisions in early January and again in March 2012, with dengue fever, typhoid, leptospirosis and diarrhoeal disease outbreaks following quickly after flood waters receded.

This natural disaster and its aftermath lead to FHSSP providing technical advice and coordination, as well as funding to support the response and recovery efforts including drugs and consumables for flood recovery, a nation-wide broadcast campaign to channel messages to prevent the spread of typhoid post-flood and providing funds to rebuild retaining walls that slipped during the deluge at Lautoka Hospital (dental clinic) and Loma Nursing Station (though work at Loma is not yet finalised).

Grant Management Unit (GMU)

The Ministry of Health is the first Principal Receipt (PR) in Fiji to receive a Global Fund (GF) grant. The Ministry received the grant to support health systems strengthening and the control of Tuberculosis (TB) in Fiji. The Ministry of Health established the GMU to manage implementation, coordination and reporting of the GF grant.
The GMU goals are,

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

The GMU objectives are,

a) To improve high quality DOTS in all provinces with increased case detection and high treatment success.
b) To address TB in high risk groups and underserved populations, TB-HIV and MDR-TB.
c) To engage and empower all health care providers and communities to control TB.
d) To strengthen the quality of laboratory services and procurement supply management.
e) To strengthen the organisational capacity of the Principal Recipient (PR).
f) To improve data quality and management of information.

Highlights,

1) GMU supported the hosting of 4 National Health Information Committee meetings in 2012
2) GMU contributed to PHIS redevelopment, piloting, monitoring and evaluation.
3) 92% of activities planned under the National TB Strategic Plan 2011-2015 achieved.
4) Inclusive use of updated National TB Guidelines and procurement of innovative technologies (two GeneXpert machines) to improve turn-around time, early detection of Rifampicin resistance.
5) 85% of National TB Program review implemented and included identification of high burden areas for appropriate intervention i.e. Central division, Lami-Suva-Nausori corridor which has case notification Rate >30/100,000.
6) The National TB Program is progressing towards its 2015 goal to decrease by 50% the burden of TB from 1999 to 20/100,000 per population. The 2012 Case Notification Rate is at 25/100,000 population.
7) 220 TB cases were registered in 2011 with PTB of which 107 were new smear positive cases and 62 new smear negative cases; 2 relapse cases and 5 retreatment after default cases.
8) The treatment success rate for new smear positive cases for 2011 cohort is reported as 93% (100/107). Target: ≥ 80% new smear positive cases treated successfully.
9) GMU supported refurbishment of Tamavua Twomey Hospital Wards and Outpatients; Lautoka Hospital Tagimoucia Ward and Microbiology Unit to a total value of about $FJ 500, 000.
10) All 17 operational laboratories assessed and compliant with national standards under laboratory quality management systems.
11) Commence development of National Laboratory Decree.

13. Organisation Wide Challenges

In delivering its services the Ministry of Health has identified the following as salient challenges the Fiji health sector encountered during 2012. These are grouped under the health system building blocks.

Governance

1) Communication throughout the MOH requires strengthening to ensure decisions and efficiently dissemination throughout the organisation, similarly communications is a two way process up and down the organisation.
2) Strengthening relationships with external stakeholders within the public service, development partners and nongovernmental organisations is warranted.
3) Due to the high competing demands on key MOH personnel engagement and subsequent progression of activities are often affected.
4) The Ministry's ability to incorporate new developments outside its mainstream mandate.
5) Lack of transport or sharing transport affects efficient implementation of work programs.
6) Lead time required to embed new approaches such as health systems strengthening and monitoring and evaluation.

Workforce

1) Staff shortages across clinical specialist are hampered by the continuous exit of qualified nationals which is compounded by the inability to attract international specialists.
2) High turnover of staff internally hinders and affects program implementation.
3) The high workload and competing demands on staff in the sub divisions places pressure on program implementation.
4) The large number of vacancies in both the established and general wage earner categories impacts on service delivery throughout the MOH.
5) Availability of technical assistance to undertake agreed work has affected program implementation.
6) The need to develop a sustainable plan to address project based staff.
7) Workload demands often result in staff unavailability for continuing medical education sessions.
8) Limited capacity development opportunities for administration, clerical and support cadres.
9) Limited contract management expertise within MOH.
10) High turnover of staff has resulted in reengagement of FNU in curriculum development to ensure sustained capacity building. Newly created work units were not allocated operational budgets and were supported HQ and development partner sources.
11) Work entities that are singled staffed face high workloads and face risks of staff burn out, loss of investment in capacity development with attrition and implementation delays.

Health Information

1) The ability to provide collect, analyse and present information in a timely manner is attributed to the delay of information submission, lack of human resources and technical capacity.
2) Standardization of data collection processes remains a challenge.
3) The postponement of the Demographic Health Survey until 2014 has affected program implementation.
4) There is limited operational research undertaken to inform clinical management practices.
5) The need for monitoring and evaluation processes and tools to assess programs within the MOH is required.
6) Poor research methodology with the Global AIDS survey has made data entry and analysis problematic.
7) Issues are encountered with some of the software programs used throughout the MOH.
8) In terms of resourcing and the ability to service and support the nationwide IT systems and users, the MOH requires qualified, committed, focussed and additional IT personnel. Whilst there is some budget provision Ministry it is inadequate to sustain and ensure efficient service delivery.

Financing

1) The availability of funds to support introduction of new and expansion of services.
2) Delayed release of funds by some development partners.
3) Delays in issuance of LPO's and cheques.
4) Newly created work units were not allocated operational budgets and were supported HQ and development partner sources.

Service Delivery

1) Senior clinicians demanding workloads delayed the development, review and endorsement of Clinical Practice Guidelines and agreement on essential procurement lists.
2) The need to develop a comprehensive package for the management and treatment for HIV/STI, which would include standard clinic forms, reporting templates and monitoring and evaluation tools.
3) Access to public health communication materials with pre-tested messages in the areas of family planning and antenatal care.
4) HIV decree awareness and advocacy for health care workers and the community needs to be pursued.
5) Behaviour change in the community continues to be challenge.

Medical Products, Vaccines and Technologies

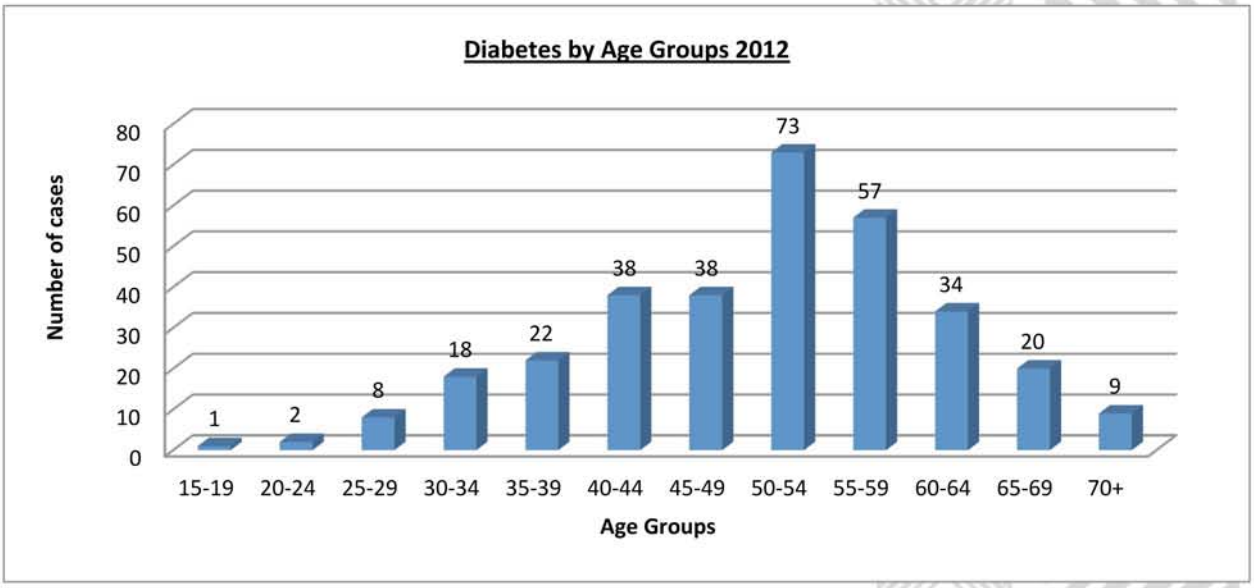
1) The implementation of three new vaccines simultaneously into the national immunisation schedule provided a significant increase into the nurse's workload. This resulted in a change of priorities, delays in neonatal attachments and equipment procurement.
2) Despite improvements made at FPBS there continuous to be stock outs of reproductive health commodities and other drugs and consumables.
3) There is no proper virus isolation facility at Mataika House.
4) Availability of vessel to undertake frequent visit to maritime stations.
5) Managing supplier's contract performance.

14. Health Outcome Performance Report 2012

Non Communicable Disease

Diabetes

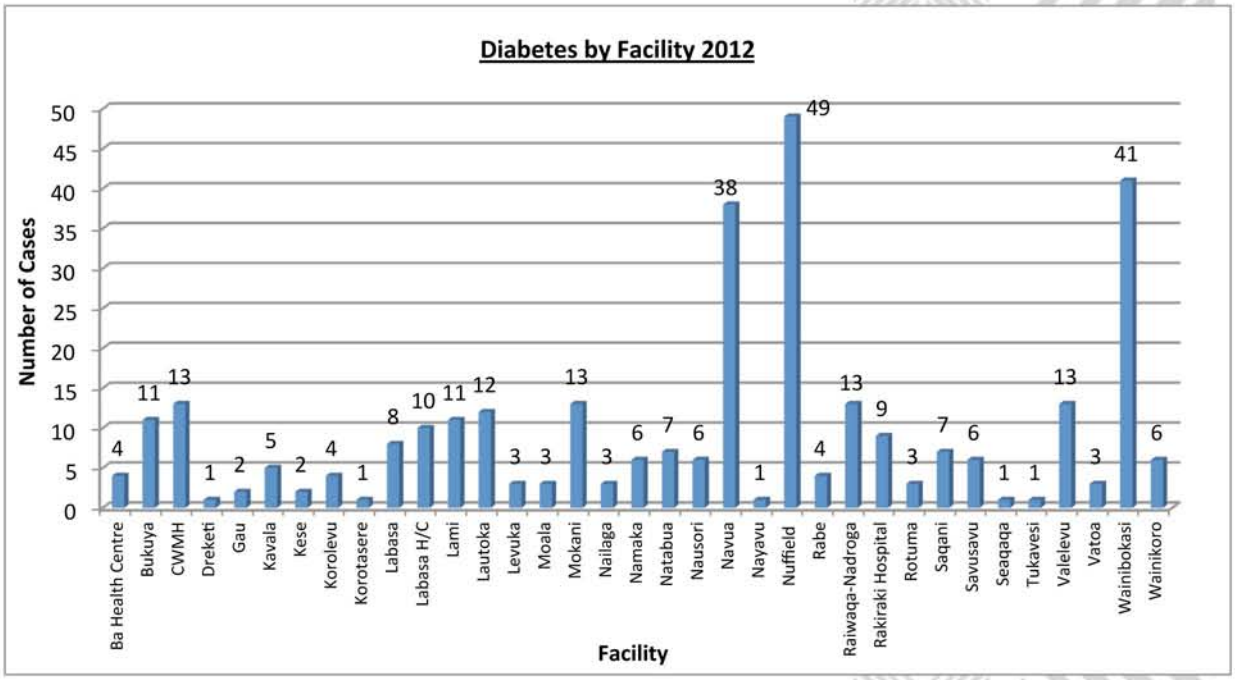
Figure 5: Diabetes Cases by Age Group 2012



Source: Diabetes Notification Forms, 2012

Underreporting of new cases of Diabetes through the Diabetes notification forms continues to affect the interpretation of its incidence. However, based on the existing data, those in the 50-54 age group are most affected. The recent WHO STEPS survey, results of which are still being analysed, will provide a better insight on the extent of the problem in Fiji.

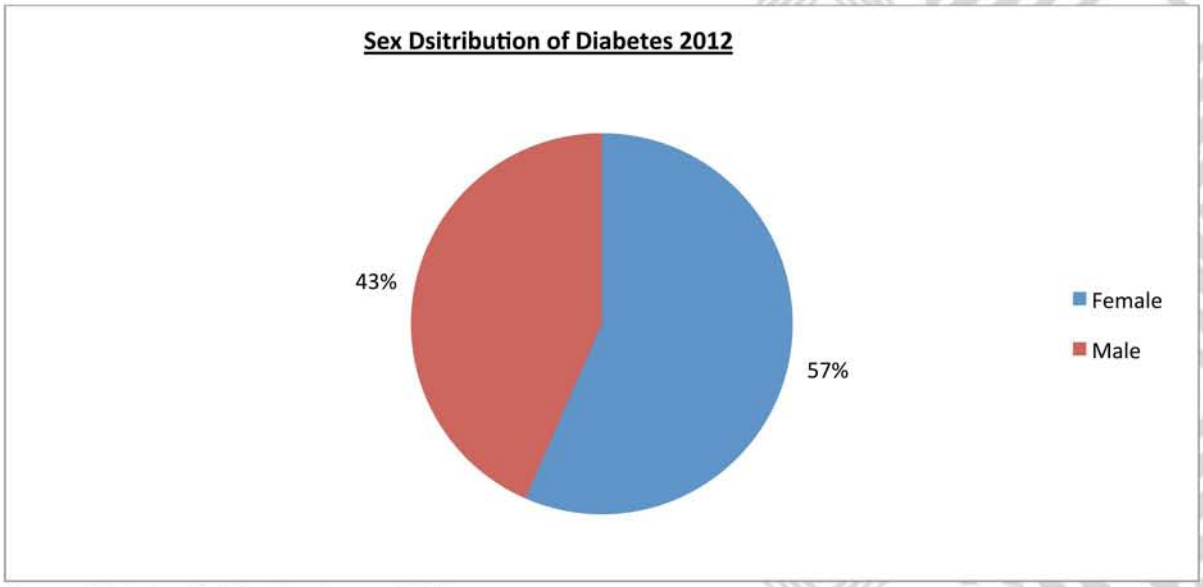
Figure 6: Diabetes Cases by Facility 2012



Source: Diabetes Notification Forms, 2012

Majority of the cases were reported from Nuffield Clinic, Wainibokasi and Navua. However, there may have been underreporting from other facilities resulting in a low incidence.

Figure 7: New Diabetes Cases by Sex 2012

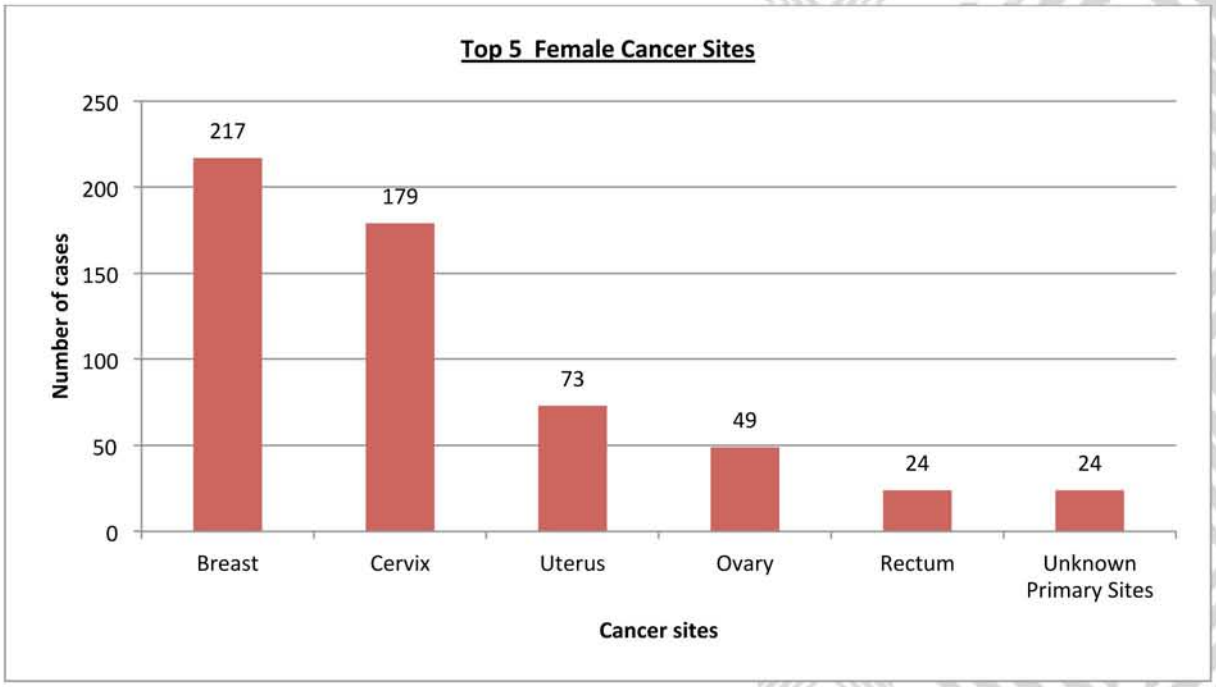


Source: Diabetes Notification Forms, 2012

Similar to the trends in 2011, more females (57%) than males (43%) were diagnosed in 2012.

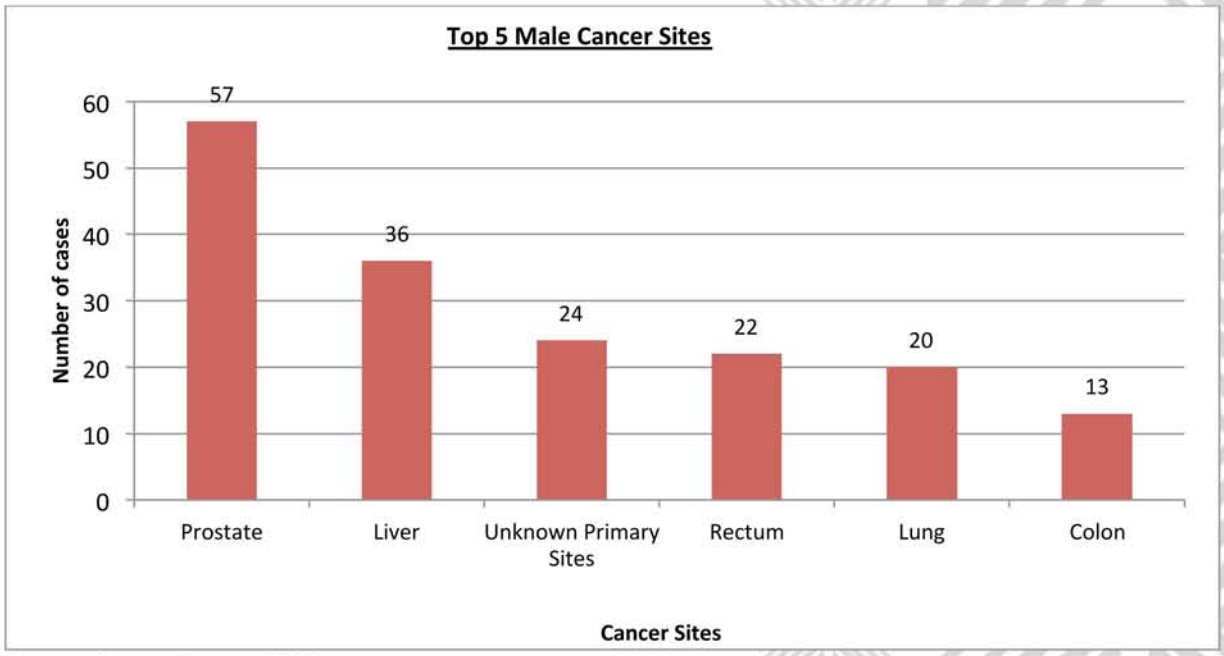
Cancer

Figure 8: Leading 5 Female Cancer Site 2012



Source: Cancer Registry, 2012

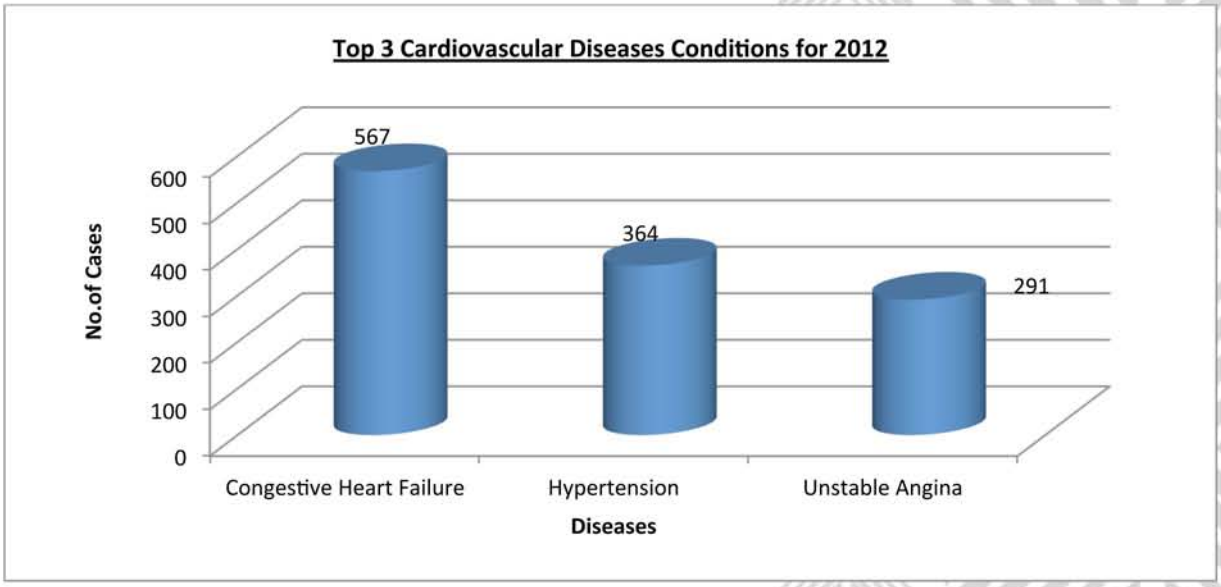
Figure 9: Leading 5 Male Cancer Sites 2012



Source: Cancer Registry, 2012

Cardiovascular

Figure 10: Leading 3 Cardiovascular Disease Conditions 2012

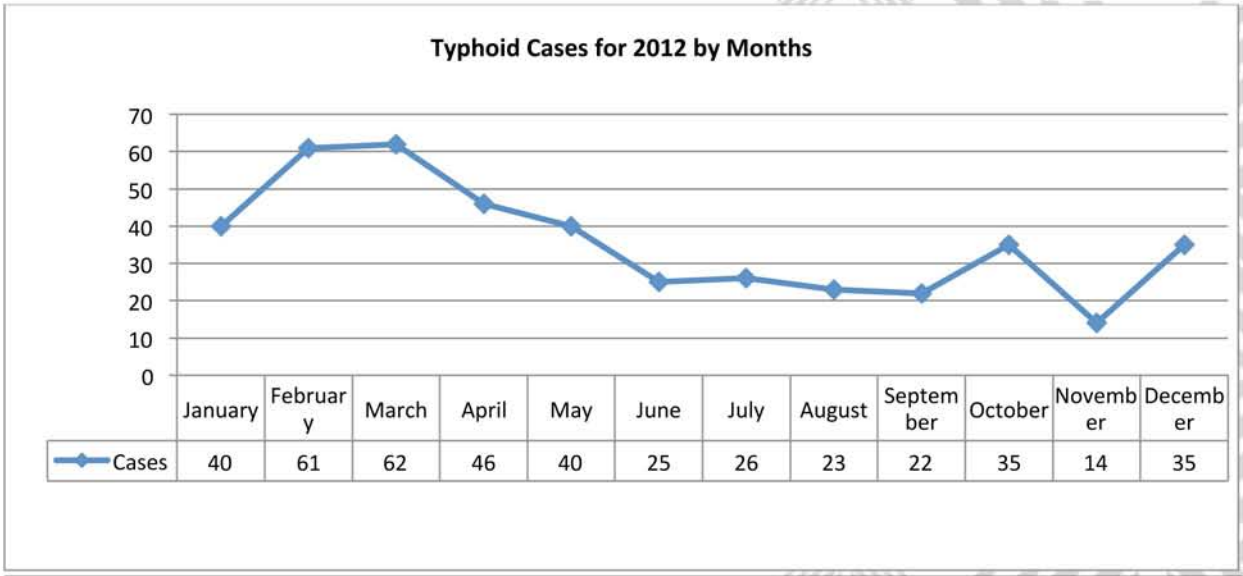


The most common cardiovascular diseases in 2012 included congestive cardiac failure, hypertension and unstable angina respectively.

Communicable Disease

Typhoid

Figure 11: Typhoid Cases for 2012 by Month

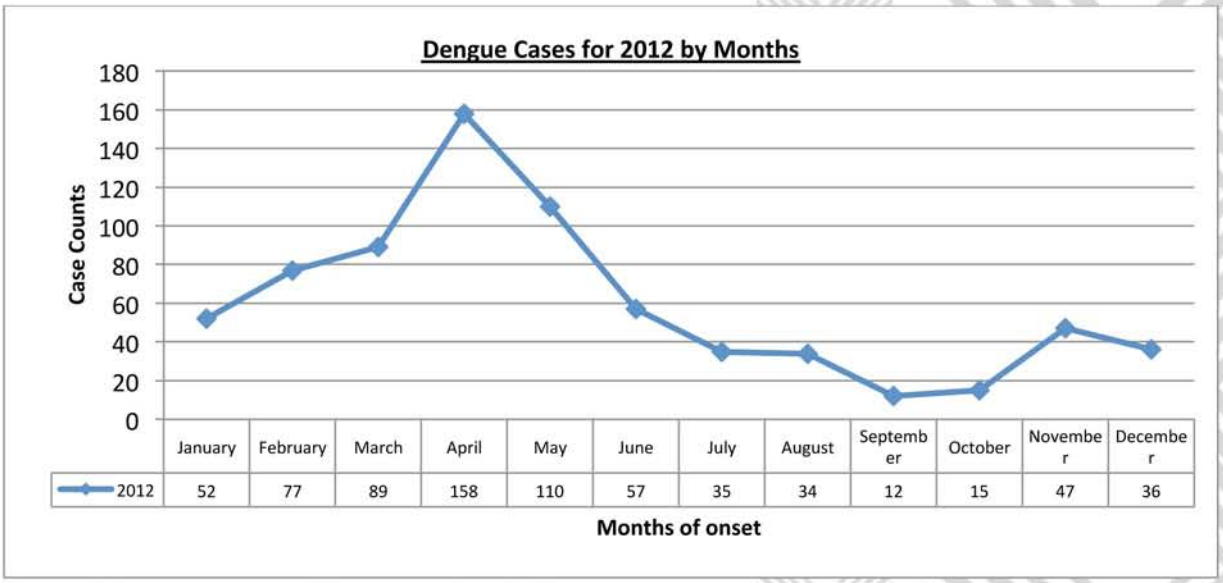


Source: Laboratory confirmed Data from Mataika House

A total of 429 cases of Typhoid were reported by the Fiji Centre for Communicable Disease Control. The peak number of cases coincided with the hot and rainy season from i.e. from November to April.

Dengue

Figure 12: Dengue Cases for 2012 by Month

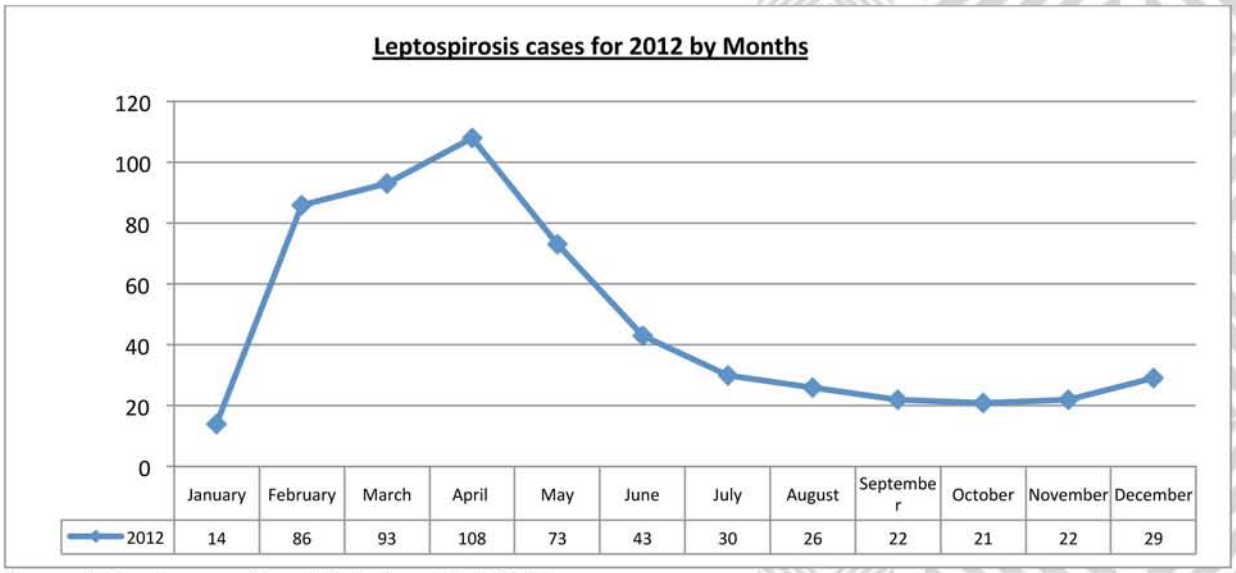


Source: Laboratory confirmed Data from Mataika House

A total of 722 cases were reported in 2012. Similar to the trends in Typhoid, majority of cases were noted during the hot and rainy season. The peak number of cases was reported in April, which coincides with the flash floods experienced in the Western Division.

Leptospirosis

Figure 13: Leptospirosis Cases for 2012 by Month

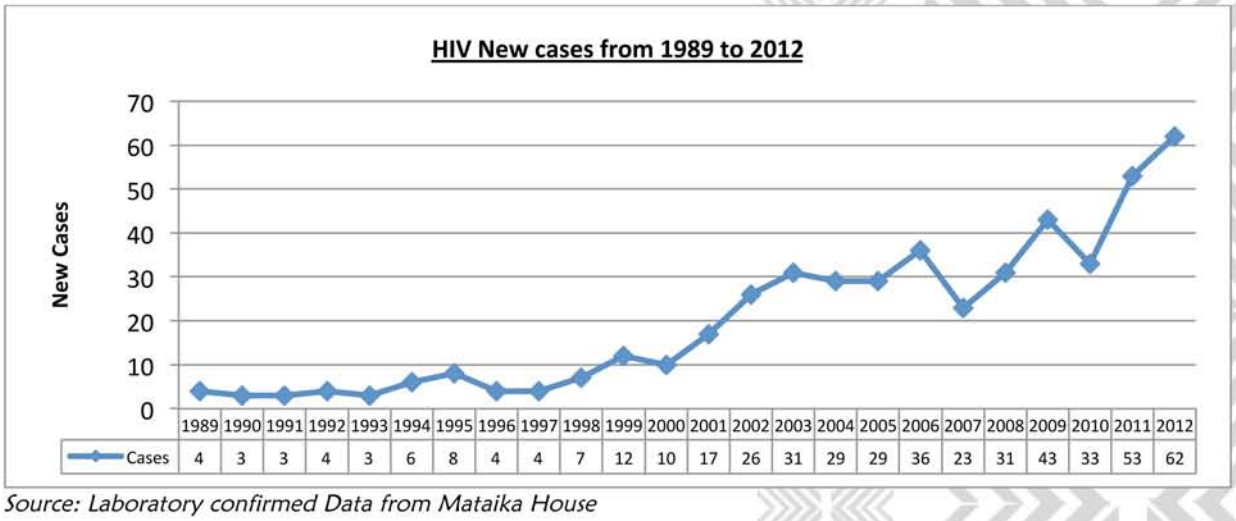


Source: Laboratory confirmed Data from Mataika House

A total of 567 cases of Leptospirosis were reported in 2012. The majority of cases were noted in the first half of the year. These were reported mainly from the Western Division.

HIV

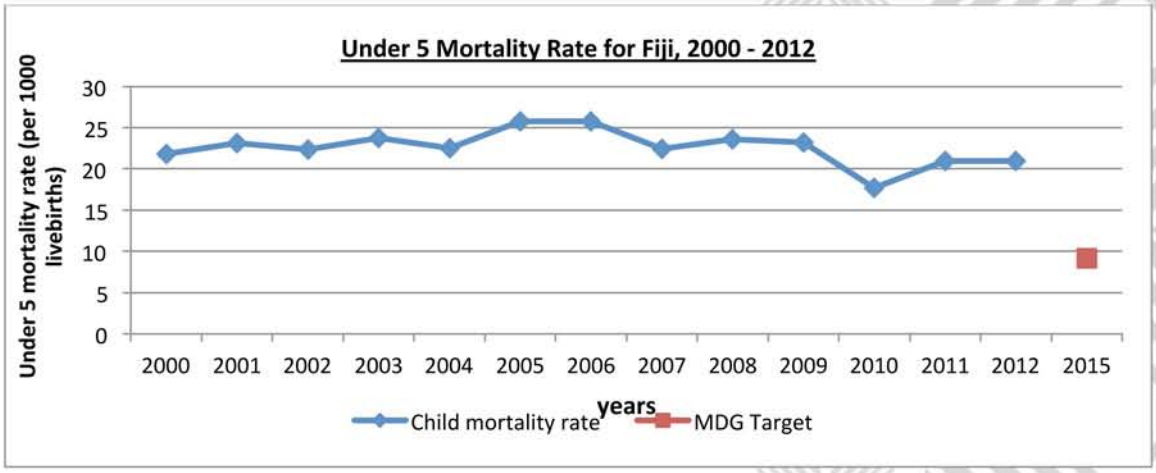
Figure 14: New HIV Cases 1989-2012



Source: Laboratory confirmed Data from Mataika House

The number of new cases in 2012 was higher than that in 2011. There was a 17% rise in the number of new cases detected in 2012. Most cases are from the Reproductive Health Clinic, followed by the Antenatal Clinics. There were 60 new cases from the laboratory department (Mataika House) and 2 presumptive diagnosis from the paediatrics department of CWM Hospital. Thus in total 62 cases were detected including both Laboratory confirmed and Presumptive Diagnosis. The 20-29 age group was most affected and heterosexual transmission is still the most common mode of transmission.

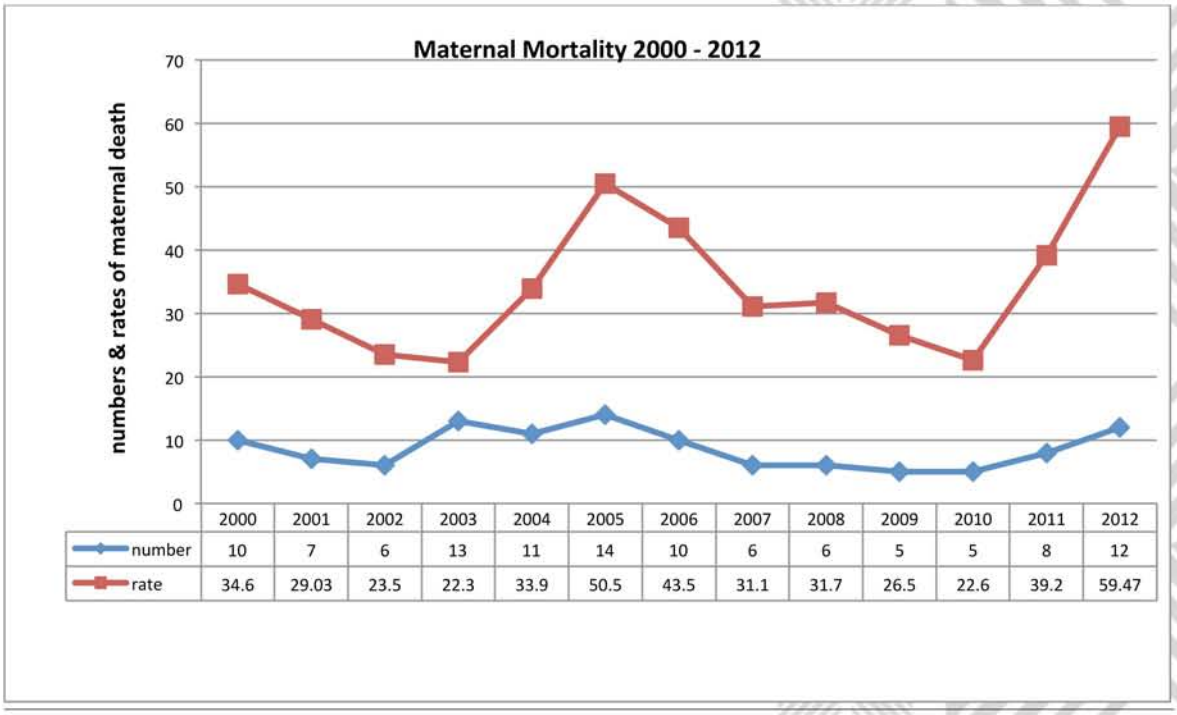
Figure 15: Under 5 Mortality Rate for Fiji 2000-2012



Source: Medical Cause of Death Certificate, 2000 – 2012, Ministry of Health.

The Under 5 mortality rate has been stable over the past decade, ranging between 15 and 25 per 1000 livebirths. In 2012 the Under 5 mortality rate was 20.96 which means a further 57% reduction is required in order to meet the target of 9.2 per 1000 livebirths in 2015.

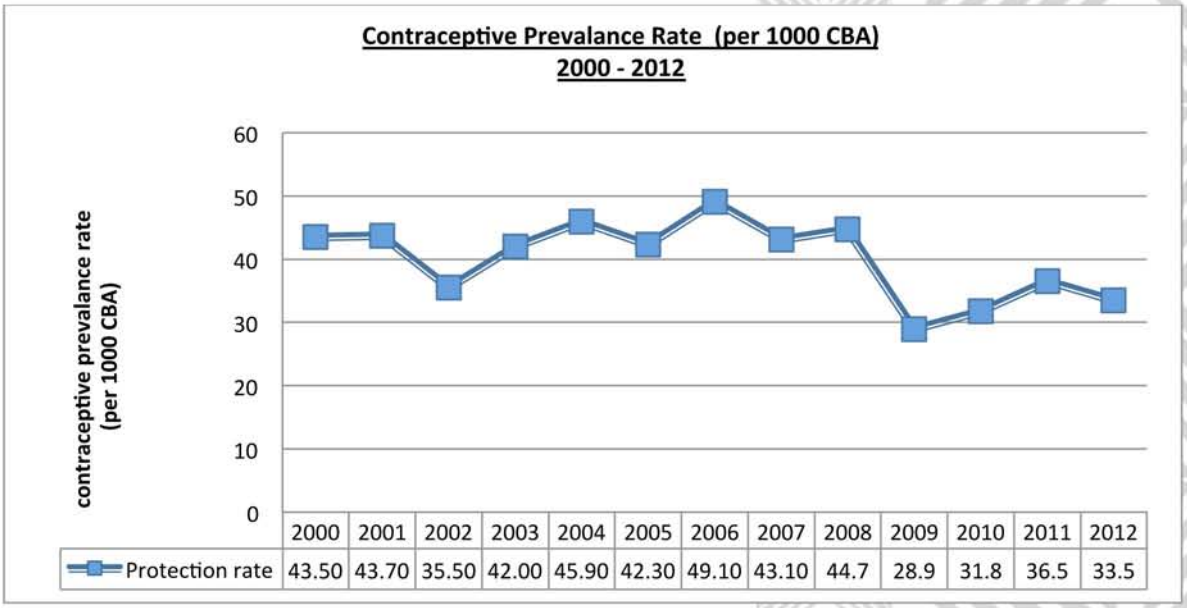
Figure 16: Maternal Mortality Ratio for Fiji 2000-2012



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

There were 12 maternal deaths in 2012 compared to 8 in 2011, which has caused a substantial rise in the maternal mortality ratio.

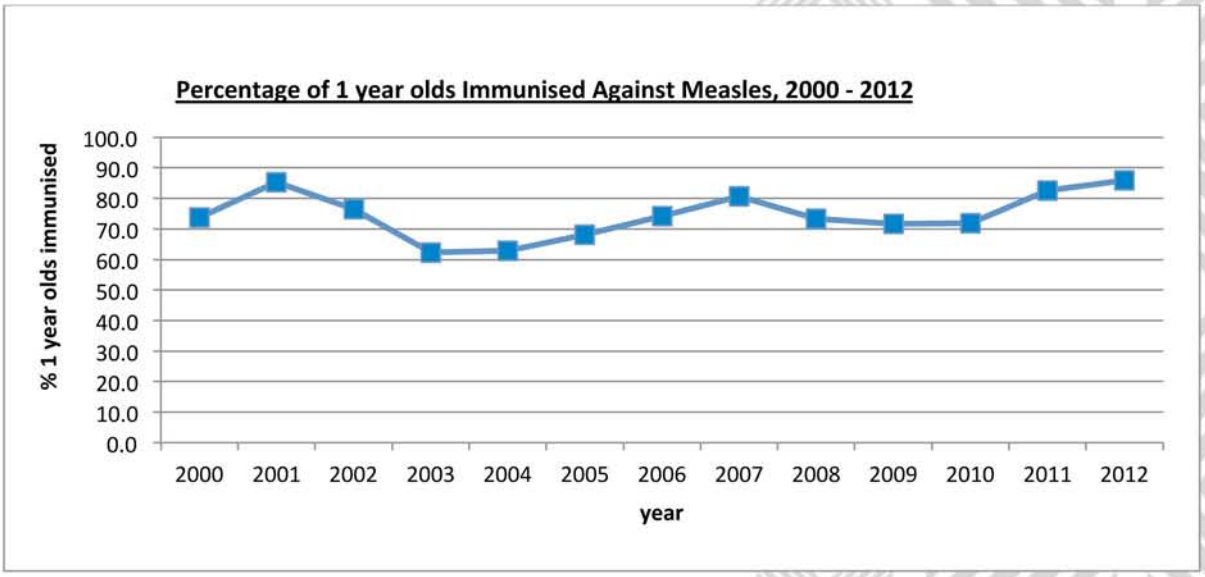
Figure 17: Contraceptive Prevalence Rate for Fiji (per 1000 CBA) 2000-2012



Source: Public Health Information System, Ministry of Health

The contraceptive prevalence rate has been ranging between 29 and 49% over the past decade. There has been consistent improvement in the rate from 29% in 2009 to 44% in 2012.

Figure 18: Percentage of 1 Year Olds Immunised against Measles 2000-2012



Source: Public Health Information System, 2000 – 2012, MOH

The immunisation rate for measles has been ranging between 68 and 98% over the past 10 years. Data from the Public Health Information System has consistently shown lower rates than coverage surveys e.g. 94% in 2008. In 2012 the rate was 85.9% which is a slight improvement from 82.5% in 2011.

15. Health Statistics

Table 12: Vital Statistics

	2011	2012
Population	901,208	899,735
Women (15-44yrs)	203,769	210029
Total Live births	20,425	20,178
Crude Birth Rate /1000 population	22.7	22.4
Crude death Rate /1000 population	7.39	7.52
Rate of Natural Increase	1.53	1.49
Under 5 mortality rate/ 1000 livebirths (0-5 yrs)	20.95	20.96
Infant Mortality rate / 1000 live births (0-12months)	15.96	15.86
Perinatal Mortality (stillbirth and early neonatal deaths/1000 livebirths)	18.51	16.75
Early Neonatal (deaths 0-7days) /1000 livebirths	6.07	5.80
Neonatal Mortality (deaths 0-28days/ 1000 live births	8.52	7.93
Post-neonatal mortality (deaths 1-12 months)/ 1000 live births	7.51	7.99
Maternal mortality ratio /100,000 live births	39.2	59.47
General Fertility rate / 1000 CBA Population	100.24	99.02
Family Planning Protection Rate (per 1000 CBA Population)	36.5	35.72

Table 13: Immunization Coverage 2012

Immunization Coverage (%) 0-1 yr	2011		2012	
	Number	%	Number	%
BCG	19,633	96.1	20,131	99.7
OPV0	19,670	96.3	15,885	99.8
HBV0	19,991	97.9	20,089	99.5
OPV1	18,632	91.2	18,475	91.6
Pentavalent1	18,640	91.3	18,761	93.0
OPV2	18,762	91.9	18,477	91.6
Pentavalent2	18,749	91.8	18,495	91.7
OPV3	18,536	90.8	18,350	90.9
Pentavalent3	18,517	90.7	18,379	91.1
MR1	18,226	82.5	17,552	85.9

Table 14: Notifiable Diseases 2012

No.	Diseases	Total	No.	Diseases	Total
1	Acute Poliomyelitis	0	23	Meningitis	49
2	Acute Respiratory Infection	61,662	24	Mumps	14
3	Anthrax	0	25	Plague	0
4	Brucellosis	0	26	Pneumonia	4,060
5	Chickenpox	1,932	27	Puerperal Pyrexia	3
6	Cholera	0	28	Relapsing Fever	0
7	Conjunctivitis	7,437	29	Rheumatic Fever	11
8	Dengue Fever	460	30	Smallpox	1
9	Diarrhoea	25,249	31	Tetanus	1
10	Diphtheria	0	32	Trachoma	441
11	Dysentery a) Amoebic	3		Tuberculosis a) Pulmonary*	0
	b) Bacillary	201	33	b) Others*	0
12	Encephalitis	0	34	Typhus	0

13	Enteric Fever a)Typhoid	600	35	Viral Infection	59,498
	b) Para typhoid	1	36	Whooping Cough [Pertussis]	14
14	Fish Poisoning	1,952	37	Yaws	0
15	Food Poisoning	58	38	Yellow Fever	0
16	German Measles (Rubella)	404		Sexually Transmitted Infections	
17	Infectious Hepatitis	266		a) Gonorrhoea	971
18	Influenza	14,814		b) Granuloma inguinale	0
19	Leprosy	0		c) Opthalmia neonatorum	1
20	Leptospirosis	396		d) Lymphogranuloma inguinale	0
21	Malaria	0		e) Soft chancre	0
22	Measles (Morbilli)	34		f) Syphilis	723
				g) Veneral warts	1
				h) Candidiasis	164
				i) Chlamydia	29
				j) Genital Herpes	2
				k) Trichomoniasis	16
				l) PID	1
				m) Congenital Syphilis	5
				n) Herpes zoster	69

In terms of the reports received for 2012 74% was received from Central, 84% from Western, 94% from Northern and 97% from Eastern division.

Table 15: Health Service Utilization Statistics 2012

i) Divisional and Sub-Divisional Hospital Utilization Statistics

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed State	ALOS
1	CWM Hospital	116,134	481	22,291	113,606	64.71	311.2	5.1
2	Navua Hospital	7,601	12	887	2,925	66.78	8.0	3.3
3	Vunidawa Hospital	8,962	23	613	1,515	18.05	4.2	2.5
4	Korovou Hospital	4,052	17	946	2,784	44.87	7.6	2.9
5	Nausori Hospital	22,176	17	2,343	2,978	47.99	8.2	1.3
6	Wainibokasi Hospital	17,522	12	953	3,676	83.93	10.1	3.9
	Sub-total	**176,447**	**562**	**28,033**	**127,484**	**62.15**	**349.3**	**4.5**
7	Lautoka Hospital	178,131	340	13,344	83,594	67.36	229.0	6.3
8	Nadi Hospital	99,309	75	4,453	14,142	51.66	38.7	3.2
9	Sigatoka Hospital	57,474	58	3,052	11,008	52.00	30.2	3.6
10	Ba Mission Hospital	41,560	55	2,048	5,656	28.17	15.5	2.8
11	Tavua Hospital	34,006	29	1,466	2,461	23.25	6.7	1.7
12	Rakiraki Hospital	29,120	29	1,368	3,725	35.19	10.2	2.7
	Sub-total	**439,600**	**586**	**25,731**	**120,586**	**56.38**	**330.4**	**4.7**
13	Labasa Hospital	75,890	182	9,501	32,881	49.50	90.1	3.5
14	Savusavu Hospital	9,144	56	1,033	607	2.97	1.7	0.6
15	Waiyevo Hospital	16,651	33	1,169	4,065	33.75	11.1	3.5
16	Nabouwalu Hospital	9,229	26	921	3,596	37.89	9.9	3.9
	Sub-total	**110,914**	**297**	**12,624**	**41,149**	**37.96**	**112.7**	**3.3**
17	Levuka Hospital	1,847	40	1,028	2,752	364.00	7.5	2.7
18	Vunisea Hospital	1,363	22	508	1,578	19.65	4.3	3.1
19	Lakeba Hospital	4,623	12	241	788	17.99	2.2	3.3
20	Lomaloma Hospital	4,128	16	63	237	4.06	0.6	3.8
21	Matuku	1,697	5	60	205	11.23	0.6	3.4
22	Rotuma Hospital	2,706	14	99	394	7.71	1.1	4.0

	Sub-total	16,364	109	1,999	5,954	14.97	16.3	3.0
	Total	743,325	1,554	68,387	295,173	52.04	808.7	4.3
	Grand Total	767,274	1,797	69,519	340,114	51.85	931.8	4.9

ii) Specialised and Private Hospitals

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed State	ALOS
1	St Giles Hospital	5,931	136	509	30,019	104.12	141.6	59.0
2	Tamavua/Twomey Hospital	16,367	91	446	14,559	43.83	39.9	32.6
3	Military Hospital		9			0.00	0.0	0
4	Naiserelagi Maternity	1,651	7	177	363	14.21	1.0	2.1
	Total	23,949	243	1,132	44,941	50.67	123.1	39.7

Table 16: Morbidity and Mortality Statistics 2012

i) Ten Leading Causes of Mortality 2012 (Tabular Listing)

No.	Cause of Death	Cases	%
1	Diabetes mellitus	1,452	21.5
2	Hypertensive diseases	888	13.1
3	Ischaemic heart disease	754	11.1
4	Other heart diseases	384	5.7
5	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	243	3.6
6	Chronic lower respiratory system	228	3.4
7	Other diseases of the genitourinary system	184	2.7
8	other external causes	156	2.3
9	Cerebrovascular diseases	152	2.2
10	Certain conditions originating in the perinatal period	128	1.9

ii) Ten Leading Causes of Mortality 2012 (Summary Listing)

No.	Disease Classification	Cases	%
1	Diseases of the circulatory system	2,264	33.5
2	Endocrine, nutritional and metabolic diseases	1,563	23.1
3	Neoplasms	700	10.3
4	Diseases of the respiratory system	394	5.8
5	Certain infectious and parasitic diseases	365	5.4
6	External causes of morbidity and mortality	355	5.2
7	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	243	3.6
8	Diseases of the genitourinary system	196	2.9
9	Diseases of the digestive system	157	2.3
10	Certain conditions originating in the perinatal period	127	1.9

Table 17: Ten Leading Causes of Morbidity 2012

No.	Disease Classification	Cases	%
1	Diseases of the Respiratory System	5,016	10.6
2	Certain Infectious & Parasitic Diseases	4,953	10.5
3	Diseases of the Circulatory System	4,092	8.7
4	Injury, Poisoning & Certain Other External Causes	3,415	7.2
5	Diseases of the Genitourinary System	2,617	5.5
6	Diseases of the Digestive System	2,419	5.1
7	Endocrine, Nutritional & Metabolic Diseases	2,402	5.1
8	Diseases of the Skin & Subcutaneous Tissue	2,140	4.5
9	Neoplasms	1,597	3.4
10	Certain Conditions Originating in the Perinatal Period	1,435	3.0

Table 18: Health Status Indicators 2011-2012

Indicator	2011	2012
Reduced Burden of NCD (Strategic Plan Outcome 1)		
Prevalence rate of diabetes (per 1000 population)	[4]	[2]
Admission rate for diabetes and its complications, hypertension and cardiovascular diseases (per 1000 admissions)	83.1	98.4
Amputation rate for diabetes sepsis (per 100 admission for diabetes and complications)	43.2	41.5
Cancer prevalence rate (per 1000 population)	[4]	[4]
Cancer mortality (per 100,000 population)	80.66	77.80
Cardiovascular disease (ICD code 100-152.8) Mortality rate per 100,000 population	239.12	230.62
Admission rate for RHD (1000 admission)	1.71	2.16
Motor and other vehicle accidents mortality rate (per 100,000 population)	5.99	5.11
Healthy teeth index (DMFT) – 12 year old	1.4	Oral Health Survey pending
Begin to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases (Strategic Plan Outcome 2)		
HIV prevalence rate among 15-24 year old pregnant women per 1000	N/A	N/A
Prevalence rate of STIs among men and women aged 15-24 years per 1000[5]	N/A	N/A
TB prevalence rate per 100,000	N/A	N/A
Tuberculosis case detection rate	Case detection in 2011 will be reported by WHO in October 2012	Reported in 2013 WHO Report in October, 2013
TB treatment success rate	This will be reported in 2013	This will be reported in 2013
TB death rate	3.44	3.56
Incidence of dengue (per 100,000 pop)	12.31	51.16
Incidence of leptospirosis (per 100,000 pop)	12.09	44.04
Prevalence rate of leptospirosis (per 100,000 pop)	197.96	242.44
Incidence rate of measles (per 100,000 pop)	1.33	3.78

[4] Survey required (to report prevalence). At last NCD STEPS Survey (2002), prevalence was 16%

Prevalence rate of Leprosy (per 100,000 pop)	[4]	[4]
Incidence rate of Gonorrhoea (per 100,000 pop)	132.9	108.0
Incidence rate of Syphillis (per 100,000 pop)	65.13	80.41
Improved family health and reduced maternal morbidity and mortality (Strategic Plan Outcome 3)		
Maternal mortality ratio	39.2	59.47
Prevalence of anaemia in pregnancy at booking	12.96	N/A
Contraceptive prevalence Rate	36.5	44.3
Proportion of births attended by skilled health personnel	99.6	99.3
Improved child health and reduced child morbidity and mortality (Strategic Plan Outcome 4)		
Prevalence of under 5 malnutrition	N/A	N/A
% of one year fully immunized	82.5	85.9
Under 5 mortality rate/ 1000 births	20.95	20.96
Infant mortality rate (1000 live births)	15.96	15.86
Improved adolescent, health and reduced adolescent morbidity and mortality (Strategic Plan Outcome 5)		
Rate of teenage pregnancy (per 1000 CBA pop)	2.98	N/A
Number of teenage suicides	7	13

Mortality rates from cancer and cardiovascular disease reduced slightly compared to 2011. Stable trends were noted for mortality due to motor vehicle accidents. Incidence rates for Dengue and Leptospirosis have increased 4 times that in 2011. Likewise, increase in Measles incidence was noted. Maternal mortality ratio has increased substantially from 39 per 1000 livebirths to 59 per 1000 livebirths. This is due to 4 more maternal deaths in 2012 compared to 2011. However, contraceptive prevalence rate has improved slightly from 36.5 to 44.3. Fiji continues to have high proportion of skilled birth attendance. In childhealth mortality rates have been stable and improvement in immunisation coverage was noted. However, in Adolescent health, teenage suicides had doubled in 2012 compared to 2011.

16. Overseas Patient Referral 2012

Table 19: Patient Referral by Medical Category, 2009-2012

Category	2009	2010	2011	2012	Total
Cardiac	39	45	97	43	181
Oncology	22	30	50	23	90
Renal	6	2	7	4	15
Surgical	6	11	14	3	31
Ophthalmology	9	5	25	15	12
Other	0	0	10	12	39
Total	82	93	203	100	478

Table 20: Patient Referral Costs by Category 2012

Category	2012	Costs
Cardiac	43	317,252.87
Oncology	23	246,539.02
Renal	4	0
Surgical	3	54,411.85
Ophthalmology	15	102,350.07
Other	12	15,283.22
Total	100	736,837.03

Disease Trend Analysis 2000-2012

Figure 19: Diabetes Cases 2000–2012

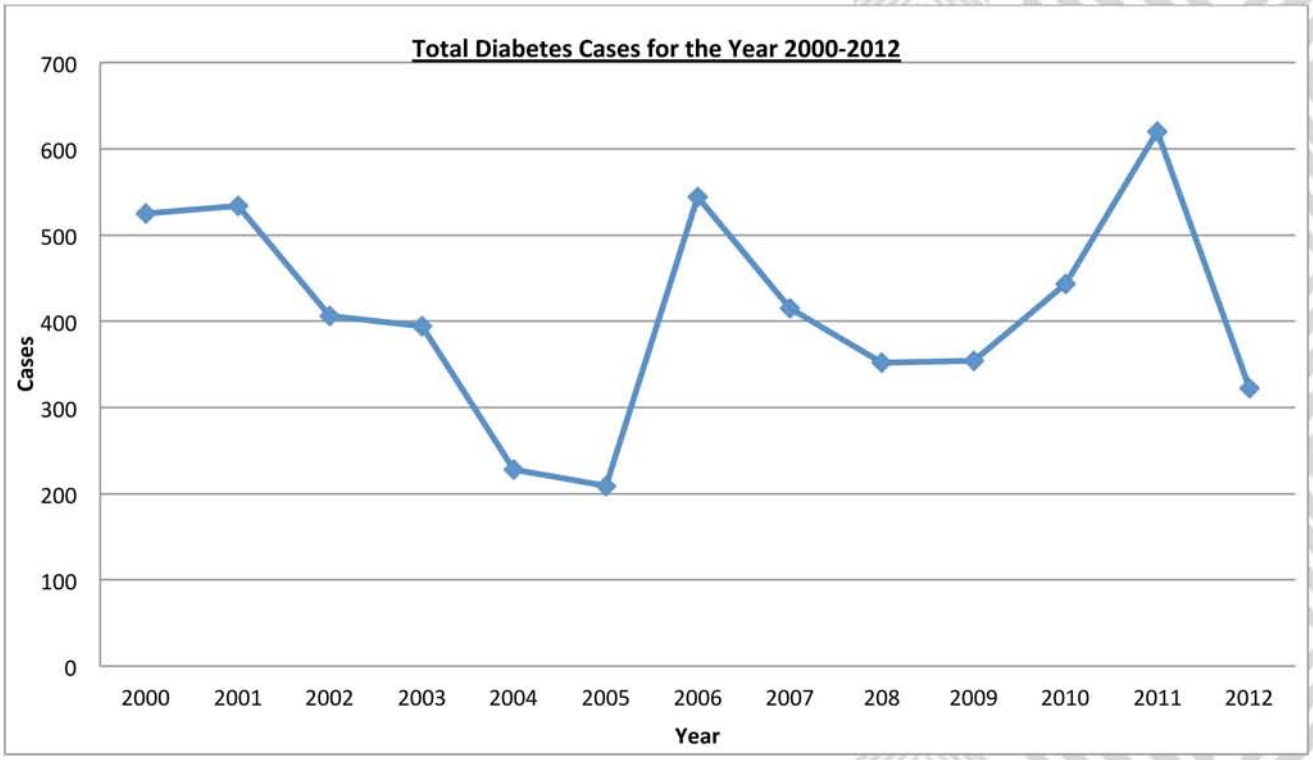
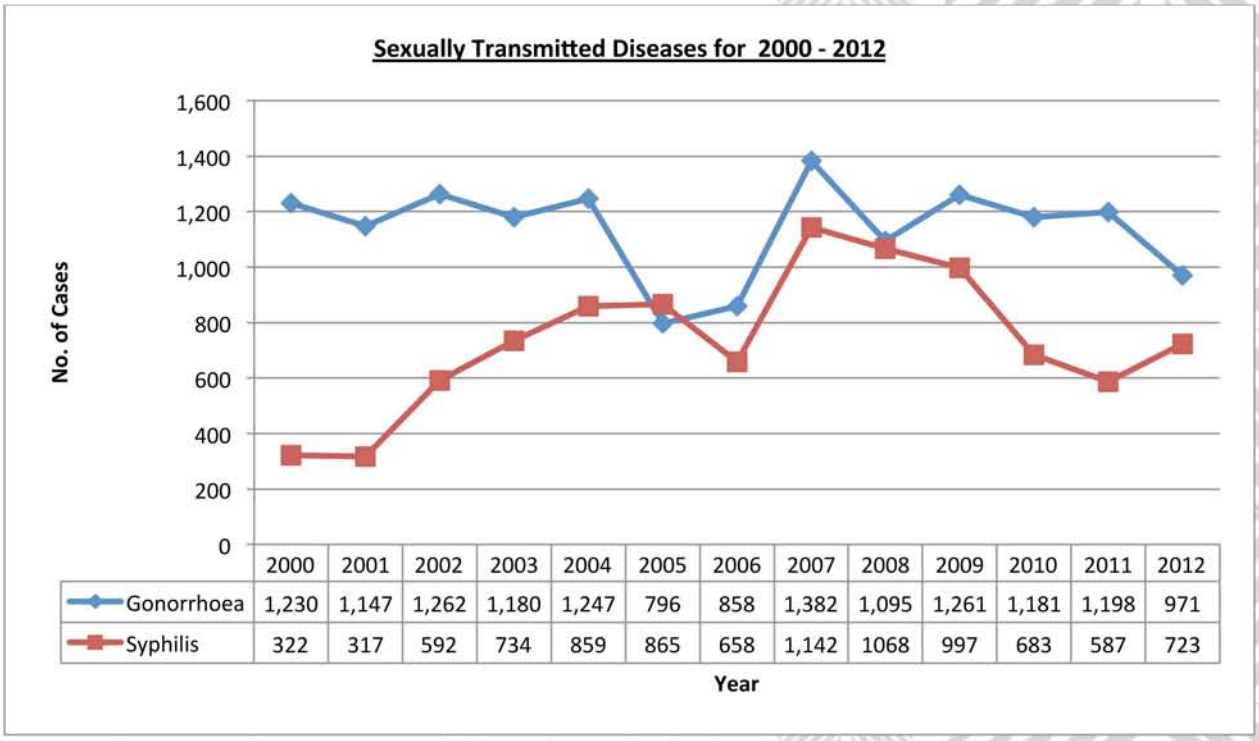


Figure 20: Sexually Transmitted Infection Cases 2000-2012



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Gonorrhoea	1,230	1,147	1,262	1,180	1,247	796	858	1,382	1,095	1,261	1,181	1,198	971
Syphilis	322	317	592	734	859	865	658	1,142	1068	997	683	587	723

In 2012, there were about 971 cases of Gonorrhoea which is less than the average number of cases over the past 12 years. There were 723 cases of Syphilis which is similar to the 12 year average. Whilst there was a decrease in numbers of Gonorrhoea in 2005-2006 period, thereafter the trend has generally been stable ranging between 1100 and 1400 cases annually. Similarly there was a fall in number of Syphilis cases reported in 2006. Thereafter a steady rise was noted till 2009, after which there was a declining trend. The incidence increased again in 2012.

Figure 21: Cardiac Related Cases 2000–2012

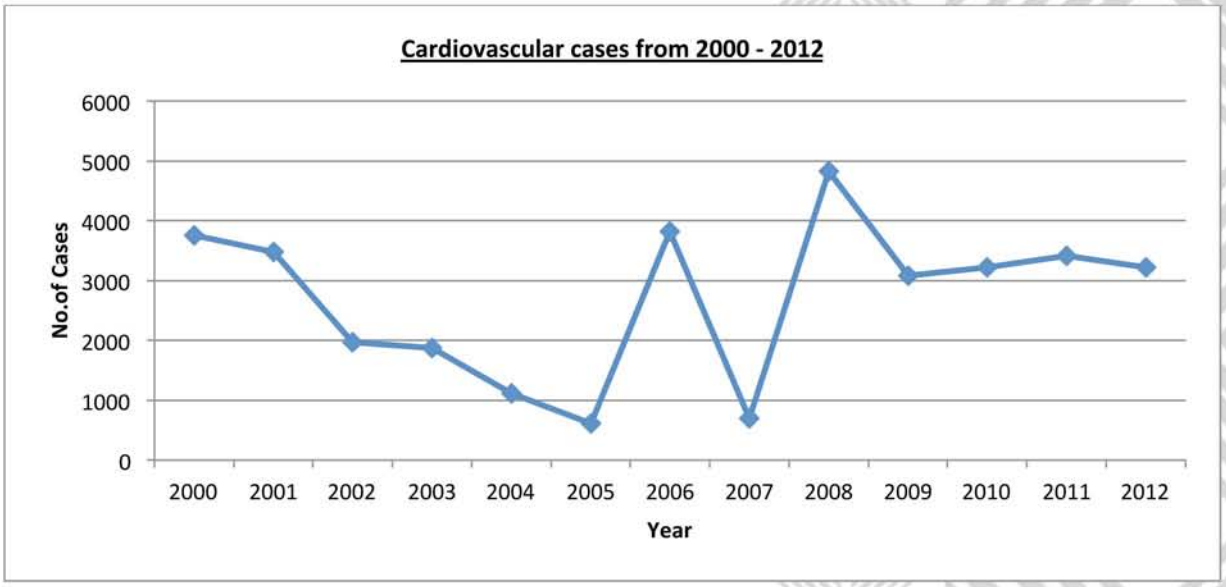


Figure 22: Depression Cases 2000–2012

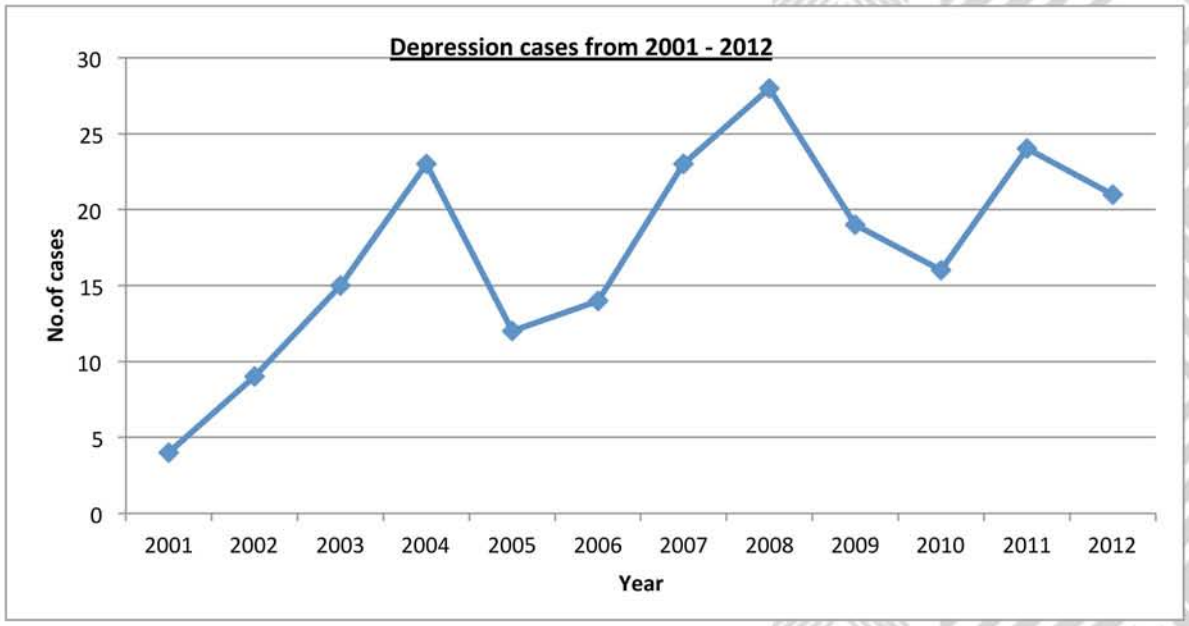


Figure 23: Kidney Cases 2000-2012

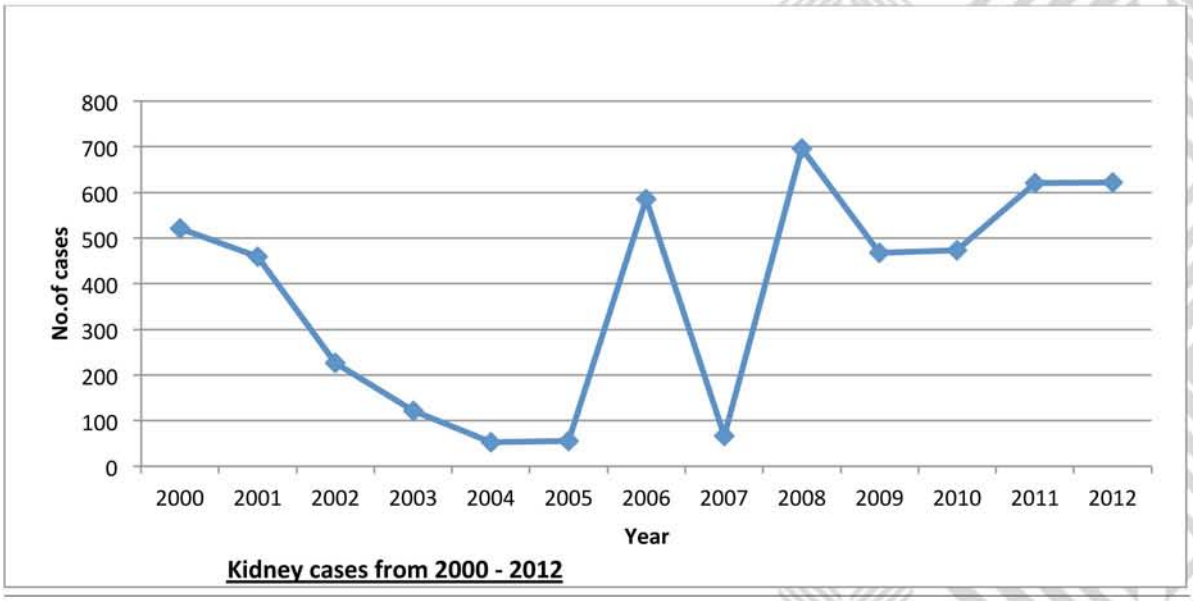
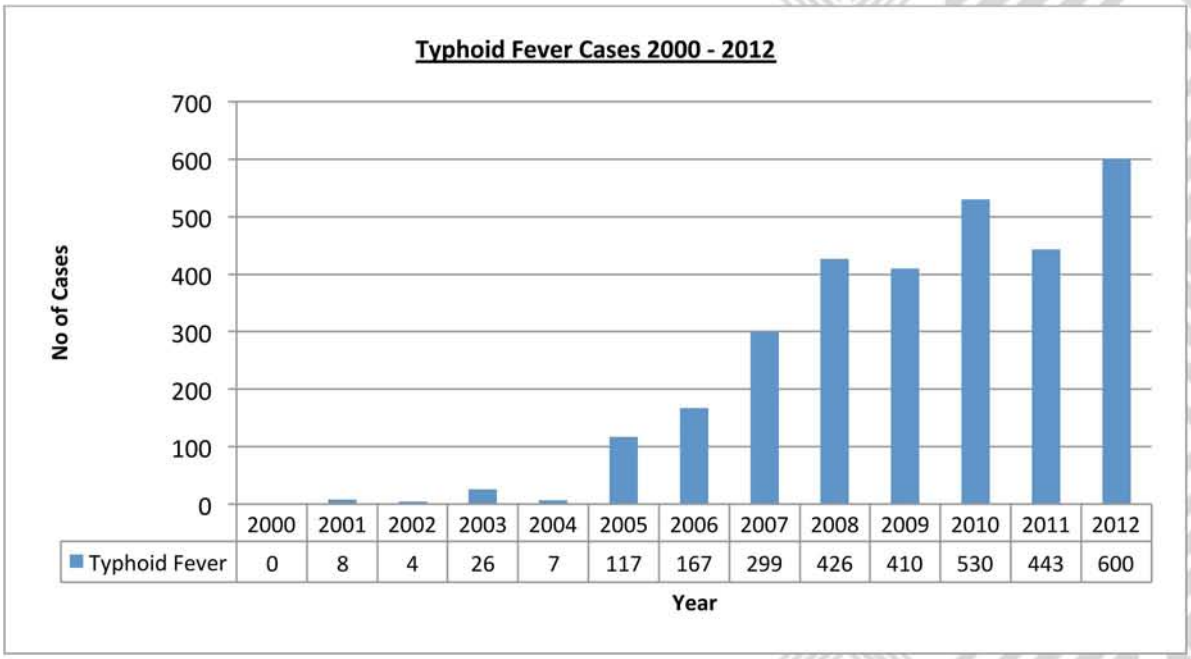


Figure 24: Typhoid Cases 2000–2012



The incidence of Typhoid has increased substantially over the past decade. A total of 600 cases of typhoid were reported in 2012 from the National Notifiable Disease Surveillance System. Whilst further research is required on the reasons for the rise, improved surveillance could be one of the contributing factors.

Figure 25: Typhoid Cases by Divisions 2000-2012

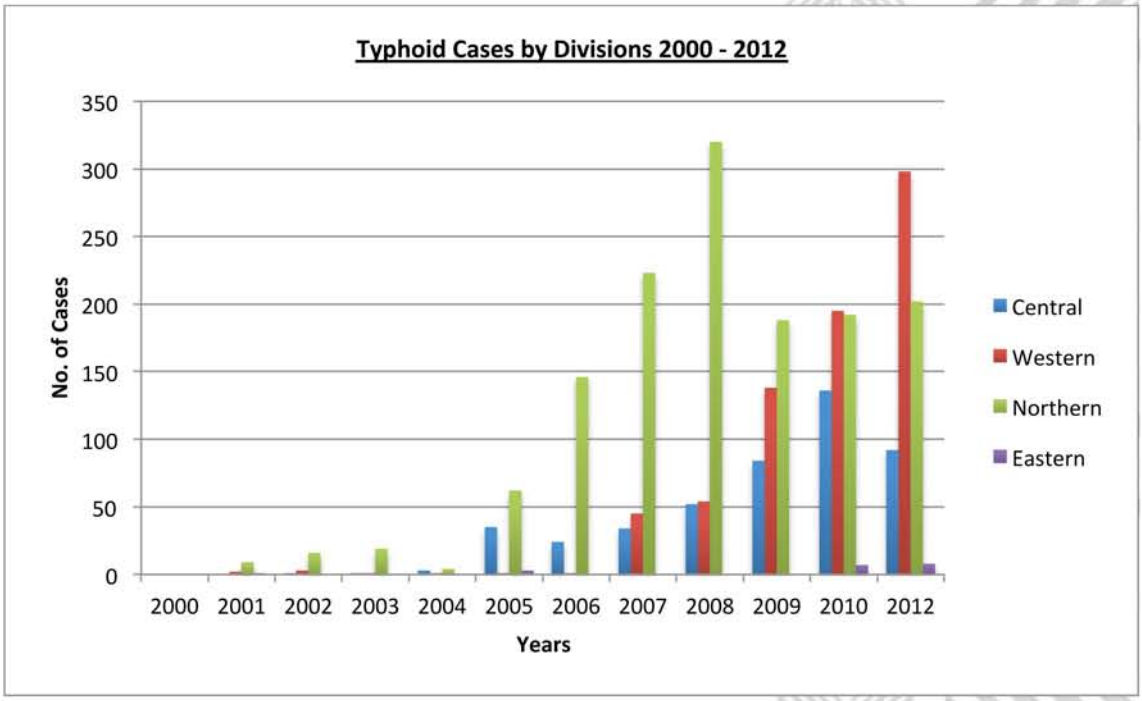
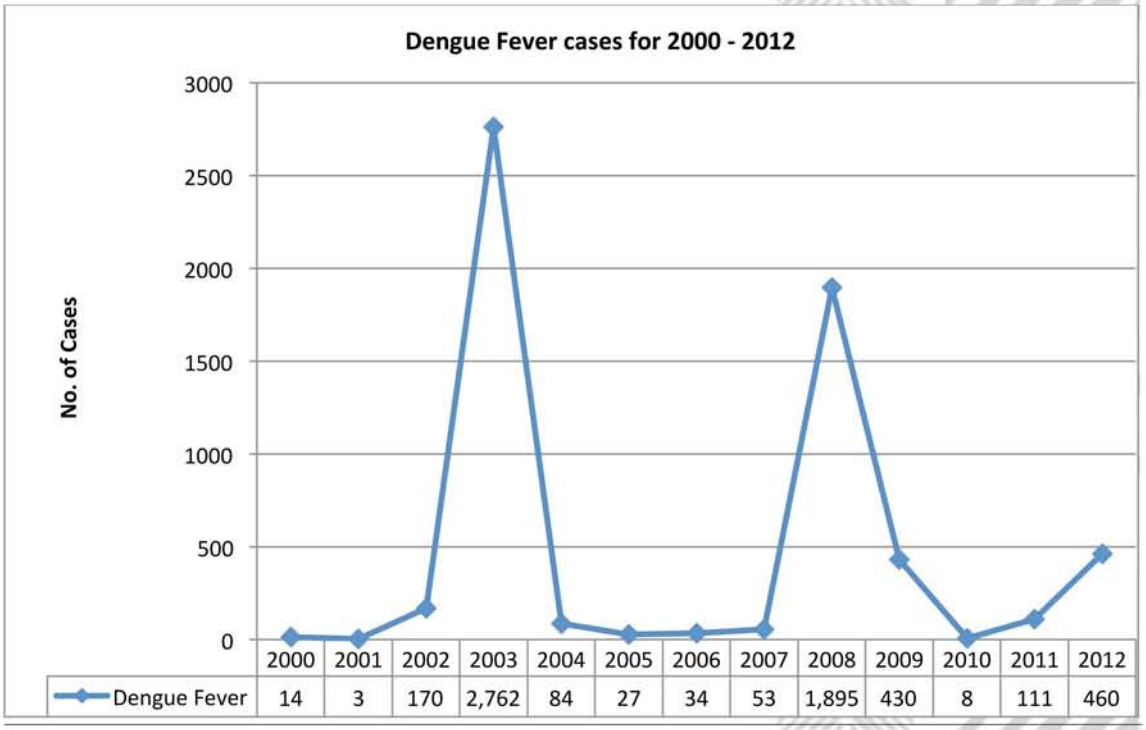


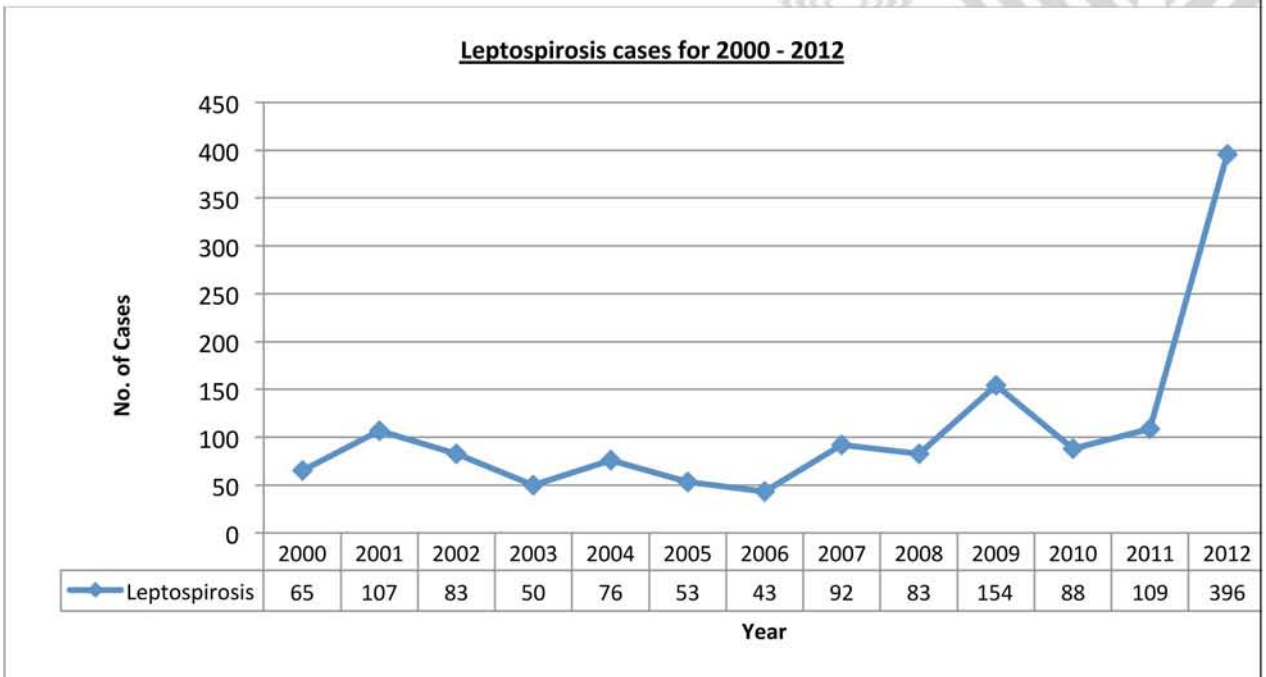
Figure 26: Dengue Fever Cases 2000-2012



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Dengue Fever	14	3	170	2,762	84	27	34	53	1,895	430	8	111	460

Based on data from the NNDSS, there was an outbreak of Dengue in 2012 with about 460 cases. Historically, major outbreaks of Dengue were noted in 2002-2003 periods and 2008-2009 periods. The incidence of Dengue ranges between 0.1-80 per 100,000 populations. Outbreaks have been noted every 5-8 years. Some of the significant outbreaks of Dengue in Fiji occurred in: 1971, 1975, 1989-1990, 1998, 2002-2003 and 2008-2009.

Figure 27: Leptospirosis Cases 2000-2012



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Leptospirosis	65	107	83	50	76	53	43	92	83	154	88	109	396

There is a rising trend in Leptospirosis in the last decade. A significant rise in cases was noted in 2012, particularly from the Western Division. These may be attributed to the flooding disaster in the Western Division. The peak number of cases are noted during the wetter season (November-May).

Donor Assisted Programs/Projects 2012

Table 21: Donor Assist Programs

i) Cash Grant

Donor	Program	Amount
Global Fund	Assistance for Malaria and TB	3,232,725
SPC	Non Communicable Diseases	368,121
SPC	Response Funds for HIV/AIDS	957,114
UNFPA	Reproductive Health Programme	772,457
UNFPA	Demographic Health Survey	699,056
UNFPA	Adolescent Ealth and Development Program	271,033
UNICEF	Child Protection Programme	12,900
UNICEF	Health and Sanitation	172,000
UNICEF	HIV and AIDS	258,000
	Total	**6,743,406**

ii) Aid in Kind

Donor	Program	Amount
AusAID	Fiji Health Sector Improvement Programme	9,200,500
AusAID	FSM	2,576,140
China	Relocation and Construction of New Navua Hospital	7,800,000
ILO	Technical Assistance for HIV/AIDS(Regional) Fiji Component	11,939
JICA	Strengthening Immunization Program - Pacific Region	718,270
JICA	Filariasis Elimination Campaign	455,207
JICA	In Service Training Community Health Nurses	1,684,264
JICA	Volunteer Scheme	364,165
NZAID	Medical Treatment Scheme	440,205
NZAID	Water Reservoir Labasa Hospital	704,329
NZAID	Construction of New Nacavanadi Nursing Station, Gau	1,173,881
SPC	Technical Assistance/Training Activities	300,000
UNFPA	Demographic Health Survey	174,764
UNFPA	Reproductive Health Programme	101,363
WHO	WHO Assistance	1,468,018
	Total	**27,173,045**

17. MDG Progress Report

Table 22: MDG Performance

Goal 4 Reduce Child Mortality	Year	%
Under 5 Mortality Rate	2009	23.2
	2010	17.7
	2011	20.95
	2012	20.96
Proportion of 1 year old immunized against Measles	2009	71.7
	2010	71.8
	2011	82.5
	2012	85.9
2015 – Reduce by 2/3 between 1990 and 2015 the under 5 mortality		
Goal 5 Improver Maternal Health		
Maternal Mortality Ratio per 100,000 live births	2009	27.5
	2010	22.6
	2011	39.8
	2012	59.47
2015 – Reduce by ¾ MMR between 1990 and 2015		
Goal 6 Combat HIV/AIDS and other Diseases		
HIV/AIDS prevalence among 15-24 year old pregnant women	2009	[3]
	2010	[3]
	2011	[3]
	2012	[3]
Contraceptive Prevalence Rate among population of child bearing age	2009	28.9
	2010	31.77
	2011	36.5
	2012	44.3
Proportion of TB cases detected and cured under DOTS	2009	94
	2010	67
	2011	93
	2012	Report 2013
2015 have halved and begun to reverse the spread of HIV/AIDS and other diseases		

18. Finance

Figure 28: Auditors Report

REPUBLIC OF FIJI

OFFICE OF THE AUDITOR GENERAL

8th Floor, Reh. Service House
MacArthur Street,
P. O. Box 2214,
Government Buildings,
Suva, Fiji Islands.

Telephone: (679) 330 9032
Fax: (679) 330 3812
Email: info@auditorgeneral.gov.fj
Website: http://www.oag.gov.fj

Excellence in Public Sector Auditing

MINISTRY OF HEALTH
FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2012

INDEPENDENT AUDIT REPORT

Scope

I have audited the special purpose financial statements which have been prepared under the cash basis of accounting and notes thereon of the Ministry of Health for the year ended 31 December 2012, as set out on pages 5 to 19. The financial statements comprise the following:

(i) Statement of Receipts and Expenditures;
(ii) Appropriation Statement;
(iii) Trade and Manufacturing Account (TMA); and
(iv) Statement of Losses.

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

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

My audit was conducted in accordance with the Fiji Standards on Auditing to provide reasonable assurance as to whether the special purpose financial statements are free of material misstatements. My audit procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the special purpose financial statements and evaluation of accounting policies. These procedures have been undertaken to form an opinion as to whether, in all material respects, the special purpose financial statements are fairly stated and in accordance with government policies in Note 2 and the Financial Management Act 2004, so as to present a view which is consistent with my understanding of the financial performance of the Ministry of Health for the year ended 31 December 2012.

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

Qualifications

1. The agency financial statements did not include statement of Receipts and Payments for main Trust Fund Account as required by section 71(g) of Finance Instruction 2010.

2. Included in the TMA Balance Sheet is TMA Surplus Capital Retained to CFA of $49,902. I was not able to substantiate this amount as it was included to balance the account.

3. Deposits and Deductions of $32,493 in 2011 which comprised of VAT collected in 2011 was incorrectly transferred to TMA Accumulated Surplus in 2012. As a result the TMA Accumulated Surplus amount for 2012 was overstated by $32,493.

Qualified Audit Opinion

In my opinion

a) except for the matters referred to in the qualification paragraphs, the financial statements present fairly, in accordance with the accounting policies stated in Note 2, the financial performance of the Ministry of Health for the year ended 31 December 2012.

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

I have obtained all the information and explanations which, to the best of my knowledge and belief, were necessary for the purpose of my audit.

Tevita Bolanavanua
AUDITOR GENERAL

Suva, Fiji
3 May 2013

Table 23: Segregation of 2012 Budget

Program / Activity	Total Budget	% of Overall Total Health Budget
Program 1 Activity 1 Administration	$ 20,715,100	13.53%
Program 1 Activity 1 Research	$ 584,300	0.38%
Program 2 Activity 1 Urban Hospitals	$ 59,839,700	39.09%
Program 2 Activity 2 Sub Divisional Hospitals, Health Centres and Nursing Stations	$ 32,299,900	21.10%
Program 2 Activity 3 Public Health Services	5,198,700	3.39%
Program 2 Activity 4 Drugs and Medical Supplies	$ 30,542,200	19.95%
Program 3 Activity 1 Hospital Services	$ 3,010,000	1.96%
Program 4 Activity 1 Senior Citizen' s Home	$ 884,400	0.57%
Program 2 Activity 1 Administration	$ 153,074,300	100%

Table 24: Proportion of Ministry of Health Budget against National Budget and GDP

Year	Revised Health Budget	National Budget	% of Overall Total Budget	% of GDP
2012	$ 153,074,300	$ 2,077,929,300	7.36%	2.10%

Table 25: Statement of Receipts and Expenditure for the Year Ended 31st December 2012

	Notes	2012 $	2011 $
RECEIPTS			
State Revenue			
Operating Revenue Indirect Taxes		301,649	1,539,198
Total State Revenue	3(a)	**301,649**	**1,539,198**
Agency Revenue			
Health Fumigation and Quarantine		1,402,187	1,564,660
Hospital Fees		2,098,305	1,743,678
License and Others		994,973	842,878
Fiji School of Nursing		99,823	299,095
Miscellaneous Revenue		1,174,185	182,266
Total Agency Revenue		**5,794,473**	**4,632,577**
	3(b)		
TOTAL RECEIPTS		**6,071,122**	**6,171,775**
EXPENDITURE			
Operating Expenditure			
Established Staff		76,216,424	72,989,484
Unestablished Staff		12,576,750	12,909,145
Travel and Communications		3,843,930	3,408,296
0Maintenance and Operation		10,798,208	10,465,683
Purchase of Goods and Services		29,413,026	27,161,305
Operating Grants and Transfers		671,008	535,273
Special Expenditure		7,246,655	4,590,805
Total Operating Expenditure		**140,766,001**	**132,059,991**
Capital Expenditure			
Construction		4,089,327	5,275,078
Purchases		5,222,347	5,861,256
Total Capital Expenditure		**9,311,674**	**11,136,334**
Value Added Tax		8,270,775	6,587,707
TOTAL EXPENDITURE		**158,348,450**	**149,784,032**

Table 26: TMA Trading Account for the Year Ended 31st December 2012

Trading Account	2012 $	2011 $
Sale	396,357	591,886
Miscellaneous Revenue	263	0
Total Revenue	**396,620**	**591,886**
Opening Stock of Finished Goods	30,539	38,722
Add: Purchase	344,899	330,105
	375,438	**368,827**
Less: Closing Stock of Finished Goods	40,974	30,539
Cost of Goods Sold	**334,464**	**338,288**
Gross Profit Transferred to Profit and Loss Statement	**62,156**	**253,598**

Table 27: TMA Profit and Loss Statement for the Year Ended 31st December 2012

INCOME	2012 $	2011 $
Gross Profit Transferred to Profit and Loss Statement	62,156	253,598
Total Income	**62,156**	**253,598**
EXPENSES		
Salaries and Related Payments	101,264	0
Travel Domestic	261	0
Telecommunications	7,726	1,906
Office Upkeep and Supplies	5,208	25,263
Power Supplies	196	0
VAT	0	4,075
Total Expense	**114,655**	**31,244**
NET (LOSS) PROFIT	**(52,499)**	**222,354**

Table 28: TMA Balance Sheet for the Year Ended 31st December 2012

	2012 $	2011 $
Current Assets		
Cash at Bank	938,001	950,740
Accounts Receiveable	9,588	58,207
Finished Goods	40,974	30,539
Total Current Assets	**988,563**	**1,039,486**
Current Liabilities		
Accounts Payable	0	0
Tax Payable	0	0
Deposits and Deductions	(8,494)	32,493
Total Current Liabilities	**(8,494)**	**32,493**
NET ASSETS	**997,061**	**1,006,993**
EQUITY		
TMA Surplus Capital Retained to CFA	49,903	39,828
TMA ACC Surplus	947,158	967,165
Total	**997,061**	**1,006,993**

Table 29: Appropriation Statement for the Year Ended 31st December 2012

Seg	Item	Budget Estimate	Appropriation Changes	Revised Estimates	Actual Expenditure	Carry Over	Lapsed Appropriation
		$	$	$	$	$	$
				a	b		a-b
1	Established Staff	65,138,935	---	65,138,935	76,216,424	---	(11,077,489)
2	Unestablished Staff	9,848,512	---	9,848,512	12,576,750	---	(2,728,238)
3	Travel & Communications	3,948,260	(23,000)	3,925,260	3,843,930	---	81,330
4	Maintenance and Operation	10,865,500	196,839	11,062,339	10,798,208	---	264,131
5	Purchase of Goods & Services	28,917,006	(78,578)	28,838,428	29,413,026	---	(574,598)
6	Operating Grants and Transfer	756,000	(50,000)	706,000	671,008	---	34,992
7	Special Expenditure	12,476,666	(195,000)	12,281,666	7,246,655	---	5,035,011
	Total Operating Costs	**131,950,879**	(149,739)	**131,801,140**	**140,766,001**	---	**(8,964,861)**
	Capital Expenditure					---	
8	Construction	6,120,000	(1,183,147)	4,936,853	4,089,327	---	847,526
9	Purchases	5,796,430	14,604	5,811,034	5,222,347	---	588,687
10	Grants & Transfers	0	0	0	0	---	
	Total Capital Expenditure	**11,916,430**	**(1,168,543)**	**10,747,887**	**9,311,674**	---	**1,436,213**
13						---	
	Value Added Tax	9,206,905	(209,783)	8,997,122	8,270,775	---	726,347

	TOTAL EXPENDITURE	**153,074,214**	**(1,528,065)**	**151,546,149**	**158,348,450**	---	**(6,802,301)**