

MINISTRY OF HEALTH

ANNUAL REPORT

2007



MINISTRY OF HEALTH

ANNUAL REPORT

2007



March 2008

Dr Jiko Luveni,
The Interim Minister for Health, Women & Social Welfare,
Ministry of Health, Women & Social Welfare,
Suva, Fiji.

Dear Dr Luveni,

I have much pleasure in submitting to you, the Annual Report of the Ministry of Health for 2007. The report highlights the Ministry's performance in delivering services to the people of Fiji and contributing to the outcomes targeted by the government.

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

We look forward to capitalizing on our past achievement, for improvement in our services in the years ahead.

Yours sincerely,



Dr. Lepani Waqatakirewa
Permanent Secretary for Health, Women & Social Welfare
Ministry of Health, Women & Social Welfare





TABLE OF CONTENT	PAGE
SECTION 1 INTRODUCTION	10
1.1 Review By The Chief Executive Officer	10
* Major Issues in 2007	10
* Performance and Major Achievements in 2007	11
* Outlook for the Future	12
SECTION 2. CORPORATE PROFILE	15
2.1 General	16
2.2 Highlights	19
2.3 Lowlights	25
SECTION 3 REPORT ON PERFORMANCE	27
3.1 Ministry of Health's Contribution to Strategic Development Plan 2006 - 2007	28
3.2 Key Performance Indicator	28
3.3 Seven Health Outcomes	30
3.4 Service Delivery and Outcome Indicators	32
3.5 Overseas Treatment	35
3.6 HIV	37
3.7 Research	38
3.8 X-Ray	40
3.9 Vital Statistics	41
3.10 Morbidity and Mortality Statistics	43
3.11 Oral Health	45
3.12 Health Promotion Activities	45
3.12.1 Multimedia Production Unit	45
3.13 Major Infrastructure	47
3.14 Environmental Health	48
3.15 Fiji Pharmaceutical Services	53
3.16 Fiji Centre for Communicable Disease Control(FCCDC)	54
3.17 Department of Paediatric-CWM Hospital	56
SECTION 4 MANAGEMENT RESOURCES	62
4.1 Senior Executive	64
4.2 Training and Development	67
4.3 Employee Relations	72
4.4 Finance	73
SECTION 5 OBITUARY	79
SECTION 6 CONCLUSION	81
SECTION 7: ACKNOWLEDGEMENTS	84
ACRONYMS:	86

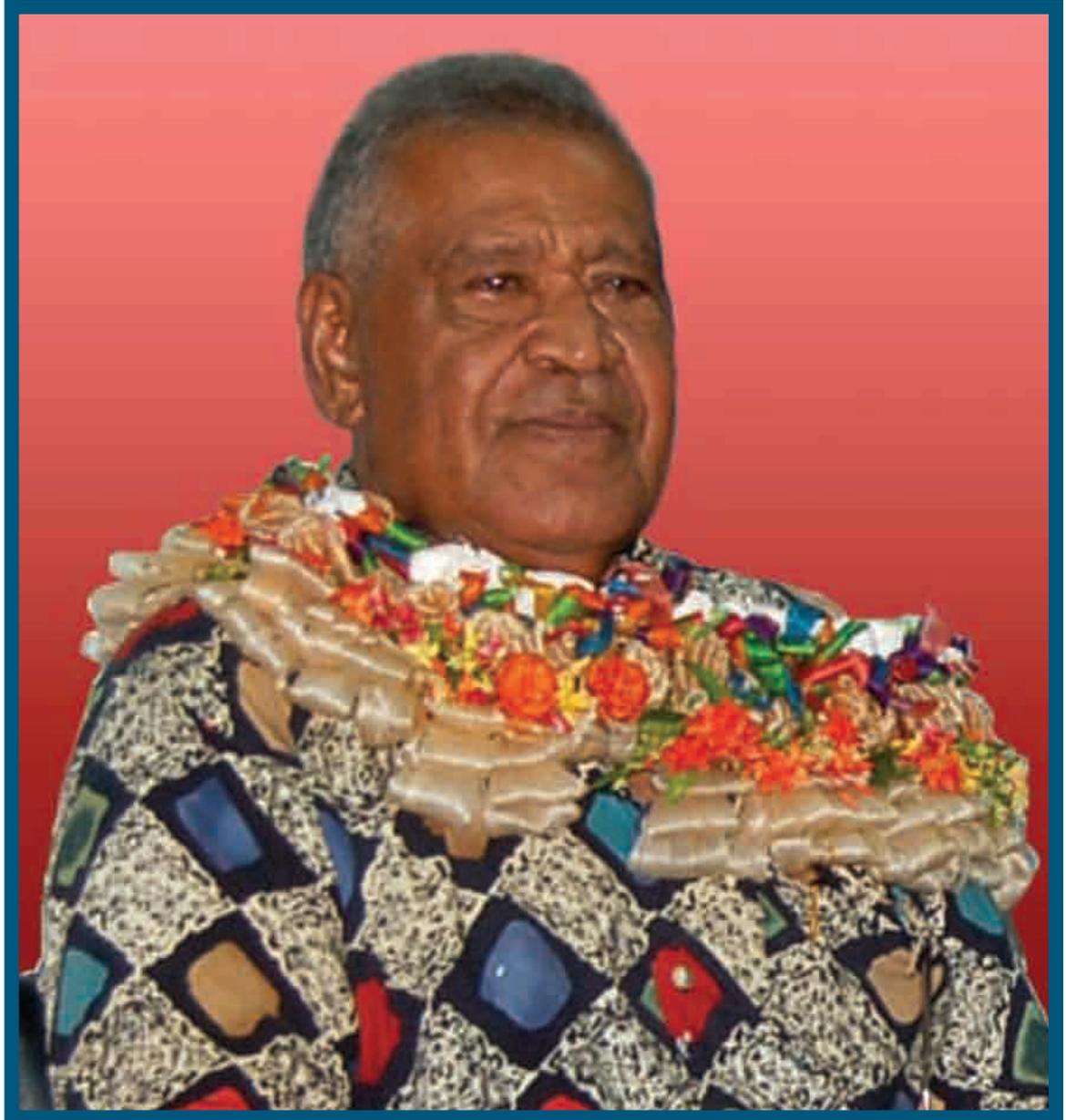
LIST OF TABLES**PAGE**

Table 1: Government Health Facilities	16
Table 2: Number of local Health Professionals Registered	18
Table 3: MoH's Contribution to the National Strategic Development Plan 2007 - 2008	29
Table 4: Health Outcome Status Report: 2006 - 2007	30
Table 5: Achievements by the Ministry of Health 2004 - 2007	33
Table 6: Infant Mortality Rates 2001 - 2007	33
Table 7: Millenium Development Goal Indicators for Health Care Fiji	34
Table 8: 2006 Number of Fiji Citizens Referred Overseas for Treatment	35
Table 9: 2007 Number of Fiji Citizens Referred Overseas for Treatment	36
Table 10: HIV by Gender, Race Age groups and Mode of Transmission from Year 1989 - Dec 2007	37
Table 11: 2007 Research Applications	39
Table 12: Total Examination Records	40
Table 13: Vital and Health Statistics 2004 - 2006	41
Table 14: Hospital Utilisation by Divisions including the Specialized Hospitals and Old Peoples Home	41
Table 15: Immunization Coverage 2006	43
Table 16: Top Ten Causes of Morbidity and Mortality - 2007	43
Table 17: Notifiable diseases reported during the Year	44
Table 18: Oral Health Services Attendances at Static Clinics and Schools Outreach	45
Table 19: Total Health Promoting Settings Established	45
Table 20: Training Conducted	45
Table 21: Pamphlets	45
Table 22: Posters	46
Table 23: TV, Radio & Print Media Messages	46
Table 24: Major Infrastructure	47
Table 25: Inspection of Drinking Water Supply	48
Table 26: Status of Housing Development	49
Table 27: Mosquito Larval Surveillance	49
Table 28: Number of Monthly Stockouts for Medicines: 2007	53
Table 29: HIV Monitoring Test done in 2007	55
Table 30: Admissions to Paediatric Unit - 2007	57
Table 31: Summary of Staff Establishment as at 31st Dec 2007	65



LIST OF TABLES	PAGE
Table 32: Health Workforce Establishment and Staffing as at October 2007	66
Table 33: Health Workforce Establishment and Staffing as at October 2007	66
Table 34: Vacancies Status - Medical Officer in 2007	66
Table 35: New Post Created in 2007	67
Table 36: Attrition of Personnel by Profession and mode	67
Table 37: Number of Graduates by Programme: Fiji School of Nursing September 2007	68
Table 38: 2007 In-Service Training at Fiji School of Medicine	69
Table 39: MoH Sponsored Students at FSM	69
Table 40: WHO Sponsored Courses/In-Service/Study tour for 2007	70
Table 41: Other WHO Sponsored Conferences/Consultation in 2007	70
Table 42: Summary of all MoH Disciplinary cases with effect from Jan - Dec 2007	72
Table 43: Finance	73
Table 44: Budget Segregation	74
Table 45: Component of Expenditure	74
Table 46: Comparative Annual Budget	75
Table 47: Revenue 2007	76

LIST OF FIGURES	PAGE
Figure 1: Organisational Structure	63
Figure 2: Total Out-Patient Attendance for 2006	42
Figure 3: Protection Rate by Division	42
Figure 4: Percentage by Method	42



Dr. Jona Senilagakali, The Interim Minister for Health.



Section 1
Section 1

Introduction
Introduction

SECTION 1

INTRODUCTION

This report will feature major activities for the past year with certain significant achievements, which deserve special mention, despite the political environment.

The year proved to be a great period of consolidation of a new National Strategic Development Plan (2007 – 2011), which the Ministry had contributed to its formulation. 2007 is also highlighted as the census year; the provisional result by the Fiji Islands Bureau of Statistics stands at 827,900, an increase of 52,823 above the 1996 census.

The Ministry of Health remains the chief provider of health services in the country supplemented by the private sector, which has seen significant growth since the establishment of the Suva Private Hospital in 2001. The commitment by the non-state agents and local communities is acknowledged.

Fiji needs political will to implement national plans, together with international cooperation to align resources, harness knowledge and build robust health systems for treating and preventing diseases and promoting population health. Developing capable, motivated and well-supported health workers continues to be a commitment in overcoming problems to achieve national and global health goals as the Millennium Development Goals (MDGs).

Health care is labour-intensive service industry and demands tremendous financial resources. The total budget allocation for the year was \$150.8 million with 4,833 as the total number of employees including health professionals and support staff. The budget continues to be supplemented by our international health partners such as the World Health Organization, UNFPA, UNICEF, UNDP, JICA, KOICA, NZODA and FHSIP (AusAID).

The report attempts to show the rates of occurrence of vital events under the Vital Statistics Section and how we have performed in terms of health outcomes and MDG indicators for health care in Fiji. It also portrays the key performance indicators within the National Strategic Development Plan (2007 – 2011) and how the Ministry has performed within the year.

The report to follow will provide some details with annual activities for 2007 with an overview of highlights of an exciting and busy year, amidst some financial constraints. The report also attempts to showcase the roles and functions of the Mataika House and the Paediatric Unit, CWMH.

1.1 REVIEW BY THE PERMANENT SECRETARY FOR HEALTH

The year was unique, the effects of the 2006 coup were unfolding, yet the expectations of the people of Fiji regarding health services remained high as they strongly believed that health was their fundamental rights.

When Dr Senilagakali was appointed the interim Minister for Health, some aspects of the Corporate Plan needed to be realigned in order that some of his deliverables be accommodated. A major structural change by PSC was the de-establishment of the CEO positions and replacement by the Permanent Secretary. Some of the delegated powers of the CEOs were taken back by PSC such as the appointment and promotion of the common cadre. There were also changes in the senior executives as a number of them proceeded on retirement.

The budget allocation was reduced and that affected the delivery of service and health outcomes.

Major Issues in 2007

The year saw a number of private-public partnership agreements signed between the MoH and the private partners in the delivery of certain services. These included the Memorandum of Understanding (MOU) with the Kidney Foundation of Fiji (KFOF) for the establishment of the Haemodialysis Unit at the old eye department, CWMH, to serve the kidney failure patients. The other MOU was between the MoH and the Fiji Cancer Society for the running of a hospice service at Tamavua Hospital. Another development was the MOU between the MoH and the Pacific Eye Institute which had been relocated from the Solomon Islands to Fiji (FSM) for the postgraduate training of doctors and nurses in the Eye Care. These agreements facilitate the operations of these services and set out guidelines and the responsibilities of the partners. It is also note worthy that Vodafone Fiji through



World Heart Foundation has been the major sponsorship for children with cardiac diseases requiring surgery in India, almost 30 children were evacuated.

Services were paralysed when members of the FNA took an industrial action against the government's decision to cut the civil servants' salaries. The strike was the longest ever by FNA, a total of 18 days, with effects on the working nurses, doctors and the provision of services.

CWMH through the FHSIP funding and assistance by the Sandringham Health, Victoria, was able to establish an innovative approach to health services known as the Hospital in the Home (HITH) concept. The program has been running since September 2007 headed by a Nurse Practitioner who had an attachment in Victoria. The aim is to reduce the length of hospital stay where a total of 50 cases went through HITH in 2007. Once these cases were no longer acute, they would be integrated into the home based care system.

Lautoka Hospital was proud to have its first ever open heart surgery by the visiting New Zealand cardiac team; 13 operations were performed. The experience would build the skills of nurses, doctors and physiotherapists, something that CWMH had enjoyed since 1990. With the new Critical Care Unit framework at the hospital and the skills of nurses with postgraduate certificate in ICU/Cardiac nursing, the visiting team would have some satisfaction in the management of these patients.

A HRH workshop to address issues of all health workers was jointly organised by the MoH and WHO with the participation of the Asia Pacific Action Alliance on the Human Resources (AAAH). Representatives of all health disciplines and central agencies were in attendance, recommendations included a follow up meeting to further advance the issues and the review of the current National Health Workforce Plan (1996 - 2012).

There is a need to address issues of concerns in the area of Information and Technology; we are delighted therefore to have an IT Strategic Plan for MoH.

The new Medical Cause of Death Certificate (MCDC) has now been used to improve the completeness and accuracy of death certificate information. Still in the area of information, a pilot on the Public Health Information System (PHIS) had started where the major focus was the revision of the Consolidated Monthly Return (CMR). These 2 developments are aimed at providing the most accurate information for decision making process.

The Fixed Asset Register (FAR) now available has been made possible through the assistance of FHSIP.

Performance and Activities for 2007

It was heartening to record the success and achievements of the Ministry during the year. One of the success stories was the great achievement by the 20 maternity hospitals which had been declared "Baby Friendly" by the UNICEF and WHO. Rotuma Hospital is the only one to be awarded, hopefully in 2008.

In terms of human resource development, a Senior Management Development Program was conducted by the MoH and FHSIP targeting the middle to senior managers. FSM and FSN continued to deliver basic/undergraduate and postbasic/postgraduate training for health professionals; one of the highlights was the award of the new postgraduate certificate in mental health nursing by FSN for 12 nurses, in collaboration with JCU. FHSIP organised and funded a lot of local continuing education programs; WHO, as usual also provided a number of fellowship for oversea and local training. JCU has continued its program on upgrading of nurses to degree level, now in its fifth year with more than 100 nurses who had been successful. Skills upgrading in midwifery, public health nursing and advance nurse practice (NP) continued at FSN. Other training included IMCI for nurses and doctors, EPI for nurses and the prosecution training for environmental health officers.

Development and improvement in clinical services had seen a lot of networking through the CSN by the health professionals where staff had exchanged and rotated in the base hospitals including outreach services. The work culture is changing because of commitment to clinical governance and quality improvement. A number of reviews were done, namely, laboratory, radiology and operating theatre services as part of the CSP. The Oncology Review (2006) had resulted in the revision of chemotherapy by the National Drug & Therapeutics Committee and the training of a pharmacist and nurse on cytotoxic reconstitution.



The ministry is forever grateful to the numerous visits by our overseas partners such as the Sydney Adventist Hospital, Interplast, SCRIPPS, Friends of Fiji, the neurosurgeons, Beeve Foundation and others.

Lautoka Hospital became the second hospital for open heart surgery by the visiting cardiac team. The assistance by Vodafone Fiji and the World Heart Foundation have seen improvement in the care of children with cardiac diseases. More work on screening and monitoring of children with rheumatic heart disease has been done.

Review of health workforce has been partly achieved where the nursing workforce had been prioritised with the completion of its review in phase I. The remaining workforce would be covered in 2008. Nursing had reached its lowest rate of vacancy by December when only 0.38%, equivalent to 7 overall vacancies in the nursing occupancy group.

In the infrastructure development, a number of health facilities were constructed, namely, the Nadarivatu quarters, Vunidawa staff quarters, Savusavu Dental clinic and renovation and upgrading of health centres, nursing stations and hospitals including the Tamavua House for visiting staff. Labasa Hospital could not be completed because of some new procurement procedures under the MOF. Similarly a number of facilities could not be covered and so as biomedical equipment because of budget cut.

The 150.8 million budgetary allocation was almost fully utilised with 99.99%, in general, there was no overexpenditure. 1.24 million was collected in revenue, the highest being the Bulk Purchase Scheme under FPS.

The report which follows has attempted to show the achievement based on some performance indicators in terms of service delivery and health outcomes. There are some positive indications but we must continue to work smarter in our strive for excellence and quality.

Outlook for the future

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

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

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

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

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

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

The capacity to plan, produce and manage health personnel and guarantee them career prospects is a determinant factor in human resources development for health.

The development of human resources for health depends on a number of factors, some of which relate to the overall national situation while others relate to the health sector and health services in general.

Our peoples' expectations regarding health services are coloured to a considerable degree by the high degree of awareness of the levels of health service provided in more affluent countries such Australia and New Zealand.



Moreover, our people have come to expect ready access to a very wide range of health related services which at the point of delivery, are either free or delivered at charges which bear little relationship to the actual cost of their provision.

Similarly, the expectations of health service personnel for us here in Fiji are coloured by their awareness of the levels of income, conditions of employment and career opportunities of health personnel in more affluent countries.

These high expectations on the performance and delivery of health services coupled with the health workforce perception on their work and career opportunities provide a formidable challenge and task to the health system and particularly to a health system that is fully funded by government.

The Ministry of Health will need to revisit the national plan for the health workforce and to ensure to reflect an increase in the number of pre-service training in cadres with severe shortage. Government also needs to invest in training existing health workers, to keep them up to date with changing priorities. The Ministry will attempt to advance the recommendations in the Nursing Workforce Review (2007).

Simple health care tasks now assigned to highly skilled personnel could be delegated to less skilled workers that are able to deliver them competently. With appropriate training and supervision, cadres of health workers could be multi-skilled into other areas of health service.

Health workers must be protected in their work environment. Appropriate salary and career structure reviews must be conducted every few years. Incentives, be financial or non-financial should also be explored and implemented.

My sincere acknowledgement to all the staff for their services and dedication and I wish the Ministry of Health well in the years ahead.



Lepani Waqatakirewa

Dr Lepani Waqatakirewa.
Permanent Secretary for Health



Dr Ami Chandra with the Interim Minister for Health, Dr Jona Senilagakali



Dr Qaranivalu, Mr Matakitoga, Dr Waqatakirewa and Dr Rabukawaqa in deep discussion.



Section 2
Section 2

Corporate Profile
Corporate Profile

SECTION 2

CORPORATE PROFILE

2.1 GENERAL

Vision

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

Mission

To provide quality health services for the people of Fiji.

Our Values

The provision of the health services by the Ministry of Health is based on our core values, which reflect the way we perform:

- Customer Focus - Being genuinely concerned that our customers receive quality health care, respecting the dignity of all people.
- Equity - Striving for an equitable health system that is fair in all our dealings: irrespective of ethnicity, religion, political affiliation, disability, gender and age.
- Quality - Pursuing high quality outcomes in all facets of our activities.
- Integrity - Committing ourselves to the highest ethical standards in all that we do.
- Responsiveness - Responsiveness to the health needs of the population noting the need for speed in delivery of urgent health services.
- Services (Outputs) - The health system has an infrastructure of base hospitals in the three geographical divisions, supported by area & sub-divisional hospitals, health centres and nursing stations in the rural and remote areas.

The Ministry endorses the statement in the preamble to the World Health Organization (WHO) Constitution that:

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

Table 1: Government Health Facilities

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

* Ra Maternity Hospital is owned by the Roman Catholic but staffed by government health professionals under the jurisdiction of the Sub Divisional Medical Officer, Ra



The Ministry of Health provides services to two types of users:

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

External – Monitoring of compliance with statutes and regulation:

- i. Issue of permits, certificates and reports
- ii. Professional Boards' function
- iii. Provision of health care services to visitors
- iv. Provision of accommodation and meals for staff
- v. Provision of training to health staff of the region
- vi. Provision of care for the Elderly (OPH)
- vii. Facilitation and funding of overseas treatment for its citizens

The Ministry of Health administers the 18 following legislations as delegated to the Minister for Health by Parliament:

1. Animal (Control of Experimentals) Act (Cap.161)
2. Burial and Cremation (Cap. 117)
3. Dangerous Drugs Act (Cap. 114)
4. Fiji School of Medicine Act 1997
5. Food Safety Act 2004 (Not in force)
6. Ionising Radiation Act (Cap. 102)
7. Medical and Dental Practitioner Act (Cap. 225)
8. Medical Assistants Act (Cap. 113)
9. Methylated Spirit Act (Cap. 225A)
10. Mental Treatment Act (Cap. 113)
11. Pharmacy and Poisons Act (Cap. 115)
12. Nurses, Midwives and Nurse Practitioners Act (Cap. 256)
13. Private Hospitals Act (Cap. 115)
14. Public Health Act (Cap. 111)
15. Pure Food Act (Cap. 116)
16. Quarantine Act (Cap. 112)
17. Tobacco Control Act 1998
18. Public Hospitals & Dispensaries Act (Cap. 110)

* Some of these legislations have been revised but withheld because of the absence of a parliament since end of 2006.

The following boards/councils administer the 18 Acts on behalf of the Ministry:

1. Central Board of Health
2. Rural Local Authorities
3. Hospital Board of Visitors
4. Nurses, Midwives & Nurse Practitioners Board
5. Fiji Dental Council
6. Fiji Medical Council
7. Fiji Pharmacy Poisons Board
8. Private Hospital Board
9. Fiji Optometrists Board

Table 2: Number of local health professionals registered under the various Boards/Councils in 2007

Boards/Council	Number
Fiji Medical Council	
Part 1	48
Part 2	67
Specialist	7
Fiji Dental Council	
Registered	11
Specialist	2
Nurses, Midwives and Nurse Practitioners Board (local nurses)	
Registered Nurses	184
Midwives	26
Nurse Practitioners	6
Overseas trained nurses	20
Fiji Pharmacy & Poison Board	
Registration	14 (7 B. pharmacy & 7 Dip. pharmacy)

2007 Highlights and Lowlights



Dr Tuiketeki, Dr tuqa and SDMO Korovou together with the Interim Minister for the celebration of the Baby Friendly Hospital.



Opening of the new Vunidawa staff quarters and the "Fakawela" from the CentEast staff.

2.2 2007 HIGHLIGHTS

These indicate the achievements and commitments made by the staff throughout the year and are grouped under the various Strategic Priorities of the Ministry for ease of reference.

1. Maintain an Adequate Primary and Preventive Health Care Services and Promotion of Health

- Launch of 1st ever-National Immunization week at CWM Hospital
- 20 out of 21 hospitals had been declared “Baby Friendly” by 2007. Rotuma Hospital is the only one left, hopefully by 2008.
- Survey done in cluster areas throughout Fiji on prevalence of lymphatic filariasis determining the effectiveness of the Mass Drug Administration (MDA), which commenced in 2002. (5 years).
- A pilot on the Public Health Information System (PHIS) was done using a number of sites throughout the 3 divisions. Extensive consultation of stakeholders was necessary to support the pilot. A number of pilot PHIS tools had been developed to capture efficient data. A major focus of the pilot was the revision of the Consolidated Monthly Return (CMR) process. The revised PHIS CMR had been built on the information attained from the previous CMR revisions. The plan is to implement the new PHIS tools by 2008.
- Training continued through the JICA’s Japanese Support to the Pacific Immunization Program Strengthening (J-PIPS) in the area of Expanded Program on Immunization (EPI). A regional workshop was hosted by Fiji through the technical support of the WHO and UNICEF.
- UNFPA had funded an advocacy initiative with the International Planned Parenthood Federation (IPPF) to strengthen the involvement of male in the Reproductive Health initiatives.
- At the sports and HIV workshop, the sporting community including sponsors, sportspeople, managers, coaches, referees, parents and spectators were challenged to be active in overcoming the ignorance of people about HIV pandemic. The outcome of the workshop had been a closer working relationship between the Ministry and FASANOC and other partners in developing HIV program for the sports community.
- Increase EPI coverage in the north, 94% and increase contraceptive prevalence rate by 5%
- Typhoid remained a challenge for the northern staff with increasing incidence, community training and involvement facilitated.
- An Inter Ministerial Committee on HIV Bill was established to fast track the legal process
- The new Fiji National HIV Strategic Plan 2007 – 2011 is being implemented with 5 priority areas, namely, prevention of HIV, clinical management, care of people living with HIV/AIDS, research monitoring and evaluation and coordination.
- Border control competency training continued.
- FHSIP had provided approximately 4 million dollars worth of development, infrastructure, technical assistance and other areas under the main components of rural health, clinical services, health information, management and administration of FHSIP office. There were 22 local project officers and 5 Short Term Advisers employed by FHSIP and MOH for implementation of various programs.
- 2007 continued to be a challenge for the National Oral Health Services as they pursued the needs highlighted by the 2004 National Oral Health Survey.
- The National Oral Health Policy was printed and distributed.
- The National Oral Health Strategic Plan 2007 – 2011 was developed, endorsed and distributed. The Community Oral Health Care package manuals were also distributed as outreach tools.
- 70 – 80% of schools had practised tooth brushing drills.

- Dental visits at ANC and MCH clinics in maternity units have now been reactivated.
- Outreach clinic programs by CWM Hospital dental (prosthesis) made to Kadavu and Rewa subdivisions, Taveuni and Sasa village by the northern team.
- Divisional hospitals have achieved the target of having 1 permanent filling to 2 dental extractions to caries (permanent teeth). Subdivisional dental clinics however could only achieve the ratio of 1:3/4. (Most dental extractions performed in subdivisions than in the divisional hospitals)
- 943 children benefited from the MOH milk supplementation for the 1 – 5 year non-thriving children in 2007.
- The impact assessment of the National Salt Iodization Policy has seen positive results in which there is no iodine deficiency problems of Public Health concerns.
- A consultation workshop was conducted on Fiji drinking water standards organized by SOPAC and jointly funded by Water and Sewerage department and the Central Board of Health and facilitated by 2 WHO consultants. The workshop aimed at finalizing the Fiji Drinking Water Standards.
- Through the regular monitoring of the manufacture, storage and transport of food and food quality, a total number of 2987 inspections was done by our environmental staff, 71% was found to be satisfactory and the rest unsatisfactory.
- Health Inspectors continued to provide support to communities in the promotion and protection of public health, septic tanks are now preferred to the water seal toilets.
- The Pure Food Safety Regulations continued to go through consultation process before gazetting by the Minister.
- The National Health Promotion Policy was submitted to the National Health Promotion Council. Policy will be used for development of the Health Promotion Bill.
- Surveys on physical activity and oral health done by the NCHP.
- An update of the baseline data on Health Promotion Action Areas available at the NCHP.
- Under social marketing, NCHP had prepared COMBI reports on National Road Safety Campaign, NCD National Campaign with 3 new TV spots, and Nutrition – OPIC – Obesity prevention amongst adolescents in secondary schools within Nasinu area and the Adolescent health national campaign.

2. Maintain an Effective, Efficient and Quality Clinical Health Care & Rehabilitation Services

- Clinical Services Network (CSN) continued to progress in each different discipline i.e Ophthalmology, Obstetrics & Gynaecology, Internal Medicine, Surgical, Paediatrics, Mental, Radiology, Oral, Laboratory, Anaesthesia & ICU with some outcomes, supported by FHSIP.
- Reviews were made on Pathology and Radiology services and operating theatre services.
- Efforts were made to strengthen the intensive care services. A draft anaesthetic protocol is being finalized.
- Surgical and Medical personnel had their rotation between Lautoka, CWM and Labasa Hospitals.
- Chemotherapy Nursing Protocols were being finalized.
- A national workshop for emergency obstetrics care for doctors and midwives was held using Safe Motherhood concept.
- A new Biomedical Equipment Catalogue for the Ministry was developed through the support of the Fiji Health Sector Improvement program.
- Surgeons from CWM Hospital provided outreach services to Vunidawa and Korovou in the form of minor surgeries and consultation.
- Home Based Care Project under FHSIP for CentEast on diabetes was evaluated with recommendations for a roll out to the rest of the division and the other 2 divisions in order to improve the care of diabetics at home.
- Surgical outreach to Lomaloma by the SCRIPPS organization of the USA. Also surgical outreach by CWM Hospital team to Vunidawa, Korovou & Levuka and the regular 6 weekly outreach clinics to

Vunidawa, Navua, Korovou & Wainibokasi.

- Home Based care on foot care and primary eye rolled out to 3 subdivisions in the north.
- Setting up of psychiatric unit in the north, awaiting beds at the new extension to Labasa Hospital
- Signing of a Memorandum Of Understanding (MOU) between Ministry of Health and the Kidney Foundation of Fiji for treatment of kidney patients using haemodialysis at the haemodialysis unit based at CWM Hospital.
- Signing of MOU between the Ministry of Health and Fiji Cancer Society for the provision of hospice services at the Tamavua Hospital.
- Signing of the MOU with the Pacific Eye Institute postgraduate training of health workers in Eye care. Training is under FSM.
- Lautoka Hospital now has a fully functional Critical Care Unit Framework for the management of critically ill patients.
- Lautoka Hospital had its 1st ever open-heart valve surgery provided by the New Zealand medical group, there were 13 operations.
- A visiting interplast surgical team performed operations at Lautoka Hospital.
- Donations of eye equipment and drugs and consumables were received from Sydney for Lautoka Hospital.
- Eleven (11) children from the west were evacuated to Chennai, India for life saving heart operations sponsored by the Vodafone Children's Heart Foundations.
- Cure Kids Fiji (ACCOR), donated incubators, monitors and other equipment for the Lautoka Children's ward.
- Dr Semesa Matanaicake (senior) has been leading the dental surgeons team at CWM Hospital in the area of maxillofacial oral surgery
- Discussion and briefing by radiographers and radiologist on the Health Radiation Bill and the Medical Radiation Technologists Bill continued.
- Shimadzu Engineers of Australia did their regular servicing for the CT Scanner, paediatric x-ray equipment, the OPG unit and the fluoroscopy unit.
- The introduction of interventional radiology at CWM Hospital is commendable needing more resources.
- Nursing care plans and integrated patients' notes introduced to nurses and orderlies at St Giles as part of psychiatric nursing assessment under the nursing standards. A nursing audit was conducted indicating gaps for improvement in the 3 standards.
- CWM Hospital had established a Counseling Unit for both internal and external clients run by a Peace Corps Volunteer and S/N Ateca Masi, a graduate in Counselling from USP. A record increase by 90% of cases as compared to 2006.
- HITH, (Hospital in the Home) a new area of services aiming at reducing the length of hospital stay and integrating home based with acute care, was established at CWM Hospital following an attachment by its manager, Kalesi Rokobeta, NP at SandringhamVictoria. 50 patients went through the HITH from September to December 2007, cases range from diabetic foot sepsis to motor vehicle accident, mastectomy, laparotomy, appendicectomy, cancer, nephrectomy and cellulitis.
- The Midwives Birthing Centre (CWMH) continued to thrive with a total number of 396 deliveries by midwives and nurses as compared to 251 in 2006. Enhancing and utilizing their skills as midwives, for improvement of care in midwifery is the main aim of this MBC and that was supported by the out reach ANC in the sub-urban clinics of Makoi, Lami, Valelevu and Raiwaqa managed by midwives.
- The hyperbaric unit of CWMH continued to provide care for chronic wound cases and dive related injuries, the latter had 13, 9 of which were locals and 4 were tourists.
- CWM Hospital had a total of 45 mercy flights (medivacs) and 11 boat referrals for people needing urgent medical treatment from the eastern division at a cost of \$329,000
- The Fiji National Blood Service has a record of 26,592 total donors for the last 3 years (2005 – 2007) since its establishment in 2005, total family replacement donors is 13,763 total voluntary

donors is 3663 and total mobile donors is 8,120. There has been an increase in the number of donors in 2007 as compared to 2006.

- CWM Hospital managed to see a total of 211,877 in outpatients and clinics, about 10% of whom were admitted (20,301) and 4% regrettably succumbed and died.
- CWM Hospital Maternity Unit had a record number of 6,922 deliveries, 13% of women were delivered by Caesarean Sections.
- In CWM operating theatres a total of 5,208 surgical procedures were done of which 48% had general anaesthetics.
- Donations of a scanner for ANC and a coloscopy machine were received by CWM Hospital from the RANZCOG/PSRH and also a cone diathermy machine from the FHSIP.
- 11 outreach clinics were done by the medical team of CWMH (Internal medicine) and the hospital received a visiting cardiac team comprising a cardiologist, echocardiogram technician and pace maker technician.
- The anaesthetists at CWMH were kept busy in the year with visits from overseas teams in cardiac surgery, plastic, paediatrics and neurosurgical.
- The ENT group was also busy with visiting surgical and ENT surgeon, Dr Suresh Krishnan of the Royal Adelaide Hospital.
- Dr Peter Hadden who spent a week working with the Eye Department in CWM Hospital saw a total of 504 people in the outreach clinic.
- The Operating Theatre within the Eye department at CWM Hospital was opened making their work easier.
- There has been an increase in number of patients treated at the hyperbaric unit, a total of 4,860 in 2007 as compared to 1,736 in 2006.
- There was exchange of Paediatrics Registrars for 3 weeks between Labasa and CWM Hospital.

3. Maintain an Adequate, Qualified and Committed Workforce for the Service

- Reappointment of former CEO, Dr Lepani Waqatakirewa as the new Permanent Secretary for Health under the interim government.
- Retirement of Senior Executives in the Ministry, Dr Tuqa, Mrs Nadakuitavuki, Mrs Tuiloma, Mrs L. Cava, Mr A. Tamanitoakula, Dr Mesulame, Mrs I. Rabuka, Mrs M. Tukana, Mrs S. Balgovind. These senior executives had served the government for an average of 38 years.
- The first cohort of Postgraduate Certificate on Mental Health Nursing graduated from FSN (JCU collaboration).
- Completion of the Review of Nursing Workforce Phase I.
- Dr Jona B. Senilagakali was appointed interim Minister for Health in December 2006 and served for the whole of 2007.
- The Research Unit at FSN was finally established under the support of FHSIP & MOH Research Unit.
- FHSIP continued supporting tutors for Masters' Program.
- First graduates of the revised Diploma of Nursing Curriculum joined the Civil Service in September.
- A Student Administration Unit had been set up at FSN to improve the administration and data management of all students.
- FHSIP had assisted in the reestablishment of Lautoka Hospital as the second site for midwifery training for nurses in the area of infrastructure improvement.
- Launching of the new Health Research Guide for the Ministry of Health to assist health professionals and researchers to produce quality health research information in Fiji.
- Fiji School of Medicine produced the highest number of local graduates from its MBBS program in December, 48 in all as compared to 36 in 2006.

- WHO provided fellowship for 17 officers and also sponsored 40 officials for workshops locally and abroad.
- Disciplinary Procedural manual completed for staff and supervisors.
- A meeting was staged for the first time and labeled as a milestone for the Ministry, in which participants specifically discussed human resources for health (HRH) which was jointly funded by the WHO and MOH. There was involvement and participation of the regional body of the Asia Pacific Action Alliance on Human Resource (AAAH). All health cadres were represented including professional bodies and central agencies ie. PSC and Ministry of Finance and National Planning.
- Nurses took an industrial action, which lasted 18 days 24/7 – 10/8/07, the longest strike ever by members of the Fiji Nursing Association (FNA). More than 55% of members, 959 participated in the strike. The main cause of the strike was the 5% pay cut for Civil Servants.
- A Senior Management Development Program (SMDP) was conducted for selected senior managers funded by FHSIP.
- There were 8 projects funded by FHSIP and MOH under the Performance Enhancing Program (PEP) with a cost of \$45,684.
- A total of 131 staff training undertaken by FHSIP.
- A Lautoka radiographer was awarded the WHO fellowship in order to study ultrasound and mammography in New Zealand.
- A staff nurse was finally recruited to the Lautoka x-ray department to oversee to the basic care of patients undergoing x-ray examinations, an issue which the department had been wanting for a long while.
- 22 Environmental Health officers attended a 2 weeks training at FSM on prosecution as part of the enforcement program under our various relevant legislations.
- 5 new staff joined the Labasa Laboratory boosting the service and some much needed equipment for the blood bank, biochemistry and serology services.
- 2 staff from Labasa attended training in New Zealand under the sponsorship of Roche Diagnostic New Zealand Ltd.
- 4 nurses at St Giles graduated with the postgraduate certificate in mental health nursing and an orderly graduated from USP with certificate in Counseling and Guidance, now head of counseling unit at the hospital.
- Dr Peni Buikoto attained a Masters in Psychiatry from the Adelaide University.
- 2 prison wardens were attached to St Giles for a month to study the care and supervision of forensic clients
- 9 St Giles staff underwent counseling training by TPAF.
- SCRIPPS nurses from San Diego; USA conducted training for CWM Hospital and St Giles staff on IV Therapy and Wound Management.
- A group of youth of the mission from USA trained St Giles staff on Edition Behavior and Recovery.
- 7 St Giles staff completed the Psychosocial and Health Assessment program provided under the Pacific Open Learning Health Network Program (POLHN) sponsored by WHO.
- Final year students of the Sangam Private Nursing School, Labasa received their mental health nursing attachment for the first time at St Giles.
- The Sandringham Health Team of Melbourne also provided continuing education to nurses and doctors on Triage and Basic Life Support and Podiatry. Sandringham had been supportive of development of the Hospital in the Home (HITH) and Home Based Care for the CentEast.
- Dr Semesa Matanaicake (Jr) received his training on hyperbaric medicine in Sydney. More staff were also trained locally.
- Pharmacist trained nurses at CWMH on imprest system.
- The Paediatric Oncology Services Group (POSG) met to address oncology in children in the pacific.
- Dr William May, CMO in Internal Medicine CWMH was awarded a WHO fellowship to study cardiology for 1 year in Christchurch, NZ.

4. Construction of New and Continuous maintenance of all Health Infrastructure and Facilities

- The Interim Minister for Health Dr Jona Senilagakali opened a fully furnished staff quarters at Vunidawa at the estimated cost of \$300,000, with the double celebration of Vunidawa becoming a baby friendly hospital in September.
- Installation of RT's to Lakeba, Naitasiri & Tailevu EasyTels for Lodon Health Centre.
- Sixty (60) RTs installed in the Western which included health centres, nursing stations and vehicles.
- FHSIP funded the installation of a total of 119 radiotelephones and solar lighting.
- Two (2) new ambulances for Ba subdivision and one (1) for Tavua.
- Relocation of the Pacific Eye Institute from Solomon to FSM based at Tamavua Hospital.
- Two local Short Term Advisers prepared the first IT Strategic Plan for the Ministry of Health.
- The first ever Ministry of Health Fixed Asset Register (FAR) has been completed under FHSIP and MOH funding.
- PATIS system has now been established at the St Giles Hospital
- Accidents and Emergencies department at CWM Hospital was renovated following an incident with a fallen ceiling.
- Part of Lancaster Ward, CWMH was renovated by ANZ and Rotary.
- The Yag Laser machine at the Eye Department was replaced.
- The first ever document on National Health Accounts for MoH (2005) was distributed.

5. Maintain a Management Culture that Promotes and Supports Continuous Quality Improvement

- The Risk Manager, CWM Hospital was recruited as Project Officer through FHSIP.
- Continuing education on Quality Improvement and Clinical Governance/Risk Management provided to all cadres of staff at the 3 divisions and some subdivisions.
- A new Medical Cause of Death Certificate (MCCD) was launched in our efforts to improve the completeness and accuracy of death certificate information in Fiji. Policy and procedures have been put in place to support staff of the Ministry to complete medical certificate in a timely and accurate manner, as well as ensure the transfer of the forms to the Health Information Unit for collation of vital death information.
- Advanced Life Support Manual launched for quality improvement in care of patients
- Interns log books manual completed.
- The staff of the pathology department, CWMH were involved in quality management for the Pacific Islands.

6. Funding and Resource Allocation for Health Services

- Ministry total budget for 2007 was \$150, 808, 400.00 equivalent to 10.8% of the National Budget, as compared to 9.5% in 2006. 1.88 million dollars collected from revenue, biggest from the Bulk Purchase Scheme under the FPS, in total 1.24% of revenue over budget.
- The revenue collected from x-ray examinations at CWM Hospital in 2007 amounted to \$174,204.00;
CT scan alone collected \$111,520.00, more than 60% of the total revenue collected in the year.
- Of the 400 pharmaceutical items at CWMH, 104 (26%) consumed 80% of the pharmacy budget.
- CWM Hospital was able to reduce its over expenditure to ½ a million in 2007 as compared to 1 million in 2006.

2.3 2007 LOWLIGHTS

These indicate the difficulties and constraints encountered by staff in achieving their targets and goals.

1. The 3 Clinical Indicators were unable to be analyzed because of coding backlog of medical folders.
2. A big number of tutorial staff establishment had been vacant, almost 50%, partly due to the anomaly in the MQR for tutors.
3. The construction of the Labasa Hospital extension remained to be completed
4. The budget for the followings items were not fully utilized because of the new procurement procedure:
 - i. Bio-Medical Engineering Equipment
 - ii. Dental Equipment
 - iii. Health Centre and Nursing Station (maintenance)
 - iv. Rotuma Hospital (extension)
5. An Independent Medical Investigation team was formed to look into the death of Shovneet Kumar, a 5-year-old boy who did not wake up after a manipulation under anaesthesia at CWM Hospital. The report was submitted to PSC but the case continued to receive much attention by the media.
6. 36 nursing posts approved were rescinded because of funding constraints.
7. No decision made in creating permanent posts on Risk Management and Customer Service for the 3 hospitals, to support Quality Improvement and Clinical Governance.
8. Hospitals continued to have outbreak of infection especially in the Neonatal Intensive Care Unit (NICU) needing closure of the unit.
9. Low medicine and consumable supply perpetuated throughout the divisions.
10. Migration of nurses and doctors still remains a challenge.
11. Construction of the Cytotoxic and Aseptic suite at CWM Hospital was not done because of some technical constraints.
12. Health Information Management (HIM) and Information Technology – (IT) continues to have gaps in staffing and maintenance and replacement of hardware and provision of consumables.
13. Postoperative infections in caesarean sections continued to be the biggest problem area with Caesarean Section classification not available currently through PATIS.
14. Dental prosthetic teeth were out of stock for 3 months due to delay from the suppliers
15. Shortage of dental hygienists in Lakeba, Lomaloma and Rotuma.
16. Resignation of the Chief Medical Officer (X-Ray), CWM Hospital.
17. Four positions of radiologists for CWM Hospital remained vacant, only 2 are filled.
18. Frequent break down in the X-Ray equipment continued to pose problem as well as shortage of staff despite the demand in services.
19. Reduction in the budget for x-ray consumables.
20. Breakdown in the Valelevu mobile x-ray unit caused extra load for CWM Hospital.
21. Repeated technical faults with equipment affected the fluoroscopy procedures at Lautoka Hospital.
22. Lack of spare parts in x-ray equipment affecting function of unit.
23. Health financing under complimentary funding options could not be advanced.
24. Revision of legislations has not been possible in the absence of a parliament.
25. Prolonged non-filling of supervisory posts, more than 50% (44 out of 87) of senior nurses (NU05 – NU01) remained vacant although there is an excess of 48 staff nurses.
26. Quick turnover of skilled nurses because of continuing migration
27. MQR for promotion for NU05 to NU04 remained a hurdle and should be addressed with PSC.
28. Shortage of basic consumables is a time consuming exercise for nurses as they spent time borrowing from other units/wards.
29. Shortage of staff in various departments such as pathology, radiology, GOPD and A&E
30. The 5% pay cut demoralized hard working staff even further.

31. Shortage of medicines and consumables was an issue with all departments of CWMH and even oxygen due to problems with the supplier.
32. Also there were problems with medical equipment such as the damaged C-arm used by orthopaedics, broken down laser machine at the eye, family dental compressor and fluoroscopy machine (CWMH).
33. Diabetic sepsis remained a cause of high number of surgical admissions at CWM Hospital.
34. CWMH has been unsuccessful in attempting to discharge clinic patients (medical) to the peripheral health centres causing the overloading of SOPD clinics.
35. CWMH urgently needs maintenance in some areas in the hospital and the Sister's Quarters
36. Shortage of OT spaces in CWMH causing longer waiting list and cancellation
37. Lack of proper hydrotherapy pool in the physio department at CWMH affecting their services.
38. Leaking ceiling at the CWMH dental department.
39. Shortage of nurses in paediatrics affecting the quality of care.



PSH, Dr Rabukawaqa together with Dr Chen Ken, WHO Rep, SP at the launch of the EPI week

Section 3
Section 3

Report on Performance
Report on Performance



3.1 Ministry of Health Contribution to the National Strategic Development Plan 2007 - 2011

Following the review of the previous National Strategic Development Plan (NSDP), a new NSDP for 2007 – 2011 was formulated through consultations between the Ministry of Health and the Ministry of Finance & National Planning. Two broad outcomes for the Ministry of Health were developed with corresponding key performance indicators. These outcomes are:

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

3.2 A number of key performance indicators were selected by the Ministry under the National Strategic Development Plan for 2007 – 2011. These key performance indicators are to be achieved by 2011 and included:

- Infant mortality rate reduced from 23 to 17/1000 live births by 2011 (MDG)
- HIV/AIDS prevalence among 15-24 year old pregnant women reduced from 0.04 to 0.03 by 2011 (MDG)
- Prevalence of diabetes reduced from 16% to 12%
- Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56% (MDG)
- Reduction in teenage pregnancy rates from 16% to 8% by 2011
- Reduction in STI rates amongst 15 to 24 year olds reduced from 15% from 15% to 10% by 2011.
- Prevalence rate of Tuberculosis reduced from 10% to 5% (MDG).
- Reduced amputation rates for diabetic sepsis from 13% to 9%.
- Participation of private and health care providers increased from 2 to 10
- Doctors per 100,000 population increased from 36 to 42
- Elimination of stock outs of drugs from present 100 items per month
- Bed occupancy rates reduced from 80% to 60%

Refer to the following details:

Table: 3 MoH's Contribution to the National Strategic Development Plan 2007 - 2011

Outputs	Key Performance Indicators	Targeted Outcomes
<ul style="list-style-type: none"> • Provision of Primary Health Care • Emergency Response Services - Medical Evacuations and Blood Supply • Provision of Clinical Services • Public Awareness Promotions - Public Health • Education & Training - Disease Control • Communicable Disease Prevention • Supply of Goods – Medical Drugs & 	<ul style="list-style-type: none"> • Infant mortality rate reduced from 23 to 17/1000live births by 2011 (MDG) • HIV/AIDS prevalence among 15 - 24 year-old pregnant women reduced from 0.04 to 0.03 by 2011 (MDG) • Prevalence of diabetes reduced from 16% to 12% • Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56%(MDG) • Reduction in teenage pregnancy rates from 16% to 8% by 2011. • Reduction in STI rates amongst 15 to 24 year olds reduced from 15% to 10% 2011. • Prevalence rate of Tuberculosis reduced from 10% to 5% (MDG). • Reduced amputation rates for diabetic sepsis from 13% to 9%. 	<p>Communities are served by adequate Primary and preventive health services, thereby protecting, promoting and supporting their well-being</p>
<ul style="list-style-type: none"> • Provision of Clinical Services • Education & Training • Supply of Goods – Medical Supplies and Consumables • Hospice – Accommodation and Assistance for the Elderly 	<ul style="list-style-type: none"> • Participation of private and health care providers increased from 2 to 10 • Doctors per 100,000 population increased from 36 to 42 • Elimination of stock outs of drugs from present 100 items per month • Bed occupancy rates reduced from 80% to 60% 	<p>Communities have access to an effective, efficient and quality, clinical health care and rehabilitation services.</p>

- The primary role of the Ministry is to ensure that every citizen is accessible to a health care system that is affordable, equitable, responsive and of high quality.

3.3 The seven health outcomes have been maintained and to be achieved by 2011, these are:

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

The following table shows the Health Outcome Status Report for 2007 in an attempt to gauge the progress towards achieving the goals by 2011.

Table 4: Health Outcome Status Report 2007

Indicator	Achievement
	2007
1) <u>Reduced burden of Non-Communicable Diseases</u>	
i. Incidence rate of Diabetes (per 100,000 pop)	47.8
ii. Admission rate for diabetes and its complications, hypertension and cardiovascular diseases (per 1000 admission)	13.2
iii. Amputation rate for diabetes sepsis (per 100 admission for diabetes & complications)	33.9
iv. Cancer Prevalence rate [per 100,000 pop]	52.7
v. Cancer Mortality [per 10,000 pop]	67.0
vi. Cardiovascular Dis.(Coronary Heart Dis.) Mortality rate (per 100,000 pop)	204.5
vii. Cardiovascular Dis.(stroke) Mortality rate (per 100,000 pop)	42.3
viii. Admission rate for Rheumatic heart diseases (1000 admission)	2.3
ix. Admission rate for Hypertensive disease (per 1000 admission)	21.0
x. Motor & other vehicle accidents Mortality rate (per 100,000 pop)	2.8
xi. Healthy teeth index (DMFT) - 12 year old	1.4
2) <u>Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases.</u>	
i. HIV prevalence rate among 15 to 24 years old pregnant women	0.7
ii. No. of children orphaned by HIV/AIDS	4
iii. Prevalence rate of STI's among men and women aged 15- 24yrs (per 1000 [15-24yrs] pop)	7.2
iv. TB Incidence rate (per 100,000 pop)	11.2
v. Tuberculosis cases detected rate	88
vi. TB death rate	1.1
vii. Incidence of Dengue	9
viii. Incidence of Leptospirosis	27
ix. Prevalence rate of lymphatic Filariasis (N/ survey – 1997)	16
x. Incidence rate of Measles (per 100,000 pop)	0
xi. Incidence rate of Leprosy (per 100,000 pop)	0.7
xii. Incidence rate of Gonorrhoea (per 100,000 pop)	82.5
xiii. Incidence rate of Syphilis (per 100,000 pop)	57.0

Indicator	Achievement
	2007
3) <u>Improved family health, reduced maternal morbidity and mortality</u> i. Maternal mortality ratio ii. Prevalence of anemia in pregnancy at booking iii. Contraceptive prevalence rate iv. Proportion of births attended by skilled health personnel	31.1 9.2 43% 99%
4) <u>Improved child health</u> i. Prevalence of under 5 malnutrition (NNS) ii. % of one year old fully immunized (MR1) iii. Under 5 mortality rate (per 1000 live births) iv. Infant mortality rate (1000 live births)	7 80.6 22.4 18.4
5) <u>Improved adolescent health and reduced adolescent morbidity and mortality</u> i. Rate of teenage pregnancy (per 1000 CBA pop) ii. Number of teenage suicides	8.5 47
6) <u>Improved mental health</u> i. number of psychiatric beds ii. number of personnel trained in mental health	136 33
7) <u>Improved environmental health through safe water and sanitation</u> <ul style="list-style-type: none"> • Percentage of population that has access to safe water <ul style="list-style-type: none"> urban 43% rural 51% • Proportion of population with access to improved sanitation <ul style="list-style-type: none"> urban 87% rural 55% 	

3.3.1 Explanation

3.3.1.1 Burden of Non-Communicable diseases:

The burden will continue to have the greatest impact on the limited health resources and consequent reflection on the morbidity and mortality. The implementation of the NCD Strategic Plan with the multifocal approaches to targeting the risk factors and emphasis on the community participation, should see some impact soon.

3.3.1.2 Communicable Diseases: Reverse HIV/AIDS Spread and Prevent, Control and Eliminate Other Communicable Diseases:

Tuberculosis prevalence rate has been on the decline. A total of 80 new cases recorded for the year compared to 114 in 2006. There was no new case of leprosy; the prevalence rate has remained at less than 1/10,000 people at risk. Dengue has slightly increased to 53 from 34 in 2006, mainly affecting the western and northern divisions. Similarly with leptospirosis, there was an increase to 92 in 2007 from 43 in 2006. Enteric fever (typhoid) was also increased in 2007 with 288 cases recorded, 167 in 2006. This may be attributed to bouts of flooding and hurricane encountered in the year.

HIV/AIDS low prevalence remained with 23 new cases recorded as compared to 36 in 2006. The HIV prevalence rate amongst the 15-24 years old pregnant women is also low, 0.8 in 2006 and 0.7 in 2007.

3.3.1.3 Improved Family Health: Reduced Maternal Morbidity and Mortality:

The maternal mortality ratio is fairly low, 31.1 in 2007 as compared to 41 in 1990. Upskilling of nurses, midwives and doctors is still vital. Skilled health professionals can easily be accessed by pregnant women leaving only a 1% who are still delivered by the TBAs. The Midwives Birthing Centre initiatives by CWMH midwives and the establishment of peri-urban ANCs in the Suva area are most encouraging in support of maternal and child health.

3.3.1.4 Improved Child Health: Reduced Child Morbidity and Mortality:

Immunisation coverage has been very good except in the area of measles, which is slowly increasing; there was no measles outbreak in 2007. The infant mortality rate is improving and it is anticipated that this indicator will be achieved by 2015 (MDGs). 2007 saw the launch of the first ever National Immunisation week at CWMH in our efforts to improve the coverage. The benefits of milk supplementation program to non-thriving children should be seen in later years. The under 5 mortality rate has remained low. The roll out of IMCI program to the divisions and its inclusion in the medical and nursing schools' curricula will greatly improve the care of sick children.

3.3.1.5 Improved Adolescent Health: Reduced Adolescent Morbidity and Mortality:

The number of suicides and attempted suicides in teenagers has been low, less than 50 in the last 2 years. The rate of teenage pregnancy was 8.1 in 2006 and 8.5 in 2007 most of these are unplanned.

3.3.1.6 Improved Mental Health:

The community psychiatric nursing (CPN) services in the 3 divisions supported by mental health project officers have helped to take the services much closer to where the clients are. There has been a number of staff trained including a doctor attaining his Masters in Psychiatry, 12 nurses with postgraduate certificates in mental health nursing, counseling diploma for a staff and 7 undertook the psychosocial and Health Assessment module through the POLHN Centre. St Giles now has the PATIS in place, which should help in the management of information on mental health and improve the services.

3.3.1.7 Improved Environmental Health: Safe Water and Sanitation:

Only the Fiji Islands Bureau of Statistic Census 2007 can provide the exact picture, yet to be released. However, the estimation by the Environmental Health Officers in 2006 had 43% of urban people and 51% of rural had access to safe water and 87% urban and 55% rural dwellers with proper sanitation. Health Promotion programs and sanitation continues to be provided to the communities who now prefer septic tanks to water seal toilets. Work on establishing a Fiji Drinking Water Standards is almost complete.

3.4: Service Delivery and Outcome Indicators

Improving Service Delivery through Health Reform

The major gains in delivery of primary health care in Fiji over the past decade for example, is attributed to an effective sector wide approach (swap) to sector development (refer to table 5). The onset of such sector wide approaches to programs and projects has posed both a challenge and opportunity for health reform to connect with service delivery improvements.

Table 5: Achievements by the Ministry of Health 2004 – 2007

Performance Indicator	2004	2006	2007
a) Service Delivery			
• Proportion of births attended by skilled health personnel	99%	99.3%	99%
• Percentage of 1yr old fully immunized (MRI)	68.5%	74.2%	80.6%
• Percentage of women using contraceptive	45.9%	49.1%	43%
b) Health Outcomes			
• Infant mortality rate per 1000 live births	17.8%	19.5%	18.4%
• Under 5 mortality rate per 1000 live births	22.5%	25.8%	22.4%
• Maternal mortality ratio per 100,000 live births	33.9%	43.5%	31.1%
• TB incidence rate per 100,000 population	15.8%	13.4%	11.2%

3.4.1 Explanation

- Deliveries attended by health professionals have remained high at 99% and the 1% are delivered by traditional birth attendants (TBAs) in instances where nurses or doctors cannot attend deliveries because of distance or transport constraints.
- Immunization of 1 year old against measles needs to be fully addressed in order to attain the MDG target of 100 by 2015
- Percentage of women under childbearing age (CBA) using contraceptives had remained less than 50% since 2001 although the gross fertility rate (per 1000 CBA) had been at 92 – 104 during the same period. There is a need to relook at the Family Planning Services.
- The infant mortality rate under the health outcomes has almost remained around 15, 17 and 18 since 2001 and these have been attributed to improvement in the services to children as with the recent Integrated Management of Childhood Illness (IMCI) program and improvement in the specialized care in NICU and PICU and services of skilled paediatricians.

Table 6: Infant Mortality Rates 2001 - 2007

Year	Percentage
2001	15.4
2002	17.8
2003	18.9
2004	17.8
2005	20.8
2006	19.5
2007	18.4

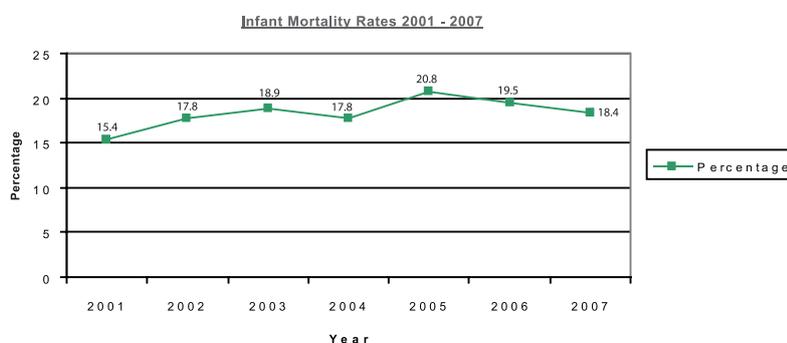


Table 7: Millennium Development Goal Indicators for Health Care, Fiji

Year	Percentage
Indicator 14: Infant Mortality Rate (per 1000 live births)	
2001	15.4%
2004	17.8%
2007	18.4%
2015 Target	17
Indicator 15: Proportion of 1-year-old children immunized against measles (%)	
2001	68.85%
2004	68.5%
2007	80.6%
2015 Target	100
Goal 5: Improve Maternal Health	
Indicator 16: Maternal mortality ratio (per 100,000 live births)	
1990	41
2002	35
2004	33.87
2007	31.1
2015 Target	Reduced by $\frac{3}{4}$ the MMR between 1990 and 2015
Indicator 17: Proportion of births attended by skilled health personnel (%)	
2002	99%
2004	98.82%
2007	99%
2015 Target	90
Goal 6: Combat HIV/AIDS, TB & Malaria	
Indicator 18: HIV prevalence among 15 – 24 year old pregnant women (%)	
2006	0.8
2007	0.7
2015 Target	Have halted by 2015, and begin to reverse the spread of HIV/AIDS

3.5: Overseas Treatment

Number of Fiji Citizens referred overseas for treatment by age, ethnicity, medical conditions and countries comparing the years 2006 - 2007

Table 8: 2006

Medical Condition	# Referred	Age		Ethnic			Country		
		< 1 yr	1 - 60	F	I	O	India	NZ	Australia
Cardiac	35	1	34	10	25	0	34	0	1
Chemotherapy/ Radiotherapy	12		12	3	9	0	10	1	1
Eye	7		7	0	7	0	7	0	0
Kidney Transplant	6	1	5		6	0	3	2	1
Other Renal Conditions	3		3	2	1	0	2	0	1
Orthopedics	4		4	0	4	0	2	1	1
Others	7		7	2	5	0	2	2	3
TOTAL	74	2	72	17	57	0	60	6	8

Overseas Treatment 2006

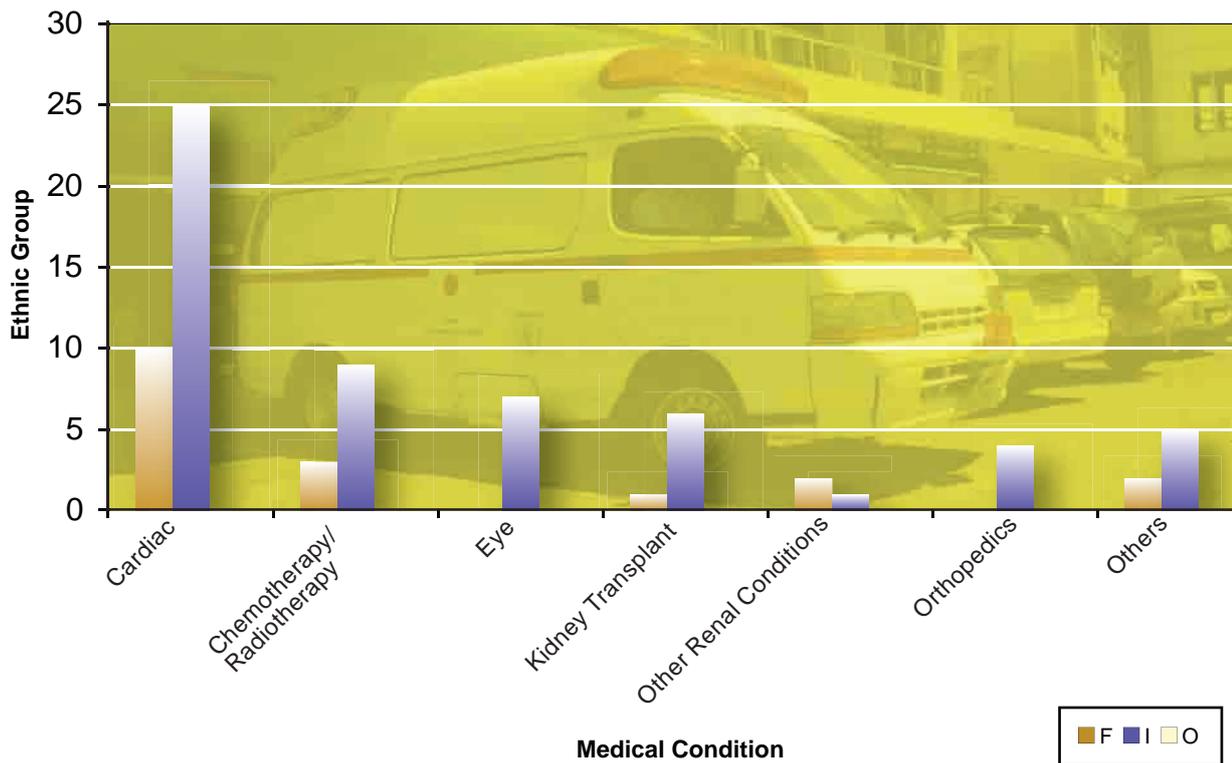
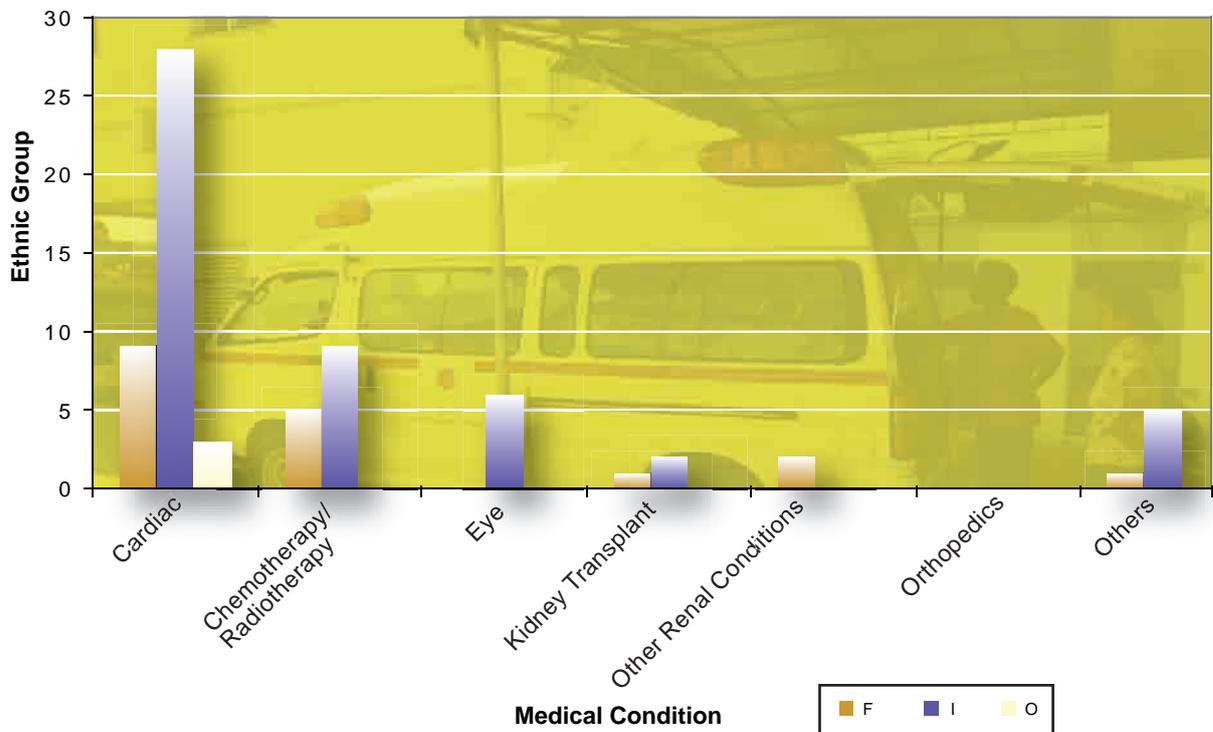


Table 9: 2007

Medical Condition	# Referred	Age		Ethnic			Country		
		< 1 yr	1 - 60	F	I	O	India	NZ	Australia
Cardiac	40	1	39	9	28	3	37	2	1
Chemotherapy/ Radiotherapy	14			5	9	0	14	0	0
Eye	6			0	6	0	5	0	1
Kidney Transplant	3			1	2	0	3	0	0
Other Renal Conditions	2	1		2	0	0	2	0	0
Orthopedics	0			0	0	0	0	0	0
Others	6			1	5	0	5	0	1
TOTAL	71	2	69	18	53	3	66	2	3

Overseas Treatment 2007

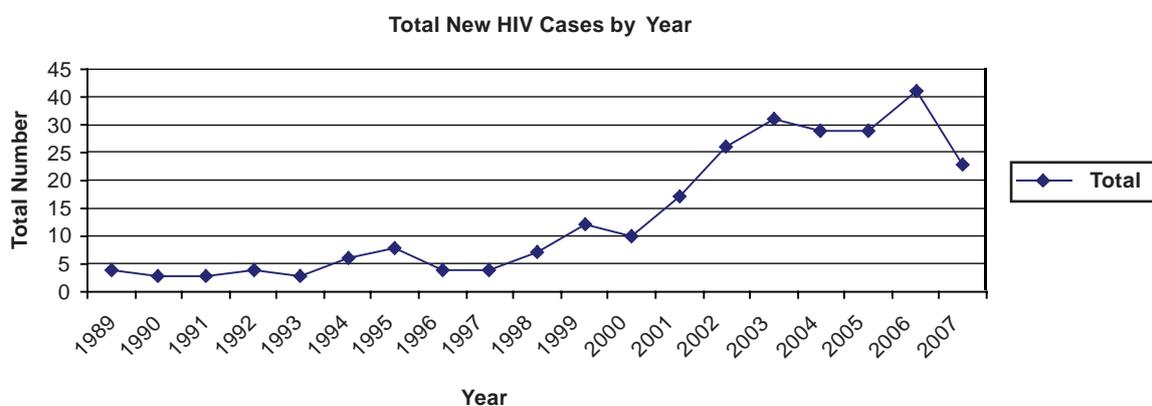


3.6: HIV

Table 10: HIV BY GENDER, RACE, AGE GROUPS, AND MODE OF TRANSMISSION
FROM YEAR 1989 - December 2007

HIV BY GENDER, RACE, AGE GROUPS, AND MODE OF TRANSMISSION FROM YEAR 1989 - December 2007.

	TOTAL	SEX		RACE			MODE OF TRANSMISSION						AGE GROUPS							
	Total	Male	Fem	Fij	Ind	Oth	Hetro	Homo	Trans	IV Drug	Peri	ukn	0-9	10-19	20-29	30-39	40-49	50-59	60+	Ukn
1989	4	3	1	1	3	0	3	0	1	0	0	0	0	0	2	1	0	1	0	0
1990	3	3	0	2	1	0	3	0	0	0	0	0	0	1	2	0	0	0	0	0
1991	3	2	1	1	2	0	1	1	0	0	1	0	1	0	0	2	0	0	0	0
1992	4	2	2	1	2	1	2	2	0	0	0	0	0	0	2	1	1	0	0	0
1993	3	2	1	3	0	0	1	2	0	0	0	0	0	0	2	1	0	0	0	0
1994	6	5	1	4	1	1	3	2	0	1	0	0	0	0	2	2	2	0	0	0
1995	8	6	2	7	1	0	8	0	0	0	0	0	0	0	3	3	2	0	0	0
1996	4	2	2	4	0	0	3	0	0	0	1	0	1	0	2	1	0	0	0	0
1997	4	4	0	3	1	0	3	0	0	0	0	1	0	0	2	2	0	0	0	0
1998	7	4	3	5	2	0	7	0	0	0	0	0	0	0	4	0	2	1	0	0
1999	12	8	4	9	1	2	8	0	0	0	3	1	3	0	5	3	1	0	0	0
2000	10	5	5	10	0	0	9	0	0	0	1	0	1	0	3	4	2	0	0	0
2001	17	9	8	14	1	2	17	0	0	0	0	0	0	1	9	7	0	0	0	0
2002	26	15	11	24	1	1	25	0	0	0	1	0	1	1	20	2	1	0	0	1
2003	31	18	13	29	2	0	28	0	0	0	3	0	3	0	15	10	3	0	0	0
2004	29	13	16	27	2	0	26	0	0	0	3	0	3	0	12	10	2	2	0	0
2005	29	16	13	22	6	1	26	0	0	0	2	1	2	1	7	12	4	2	1	0
2006	36	18	18	28	4	4	34	1	0	0	1	0	1	3	11	11	5	4	0	1
2007	23	11	12	17	3	3	23	0	0	0	0	0	0	1	15	7	0	0	0	0
TOTAL	259	146	113	211	33	15	230	8	1	1	16	3	16	8	118	79	25	10	1	2



3.7: Research

The Fiji National Research Ethics & Review Committee (FNRERC) and the National Health Research Committee (NHRC) continued to provide direction and guides, monitoring and evaluation on the Health Research in Fiji. Research applications were received from both local and overseas persons and institutions, funding for which were from the government budget and other external sources and sponsors.

Through Performance and Enhancing Project (PEP) under the FHSIP, a Health Research Guide for Fiji was developed and launched by the end of the year. The Guide becomes the basis for further training in 2008 as part of the capacity building. The Guide also serves as a tool for health research in their pursuit for quality research and evidence base policy decision.

The Fiji School of Nursing has finally established its own research unit under the assistance of the James Cook University and FHSIP and is being supported by the Ministry of Health Research Unit.

Health Research Guide in Fiji - Official Launch



From Left: Dr. Rabukawaqa, Ravi Reddy, Dr. Cornelius, Dr. Waqatakirewa, Dr. McCaig

Below is the list of approved Health Research application in 2007:

Table 11: 2007 Research Applications

001-2007	Dr. Jan Pryor, Dr. Alan Garvez, Dr. Joji Malani.	Piloting WHO STEPwise approach to stroke Surveillance (STEPS) in Fiji – Central Division.	Approved
002-2007	Dr. Andrew Steer	Validation of a skin disease treatment algorithm for the WHO IMCI program in Fiji.	Approved
004-2007	Dr. Swati Mahajan	CIHR/WHO PIERS (Pre-Eclampsia Integrated Estimate of Risk for Mothers): Validation across Conditions and Clinical Settings.	Approved
006-2007	Dr. Timaima Tuiketeei	Determine the status of sexual behavior of young people in Fiji between the ages of 15-24.	Approved
007-2007	Samantha Colquhoun	The Fiji Heart Disease Screening Study	Approved
008-2007	Clare Blakemore	Pacific Islands HIV Positive People's Study	Approved
009-2007	Fabienne Labbe'	Discourses and Representations on HIV/AIDS in Fiji and Impact on the Experience of People Living with HIV and AIDS.	Approved
010-2007	Dr. Fiona Russel	The Burden of Cervical Cancer and Cervical Intraepithelial Neoplasia in Fiji (2004 – 2007).	Approved
011-2007	Dr. Eric Rafai	Assessment of the five year Mass Drug Administration National Programme to Eliminate Lymphatic Filariasis in Fiji.	Approved
012-2007	Tim Bryar	Prevention of HIV in Prisons Project – Situational Analysis	Approved

Expedited Reviews and Approval granted to: Audrey Aumea, Stephen Richie



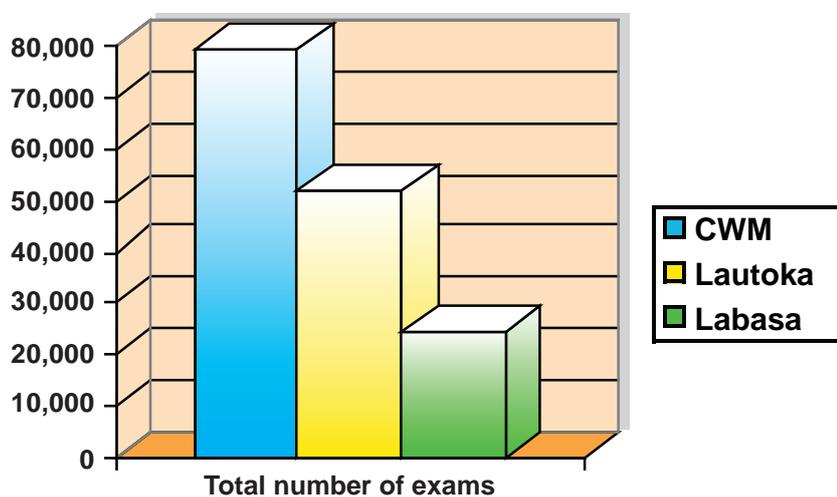
Senior Management Development Program Participants (2007)

3.8: X-ray Section Examination Records

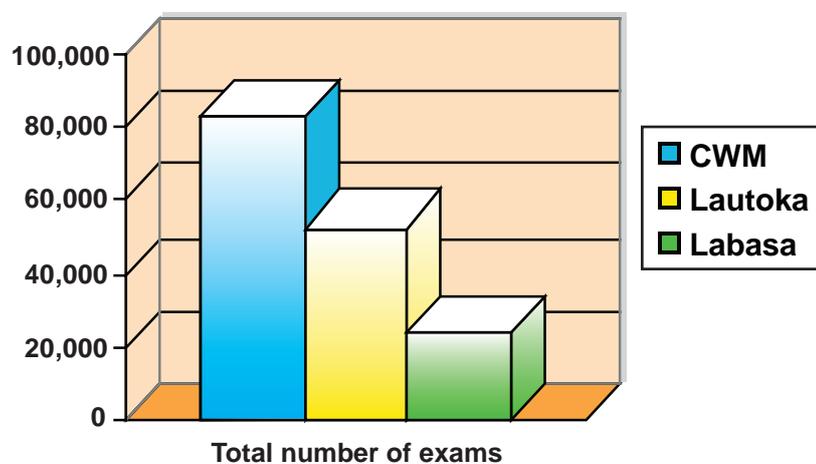
Table 12: Total examinations records

Hospital	Total number of exams
2006	
CWM	79,633
Lautoka	52,103
Labasa	24,596
Total	156,332
2007	
CWM	82,826
Lautoka	52,725
Labasa	23,826
Total	159,377

2006



2007



CWM Hospital alone provides CT Scan and mammogram showing the increase number of tests (examination) for the year 2007 compared to 2006.

3.9 Health Statistics

Table 13: Vital and Health Statistics 2005 - 2007

	2005	2006	2007
Population	849,361	868,488	868,107
Women [15-44]	183,295	186,803	185,328
Total Live birth	17,826	18,394	19,298
Crude Birth rate [per 1000 pop]	20.99	21	22.2
Crude death rate	7.02	7.1	9.8
Rate of natural increase	1.4%	1.4%	1.2%
Infant mortality rate [per 1000 live births]	20.76	19.5	18.4
Perinatal mortality rate	22.5	19.4	15.8
Neonatal mortality rate	15.37	11.3	11.9
Post neonatal mortality rate	5.39	8.2	6.5
Under five mortality rate	25.81	25.8	22.4
Maternal mortality ratio	50.49	43.5	31.1
Gross fertility rate/1000 CBA	97.25	96.9	104.1
Family planning protection rate	42.48	49.1	43

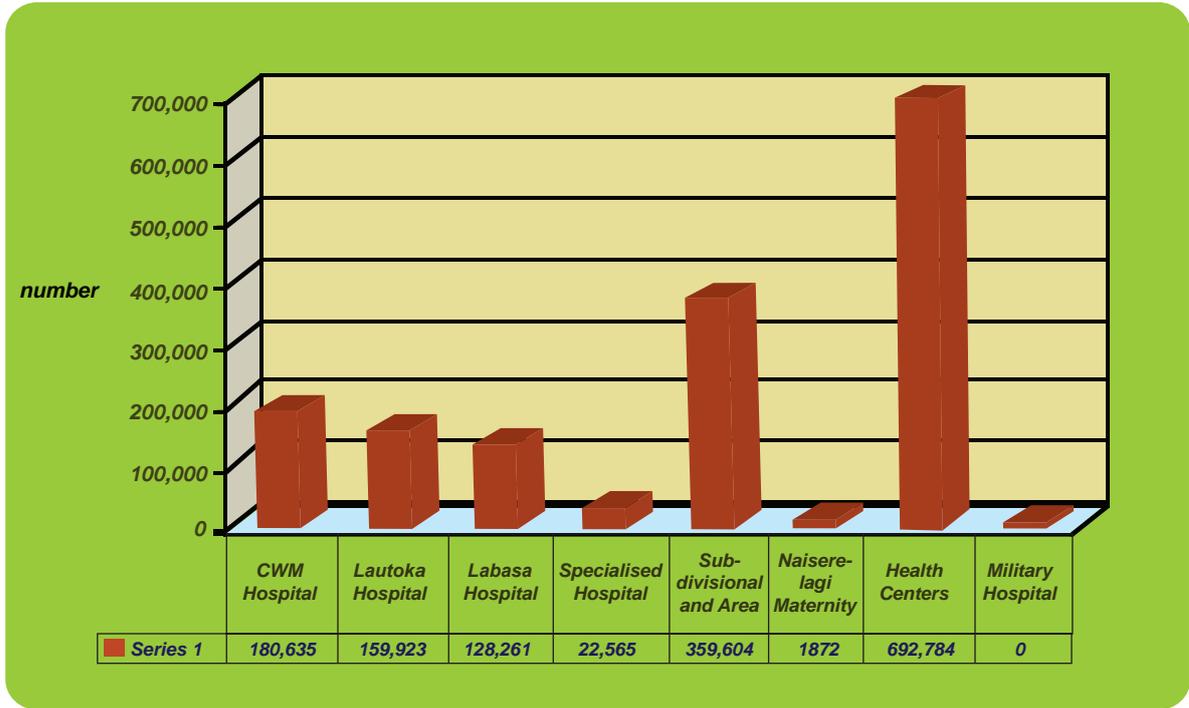
3.9.1: Health Services Utilisation

The workload borne by the Ministry of Health in 2007 is given under the following tables:

Table 14: Hospital Utilisation by divisions including the specialized hospitals and Old Peoples Home

Institution	Total Outpatient	Total Beds	Total Admission	Total Patient-Days	Occupancy Rate	Daily Bed State	Aver Length of Stay
Central/Eastern Division							
CWM Hospital	180,635	442	20,279	113,725	70.49	311.58	5.61
Sub-divisional Hospitals - Central Div	91,344	79	4,466	10,709	37.13	29.33	2.39
Sub-divisional Hospitals - Eastern Div	37,143	109	2,033	5,993	15.06	16.41	2.94
Total	309,122	630	26,778	130,427	65.71	357.33	4.87
Western Division							
Lautoka	159,923	341	13,568	102,166	82.08	279.9	7.52
Sub-divisional Hospitals	182,141	245	12,309	37,494	41.92	102.72	3.04
Total	342,064	586	25,877	139,660	65.3	382.63	5.4
Northern Division							
Labasa	128,261	161	8,971	54,882	93.39	150.36	6.11
Sub-divisional Hospitals	48,976	123	4,489	18,167	40.46	49.77	4.04
Total	177,237	284	13,460	73,049	70.47	200.13	5.43
Sub Total-General Hosp							
Specialised Hospitals							
St Giles	11,319	136	460	36,518	73.57	100.05	79.39
Tamavua	2,081	64	168	7,514	32.17	20.59	44.73
PJ Twomey	9,165	27	35	3,282	33.3	8.99	93.77
Total	22,565	227	663	47,314	57.1	129.62	71.36
Grand Total	850,988	1,727	66,778	390,450	61.94	1069.73	5.84
Old Peoples Home							
Samabula	-	48	-	-	-	-	-
Natabua	-	44	-	-	-	-	-
Labasa	-	23	-	-	-	-	-

Figure 2: Total Out-Patient Attendance for 2007



Maternal Child Health: Family Planning Protection & Immunization Coverage

• Family Planning Protection

Figure 3: Protection Rate by Division

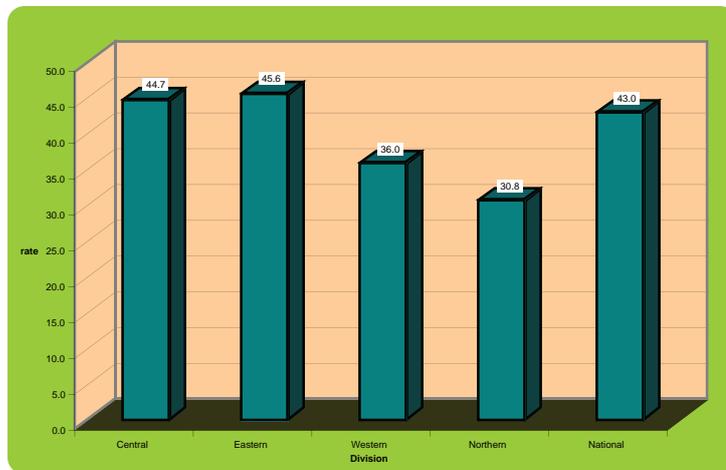


Figure 4: Percentage by Method

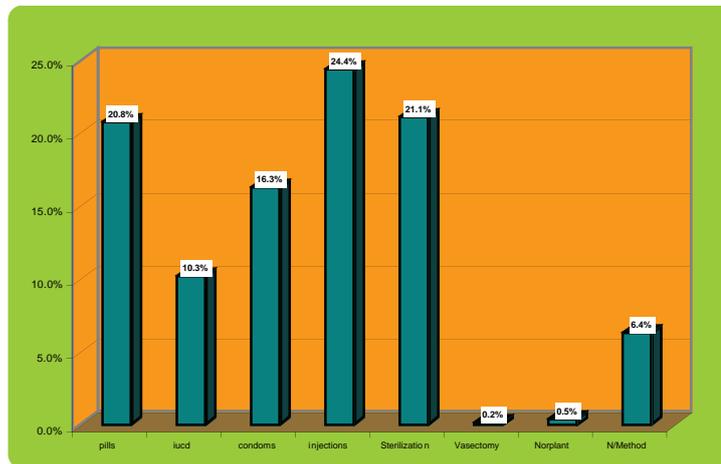


Table 15: Immunization Coverage 2007

Vaccine	Central	Eastern	Western	Northern	National Coverage
	% immunised	% immunised	% immunised	% immunised	
BCG	95.1	93.2	82.6	91.3	89.9
OPV0	95.2	89.9	82.4	90.4	89.6
HBV0	67.4	88.9	92.0	89.3	80.6
OPV1	79.7	157.5	80.6	82.5	82.6
Pentavalent 1	80.1	117.5	82.3	83.4	82.5
OPV2	79.3	130.3	85.5	83.2	83.5
Pentavalent 2	79.1	132.3	86.4	83.3	83.9
OPV3	77.0	134.4	90.8	83.0	84.5
Pentavalent 3	76.3	138.1	88.0	83.6	83.4
MR1	74.17	126.0	84.9	82.4	80.6

3.10 Morbidity and Mortality Statistics

Table 16: Top Ten Causes of Morbidity and Mortality - 2007

<u>MORBIDITY</u>		<u>MORTALITY</u>	
No.	Cause		Cause
1	Injury		Diabetes Mellitus
2	Influenza & pneumonia		Other forms of heart disease
3	Intestinal infectious disease		Ischaemic Heart Disease
4	Infection of skin and subcutaneous tissues		Hypertension
5	Ischaemic heart disease		Septicaemia
6	Other conditions originating in the perinatal period		Cerebrovascular Disease
7	Chronic lower respiratory disease		Other Conditions Originating in the Perinatal Period
8	Other forms of heart disease		Chronic Lower Respiratory Disease
8	Hypertension		Renal Failure
9	Diabetes mellitus		Influenza & Pneumonia
10	Cerebrovascular disease		Neoplasm of female genital organ

Source: Hospital Admission

Source: Death certificate

Table 17: Notifiable diseases reported during the year

NOTIFIABLE DISEASES RETURN BY DIVISION FOR 2007

No.	Diseases	Central	Western	Northern	Eastern	Total
1	Acute Poliomyelitis	0	0	0	0	0
2	Acute Respiratory Infection	5,808	5,511	6,830	638	18,787
3	Anthrax	0	0	0	0	0
4	Brucellosis	0	0	0	0	0
5	Chicken Pox	406	293	115	21	835
6	Cholera	0	0	0	0	0
7	Conjunctivitis	1,130	950	587	61	2,728
8	Dengue Fever	7	35	11	0	53
9	Diarrhoea	2,655	2,556	2,025	192	7,428
10	Diphtheria	0	0	0	0	0
11	Dysentery (a) Amoebic	14	10	1	7	32
	(b) Bacillary	94	54	17	2	167
12	Encephalitis	1	0	0	0	1
13	Enteric Fever (a) Typhoid	32	36	218	0	286
	(b) Para Typhoid	2	0	0	0	2
14	Fish Poisoning	212	170	263	105	750
15	Food Poisoning	15	8	23	3	49
16	German Measles (Rubella)	0	0	0	0	0
17	Infectious Hepatitis	29	13	61	15	118
18	Influenza	7,514	3,251	180	432	11,377
19	Leprosy	0	0	0	0	0
20	Leptospirosis	45	20	27	0	92
21	Malaria	1	0	0	0	1
22	Measles (Morbilli)	8	9	4	0	21
23	Meningitis	90	17	12	1	120
24	Mumps	128	523	162	14	827
25	Plague	0	0	0	0	0
26	Puerperal Pyrexia	2	0	1	0	3
27	Replasing Fever	236	0	1	0	237
28	Rheumatic Fever	3	2	1	0	6
29	Smallpox	0	0	0	0	0
30	Tetanus	1	0	1	0	2
31	Trachoma	46	75	405	18	544
32	Tuberculosis (a) Pulmonary	38	7	0	0	45
	(b) Others	29	6	0	0	35
33	Typhus	1	0	0	0	1
34	Viral Infection	7,550	10,090	4,474	1,634	23,748
35	Whooping Cough [Pertussis]	159	2	1	0	162
36	Yaws	0	0	0	0	0
37	Yellow Fever	0	0	0	0	0
38	Venereal Disease					
	(a) Gonorrhoea	724	476	123	32	1,355
	(b) Granuloma Inguinale	0	0	0	0	0
	(c) Herpes Zoster	5	30	8	0	43
	(d) Ophthalmia Neonatorum	1	2	0	0	3
	(e) Lymphogranuloma Inguinale	0	0	0	0	0
	(f) Soft Chancre	0	0	0	0	0
	(g) Syphilis	647	214	46	3	910
(h) Veneral Warts	1	27	1	0	29	

3.11 Oral Health

Table 18: Oral Health Services Attendances at Static Clinics and Schools outreach.

	CWM Hosp	Lautoka Hospital	Labasa Hospital	CENT/EAST Subdivisions	WESTERN Subdivisions	NORTHERN Subdivisions	Total
STATIC CLINICS:						10,572	10,572
Fijians:						N/A	
• Adult	12,217	7291	3942	22,273	9806		55,529
• Children	2,149	2605	1535	11,379	4943		22,611
Indians:							
• Adults	7017	11305	8342	9,325	15397		51,396
• Children	939	2886	2452	3,754	5346		15,377
Others:							
• Adults	1557	258	210	1,287	390		3,708
• Children	377	513	89	572	218		1,769
MOBILE SCHOOL SERVICES				44,506	36,788	14,200	95,494
TOTAL ATTENDANCES	24256	24858	16570	93,096	73,863	24,722	256,456

Attendance at Static Unit by Division 2007

3.12: Health Promotion Activities:

Table 19: Total Health Promoting Settings Established.

Setting	Total for 2007	Accumulated Total
Villages	5	301
Settlements	1	68
Schools	2	39
Workplace	8	19
Total	16	427

Table 20: Training Conducted

Type	Total
Monitoring and Evaluation (3 modules)	9
Health Promoting Workplace (2 modules)	6
Community Training	6
Training of Trainers	6

3.12.1: Multi Media Production Unit

Table 21: Pamphlets

Subject	Quantity	No. Distributed	Partners
Oral Health	20,000	15,000	Div-Health Promotion officers
Smoking pamphlets	20,000	15,000	MOE, Provincial Dev, Religious Org
Cancer pamphlets	50,000	40,000	Cancer Society, Div HPO
HIV/AIDS	30,000	25,000	Div HPO, NGO's
NCD	30,000	25,000	Div HPO, NGO's
Typhoid	20,000	15,000	Div HPO, NGO's

Table 22: Posters

Subject	Quantity	No. Distributed	Partners
NCD	10,000	8,000	Div HPO, NGO's
Typhoid	20,000	15,000	Div HPO, NGO's
Oral Health	15,000	9,000	Div HPO, MOE, NGO's
Healthy Food	15,000	9,000	Div HPO
E.P.I	25,000	20,000	

Table 23: TV, Radio & Print Media Messages

Month	Messages
January	Typhoid, Physical Activity, Healthy Food Choice, Regular Medical Check-up
February	Physical Activity, Healthy Food Choice, regular Medical Check-up
March	Oral Health, Typhoid, Leptospirosis
April	Typhoid, Leptospirosis, Tobacco
May	Tobacco, Physical Activity, Healthy Food Choice, Regular Medical Check-up
June	Tobacco, Physical Activity, Healthy Food Choice, Regular Medical Check-up
July	Physical Activity, Healthy Food Choice, Regular Medical Check-up
August	Physical Activity, Healthy Food Choice, Regular Medical Check-up
September	Immunization, Physical Activity, Healthy food choice, Regular Medical Check-up
October	Physical Activity, Healthy Food Choice, Regular Medical Check-up, HIV/AIDS
November	Physical Activity, Healthy Food Choice, Regular Medical Check-up, HIV/AIDS
December	HIV/AIDS, Obesity in Children, Physical Activity, Healthy Food Choice



Ratu Aisea Katonivere, Tui Macuata launches the 2007 World Suicide Prevention Day in Labasa.



3.13: Table 24: Major Infrastructure

Program	Budget Allocation	Utilisation of Funds	Impact/Outcome
Nadarivatu Health Centre	\$150,000	The funds were used for the construction of a grade 5 quarter for the medical officer by PWD	The project was completed in December 2007 and has already been handed over to the Ministry. The main outcome is to improve the living standard of our health care workers in the rural setting, enhancing the delivery of health services to the community of Nadarivatu.
Savusavu Hospital Dental clinic	\$293,865	The funds were ear-marked for the construction of a new dental clinic at Savusavu	The project has been completed and is in operation now. The new extension has improved the accessibility and enhances delivery of dental services.
Extension of Labasa Hospital	\$3,000,000	The funds were ear-marked for the completion of the Labasa Hospital. The new procurement process introduced by the interim administration had an impact in the non-completion of the project. The delay in the release of the funds because of the review of the 2007 budget had also affect the progress of the project.	Labasa hospital is a referral hospital for the Northern Health Services. The completion of the project will certainly enhance the accessibility and support the efficient and effective delivery of the health services to the people of the North.
Maintenance of the sub-divisional hospitals, health centres and nursing stations	\$1,500,000	A number of prioritized health facilities were maintained. One of the major constraints was delay in the release of funds from Ministry of Finance & NP that resulted in the partial utilization of the funds.	The main purpose of the project is to improve the working and living conditions of the staff as well as patients. This will contribute to the enhancement of the efficient delivery of health services to the community as well as to enhance patient's comforts.
Upgrading and maintenance of urban hospitals and institutional quarters	\$1,500,000	The funds were used for prioritized maintenance works at the urban hospitals e.g Renovation of the Lau ward, CWMH, general maintenance works at Lautoka & Labasa hospitals. One of the major constraints is the delay in the release of the funds from Ministry of Finance & NP, which resulted in the partial utilization of the funds.	The main purpose of the project is to improve the working and living conditions of the staff as well as the patients. With the improvement it has been proven that this will certainly boost the morale of the health providers and enhance the efficiency of the delivery of the health services to the people. It will certainly increase patient's satisfaction as well as comforts.
Vunidawa staff quarters	\$310,000	The funds were utilized to construct a new masonate quarters.	Provide quarters for the staff who travel on daily basis from villages away from Vunidawa.
Tamavua House	\$26,000	The funds was utilized to renovate the old sisters' quarters at Tamavua Hospital for visiting staff	Provide accomodation for visiting staff both on short and long term basis.

3.14: Environmental Health



Environmental Health Officers Food Sampling Workshop at the Institute of Applied Science at the University of the South Pacific

3.14.1: Sanitation & Health Promotion

The community has accepted the responsibility to take an active role in the improvement of their health. Health inspectors continue to provide support to communities in the promotion and protection of public health. We continue to promote the use of water seal toilets but there is a change to the use of septic tanks.

Table 25: Inspection of Drinking Water Supply

Divisions	No. of Households	No. Inspected	Piped Water	Ground Water Source	Surface Water	Rain Water
Western	28,923	19,683	3,749	491	1,341	611
Central	-	-	-	-	-	-
Eastern	-	-	-	-	-	-
Northern						
Total	28,923	19,683	3,749	491	1,341	611

Table 26: Status of Housing Development

Divisions	Total Surveyed	Concrete		Wooden		Fijian Bure		Lean-to-Sheds	
		Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
Western	20,947	11,929	303	6,782	479	535	32	6,693	810
Central	-	-	-	-	-	-	-	-	-
Eastern	8,663	1701	-	2,236	30	164	-	717	41
Northern									
Total	29,610 9,018	13,630 509	303 699	32 7,410	851				

3.14.2 Vector Control/Disease Investigation Programs

3.14.2.1: Mosquito Larval Surveillance Activities during the Year

This key result area is about monitoring and controlling the agents of vector-borne diseases. The Public Health Act Chapter 111, Quarantine Act and other subsidiary legislation assist in monitoring and controlling vectors.

Table 27: Mosquito Larval Surveillance

Divisions	No. of Premises Surveyed	Aedes aegypti			Aedes albopictus			Other Species		
		BI	PI	CI	BI	PI	CI	BI	PI	CI
Western	5278	79.6	58.45%	90.35%	79.6%	66%	62.1%	22%	20%	141%
Central	2510	8	7	5	12	10	8	2	2	26
Eastern	1760									
Northern										
Total	9,548	87.6	65.45	95.35	91.6	76	72.1	24	22	167



An Environmental Health Officer carrying out Larval Survey

3.14.2.2: Anti-Mosquito Campaign, Community Education & Mobilization

The following were the summary of the Anti-Mosquito Campaign, Community Education and community Mobilization organized as a preventative measure within the four divisions.

Divisions	No. Conducted	No. of H/Holds Visited	Community Education & Mobilization	Anti-Mozzi Chemical Spraying	Litter Prevention	Media Publicity & Awareness	Anti-Mozzie Cleanup Campaign
Western	398	4584	232	-	-	1257	1051
Central	132	2964	12				
Eastern			12	21	214	189	33
Northern							
Total	530	7,548	256	21	214	1,446	1,084

3.14.2.3: Disease Investigation Summary

Divisions	Diseases	No. of Cases	Locality	Preventative Measures Taken
WESTERN Sigatoka	• Typhoid	8	• Nasivikoso, Magodro. (Keiyasi Medical Area)	<ul style="list-style-type: none"> • Spraying of the village • Health Education • Sampling of water. • Boil water Advisories • Hand washing techniques
Nadi Rural	• Food Poisoning	2	• Club Fiji	<ul style="list-style-type: none"> • Food preparations & hygiene standards. • Kitchen to be well maintained at all times
Nadi Airport	-	-	-	-
Lautoka	<ul style="list-style-type: none"> • Cholera • Typhoid • Food Poisoning 	<ul style="list-style-type: none"> 1 1 1 	<ul style="list-style-type: none"> • Plantation Resort • Vakatora Housing • Treasure & First Landing Resort. 	<ul style="list-style-type: none"> • Health Education • Sampling of suspected foods • Interview of all those who are involved in food preparation.
Ba	<ul style="list-style-type: none"> • Dengue Fever • Leptospirosis 	<ul style="list-style-type: none"> 5 6 	<ul style="list-style-type: none"> • Navoli/Namau/ Mataniqara. • Navoli/Namau, Mataniqara Nakoro. 	<ul style="list-style-type: none"> • Awareness/Health Education. • Distribution of IEC materials. • Advice/Health education Conducted.
Tavua	• Typhoid Fever	2	• Nadolodolo Settlement	<ul style="list-style-type: none"> • Inspection of patient's dwelling house. • Health Education
Rakiraki	• Dysentery	24	• Vanuakula	<ul style="list-style-type: none"> • Health Education • Village inspections • Water sampling & spraying of flies. • Spraying of disinfectants • Project water seal lantrines
	• Food Poisoning	3	• Vatukaceveveva	• Food sampling & Health education
	• Leptospirosis	2	• Vunikavikaloa	• Health talks & village inspections
	• Dengue	23	• Korowaqa, Vatumaini, Gallau	• Spraying & Clean-Up-Campaign.

Divisions	Diseases	No. of Cases	Locality	Preventative Measures Taken
CENTRAL	• Typhoid	84	<ul style="list-style-type: none"> • Valenicina • Nadonumai • Qauia • Lami • Naicobocobo • Wailekutu • Lami Primary • Wairua • Kalekana • Wailea • Nasoqo • Lakha Singh Road, Sakoca. • Waigasa • Flat 32,Nairai Rd. • Delai Veisari • Naitubu Village • Veinuqa village • Naimasimasi Village • Wainibuku • Nakaile • Naselai • Colo-I-Suva • Verata • Naila 	<ul style="list-style-type: none"> • Collaboration work with PWD supply department for the provision of wholesome water supply to Valenicina to address theTyphoid problem.This include the installation of 3 water tanks to temporary provide water whilst all arrangement for the meter is done. • Case investigated carried out. • Environmental Health Assessment • Health education and awareness.
	• Suspected Fish Poisoning	17	<ul style="list-style-type: none"> • Nabua Hall (Nakasaleka Kadavu) • Suva City Council area-Staff of G.P Lal's Associates 	<ul style="list-style-type: none"> • Interviewed cases and stool samples taken. • Interviewed cases,Blue Sky Korean Restaurant was inspected,interviewed owner and fish sampled.Health awareness done and water sampled.
	• Dengue Fever	5	<ul style="list-style-type: none"> • Vuga Street,Flagstaff • 23 Toa Street, Tamavua • Nataleira 	<ul style="list-style-type: none"> • Identification of patients,determination of collection address.Case investigation conducted ,larval sampling,health education(Giving Handouts)
	• Diarrhoea	2	<ul style="list-style-type: none"> • Lagairatu 	<ul style="list-style-type: none"> • Treatment and Health education carried out for confirmed and contact cases.
	• STI/HIV	4	<ul style="list-style-type: none"> • Tailevu • Davuilevu 	
EASTERN	Diarrhoea	10 25 38	<ul style="list-style-type: none"> • Motusa Village (Rotuma) • Naroi Village (Moala Lau) • Lakeba Village 	

3.14.2.4: International Quarantine/ Port & Airport Health Services

3.14.2.4.1: Vessels Selected to Quarantine Measures

Types of Vessels	No. of Vessels Attended During the Year	Total No. Of Passengers & Crew Screened
Cargo Vessels	372	163
Fishing Vessels	2,060	-
Yachts	533	-
Car Carriers	23	57
Passenger Vessels	55	-
Gas Tankers	29	-
Naval Vessels	18	-
Bulk Carriers	22	-
Cable Ships	-	-
Sugar Vessels	9	64
Barge	3	-
Oil Tanker	75	-
Research Vessels	12	-
Tugs	34	-
Local Vessels	25	-
Total	3,172	284

3.14.2.5: International Airports Quarantine Services

Services Rendered	Total for the Year		No. of Passengers & Crew Screened
	Nadi	Nausori	
Arriving aircraft Boarded & Inspected	95,477	504	659,727
Top of Descent Spraying (Malarial)	-	40	
Ground Spraying (Malarial)	-	54	
Residual Disinsectisation	-	270	
Vaccination Surveillance	-	80	
Inspection of Suspected Items	-	20	
Passenger Detention under Surveillance	-	-	
Departing Aircraft Inspected	-	-	
Airline Catering Services Inspections	-	434	
Aircraft Waste management Inspections	-	434	
Aircraft Sanitation Inspection	-	434	
Red Alert Aviation Exercise	-	7	
Biological Specimens	-	60	
Holy Water Detention (21Days)	-	6	
Human Remains Cleared	-	7	
Total	95,477	2,344	659,727



Environmental Health Officers at a Prosecution Workshop, FSM, 2007

3.15 Fiji Pharmaceutical Services Centre (FPSC)

Summary of Adverse Drug Reaction Reports 2007

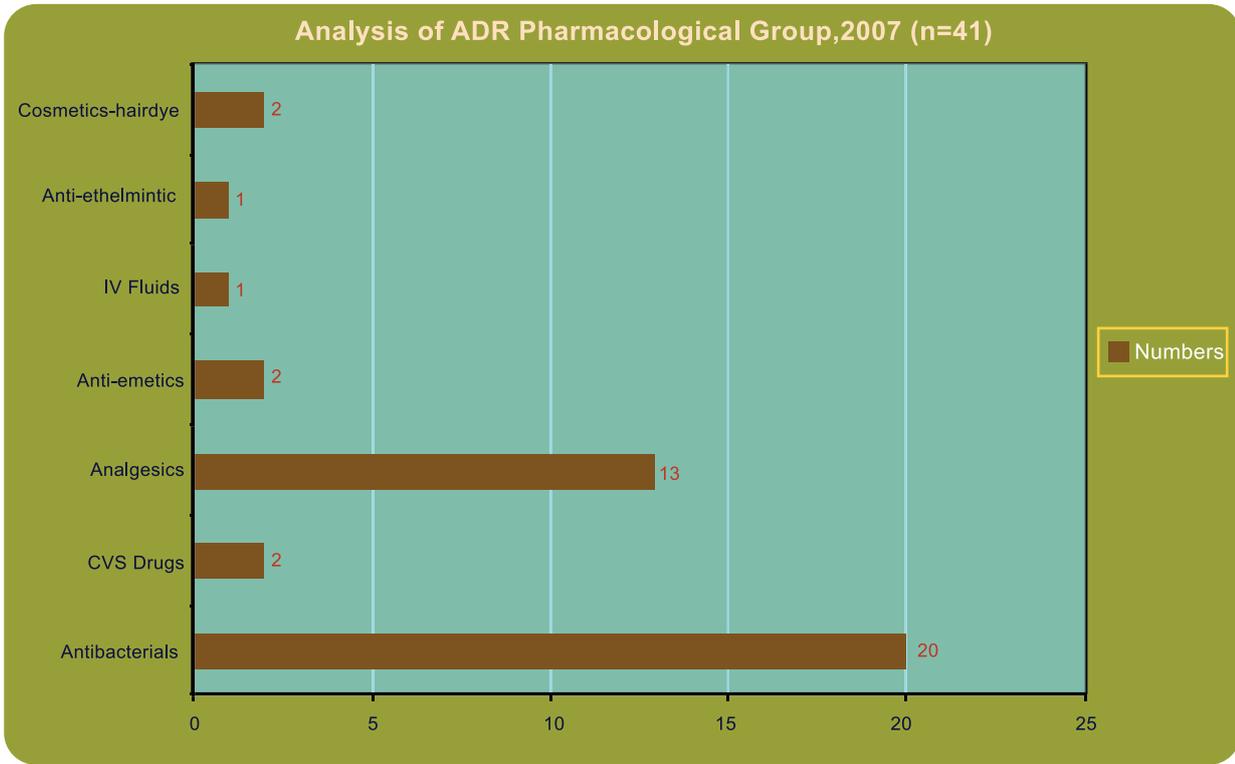
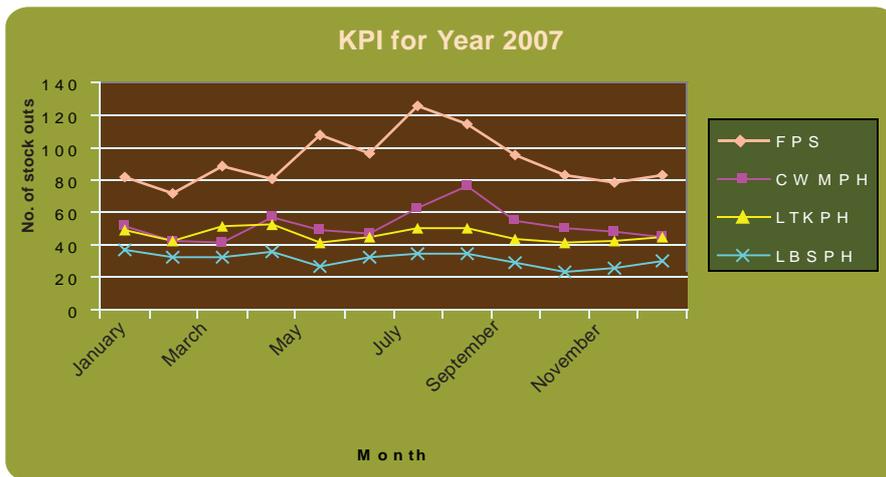


Table 28: Number of monthly stock outs for medicines: 2007



3.16 FIJI CENTRE FOR COMMUNICABLE DISEASE CONTROL (FCCDC) – MATAIKA HOUSE



The centre has 3 main focus areas:

Public Health Laboratory

- Provide Laboratory related technical assistance to the existing public health programs in Fiji.
- Assist in assuring high quality laboratory services through referencing services, quality assurance materials, telephone consultation establishment of manuals and protocols, training

Disease Surveillance

- Develop and advice on communicable disease control and prevention policies in Fiji
- Develop and implement communicable disease surveillance systems in Fiji
- Disseminate high quality epidemiological information to relevant partners

Disease Programmes(LF)

- Provide adequate clinical services to those affected LF
- Implement LF surveillance system
- Provide accurate information on LF and program activities
- Provide LF preventative medications to the residents of Fiji through Mass drug administration program and/or on individual basis

We have selected the area of HIV/AIDS screening and monitoring to highlight the role of the Mataika House.

3.16.1: HIV/AIDS PROGRAM

Mataika house endeavors to become the HIV national reference laboratory for HIV confirmation in Fiji and the region. By providing efficient confirmatory services it intends to contribute to the national goal of “beginning to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases”.

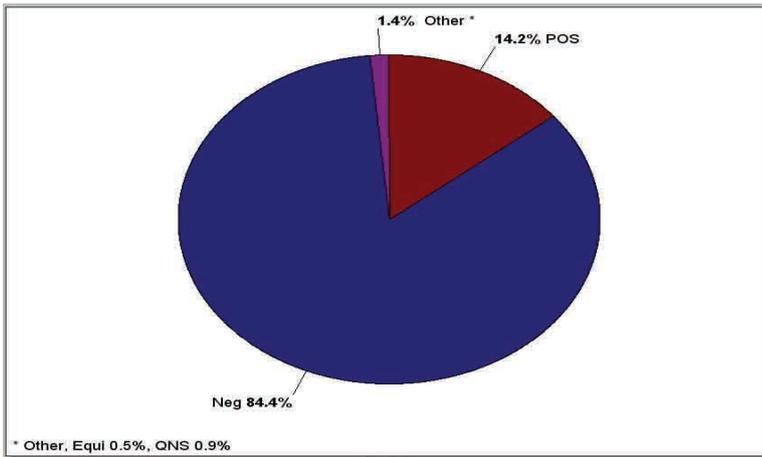
	Frequency	Percentage
HIV confirmation	127	5.6%
HIV Screening	584	25.9%
Total HIV testing	711	31.5%
Total specimen received	2253	100.0%

HIV specimens made up of 31% of the total specimens received in Mataika House laboratory.

3.16.1.1: HIV Confirmation

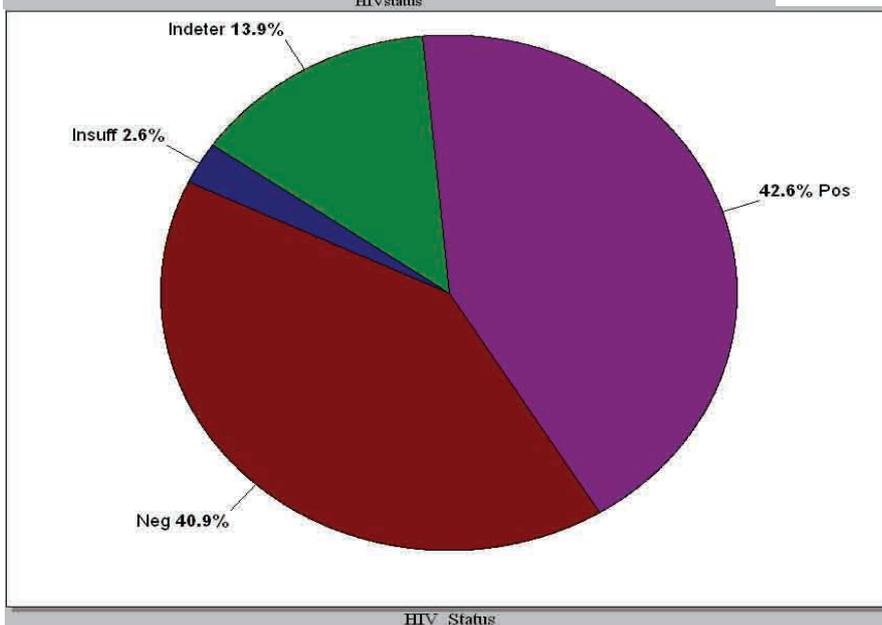
2007 is the first full year of the HIV confirmation service in Fiji since the completion of the validation of the HIV confirmatory algorithm.

Test results in 2006



The current positive rate for the initial reactive samples in Fiji is 42.6 percent as opposed to 14.2 % in 2006.

The increase can be attributed to the testing strategy of test re-peated on first confirmed sample.



Proportion of test results in 2007 (N=125)

Mataika House confirmatory services are serving all parts of Fiji and some countries in the region, like Kiribati.

3.16.1.2 HIV Screening

As part of the public health services support to non-government organization, Mataika House has provided HIV screening test for Marie Stoppes International Programme (MSIP). This is to maintain competence in testing for the Mataika House staff and ensure a quick turn around of the results.

3.16.1.3 HIV Monitoring Tests

For the HIV programme Mataika House was also privileged to be part of the initiative to provide quality access to universal treatment and care in the region. There was CD4 Dynal bead training and a Cavidix viral load training done in June 2007. This provided capacity for Mataika House to be able to provide CD4 and viral load testing.

Table 29: shows the HIV monitoring test done in 2007

Test type	Total done
CD4 test	29
Viral load	24

3.17 Department of Paediatric - CWM Hospital

The Paediatric Unit at CWM Hospital, the largest of the 3 in the country was open in May 2000 through the generosity of the people and government of Japan. Almost a decade since its establishment, the unit with a capacity of 90 beds & cots, has made progress in slowing down in the steady decline of childhood mortality through improvements in the knowledge and technology in the health of children.

In the MDGs, Fiji is committed to invest in mothers and children by striving to reduce maternal and childhood-infant mortality. Many conditions that result in perinatal or infant death can be prevented or treated without sophisticated and expensive technology. Fiji's adoption of the Integrated Management of Childhood Illness (IMCI) guidelines for care of the sick young infant is essential in promoting and assessing the quality of health service and feedback on performance.

Against this background, the paediatric unit is being presented in this annual report to show the increasing level of services in spite of the limited resources in its efforts to reduce infant mortality and to ensure care of children including neonates.

The Paediatric Unit manages the following services for the CentEast division and some cases that may have been referred from Labasa and Lautoka requiring specialized treatment:

- Neonatal Ward – birth to up to 2 months
- Neonatal Intensive Care Unit (NICU)
- Children's Ward – up to 15 – 16 years
- Paediatric Intensive Care Unit (PICU)
- Paediatric – Surgical Ward
- Oncology Ward
- Diarrhoea Ward
- Accident & Emergency
- General Outpatient (GOPD)
- Outpatient clinics

Besides these wards and clinics and being a referral centre, it is the biggest teaching hospital in Fiji for undergraduate and postgraduate training for doctors and basic and post basic for nurses. Research is an integral part of this unit. There has been ongoing research on Pneumococcal diseases and Vaccines (FiPP) and also on Group A Streptococcal infection (GRASP) through collaboration amongst the university of Melbourne, Ministry of Health (Paeds) and the Fiji School of Medicine.

Since 2005, there has been a record of 12 babies born of HIV positive mothers, 4 in 2007. There is only 1 child who is HIV positive now and did not receive prophylaxis because the mother was HIV negative at booking awaiting confirmation testing.

Training on Prevention of Mother to Child Transmission (PMTCT) on HIV for doctors using a special package by the university of Medicine & Dentistry, New Jersey and UNICEF had commenced. Dr Bruce Lister of Australia, supported by Dr Kado and Dr Ben Reeves (FSM) funded by FHSIP conducted training in Paediatric Life Support (PLS).

The following statistics help to illustrate the level of services provided by the staff of the Paediatric unit.

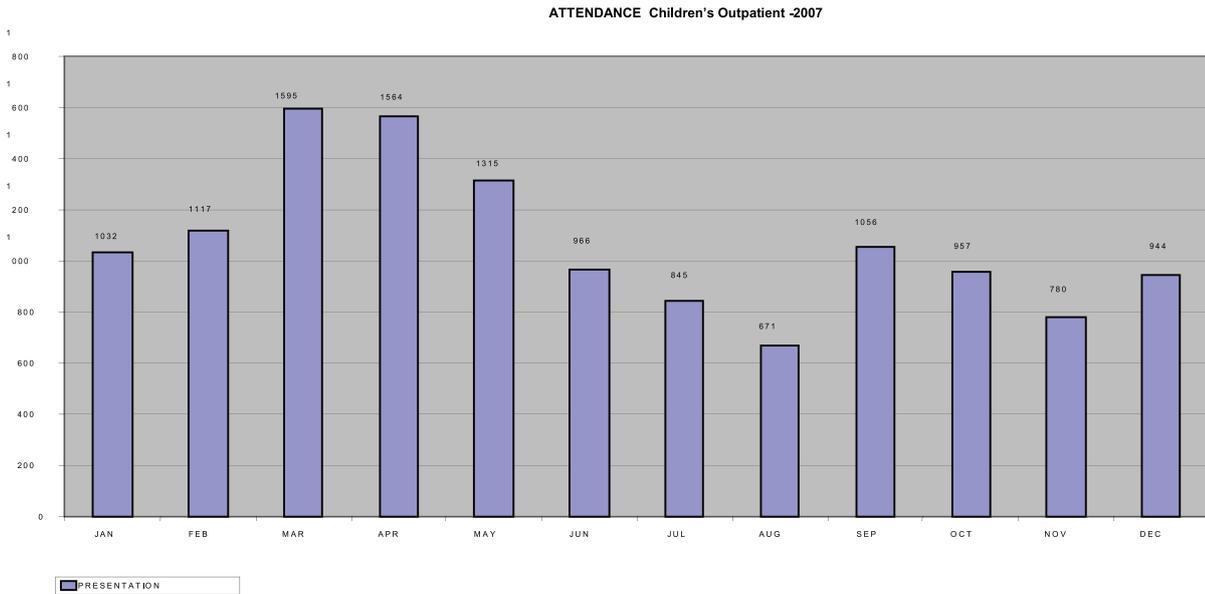
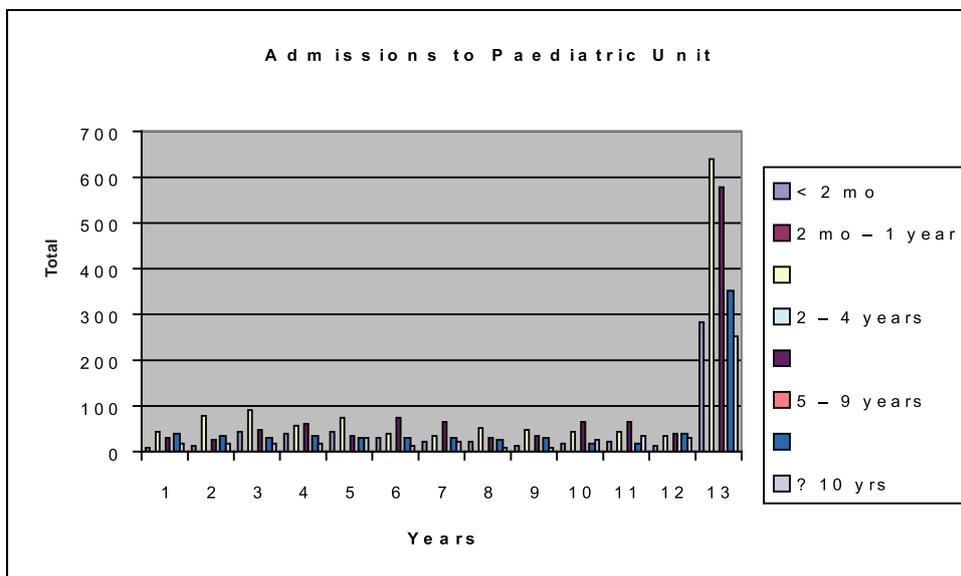


Table 30: Admissions to Paediatric Unit - 2007

	JAN	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total	138	170	232	210	210	189	173	141	136	171	180	153	2103
Fijian	105	123	180	153	161	139	132	110	107	129	137	128	1604
Indian	30	35	40	41	31	38	31	22	24	29	35	22	378
Others	3	12	12	16	18	12	10	9	5	13	8	3	121
Male	82	102	150	123	129	121	113	93	89	106	111	93	1312
Female	56	68	82	87	85	68	60	48	47	65	69	60	795
< 2 mo	8	15	42	41	42	29	23	22	13	17	21	11	284
2 mo – 1 year	42	77	93	56	72	39	35	54	49	43	42	35	637
2 – 4 years	31	24	50	61	36	74	65	31	35	67	64	41	579
5 – 9 years	38	35	30	34	29	32	29	24	31	16	17	37	352
≥ 10 yrs	19	19	17	18	31	15	21	10	8	28	36	29	251



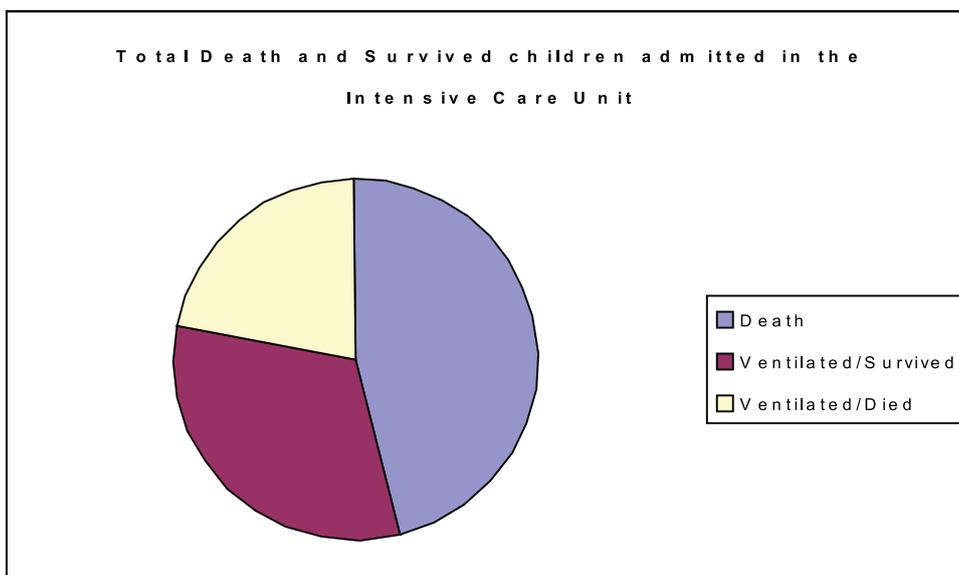
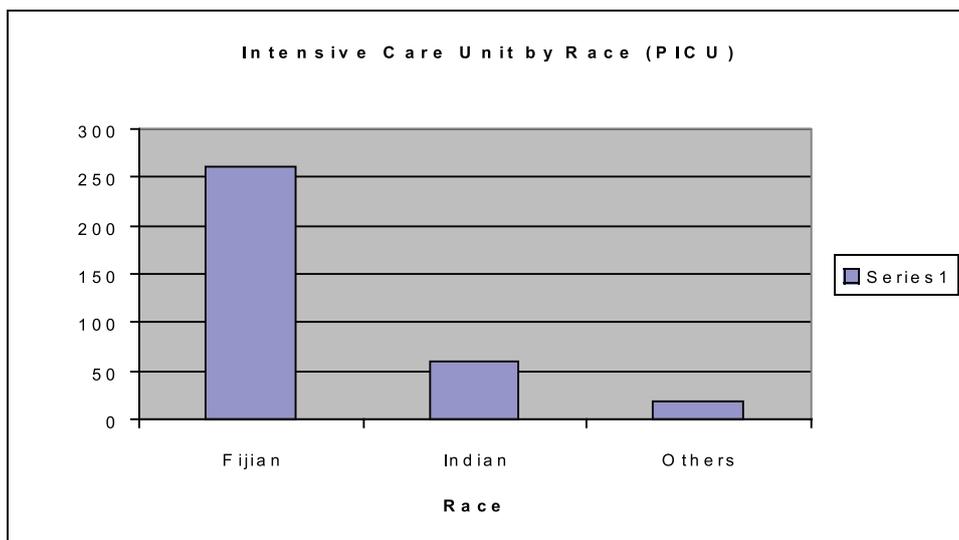
3.17.1: Children's Ward Admissions – Top Ten Causes

1. Pneumonia
2. Acute Gastroenteritis with Dehydration
3. Abscess/Cellulitis/Skin Sepsis
4. Benign Febrile Convulsion
5. Meningitis
6. Asthma
7. Congenital Heart Disease
8. Bronchiolitis
9. Septicemia
10. Iron Deficiency Anemia

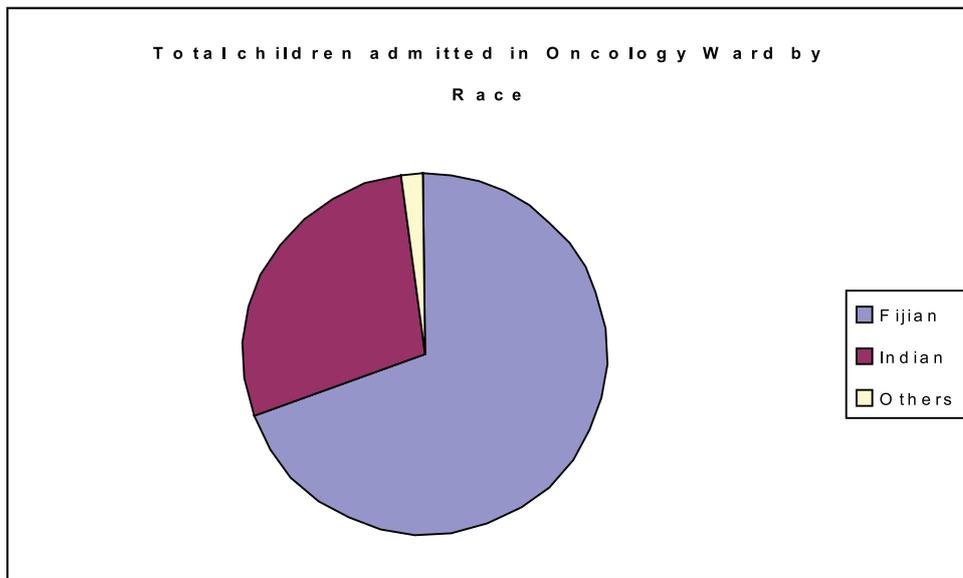
3.17.1.1: Children's Surgical Ward Admissions - Top Five Causes

11. Fracture/Dislocation
12. Appendicitis
13. Head Injury
14. Osteomyelitis
15. Septic Arthritis

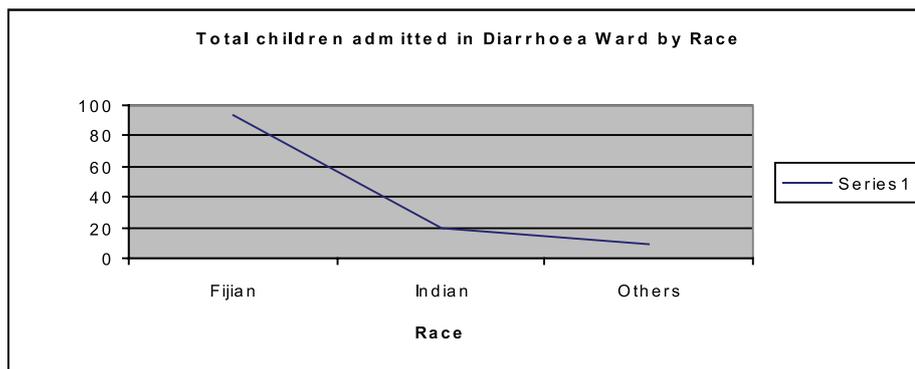
3.17.2: Paediatric Intensive Care Unit



3.17.3: Oncology Ward



3.17.4: Diarrhoea Ward

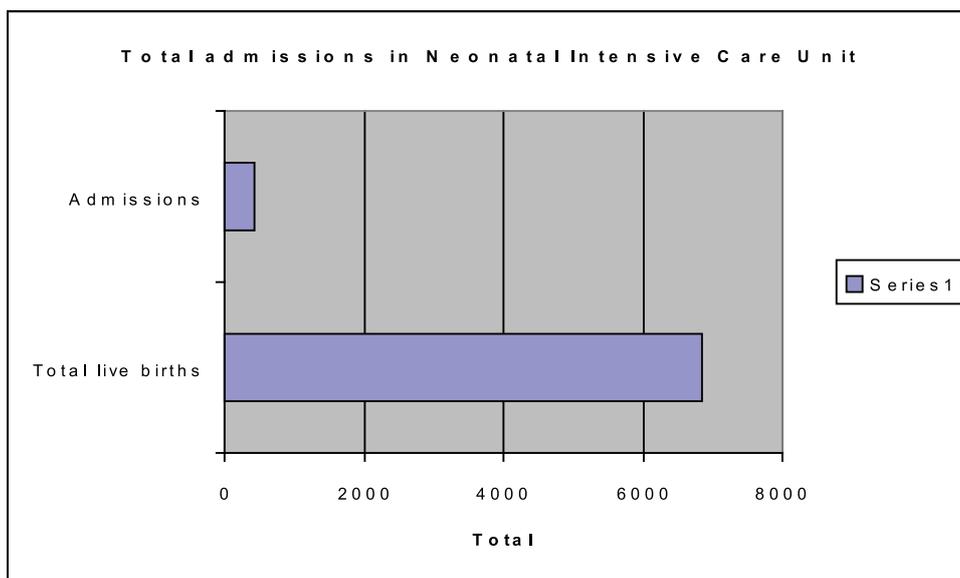


3.17.4.1: Mortality Data for PICU 2007

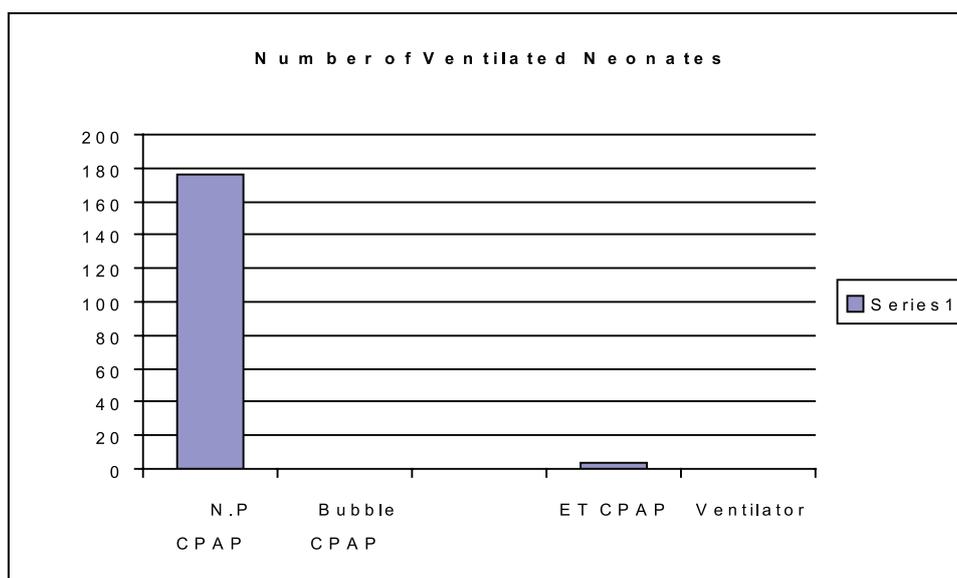
RACE	
FIJIANS	44
INDIANS	10
OTHERS	3
TOTAL	57
MALE	18
FEMALE	39
0-2 months	11
2 mos. – 1 yr.	18
Under 5 yrs.	11
> 5 yrs.	17

3.17.5: Neonatal Intensive Care Unit

Month: JANUARY-DECEMBER 2007



3.17.6: Number of Ventilated Neonates - 2007



- Number of Children evacuated by mercy flight - 7
- Number of overseas referrals to Chennai, India - 18
- Number of children operated on by visiting surgeons - 10
- Total number of children screened by surgeon at Outpatient - 20
- Number of children operated on by the Sydney Adventist Hospital Cardiac Team (SAHT) - 10
- Total number of children with cardiac diseases screened by SAHT - 46
- Crude Neonatal death rate – 6.5 per thousand live births
- Admission rate to NICU was 6%

In conclusion, the Ministry needs to address the resource allocation for the unit in terms of health workforce especially the number of nurses proportionate to the service, skills required for safe level of staffing and upskilling. Paediatric nursing demands different competencies, this is the biggest challenge for nurses.



CT Scan Machine



Dr M Sila, Anaesthetist, CWM at work

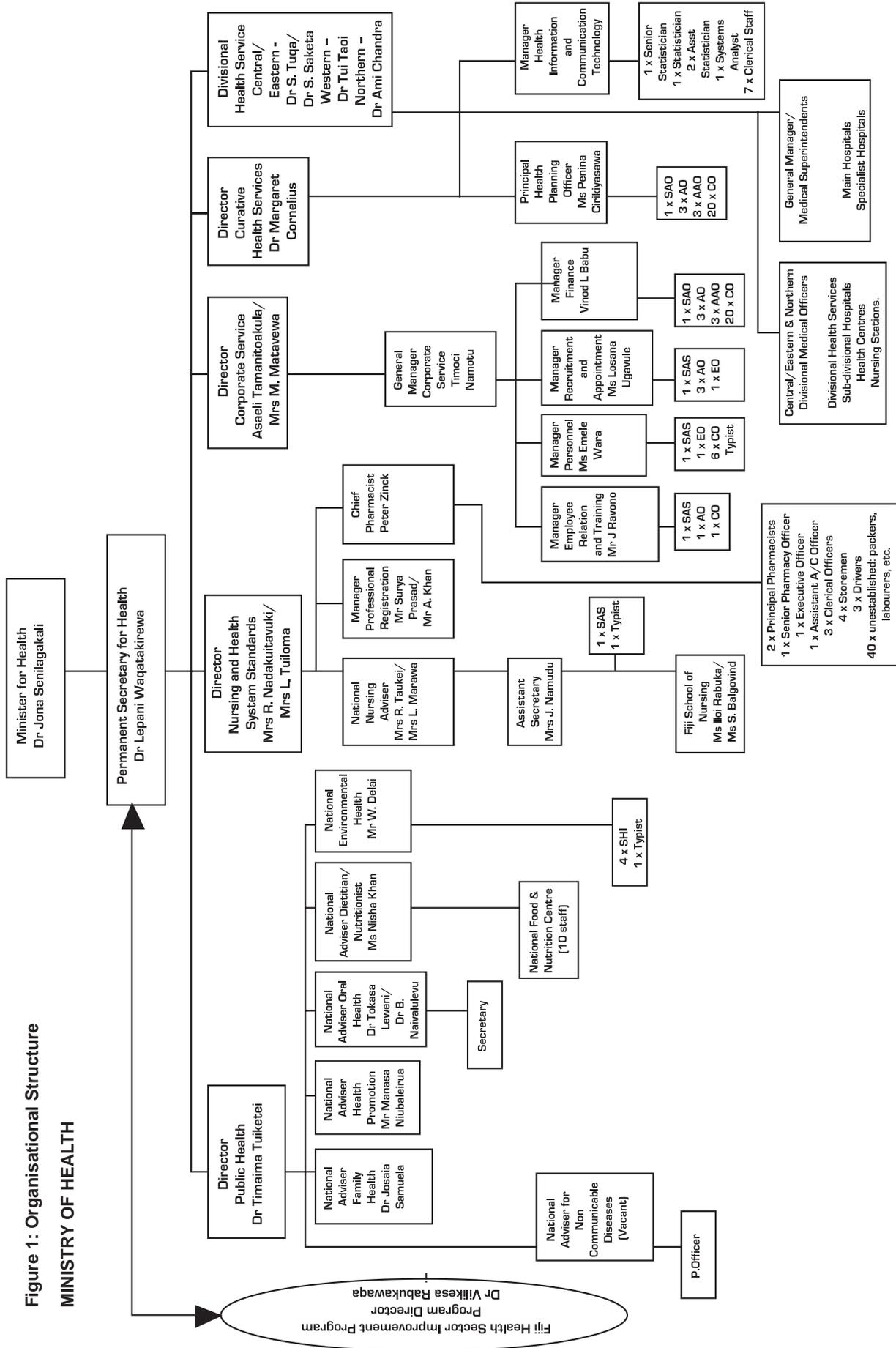


Section 4
Section 4

Management Resource
Management Resource

Figure 1: Organisational Structure

MINISTRY OF HEALTH



SECTION 4

PORTFOLIO STRUCTURE

4.1 Senior Executives

4.1.1 CEO/PSH

Dr Lepani Waqatakirewa worked as CEO from 2004 until 19th January 2007 and was reappointed as the new Permanent Secretary for Health in March under the interim government.

As PSH, he provides overall leadership and future direction for the Ministry. He is mandated under legislation to ensure the safe practice of health professionals and the provision of specialized health services for the people of Fiji. He is accountable to the Minister for Health and the Prime Minister through the Public Service Commission for the delivery of health services and attainment of certain targets within his performance agreement.

4.1.2 Director of Corporate Services (DCS)

Mr Asaeli Tamanitoakula served for some years as the DCS until his retirement in August. Mrs Maria Matavewa, the former Director for Women, replaced him.

The post of DCS is responsible to the PSH for the management of the corporate infrastructure, human and financial resources.

He works in close liaison with his counterparts in the 3 geographical health service divisions.

4.1.3 Director Curative Health Service, Planning and Research

Dr Margaret Cornelius continued to be the director since the variation of her role in 2006. She is accountable to the PSH in the provision of health services in the base and specialized hospitals including the pharmaceutical services to all health facilities. She continued to be responsible for the formulation of strategic and corporate plans and the development of health research for the Ministry.

4.1.4 Director Nursing and Health System Standards (DNHSS)

Mrs Rigieta Nadakuitavuki held this position from 2003 until she retired in January. She was replaced by the National Nursing Adviser, Mrs Lola Tuiloma until October when the latter also proceeded on retirement and replaced by Mrs Rusieli Taukei, the Principal Assistant Secretary (PAS), Health System Standards.

The DNHSS is accountable to the PSH for policy formulation and nursing development and the Fiji School of Nursing. The post of DNHSS also serves as the Registrar of the Nurses, Midwives and Nurse Practitioners Board under the Act. The rest of the health professional boards/councils are also served by the division as its secretariat managed by a PAS. The division also manages the overseas medical treatment under the government funding and the New Zealand Medical Treatment Scheme (NZMTS).

DNHSS continued to be responsible for the policy development on clinical governance and quality improvement based on risk management principles. She was also responsible for directing clinical services planning and Fiji Pharmaceutical Services (FPS) until these two responsibilities were handed over to the Director Curative Health Services in January on her retirement.

4.1.5 Director Public Health Services

Dr Timaima Tuiketeki has been in this position since 2004 when the PSH was appointed CEO. She is responsible to the PSH in the development of public, primary and preventive health care policies. She is also responsible for the development of the various health programs, their monitoring and evaluation and she works closely with her counterparts in the divisions in the implementation of these programs and her national advisers based at head office.

Under the provision of the Public Health Act, she ensures that the health of the public is safeguarded. This division is also responsible for Fiji's commitment under the International Health Regulations.

She is supported by the National Advisers for Family Health, Non-Communicable Diseases, Communicable Diseases, Oral Health, Health Promotion, Nutrition and Dietetics and Environment Health.

4.1.6 Director Divisional Health Services

The 3 positions are based at the 3 geographical divisions as Director Central/Eastern (CentEast) Health Services, Director Western Health Services and the Director Northern Health Services. Dr Salimoni Tuqa had been the Director of CentEast from 2003 until he retired in July and replaced by the General Manager Community Health C/E, Dr Salanieta Saketa. Dr Tui Taoi continued to head the west as the Director Western Health Services whilst Dr Ami Chandra remained as the Director Northern Health Services.

These directors are responsible to the PSH for planning, coordination, implementation, supervision, control, monitoring and evaluation of the health services and resources within their respective divisions. They work in liaison with the 4 directors at head office; policy decisions are made by the National Executive Committee (NEC), which is chaired by the PSH and of which all the directors are members. These directors are supported by general managers for community health, hospitals and corporate services in each division.

4.1.7 Human Resources

The total number of employees within the Ministry of Health is 4833 including the Minister for Health. The workforce comprises health professionals, health management and support workers 3310 (68.5%) of which are established posts and 1523 (31.5%) are general wages earners (GWE). This number has increased from 4313 in the last 10 years and increases have been in the GWE, nursing, paramedical, administrative and clerical, technical and support cadre reflecting the demand and expansion of the health services. Nurses command the largest chunk of the health workforce, 1827 out of a total of 2919 equivalent to 62.8%.

Details of the various cadres are shown in the table below: -

Table 31: SUMMARY OF STAFF ESTABLISHMENT as at 31st December 2007.

POST/CADRE	GRADE	APPROVED EST.	NO. FILLED	NO. VACANT
Minister for Health		1	1	-
Permanent Secretary for Health		1	1	-
SES posts/Directors	US 02	7	4	3
General Managers	US03	6	2	4]
General Managers, Nat. Advisers	US 04	9	4	5
Medical	MD	396	318	78
Dental	DE	201	196	5
Pharmacy	PH	84	76	8
Nursing	NU	1827	1820	7
Dieticians	HW	58	58	-
Environmental Health	HW	119	119	-
Laboratory Technicians	HW	134	132	2
Physiotherapists	HW	35	33	2
X-Ray Technicians	HW	65	65	-
Occupational Therapist	HW	1	1	[Secoded to Min of Women]
Bio-medical Technicians	ES	10	8	2
Supervisor HG – Hospital Services	ES	5	3	2
Orthontist	HW	1	0	1
Domestic & Institutional Services	TG	31	23	8
Information Technology	IT	9	5	4
Legal Officer	LG	2	1	1
Library Services	IR	4	4	-
Welfare Services	HW	4	3	1
Admin Support	SS	168	136	32
Accounting Officers	AC	21	17	4

POST/CADRE	GRADE	APPROVED EST.	NO. FILLED	NO. VACANT
Stores	SK	31	23	8
Telephone Operator	SS	10	10	-
Statistical services ****	SS	13	10	3
Reporting/ Typing	SS	57	43	14
	TOTAL	3310	3116	194

Government Wage Earners - Approved 1523

Table 33: Health Workforce establishment and Staffing as at October 2007

Health Personnel Cadre	Number of Established posts	Post filled	Number Vacant
Medical	396	318	78
Dental	201	196	5
Nursing	1827	1810	17
Pharmacy	84	76	8
Laboratory	134	132	2
Radiography	65	65	-
Physiotherapy	35	33	2
Dietetics & Nutrition	5	58	-
	8		
Health Environment	119	119	-
Total	2919	2807	112

Table 34: Vacancies Status – Medical Officer in 2007

Category of Doctors	General Surgeons	Orthopedic Surgeons	Internal Medicine	Pathology	Radiology	Eye	Anesthetists	Pediatricians	Obstetricians	Psychiatrists	GOPD	PH	Rehab/TB	Total
Consultants	1			1			1	1	2	1			2	9
Chief Medical Officer	1		1	1			1	2			1	4		11
Principal Medical Officer			1				1	1	1		1	2		7
Senior Medical Officer	4	1	5	1	2	1	4	1	4	1	4	12	1	41
Medical Officer												10		10
Total	6	1	7	3	2	1	7	5	7	2	6	28	3	78

Note:

The total number of vacancies of medical officers (MD) for 2007 was 78. This number would in fact be seen as potential as there were 36 medical interns, 10 medical assistants and 33 nurse practitioners to support the medical services.

The following changes were effected under human resource in 2007:

- PSC had approved the request by the Ministry to reclassify the positions in the Medical Statistics Unit as follows:
 - a. 1 Senior Admin Officer – Senior Statistical Officer (SS03)
 - b. 1 Admin Officer – Statistician Officer (SS03)
 - c. 6 clerical Officer – Statistical Officers (SS05)

- PSC had also approved the request by the Ministry to trade off 10 Medical Assistant positions to create 8 new positions as below:

Table 35 New Posts Created in 2007

Post Created	Grade	No.	Distribution
Nurse Practitioners	NU 04	6	C/E – 3, Western – 2, Northern - 1
Senior Systems Analyst	IT 04	1	Head Office
Assistant Information Officer	SS 04	1	Head Office
Total		8	

4.1.7.1 Staff Wastage

A total of 125 officers resigned from service, 21 retired and 12 passed away during the year.

Details as per table 36 below:

Table 36: Attrition of personnel by profession and mode.

Mode	Doctors	Nurses	Paramedics	GWE	Total
Resignation	16	53	22	17	108
Retirement	2	12		7	21
Deemed	2	10	2	3	17
Deceased	0	7	1	4	12
Total	20	81	25	29	158

4.2 Training and Development

4.2.1: Fiji School of Nursing (FSN)

- Fiji School of Nursing (FSN) continued to be the government sole provider for nurse training and education in both pre-service and in-service area for local and regional needs. The principal, Mrs Iloi Rabuka who retired in October and replaced by the deputy, Mrs Subhag Balgovind, heads FSN. James Cook University (JCU) of Townsville, Queensland has been the development partner for the school since 2001 and they have continued since the Fiji Health Sector Improvement Program (FHSIP) in 2004. Through the involvement of JCU, nursing has seen significant development in undergraduate, postgraduate including Masters' program for nurses. 2007 saw the first products of the revised diploma in nursing curriculum through JCU collaboration and assistance. In addition, FSN also graduated the first cohort of its Post Graduate Certificate in Mental Health Nursing, also assisted by JCU. FSN continued to have cost sharing scheme for the pre-service and registered nurses are required to pay 50% of their tuition on JCU run programs except for the masters which is funded by FHSIP & WHO.



Third Year FSN Students in anatomy lab

Table 37: Number of graduates by Program: Fiji School of Nursing September 2007

Program	Local	Regional	Total
Diploma in Nursing	177		177
Midwifery	26	9	35
Bachelor of Nursing Science [James Cook Uni.]	14	2	16
Post Graduate Certificate in Intensive care Nursing/Cardiac Nursing	1 (2005 cohort)		1
Post Graduate Certificate in Preoperative Nursing	2		2
Port Graduate Certificate in Mental Health Nursing (FSN supported by JCU)	12		12
Nurse Practitioner	6		6
Masters Nursing	1		1

4.2.2 Fiji School of Medicine (FSM)

- Fiji School of Medicine continued to serve as the leading health tertiary institute for Fiji and the region. Its role has expanded over the years since it became autonomous in 1998 when a number of programs have been upgraded to degree level. In the area of post-graduate courses, FSM offers Masters programs to a number of specialties such as Obstetrics and Gynecology, Anesthesia, Medicine, Pediatrics and Surgery. Table below shows the number of government sponsored doctors and paramedical who graduated under the various postgraduate programs at FSM in 2007.



Table 38: 2007 In-Service Training at Fiji School of Medicine

FSM In-Service 2007	Master in Public Health	Master in Pediatrics	Master in Obs & Gynae	Master in Surgery	PGD Diploma in Internal Medicine	PGD Diploma Anaesthesia	PGD Diploma Surgery	Diploma in Diagnostic Radiography
Senior Medical Officer		4		2				
Medical Officer					1	6	2	
X-Ray Assistant								1
Total = 16								
Graduated in 2007	1			1 (PMO)	1	6	2	

In the area of undergraduate programs, the number of local graduates of the MBBS course has also seen significant increases in recent years as the school is able to take in more sponsored and private students. In 2007, a total of 48 local students graduated in the MBBS program, the highest number ever as compared to 36 in 2006. These graduates have made impact in the provision of health services in the 3 base hospitals during internship and subsequent posting to vacant rural health centres.

In addition, other area of significant workforce growth has been in pharmacy where graduates of the Bachelor Pharmacy have filled vacant positions of pharmacists in the Ministry and private sectors.

Table 39: MOH Sponsored Students at FSM

FSM In-Service 2007	Master in Public Health	Master in Internal Medicine	Bachelor in Pharmacy	Bachelor in Dental Surgery	PGD in Public Health	Diploma in Dental Therapy	Diploma Radiography
Principal Medical Officer		1					
Senior Medical Officer		2					
Medical Officer							
Medical Assistant	2						
Snr Pharmacy Technician			4				
Dental Therapist				5			
Dietician					4		
X-Ray Assistant							
Dental Hygienist						2	
Staff Nurse					2		
Total = 24							
Graduated in 2007			1	2	4	2	

Ministry of Health continues to provide grant to FSM, an amount of \$3,894,800.00 was for 2007. Through an agreement with the Ministry of Health, FSM uses CWM and Lautoka hospitals for clinical learning together with some subdivisions. FSM lecturers (medicine) are required to provide 40% of their time in clinical areas in these 2 hospitals in the supervision of students and provision of clinical service to patients.

4.2.3: World Health Organization (WHO)

World Health organization remains our Chief partner in Health in the area of human resources development.

The following tables show WHO contributions to health resources development for the year:

Table 40: WHO Sponsored courses/In-Service/Study tour for 2007

Under Biennial Budget (2006/2007)

Names	Programs	Duration	Country
1. Sr Vunaki Wong	Home base care	1 week	Australia
2. Sr Kaseti Matai	Midwifery & Birth Unit Skills	1 week	Australia
3. Dr William May	Cardiology (postgraduate)	1 year	New Zealand
4. Mrs Luisa Taito	STEPS training	2 weeks	Australia
5. Mrs Nanise Raika	HRM Training	2 weeks	Australia
6. Mrs Sulueti Duvaga	AH/HIV/AIDS Training	3 weeks	Thailand
7. Dr J. Kado	AH/HIV/AIDS Training	3 weeks	Thailand
8. Mr Peceli Vosanibola	Health Promotion Course	3 weeks	Australia
9. Josese Vereti	Information on Cyto-toxic & Aseptic	3 weeks	New Zealand
10. Asaeli Raikabakaba	Clinical Pharmacy	3 weeks	New Zealand
11. Dr Timaima Tuiketei	Study Visit – Primary Prevention of NCD	1 week	Finland
12. Sr S. Waqa	Study Visit – Primary Prevention of NCD	1 week	Finland
13. Mr Manasa Niubaleirua	Study Visit – Health Promoting Schools	1 week	Australia
14. Kanchan Kumar	Breast Feeding Practise Policy	1 week	New Zealand
15. Dr P. Nusair	Breast Feeding Practise Policy	1 week	New Zealand
16. Dr K. Buinimasi	Study tour - ARH	1 week	Australia
17. Mrs Selai Turaga	Ultrasound and Mammography	3 months	New Zealand

(Total – 17)

Table 41: Other WHO Sponsored Conferences/Consultation in 2007

Names	Topics	Country
1. Waisale Delai	Public Health Law for Pacific Island Countries	New Zealand
2. Nakil Prasad	Public Health Law for Pacific Island Countries	New Zealand
3. Dr Timaima Tuiketei	Meeting of Ministers for Health for Pacific Island Countries	Vanuatu
4. Dr J. Samuela	Management of Reproductive Health Services	Thailand
5. Peter Zinck	Feasibility study on Pooled Procurement of Pharmaceuticals	Fiji
6. Dr v. Garmella	Strategy to Prevent Cervical Cancer	Thailand
7. Dr I. Voce	Strategy to Prevent Cervical Cancer	Thailand
8. Dr Eka Buadromo	Consultant visit	Nauru
9. Dr Tharid Ali	National Influenza centres in the Western Pacific & South East Asia Region	Australia
10. Dr Mike Kama	National Influenza centres in the Western Pacific & South East Asia region	Australia
11. Dr Peni Biukoto	Pacific Islands Mental Health Network	Samoa
12. Dr S. Ali	Technical Consultation on Scaling Up HIV Testing	Cambodia
13. Mrs N. Khan	Breastfeeding Protection, Promotion and Support	Philippines
14. L. Ligabalavu	Breastfeeding Protection, Promotion & Support	Philippines

Names	Topics	Country
1. Waisale Delai	Public Health Law for Pacific Island Countries	New Zealand
2. Nakil Prasad	Public Health Law for Pacific Island Countries	New Zealand
3. Dr Timaima Tuiketeei	Meeting of Ministers for Health for Pacific Island Countries	Vanuatu
4. Dr J. Samuela	Management of Reproductive Health Services	Thailand
5. Peter Zinck	Feasibility study on Pooled Procurement of Pharmaceuticals	Fiji
6. Dr v. Garmella	Strategy to Prevent Cervical Cancer	Thailand
7. Dr I. Voce	Strategy to Prevent Cervical Cancer	Thailand
8. Dr Eka Buadromo	Consultant visit	Nauru
9. Dr Tharid Ali	National Influenza centres in the Western Pacific & South East Asia Region	Australia
10. Dr Mike Kama	National Influenza centres in the Western Pacific & South East Asia region	Australia
11. Dr Peni Biukoto	Pacific Islands Mental Health Network	Samoa
12. Dr S. Ali	Technical Consultation on Scaling Up HIV Testing	Cambodia
13. Mrs N. Khan	Breastfeeding Protection, Promotion and Support	Philippines
14. L. Ligabalavu	Breastfeeding Protection, Promotion & Support	Philippines
15. Dr J. Samuela	Strengthening Strategic Information HIV/AIDS	Philippines
16. Dr S. Ali	Strengthening Strategic Information HIV/AIDS	Philippines
17. Mrs Vasiti Taylor	Pharmaceutical Policies, Intellectual Property Rights & access to essential Medicines for Pacific Island Countries	Tonga
18. Dr E. Buadromo	Avian Influenza Virus Bio-informatics and Genomics	Vietnam
19. Dr M. Cornelius	Pacific Islands Countries Implementation on FCTC	Philippines
20. Dr A. Garvez	HIV/AIDS Care & ART	Thailand
21. Josaia Wadali	Medicines & Insurance Coverage	Philippines
22. Reapi Waqa	External Quality Assessment to Medical Laboratories	Philippines
23. Dr Praveena Ali	Global Strategy on Diet, Physical Activity	Spain
24. Dr S. Saketa	Strengthening Health Research	Fiji
25. Ravi Reddy	Strengthening Health Research	Fiji
26. Uraia Rabuatoka	Strengthen GISON-IATA Licensing Handling Infectious Substances	China
27. Dr E Buadromo	Global Facilitators workshop	Emirates
28. W. Delai	Codex Meeting	India
29. Dr A. Garvez	Strengthening Health Systems, Chronic Disease Prevention	Singapore
30. W. Delai	OHS	Malaysia
31. Dr T. Tuiketeei	Review Global Reproductive Health Strategy	Manila
32. Dr S. Sowane	Review Global Reproductive Health Strategy	Manila
33. Ms Muniamma Gounder	Improving Medicine Surveillance	Manila
34. Mrs P. Cirikiyasawa	National Health Accounts	Australia
35. Idrish Khan	National Health Accounts	Australia
36. Ifereimi Corerega	Working Group on FCTC Advertising	Finland
37. Dr L. Waqatakirewa	WHO/FAO Food Standards for Fair Trade in the Pacific	Philippines
38. Mrs. N. Khan	WHO/FAO Food Standards for fair trade in the Pacific	Philippines
39. Mr. S. Bolalailai	WHO/FAO Food Standards for fair trade in the Pacific	Philippines
40. Ms Elenoa Sagone	Working Group FCTC	Netherlands

(Total – 40)

4.3 Employee Relations

In 2007, a total of 111 disciplinary cases were received and 101 of these cases had been closed and needed no further action while 7 are still pending and 3 cases are before the Public Service Commission for deliberation.

The most common disciplinary cases were those related to (a) absent without approval (27) cases followed by (b) unprofessional and unethical conduct (22) and (c) misappropriation of funds (8). The table below gives the details of the other disciplinary cases for the period ending 31st December 2007.

Table 42: Summary of all MOH Disiplinary cases with effect from January to December 2007

No.	Cases	No. of Cases Received	Pending Cases	New Cases	PSC Cases	Closed Cases	Progress of Cases
1	Absent without Approval	27	02	00	00	25	Work in progress/PSC
2	Appeal for Reinstatement	16	00	00	00	16	Work in progress/PSC
3	Reimbursement of Salary	02	00	00	00	02	Closed
4	Unprofessional/Unethical Conduct	22	01	00	02	19	Work in progress/PSC
5	Private Practice at CWMH	01	00	00	00	01	Closed
6	Job Application	01	00	00	00	01	Closed
7	Misappropriation of Funds	08	01	00	00	07	Work in progress
8	Insubordination	03	01	00	00	02	Closed
9	Payment of Subsistence, Wages & Other Allowances	07	01	00	00	06	Work in Progress
10	Downgrading	01	00	00	00	01	Closed
11	Larceny & Forgery	01	00	00	00	01	Work in progress
12	Confirmation of Appointment	01	00	00	00	01	Closed
13	Medical Board	03	00	00	00	03	Closed
14	Misuse of Govt. Property	05	01	00	00	04	Closed
15	Theft	04	00	00	00	04	Work in Progress/PSC
16	Unfair Recruitment	01	00	00	00	01	Closed
17	Drunk at Work	01	00	00	00	01	Closed
18	Discrimination	01	00	00	00	01	Closed
19	Tempering with Exam Results/Sick Sheet etc	02	00	00	00	02	Closed
20	Personal Grievances	01	00	00	01	00	Work in Progress
21	Damages & Stolen Govt. Vehicles	01	00	00	00	01	Work in progress
22	Other Complaints	02	00	00	00	02	
	Total	111	07*	00	03*	101	

*Pending cases and cases awaiting PSC decision are carried forward to 2008

4.4 Finance

The table below is an overview of the budgetary allocation under various SEGs & utilization showing some under and over expenditure

Table 43: Budget Allocation 2007

Head Summary	Provision	Exp YTD (Jan - Nov)	Exp Current Month (Jan - Nov)	Total (FT)	Commit (Always Zero)	Total Expenditure	Balance Available	% of ACT/PROV
SEG 1- Established Staff	69,438,400.00	62,627,767.63	8,695,319.69	71,206,439.74	0.00	71,206,439.74	1,768,039.74	102.55%
SEG 2- Government Wages Earners (GWE)	14,224,100.00	14,707,191.23	1,444,622.61	16,151,813.84	0.00	16,151,813.84	1,927,713.84	113.55%
SEG 3- Travel and Communications	2,595,100.00	2,399,575.91	347,209.67	2,743,801.80	0.00	2,743,801.80	1,755,907.29	105.73%
SEG 4- Maintenance and Operations	6,661,000.00	7,437,068.71	980,428.28	8,416,907.29	0.00	8,416,907.29	148,701.80	126.36%
SEG 5- Purchase of Goods and Services	25,224,289.00	19,204,885.02	3,065,702.14	22,270,507.16	0.00	22,270,507.16	2,952,781.84	88.29%
SEG 6 - Operating Grants and Transfers	4,728,200.00	3,620,765.83	986,065.30	4,606,831.13	0.00	4,606,831.13	107,540.82	97.43%
SEG 7 - Special Expenditures	2,103,900.00	1,694,735.10	301,624.08	1,996,359.18	0.00	1,996,359.18	3,406,129.15	94.89%
SEG 8 - Capital Construction	6,820,011.00	3,244,455.58	169,426.27	3,413,881.85	0.00	3,413,881.85	579,373.06	50.06%
SEG 9 - Capital Purchase	2,650,000.00	1,636,523.86	434,103.08	2,070,626.94	0.00	2,070,626.94	150,000.00	78.14%
SEG 10 - Capital Grants and Transfers	150,000.00	0.00	0.00	0.00	0.00	0.00		0.00%
SEG 13 - Value Added Tax	16,227,000.00	15,164,884.87	2,758,740.86	17,923,625.73	0.00	17,923,625.73	1,709,125.73	110.46%
Total	150,822,000.00	131,737,853.74	19,183,241.98	150,800,794.66	0.00	150,800,794.66	7,705.34	99.99%

Note

- Seg 1 - Over-expenditure in seg 1 was reduced to 2.55% due to recovery of salary made from Nurses Strike that supplement personal emoluments expenditure
- Seg 2 - The Government wages Earners are working overtime to maintain quality services in the Health Institutions but have no Overtime provision in the Budget Estimates for 2007. They are paid from normal wages allocation.
- Seg 3 - Due to the expand in service and the large demands in the maintenance of health facilities, awareness training for health professionals and communities and the development in IT services to our major hospitals on PATIS/ FMIS/HRIS and internet services by health professional, health officials has to travel frequently to carry out the necessary work to maintain and provide service delivery to the people of Fiji.
- Seg 4 - Our fleet of vehicle has undergone a lot of major repairs due to its age, and mileage coverage till to-date are very high but we do not have provision in the budget to purchase new vehicle. To maintain the service required around our health facilities we still have to continue with the present fleet.
- Seg 13- Over-expenditure in Vat is due to increase in established and unestablished expenditure.

4.4.1: Budgetary Allocation-2007

Table 44: Budget Segregation

GRAND SUMMARY		
SEGREGATION OF 2007 BUDGET CO/HS RESERVES/NVL/FPS/FSN - CEHS/WHS/NHS		
Division	Total Budget	% over Total Health Budget
HQ/RESERVES/NVL/FPS/FSN	51,346,001	34.05%
Central/Eastern Health Service	50,979,453	33.80%
Western Health Service	29,961,415	19.87%
Northern Health Service	18,515,748	12.28%
	5,783	
Total Health Budget 2007	150,808,400	100.00%

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

Table 45: Component of Expenditure

Year	Total CEHS Budget \$million	Personnel Emoluments Est & GWE	Goods and Services Operating Expenditure
2007	\$150,808,400	\$83,662,500	\$67,145,900

Approximately 55.47% of the annual budget are spent on Personnel Emoluments, Est & Government Wages Earners and 44.53% is spent on goods and services.

Year	Health Budget	National Budget	% over Total Budget
2006	\$150,808,400	\$1,390,436,200	10.84%

Total Health Budget for the year is \$150,808,400 million this is about 10.84% of the National Budget.

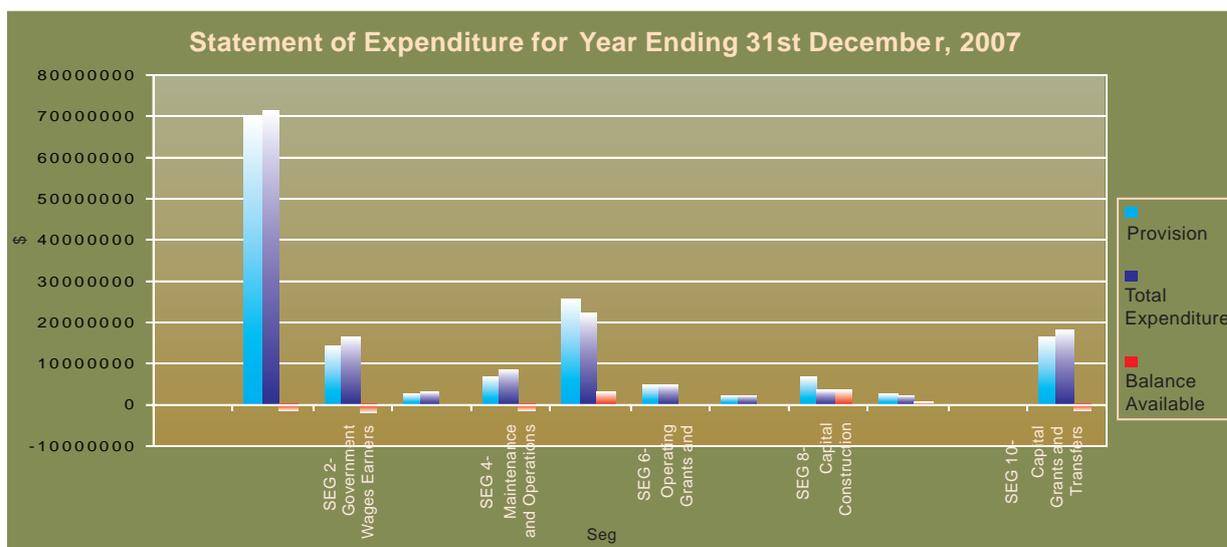
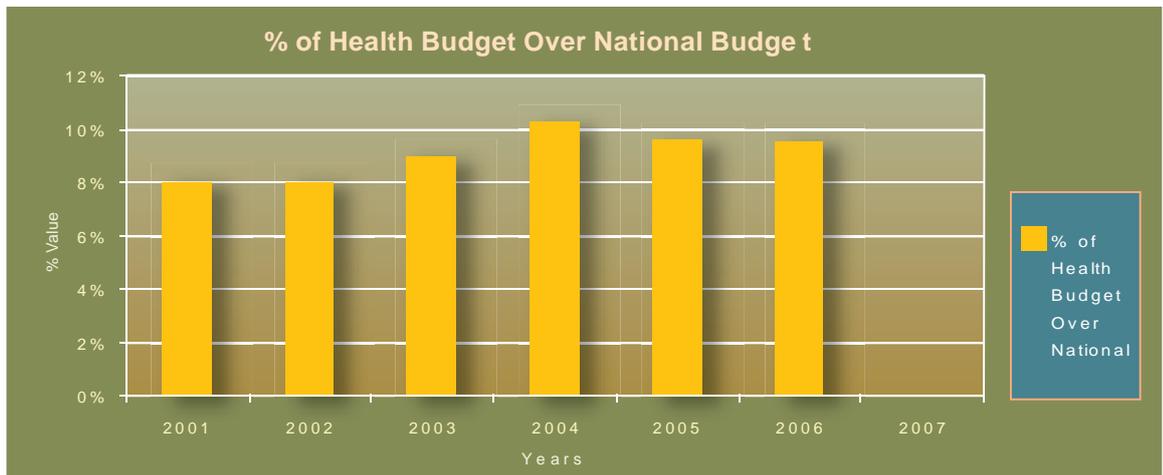
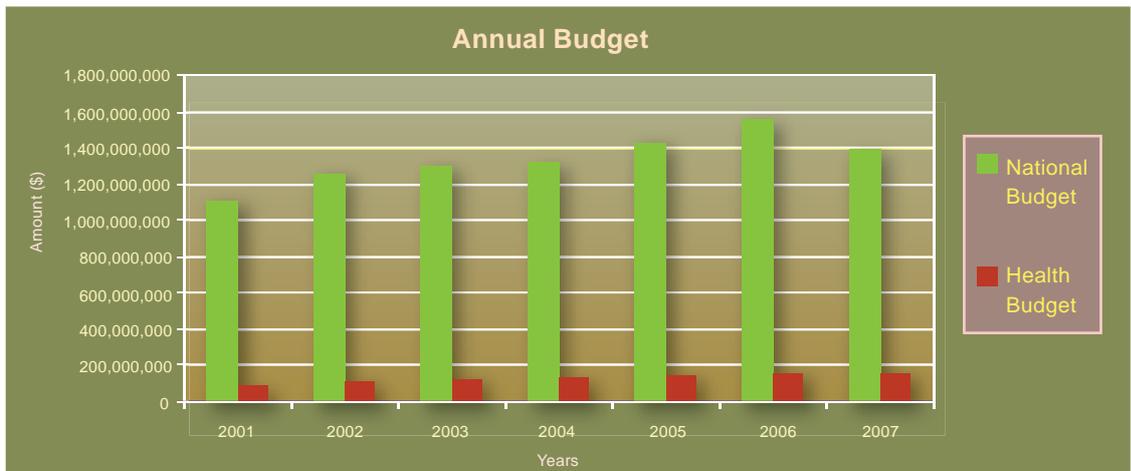


Table 46: Comparative Annual Budget

Comparative Annual Budget			
Year	National Budget	Health Budget	% of Health Budget Over National
2001	1,096,847,500	91,026,600	8%
2002	1,255,497,200	106,620,100	8%
2003	1,294,995,500	116,349,200	8.98%
2004	1,313,300,400	134,608,800	10.25%
2005	1,424,484,200	136,880,800	9.61%
2006	1,548,662,900	147,062,300	9.50%
2007	1,390,436,200	150,822,000	10.84%

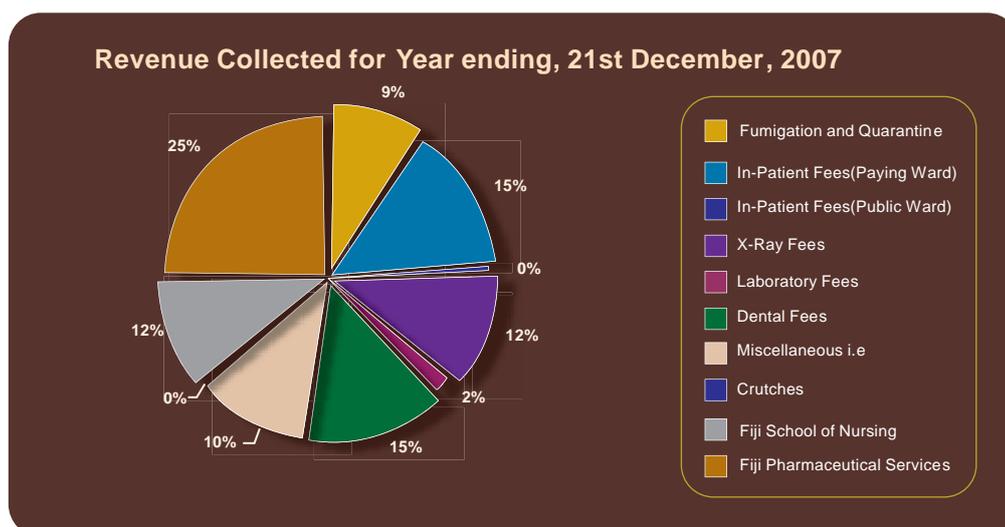


4.4.2: Revenue Collected

Table 47: Revenue 2007

No	Description	Total Revenue Collected
1	Fumigation and Quarantine	166,047.67
2	In-Patient Fees(Paying Ward)	288,420.40
3	In-Patient Fees(Public Ward)	0
4	X-Ray Fees	219,113.90
5	Laboratory Fees	31,517.23
6	Dental Fees	279,048.71
7	Miscellaneous	
	Ambulance Fees	
	Eye Department, Medical Report	195,518.90
	Notification of Birth, Death, Embalming	
	Registration of professionals	
8	Crutches	2,670.17
9	Fiji School of Nursing	222,121.75
10	Fiji Pharmaceutical Services	467,846.41
	Grand Total	1,872,305.14

Inpatient, X –Ray, Dental fees and Fiji School of Nursing were the top revenue collectors for the Ministry of Health in 2007. Total Revenue collected was F\$1.8million which reflect an increase of F\$635,043 from 2006 collection. Fiji Pharmaceutical Services collected revenue for sale of drugs to local outlets and to the islands of the region.





Ms Clare Whelan with Kadavu Subdivisional staff at the Risk Management workshop at Vunisea



Section 5
Section 5

Obituary
Obituary

SECTION 5

OBITUARY

We wish to record our sincere expression of sympathy to the families of the following colleagues who had passed on during the year. They had served the government and people of Fiji well with dedication and commitment.

1. Senior Sister Merewalesi Sivo Navu, Labasa Hospital, she had served for more than 30 years
2. Staff Nurse Viiga Cavuduadua, originally from Tuvalu, served at Nausori Health Centre for the past 13 years.
3. Staff Nurse Ateca Masi, Counseling Unit CWM Hospital who had served for more than 20 years, much of her career was spent at St Giles Hospital
4. Mrs Akata Delaimoala housekeeper FSN, worked for 10 years at FSN and Lautoka Hospital.
5. Staff Nurse Sesenieli T. Talia, CWM Hospital passed away after 11 years of service.
6. Sister Mereani Tikomainiusiladi Lautoka Hospital had served the people of Fiji during her nursing career for the past 29 years.
7. Mr Apiuta Waitui orderly who had served the ministry through his services at St Giles for 30 years.
8. Mr Rusiate Vale GWE, CWMH passed away after 14 years of service.
9. Mr James Daya Ram GWE, CWMH passed away after 19 years of service.
10. Mr Mahendra Dip, Storeman I passed away after 20 years of service.
11. Mr Jagdish Chandra, Assistant Storeman passed away after 20 years of service
12. Staff Nurse Mereseini Leba Simpson, Savusavu Hospital, served for more than 20 years.

MAY THEIR SOULS REST IN PEACE



Tui Macuata lays a wreath, in memory of those who have passed on.



Section 6
Section 6

Conclusion
Conclusion

SECTION 6

CONCLUSION

The year 2007 was quite eventful following the coup of December 5 2006, by the Military. Dr Jona Senilagakali was appointed interim Minister for Health by December 2006 and served the whole of 2007. He worked with his Chief Executive Officer for Health, Dr Lepani Waqatakirewa until the latter's appointment changed on 19th January 2007 by the Public Service Commission. When Dr Waqatakirewa returned in March in his leadership role as the new Permanent Secretary for Health under the interim regime, the Ministry was able to proceed with renewed vigour.

The year also saw a number of senior executives (SES) retire from the service; they included Dr S. Tuqa, Dr E. Mesulame, Mrs R. Nadakuitavuki, Mrs Litia Cava, Mr A. Tamanitoakula and Mrs L. Tuiloma.

The effects of the coup and political upheaval were widely seen and felt by the staff when programs and supply of basic items of medicines, consumables, biomedical equipment, infrastructure were affected, attributed to budget cuts. The 5% pay cut across the board for civil servants was the main cause for nurses taking an industrial action for 18 days.

Human resources for health continued to pose a threat to the achievements of health targets as doctors, para-medical and nurses never ceased to migrate. With all these problems and hurdles encountered, we are forever grateful to our staff for the continuing dedication and perseverance and also to our partners such as the Fiji Health Sector Improvement Program (AusAID) and World Health Organisation, to name a few, in their financial and technical support and assistance.

In evaluating the year's Corporate Plan, it was evident that the services continued to be delivered as best as possible with some of the outcome indicators reasonably achieved. An analysis of where we were in terms of attaining the MDGs by 2015 showed some areas of positive indications whilst some needed our concerted efforts and commitment.

Health promotion and protection continued to challenge us as we aimed to reduce the prevalence of diabetes and cardiac as the leading non-communicable diseases with their burdens on the health service. The prevention and control in the outbreaks of diseases with improvement in the surveillance system should reflect the efficiency and effectiveness with which these outbreaks are contained.

The threat of Fiji being affected by infectious diseases as SARS, Avian and Pandemic Influenza is real, thereby calling on all health workers to be much more vigilant and proactive in the area of border control and quarantine requirements of the International Health Regulations (IHR).

In the area of clinical service, doctors, dentists, nurses and paramedical have blended well in their clinical service networking (CSN) to strengthen the respective clinical disciplines. A lot has happened in terms of exchange of staff in surgical, paediatric and internal medicine during the year where doctors had to rotate at the 3 base hospitals and provided a number of outreach clinics. The assistance by the visiting teams from abroad to support cardiac, paediatric, plastic surgery and neurosurgery services and the sponsorship of Vodafone Fiji and World Heart Foundation were certainly of great relief.



The two tertiary institutes, Fiji School of Medicine and Fiji School of Nursing continued to produce the health workforce requirements for the Ministry both in undergraduate and postgraduate training. Nursing had the lowest vacancy by the end of the year, 0.38% (7). Although FSM produced the biggest number ever in the MBBS program, a total of 48 local graduates, the vacancy rate was still high at 19% (78) in the medical occupancy group:

The ministry had considered taking the health financing options forward in order to improve its budgetary allocation and services. However because of the political environment, this was not feasible.

The constantly low budgetary allocation for the ministry over the years can be affected in a worsening of some of the health indicators. Earlier gains in health and health care are being lost as costs escalate and resources shrink.

Finally health has been declared a fundamental human right, we are more than grateful that our government was still able to provide basic health care to all the citizens of Fiji, despite all the constraints.

GOD BLESS US ALL!!



Dr I Waqainabete, consultant surgeon CWM



Section 7
Section 7

Acknowledgement
Acknowledgement

SECTION 7

ACKNOWLEDGEMENT

The Ministry of Health gratefully acknowledges the many countries and organizations for the tremendous financial and technical support during the year. Special thanks are due to the central agencies, PSC, Ministry of Finance and National Planning for the continual support and direction. The Ministry is also indebted to the thousands of staff, health professionals, managers, consultants, clerical, technical and government wage earners for the services and dedication, despite the constraints and hurdles. These also included our Senior Executives and other officers who had retired during the year. We cannot thank you far enough for the performance and achievements.

1. Countries

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

2. Commonwealth and United Nations Agencies

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

3. Partner Hospitals and Institutions

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

4. Local Institutions, Regional and International Universities and Organizations

- Aids Task Force Of Fiji
- Fiji Institute of Architecture
- Fiji Institute of civil engineers
- Fiji Cancer Society
- Fiji College of General Practitioners
- Fiji Council of Social Services

- Fiji Red Cross Society
- Fiji Medical Association
- Fiji School of Medicine
- Fiji Sixes
- Fred Hollows Foundation
- Kidney Foundation of Fiji
- Marie Stopes International
- New Zealand Lepers Trust Board
- Responsible Parenthood Council
- Reproductive and Family Health Association of Fiji
- Sasakawa Peace Foundation
- Secretariat of the Pacific Community
- Secretariat for the Pacific Islands Applied Geoscience Commission
- Soqosoqo Vakamarama
- Tokai University
- University of the South Pacific
- James Cook University – Queensland
- Fiji Nursing Association (FNA)
- RANZCOG
- Fiji Dental Association
- Dietetics Association
- Physiotherapy Association
- Laboratory Association
- X-Ray Association
- FNPF
- National Health Promotion Council
- NCOPS
- National NCD Committee
- St John Ambulance
- ANZ Bank
- Holiday Inn
- Amrit Property Group

5. Statutory Bodies and Boards

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

Annual Report 2007 Committee

Finally this Annual Report was compiled and produced by Mrs Rigieta Nadakuitavuki and Mrs Loata Serau supported by Annual Report 2007 committee chaired by the Acting Director Information, Planning & Infrastructure, Ms Laite Cavu, Penina Cirikiyasawa, Jokatama Ravono, Litiana Raikuna, Losana Ugavule, Jennifer Turaga, Sisa Otealagi, Tomasi and Sydney. The contribution by the many program managers and directors towards the compilation is also gratefully acknowledged.

ACRONYMS:

AusAID	Australian Assistance International Development
BCG	Bacillus Calmette-Guerin
BFHI	Baby Friendly Hospital Initiatives
CBA	Child bearing age
CPAP	Continuous Positive Airway Pressure
CSP	Clinical Service Plan
CSN	Clinical Service Network
CWMH	Colonial War Memorial Hospital
DMFT	Decayed Missing Filled Teeth (Permanent)
DOTS	Direct Observation Treatment Strategy
DPT	Diphtheria, Pertussis Tetanus
EHO	Environmental Health Officers
EPI	Expanded Program on Immunization
ET	Endotracheal Tube
FCTC	Framework on the Control of Tobacco Convention
FHSIP	Fiji Health Sector Improvement Program
FIT	Fiji Institute of Technology
FMR	Financial Management Reform
FNHRERC	Fiji National Research Ethics and Review Committee
FPS	Fiji Pharmaceutical Services
FSM	Fiji School of Medicine
FSN	Fiji School of Nursing
GDP	Gross Domestic Product
GOF	Government of Fiji
GOPD	General Out-patient
GWE	Government Wage Earners
HBV	Hepatitis B Virus
H/C	Health Centre
Hib	Haemophylus Influenza Type B
HITH	Hospital in the Home
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IMCI	Integrated Management of Childhood Illness
JCU	James Cook University
JICA	Japanese International Cooperation Agency
KPI	Key Performance Indicators
KOICA	Korean International Cooperation Agency
LINZ	Life in New Zealand Activity and Health Research Unit
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCDC	Medical Cause of Death Certificate
MDG	Millennium Development Goals
MoH	Ministry of Health
MR	Measles and Rubella
NCD	Non-communicable disease
NICU	Neonatal Intensive Care Unit
NSDP	National Strategic Development Plan
NZAID	New Zealand Aid
OPV	Oral Polio Vaccine
PATIS	Patient Information System
PH	Public Health
PHIS	Public Health Information System
PICU	Paediatric Intensive Care Unit
PMTCT	Prevention of Mother to Child Transmission
PSC	Public Service Commission

RANZCOG	Royal Australian, New Zealand College of Obstetrics and Gynaecology
RT	Radio Telephone
SAHT	Sydney Adventist Hospital Team
STI	Sexual Transmitted Infection
TB	Tuberculosis
U5MR	Under 5 years mortality rate
UNICEF	United Nation International Children Education Fund
USA	United States of America
VOSO	Visiting Ophthalmic Services from Overseas
WC	Water Closet
WHO	World Health Organisation



Opening of the Savusavu Dental Clinic by Dr Ami Chandra, Director NHS.

