

2016/2017 ANNUAL REPORT



MINISTRY *of* HEALTH & MEDICAL SERVICES
Shaping Fiji's Health

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MINISTRY OF HEALTH AND MEDICAL SERVICES

Annual Report 2016/2017

August 2018

Hon Rosy Akbar

The Minister for Health and Medical Services

Ministry of Health and Medical Services

Suva

Dear Madam,

I am pleased to submit the Annual Report for the financial year 1st August 2016 to 31st July 2017 in accordance with the Government's regulatory requirements.

Mr. Philip Davies

Permanent Secretary for Health and Medical Services

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1. Permanent Secretary's Statement



The 2016/2017 year was an eventful year for the Ministry as it worked continuously to implement the priorities set out in Ministry of Health and Medical Services Strategic Plan 2016-2020 and deliver on Government's plans with the focus on delivering more equitable health outcomes for the population.

The Ministry significantly improved service delivery under broad priority areas such as Non-communicable disease, Maternal and Child Health and Communicable disease including environmental health and disaster preparedness by launching of various guideline, policies, procedure manual and successful completion of Lautoka Emergency Department and Operating Theatre building project and Low risk Makoi Maternity hospital.

In order to combat the NCD crisis in the country the Ministry also developed Healthy Catering Guideline which was endorsed by cabinet and will be implemented in all government ministries. To show commitment to our women in our society the Ministry held commemoration event for Orange the world Eliminating Violence against Women and Girls and International Women's Day.

I would like to acknowledge and thank all our staff, development partners and stakeholders for making the year 2016/2017 a successful year for the Ministry and working towards the vision of a healthy population for our country.

Mr. Philip Davies

Permanent Secretary for Health and Medical Services

2. Acronyms

CCHEDRMC	Climate Change, Health Emergency & Disaster Risk Management Coordinator
CD	Communicable Disease
CSN	Clinical Service Network
DFAM	Director Finance and Asset Management
DHIRA	Director Health Information Research and Analysis
DHR	Director Human Resources
DMOs	Divisional Medical Officers
DPPDD	Director Planning and Policy Development Division
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary for Public Health
EH	Environment Health
ESU	Executive Support Unit
FH	Family Health
FPBS	Fiji Pharmaceutical & Biomedical Services
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IMCI	Integrated Management of Child illness
MH	Mental Health
MoHMS	Ministry of Health and Medical Services
MSs	Medical Superintendents
NAs	National Advisors
NA CD	National Advisor Communicable Disease
NA EH	National Advisor Environmental Health
NA FH	National Advisor Family Health
NA MH	National Advisor Mental Health
NA NCD	National Advisor Non Communicable Diseases
NA Nut	National Advisor Nutrition
NA OH	National Advisor Oral Health
NCD	Non Communicable Diseases
OH	Oral Health
PAO	Principal Accounts Officer
RHD	Rheumatic Heart Diseases
SDG	Sustainable Development Goal
UHC	Universal Health Coverage

3. Corporate Profile

VISION

A healthy population

MISSION

To empower people to take ownership of their health

To assist people to achieve their full health potential by providing quality preventative, curative and rehabilitative services through a caring sustainable health care system.

VALUES

1. Equity

We will strive for equitable health care and observe fair dealings with our customers in all activities, at all times, irrespective of race, colour, ethnicity or creed.

2. Integrity

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

3. Respect for human dignity

We respect the sanctity and dignity of all we serve.

4. Responsiveness

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

5. Customer focus

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



Roles and Functions of the Ministry

The core function of the Ministry of Health and Medical Services is to provide high quality healthcare through capable governance and systems to the people of Fiji. The Ministry is committed to improve primary, secondary and tertiary healthcare.

The Ministry of Health and Medical Services commits to ensure accessible, equitable and affordable health services to all citizens of Fiji without discrimination.

a. Hospital Services

Deputy Secretary Hospital Services oversees the operational functions of the three divisional hospitals, Colonial War Memorial Hospital (CWMH), Lautoka Hospital and Labasa Hospital and the two specialist hospitals, St. Giles Hospital and Tamavua/Twoomey Hospital.

In addition to this, there are other areas that fall under Hospital Services:

- 1) The Fiji Pharmaceutical and Biomedical Services (FPBS).
- 2) Health Systems and Standards.
- 3) Clinical Services Network.
- 4) Blood and Ambulance Services.
- 5) Overseas Referrals.
- 6) Specialist Visiting Teams.

b. Public Health Services

Deputy Secretary Public Health is responsible for formulation of strategic public, primary health policies and the implementation of public health programs as legislated under the Public Health Act 2002. Effective primary health care services are delivered through sub divisional hospitals, health centers and national programs (Family Health, Wellness, Communicable Disease, Food and Nutrition, Environmental Health, Oral Health and National Health Disaster and Emergency Management).

c. Support Services

Human Resource

Director Human Resource oversees the effective management of all HR related activities, programs and issues and provides advice and monitoring of HR activities including recruitment, posting, leave administration, learning & development, strategic workforce planning process and industrial relations and occupational and health issues. The various units under Director Human Resource are personal, post processing, learning and development, workforce planning and industrial relations and occupational health safety.

Finance and Asset Management Division

Director Finance and Asset Management Division is responsible for the implementation of national policies and procedures in relation to finance, budget, accounts and asset management. These responsibilities are carried out by two functional units as follow:

- Financial Management Unit – manages financial systems, accounts and audit, budget preparation and coordination, management accounting, and contract management.
- Asset Management Unit – manages infrastructure (capital construction, capital purchases), assets (board of survey), transportation (fleet management), outsourcing of certain services and contract management.

Planning and Policy Functions

Director Planning and Policy Development Division is responsible for policy development, analysis and coordination of policy related activities as well as evidence based health planning i.e. the development of medium to long term strategies and annual corporate plans. The department's role also includes facilitating health services and program planning. The department also has a healthcare financing section that develops National Health Accounts and assists with analysis of services and programs. The division is also responsible for facilitating gender mainstreaming across policies, plans and programs in the Ministry.

Health Information Research and Analysis Division

Director Health Information, Research and Analysis Division is responsible for the overall development and management of health information, promoting appropriate research, management and development of information and communication technology for the implementation of policies and plan and to ensure effective provision of health services throughout Fiji through an established monitoring and evaluation framework.

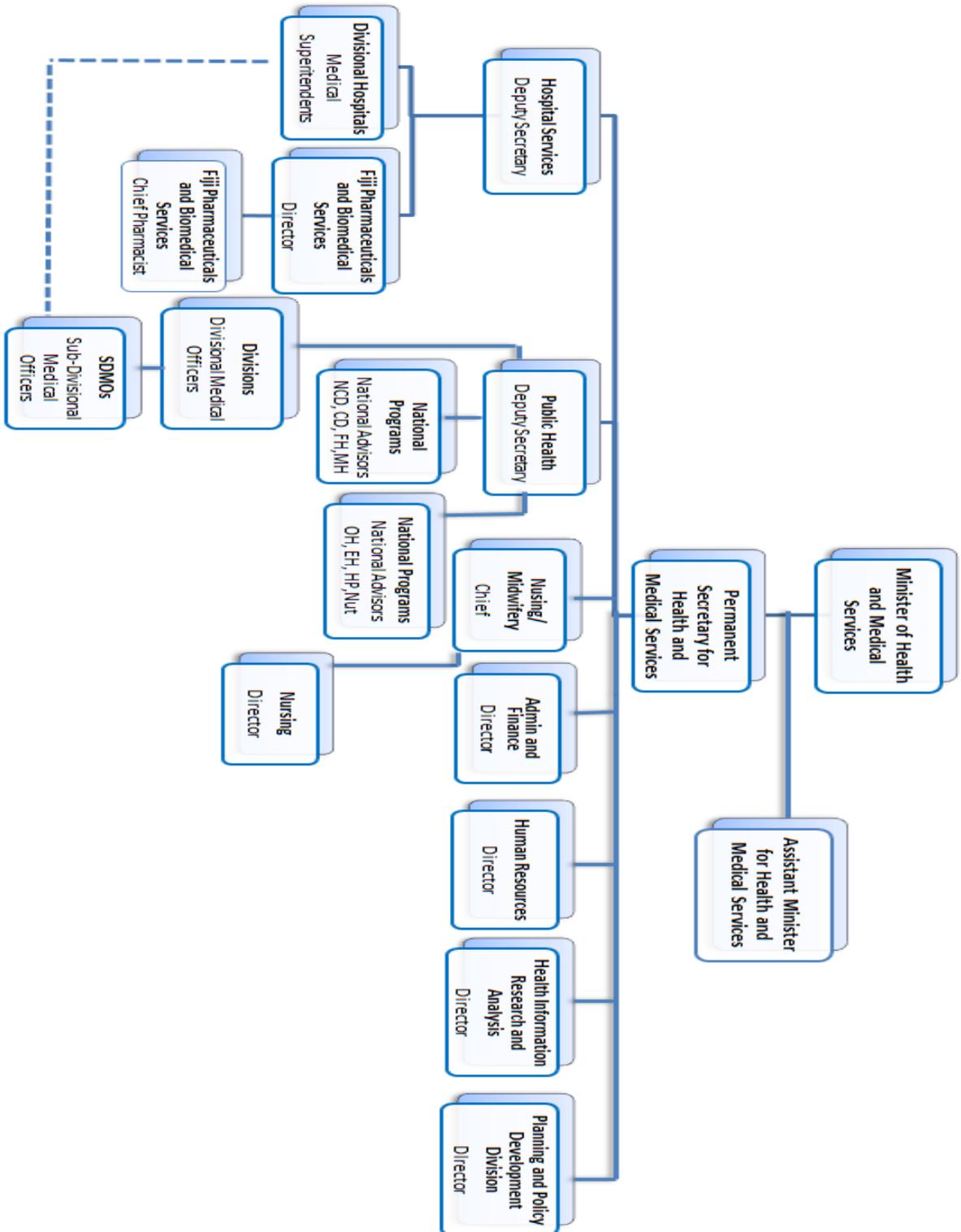
Frameworks

Legislative Framework

The Ministry of Health and Medical Services is guided in its daily operations by the following legislations and regulations:

No	Description
1	Constitution of the Republic of Fiji 2013
2	Fiji National Provident Fund Decree 2011
3	Fiji Procurement Act 2010
4	Financial Administration Decree 2009
5	Financial Instructions 2005
6	Financial Management Act 2004
7	Financial Manual 2014
8	Occupational Health and Safety at Work Act 1996
9	Ambulance Services Decree 2010
10	Allied Health Practitioners Decree 2011
11	Child Welfare Decree 2010
12	Child Welfare (Amendment) Decree 2013
13	Food Safety Act 2003
14	HIV/AIDS Decree 2011
15	HIV/AIDS (Amendment) Decree 2011
16	Illicit Drugs Control Act 2004
16	Marketing Controls (Food for Infants and Children) Regulation 2010
17	Medical Imaging Technologist Decree 2009
18	Medical and Dental Practitioner Decree 2010
19	Medical and Dental Practitioners (Amendment) Decree 2014
20	Medical and Dental Practitioners (Amendment) Act 2017
21	Medical Assistants Act (Cap.113)
22	Medicinal Products Decree 2011
23	Mental Health Decree 2010
24	Mental Treatment Act (Cap 113)
25	Nurses Decree 2011
26	Pharmacy Profession Decree 2011
27	Pharmacy Profession (Amendment) Act 2017
29	Private Hospitals Act (Cap. 256A)
30	Public Health Act (Cap. 111)
31	Public Hospitals & Dispensaries Act (Cap 110)
32	Public Hospitals & Dispensaries (Amendment) Regulations 2012
33	Optometrist and Dispensing Optician Decree 2012
34	Quarantine Act (Cap. 112)
35	Quarantine (Amendment) Decree 2010
36	Radiation Health Decree 2009
37	Tobacco Control Decree 2010
38	Tobacco Control Regulation 2012
39	The Food Safety Regulation 2009
40	The Food Establishment Grading Regulation 2011

4. Organization Structure



5. Management and Resources

Hospital Services

The Deputy Secretary Hospital Services is responsible for the management and overall operations of the 3 divisional hospitals (Colonial War Memorial Hospital, Labasa Hospital and Lautoka Hospital) and the 2 specialist hospitals (Tamavua /Twomey Hospital and St Giles Hospital). The Divisional Hospitals serve as the main referral hospital in their respective divisions which provide a wider range of medical services compared to the Sub-Divisional Hospitals.

St. Giles Hospital provides medical and rehabilitation services for patients suffering from mental illness. In addition to inpatient and outpatient care, St. Giles Hospital provides other services such as occupational therapy, day care facilities, forensic assessments, counseling services, community psychiatric nursing, electro-convulsive therapy and dispensing of pharmaceuticals.

Tamavua/Twomey Hospital blends three specialized hospital services i.e. Tuberculosis unit, Leprosy and Dermatology and Rehabilitation under one management with the vision to be the best in specialized hospital care with a “patient services at the heart of all” focus.

The National Rehabilitation Division at the hospital continues to play an important part in the overall health care delivery in Fiji. The hospital provides rehabilitation services to severely disabled persons namely spinal paralysis, stroke victims, prosthetic fitting for amputees and other cases of debility.

In addition to the above core roles, there are other areas that are under the Deputy Secretary Hospital Service’s jurisdiction:

- The Fiji Pharmaceutical and Biomedical Services (FPBS)
- Health Systems and Standards
- Clinical Services Network
- Blood and Ambulance Services
- Overseas Referrals
- Specialist Visiting Teams

Colonial War Memorial Hospital (CWMH)

CWMH is the main referral hospital for the Central and Eastern divisions and is the largest center for tertiary health care for the whole country. It is the main clinical training center for undergraduate, postgraduate and in-services training candidates from all cadres of health professionals in Fiji. The hospital also provides and supports corporate support services to all health facilities in the Central and Eastern division.

Key Achievements and Highlights

His Excellency the President of Fiji Major General (Ret.) Jioji Konrote launched the first ever International Epilepsy Day celebration and launched Epilepsy Fiji as a support NGO for epileptics. He also commissioned the new EEG Centre at CWMH.

Hon Rosy Akbar, Minister for Health & Medical Services launched the TFL Wi-Fi hotspot at CWMH and signed the memorandum of understanding with TFL and also opened the newly refurbished ANZ ward by the ANZ team.

CWMH was privileged to receive medical equipment such as neurosurgical drill, ventilator, examination lights, two brand new pneumatic tourniquet machines, infection control and personal hygiene supplies from various donors and organization to improve its services.

There were various trainings and workshops conducted at CWMH throughout the year to build the skills of the medical professionals, some of these trainings included gastroenterology training, palliative workshop, Emergency Life Support (ELS) training and Serious Illness in Remote Environment (SIREn) Courses.

CWMH achieved 83% rating for the first time in the Mother Safe Hospital Initiative External Audit.

Lautoka Hospital

The Lautoka Hospital is the Divisional hospital for the Western Division in Fiji. It also serves as the Division's only referral tertiary hospital and also provides both primary and secondary health care. It serves 6 sub divisional medical districts from Ra at the North east to Nadroga/Navosa in the south. The 6 sub divisional medical districts are Ra, Tavua, Ba, Lautoka/Yasawa, Nadi and Nadroga/Navosa.

Key Achievements and Highlights

The major infrastructure improvement for the hospital included the opening of new emergency department and operating theater facilities and the building of the ANC scan room, transport officer's room and paediatric high dependency unit. There were major purchases of needed items such as emergency trolleys, connection of dental unit to standby generator, stainless steel bedside lockers and pantry sink benches as well as other items for Paying Ward rooms.

Institutional targets were achieved for clinical audits. Hand hygiene rates maintained at ninety seven percent (97%) compared to eighty eight percent (88%), surgical site infections decreased from six percent (6%) to five percent (5%) and hospital acquired infection dropped from two percent (2%) to one percent (1%).

Labasa Hospital

Labasa Divisional Hospital is the main referral hospital in the Northern Division and has been providing clinical health services to the people of the North. Clinical Services and support services are provided from this facility.

Key Achievements and Highlights

There were various trainings completed on key areas such as Emergency Obstetric and Neonatal Care (EMNOC), Child Protection Decree, Infant and Young Child Feeding (IYCF), Integrated Management of Childhood Illness (IMCI) and on WHO Blue Book

Improved reporting assisted in identifying and monitoring various cases including anaemic mothers at booking, low birth weight at birth, 1st trimester booking, mothers visiting clinics more than four times before deliveries, post natal attendances after 1 and 6 weeks, vaccination amongst new born, adolescent births, teenage pregnancies and women counselled regarding family planning issues.

Improved results were obtained in various institutional audits including Mother Safe Hospital Initiative (MSHI) (91.9%), Partogram (87.9%) and Baby Friendly Hospital Initiative (BFHI) (84.3%)

Training was conducted on Disaster Preparedness Plan. The hospital has its own plan and awareness was created amongst department/units on this document.

Tamavua/ Twomey Hospital

Tamavua/ Twomey Hospital provides specialised services in key areas such as tuberculosis (TB) control and leprosy/dermatology. The TB control unit focuses on improving accessibility and early detection especially in prioritized high risk groups, hard to reach population and high risk burden identified areas by active screening. The leprosy/dermatology unit maintains surveillance and screening of leprosy and provides dermatological services. The National Rehabilitation department at Tamavua Twomey Hospital also provides rehabilitation services to severely disabled persons namely spinal paralysis, stroke victims, prosthetic fitting for amputees and other cases of debility.

Key Achievements and Highlights

The rehabilitation outreach coverage areas increased with the inclusion of Yasawa and Rabi Islands. LDS Church Charity Department and Spinal Injuries Association supported the provision of mobility aids and assistive devices for Rehabilitation patients.

The TB laboratories were established at the sub-divisional level. The hospital laboratory managed to achieve an A Grade in Laboratory Quality Management System (LQMS) audit.

Dermatology outreach was carried out at Navua, Sigatoka, Korovou, Ba, Lautoka and Labasa hospitals. Improved treatment has led to decrease in readmission for psoriasis cases.

There has been continuous monitoring and improvement of quality standards in regards to nursing standards audits and patient satisfaction survey.

St Giles Hospital

St Giles Hospital is specifically responsible for the development and formulation of strategic direction for clinical services in the area of mental health. The hospital provides inpatient services, outpatient service, divisional community mental health outreach services, clinical training for medical students and nursing students and other mental health related services.

Key Achievements and Highlights

St. Giles Hospital has managed to expand service provision of mental health services to Lautoka Hospital, Labasa Hospital and CWMH Stress Management Wards utilizing its current human resource capacity. Outreach clinics were also conducted at Valelevu, Nausori and Samabula health centres.

Psychiatric assessments were provided for forensic cases in Central and Western division and prison clinics in Suva. The existing mental health doctors' establishment was reviewed and a new Senior Medical Officer Position was established.

Renovation work was completed at St Giles Hospital and the hospital also managed to purchase backup generator for power supply in case of power failure.

Fiji Pharmaceutical and Biomedical Services

The Fiji Pharmaceutical & Biomedical Services Centre [FPBSC] main core services are:

- Procurement and supply management [procuring, warehousing and distribution] of medical or health commodities.
- Essential Medicines Authority – development of product standardization and appropriate usage.
- Inspectorate & Regulatory Authority – strengthening quality assurance process of products import into the country.
- Bulk Purchase Scheme – commercial arm providing social support to the private sector.

These associated programs ensure that commodities procured by the government are safe, of good quality and utilized appropriately to optimize patient care.

Key Achievements and Highlights

The expired medicines wastage rate is around 2% which is lower than the acceptable rate for developing countries which is around 5%. Vigilant analysis of stock outs of medicines revealed that there are fluctuations in stock levels and July-August period showed a higher level of stock outs. This has resulted in the review of procurement cycle and stock management.

The National Operational Plan for the Antimicrobial Resistance Action Plan was developed and launched during the Antibiotic Awareness Week. The National Antimicrobial Resistance Committee was established under Fiji Medicinal Products Board giving due recognition to antimicrobial resistance in Fiji. Awareness activities for AMR were conducted in collaboration with Consumer Council of Fiji.

Divisional Report

The Ministry of Health and Medical Services delivers health services throughout the four Divisions, Central, Eastern, Western and Northern. The Health services range from general and special outpatient services, maternal & child health care, oral health services, pharmacy services, laboratory services, radiology services, physiotherapy services, environmental health services, nutritional, outreach, school health and special clinical services.

Figure 1: Four Divisions within Fiji

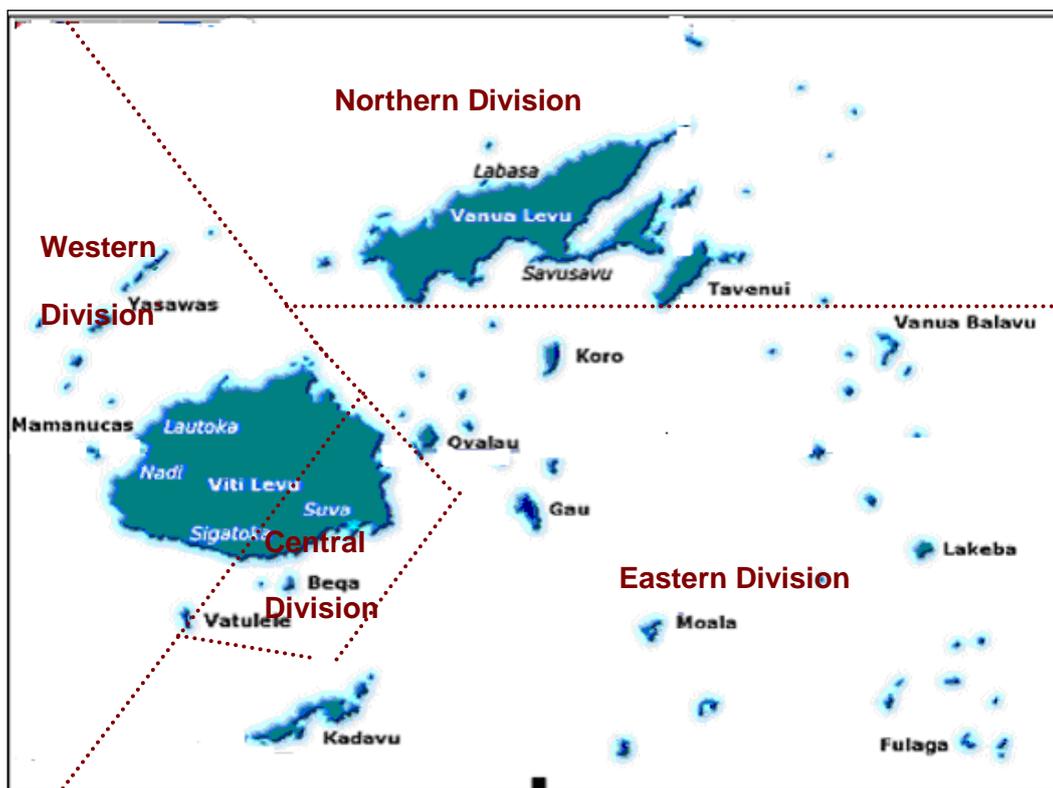


Table 1: Government Health Facilities

Health Facility	Central	Eastern	Western	Northern	Total
Specialized Hospitals/ National Referral	2	0	0	0	2
Divisional Hospital	1	0	1	1	3
Sub divisional Hospital [level 1]	0	0	3	1	4
Sub divisional Hospital [level 2]	5	5	3	2	15
Health Centre [level A]	7	0	4	1	12
Health Centre [level B]	5	1	4	3	13
Health Centre [level C]	12	13	20	16	61
Nursing Stations	21	31	24	21	97
Total	53	50	59	45	207

Central/Eastern Division

The population profile below is collated from the demographic counts that are received from the respective nursing zones, nursing stations and health centres.

The Central/Eastern division is the largest by population size and caters for about 103 health facilities. The Central/ Eastern division is divided into 10 subdivisions as per table 4 below.

Health services in the Central Division are delivered from 1 divisional hospital, 5 sub divisional hospitals (level 2), 24 health centres (7 level A, 5 level B, 12 level C), and 21 nursing stations.

Health services in the Eastern Division are delivered from 5 sub divisional hospitals (level 2), 14 health centres (1 level B, 13 level C), and 31 nursing stations.

Table 2: Demography of Central and Eastern Division

Subdivision	2015	2016
Suva	223,816	225,856
Rewa	88,361	87,843
Naitasiri	19,472	19,732
Serua/Namosi	30,587	30,613
Tailevu	21,578	20,513
Lomaiviti	16,187	14,942
Kadavu	10,978	10,935
Lomaloma	3,240	2,405
Lakeba	6,892	6,841
Rotuma	1,806	1,767
Total	422,917	421,447
Central (Total Population)	383,814	384,557
Eastern (Total Population)	39,103	36,890

Key Achievements and Highlights

There were infrastructure improvements in the Central/ Eastern division with the solar installation completed for Nayau nursing station, opening of new Navua Hospital kitchen, construction of ambulance bay and refurbishment of consultation rooms at Nausori Health Centre and completion of the new Makoi Birthing Unit.

The Ministry launched the Diabetes registration application at Nausori Health Centre and the implementation of electronic Queue Management System (QMS) at Valelevu Health Centre where it has reduced outpatient waiting time to less than one hour and improved patient satisfaction.

Central and Eastern Division staff were trained in foot care assessments which included 29 medical officers, 76 nurses and 4 nurse practitioners. The Diabetes Mellitus (DM)/ Cardiovascular Disease (CVD) guidelines training included 45 medical officers, 10 nurse practitioners, 8 dieticians and 65 clinical nurses from both GOPD/SOPD).

Western Division

The Western Division is divided into 6 sub divisions Ra, Tavua, Ba, Lautoka/Yasawa, Nadi and Nadroga/Navosa. Health services are delivered from 1 divisional hospital, 6 sub divisional

hospitals (3 level 1 and 3 level 2), 28 health centres (4 level A, 4 level B, 20 level C), and 24 nursing stations.

Table 3: Demography of Western Division

Subdivision	2015	2016
Ra	28,232	27,822
Tavua	26,551	26,572
Ba	56,450	56,577
Lautoka/Yasawa	110,733	101,170
Nadi	91,702	90,678
Nadroga/Navosa	51,871	51,902
Total	365,539	354,721

Key Achievements and Highlights

The Western division conducted various training such as NCD/Wellness training for nurses and doctors, orientation for new staff, excel training and M&E training. There were specific trainings conducted on the various information systems such as PATISPLUS, CMRIS, LMIS and HRIS.



The division also conducted clean up campaigns at the hot spot areas that were carried out with relevant support provided by external and internal stakeholders to control and prevent dengue outbreak in the Western Division, disease surveillance training was also organised for Health Inspectors.

The Divisional health information committee, METT and research committee were activated.

Severe acute malnutrition training was completed and piloted which will enhance staff's ability to detect and manage complications from severe acute malnutrition.

Northern Division

The Northern Health Division provides health services for 4 subdivisions of Bua, Cakaudrove, Macuata and Taveuni. Health services are delivered from 1 divisional hospital, 3 sub divisional hospitals (1 level 1 and 2 level 2), 20 health centres (1 level A, 3 level B, 16 level C) and 21 nursing stations.

Table 4: Demography of Northern Division

Subdivision	2015	2016
Bua	17,032	16,704
Cakaudrove	34,883	35,058
Macuata	66,699	60,929
Taveuni	16,668	16,917
Total	135,282	129,608

Key Achievements and Highlights

The Diabetic Hub was opened at Wainikoro Health Centre. The TB microscopy Laboratory Centre was opened at Taveuni hospital. The ground work was also commenced for the 1x4 Masonite quarters in Seaqaqa.

Nabouwalu Hospital successfully achieved the BFHI Criteria and was re-accredited as a Baby Friendly Hospital. Six water projects were completed with assistance from Pacific Rotary Water for Life (5 settlements and 1 primary school). Taveuni Sub-division received a 2nd ambulance from BOV/Rotary.

The Oral Health ANC Guideline was launched in March and the National launch of the 'National Tooth Brushing Day' event was held at TISI Sangam School of Nursing.

Table 5: Summary Population by Division

Division	2015	2016
Central	383,814	384,557
Eastern	39,103	36,890
Western	365,539	354,721
Northern	135,282	129,608
Total	923,738	905,776

Public Health Services

The Deputy Secretary Public Health is responsible for the formulation of strategic public health and primary healthcare policies and overseeing the implementation of public health programmes as legislated under the Public Health Act 2002. Effective primary health care services are delivered through the Divisional and Sub Divisional Hospitals and National Programs (Family Health, Wellness, Communicable Diseases, Food and Nutrition, Environmental Health, Oral Health and National Health Disaster and Emergency Management).

1. Program Implementation

The nutritional status of the primary school children were assessed with a coverage of 83%. School canteen audit tools were completed and piloted. The dietitian's audit school canteens and monitor its compliance with the school canteen policy. The school dental team conducted school visits and awareness and managed to achieve the national target for making 8yr olds dentally fit.

The BFHI certification assessment was conducted for 6 hospital facilities (Nabouwalu, Savusavu, Labasa, Lautoka, Nadi and Tavua). Severe Acute Malnutrition admission numbers decreased from 124 to 120.

Cervical cancer screenings were conducted in Nadroga/Navosa, Gau, Nairai and Batiki with financial assistance from UNICEF & WHO.

The Home Gardening Booklet was developed and piloted in seven communities. Seeds were provided for food security programs in health facilities and outreach programs, targeting iron-rich crops.



2. Progress

The Nutrition month was observed and celebrated with targeted activities for each week on key nutritional issues and through the delivery of nutrition information on various Television programmes, radio, print and social media. The Healthy Catering Guideline for workplaces was endorsed by cabinet to increase the availability of healthy foods and drinks to support the reduction of NCDs.

The baseline survey on production and consumption of fruits and vegetables in nine community settings in the Central and Western Divisions were completed. My Kana Application was developed which will allow people to track their daily meals and make healthy nutritional choices. There was a review of Emergency Food Basket for Fiji.

Seventy four solar direct drive vaccine refrigerators donated by UNICEF were installed throughout the country, a total of seventeen power packs were installed at selected health facilities to provide much needed solar lights to the nurses and patients accessing health care services at night. Seventeen ice lined refrigerators were also distributed to health facilities with regular electricity supply.

The HIV Program had 5 condom dispensers installed in 5 public conveniences within Suva. A SUV vehicle was donated to the Family Health Unit by WHO for facilitation and monitoring of immunization services, child health services and maternal health services nationally. All divisions supported the Oral Health Month [August] in partnership with Colgate Palmolive. The National Oral Health Week launching was celebrated in the Eastern Division at Lomaloma sub divisional hospital while other subdivisions also had their own celebrations.

The field work for sero-survey to study Zika and Arboviruses in Central Division, was conducted in conjunction with the London School of Hygiene and Tropical Medicine. Support was provided for site visitation conducted at divisional sites for Zika, Influenza, and Meningococcal Risk Assessment Exercise and Response (Vaccination)

3. Capacity Building

The HIV programme conducted National Training on HIV Data Management and Surveillance targeting the medical officers and lab technicians in the divisions. Capacity Building on HIV Prevention was conducted for CSO, NGO and FBO. There was a baseline assessment and roll out of HIV confirmatory testing introduced at Rakiraki Hospital.

Trainings were conducted on Emergency Management of Neonatal & Obstetrics Complications (EmNOC), Birth Preparedness Plan & Complications Readiness Plan (BPP/CRP), Maternity Infection Control, Partograph, Family Planning, Neonatal Resuscitation Training of Trainers and Cervical cancer screening at various health facilities.

Environmental Health Department hosted the Regional Integrated Vector Management Workshop, which was facilitated by Vector Control Unit. Integrated Vector Management Workshop for Pacific Island's was conducted by United States Navy. The United States Navy, Environmental & Preventative Medicine Unit Six, conducted training on Adult Mosquito Identification & Geographic Information System in Vector Control. This is the second phase of the training from the initial Pesticide Applicator Training conducted in 2015.

Divisional and sub divisional training was conducted for Integrated Management of Acute Malnutrition (IMAM) and Baby Friendly Hospital Initiative. The High Fat, Sugar, Salt Reduction and Home Gardening integrated training was also conducted in nine community settings. There was also a training of trainers conducted on home gardening.

There was a multi-sectoral consultation meeting held on the soil-transmitted helminth infections prevention and control.

Nursing

The Division of Nursing is responsible for the development, coordination, delivery and monitoring of nursing competencies, standards, scopes of practice, procedures, guidelines and protocols. These are designed to promote quality and safe nursing practice in patient care and service delivery across a range of general and specialist professional health services.

Its overarching focus is to ensure professional excellence is embedded in the practice and science of nursing that will manifest and yield good health outcomes for Fiji's varied communities and patients at our hospital settings.

The Division also manages the National Community Health Workers Program, the Fiji College of Nursing and the Fiji Nursing Council.

The main functions of the unit can be summarized as follows:-

- Development and provision of strategic leadership and direction to the profession of nursing in Fiji
- Implementation of nursing health priorities in accordance with MHMS Vision, Mission Statement and its Strategic direction
- Provide nursing policy, budgetary, planning and management advice and support
- Provides management and strategic support to the Fiji Nursing Council and the Fiji College of Nursing and management assistance to the Community Health Workers Program

Achievements

The memorandum of understanding between Ministry of Health & Medical Services (Fiji) & Health Directorate Australian Capital Territory [ACT] includes the arrangement for placement of Registered Fiji Nurses in ACT Public Health Facilities. There were four nurses selected from the Colonial War Memorial and Lautoka Hospital to visit Canberra Hospital for the purpose of undertaking further education in the area of Critical Care Nursing [ICU/OT/CCU].

The first ever written Scope of Practice documents for Registered Nurses, Registered Midwives and Registered Nurse Practitioners were developed and officially launched. This signifies the achievement a professional milestone for Fiji's nursing cadre. The Minister for Health and Medical Services, Honorable Rosy Akbar was chief guest at the launch of these three documents.



The Nursing division was able to develop three Strategic Plans for the period 2017 -2021. These included the National Nursing Strategic Plan, the Fiji College of Nursing Strategic Plan and the Fiji Nursing Council Strategic Plan. The three documents were also launched alongside the Scopes of Practice that was officiated by the Honorable Rosy Akbar, Minister for Health & Medical Services.

The second National Nursing Scientific Symposium was organized from 30th to 31st March 2017 at the Pearl South Pacific Resort and was officially opened by the Minister for Health &

Medical Services, Hon. Rosy Akbar and had the Chief Nurse, Prof. Debra Thoms from Australia as keynote speaker. The symposium which was titled “Overcoming Nursing Challenges in achieving the Sustainable Development Goals” had other invited overseas speakers namely Professor Melanie Birks of James Cook University, Ms Elizabeth Powell, General Manager Pacific Health Development Counties Manukau, NZ, Ms Michele Rumsey, Director WHO Collaborating Centre for Nursing and Midwifery, UTS, Australia

Professional Development

Almost 55 nurses were sponsored by donor partners and central agencies to attend meetings and clinical attachments overseas. DFAT had sponsored 10 registered nurses to undertake the Post-graduate Diploma in Midwifery at the Fiji National University. Nurses have shown great interest in taking ownership of their professional development as evident in the growing numbers enrolled in the Bachelor of Nursing Bridging Program for Registered Nurses that is currently offered at the TISI Sangam College of Nursing and Fiji National University. The Fiji Nursing Council and the Ministry has for the first time provided its examiners [of the Fiji Registration Examination] formal accredited training offered by the Education Quality and Assessment Program [EQAP].

Through the assistance of FHSSP, the CHW Program has been able to train 1518 Community Health Workers and develop policy, memorandum of understanding, guidelines and establish partnership and networks with relevant stakeholders.

The Division of Nursing continues to applaud the decision to include between six to eight nurses from specialist units of our major hospital to be part of the Medical Team deployed to the Golan Heights mission.

The Director Nursing Services continues to participate in regular teleconference meetings of the South Pacific & Midwifery Officer Alliance forum which has strengthened Fiji’s involvement in nursing development in the region.



Finance and Asset Management

Finance and Asset Management Division is responsible for the implementation of national policies and procedures in relation to finance, budget, accounts and asset management. These responsibilities are carried out by two functional units as follow:

- Financial Management Unit – manages financial systems, accounts and audit, budget preparation and coordination, management accounting, contract management
- Asset Management Unit – manages infrastructure (capital construction, capital purchases), assets (board of survey), transportation (fleet management), outsourcing of certain services and contract management

The Lautoka Emergency Department and Operating Theatre building project was completed and equipped and was officially opened by the Hon Minister on the 30th of June, 2017. The Low risk Makoi Maternity hospital was fully constructed and is now equipped.

Human Resource

The role of Human Resources Department provides responsive and effective financial, human resource and training services to the Ministry staff to provide goods and services. These staff are internal clients and also support the Ministry functions, to provide quality health care services and promote wellness to all the people of Fiji.

The Division is led by the Director Human Resource who reports to the Permanent Secretary for Health and Medical Services (PSHMS) for the development, implementation and monitoring of policies and guidelines in relations to Human Resource Management. The HR team coordinated a National Health Symposium in consultation with WHO in October, 2016 and conducted a HR Forum in consultation with FHSSP in December, 2016. The Ministry's training plan was endorsed by PSHMS and forwarded to NTPC in the 1st quarter of 2017.

Open Merit Recruitment and Selection Guideline training was conducted for staff and the guideline was implemented through EOI's, pool advertisement for nursing cadre, and normal recruitment and selection process for the Ministry. The HR department also coordinated training and documentation of Job Evaluation Exercise and the implementation of salary upgrade as a result of JEE for all cadres in the Ministry.

The National Disciplinary Committee dealt with thirty five disciplinary cases and it was noted that the turnaround time for completion of a case had been reduced. The investigation process was also strengthened with evidence based findings. OHS Module I and II workshops were also conducted in the Western, Eastern, Central and Northern divisions.

Health Information, Research and Analysis

The Health Information, Research and Analysis (HIRA) Division is responsible for providing policy advice and management support on the utilization of health data and information, health research and analysis; management and development of information and communication technology for the implementation of National Health Services Policies and Plan to ensure effective provision of health services throughout Fiji through an established monitoring and evaluation framework.

The HIRA Division has been able to produce many outputs from its 2016/2017 Business Plan that has been seen as achievements for the unit as it has brought the results that was intended, for strengthening health systems as described below.

The Health Information Unit with IT technical expertise reviewed/formatted compiled and published the Health Status Report 2016 and also reviewed/updated the format, content and data interpretation in quarterly Health Information Bulletins based on regular reporting from all routine information systems. It also updated and finalized the health information data flow mapping based on manager input for all major reporting systems such as PATIS, CMRIS, NNDSS, Diabetes Notification, Cancer Notification and MCDC.

The unit developed a standardized Hospital Monthly Return collection form with an e-version incorporated into CMRIS. The metadata (i.e., Performance Indicator Reference Sheets) for 2016 ACP indicators was developed and the drafting of metadata for 2016 /2017 ACP indicators was initiated.

To ensure improvements in data quality, data verification using the audit tools for PHIS was conducted at facility level, PATIS data entry audits were carried out in Divisional Hospitals and numerous supervisory visits were made across the country to ensure reporting standards were maintained. The unit has also maintained an integrated disease notification surveillance system, morbidity and mortality at all levels, with defined frequency in compliance with the WHO Family of International Classifications (WHO-FIC) standards.

A regional training on ICD O coding with the Korea National Cancer Centre and WHO (Korea & Suva) was organised. This training saw up-skilling of ICD O and CanReg5 administration and use for Fiji, Solomon Islands, Tonga and French Polynesia. The 2nd Consultation on Water Safety and Drowning Prevention was organised. This led to vigorous discussions and recommendations to progress the Terms of Reference for the Working Group, National Policy and Plan. The discussion also yielded pathways for integrated datasets and integrated surveillance for water safety and drowning prevention.

The Division continued its production of monthly NNDSS bulletins, quarterly and annual HIS reports to meet the needs of the intended audience. Various trainings were conducted throughout the year for PATIS, PHIS, LMIS, HRIS, CMRIS, NNDSS, CAN REG and DM Notification Form training. One of the key training was for the doctors on the cause of death to improve vital statistics. A total of 75 out of 182 (41%) health centres and nursing stations were audited for data accuracy and quality in this reporting period. All the Divisions were recording an average

score above 80% which indicated an excellent level of data accuracy and quality being reported to HIU.

Information Communication and Technology Unit established further govnet connections to health facilities (Seaqaqa HC (2Mbps), Nabouwalu Hospital (2Mbps), Lautoka Hospital (100Mbps), Mataika House (100Mbps), Korovou Hospital (100Mbps), CWMH (100Mbps)) to enable access to email, internet, intranet and also various Health Information Systems such as PATIS, CMRIS, HRIS, LIMS and RHIS. The ICT Unit also developed Disaster Recovery Plan and reviewed licensing of all software to ensure compliance and concurrency. Standards on all applications were developed for easy data migrations/merging /reporting.

Registration of eligible individuals for the Free Medicine Program continues with over 26,000 people registered in the program.

The Research Unit managed to establish 3 Divisional Research Committee to be the Divisional Research Coordinators and also be the arm of research at divisional level. One issue of the Volume 5 Issue 2 of the Fiji Journal of Public Health (FJPH) was published with the respective theme NCD-Wellness Issue in June 2017.

A total of four METT RN's trainings were conducted in 2016/2017 implementation period. Training was conducted for the Northern, Central and Western Divisions while one training was conducted at Levuka Hospital to cater for the Lomaiviti Sub-Division. A total of 78 new "Resource Network" members successfully completed the 3 days program and were issued with a certificate of completion. In total the Ministry now has 226 RN members.

Planning and Policy Development Division

The division is responsible for the development, formulation and documentation of MHMS policies, the development of medium to long term strategies in alignment with the Ministry's long term mission and vision as well as the development of annual corporate plans. The division also has a healthcare financing section that develops National Health Accounts and assists with development partner coordination activities.

The Planning & Policy Development Division (PPDD) is responsible for an inclusive planning process for national level health plans and strategies. The main areas of work of the Division are covered under 3 units including planning unit, policy unit and healthcare financing unit.

Planning Unit

The core responsibility of the Planning unit is the development of the Health Strategic Plan for 5 years through a systematic process that takes into consideration evidence and priorities of the health sector in Fiji as well as national, regional and international priorities.

The Annual Corporate Plan (ACP) 2017/2018 was developed after various consultations with respective Senior Managers. ACP 2017/2018 planning consultation began in April 2017 and a workshop was held on 16 May 2017 to finalize the ACP 2017/2018.

The Ministry's Annual Report for the fiscal period January to July 2016 was developed. The unit assisted in the development of the Northern Health Services Plan as part of its health services planning function. The unit was also involved in conducting a review of St Giles hospital and a review report was developed.

Ministry's Gender Implementation Plan was finalized which is aligned to the National Gender Policy. The Eliminating Violence against Women and Girls-16 Days of Activism, Commemoration Event was held on 7 December 2016 and International Women's Day was commemorated on 8 March 2017. The two gender mainstreaming trainings were conducted i.e. Training of Trainers (TOT) and Senior Managers training.



Policy Unit

The Policy Unit is responsible for providing technical support, initiation, development, coordination and monitoring & evaluation, of health policies having an impact on health care delivery as well as preventive service delivery in all facilities under the Ministry. Policies Developed and endorsed included the following;



- National Wellness Policy
- Memorandum of Understanding and Memorandum of Agreement Policy
- National School Health Policy
- National Biomedical Services Management Policy

The Policy's that were drafted and are available for endorsement includes:

- Prohibiting unhealthy Food Sale in Hospital Policy
- Healthy Catering Policy For Government Agencies
- National Breastfeeding Policy

Health Care Financing

The healthcare Financing Unit (HCF) within the Planning and Policy Development Division (PPDD) is responsible for coordinating the monitoring of resource flow through production of National Health Accounts, writing of policy briefs from the NHA findings and recommendations, providing secretarial support for the National Budget Steering Committee meetings and sub-committees for budget management, evaluation and analysis of capital projects and its timely reporting to central agencies, conducting costing studies as and when required for possible outsourcing or Public Private Partnership (PPP) and providing local

counterpart support to for other planning or research activities for commissioning health financing studies or analysis.

The unit developed the 2015 National Health Accounts (NHA) using the Health Accounts Production Tool (HAPT) and consolidation of results for years 2011-2014 resulting in a complete report (Fiji NHA Report 2011-2015). Costing analysis for the establishment and operational costs for a Health Centre (A, B, & C) and a Nursing Station was conducted. The unit also assisted in providing costing on the proposed options on the St Giles Assessment Report (Report compiled by PPDD after major landslide in February, 2017) and in 2017-2018 budget submissions/preparation for the priority projects taken out from the Health Services Plan (HSP) Northern report.

Development Partners

Fiji Health Sector Support Program (FHSSP)

Australian Aid’s primary bilateral contribution to the development of Fiji’s health for the period July 2011 to June 2016 was the Fiji Health Sector Support (FHSSP) which was designed to support the Fiji Ministry of Health and Medical Services (MoHMS) achieve its strategic objectives.

The extension period was agreed between program partners in response to three critical needs; respond to the rehabilitation efforts arising from Severe Tropical Cyclone (TC) Winston in February 2016; ensure continuity of Australian Government support to the Fiji health sector, aligned to FHSSP’s existing objective areas; and complete targeted reviews to assist in planning for the new health program to be delivered under Australia’s Fiji Program Support Facility. A separate funding allocation from the Department of Foreign Affairs and Trade (DFAT) Humanitarian Assistance Plan (HAP) was added to the Program budget for specific activities to support these rehabilitation efforts.

The table below summarizes the results against the End of Program Outcomes as per the FHSSP Monitoring and Evaluation Plan.

Objective 1: Safe motherhood	
1. Early and adequate antenatal care.	<ul style="list-style-type: none"> ▪ Percentage of pregnant women with first ANC visit in their first trimester is up from 0% in 2012 to 32% in Q4 2016. ▪ Percentage of mothers with at least four ANC visits is up from 44% in 2014 to 71% in Q4 2016. ▪ More on FHSSP extension phase contribution to these MOHMS indicators detailed under Objectives 1 and 4 in the FHSSP Program Completion Update.
2. Safe pregnancy, childbirth and motherhood.	<ul style="list-style-type: none"> ▪ Two of three divisional hospitals exceeded the target of 80% adherence to Mother and Neonatal Safe Hospital Initiative (MNSHI) standards; CWMH reached 83%, up from 0% adherence in 2014, and Labasa hospital reached 93% adherence in Q1 2017. ▪ Two of the three targeted subdivisional hospitals also exceeded the 80% adherence to MNSHI; Nadi Hospital sustained 83% and Sigatoka achieved 92% in Q1 2017. ▪ Achieved 100% staff training adequacy in emergency management of obstetric and neonatal complications (EmONC) and birth preparedness (BPP) at all targeted subdivisional hospitals.
3. Safe and effective post-miscarriage services.	<ul style="list-style-type: none"> ▪ 12 doctors trained from the divisional hospitals have been certified to conduct the manual vacuum aspiration (MVA) procedure, with an additional six trained and awaiting certification.
Objective 2: Healthy Child	
1. Childhood immunisation for rotavirus and pneumococcal disease.	<ul style="list-style-type: none"> ▪ Rotavirus and pneumococcal vaccines introduced into the national immunisation schedule. ▪ MoHMS fully funded these vaccines and met every cost-sharing target. ▪ Up to 553 admissions prevented annually for pneumonia, meningitis,

	<p>and invasive pneumococcal disease in children under five years of age.</p> <ul style="list-style-type: none"> ▪ A 70% reduction in rotavirus incidence rates of hospitalised rotavirus diarrhoea in children under five years of age has been noted at CWMH— based on a rate of 38% pre-vaccine, and 12% post-vaccine. ▪ Immunisation coverage 98.4% for all vaccines on the immunisation schedule and 95.6% for measles.
2. Consistent high quality child healthcare.	<ul style="list-style-type: none"> ▪ 90% of targeted facilities have 60% of nurses trained in the integrated management of childhood illness (IMCI) (up from 46%).
Objective 3: Targeted NCD support	
1. Diabetes prevention and early intervention.	<ul style="list-style-type: none"> ▪ Percentage of adult population over the age of 30 years screened annually for diabetes rose from 2% in 2012 to 20.5% in 2015 (target is 25%). ▪ Percentage of the population screened for diabetes that received on-the-spot counselling on behavioural risk factors continues to improve and in Q1 2017 the MoHMS exceeded its target of 75% screening with 93%. ▪ Rate of amputation from diabetic foot ulcers is down from 43.2/100 admissions for diabetes and complications in 2011 to 12 in 2017. ▪ Exceeded the 80% training adequacy target for diabetic foot care by public health nurses. ▪ Over 50% of registered diabetics had a foot assessment – previous percentage was negligible.
2. Cervical cancer prevention and screening.	<ul style="list-style-type: none"> ▪ Human papillomavirus (HPV) vaccine was introduced into the national immunisation schedule. ▪ MoHMS fully funded this vaccine and met every cost-sharing target. ▪ Evaluation of the introduction of HPV identified coverage from two doses is the same as for three doses which allowed the MoHMS to reduce the dose in the national schedule and deliver more cost-effective immunity to Fijian women. ▪ 98.1% of girls in Class 8 were vaccinated against HPV1 (Q4 2015). ▪ Cervical cancer screening rates have increased from 15.8% in 2013 to 23.8% in Q4 2016; working towards the MoHMS screening target of 50% by 2020.
Objective 4: Community Health Worker (CHW) Network	
	<ul style="list-style-type: none"> ▪ 93% of active community health workers (CHWs) trained in the core competencies module. ▪ 76% of active CHWs trained in safe motherhood module. ▪ 66% of active CHWs trained in healthy child module. ▪ 58% of active CHWs trained in wellness module. ▪ MoHMS using the network to implement rheumatic heart disease project, mental health services, tuberculosis, and oral health.
Objective 5: Targeted Health Systems Strengthening	
1. Key information systems providing accurate, meaningful data.	<ul style="list-style-type: none"> ▪ CMRIS was launched as a web-based online tool in Phase 1. ▪ All training targets for Phase 1 and Phase 2 in CMRIS have been achieved and MoHMS has ownership delivery all refresher training. ▪ CMRIS fully meets timeliness of data entry targets. ▪ CMRIS now provides sex disaggregated data.
2. Results-oriented M&E to guide continuous improvement.	<ul style="list-style-type: none"> ▪ The MoHMS achieved its target of 42 national programs, divisions, subdivisions, major hospitals and clinical service networks (CSNs) with trained Resource Network facilitators – off a base of zero. ▪ These facilitators contributed to a 74% increase in documented annual corporate plan indicators.

<p>3. Workforce development including HRH recruitment, retention and training.</p>	<ul style="list-style-type: none"> ▪ MoHMS now annually updates its strategic workforce plan. ▪ All requests for staff are evidence-based using indicators of staffing needs. ▪ Doctor to population ratio up from 4.3 to 8.2/10,000 from 2012 to 2015 and predicted to rise to 10.3/10,000 by the end of 2017. ▪ Nurse to population ratio up from 27 to 38 /10,000 from 2014 to 2017. ▪ Midwives to population ratio up from 3.4 to 4/10,000 from 2014 to 2017. ▪ Ratio of staff with a job description relative to total staff is 75% (May 2017), a substantial improvement on 16% in 2015. ▪ 90-92% of nurses are meeting their mandatory continuing professional development criteria for relicense. ▪ 95% of doctors working in MoHMS facilities have completed mandatory continuing medical education to be re-licensed. ▪ More on FHSSP extension phase contribution to these MOHMS indicators detailed under Objectives 5 of the FHSSP Program Completion Update
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Along with the evaluation of the foot care training, the Program completed targeted evaluative and review work during the extension phase which included completion of the vaccine evaluation to assess the impact of the introduction of rotavirus, pneumococcal and human papilloma virus vaccines; review of CHW training; an adolescent health review; and assessment of counselling services. Support for Gender work continued with technical assistance to the Policy and Planning Unit for the Gender Implementation Plan. The FHSSP funded gender in-service training program was also overhauled to align with the updated policy environment and a more sustainable approach to rolling out the training was developed.

The most significant work of the extension phase was the support to DFAT’s Humanitarian Assistance Plan (HAP). Support included the following:

- Communicable disease surveillance: Recruitment of six surveillance officers until December, 2016
- Biomedical and medical equipment: Purchase of equipment and furniture for Waimaro Health Centre
- Health facilities repair and construction: Waimaro Nursing station was completely destroyed during TC Winston. The MoHMS and CIU requested that the facility be upgraded to a Level C Health Centre, so a service plan was commissioned and completed by FHSSP during the extension phase. FHSSP completed the detailed design and managed the construction request for tender. This was then transferred to DFAT’s Access to Quality Education Program (AQEP) to continue as building will take longer than the term of contract for FHSSP.

The total budget for FHSSP for 2016/17 was FJD \$2,496,924. The breakdown is as per table below:

Objectives	FJD
Safe motherhood	\$219,322
Healthy child	\$269,352
NCDs	\$477,195
Community health worker	\$95,517
Health systems strengthening	\$783,321
Humanitarian assistance	\$652,328
Total	\$2,496,924

FHSSP completed on the 30th of June and handover and exit arrangements including disposal and handover of assets were completed in collaboration with MHMS and DFAT.

6. Financial Performance

OFFICE OF THE AUDITOR GENERAL Excellence in Public Sector Auditing



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INDEPENDENT AUDITOR'S REPORT

MINISTRY OF HEALTH AND MEDICAL SERVICES

I have audited the financial statements of the of Ministry of Health and Medical Services, which comprise the Statement of Receipts and Expenditure, Appropriation Statement, Statement of Losses, TMA Manufacturing Account, TMA Trading Account, TMA Profit and Loss Statement, TMA balance Sheet and Trust Statement of Receipts and Payments for the year ended 31 July 2017 and the notes to and forming part of the financial statements including a summary of significant accounting policies.

In my opinion, except for the effects on the matters described in the Basis of Qualified Opinion paragraph, the accompanying financial statements are prepared, in all material respects, in accordance with the Financial Management Act 2004, Finance Instructions 2010 and Finance (Amendment) Instructions 2016.

Basis for Qualified Opinion

Sahyadri Trust Fund Account

An unreconciled variance of \$114,950 exists between the Bank Reconciliation and the Cash at Bank general ledger balances. As a result, I was unable to substantiate the accuracy and completeness of the closing balance of \$338,925 reflected in the Trust Fund Account Statement of Receipts and Payments.

Without further qualifying the above opinion, attention is drawn to the following:

- The Ministry did not prepare the board of survey report on the existence and condition of all assets under its authority contrary to Section 49 of the Finance Instruction 2010.
- Internal controls over account reconciliations were generally found to be weak and if not addressed promptly may result in material misstatements and financial implications in future.

I have conducted my audit in accordance with International Standards on Auditing (ISA). My responsibilities under those standards are described in the *Auditor's Responsibilities* paragraph of my report. I am independent of the Ministry in accordance with the ethical requirements that are relevant to my audit of the financial statements in Fiji and I have fulfilled my other responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Management's Responsibilities for the Financial Statements

The management of the Ministry is responsible for the preparation of the financial statements in accordance with Section 50 of the Financial Management Act 2004 and Section 71(1) of the Finance Instructions 2010 for such internal control as the management determine is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibilities

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISA will always detect a material misstatement when it exists. Misstatements can arise from fraud and error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with ISA, I exercise professional judgment and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Ministry's internal control.
- Evaluate the appropriateness of accounting policies used and related disclosures made by the Ministry.

I communicate with the management and directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.


Ajay Nand
AUDITOR-GENERAL



Suva, Fiji
14 August 2018

Table 6: Segregation of 2016/2017 Budget

Programme / Activity	Original Budget (\$m)	Revised Budget (\$m)	% of Overall Revised Health Budget
Programme 1 Activity 1 Administration	73,269,669	71,916,948	29%
Programme 2 Activity 1 Public Health Services	6,011,169	6,101,530	3%
Programme 2 Activity 2 CWM Hospital	29,261,630	31,583,964	13%
Programme 2 Activity 3 Lautoka Hospital	17,710,055	19,006,202	8%
Programme 2 Activity 4 Labasa Hospital	15,524,976	15,787,306	6%
Programme 2 Activity 5 Tamavua Twomey Hospital	3,246,426	2,761,582	1%
Programme 2 Activity 6 St Giles Hospital	4,204,413	3,284,823	1%
Programme 3 Activity 1 Central Division	13,229,040	14,689,168	6%
Programme 3 Activity 2 Eastern Division	7,956,857	7,194,414	3%
Programme 3 Activity 3 Western Division	13,687,597	17,493,366	7%
Programme 3 Activity 4 Northern Division	9,399,556	9,145,800	4%
Programme 4 Activity 1 Drugs and Medical Equipment	50,513,877	45,050,162	18%
Total	244,015,265	244,015,265	100%

Table 7: Proportion of Ministry of Health Budget against National Budget and GDP

Year	Revised Health Budget	National Budget	% of Overall Total Budget	% of GDP
2016/2017	\$244,015,265	\$3,643,356,100	6.7%	2.5%

Table 8: Statement of Receipts and Expenditure for the Year Ended 31st July 2017

	Notes	12 months 31/07/2017 (\$)	7 months 31/07/2016 (\$)
RECEIPTS			
State Revenue			
OPR		-	2,123
Rental for Quarters		15,261	8,341
Commission		67,930	40,675
Miscellaneous Revenue	3 (a)	1,075,980	844,360
Total State Revenue		1,159,171	895,499
Agency Revenue			
Health Fumigation & Quarantine		1,537,992	891,529
Hospital Fees		2,153,874	1,226,316
License & Others		1,624,862	980,485
Miscellaneous Revenue	3 (b)	541,791	5,993
Total Agency Revenue		5,858,519	3,104,263
TOTAL REVENUE		7,017,670	3,999,762
EXPENDITURE			
Operating Expenditure			
Established Staff		90,048,506	67,588,298
Government Wage Earners	3 (c)	17,814,252	6,828,008
Travel & Communication	3 (d)	5,156,722	2,322,153
Maintenance & Operations		14,245,501	8,220,584
Purchase of Goods & Services		47,206,269	28,934,288
Operating Grants & Transfers		1,055,165	679,283
Special Expenditure		8,061,130	4,604,767
Total Operating Expenditure		183,587,545	119,177,381
Capital Expenditure			
Capital Construction		20,890,579	12,595,978
Capital Purchases		5,423,459	10,713,110
Total Capital Expenditure		26,314,038	23,309,088
Value Added Tax		8,221,975	4,131,375
TOTAL EXPENDITURE		218,123,558	146,617,844

Table 9: TMA Trading Account for the Year Ended 31st July 2017

Trading Account		12 months 31/07/2017	7months 31/07/2016
		(\$)	(\$)
Sales		373,754	229,464
Total Revenue		373,754	229,464
Opening Stock of Finished Goods		34,773	-
<i>Add</i> : Purchases		258,188	153,499
		292,961	153,499
<i>Less</i> : Closing Stock of Finished Goods		5,975	34,773
Cost of Goods Sold		286,986	118,726
Gross Profit Transferred to Profit & Loss Statement		86,768	110,738

Table 10: TMA Profit and Loss Statement for the Year Ended 31st July 2017

INCOME		12 months 31/07/2017	7months 31/07/2016
		(\$)	(\$)
Gross Profit Transferred to Profit & Loss Statement		86,768	110,738
EXPENSES			
Sales and Related Payments		43,737	25,674
Travel Domestic & Communications		1,934	1,286
Maintenance & Operations		16,913	10,392
Special Fees and Charges		601	2,909
Total Expenses		63,185	40,261
NET PROFIT		23,583	70,477

Table 11: TMA Balance Sheet for the Year Ended 31st July 2017

		12 months 31/07/2017	7months 31/07/2016
		(\$)	(\$)
Current Assets			
Cash at Bank		563,089	576,736
Account Receivables		-	601
Finished Goods		5,975	34,773
VAT		10,766	8,712
Total Current Assets		579,830	620,822
Liabilities			
Accounts Payable		-	-
Total Liabilities		-	-
NET ASSETS		579,830	620,822
EQUITY			
Accumulated TMA Surplus		1,045,664	975,188
TMA ACC Surplus		(489,417)	(424,843)
Net Loss		23,583	70,477
Total		579,830	620,822

Table 12: Appropriation Statement for the Year Ended 31st July 2017

SEG	Item	Budget Estimate (\$)	Appropriation Changes (Note 4) (\$)	Revised Estimate a (\$)	Actual Expenditure b (\$)	Lapsed Appropriation (a-b) (\$)
1	Established Staff	87,647,194	2,429,413	90,076,607	90,048,506	28,101
2	Government Wage Earners	11,624,003	6,197,321	17,821,324	17,814,252	7,072
3	Travel & Communication	5,304,200	(93,520)	5,210,680	5,156,722	53,958
4	Maintenance & Operations	15,036,763	(711,337)	14,325,426	14,245,501	79,925
5	Purchase of Goods & Services	50,130,080	(2,456,724)	47,673,356	47,206,269	467,087
6	Operating Grants & Transfers	1,472,520		1,472,520	1,055,165	417,355
7	Special Expenditure	10,519,253		10,519,253	8,061,130	2,458,123
	Total Operating Expenditure	181,734,013	5,365,153	187,099,166	183,587,545	3,511,621
Capital Expenditure						
8	Capital Construction	42,992,752	-	42,992,752	20,890,579	22,102,173
9	Capital Purchases	7,650,000	(1,960,748)	5,689,252	5,423,459	265,793
	Total Capital Expenditure	50,642,752	(1,960,748)	48,682,004	26,314,038	22,367,966
13	Value Added Tax	11,638,500	(3,404,405)	8,234,095	8,221,975	12,120
	Total Expenditure	244,015,265	-	244,015,265	218,123,558	25,891,707