



MINISTRY OF HEALTH
& MEDICAL SERVICES

ANNUAL REPORT

2018-19

MINISTRY OF HEALTH AND MEDICAL SERVICES

Annual Report 2018-2019

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 2018 to 31st July 2019 in accordance with the Government's regulatory requirements.



.....

Dr. James Fong
Permanent Secretary

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Permanent Secretary's Statement



This has been an interesting and yet challenging year for the Ministry. The year started with initiatives to review organizational structure and functional units within the Ministry. This was done with the intent to progress towards greater efficiency and to establish clearer lines of communication. The structure was changed to a more flat structure to meet our service delivery needs.

There were several initiatives implemented to support more efficient delivery of clinical services including the setting up of the Bed Management Unit and Medical Holding Unit at CWMH, the implementation of this resulted in overall improvement in bed management and more efficient service delivery for the patients. Specialist outreach clinical services were delivered to the surrounding health centers

from CWMH, this was part of the decentralization initiative to take services closer to the communities and improve accessibility to services.

Public health service delivery was also strengthened through various initiatives such as the declaration of several wellness settings which included villages, health facilities and community halls. Based on an integrated approach to delivery of services at community level, child health, early booking and post-natal awareness were incorporated in the community outreach programs. Nutrition awareness and screening programs were also conducted during these outreach programs. The nationwide meningococcal immunization campaign targeted all children between the ages of 1 year to 19 years with a target population of 330,000; this was a huge success with 91% immunization coverage of the target population.

The Human Resource Management Information System became fully operational that also provided accessibility to an online performance assessment form. The MHMS's Finance manual was reviewed and was printed and distributed to all heads of department. New Standard Operating Procedures were developed on procurement and budget monitoring which are now utilized by all Cost Centers.

The health application team worked together with Digital Fiji for the successful integration of the pregnancy and birth module of the Patient Information System with the Births, Deaths and Marriages (BDM) office to allow online registration of birth notification which has been rolled out in 2 divisional and 5 sub divisional hospitals.

The above outlines some of the initiatives that were part of our ongoing efforts to further improve service delivery and strengthen health systems. We appreciate the support and commitment of all our staff throughout the year that has assisted us in delivering our core business. I also acknowledge the ongoing support of all our partners in assisting us to progress towards our health sector goals.

A handwritten signature in black ink, appearing to be 'J. Fong', written in a cursive style.

.....
Dr. James Fong
Permanent Secretary

Acronyms

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
NCD	Non Communicable Disease
OH	Oral Health
RHD	Rheumatic Heart Diseases
SDG	Sustainable Development Goal
UHC	Universal Health Coverage

1.0 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.



1.1 Roles and Functions of the Ministry

The Ministry's role emanates from its core responsibility of delivering quality preventive, curative and rehabilitative health services to the population through its hospitals, health centers and nursing stations throughout the country in a consistent and equitable manner. There is a huge focus on maintaining continuum of care from community-level primary health care services up to tertiary level care at Divisional Hospitals. This is supported by a broad range of relevant policies, standards, and protocols to ensure safe, high quality services are delivered at all levels of the health system, from nursing stations, health centers, sub-divisional hospitals up-to divisional hospitals.

Strengthening Primary health care

Primary health care is mostly delivered at nursing stations and health centers. The Ministry is focusing on improving the access, coverage and quality of primary health care through an integrated health systems approach.

Supporting secondary level care

The Sub-divisional hospitals deliver secondary level care and the Ministry is focusing on strengthening sub-divisional hospital capacity and the clinical capability of sub-divisional hospital staff to enable greater devolution of clinical workloads from divisional hospitals.

Improving and expanding tertiary level care

The three divisional hospitals in Suva, Lautoka and Labasa provide a reasonable range of tertiary healthcare with ongoing efforts to expand specialized clinical services. The Ministry's functions can be realigned under the following broad categories based on the type of services delivered through its various facilities.

1. Curative and Rehabilitative Health

Curative care is delivered through the various facilities of the Ministry at different health care delivery levels. 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. The Clinical Services Networks (CSN's) provide clinical advice for the various clinical disciplines for strengthening the delivery of clinical services.

2. Preventive and Promotive Health

The Ministry has taken a wellness approach to health by taking initiatives to ensure that healthy people remain healthy by making appropriate lifestyle choices. There is a shift in focus from a disease or illness based approach to wellness centered approach. There is a focus on adopting a life-course approach to maternal, infant, child and adolescent health, with a continuum of health care delivery, extending from sexual and reproductive health services through pregnancy, delivery, childhood and adolescence.

There are also ongoing efforts to reduce the overall health burden of communicable diseases by providing effective programs and services for prevention and control of communicable diseases.

Wellness

The wellness approach to health has been identified as an important strategy for a whole of society approach to reduce NCD risk factors. The Wellness Division focuses on enhancing the usage of quality, accessible and valuable wellness information for supporting wellness behavioral choices at all levels. There is an overall shift from being disease focused to a broader approach to addressing the social determinants of health through multi-sectoral approach.

Health Protection

The Health Protection Division is a culmination of ongoing efforts to integrate the overall communicable disease program by strengthening and integrating key functions. This will improve overall coordination for the prevention and risk management of communicable diseases.

Family Health

The Family Health Department's key aims are to manage, implement, monitor and evaluate programs pertaining to Child Health, Maternal Health, HIV/STI's, Reproductive Health and Gender. There is an overall focus on reducing the burden of ill health among women, children and adolescents.

3. Health Systems Strengthening

There is an overall focus on strengthening health system standards across the key health systems building blocks i.e. leadership/governance, health care financing, health workforce, medical products, technologies, health information and research. Health systems' strengthening is essential for achieving effectiveness, efficiency, equitable access, accountability, and sustainability of health services.

Human Resource

Human Resource (HR) department oversees the effective management of all HR related activities, programs and issues and provides advice on all HR activities including recruitment, posting, leave administration, learning & development, strategic workforce planning process and industrial relations issues.

Finance, Asset Management and Digital Health

Finance, Asset Management and Digital Health Division is responsible for the implementation of service-wide policies and procedures in relation to finance, budget, accounts and asset management.

The Division is responsible for preparation of budget submission for the Ministry in consultation with the respective cost centers and monitoring the utilization of the annual budget including, compliance to Financial Management Act, Finance Instruction, the Finance manual and the General Orders.

This Division also looks after capital construction projects for the Ministry in consultation with different stakeholders and is responsible for overseeing the repair and maintenance of health facilities around the country. The Division is responsible for the development of information and communication technology for digital health and analyses including the ICT services for eHealth for the Ministry including procurement, expansion of network connectivity, server administration, management of databases (health applications) and website. The Division also conducts awareness and training for all health applications.

Pharmaceutical and Biomedical Services

FPBS's core service is the supply chain management of medical supplies and health commodities. FPBS focuses on improving access to essential medicinal products of assured quality, safety, efficacy and cost-effectiveness. The Essential Medicines Authority at FPBS is responsible for the development of product standardization and promoting rational use of medicine, whilst the Medicines Regulatory Authority is responsible for the strengthening of quality assurance processes of products imported in the country including the random testing of medicinal products.

Planning and Policy Development

Planning and Policy Development Division (PPDD) 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 operational plans. PPDD's role also includes facilitating health services planning. PPDD has a healthcare financing section that develops National Health Accounts and assists with analysis of services and programs.

Research, Innovation, Data Analysis and Management

The Research, Innovation, Data Analysis and Management Unit has been newly set-up to support and strengthen research and innovation in the Ministry. This is an initiation of ongoing efforts to ensure that good quality evidence is used to guide decisions about health sector strategy, functioning and oversight. The unit will generate evidence and identify key areas for policy making in the Ministry and ensure that research is recognized as a key function to guide policy and decision making.

Nursing and Midwifery Division

The Nursing and Midwifery Division is responsible for the planning, coordination and evaluation of the delivery of nursing services including the development, coordination and monitoring of nursing standards, policies, guidelines and protocols designed to direct and inform patient care, community health services, specialist nursing care and nursing management. The Division also supports the Fiji Nursing Council for the professional registration of Nurses.

Legislative Framework

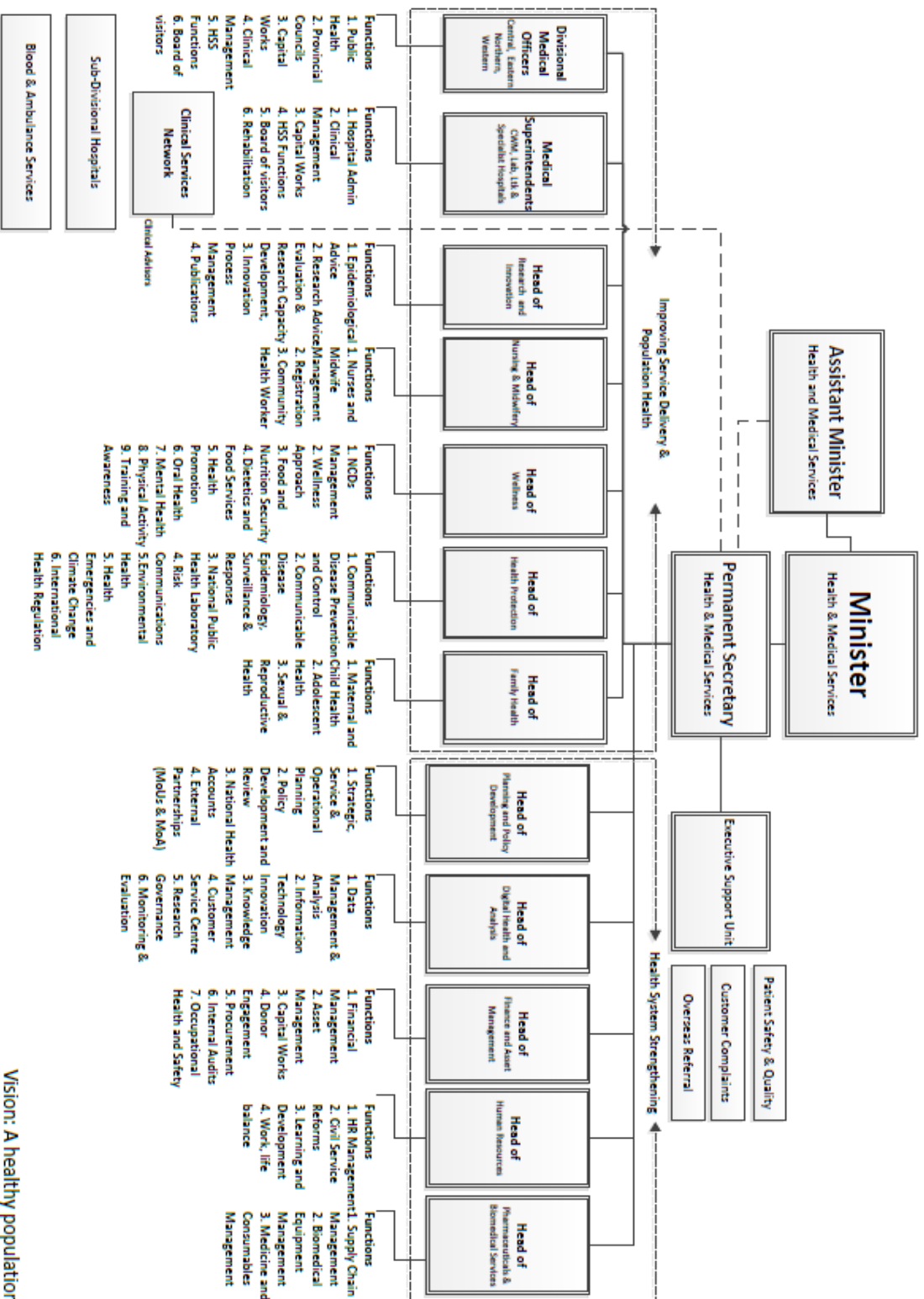
The Ministry of Health and Medical Services is guided in its daily operations by the following legislations and regulations:

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 2019
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 and Dental Practitioner (Amendment) Act 2018 Amendment) Act 2018
22	Medical Assistants Act (Cap.113)
23	Medicinal Products Decree 2011
24	Medicinal Products (Amendment) Act 2018
25	Mental Health Decree 2010
26	Mental Treatment Act (Cap 113)
27	Nurses Decree 2011
29	Nursing (Amendment) Act 2018

30	Pharmacy Profession Decree 2011
31	Pharmacy Profession (Amendment) Act 2017
32	Private Hospitals Act (Cap. 256A)
33	Public Health Act (Cap. 111)
34	Public Health (Amendment) Act 2018
35	Public Hospitals & Dispensaries Act (Cap 110)
36	Public Hospitals & Dispensaries (Amendment) Regulations 2012
37	Public Hospitals and Dispensaries (Amendment) Act 2018 Amendment) Act 2018
38	Optometrist and Dispensing Optician Decree 2012
39	Quarantine Act (Cap. 112)
40	Quarantine (Amendment) Decree 2010
41	Radiation Health Decree 2009
42	Tobacco Control Decree 2010
43	Tobacco Control Regulation 2012
44	The Food Safety Regulation 2009
45	The Food Establishment Grading Regulation 2011

Ministry of Health and Medical Services

Functional Units



Vision: A healthy population

1.2 Organization Structure

2.0 Report on Performance

2.1 Reporting on SDG Performance for 2018

Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	2018 Progress
Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	Expand investment in approaches to address non-communicable diseases, including nutrition, mental health and injuries, within and beyond the health sector	Prevalence of overweight/obesity in primary school children	7.7%
		Prevalence of tobacco use amongst adults age 18+ years	17% (2011) STEPS Survey 2011
		Death rate due to road traffic injuries	6.9 per 100,000 population
		Cervical cancer screening coverage rate	7.7%
End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	Improve case detection and coordinated response to reduce communicable disease morbidity and Mortality	Incidence of leprosy per 100,000 population	0.1 per 100,000 population
		Prevalence of lymphatic Filariasis	<1%
		Incidence of HIV infection (# of new cases)	72
		Incidence of tuberculosis per 100,000 population	42 per 100,000 population
Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	Expand investment in approaches to address non-communicable diseases, including nutrition, mental health and injuries, within and beyond the health sector	Premature mortality less than 70 years due to NCDs	64.3%
Reduce the global maternal mortality ratio to less than 70 per 100 000 live births	All pregnant women, including teenagers, mothers and newborns receive timely, safe, appropriate and effective health services before, during, and after childbirth	Reduce Maternal Mortality ratio	46 per 100,000 population

End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births	All pregnant women, including teenagers, mothers and newborns receive timely, safe, appropriate and effective health services before, during, and after childbirth	Reduce Neonatal Mortality	12.2 per 1,000 live births
		Perinatal mortality rate per 1,000 total births	14.3 per 1,000 total births
		% of live births with low birth weight	5.4%
		Infant mortality rate per 1,000 live births	18.0 per 1,000 live births
	Provide access to quality preventive and curative pediatric and nutritional services	Under 5 mortality rate per 1,000 live births	21.4 per 1,000 live births
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Reform Supply Chain Management and ensure high quality medicinal products are rationally used and readily accessible to all residents	Average availability of selected essential medicines in public and private health facilities	81%
Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	Recruit, train and retain a qualified, motivated health workforce that is caring, customer-focused, and responsive to population health needs	Ratio of skilled healthcare workers (doctors, nurses, midwives) per 10,000 population	Nurses -32.9 per 10,000 Midwives-2.1per 10,000
		General government expenditure on health as a proportion of general government expenditure	7.8% (Aug 2017-July 2018)
	Improve health financing, equity and efficiency	Ratio of household out-of-pocket payments for health to current health expenditure	19.4% (Aug 2017-July 2018)

2.2 Strategic Priorities

The strategic direction for the Ministry is outlined in the Ministry's Strategic Plan 2016-2020. The plan has two strategic pillars and 8 priority areas which are:

Strategic Pillar 1: Preventive, curative, and rehabilitative health services

The focus of this pillar is to 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.



Priority Area 1: Non-communicable diseases, including primary care, nutrition, mental health, and injuries

The need for a whole-of-society approach to reduce NCD risk factors in the population based on the “Wellness” approach to health has been identified as an important strategy.

Fiji continues to experience increases in health risk factors (including obesity, raised blood pressure, raised blood glucose, and alcohol consumption) and in the overall health burden from NCDs. Healthy Islands Framework has significantly influenced the current approach to NCD's. It gave prominence to the “settings approach” that is adapted and used in the application of the “Wellness” concept. It supports the focus on environments where people live, work and play and the need for multi-sectorial collaboration to address the NCD burden.

Strategies and programs were implemented for health promoting activities in schools and some of the activities that were conducted in schools were oral health promotion, oral health assessment for students, nutritional assessment and vaccination administration.

Early detection with effective risk assessment, behavior change counselling and clinical management for non-communicable disease were conducted through:

- Population screening for diabetes and hypertension through SNAP counselling
- Implementation of the Package of Essential NCD services (PEN)
- NCD care through SOPD clinics and foot care clinics
- Cervical cancer screening at health facilities and in the community
- Health facilities offering mental health services by adhering to the mhGAP Intervention Guide.

Fiji has placed 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. Primary Health Care services were expanded through community outreach visits by multidisciplinary health worker teams and in collaboration with Community Health Workers (CHWs).

Decentralization of some services (out-patient services) from CWMH to major Health Centers in the Sub-Divisions has resulted in improving accessibility. This supports the initiative towards Universal Health Coverage which Fiji is working towards. There has also been an extension of opening hours at some facilities to further improve accessibility.



Priority Area 2: Maternal, infant, child and adolescent health

Pregnant women need earlier antenatal care to address potential complications

Antenatal and postnatal care coverage was increased through awareness, promotion for early booking and implementation of standard guidelines. The implementation of Mother Safe Hospital Initiative (MSHI) standards in divisional and sub divisional hospitals and adherence to key clinical practice standards improved the quality of obstetric care provided to mothers.

Neonatal resuscitation and other trainings on newborn care services were provided to clinical staff in the hospitals. High level coverage for all antigens was maintained through EPI training and awareness.

Childhood illness were prevented and managed through the Rheumatic Heart Disease screening programme, implementation of WHO pocket book of hospital care for children guidelines and child health development and food supplement programme.



Priority Area 3: Communicable disease, environmental health, and health emergency preparedness, response & resilience

Reducing communicable diseases requires improved surveillance and better partner coordination. There is a need for improved multi-sectoral approach to risk management and resilience for communicable diseases, health emergencies, climate change and natural disasters

Communicable diseases program was strengthened through Early Warning, Alert and Response System (EWARS) surveillance, development and operationalization of various LTD guidelines and trainings.

Drinking Water Safety Plans were developed and implemented in communities and schools. Mosquito larval/ sentinel surveys were conducted in high risk communities and source reduction campaigns were also conducted.

Strategic Pillar 2: Health systems strengthening

The second strategic pillar focuses on Improving the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability and sustainability.



Priority Area 4: Continuum of care and improved service quality and safety

Providing a continuum of high quality care to patients through an integrated health systems approach

Improving the access, coverage and quality of 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.

The quality standards were improved in the hospitals through adherence to infection control practices in the hospital and conducting regular infection control audits. Customer complaints were managed through #157.



Priority Area 5: Productive, motivated health workforce with a focus on patient rights and customer satisfaction

Key gaps in the health workforce need to be filled across all cadres to manage current workload

The MHMS has identified several key workforce issues to address, including staff retention and motivation, reducing staffing shortages in certain specialties, and ensuring that staff are deployed where they are needed most.

Workforce recruitment was conducted for staff vacancies in adherence to the OMRS guidelines. Staff were also deployed where they were needed the most. A supportive work environment and professional development opportunities were also provided to all staff.



Priority Area 6: Evidence-based policy, planning, implementation and assessment

Raising the standards for evidence-based policy and planning will improve overall effectiveness

The MHMS plays a key governance and stewardship role in the health sector, including establishing legislative, regulatory, policy, and monitoring frameworks for health and leading inter-sectoral coordination.

Evidence based policy and plans were developed and implemented in the Ministry. Cabinet papers were prepared and submitted to cabinet for policy endorsement.

Health information system accessibility was expanded to targeted health facilities and training was provided to end users on PATISplus, Consolidated Monthly Return Information System and Medical Cause of Death Certificate.



Priority Area 7: Medicinal products, equipment & infrastructure

Health infrastructure development needs to be based on population needs with a focus on maintaining and upgrading existing facilities

While there have been significant expansions to Fiji's health facilities in recent years, there is also a pressing need to make sure those facilities are providing the right services in the right locations and that they are maintained over time. Health infrastructure were upgraded to meet service delivery needs.

High quality medicinal products are rationally used and readily accessible to all residents

The availability of targeted medical products were improved through:

- Timely forecasting and quantification
- Efficient management of procurement and stock control
- Review of procurement and supply management practices



Priority Area 8: Sustainable financing of the health system

Need to consider long-term financing alternatives to reduce dependence on government funds and improve efficiency with due consideration of outsourcing of non-technical services.

Fiji's health care system is mainly publicly financed through general taxation, although private expenditures account for more than one third of total health expenditures. Donors play an important technical role but only account for an estimated 6% of total health spending. Policy, planning and budgeting are to be based on sound evidence and include considerations of efficiency and cost-effectiveness including outsourcing of some non-technical services.

The National Health Accounts assessment including private and government survey was conducted, towards preparing the National Health Accounts Report.

3.0 Management and Resources

3.1 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

Table 2: Summary Population by Division

Division	2018
Central	396,639
Eastern	38,574
Western	355,758
Northern	137,580
Total	928,551

3.3.1 Central Division

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 centers (7 level A, 5 level B, 12 level C), and 21 nursing stations.

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

Table 3: Demography of Central Division

Subdivision	2018
Suva	235,277
Rewa	90,122
Naitasiri	19,860
Serua/Namosi	29,851
Tailevu	21,529
Total	396,639

Achievements

The Division had 18 schools classified as health promoting schools and declared 26 settings as wellness settings declared which included villages, health facilities and community halls. The Package of Essential NCD Services (PEN) was implemented at 18 health facilities while 13 health facilities conducted footcare clinics.

Child health, early booking and postnatal awareness were incorporated in the community outreach programs. Nutrition awareness and screening programs were also conducted during these outreach programs.

Leptospirosis, typhoid and dengue fever awareness programmes were conducted with 100% coverage for all hotspots and high risk areas.



3.3.2 Eastern Division

The Eastern division is divided into 5 subdivisions; 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 4: Demography of Eastern Division

Subdivision	2018
Lomaiviti	15743
Kadavu	10,935
Lomaloma	3,090
Lakeba	6,901
Rotuma	1,905
Total	38,574

Achievements

Non communicable diseases screening is an ongoing activity carried out in all outpatient clinics, shift clinics, community outreach programmes and other events. In the Eastern Division 14 schools were classified as wellness schools. The availability of the Medical Boat ("MV Veivueti") was instrumental in the delivery of oral health services and conducting minor surgeries in the Eastern division which also resulted in more people being made "dentally fit".

Nutrition awareness and screening programs were conducted during outreach at community level, workplaces and clinics. District nurses conducted awareness during Women's Fellowship Group, church services and also during village/tikina meetings.

The Neonatal Resuscitation and Pediatric Life Support (PLS) training was conducted at CWMH with representatives from each subdivision. Integrated Management of Childhood Illness (IMCI) refresher training and program evaluation was conducted in all sub divisional hospitals and health centers. WHO Blue-book training was also conducted this year with participants from each subdivision.

All subdivisions conducted more than one source reduction campaign per quarter headed by respective sub divisional environmental health officers. Divisional outbreak response/ refresher training was completed for Eastern division as facilitated by Health Protection Unit.

3.3.1 Western Division

The Western Division is divided into six sub divisions i.e. 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 centers (4 level A, 4 level B, 20 level C), and 24 nursing stations.

Table 5: Demography of Western Division

Subdivision	2018
Ra	28,312
Tavua	26,611
Ba	54,142
Lautoka/ Yasawa	100,919
Nadi	95,832
Nadroga/Navosa	49,942
Total	355,758

Achievements

Nutritional assessments were conducted for all the primary schools in the division and the healthy lunch intervention program was implemented for year 6 students in the 26 health promoting schools.

Health awareness was conducted at all maternal child health clinics on a one to one basis and also in groups, targeting; breastfeeding, young infant feeding, immunization, family planning and dental hygiene.

Rheumatic Heart Disease Management guideline training was conducted for the West and rolled out to all the 6 subdivisions which are used for the management of Rheumatic Fever. All secondary schools within the division were visited and awareness on reproductive health, mental health and communicable diseases was conducted.

Environment health officers collaborated with other stakeholders for Rural Water Scheme Projects, through the WASH program. Dengue Fever Audit was conducted for the division where hotspots were identified. The World Mosquito Program was extended to the West starting with Nadi.



Launch of World Mosquito Program in Western Division

3.3.2 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 6: Demography of Northern Division

Subdivision	2018
Bua	15,523
Cakaudrove	34,732
Macuata	70,787
Taveuni	16,358
Total	137,580

Achievements

The school health team managed to visit 96% of the schools in the division and 100% of these schools were classified as health promoting schools. There were 17 new wellness settings established in the division. Nutrition intervention programs were implemented to address malnutrition in primary schools e.g. lunch audits, focused groups with parents of underweight and overweight/obese children with regards to their malnutrition status. The target was to ultimately increase the consumption of fruits and vegetables.

Training of Trainers for cervical cancer screening was conducted and sub-divisional trainings were also undertaken to increase the number of skilled personnel available to achieve targets for cervical cancer screening. The division expects an increase in screening in the next financial year as more nurses are now trained to conduct the screening. The Division managed to achieve at least 93% infant immunization coverage and is 100% compliant in the roll out and implementation of the IMCI clinics servicing the under-five population.

All food establishments were graded as per food premises grading regulation and 10 source reduction campaigns were conducted in the Division. The communicable disease surveillance was strengthened with the implementation of EWARS Surveillance to 19 health centres and the Labasa Hospital.

Major renovation was conducted for Nabouwalu Hospital and new quarters for staff were completed for Seaqaqa and Naduri Health Centre and Kia Nursing Station. Kia and Kioa Nursing Stations were also allocated new vessel.



Oral Health Screening



NCD Screening Rabi Island

3.2 Hospital Services

The three divisional hospitals in Suva, Lautoka and Labasa provide a range of tertiary healthcare and serve as the main referral hospital in their respective divisions which provide a wider range of medical services compared to the Sub-Divisional Hospitals. Tamavua/Twomey Hospital and St. Giles Hospital are the two specialized 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 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 of debility.

3.2.1 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 for 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.

Achievements

The hospital successfully put in place interventions to mitigate the bed block situation through the setup of the Bed Management Unit and Medical Holding Unit, the implementation of this resulted in overall improvement in bed management.

CWM hospital provided regular specialist outreach clinics to the surrounding health centres namely Samabula, Raiwaqa, Nuffield, Lami, Valelevu, Makoi, and Nausori.

The Clinical Governance Hub was established at CWMH to provide a centre for all clinical governance activities which includes the Quality Improvement Programme, a central repository of all Standard Operating Procedures and Data Management Centre for all reporting relating to clinical governance. The electronic Unusual Occurrence Reporting (UOR) was introduced at the beginning of 3rd quarter.

The China team (Guangdong) visited CWMH from 11th to 14th of September and they operated on 69 cases of cataracts and donated some essential medicines and consumables for the Eye department. The Scope of Practice for Registered Eye Care for Nurses was launched on World Sight Day (WSD), which was celebrated on 12th of October 2018.

The Pediatric Intensive Care Unit launched the Clinical Practice Guideline which will assist in improving clinical standards across the divisional hospitals and standardizing care for children in the Sub divisional hospitals.



Launch of Pediatric Intensive Care Clinical Practice Guideline

The Pediatric department had 15 visiting teams which attended to 422 patients. The Surgical team conducted outreach in Lau Group, while the Oncology team, Ophthalmology team and EEG team conducted outreach in Lautoka and Labasa hospital. The Maternity and Pediatrics Unit conducted outreach at the Sub divisional Hospitals in the Central and Eastern Division.

3.2.2 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.

Achievements

The Lautoka Hospital Eye Department was able to conduct retinal photography screening during outreach and also provided laser treatment for patients with diabetic retinopathy from the Western division. Staff of Lautoka Hospital underwent various trainings which included Pediatric Life Support, Advanced Pediatric Life Support, Emergency Obstetric and Neonatal Care and Hand Hygiene. 98% of all women who delivered at Lautoka hospital had at least 4 antenatal clinic visits, this is an important indicator for maternal, child health services delivery. Three clinical practice guidelines were completed which included Asthma, Chest Pain and Ectopic Pregnancy as part of ongoing initiatives to further support quality clinical services delivery. Review of medicines allocation for the hospital and whole of Western Division was conducted to align allocations to changing demands at the health facilities.

3.2.3 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.

Achievements

Outreach services were consistently delivered through visiting teams from CWMH and overseas medical teams. Patients benefitted by being treated through the specialized clinics and surgeries. Labasa Divisional also received visiting teams such as Sai Medical Team, Friends of Fiji- General Surgery team and ENT Team.



Visiting Medical team performing surgery

All unit managers, team leaders and supervisors from both the clinical and support services were identified to attend the two day inventory management training. This training introduced the various processes involved in the supply chain management and the link between the existing policies, guidelines, protocols and standard operating procedures in inventory control. The aim of training to improve supply management at Labasa Hospital.

The hand hygiene rate in the infection control unit improved over the past months compared to the first quarter. The recommended target by WHO was achieved after WHO conducted the audit last year. Other audits on environment, waste management and hand washing commodities have been conducted on a monthly basis and the set targets were achieved.

3.2.4 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 population and high risk burden identified areas through active screening. The Leprosy/Dermatology Unit maintains surveillance and screening for leprosy and provides dermatological services. The National Rehabilitation Department at Tamavua/ Twomey Hospital also provides rehabilitation services to severely disabled persons including spinal paralysis and stroke victims and provides prosthetic fittings for amputees and other cases of debility.

Achievements

The Dermatology Department was able to conduct awareness and screening for patients for dermatology, leprosy and albinism in the divisions. Training was conducted in all the divisions, which covered the TB manual trainings and TB modules training for community health workers. The National TB Program conducted quarterly supervisory visits to the Divisional DOT centers.

Infection control standards and prevention of occupational exposure trainings were conducted for staff. Tamavua/ Twomey hospital was able to develop standard operating procedures for admissions. Patients with lower limb amputation that were assessed at hospital and in the Divisions were fitted prosthetic legs. The Functional Independence Measure (FIM) assessment tool was introduced and implemented where the functional capacity of in-patients were assessed on admission and on discharge.

3.2.5 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 services, and divisional community mental health outreach services, clinical training for medical students and nursing students and other mental health related services.

Achievements

The nurses at St Giles hospital were able to collaborate with other multidisciplinary teams such as the school health teams to conduct mental health awareness in schools. Mental health care services were also provided in the primary health care settings through outreach clinic, case management and mental health awareness by the community mental health nurses.

The Mental Health Gap Action Programme (mhGAP) training was conducted which included about 94 nursing staff. Five nurses were enrolled in the Postgraduate Certificate in Mental Health programme.

3.3 Preventive and Promotive Health

3.3.1 Wellness

The wellness approach to health has been identified as an important strategy for a whole of society approach to reduce NCD risk factors. The Wellness Division focuses on enhancing the usage of quality, accessible and valuable information for supporting wellness behavioral choices at all levels. There is an overall shift from being disease focused to addressing the social determinants of health a multisectoral approach.

Achievements

Mental health wellness in-service training was provided for ANC, MCH, school health and SOPD workforce. The School health team and public health dietitians were empowered to analyses data to determine the nutritional status of students and plan for interventions as way forward.

The National Package of Essential Noncommunicable Disease Interventions (PEN) working group ensured that PEN activities were implemented at the existing SOPD in the Divisions. Wellness Fiji was promoted in community settings and workplace through formal invitation.

3.3.2 Health Protection

The Health Protection Division is a culmination of ongoing efforts to integrate the overall communicable disease program by strengthening and integrating key functions. This will improve overall coordination for the prevention and risk management of communicable diseases.

Achievements

The Environmental Health Officers were able to develop 21 Drinking Water Safety Plans and implement this within their respective divisions. Vector surveillance activities were carried out monthly in high risk areas.

Community visitation was carried out the team to promote environmental health protection measures including prevention of LTDD and implementation of WASH programme.

3.3.3 Family Health

The Family Health Department's key aims are to manage, implement, monitor and evaluate programs pertaining to Child Health, Maternal Health, HIV/STI's, Reproductive Health and Gender. There is an overall focus on the burden of ill health women, children and adolescents.

Achievements

Safe motherhood community awareness was conducted in three medical areas namely Gau, Vunidawa and Korovisilou. Food voucher scheme awareness was conducted in all the divisional and sub divisional hospitals during Mother Safe Hospital Initiative (MSHI) audit. The Central and Western division heads had gender training completed in November, 2018.

Antenatal clinic folder has been reviewed and presented to the respective Clinical Services Network (CSN) for approval. All the divisional and sub divisional hospitals have been audited against the MSHI audit tool. Reviews of Integrated Management of Childhood Illness, Paediatric Intensive Care clinical practice, Antiretroviral Therapy and Sexually Transmitted Infections guideline have been completed.

The nationwide meningococcal immunization campaign targeted all children between the ages of 1 year to 19 years with a target population of 330,000, this was a huge success with 91% immunization coverage of the target population.



Meningococcal immunization campaign

World AIDS day was conducted in Suva and attended by more than 400 people. A "Test4K" campaign was launched during World AIDS Day with the objective to screen 4000 young people from 26th November to 27th June 2019. The team participated in safe festival campaigns such as Hibiscus, Women's Expo, World AIDS Day, Homophobia Day and Coca Cola Games.

3.4 Health Systems Strengthening

3.4.1 Human Resource

The Human Resource (HR) Department oversees the effective management of all HR related activities, programs and issues and provides advice on recruitment, posting, leave administration, learning & development, strategic workforce planning process and industrial relations matters.

Achievements

The annual workforce plan was developed and submitted with the costed operational plan. The Strategic Workforce Plan for the Ministry is still in progress with focus group meetings to ensure that critical and urgent staffing needs are captured.

The Human Resource Management Information System became fully operational for MHMS by the due date. This is now being rolled out to the whole of government ministries and departments. The Human Resource Information System team also developed on-line My APA form that is accessible through internet.

There were several awareness sessions conducted on the Learning and Development Guideline with a session for all HR staff during the MHMS HR symposium held in November, 2018.

3.4.2 Finance, Asset Management and Digital Health

Finance, Asset Management and Digital Health Division is responsible for the implementation of service-wide policies and procedures in relation to finance, budget, accounts and asset management. The department has also taken over the role of Digital Health which includes supporting Information and Communication Technology (ICT) needs for the Ministry.

The Division is responsible for preparation of budget submission for the Ministry in consultation with the respective cost centres and monitoring the utilization of the annual budget including, compliance to Financial Management Act, Finance Instruction, the Finance manual and the General Orders.

This Division also looks after capital construction projects for the Ministry in consultation with different stakeholders and is responsible for overseeing the repair and maintenance of health facilities around the country.

The Division is responsible for the development of information and communication technology for digital health and analyses including the ICT services for eHealth for the Ministry including procurement, expansion of network connectivity, server administration, management of databases (health applications) and website. The Division also conducts awareness and training for all health applications.

Achievements

The Ministry's Finance manual was reviewed and is printed and distributed to all heads of department. New SOPs were developed on procurement and budget monitoring which are now utilized by all cost centers. The 2019/2020 budget submission was submitted to Ministry of Economy and this was aligned to the health sector priorities for the financial year 2019/2020.

The Standard Operating Procedures on MEDIVAC services and revenue collection were developed to improve and strengthen processes across Ministry.

Asset Management Unit

Following the destruction caused by tropical cyclone Winston in 2016, the Maternal Health and Child Health Centre based within the Koro Health Centre in Nasau has been renovated and upgraded through the funding of FJD634, 000 from the Australian Government.



Opening of Koro Health Centre, Nasau

Digital Health

The digital health team established further govnet connections (Data) to Lomaloma, Lakeba, Koro, Nakasi, Qarani health centres to allow online access to Patient Information System (PATISPlus). A total of 10 PABX (telephone Systems) have been upgrade to a new version to provide efficient communication services to health facilities in CWMH, Sigatoka, Nadi, Lautoka, Labasa, Savusavu hospitals, Northern and Western Division Health Services, Namosi House and Dinem House (headquarters).

The health application team worked together with Digital Fiji for the successful integration of the pregnancy and birth module of the Patient Information System with the Births, Deaths and Marriages (BDM) office to allow online registration of birth notification which has been rolled out in 2 divisional and 5 sub divisional hospitals. Users were also given SOP's and trained on how to enter data into the online birth registration notification form. The Rheumatic Fever Information System was enhanced to improve functionality of the system.

Procurement and distribution of desktops, printers and laptops were also completed for the financial year. Registration for the Free Medicine Program continues with over 33,868 people registered in the program.

3.4.3 Pharmaceutical and Biomedical Services

Fiji Pharmaceutical and Biomedical Services (FPBS) core service is the supply chain management of medical supplies and health commodities. FPBS focuses on improving access to essential medicinal products of assured quality, safety, efficacy and cost-effectiveness. The Essential Medicines Authority at FPBS is responsible for the development of product standardization and promoting rational use of medicine, whilst the Medicines Regulatory Authority is responsible for the strengthening of quality assurance processes for products imported in the country including the random testing of medicinal products.

Achievements

The Fiji Prequalification Guidelines were reviewed to reflect the provisions of the National Medicinal Products Policy and the Medicinal Products Act.

A total of 22 samples were selected and sent between August 2018 and March 2019 for testing in Australia at the Therapeutic Goods Administration laboratory. The test results are part of Post-market surveillance works of any national drug regulatory office to ensure quality, safe and effective medicines and vaccines for our population.

The Antibiotic Week was organized through the divisional hospitals in November 2018. This is a global event with the objective to create public and professional awareness on the impacts of Antimicrobial Resistance (AMR).

Joint technical scientific workshop meeting between MHMS and Ministry of Agriculture (MOA) was organized in November 2018. The intention of the workshop was to create awareness on AMR issues with the technical officers at the MOA and work on strategic activities to solve the issues.

Consultation workshop was conducted for the review of the Restricted Antibiotic Guidelines and the development of the MHMS, AMR Stewardship Guidelines. This was also an opportunity for awareness on AMR issues to Fiji's clinicians.

Antibiotic Prescribing Survey (APS) was conducted in October 2018 at CWM Hospital. The survey was to understand the use or consumption of antibiotics in CWM Hospital. The survey was conducted by pharmacy staff which was also a capacity development opportunity for the officers.

3.4.4 Planning and Policy Development

Planning and Policy Development Division (PPDD) is responsible for policy development, analysis and coordination of policy related activities as well as evidence-based health planning including the development of medium to long term strategies and annual operational plans. PPDD's role also includes facilitating health services planning. PPDD has a healthcare financing section that develops National Health Accounts and assists with analysis of services and programs.

Achievements

Planning

The Annual Operational Plan (AOP) 2019/2020 was developed after various consultations with respective Senior Managers. The costed AOP 2019/2020 was aligned to the budget cycle and the planning consultation began in December 2018 with the annual planning workshop being held on 6th and 7th February 2019 to draft the AOP 2019/2020. AOP was finalized after the budget announcement.

The Central Health Services Plan was developed. The Ministry's Strategic Plan 2016-2020 and the current Role Delineation Guidelines were reviewed.

Policy

The Policy brief template was also reviewed to standardize policy briefs developed for the Ministry. The unit managed to develop six policies for the fiscal year and conducted consultation and discussions on a number of policy issues.

The unit also provided ongoing support and advice on policy related issues, and participated in meetings and workshops, to discuss policy related issues.

Health Care Finance

The National Health Accounts report 2016/2017 was developed and the unit also worked with the Finance team in costing of the Ministry's Annual Operational Plan which was submitted with the budget proposal as per timeline. The costing analysis was conducted for the sub-divisional hospitals in the Western Division i.e. Rakiraki, Tavua, Nadi, Ba and Sigatoka hospital.

The National Health Accounts report for the fiscal year 2017/2018 is underway with government and private data collection completed. A consultant will be conducting the data analysis in August as the 1st phase of the consultancy and the 2nd phase will be in November to prepare the final draft of the report and train the National Health Accounts Committee members on the new Health Accounts Production Tool.

3.4.5 Research, Innovation, Data Analysis and Management

The Research, Innovation, Data Analysis and Management Unit has been newly set-up to support and strengthen research and innovation in the Ministry. This is an initiation of ongoing efforts to ensure that good quality evidence is used to guide decisions about health sector strategy, functioning and oversight. The unit will generate evidence and identify key areas for policy making in the Ministry and ensure that research is recognized as a key function to guide policy and decision making.

Achievements

A National Consultation on the review of the health research ethics and governance process was conducted in March 2019.



Research consultation workshop

The Health research portal was reviewed by WHO consultants and currently MHMS is in the process of developing a new research portal.

Supervisory visits and data verification audits were carried out in the Central division, facilities visited included Suva subdivision (SD) (Naboro nursing station, Nuffield & Valelevu health centre), Rewa SD, (Wainibokasi, Nausori & Naulu health centre), Tailevu SD, (Korovou Hospital, Korovou & Dawasamu health centre), Serua/ Namosi SD (Galoa nursing station, Navua & Korovisilou health centre) and Naitasiri SD (Nakorosule health centre, Waidina nursing station).

A milestone achievement is the launch of the birth registration mobile platform to improve birth registration coverage which is the result of the collaboration among the Civil Registration and Vital Statistics stakeholders. Health Status Report 2017 was completed and is currently available on MHMS website.

3.4.6 Nursing and Midwifery Division

The Nursing and Midwifery Division is responsible for the planning, coordination and evaluation of the delivery of nursing services including the development, coordination and monitoring of nursing standards, policies, guidelines and protocols designed to direct and inform patient care, community health services, specialist nursing care and nursing management.

The Division also supports the Fiji Nursing Council for the professional registration of Nurses and manages the Community Health Workers programme.

Achievements

- National orientation programme was held 200 new intern nurses, a Public Health rotation for 3 months has now been introduced during Internship program.
- The Fiji Nursing Council Annual Symposium was renamed Minister for Health & Medical Services National Nursing Symposium 2019. The Theme: “Pursuing New Nursing Horizons through Quality Education, Research and Care” was successfully held for the first time over 3 days. A total of 270 nurses attended the symposium. The first day of the consisted of a pre-conference symposium of hands on practical learning skills.

Annual



Nursing Symposium 2019

- Nurse Practitioners now lead school health teams which were initiated in all 3 divisions.
- All re-engaged Midwives had their contracts successfully renewed for another year.
- The Community Health Worker (CHW) database was developed and a reporting template was designed for CHWs monthly reporting.

- Job description was designed for CHWs and a total of 1238 CHW's signed their appointments.
- The Ministry successfully received 30 scholarships from the Australian Programme Support facility and 12 scholarships from for Midwifery training.
- Nursing Management and Leadership undertook a 3 month capacity building program with the support from the New Zealand Medical Treatment Scheme Program.
- The Nursing Specialization Framework was developed, this framework is essential for the development of a career pathway. The nursing specialization will enhance patient safety and the delivery of high-quality care through their demonstrated commitment to improving clinical governance, developing practice, mentoring and developing other healthcare staff. The population of Fiji will benefit as nurses work towards specialization and more advanced practice roles, receiving recognition and reward for taking on roles with greater scope and complexity.



3.4.7 Executive Support Unit

The Executive Support Unit is responsible for high-level executive support and administrative services for the Ministry's Executive. The Unit maintains awareness, identifies and investigates emerging corporate issues which may require the direct intervention of the Executives and ensures they are properly briefed on issues. It manages the Ministry's engagement with cabinet, parliament and the media.

Achievements

There were 17 cabinet papers prepared and submitted in accordance with the standards and requirements of the cabinet office.

Radio/TV talk back shows were conducted per quarter. Radio/TV advertisements were prepared on request by the departmental heads based on the urgency to inform the public on the preventative measures (in total 8 scripts were done). The Ministry's Facebook page and website is updated on a weekly basis including uploads of important health messages.



Regional Director for the Western Pacific (WHO), Dr Takeshi Kasai visit to Fiji

4.0 Performance Report

4.1 Health Outcome Performance Report

Non – Communicable Disease

General Objective	Indicators	2018 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	64.3%
Specific Objective	Indicators	2018 Progress Report
1.1.1 Reduce key lifestyle risk factors among the population	Prevalence of overweight/obesity in primary school children	7.7%

Maternal Child Health

General Objective	Indicators	2018 Progress Report
2.1: Timely, safe, appropriate and effective health services before, during, and after childbirth	Number of maternal deaths	8
	Perinatal mortality rate per 1,000 total births	14.3 per 1,000 total births
	% of live births with low birth weight	5.4%
General Objective	Indicators	2018 Progress Report
2.2: All infants and children have access to quality preventive and curative pediatric and nutritional services	Infant mortality rate per 1,000 live births	18.0 per 1,000 live births
	Under 5 mortality rate per 1,000 live births	21.4 per 1,000 live births
Specific Objective	Indicators	2018 Progress Report
2.2.1 Expand neonatal and infant healthcare, including community risk detection and referral	Neonatal mortality rate per 1,000 live births	12.2 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	MR 1: 80.9%

General Objective	Indicators	2018 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	16.2 per 1,000 girls aged 10 to 19
Specific Objective	Indicators	2018 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	HPV 1: 100% HPV 2: 56%
	Contraceptive prevalence rate (CPR) amongst population of child bearing age	44%

Childhood vaccination coverage rate for all antigens

Immunization Coverage (%) 0-1 yr	2018 Progress Report
	%
HBV0	96.4
BCG0	94.8
DPT-HepB-Hib1	88.2
OPV1	89.2
Pneumococcal 1	89.2
Rotavirus 1	89.2
DPT-HepB-Hib2	85.8
OPV2	85.8
Pneumococcal 2	85.7
DPT-HepB-Hib3	84.7
OPV3	85.2
OPV4	80.2
Pneumococcal 3	84.7
Rotavirus 2	84.7
MR1	80.9
MR2	94.1

Source: CMRIS Online [PHIS]

Communicable Disease

General Objective	Indicators	2018 Progress Report
3.2: Improved case detection and coordinated response for communicable diseases	Incidence of HIV infection (# of new cases)	72
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	42.79 per 100,000 population
	Incidence of typhoid per 100,000 population	26.11 per 100,000 population
	Incidence of dengue fever per 100,000 population	518.15 per 100,000 population
	Incidence of leprosy per 100,000 population	0.1 per 100,000 population
	Incidence of tuberculosis per 100,000 population	42 per 100,000 population
	Number of new cases of HIV	72

Donor Assisted Programs/Projects

Table 7: Donor Assist Programs 2018-2019

Donor	Program	Aid -in-Kind
DFAT	Fiji Health Sector Support Programme	8,622,041
UNICEF	Health, Nutrition and HIV/AIDS	83,386
JICA	Filariasis Elimination Campaign	56,061
JICA	Volunteer Scheme	575,560
NZMFAT	Dengue Fever/World Mosquito Programme	3,907,381
NZMFAT	NZ Medical Scheme 2017-2021 Fiji	361,795
UNICEF	Water, Sanitation and Hygiene Programme	114,393
JICA	Improvement of Health Service through 5S-KAIZEN-TQM	672,734
JICA	Prevention and Control of NCDs	1,014,297
China	Navua Hospital - Technical Cooperation	1,358,367
Total Aid –in-Kind		\$16,766,015
Donor	Program	Budget Contribution
UNICEF	Water, Sanitation and Hygiene Programme	280,782
UNICEF	Health, Nutrition and HIV/AIDS Programme	81,115
UNICEF	Child Protection Programme	20,799
Total Cash Grant		\$ 382,696

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		
Specialized Hospital			
1. St.Giles Hospital			
2. Tamavua/Twomey Hospital			

Table 9: Health Centers 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. Nakasi		8. Punjas			Naqumu		Moturiki
9.Suva Diabetes Centre							
10.Suva Reproductive Health Clinic							
11.AHD 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. Lodon	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				Levuka-I-Daku

<u>Naitasiri Sub-Division</u>		3. Keiyasi	Naqalimare				Udu
1. Vunidawa	Lomaivuna	4. Raiwaqa	Nukuilau				Namuka
2. Naqali	Waidina	5. Korolevu	Wauosi				Fulaga
3. Laselevu	Narokorokoyawa	6. Vatulele	Tuvu				Ogea
4. Nakorosule	Nabobuco	7. Cuvu					Vatoa
	Nasoqo	8. Vatukarasa					
		<u>Ra Sub-Division</u>				<u>Lomaloma Sub-Division</u>	
		1. Rakiraki	Vunitogoloa			1. Lomaloma	Mualevu
		2. Nanukuloa	Tokaimalo			2. Cicia	Tuvuca
		3. Namarai	Nasavu			<u>Rotuma</u>	
		4. Nasau	Nayavuiria				

4.2 Financial Performance

OFFICE OF THE AUDITOR GENERAL

Promoting Public Sector Accountability and Sustainability through our Audits



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INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Medical Services

Report on the Audit of the Financial Statements

I have audited the financial statements of the Ministry of Health and Medical Services, which comprise the Statement of Receipts and Expenditure, Appropriation Statement, Statement of Losses, Trading and Manufacturing Account (TMA) Trading Account, TMA Profit and Loss Statement, TMA Balance Sheet, Main Trust Fund Account Statement of Receipts and Payments for the financial year ended 31 July 2019, and notes to the financial statements including a summary of significant accounting policies.

In my opinion, except for the effects on the matters discussed in the Basis of Qualified Opinion paragraphs, the accompanying financial statements of the Ministry of Health and Medical Services are prepared, in all material respects, in accordance with the Financial Management Act 2004 and Finance Instructions 2010.

Basis for Qualified Opinion

Operating Fund

1. The Ministry recorded Capital Construction expenditures of \$21,688,922 in the Statement of Receipts and Expenditure for the year ended 31 July 2019. The Ministry was unable to provide me with payment and journal vouchers to support capital expenditures totalling \$4,690,298. As a result, I was unable to confirm the completeness and accuracy of the balances and also unable to determine whether any adjustments might have been necessary in respect of Capital Construction expenditures at the end of the financial year.
2. Unreconciled variances exist between the FMIS general ledger and the Ministry's payroll reports for both Established Staff and Government Wage Earners for \$5,140,334 and \$4,708,636 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 2019.

Sahyadri Trust Fund Account

3. There was no movement for the Sahyadri Trust Fund Account during the year. The opening balance of \$20,609 was qualified in the 2018 financial statements as the Ministry was not able to provide a detailed listing of the closing balance of \$20,609, which included contributions from the patients and Government's assistance to approved patients. As a result, I was not able to substantiate the accuracy and completeness of closing balance of \$20,609 reflected in the Sahyadri Trust Fund Account Statements of Receipts and Payments.

Cardiology Services Trust Fund Account

4. Receipts totalling \$26,705 were not recorded in the FMIS general ledger for the Cardiology Services Trust Fund Account. As a result, the total receipts and closing balances were understated by the same amount at year ended 31 July 2019.

5. An unreconciled variance of \$26,683 exists between the FMIS general ledger and the Bank Reconciliation statement for the Cardiology Services Main Trust Fund Account. Consequently, I was unable to establish the accuracy of the closing balance reflected in the Cardiology Services Trust Fund Account Statement of Receipts and Payments for the year ended 31 July 2019.

Fiji Children's Overseas Treatment Trust Fund Account

6. Expenditures totalling \$12,060 were not recorded in the FMIS general ledger for the Fiji Children's Overseas Treatment Trust Fund Account. As a result, total expenditure and closing balance were understated by the same amount at year ended 31 July 2019.
7. An unreconciled variance of \$10,586 exists between FMIS general ledger and the Bank Reconciliation statement for the Fiji Children's Overseas Treatment Trust Fund Account. Consequently, I was unable to establish the accuracy of the closing balance reflected in the Fiji Children's Overseas Treatment Trust Fund Account Statement of Receipts and Payments for the year ended 31 July 2019.

I have conducted my audit in accordance with International Standards on Auditing (ISA). My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Ministry of Health and Medical Services in accordance with the International Ethics Standards Board for Accountants' *Code of Ethics for Professional Accountants* (IESBA Code) together with the ethical requirements that are relevant to my audit of the financial statements in Fiji and I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other Matters

1. Internal controls over purchases and procurement, receipting and recording of Trust Fund revenue, reconciliation of accounts and records management were generally weak and if not addressed promptly will result in material misstatements and possible financial losses.
2. Bulk Purchase Trading and Manufacturing Account internal controls over receipting and payments were generally weak. This relates to price charged that were not in accordance with the approved price list and the understatement of utility costs which is not paid for by the Bulk Purchase Trading and Manufacturing Account.
3. The list of patients treated under Fiji Children's Overseas Treatment Trust Fund were not made available for audit.
4. A total of \$55.9 million was incurred by the Ministry of Civil Service for the payment of personal emoluments and FNPF contributions for the doctors employed by the Ministry of Health and Medical Services. The Ministry of Civil Service was responsible for the administration of these expenditures in accordance with the budget approved by Parliament.

Responsibilities of the management and those charged with governance for financial statements

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

Those charged with governance are responsible for overseeing the Ministry's financial reporting process.

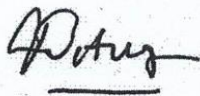
Auditor's Responsibilities for the Audit of the Financial Statements

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 or 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 judgement 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 of Health and Medical Services internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management of the Ministry of Health and Medical Services.

I communicate with those charged with governance 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
18 March 2021

Table 10: Segregation of 2018-2019 Budget

Programme / Activity	Original Budget (\$m)	Revised Budget (\$m)	% of Overall Revised Health Budget
Programme 1 Activity 1 Administration	85,470,474	81,766,867	24%
Programme 2 Activity 1 Public Health Services	12,724,096	11,328,280	3%
Programme 2 Activity 2 CWM Hospital	44,271,978	47,516,659	14%
Programme 2 Activity 3 Lautoka Hospital	24,253,972	25,809,483	8%
Programme 2 Activity 4 Labasa Hospital	18,935,725	23,329,618	7%
Programme 2 Activity 5 Tamavua Twomey Hospital	4,103,944	3,923,891	1%
Programme 2 Activity 6 St Giles Hospital	5,574,249	4,667,953	1%
Programme 3 Activity 1 Central Division	25,390,066	27,343,977	8%
Programme 3 Activity 2 Eastern Division	9,260,030	7,993,102	2%
Programme 3 Activity 3 Western Division	27,404,905	26,681,816	8%
Programme 3 Activity 4 Northern Division	14,434,607	11,119,176	3%
Programme 4 Activity 1 Drugs and Medical Equipment	63,136,202	63,479,426	19%
Total	334,960,248	334,960,248	100%

Table 11: Proportion of Ministry of Health Budget against National Budget and GDP

Year	Revised Health Budget	National Budget	% of Overall Total Budget	% of GDP
2018/2019	334,960,248	\$4,650,546,000	7.20%	2.87%

Table 12: Statement of Receipts and Expenditure for the Year Ended 31st July 2019

	Notes	2019 (\$)	2018 (\$)
REVENUE			
OPR in Previous Years		-	233,364
Rental for Quarters		16,499	15,138
Commission	3 (a)	122,769	100,948
Health Levy	3 (b)	1,350,406	692,936
Miscellaneous		3,253	4,033
Fiji School of Nursing		276	-
Agricultural Produce & Inspection		138	-
Total State Revenue		1,493,341	1,046,419
Agency Revenue			
Health Fumigation & Quarantine	3 (c)	1,174,635	1,490,901
Hospital Fees		1,971,177	1,838,901
License & Others		1,657,678	1,605,495
Miscellaneous Revenue	3 (d)	1,058	252,200
Total Agency Revenue		4,804,548	5,187,497
Total RECEIPTS		6,279,889	6,233,916
EXPENDITURE			
Operating Expenditure			
Established Staff	3 (e)	130,362,299	109,319,784
Government Wage Earners	3 (f)	21,655,372	23,205,168
Travel & Communication	3 (g)	6,514,006	5,227,672
Maintenance & Operations		15,558,794	15,720,028
Purchase of Goods & Services	3 (h)	58,690,257	62,647,164
Operating Grants & Transfers	3 (i)	696,920	959,424
Special Expenditure	3 (j)	6,373,581	6,116,039
Total Operating Expenditure		239,851,229	223,195,279
Capital Expenditure			
Capital Construction	3 (k)	21,688,922	17,335,118
Capital Purchases	3 (l)	5,245,730	7,118,112
Capital Grants & Transfer	3 (m)	74,425	-
Total Capital Expenditure		27,009,077	24,453,230
Value Added Tax		6,641,710	6,283,859
TOTAL EXPENDITURE		273,502,016	253,932,368

Table 13: TMA Trading Account for the Year Ended 31st July 2019

Trading Account	2019	2018
	(\$)	(\$)
Sales	498,713	464,573
Total Revenue	498,713	464,573
Opening Stock of Finished Goods	34,785	5,975
Add : Purchases	415,187	338,735
	449,972	344,710
Less : Closing Stock of Finished Goods	37,633	34,785
Cost of Goods Sold	412,339	309,925
Gross Profit Transferred to Profit & Loss Statement	86,374	154,648

Table 14: TMA Profit and Loss Statement for the Year Ended 31st July 2019

INCOME	2019	2018
	(\$)	(\$)
Gross Profit Transferred to Profit & Loss Statement	86,374	154,648
Total Income	86,374	154,648
EXPENSES		
Salaries and Related Payments	44,343	54,076
Travel Domestic & Communications	1,234	1,912
Lease and Rental Payments	17,257	16,514
Office Upkeep and Supplies	173	272
Special Fees and Charges	101	396
Total Expenses	63,108	73,170
NET PROFIT	23,266	81,478

Table 15: TMA Balance Sheet for the Year Ended 31st July 2019

	2019	2018
	(\$)	(\$)
Current Assets		
Cash at Bank	508,892	550,479
Finished Goods	37,633	34,786
Vat Receivable	16,489	13,545
Account Receivables	11,353	-
Total Current Assets	574,367	598,810
Liabilities		
Total Liabilities	-	-
Total Net Assets	574,367	598,810
EQUITY		
Accumulated TMA Surplus	1,103,016	1,069,247
TMA Surplus Capital Retained to CFA Transferred to	(551,915)	(551,915)
Net Profit	23,266	81,478
Total Equity	574,367	598,810

Table 16: Appropriation Statement for the Year Ended 31st July 2019

SEG	Item	Budget Estimate (\$)	Appropriation Changes (\$)	Revised Estimate (\$)	Actual Expenditure (\$)	Lapsed Appropriation
OPERATION COSTS						
1	Established Staff	134,782,388	(2,123,918)	132,658,470	130,362,299	2,296,171
2	Government Wage Earners	19,606,078	2,123,918	21,729,996	21,655,372	74,624
3	Travel & Communicatio	6,811,364	407,334	7,218,698	6,514,006	704,692
4	Maintenance & Operations	17,168,763	670,050	17,838,813	15,558,794	2,280,019
5	Purchase of Goods & Services	67,341,393	792,616	68,134,009	58,690,257	9,443,753
6	Operating Grants & Transfers	972,520	-	972,520	696,920	275,600
7	Special Expenditure	13,307,176	230,000	13,537,176	6,373,581	7,163,595
	Total Operating Expenditure	259,989,682	2,100,000	262,089,682	239,851,229	22,238,453
CAPITAL EXPENDITURE						
8	Capital Construction	44,877,058	(2,100,000)	42,777,058	21,688,922	21,088,136
9	Capital Purchases	12,084,800	-	12,084,800	5,245,730	6,839,070
10	Capital Grants &	3,500,000	-	3,500,000	74,425	3,425,575
	Total Capital Expenditure	60,461,858	(2,100,000)	58,361,858	27,009,077	31,352,781
13	Value Added Tax	14,508,708	-	14,508,708	6,641,710	7,866,998
	Total Expenditure	334,960,248	-	334,960,248	273,502,016	61,458,232