



**MINISTRY OF HEALTH
& MEDICAL SERVICES**

ANNUAL REPORT

2017-18

MINISTRY OF HEALTH AND MEDICAL SERVICES

Annual Report 2017/2018

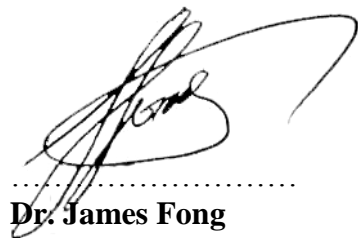
The Minister for Health and Medical Services

Ministry of Health and Medical Services

Suva

Dear Sir,

I am pleased to submit the Annual Report for the financial year 1st August 2017 to 31st July 2018 in accordance with the Government's regulatory requirements.



Dr. James Fong
Permanent Secretary

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Permanent Secretary's Statement



The Ministry of Health and Medical Services is responsible for managing Fiji's overall healthcare system. The financial year 2017/2018 has been a successful year for the Ministry and it also marked the second year of implementation of the Strategic Plan 2016-2020.

The Strategic Plan 2016-2020, provided the clarity and set the direction on where we wanted to be by the end of the fiscal year, clear targets were also set to progress towards this. Our focus was on expanding service delivery that would be supported by health systems strengthening. We worked closely with all our Cost Centers to deliver services and strengthen and improve our business processes.

There was ongoing focus on systems strengthening and we invested in setting up monitoring and reporting processes to effectively monitor progress. The capacity building of staff was conducted to improve services in identified areas. The aim was to improve productivity and efficiency across the health system, with a special focus on further developing a customer focused service delivery system.

The Ministry's core functions were effectively delivered, including the strengthening of service delivery at community level through:

- Expansion of the delivery of specialised services to the community level
- Delivering specific specialised services in a coordinated manner through visiting teams
- Strengthening outreach services, including rehabilitation services

I wish to acknowledge the hard work and commitment of the staff as they continue to put in greater care, compassion and commitment into their work. We will continue to strengthen our services and processes to provide quality health care services to the people of Fiji.



.....
Dr. James Fong
Permanent Secretary

Acronyms

CCHEDRMC	Climate Change, Health Emergency & Disaster Risk Management Coordinator
CD	Communicable Disease
CSN	Clinical Service Network
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
MHMS	Ministry of Health and Medical Services
MSs	Medical Superintendents
NAs	National Advisors
NCD	Non Communicable Diseases
OH	Oral Health
RHD	Rheumatic Heart Diseases
SDG	Sustainable Development Goal
UHC	Universal Health Coverage

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

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.

Integrity

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

Respect for human dignity

We respect the sanctity and dignity of all we serve.

Responsiveness

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

Customer focus

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



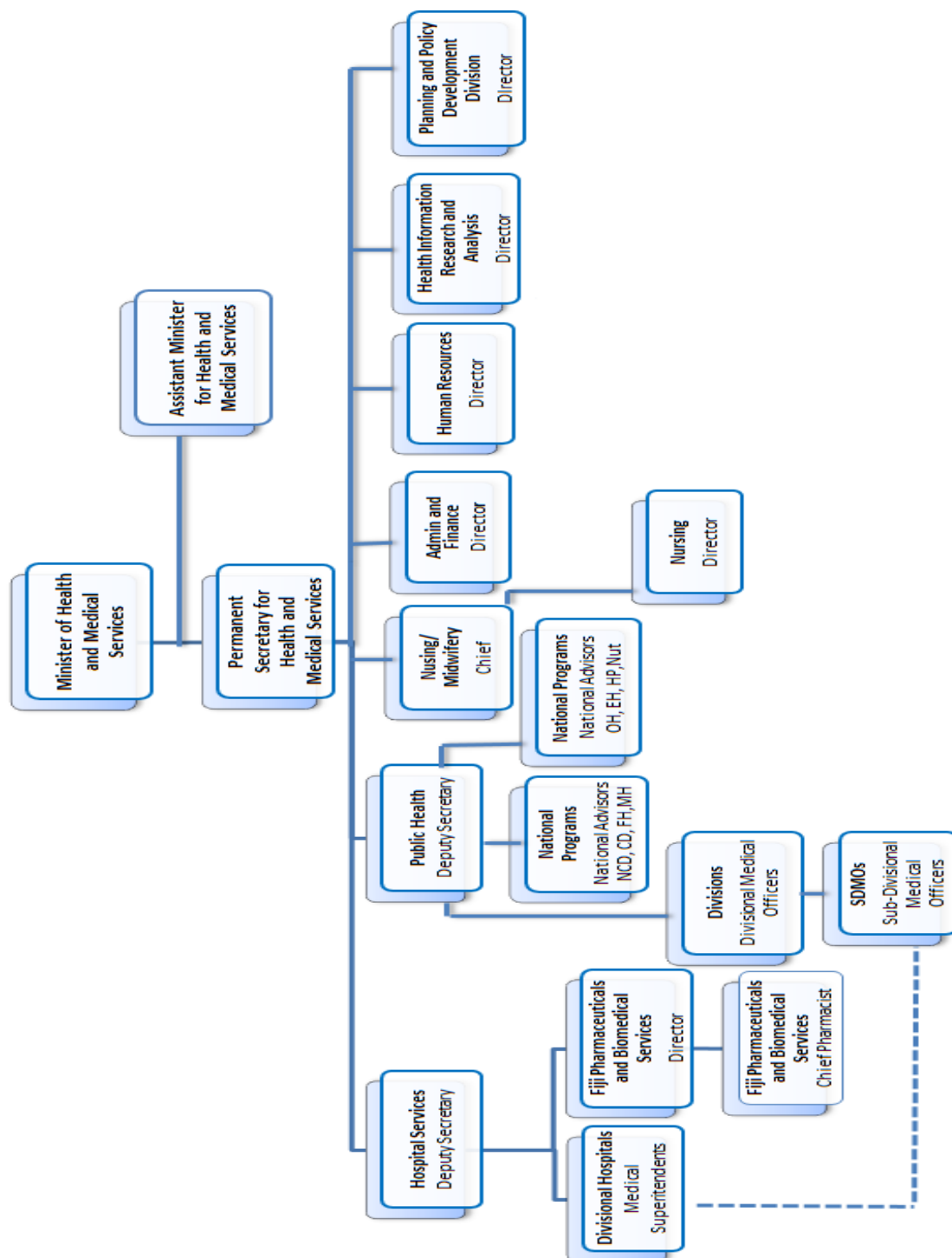
Frameworks

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	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) Act 2017
20	Medical Assistants Act (Cap.113)
21	Medicinal Products Decree 2011
22	Mental Health Decree 2010
23	Mental Treatment Act (Cap 113)
24	Nurses Decree 2011
25	Pharmacy Profession Decree 2011
26	Pharmacy Profession (Amendment) Act 2017
27	Private Hospitals Act (Cap. 256A)
29	Public Health Act (Cap. 111)
30	Public Hospitals & Dispensaries Act (Cap 110)
31	Public Hospitals & Dispensaries (Amendment) Regulations 2012
32	Optometrist and Dispensing Optician Decree 2012
33	Quarantine Act (Cap. 112)
34	Quarantine (Amendment) Decree 2010
35	Radiation Health Decree 2009
36	Tobacco Control Decree 2010
37	Tobacco Control Regulation 2012
38	The Food Safety Regulation 2009
39	The Food Establishment Grading Regulation 2011

Organization Structure



SDG Performance 2017

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	2017 Progress
Improving Health Service Delivery	Provide quality preventive, curative and rehabilitative health services responding to the needs of the Fijian population including vulnerable groups such as children, adolescents, pregnant women, elderly, those with disabilities and the disadvantaged	Premature mortality less than 70 years due to NCDs	68%
		Prevalence of overweight/obesity in primary school children	8.7%
		Prevalence of tobacco use amongst adults age 18+ years	17% (2011) STEPS Survey 2011
		Death rate due to road traffic injuries	9.2 per 100,000 population
		Cervical cancer screening coverage rate	6.4%
		Suicide rate per 100,000 population	7 per 100,000 population
		Maternal mortality ratio reduced to less than 70 per 100,000.	35.6 per 100,000 pop
		Percentage of pregnant women who receive antenatal clinic in their first trimester	24.8%
		Percentage of pregnant women with at least 4 antenatal clinic visits at term	80.7%
		Child mortality rate under 5 years maintained at 25 per 1000 live Births (SDG).	20.8 per 1,000 live births
		Neonatal mortality rate as low as 12 per 1,000 live births	9.3 per 1,000 live births
		Percentage of childhood vaccination coverage rate for all antigens	87.6%

		Incidence of HIV infection (# of new cases)	77
		Percentage of 1 year-old children immunized against measles	100%
		Contraceptive prevalence rate among population of child bearing age	44.9%
		Adolescent birth rate per 1,000 girls aged 10 to 19	16.1 per 1,000 girls aged 10 to 19
		Proportion of births attended by skilled health personal	99%
		Prevalence of stunting in children under 5 years of age	6.2% (National Nutritional Status Survey 2014)
		Percentage of infants who are exclusively breast fed at 6 months	63%
		Incidence of TB	51 per 100,000 population
		Hepatitis B incidence per 100,000 population	12.5 per 100,000
		International Health Regulation (IHR) core capacity	80%
	Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability	Ratio of health professionals to population (MDs, nurse midwives, nurses)	Nurses -31.7 per 10,000 Midwives-2.1per 10,000
		Average availability of selected essential medicines in public and private health facilities	80%
		General government expenditure on health as a proportion of general government expenditure (GGHE/GGE)	7.8% (Aug 2017-July 2018)
Ensuring Effective, Enlightened	Gender Equality	Adopt and strengthen sound policies and enforceable legislation for the promotion of	Gender awareness training conducted that included

and Accountable Leadership		gender equality and the empowerment of all women and girls at all levels	participants from all divisions and hospitals.
	Social Inclusion	Ratio of household out-of-pocket (OOP) payments for health relative to current health expenditure (CHE)	19.4% (Aug 2017-July 2018)
Enhancing Public sector efficiency, performance effectiveness and service delivery	Public Sector Reforms	To extend the opening hours at health centres, hospitals and government pharmacies to provide Fijians with better and more convenient medical services.	Makoi, Valelevu, Nuffield, Samabula, Raiwaqa and Lami HC in Central Division and Nadi HC in Western Division
Reducing Poverty	Poverty Reduction	Provide free all medicine prescribed by a doctor and currently under price control for all Fijians who earn less than \$20,000 a year. This includes medicines for Non Communicable Diseases.	Free medicines program rolled out and registration drive conducted where over 20,000 eligible people have registered
Climate Change	Climate Change	Percentage of population using safely managed water services	96%
		Percentage of population using safely managed sanitation services, including a hand-washing facility with soap and water	91%

Strategic Priorities

Brief outline of service delivery priorities and selected indicators

The Ministry's focus is on providing quality preventive, curative and rehabilitative health services that meets the health needs of the population. Systems' strengthening is needed to enable the health system to deliver the appropriate standard of services needed to achieve key health outcomes.

Strengthening Primary health care with an emphasis on providing a continuum of care and improved service quality and safety

Improving the access, coverage and quality of primary health care requires integrated health systems approach. From a governance and service delivery perspective, the MHMS has a broad array of policies, standards, and protocols to ensure safe, high quality services at all levels of the health system, from nursing stations to divisional hospitals.

There is a need to establish a continuum in the provision of care in all areas through a strengthened referral system. There has been considerable effort to extend the coverage of primary health care through improved partnerships with communities through community health worker program.

There is ongoing focus on the referral process from public health screening to confirmatory diagnosis and provision of clinical services, especially for NCD screening and diabetes management to prevent foot sepsis and amputations.

Key Performance Indicators

Improvement in lifestyle risk factors among the population

The school health teams visited all the primary schools in their respective divisions and conducted health checkup and advocated on healthy food options to the children. Strengthening of oral health promotion in schools has also reduced dental caries among the school children.

The Wellness unit within the Ministry conducted wellness settings programmes among the communities and in school settings. There was an increase in the number of wellness settings based at community level and in schools. Refresher trainings were also provided to ensure that wellness settings are maintained.

Extended Primary Care Service

There has been a strong emphasis on increasing the coverage of Primary Health Care (PHC) for over 35 years, reinforced by the Healthy Islands concept for the Pacific Islands. This has been implemented primarily through community outreach visits by multidisciplinary health worker teams in collaboration with the nationwide network of Community Health Workers (CHW). There were about 1452 community health workers trained in the CHW core competencies in the fiscal year.

The decentralization of outpatient services to major health centres in the sub divisions has improved accessibility of primary health care services in the urban, rural and remote areas. The extension of opening hours in selected health facilities in the Central, Western and Northern divisions have further improved accessibility.

Supporting secondary level care

There is a need to further develop sub-divisional hospital capacity and strengthen the clinical capability of sub-divisional hospital staff to enable greater devolution of clinical workloads from divisional hospitals.

There have been ongoing efforts to expand the role of the divisional hospital Senior Clinicians in providing supervisory and quality monitoring support at the sub divisional level.

This effort will build upon, the Ministry's recent progress in establishing a set of systematic, criterion based audits of facility standards and adherence to clinical guidelines to guide a continuous quality improvement process.

Key Performance Indicators

Improved early detection with effective risk assessment, behaviour change counselling and clinical management

The Package of Essential NCD Services (PEN) is a toolkit which enables early detection and management of cardiovascular diseases, diabetes and chronic respiratory diseases. PEN is implemented among the SOPDs at health centres to improve the quality of care of NCDs in primary care facilities. The main activity for the fiscal year was to train medical officers, nurse practitioners, dieticians and physiotherapists in the four divisions on the PEN training manual. The quarterly audits were conducted both internally and externally and it has been observed that PEN was rolled out in health centres where the staffs were trained on PEN manual.

Cervical cancer screening was conducted at health facilities and during community outreach programme. In this fiscal year more nurses were trained in this area.

Improved detection, clinical management and referral through Mental Health Gap Action Programme (mhGAP)

The mhGAP aims to improve the mental, neurological and substance use disorder services in the country. The Mental Health unit conducted training for medical officers and nurses on the mhGAP intervention guide to ensure that the guideline is implemented in the health facilities.

The delivery of mental health services has improved as we can see that the readmission rate for mental illness within 28 days of discharge has decreased to 12.3%.

Improved quality obstetric care

To improve the quality of maternity services in the sub divisional hospital, the Ministry conducted external audit annually to ensure that the Mother Safe Hospital Initiative (MSHI) adherence target is met. The audit visit was used as an opportunity to raise awareness about the MSHI standards and provide direct feedback to the hospital management team on which of the standards they had met and which areas were lacking and needed support. It was observed that the ratings for some facilities improved in comparison to the previous year.

Improved prevention and management of childhood illness

This fiscal year was predominantly dedicated to strengthening the immunization programme in the country, activities in the fiscal year started with the nationwide mass measles and rubella vaccination campaign for children aged 1- 11 yrs. Meningococcal C Disease (Men C) outbreak was declared in March 2018 and the family health unit was heavily involved in the logistics preparation for a nationwide Men C campaign targeting children aged 1-19 years old. The actual vaccination campaign started on 14th May 2018 and ended on 31st October 2018.

Rheumatic Heart Disease (RHD) screening was incorporated in the school health programme for early detection and better management of RHD cases in children.

Training was conducted for the Integrated Management of Childhood Illness (IMCI) and the WHO pocket book guidelines. This training supported the provision of IMCI services where all sick children under 5 years were seen according to the IMCI Strategy in all health facilities and there was improved adherence rate to WHO pocket book at sub divisional hospital.

Improving the quality of tertiary level care

The three divisional hospitals in Suva, Lautoka and Labasa provide a range of tertiary healthcare with opportunity to further develop specialised clinical services.

There are efforts being made to strengthen current workforce and clinical services planning to appropriately address a range of issues, particularly, by means of focused strategies. Progress in this area has already commenced with recruitment of specialists from overseas who will also provide capacity building support for local clinicians.

There has been ongoing focus on improving service quality and safety to ensure safe, high quality services at all divisional hospitals.

Key Performance Indicators

Improved quality standards

The clinical quality service measures in the divisional and sub divisional hospitals were continuously monitored and measured to improve service delivery. The risk managers in the respective divisional and sub divisional hospitals conducted regular audits and implemented best practice measures to reduce infection within the hospital and improve overall service quality.

Health systems strengthening priorities

Human Resource

The Ministry focuses on service provision through a caring and customer focused approach as well as the work satisfaction of staff. MHMS has identified several key workforce issues over the years which includes staff retention and staff shortages in certain specialties. In order to combat these issues the Ministry carries

out certain activities such as re-employment and re-engagement of retired nurses, recruitment of specialised medical officers and locum arrangement of general practitioners to support the health sector.

There has also been review of nursing and medical posts to meet the patient demand where the government has agreed to establish 200 new entry level nursing posts and 150 new entry level medical officer posts till 2018. The Ministry also anticipates reviewing allied health cadre establishments to match with the service requirements.

Key Performance Indicators

Workforce needs aligned to population demand

The continuous recruitment of 200 new entry level nursing posts and 150 new entry level medical officer posts assisted the Ministry to improve the doctor and nurse ratio to population. The recruitment of additional medical staff assisted the Ministry to expand its specialist services and extend the opening hours of health centres. The re-engagement of retired midwives supported in providing maternity services at the newly built Makoi Maternity.

Finance

There is a focus on more clearly aligning planning with budgeting i.e. ensuring that budget requests are aligned to Ministry's strategic priorities and health outcomes including due consideration of efficiency and cost effectiveness.

Overall the aim is to explore options for spending "better" rather than spending more and getting the best value for the health dollar spent.

Key Performance Indicators

Improved budget execution and financial performance

The Finance Unit ensured that the monthly reconciliation was submitted to the Ministry of Economy by the specified due date. Budget utilization was monitored on a monthly basis and report was presented to senior executives on the utilization of funds.

Health Information

The Ministry is continuously investing in expanding coverage and functionality of electronic patient management information systems in the health facilities to improve clinical management. Accurate and quality health information is vital for evidence based planning in both managerial and clinical settings.

Data on health outcomes, service delivery indicators and the overall performance of the health system is used to plan, implement, monitor and evaluate health programmes. MHMS is working towards building capacity to generate, manage, and use health information at all levels of health care.

Key Performance Indicators

Electronic Patient Management Information Systems (PATIS) utilised in all health facilities

There were improvements made on PATIS online functionality with additional modules added to capture medical reports online with better reporting features. The connectivity of Govnet was extended to more health facilities which enabled access to email, internet, intranet and also various health information systems.

Infrastructure and Equipment

MHMS is planning to develop a costed comprehensive building maintenance plan and equipment maintenance and replenishment plan. This plan will assist the ministry to allocate resources and prioritise capital projects as needed. There is also a need to improve standardisation and coordination of facility & equipment planning between stakeholders.

The Ministry has initiated plans to ensure that all health facilities in Fiji have the minimum required functional biomedical equipment for the level of the facility.

In order to address the persistent challenges with both equipment availability and downtime, the Ministry will establish and implement a management policy to systematically plan for and respond to biomedical equipment needs in all facilities. There are ongoing efforts to increase availability of essential biomedical equipment according to service delivery requirements and as an integrated component of infrastructure planning.

Key Performance Indicators

The Asset Management Unit worked together with the respective divisional hospitals and the divisional office to compile a building and equipment maintenance plan. This plan is updated regularly and projects are carried out as budget is assigned for each fiscal year.

Medicinal Products

The overall objective of the Ministry is to ensure equitable access to essential medicinal products of assured quality, safety, efficacy and cost-effectiveness.

The Ministry will strengthen its procurement management and stock control management system to combat the issues with medicinal stock outs at health facility level.

There are changes being made to strengthen the management of Fiji Pharmaceutical & Biomedical Services Centre (FPBSC) with the recruitment of a Director to coordinate and manage the procurement & supply management function including procurement, storage, and distribution of medicinal and biomedical products.

MHMS will invest in regular testing of medicinal products to ensure that safe and quality medicines are available at all health facilities.

Key Performance Indicators

In this fiscal year, most of the targeted health facilities had more than 80% stock availability of tracer products.

There was also improvement in the stock wastage due to expiry where only 1.67% of the total purchase goods expired, meeting its annual target of less than 3%.

To ensure quality medicines are available to all health facilities, a Memorandum of Agreement (MOA) between the Government of Australia and Government of Fiji was signed.

Leadership and Governance

MHMS plays an essential governance and stewardship role in Fiji's health sector. This includes establishing appropriate legislative, regulatory, policy, and monitoring frameworks and guiding intersectoral coordination between all health stakeholders, including other government ministries, development partners, private sector providers and firms, non-governmental organizations, civil society, communities, and individuals.

There is a need to strengthen regulatory capacity and review and update legislations accordingly. There is also a need to develop legislations to address key issues such as non-communicable diseases.

Standards are currently set and maintained by various regulatory bodies and enforced by the relevant bodies such as the Central Board of Health (CBH), Fiji Medical Council (FMC), Fiji Dental Council (FDC), Fiji Pharmacy Profession Board (FPPB), Fiji Nursing Council (FNC), Private Hospital Board (PHB), Rural Local Authorities (RLAs), Hospital Board of Visitors (HBoV), Fiji Optometrists Board (FOB) and Fiji National Council of Disabled Persons (FNCDP).

Key Performance Indicators

There were 5 new policies drafted for the fiscal year, the policies were developed as requested by the respective programme heads based on need. The drafting process of these policies underwent various consultations with the relevant stakeholders. The Ministry submitted 14 cabinet papers to the cabinet office, these papers were either for information or discussion with the cabinet members.



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, electroconvulsive therapy and dispensing of pharmaceuticals.

Tamavua/Twomey Hospital blends three specialized hospital services i.e. Tuberculosis, Leprosy, Dermatology and Rehabilitation under one management with the vision to be the best in specialized hospital care in these areas.

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.

Colonial War Memorial Hospital (CWMH)

CWMH is the main referral hospital for the Central and Eastern divisions and is the largest centre 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

Hon Prime Minister, Voreqe Bainimarama officiated the ground breaking ceremony for the new Maternity unit i.e. the existing CWM Hospital (CWMH) maternity ward would be extended to a 200 bed facility. The new Makoi Maternity Unit was officially opened by the Minister for Health and Medical Services, Hon Rosy Akbar.

Memorandum of Agreement (MOA) was signed between the Ministry and Ronald McDonald House Charities (RMHC) for the refurbishment of the Family Room and Waiting Mum's Room at CWMH.

CWMH was privileged to have visiting specialist such as Friends of Fiji Health Foundation (FOFHF), Orthopaedic Surgeon specialist Dr Doron Sher from Australia and 3 volunteer specialists from Guangdong for 3 months.

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 Hospital Major Incident Medical Management and Support (HMIMMS), Emergency Life Support (ELS) training ,Serious Illness in Remote Environment (SIREN) Courses and Patient Safety Workshop.

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 to Nadroga/Navosa. The 6 sub divisional medical districts are Ra, Tavua, Ba, Lautoka /Yasawa, Nadi and Nadroga /Navosa.

Key Achievements and Highlights

Lautoka Hospital (Old Operating Theatre) got burnt on 5 December 2017. The fire affected the Operating Theater (OT) and Radiology Department. This was a major internal crisis that had an impact on the delivery of key clinical services. OT services were reduced from seven to two operating theaters with the provision of emergency and semi emergency services only.

Radiology Department that is located just below the burnt old OT was also affected with radiology services urgently requiring the purchase of two portable x-ray machines. The institution was put on emergency services only from December 2017 to January 2018 and assistance was sort from neighboring sub-divisional hospitals.

The two new portable x-ray machines received, provided excellent high quality images improving timely diagnosis especially in trauma and ICU cases.

All permanent staff in the children's ward are certified in Paediatric Life Support (PLS) component. There was 100% immunization for all live births and cooling therapy survival rate increased by 5.32%.

Staff of Lautoka Hospital underwent various trainings which included Paediatric Life Support, Emergency Obstetric and Neonatal Care, Hand Hygiene, Fire Warden and Disaster Management training.

Labasa Hospital

Labasa Divisional Hospital is the main referral hospital in the Northern Division and has been providing clinical and primary and secondary health care services to the people of the Northern Division. The 4 sub divisional medical districts are Bua, Cakaudrove, Macuata and Taveuni.

Key Achievements and Highlights

Community outreach was conducted as planned at Taveuni sub divisional hospital by the Surgical, Obstetrics and Gynecology (O&G), Anesthesia, Paediatrics, Oral Health, Internal Medicine, Pharmacy, Biomedical and Ophthalmology services. The aim of this work is to bring specialized divisional services to the peripheries to

address the needs and help those community members who are unable to access services at the Divisional Hospital level. The one week long program involved visiting all medical areas in Taveuni Sub Division including Qamea, Vuna, Bouma and Waiyevo.

Visiting teams from CWMH and overseas visited and delivered services as planned. Patients greatly benefitted from these specialized services through specialized clinics and surgeries. In addition, the teams participated in these services, thus further expanding their knowledge and experiences in these areas. Labasa Divisional Hospital received the visiting teams from MacFax, Taiwan ENT team, Fiji ENT Team- 2017, Dr. Loeffler and Friends of Fiji (O&G Team).

The effective management of finances was strengthened through the establishment of Budget Committee and the involvement of Heads of Departments in the utilization of funds. Planned activities were carried out which were part of our daily activities e.g. internal audits on Breast Feeding, Mother Safe Hospital Initiatives, trainings and refresher courses while maintaining infection control audit results for the past years.

Tamavua/ Twomey Hospital

Tamavua/Twomey Hospital provides specialized 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 areas population and high risk burden identified areas by active screening. The Leprosy/Dermatology Unit maintains surveillance and screening 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 Unit increased its outreach services to reduce the patient's burden in accessing the outpatient services directly at the Rehabilitation Unit. LDS Church Charity Department and Spinal Injuries Association supported the provision of mobility aids and assistive devices for Rehabilitation patients. The LDS school students also assisted by fabricating wooden crutches for patients use.

Tamavua Twomey Hospital laboratory successfully integrated all TB tests into the Laboratory Information System, allowing medical officers to access patient information through PATIS. This integration also reduces the chances of transcriptional errors when disseminating patient laboratory results.

The TB program achieved its target of treatment success rate for all forms of TB.

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.

Salvation Army Rehabilitation centre was engaged to provide counselling and rehabilitation services for people affected by alcohol and other drugs.

The Mental Health Clinical Services Network endorsed admission and discharge guidelines and protocols. Two doctors and four nurses were enrolled in the Postgraduate Diploma in Mental Health and Postgraduate Certificate in Mental Health programme respectively.

Fiji Pharmaceutical and Biomedical Services

The Fiji Pharmaceutical & Biomedical Services Centre's [FPBSC] core services are procurement and supply management [procuring, warehousing and distribution] of medical or health commodities.

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

The Essential Medicines Authority unit is responsible for product standardization and appropriate usage. The Inspectorate & Regulatory Authority Unit is responsible for the quality assurance process of products imported into the country. The Bulk Purchase Scheme is the commercial arm providing social support through the private sector.

Key Achievements and Highlights

Antimicrobial Resistance Program in Fiji celebrated the World Antibiotic Awareness in November 2017 with the focus on education and awareness to tertiary institutions. The review of Antibiotic Standard Treatment Guidelines was launched in late 2017 which also involved the private sector. This was an important event to ensure the appropriate selection and use of these medicines in Fiji.

The Biomedical Unit was established with 3 new positions; the positions provide 3 focal desk officers responsible for Central/Eastern, Western and Northern health facilities respectively. All facilities from these respective Divisions can contact their desk officers directly for any breakdown of equipment or new proposal.

The Procurement Unit was relocated to headquarters under the Accounts Department. The main objective of the move was to improve the efficiency and transparency in the process of procurement. The Procurement of health commodities for each respective program was executed as per annual procurement plan including monitoring and analysis of stock status.

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 and 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

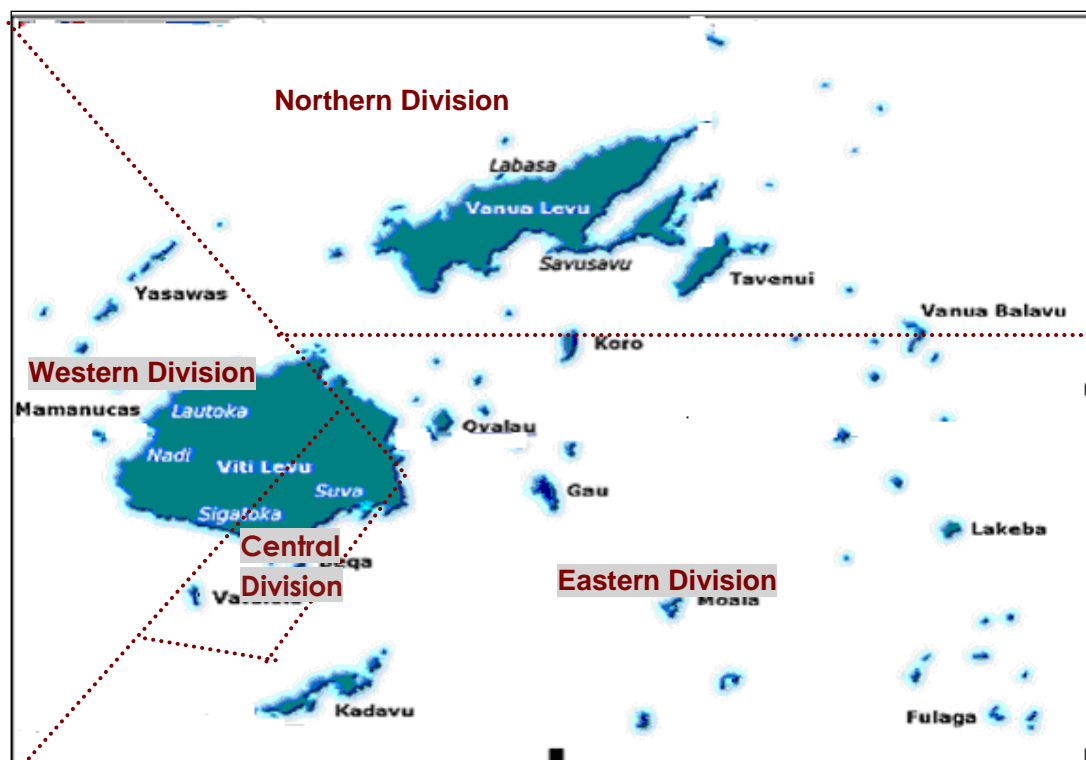


Table 1: Government Health Facilities

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 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 division is the largest by population size and caters for about 53 health facilities. The Central division is divided into 5 subdivisions Suva, Rewa, Naitasiri, Serua/ Namosi and Tailevu. 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.

Table 2: Demography of Central Division

Subdivision	2017
Suva	229,978
Rewa	66,724
Naitasiri	21,163
Serua/Namosi	29,042
Tailevu	21,057
Total	367,964



Key Achievements and Highlights

There were improvements in infrastructure in the Central division with the painting of Valelevu Health Centre, maintenance of Namara Nursing Station and the official opening of the Vatukarasa Nursing Station.

The 24/7 services at Valelevu Health Centre was introduced as part of the Government's effort to enhance and improve the accessibility of the health services for all Fijians.

Central Division staff were trained in NCD toolkit/ Package of Essential Noncommunicable Disease (PEN), National Child Protection, Forensic and Disease Surveillance. Successful clean up campaigns were carried out at the hot spot areas with relevant support provided by both external and internal stakeholders to control and prevent dengue outbreak in the Central Division.



Eastern Division

The Eastern division is divided into 5 subdivisions i.e Lomaiviti, Kadavu, Lomaloma, Lakeba and Rotuma. 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 3: Demography of Eastern Division

Subdivision	Year 2017
Lomaiviti	14,732
Kadavu	10,935
Lomaloma	3,024
Lakeba	6,714
Rotuma	1,862
Total	37,267

Key Achievements

All 121 primary schools (100%) in the division were visited under school health program and screened for nutrition status and dental fitness. Interventions were planned and students were counseled accordingly.

Child health clinics continued in all health facilities and were also conducted during community outreach with nutrition status assessment, immunization, health awareness and management of childhood illness.

WASH programs were facilitated at all primary schools, secondary schools and high-risk communities (Moturiki Island, Ovalau island, Vunisea Medical Area) and it is also part of the routine community outreach in targeted communities.



Western Division

The Western Division is divided into six 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 4: Demography of Western Division

Subdivision	Year 2017
Ra	27,619
Tavua	26,693
Ba	56,911
Lautoka/Yasawa	100,342
Nadi	94,951
Nadroga/Navosa	51,061
Total	357,577

Key Achievements and Highlights

The Western Division managed to achieve 90% of its business plan indicators for 2017/2018. The division was able to implement PEN model and mhGap guide and improvements were noted in cervical cancer screening and postnatal clinic attendance at both one week and six weekly visit.

There was a decline in Typhoid incidence rate and the rate for disease investigation improved. In terms of capacity building, most of the staff attended some form of training and managed to support their professional development.

Northern Division

The Northern Health Services Division provides health services for four 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 5: Demography of Northern Division

Subdivision	Year 2017
Bua	16,232
Cakaudrove	35,579
Macuata	66,747

Taveuni	17,175
Total	135,733

Key Achievements and Highlights

Clean up campaigns were conducted with awareness on hot spot areas. Communities also took the initiative to have village clean ups. This contributed to the number of dengue cases being minimal, and not developing into an outbreak.

Health days celebrated included Salt Awareness Week, World Health Day, World No Tobacco Day, World Environment Day, World Blood Donor Day and World TB Day. Nabouwalu Sub-divisional hospital was recredited as meeting Baby Friendly Hospital Initiative (BFHI) standards.

All primary schools and secondary schools in the sub division were visited and 100% screening was conducted for rheumatic heart disease.

Table 6: Summary Population by Division

Division	2017
Central	367,964
Eastern	37,267
Western	357,577
Northern	135,733
Total	898,541



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 rollout out of Meningococcal, Leptospirosis and Communicable Diseases guidelines provided guidance for officers in the field.

The N. Meningitidis Carriage Survey was conducted in the Western Division from 24th July to 30th July 2018 and testing was done locally with confirmation carried out at the WHO collaborating reference lab.

National Vector Control Unit conducted sentinel survey for the Central and Northern Division, identification of larval samples and dissemination of reports to various districts. Clean-up campaign and mosquito spraying was also conducted in the Northern (Labasa and Savusavu) to combat the dengue outbreak.

During the Measles & Rubella Supplementary Immunization Activity (MRSIA) nationwide campaign, the total number of children vaccinated was 178,069, giving coverage of 95.1%. The nationwide meningococcal immunization campaign was an outbreak response implemented from April to October as a national activity.

Wellness advocacy was conducted in settings such as communities, schools, work-places and faith based organizations and implementation of Package of Essential NCD Services (PEN) was implemented among SOPD clinics.

2. Progress

The documents produced to guide the implementation of HIV and AIDS interventions included the National Strategic Plan for HIV/ AIDS & STI 2016 – 2020 [multi-sectorial] and the Monitoring and Evaluation Framework for this plan.

The Food Unit conducted systematic audits of food establishments to verify their compliance to the food safety managements systems they are adhering to for the production of safe food.

3. Capacity Building

The 5th Midwifery Annual Scientific conference was held at the Pearl Resort and Spa in Pacific Harbour on the 17th and 18th of November, 2017. The theme of the conference



was “Fiji Midwives- catalysts for change towards addressing Sustainable Development Goals focusing on Midwifery Care”. It was attended by over 150 midwives around Fiji. The National EmNoc training was held at the CWMH midwifery classroom from the 27th November to the 1st of December, 2017. The first two days was for the training of trainers followed by three days of basic training.

The National Training of Trainers was held on the new training manual for Clinical Management against Violence against Women and Girls in Fiji and was held on the 28th-30th of November. This was attended by twenty four participants including nurses and doctors.

The other trainings that were conducted according to the training year planner by the Pediatric CSN Committee included the training of Health Care Workers in the four Divisions on Neonatal Resuscitation, Advance Paediatric Life Support and Paediatric Life Support.

The Prevention of Parents to Child Transmission training for Central/Eastern Division was conducted from the 20th to 24th November 2017 at De Vos on the Park Hotel. Twenty six health professionals and six facilitators were part of the training. The main objective of the training was to support health care workers in building human capacity in the area of preventing the perinatal transmission of HIV from an HIV infected pregnant mother to her newborn baby.

The Programme Manager’s Meeting on Neglected Tropical Diseases in the Pacific was held at the Novotel Hotel in Nadi from the 20th to 22nd February and officially opened by the WHO Director of Pacific Technical Support, Dr Corinne Capuano. The meeting was hosted by World Health Organisation and attended by 26 participants from 18 Pacific Island countries. The meeting provided an opportunity for countries to share experiences and discuss ways to ensure that all countries achieve the goal of elimination of NTDs and attain programme sustainability beyond elimination through emphasis on transitioning from a disease-specific approach to intervention-centred approach, focused on multisectoral cooperation and universal access to comprehensive NTD interventions.



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 as well as 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

The Nursing division submitted cabinet paper for new nursing positions for vetting to SG's office and there was successful recruitment of retired midwives for Makoi Maternity Unit and other health care facilities around the country.

Midwives and obstetric nurses from sub-divisional hospital were attached to the Divisional Hospitals as part of Continuous Professional Development Program (CPD).

CPD was also facilitated for emergency nurses by emergency department doctors and senior experienced nurses at the 3 divisional hospitals (CWM, Lautoka & Labasa), some of topics covered included ACLS [Advanced Cardiac Life Support], Trauma & Triaging and Advanced General Emergencies. The 200 additional new nursing positions for the 2017 and 2018 quota were distributed per division to cater for the new areas of need particularly in facilities that now have extended operating hours and those which are now on 24/7 basis (e.g Valelevu Health Centre).



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. The Financial Management Unit manages financial systems, accounts and audit, budget preparation and coordination, management accounting and contract management.

The Asset Management Unit is responsible for infrastructure (capital construction, capital purchases), assets (board of survey), transportation (fleet management), outsourcing of certain services and contract management.

Achievements

There was timely submission of Agency Financial Statement to Office of Auditor-General (OAG), reduction in audit qualifications and timely payment of vendor accounts.

Furniture, Fixtures and Equipment (FFE) tender was approved for Makoi Maternity Unit and new Nakasi Health Centre. Mediburn incinerator was installed at Nabouwalu, Savusavu, Levuka and Korovou sub divisional hospitals. Contractors were appointed for various services such as cleaning, pest control and security services through the tender process.

The Makoi Maternity Unit was completed, equipped and was officially opened by the Hon Minister on the 16th of February, 2018. The new Nakasi Health Centre construction was fully completed.



Human Resource

The role of Human Resources Department is to provide responsive and effective financial, human resource and training services to the Ministry staff to provide 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.

Achievements

The Human Resource Division ensured that all the Civil Service Reforms were implemented in the Ministry. These were the Open Merit Based Recruitment & Selection Guideline, Disciplinary Guidelines, Job Evaluation and Remuneration Guideline, Performance Management Guideline except for the OMRS guideline the other guidelines were implemented within the agreed timeline. An OMRS policy was also developed for the Ministry.

The job evaluation exercise was conducted in 2017, the Ministry managed to compile job descriptions and job questionnaires to ensure all positions was evaluated. This is an on-going activity.



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.

Achievements

The HIRA Division has been able to produce many outputs from its 2017/2018 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 National Civil Registration and Vital Statistics (CRVS) Committees were fully functional in addressing national policy issues and rectification of challenges whilst also addressing strategic needs for Fiji around HIS and CRVS.

To ensure improvements and reliability of data quality, data verification audit using the audit tool for PHIS and HMR was conducted at hospital and health centre 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. To further strengthen this the unit would collate, compile and analyse and provide feedback for reports (PATIS+, CMRIS, NNDSS, MCDC, Diabetes notification and Pathology reports) to respective facilities on a regular basis.

Queensland University of Technology in collaboration with the Ministry organized the ICD 10 training for HIRA staff on ICD 10 manual and Iris coding. It has been proposed to conduct the same training in the near future as national training to up skill new staff based at divisional level.

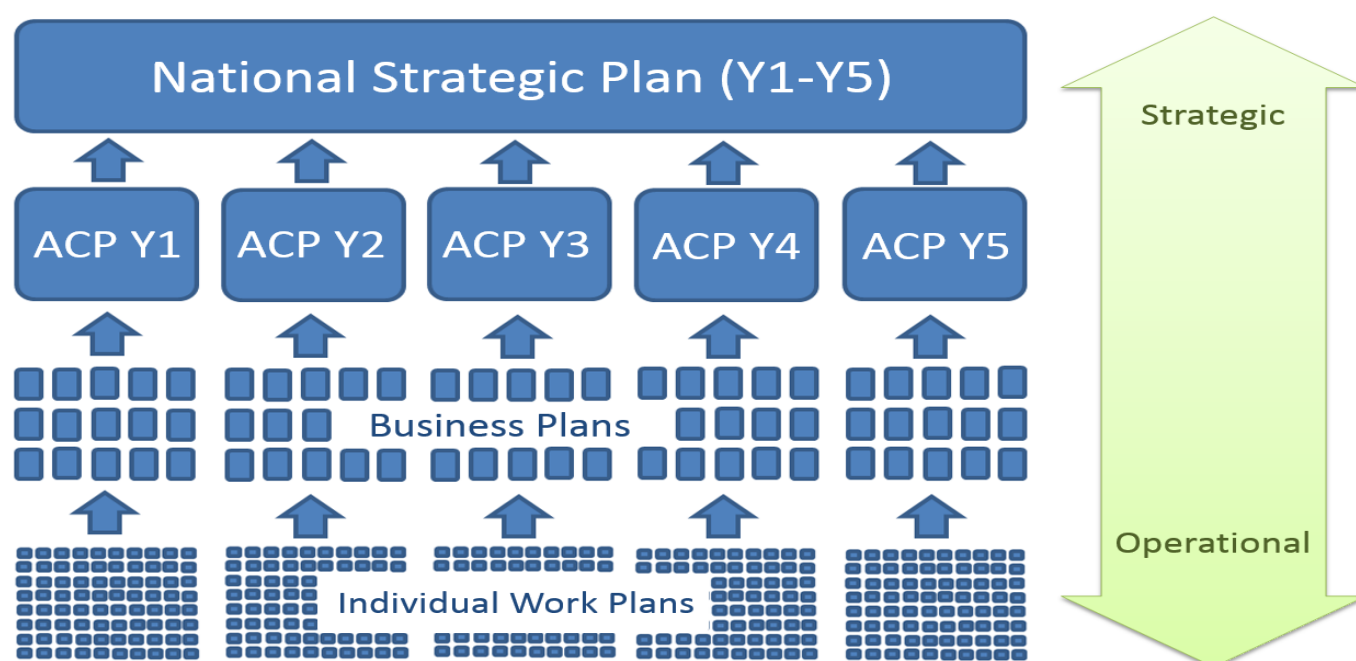
Information Communication and Technology Unit established further govnet connections to health centres, Tamavua Rehabilitation center, CWMH West Wing, Tamavua Skin Clinic, CWM Prosthetic Dental to enable access to email, internet, intranet and also various Health Information Systems such as PATIS, CMRIS, HRIS, LIMS and RHIS.



Planning and Policy Development Division

The division is responsible for the development and formulation 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 operational 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 three units i.e. 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 five 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.

Achievements

The Annual Operational Plan (AOP) 2018/2019 was developed after various consultations with respective Senior Managers. The costed AOP 2018/2019 was aligned to the budget cycle and planning consultation began in December 2017, a workshop was held on 24 July 2018 after the budget announcement to finalize the AOP 2018/2019. The Ministry's Annual Report for the fiscal year August 2017 to July 2018 was also developed.

Gender awareness trainings were conducted in the divisions that included participants from the four divisions and the respective hospitals. Training was also organized for FPBS, TB control program and headquarters staff. The International Women's Day celebration was held at the Fiji Museum on 8th of March with the global theme: "Press for Progress – Leave No Women Behind".

Training of Trainers (ToT) refresher training on gender awareness was completed for the identified group of trainers. This training provided an opportunity to get feedback from trainers and also train them on the updated training material.



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 the Ministry.

Achievements

The Policies that were drafted and are available for endorsement includes: Physical Activity Policy, National Newborn and Infant Feeding Policy, Human Animal Ecosystem Interface – One Health Policy, Donor funding- Adhoc Cash Grant Policy and Healthy Catering Policy.

Health Care Financing

The Healthcare Financing Unit 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 and sub-committees for budget management.

Achievements

The unit is in the process of developing the 2016/2017 National Health Accounts (NHA) using the Health Accounts Production Tool (HAPT).

Costing analysis for the establishment and operational costs for a Health Centre (A, B, & C) and Divisional hospitals was conducted. The unit also assisted in providing support for costing of the AOP 2018/2019 and provided further support for the 2018/2019 budget submissions.

Health Outcome Performance Report

Non – Communicable Disease

General Objective	Indicators	2017 Progress Report
1.1: To promote population health and reduce premature morbidity and mortality due to NCDs as part of a whole-of-society approach to wellness and well-being	Premature mortality due to NCDs	68%
Specific Objective	Indicators	2017 Progress Report
1.1.1 Reduce key lifestyle risk factors among the population	Prevalence of overweight/obesity in primary school children	8.7%
1.1.2 Early detection, risk assessment, behaviour change counselling, clinical management, and rehabilitation for targeted NCDs	Amputation rate for diabetic foot sepsis (lower limb)	10.3 per 100 admissions for diabetes and complications

Maternal Child Health

General Objective	Indicators	2017 Progress Report
2.1: Timely, safe, appropriate and effective health services before, during, and after childbirth	Number of maternal deaths	7
	Perinatal mortality rate per 1,000 total births	13.6 per 1,000 total births
	Prevalence of anaemia in pregnancy at booking	26.5%
	% of live births with low birth weight	5.8%
General Objective	Indicators	2017 Progress Report
2.2: All infants and children have access to quality preventive and curative paediatric and nutritional services	Infant mortality rate per 1,000 live births	16.4 per 1,000 live births
	Under 5 mortality rate per 1,000 live births	20.8 per 1,000 live births
Specific Objective	Indicators	2017 Progress Report
2.2.1 Expand neonatal and infant healthcare, including community risk detection and referral	Neonatal mortality rate per 1,000 live births	9.3 per 1,000 live births

2.2.2 Maintain high level of coverage for immunization services including new antigens	Childhood vaccination coverage rate for all antigens	87.6%
General Objective	Indicators	2017 Progress Report
2.3: Expand services to address the needs of adolescents and youth	Adolescent birth rate per 1,000 girls aged 10 to 19	16.1 per 1,000 girls aged 10 to 19
Specific Objective	Indicators	2017 Progress Report
2.3.1 Expand provision of preventive and clinical services to include 13-17 year olds	HPV vaccination coverage rate among Class 8 girls	HPV1 – 87.8% HPV2-51.7%
	Contraceptive prevalence rate (CPR) amongst population of child bearing age	44.9%

Childhood vaccination coverage rate for all antigens

Immunization Coverage (%) 0-1 yr	2017 Progress Report
	%
HBV0	93.1
BCG0	92.9
DPT-HepB-Hib1	84.9
OPV1	84.9
Pneumococcal 1	84.2
Rotavirus 1	84.2
DPT-HepB-Hib2	83.0
OPV2	81.9
Pneumococcal 2	82.0
DPT-HepB-Hib3	82.4
OPV3	82.7
OPV4	58.1
Pneumococcal 3	82.3

Rotavirus 2	82.0
MR1	87.6

Source: CMRIS Online [PHIS]

Communicable Disease

General Objective	Indicators	2017 Progress Report
3.2: Improved case detection and coordinated response for communicable diseases	Case fatality rate for leptospirosis	1.5%
	Case fatality rate for typhoid	5.0%
	Case fatality rate for dengue fever	0.2%
	Total number of confirmed HIV cases	858
3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases Emphasis Area: Trachoma Leptospirosis Typhoid Dengue Leprosy TB HIV	Incidence of leptospirosis per 100,000 population	42.9 per 100,000 population
	Incidence of typhoid per 100,000 population	28.9 per 100,000 population
	Incidence of dengue fever per 100,000 population	349 per 100,000 population
	Incidence of leprosy per 100,000 population	0.5 per 100,000 population
	Incidence of tuberculosis per 100,000 population	51 per 100,000 population
	Tuberculosis treatment success rate	89%
	Tuberculosis mortality rate per 100,000 population	7.1 per 100,000 population (WHO 2015)
	Number of new cases of HIV	77

Donor Assisted Programs/Projects

Table 7: Donor Assist Programs 2017/2018

Donor	Program	Aid -in-Kind
DFAT	Fiji Health Sector Support Programme	7,887,679
UNICEF	Child Protection Programme	10,000
UNICEF	Health, Nutrition and HIV/AIDS	1,838,000
JICA	Filariasis Elimination Campaign	148,860
JICA	Volunteer Scheme	420,369
Taiwan	Mental Health Care System Enhancement Project	167,200
Taiwan	Mobile Medical Teams	170,600
NZMFAT	NZ Medical Treatment Scheme 2017-2021 Fiji	364,857
UNICEF	Water, Sanitation and Hygiene Programme	146,360
JICA	Project for Improvement of Health Service through 5S-KAIZEN-TQM	223,095
JICA	Project for Elimination of Filariasis in the Pacific	1,405,553
China	Navua Hospital - Technical Cooperation	1,244,008
Taiwan	Mental Health Enhancement Capacity Building Project	600,000
Total Aid –in-Kind		\$14,626,581
Donor	Program	Budget Contribution
Global Fund	Assistance for Malaria, TB	1,710,859
UNICEF	Water, Sanitation and Hygiene Programme	191,000
UNICEF	Health, Nutrition and HIV/AIDS Programme	110,000
Total Cash Grant		\$ 2,011,859

Table 8: List of Health Facilities

Divisional Hospital			
Central	Western	Northern	Eastern
1. CWM Hospital	1. Lautoka Hospital	1. Labasa Hospital	
Sub Divisional Hospitals			
1. Navua	1. Sigatoka	1. Savusavu	1. Levuka
2. Korovou	2. Nadi	2. Waiyevo	2. Vunisea
3. Vunidawa	3. Tavua	3. Nabouwalu	3. Lakeba
4. Nausori	4. Rakiraki		4. Lomaloma
5. Wainibokasi	5. Ra Maternity		5. Rotuma
	6. Ba		
Specialised Hospital			
1. St.Giles Hospital			
2. Tamavua/Twomey Hospital			

Health Centres and Nursing Stations

Central Division		Western Division		Northern Division		Eastern Division	
Health centres [24]	Nursing Stations[21]	Health Centres[28]	Nursing Stations [24]	Health Centres[20]	Nursing Stations [21]	Health Centres[14]	Nursing Stations [31]
<u>Suva Sub-Division</u>		<u>Lautoka/Yasawa Sub-Division</u>		<u>Macuata Sub-Division</u>		<u>Lomaiviti Sub Division</u>	
1. Suva	Naboro	1. Lautoka	Yalobi	1. Labasa	Cikobia	1. Levuka	Batiki
2. Raiwaqa		2. Kese	Somosomo	2. Wainikoro	Visoqo	2. Gau	Nairai
3. Samabula		3. Nacula	Yaqeta	3. Lagi	Coqeloa	3. Koro	Nacavanadi
4. Nuffield Clinic		4. Malolo	Teci	4. Naduri	Vunivutu	4. Bureta	Narocake
5. Valelevu		5. Natabua	Yasawa I Rara	5. Dreketi	Udu		Nawaikama
6. Lami		6. Viseisei	Viwa	6. Seaqaqa	Dogotuki		Nabasovi
7. Makoi		7. Kamikamica	Yanuya	7. Nasea	Kia		Nacamaki
8. Womens Wellness Centre		8. Punjas			Naqumu		Moturiki
9.Suva Diabetes Centre							
10.Suva Reproductive Health Clinic							

<u>Serua/Namosi Sub-Division</u>		<u>Nadi Sub-Division</u>		<u>Cakaudrove Sub-Division</u>			
1. Navua	Raviravi	1. Nadi	Nawaicoba	1. Savusavu	Naweni		
2. Beqa	Galoa	2. Namaka	Momi	2. Natewa	Bagasau	<u>Kadavu Sub-Division</u>	
3. Korovisilou	Waivaka	3. Bukuya	Nagado	3. Tukavesi	Kioa	1. Vunisea	Ravitaki
4. Namuamua	Navunikabi		Nausori	4. Saqani	Tawake	2. Kavala	Soso
	Naqarawai		Nanoko	5. Rabi	Navakaka	3. Daviqele	Gasele
				6. Korotasere	Nabalebale		Naqara
<u>Rewa Sub-Division</u>		<u>Ba Sub-Division</u>		7. Nakorovatu			Vacalea
1. Nausori	Baulevu	1. Ba	Namau				Nalotu
2. Mokani	Namara	2. Nailaga	Nalotawa	<u>Bua Sub-Division</u>			Talaulia
	Naulu	3. Balevuto		1. Nabouwalu	Bua	<u>Lakeba Sub-Division</u>	
	Nailili			2. Lekutu	Yadua	1. Lakeba	Vanuavatu
	Vatukarasa	<u>Tavua Sub-Division</u>		3. Wainunu	Navakasiga	2. Moala	Nayau
<u>Tailevu Sub-Division</u>		1. Tavua			Kubuilau	3. Matuku	Oneata
1. Korovou	Verata	2. Nadarivatu	Nadrau			4. Kabara	Komo
2. Lodonu	Dawasamu			<u>Taveuni Sub-Division</u>		5. Ono I lau	Moce
3. Nayavu	RKS			1. Waiyevo	Bouma		Nasoki
	QVS	<u>Nadroga/Navosa Sub-Division</u>		2. Qamea	Yacata		Cakova
	Tonia	1. Sigatoka		3. Vuna	Vuna		Totoya
		2. Lomawai	Loma				
<u>Naitasiri Sub-Division</u>		3. Keiyasi	Naqalimare				Levuka-I-Daku
1. Vunidawa	Lomaivuna	4. Raiwaqa	Nukuilau				Udu
2. Naqali	Waidina	5. Korolevu	Wauosi				Namuka
3. Laselevu	Narokorokoyawa	6. Vatulele	Tuvu				Fulaga
4. Nakorosule	Nabobuco	7. Cuvu					Ogea
	Nasoqo	8. Vatukarasa					Vatoa
		<u>Ra Sub-Division</u>				<u>Lomaloma Sub-Division</u>	
		1. Rakiraki	Vunitogoloa			1. Lomaloma	Mualevu
		2. Nanukuloa	Tokaimalo			2. Ciccia	Tuvuca
		3. Namarai	Nasavu			<u>Rotuma</u>	
		4. Nasau	Nayavaira				

OFFICE OF THE AUDITOR GENERAL

Excellence in Public Sector Auditing



6-8TH Floor, Ratu Sukuna House
2-10 McArthur St
P. O. Box 2214, Government Buildings
Suva, Fiji

Telephone: (679) 330 9032
Fax: (679) 330 3812
E-mail: info@auditorgeneral.gov.fj
Website: <http://www.oag.gov.fj>



INDEPENDENT AUDITOR'S REPORT

MINISTRY OF HEALTH AND MEDICAL SERVICES

I have audited the financial statements of Ministry of Health and Medical Services, which comprise the Statement of Receipts and Expenditure, Appropriation Statement, Statement of Losses, Trading and Manufacturing Account (TMA) Manufacturing Account, TMA Trading Account, TMA Profit and Loss Statement, TMA Balance Sheet, Main Trust Fund Account Statement of Receipts and Payments for the year ended 31 July 2018, 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 paragraphs, 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

1. The Ministry recorded Purchase of Goods and Services of \$62,647,164 and Capital Construction of \$17,335,118 in the Statement of Receipts and Expenditure for the year ended 31 July 2018. The Ministry was unable to provide me with appropriate documents such as payment and journal vouchers to support expenditures totalling \$2,034,466 of the above balances. As a result, I was unable to verify the completeness and accuracy of the balances and also unable to determine whether any adjustments might have been necessary in respect of Purchase of Goods and Services and Capital Construction at the end of the financial year.
2. The Ministry recorded total receipts of \$6,233,916 in the Statements of Receipts and Expenditure. The Ministry was unable to provide me with revenue receipts to support revenue amounting to \$143,286. In addition, internal controls over receipting were generally found to be weak. This relates to the submission of incomplete revenue report from Divisional and Subdivision. As a result, I was not able to substantiate the accuracy and completeness of total revenue of \$6,233,916 reflected in the Statement of Receipts and Expenditure.
3. An unreconciled variance of \$928,833 and \$340,521 exists between Financial Management Information System (FMIS) general ledger and the Ministry's payroll report for Established Staff and Government Wage Earner, respectively. Consequently, I was unable to establish the accuracy of the Established Staff and Government Wage Earners balances recorded in the Statement of Receipts and Expenditure for the year ended 31 July 2018.
4. The Ministry recorded a closing balance of \$20,609 in the Sahyadri Trust Fund Account Statements of Receipts and Payments. The Ministry was unable to provide me with payment and journal vouchers and revenue receipts to support total receipts and payments of \$1,190,999 and \$1,509,315, respectively. In addition, internal controls over account reconciliations were generally found to be weak. This relates to delay in preparation of reconciliations of the main trust fund accounts. As a result, I was not able to substantiate the accuracy and completeness of total receipts of \$1,190,999 and total payments of \$1,509,315 reflected in the Sahyadri Trust Fund Account Statements of Receipts and Payments.

5. Purchases in the Bulk Purchase Trading and Manufacturing Account is overstated by \$6,064. As a result, the Trading and Manufacturing Account net profit for the year ended 31 July 2018 is understated by \$6,064.

In addition, internal controls over receipting and payments were generally found to be weak. This relates to price charged not in accordance with the price list and the understatement of utility costs which is not paid by the Bulk Purchase Trading and Manufacturing Account.

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 the Financial Management Act 2004, Finance Instructions 2010 and Finance (Amendment) Instructions 2016 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.

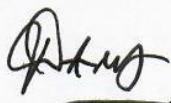
Auditor's Responsibilities

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 Ministry 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
5 June 2020

Table 9: Segregation of 2017/2018 Budget

Programme / Activity	Original Budget (\$m)	Revised Budget (\$m)	% of Overall Revised Health Budget
Programme 1 Activity 1 Administration	93,967,529	79,904,325	25%
Programme 2 Activity 1 Public Health Services	8,030,851	8,030,851	2%
Programme 2 Activity 2 CWM Hospital	49,008,833	51,485,714	16%
Programme 2 Activity 3 Lautoka Hospital	24,670,276	23,059,963	7%
Programme 2 Activity 4 Labasa Hospital	15,564,758	16,673,245	5%
Programme 2 Activity 5 Tamavua Twomey Hospital	3,336,247	2,754,543	1%
Programme 2 Activity 6 St Giles Hospital	5,362,060	4,960,559	2%
Programme 3 Activity 1 Central Division	20,830,624	21,975,474	7%
Programme 3 Activity 2 Eastern Division	7,518,850	7,320,829	2%
Programme 3 Activity 3 Western Division	20,887,449	23,426,641	7%
Programme 3 Activity 4 Northern Division	11,703,600	12,516,235	4%
Programme 4 Activity 1 Drugs and Medical Equipment	60,364,517	69,137,214	22%
Total	321,245,594	321,245,594	100%

Table 10: Proportion of Ministry of Health Budget against National Budget and GDP

Year	Revised Health Budget	National Budget	% of Overall Total Budget	% of GDP
2017/2018	\$321,245,594	\$4,356,830,800	7.37%	2.93%

Table 11: Statement of Receipts and Expenditure for the Year Ended 31st July 2018

Notes		31/07/2018 (\$)	31/07/2017 (\$)
REVENUE			
OPR in Previous Years		233,364	-
Rental for Quarters		15,138	15,261
Commission		100,948	67,930
Health Levy		692,936	1,075,980
Miscellaneous		4,033	-
Total State Revenue	3 (a)	1,046,419	1,159,171
Agency Revenue			
Health Fumigation & Quarantine		1,490,901	1,537,992
Hospital Fees		1,838,901	2,153,874
License & Others	3 (b)	1,605,495	1,624,862
Miscellaneous Revenue		252,200	541,791
Total Agency Revenue		5,187,497	5,858,519
Total RECEIPTS		6,233,916	7,017,670
EXPENDITURE			
Operating Expenditure			
Established Staff	3 (c)	109,319,784	90,048,506
Government Wage Earners	3 (d)	23,205,168	17,814,252
Travel & Communication		5,227,672	5,156,722
Maintenance & Operations		15,720,028	14,245,501
Purchase of Goods & Services	3 (e)	62,647,164	47,206,269
Operating Grants & Transfers		959,424	1,055,165
Special Expenditure		6,116,039	8,061,130
Total Operating Expenditure		223,195,279	183,587,545
Capital Expenditure			
Capital Construction		17,335,118	20,890,579
Capital Purchases		7,118,112	5,423,459
Total Capital Expenditure		24,453,230	26,314,038
Value Added Tax		6,283,859	8,221,975
TOTAL EXPENDITURE		253,932,368	218,123,558

Table 12: TMA Trading Account for the Year Ended 31st July 2018

Trading Account	31/07/2018	31/07/2017
	(\$)	(\$)
Sales	464,573	373,754
Total Revenue	464,573	373,754
Opening Stock of Finished Goods	5,975	34,773
Add Purchases	338,735	258,188
	344,710	292,961
Less Closing Stock	34,785	5,975
Cost of Goods Sold of Finished Goods	309,925	286,986
Gross Profit Transferred to Profit & Loss Statement	154,648	86,768

Table 13: TMA Profit and Loss Statement for the Year Ended 31st July 2018

INCOME	31/07/2018	31/07/2017
	(\$)	(\$)
Gross Profit Transferred to Profit & Loss Statement	154,648	86,768
Expenses		
Sales and Related Payments	54,076	43,737
Travel Domestic & Communications	1,912	1,934
Maintenance & Operations	-	-
Lease and Rental Payments	16,514	16,514
Office upkeep and Supplies	272	-
Power Supplies	-	399
Special Fees and Charges	396	601
Total Expenses	73,170	63,185
NET PROFIT	81,478	23,583

Table 14: TMA Balance Sheet for the Year Ended 31st July 2018

	31/07/2018	31/07/2017
	(\$)	(\$)
Current Assets		
Cash at Bank	550,479	563,089
Finished Goods	34,786	5,975
VAT	13,545	10,766
Total Current Assets	598,810	579,830
NET ASSETS	598,810	579,830
EQUITY		
Accumulated TMA Surplus	1,069,247	1,045,664
TMA Surplus Transferred to CFA	(551,915)	(489,417)
Net Profit	81,478	23,583
Total	598,810	579,830

Table 15: Appropriation Statement for the Year Ended 31st July 2018

SEG	Item	Budget Estimate (\$)	Appropriation Changes (\$)	Revised Estimate (\$)	Actual Expenditure (\$)	Lapsed Appropriation (\$)
1	Established Staff	141,221,174	(4,011,641)	137,209,533	109,319,784	27,889,749
2	Government Wage Earners	19,348,012	4,011,641	23,359,653	23,205,168	154,485
3	Travel & Communication	5,757,200	381,000	6,138,200	5,227,672	910,528
4	Maintenance & Operations	16,844,763	364,353	17,209,116	15,720,028	1,489,088
5	Purchase of Goods & Services	59,355,200	11,948,125	71,303,325	62,647,164	8,656,161
6	Operating Grants & Transfers	1,472,520	-	1,472,520	959,424	513,096
7	Special Expenditure	7,573,859	-	7,573,859	6,116,039	1,457,820
Total Operating Expenditure		251,572,728	12,693,478	264,266,206	223,195,279	41,070,927
Capital Expenditure						
8	Capital Construction	44,693,489	(11,000,000)	33,693,489	17,335,118	16,358,371
9	Capital Purchases	12,000,300	(1,693,478)	10,306,822	7,118,112	3,188,710
Total Capital Expenditure		56,693,789	(12,693,478)	44,000,311	24,453,230	19,547,081
13	Value Added Tax	12,979,077	-	12,979,077	6,283,859	6,695,218
Total Expenditure		321,245,594	-	321,245,594	253,932,368	67,313,226