



MINISTRY OF HEALTH
& MEDICAL SERVICES

ANNUAL REPORT

2019-20

MINISTRY OF HEALTH AND MEDICAL SERVICES

Annual Report 2019-2020

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 2019 to 31st July 2020 in accordance with the Government's regulatory requirements.



.....

Dr. James Fong
Permanent Secretary

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Permanent Secretary's Statement



This year started with a positive note, as we completed the development of our new Strategic Plan 2020 -2025, and set our priorities for the next 5 years. The year was dominated by our response to Communicable Diseases, commencing with our response to National Measles Outbreak and Leptospirosis, Typhoid and Dengue Outbreak(s).

Mass measles vaccination campaign was conducted in response to the regional measles outbreak and the coverage rate was over 95% for the targeted groups of children (6 months to 5 years) and young adults (19 to 39 years), with over 459,000 people in Fiji receiving one dose of the measles vaccine. Measles and Rubella molecular testing was

successfully introduced in January 2020.

The latter half of the year was overshadowed by our COVID-19 preparedness and response. The diagnosis of our first case on 19th March 2020 marked the first wave of COVID-19 cases in Fiji, which lasted for 79 days and recorded a total of 18 cases. In its response, the Government initiated a whole of government and whole of society response with the Ministry taking a lead role.

Our local testing capacity was established through the introduction of COVID-19 molecular testing with R-PCR platform in March, 2020 and this was later on available on Gene-Xpert platform. GeneXpert Testing for SARS CoV 2 commenced with validation and implementation on site in May.

The COVID-19 Pandemic, provided opportunities to implement innovative service delivery models, including the strengthening of clinical outreach through FEMAT support and utilization of MV Veivueti to conduct surgical outreaches. Sigatoka Satellite Services was established that enabled accessibility to specialist services for communities in Nadroga / Navosa and Nadi. CWMH team also provided services in Rakiraki and Sigatoka during the lockdown of the Lautoka and Nadi area.

Health systems' strengthening was also done through initiatives such as the end to end review of the supply chain system with recommendations for strengthening and reform. Free Medicines Program (FMP) pilot roll out was also facilitated to selected pharmacy outlets.

The Ministry also commenced the remodeling of health services to further support the integration of the clinical and public health components that had been strengthened during the COVID-19 response. It is anticipated that this model of service delivery will be further developed to reflect the "new normal" way of delivering health services.

I would like to conclude by acknowledging the hard work and commitment of all our frontline workers and the high level of support from other sectors and development partners that has greatly assisted us in this challenging year.

.....
Dr. James Fong
Permanent Secretary

Acronyms

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

1. 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 multisectoral 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 and Asset Management**

Finance and Asset Management 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 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.

- **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.

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.

- **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.

Frameworks

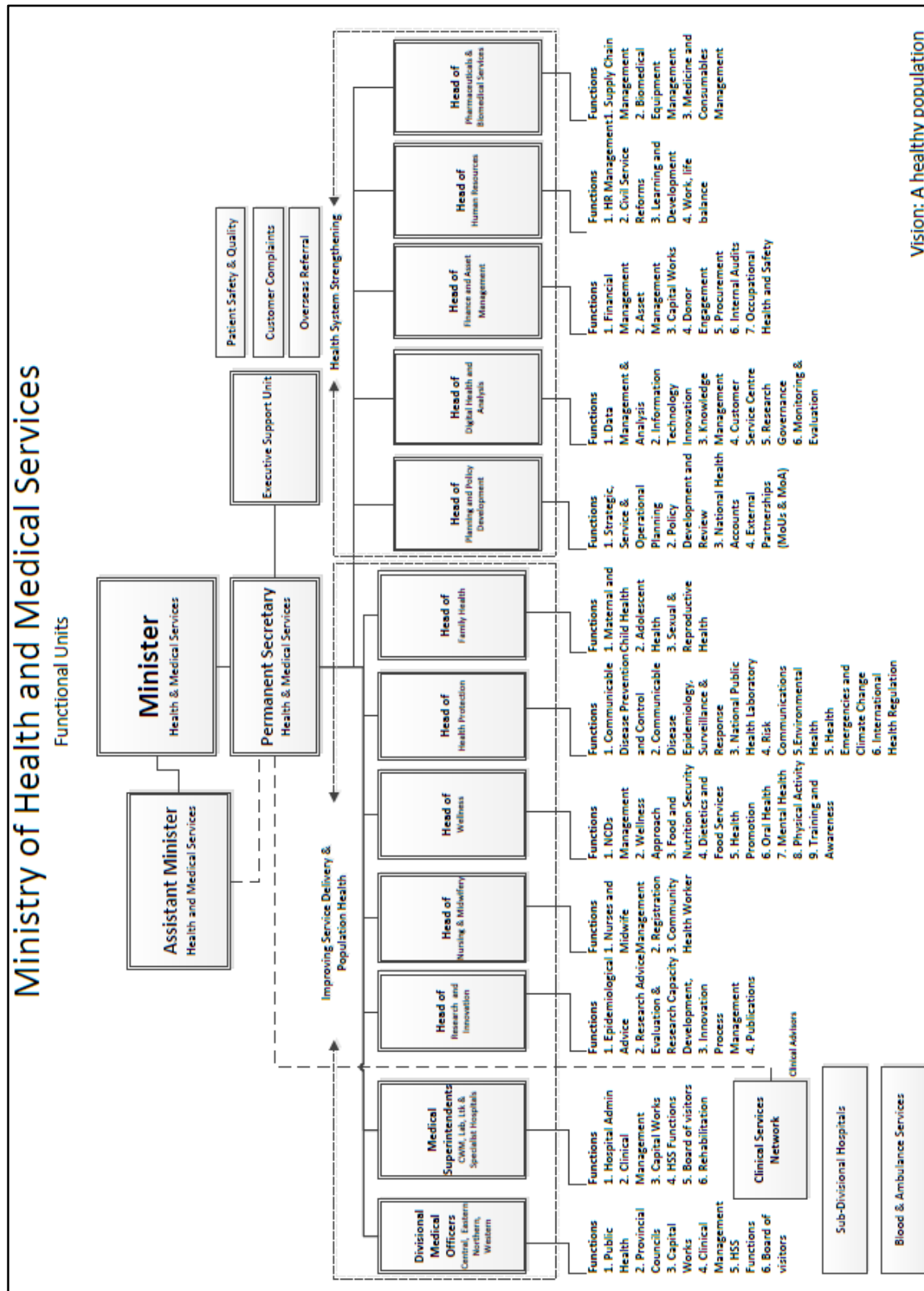
Legislative Framework

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 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 Health (COVID-19 Response) (Amendment)
36	Public Hospitals & Dispensaries Act (Cap 110)
37	Public Hospitals & Dispensaries (Amendment) Regulations 2012
38	Public Hospitals and Dispensaries (Amendment) Act 2018 Amendment) Act 2018
39	Optometrist and Dispensing Optician Decree 2012
40	Quarantine Act (Cap. 112)
41	Quarantine (Amendment) Decree 2010
42	Radiation Health Decree 2009
43	Tobacco Control Decree 2010
44	Tobacco Control Regulation 2012
45	The Food Safety Regulation 2009
46	The Food Establishment Grading Regulation 2011

1.2 Organization Structure



1.3 Reporting on SDG Performance for 2019

Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	2019 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	2.8%
		Prevalence of tobacco use amongst adults age 18+ years	17% (2011) STEPS Survey 2011
		Death rate due to road traffic injuries	6.5 per 100,000 population
		Cervical cancer screening coverage rate	6.9%
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
		Incidence of HIV infection (# of new cases)	120
		Incidence of tuberculosis per 100,000 population	51 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	64.6%
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	95.8 per 100,000 population
End preventable deaths of newborns	All pregnant women, including teenagers,	Reduce Neonatal Mortality	15.9 per 1,000 live births

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	mothers and newborns receive timely, safe, appropriate and effective health services before, during, and after childbirth		
		Perinatal mortality rate per 1,000 total births	21.2 per 1,000 total births
		% of live births with low birth weight	5.2%
		Infant mortality rate per 1,000 live births	19.9 per 1,000 live births
	Provide access to quality preventive and curative paediatric and nutritional services	Under 5 mortality rate per 1,000 live births	25.8 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 -34.3 per 10,000
	Improve health financing, equity and efficiency	General government expenditure on health as a proportion of general government expenditure	7.8% (Aug 2017-July 2018)
		Ratio of household out-of-pocket payments for health to current health expenditure	19.4% (Aug 2017-July 2018)



Strategic Priorities

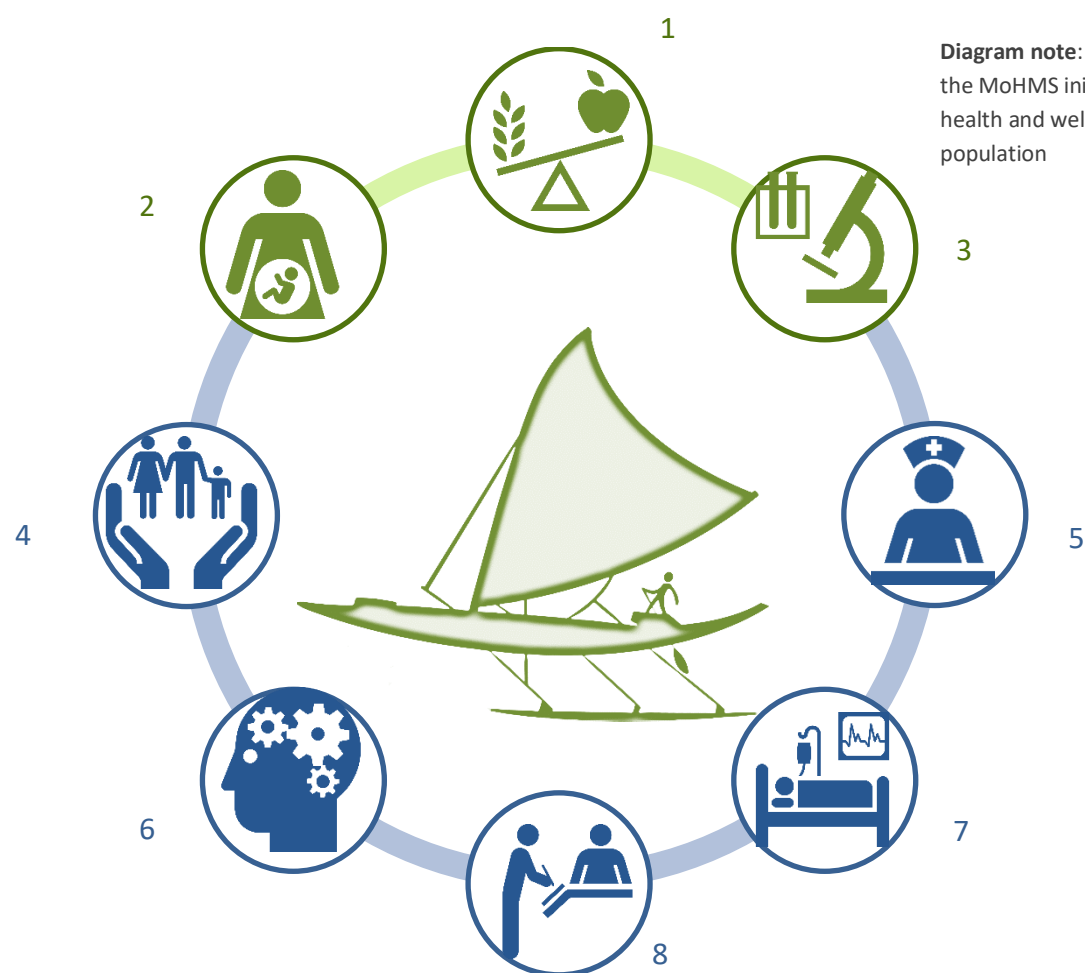
2. Strategic Priorities

The Ministry's Strategic Plan 2016-2020 has two strategic pillar and eight strategic priority areas.

The first focusing on the delivery of health services to the population and the second focusing on systems strengthening to improve overall health sector performance. Under each of the pillars there are a series of Priority Areas, as illustrated below.

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

1. Non-communicable diseases, including nutrition, mental health and injuries
2. Maternal, infant, child and adolescent health
3. Communicable diseases, environmental health and health emergency preparedness, response and resilience



Strategic Pillar 2: Health systems strengthening

4. Primary health care, with an emphasis on continuum of care and improved quality and safety
5. Productive, motivated health workforce with a focus on patient rights and customer satisfaction
6. Evidence-based policy, planning, implementation and assessment
7. Medicinal products, equipment and infrastructure
8. Sustainable financing of the health system



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

Improving school health programme

The Ministry established multidisciplinary school health team that consist of representatives from dental, dietetics, mental health, nurses and peer educators. The school health teams conduct health assessment of school children, provide relevant vaccination, nutritional assessments and provide counseling on healthy eating, oral health promotion and other health related topics. In collaboration with the Ministry of Education Heritage and Arts (MEHA) strategies were implemented to establish health promoting programmes for children in schools.

Strengthen continuum of care for NCDs

The Divisional staff including staff from health centres and zone nurses screened for diabetes and hypertension among the targeted population and provided them with smoking, nutrition, alcohol, physical activity (SNAP) counseling. The Ministry established foot clinics in sub divisional hospitals and the nurses from the sub divisional hospitals were attached on a two week attachment at the Diabetes Hub to enhance their skill on diabetes wound treatment and management.

The Package of Essential Noncommunicable (PEN) interventions among the SOPDs were strengthened and audits were conducted to ensure its implementation.

Extended primary care service coverage to the community level

The community health workers refresher training was conducted in all the divisions. Community wellness screening was conducted in communities by the zones nurses and the community health workers. Each division also conducted specialized outreach clinics together with the surgical team. The rehabilitation outreach program conducted home visits to its patients in the western and central division. The consultants conducted specialized clinic visits at various health centres and sub divisional hospitals in the divisions.

Enhancing Mental Health services

The mental health services have been integrated within primary health care in all facilities, the divisional hospitals have stress management wards to provide services at the divisional level and the health centres and nursing stations provide counseling services. The mental health Gap Action Programme (mhGAP) is used to scale up services for mental, neurological and substance use disorders and capacity building was conducted for health workers in this area. Alcohol and other drug counselling unit was established at St Giles Hospital.



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

Antenatal care coverage with an emphasis on early booking

The Ministry was able to strengthen early booking for antenatal care through awareness and promotion, promoting community bookings and also making bookings, available at the nursing stations.

Improving quality obstetric care

The Mother Safe Hospital Initiative (MSHI) standards in divisional and sub divisional hospitals were implemented and internal and external audits were conducted to ensure its compliance.

The high risk maternal cases were detected, diagnosed and referred early to reduce maternal and neonatal mortality. The staff were provided in-house training on neonatal resuscitation and other trainings on newborn care services to up-skill themselves. Mothers were also encouraged to attend postnatal clinics after 1 week and 6 weeks of delivery for prevention, early diagnosis and treatment of complications.

Prevention and management of childhood illness

The Ministry encouraged all parents to ensure that their children receive the vaccination according to Fiji's immunization schedule and follow ups were carried out on defaulters regularly. Mothers were also advised on nutritional support and breastfeeding of babies to reduce malnutrition. Some of divisional and sub divisional hospitals were recredited as meeting Baby Friendly Hospital Initiative (BFHI) standards. Health facilities were also audited for its adherence to WHO pocket book and Integrated Management of Childhood Illness (IMCI) guidelines.

Expansion of services to address the needs of adolescents and youth

The sexual/reproductive health education and awareness was conducted in secondary schools by the school health programme among the divisions.



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

Effectiveness of environmental health services

The development and implementation of Water, Sanitation and Hygiene (WASH) facilities in the communities within the divisions were carried out. Auditing of drinking water was also conducted in villages/settlements to ensure it meets the drinking water standards.

The high-risk areas for Leptospirosis, Typhoid, and Dengue Diseases (LTDDs) underwent source reduction program through Integrated Vector Management and all LTDD cases were investigated and preventative measures were implemented.

Strengthened communicable disease surveillance

The Early Warning, Alert and Response System (EWARS) and National Notifiable Diseases Surveillance System (NNDSS) were used for communicable disease surveillance and the system was updated with surveillance reports received from the divisions and the hospitals.



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

Continuous monitoring and improvement of quality standards

The Risk Managers continued to strengthen infection control practice through regular audit of Intensive Care Unit's hand hygiene rate and compliance to Infection Control Management/Practice Guidelines and Protocols in all health facilities including outreach and mobile services.

The project for improvement of health services through 5S-KAIZEN-TQM in Fiji has launched in 2019. The project aims to contribute to improving the quality of health services by strengthening the capacity of hospital managers, the activities for work improvement, and the governance system, through 5S-KAIZEN-TQM approach. The six health facilities of the project (Colonial War Memorial Hospital, Nausori Maternity Hospital / Health Centre, Valelevu Health Centre, Sigatoka Hospital & Labasa Hospital) have commenced 5S activities to improve their physical working environment. The National TQM facilitators visited the pilot health facilities periodically to monitor implementation of the program.



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

Workforce needs assessment were conducted for all cadres/services in all health facilities which assisted in drafting the Strategic Workforce Plan (SWP) for the Ministry for the next ten years. Orientation and induction programme were organized for all new appointees to brief them on government machinery. Officers also attended training programs and courses that were funded by respective funding agencies through the Ministry of Civil Service, WHO, POHLN, Fiji Health Sector Support Facility etc. All health facilities were registered under Occupational Health and Safety standards as per requirement of Ministry of Employment, Productivity and Industrial Relations.



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

The existing identified policies were reviewed and developed based on request from the program managers and policy implementers. The Public Health Act was amended in view of COVID 19. Cabinet papers were prepared in accordance with standards and requirements of the cabinet office.

The Ministry's Strategic Plan (SP) 2020-2025 was developed after various consultations with program managers, divisional staff and executive management of the ministry. Three divisional consultation workshops were conducted which included participants from all the divisions. The objective of these workshops were to facilitate the review of SP 2016-2020 and develop suggested improvements for the next SP 2020-2023. The SP 2020-2023 was launched in March, 2020.

The Patient Information Systems (PATIS) access was made available to the divisional and sub divisional hospitals and targeted health centres. Capacity building on data collection and analysis was provided to targeted staff at all levels.

Research symposium was conducted in February with the theme of ‘Translating research into action’. The symposium highlighted the public health impact of research that has been conducted in Fiji in the recent years as collaboration between MHMS and the Murdoch Children’s Research Institute (MCRI).



Priority Area 7: Medicinal products, equipment & infrastructure

Fiji Pharmaceutical and Biomedical Services was able to supply medical consumables and biomedical supplies as requested by the health facilities. The review of end to end procurement system and processes was conducted and the review recommendations will be implemented from the next fiscal year.

The review of the governance committees at FPBS such as National Medicines & Therapeutics Committee, Free Medicines Committee and National Antimicrobial Resistance Committee was conducted to determine relevance, effectiveness and efficiency.

The health facilities were upgraded as per requirement and the hospitals and divisions now have a Minor Works Maintenance Plan while the Asset Management Unit of the Ministry has a major maintenance plan.



Priority Area 8: Sustainable financing of the health system

The National Health Accounts (NHA) estimation report 2017/2018 was developed using the Health Accounts Production Tool (HAPT). The 2018/2019 NHA assessment survey commenced where the government data was collected and summarized. The budget estimates for next 3 years were submitted as part of Ministry’s budget submission for 2020/2021.



Management and Resources

3. Management and Resources

4.1 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

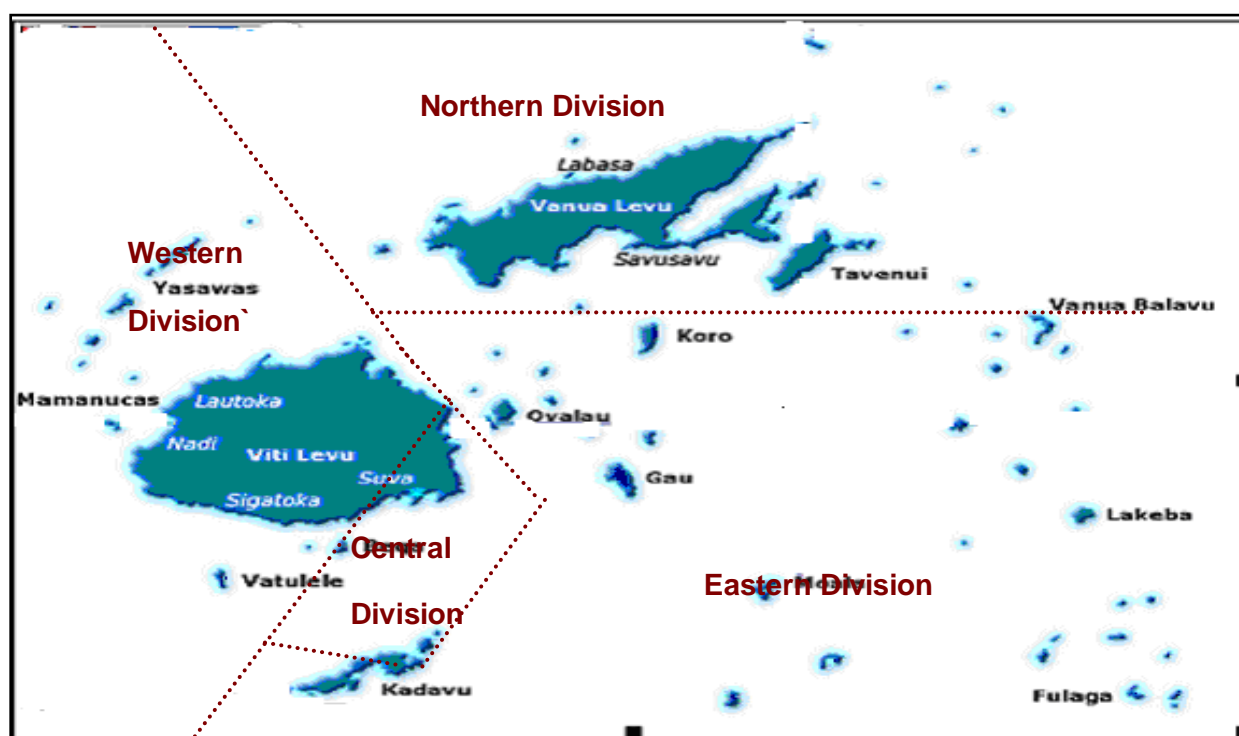


Table 1: Government Health Facilities

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

3.1.1 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 centres (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 centres.

Table 2: Demography of Central Division

Subdivision	2019
Suva	238,314
Rewa	88,620
Naitasiri	14,658
Serua/Namosi	29,457
Tailevu	24,094
Total	395,143

Achievements

The Oral Health Unit continued to reach out to isolated and hard to reach areas and communities to provide basic dental treatment. The oral health team managed to visit 134 settings and communities with a total attendance of 5,035. The activities for outreach included screening, extraction and health promotion. 96% of schools were covered through the School Dental Team.

The Divisional Offices continues to work with Diabetes Fiji and Suva Diabetes Hub in training and up-skilling clinical nurses on diabetic wound care and management, 19 nurses from different sub divisional health facilities were attached for two weeks between August 2019 to July 2020.



The Baby Friendly Hospital Initiative (BFHI) training was conducted at Korovou and Nausori Maternity hospital followed by internal assessment. Public health Dieticians' positions were established at Tailevu, Serua/Namosi and Naitasiri sub-divisions to provide services for school health and public health. The sub-divisional teams managed to conduct nutrition assessment of kindergarten and primary schools in the Division. The immunization coverage rate for the division was above 95%.

3.1.2 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 3: Demography of Eastern Division

Subdivision	2019
Lomaiviti	15,251
Kadavu	11,955
Lomaloma	3,136
Lakeba	6,837
Rotuma	1,879
Total	39,058

Achievements

The Eastern divisional and sub divisional NCD committees were formed with clear Terms of Reference in place. The celebrations held within the division included Mental Health awareness Month, World Hepatitis Day, World Stroke Day, Pinktober, World Food Day , Nutrition Month, World Heart Day , World Diabetes Day ,World AIDS Day ,World Immunization Week and National Oral Health Week.

Multidisciplinary school teams were established within the division and these teams conducted school visits to preschool, primary and secondary. Foot care clinics were also established within the sub divisions.

Drinking water safety plans were implemented within the rural sanitary district communities and water samples were collected from villages/ settlements to test water standards. Water, sanitation and hygiene interventions were implemented at communities, schools and health facilities.

The Lau tour outreach services were conducted for both clinical and public health services and minor surgeries were conducted on the MV Veivueti ship.

3.1.3 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 centres (4 level A, 4 level B, 20 level C), and 24 nursing stations.

Table 4: Demography of Western Division

Subdivision	2019
Ra	28,907
Tavua	21,906
Ba	51,313
Lautoka/Yasawa	100,971
Nadi	97,865
Nadroga/Navosa	48,139
Total	349,101

Achievements

The division managed to provide a multi-disciplinary team for all sub-divisions to visit pre-schools, primary schools and secondary schools. The multi-disciplinary teams managed to conduct nutritional assessment in schools, provide immunisation and conduct oral health assessment for students, all this data was reported in a standard reporting template.

Wellness Settings were established at workplaces, communities and schools. All SOPD clinics within the division were audited for PEN Model implementation and overall achievement of 95% adherence was achieved. Sigatoka Sub division was declared as centre of excellence for PEN Model implementation.

Water, Sanitation and Hygiene facility based implementation was conducted at 64 sites and monthly surveillance of high risk area larval screening for controlling mosquito vector diseases was achieved. This resulted in low incidence of LTDDs and assisted in control of LTDD outbreak within the Division post TC Herald.

COVID 19 Pandemic was challenging as the Division became the epicenter of the disease especially in Nadi and Lautoka but the Division managed to avoid community transmission in 2020.

For quality clinical improvement process, the division continued to strengthen infection prevention and control through monthly audits, investigating unusual occurrence reports and implementing root case analysis recommendations for improvement.

3.1.4 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	2019
Bua	16,683
Cakaudrove	35,012
Macuata	70,787
Taveuni	16,533
Total	139,015

Achievements

The Northern division established wellness settings and conducted screening for its targeted population. The school health teams were established and visited schools within the division. The immunisation coverage for the division was over 95%.

Drinking water safety plan training was conducted and drinking water samples were collected for water quality testing to ensure that water quality standards are met. Communities, schools and health facilities were assessed for basic water, sanitation and hygiene intervention. Integrated Vector control Management (IVM) program was conducted for the hot spot areas in the sub divisions. This included clean ups, awareness, adult mosquito spraying, larval surveys and prosecution with the relevant stakeholders in the community to reduce the burden of LTDD in the division.

The maritime tour was conducted “reaching all the unreached” islands with the whole clinical and public health team. Labasa Hospital GOPD was operational from Nasea Health Centre. This is part of the decentralization initiative.

Table 6: Summary Population by Division

Division	2019
Central	395,143
Eastern	39,058
Western	349,101
Northern	139,015
Total	922,317

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, counselling 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 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

Lautoka hospital provided expert specialist outreach services to the Western Division. The medical, surgical, obstetric and gynecological teams visited the sub divisions and provided SOPD services. The surgical team provided satellite surgical teams to Nadi, Rakiraki and Sigatoka sub divisional hospitals.

The COVID-19 accelerated improvements in hand hygiene facilities and basic practices such as hand washing which improved overall quality of care and patient safety. The neonatal Intensive Care Unit was free of infection outbreak in 2019. The 28-room nurse's quarters was renovated as part of preparedness for COVID 19 and this was used as staff quarantine facility.

COVID-19 also became the driving force in the establishment of Sigatoka Satellite Services that enabled accessibility to specialist services for communities in Nadroga / Navosa and Nadi, realizing the noble goal of Universal Health Coverage for all.

There was improved collaboration among Lautoka Hospital staff and with members of the public health team through regular combined briefs and meetings to share information which strengthened relationships and improved communications.

3.2.2 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 North. The 4 sub divisional medical districts are Bua, Cakaudrove, Macuata and Taveuni.

Achievements

The patients admitted in each ward with NCDs were provided diabetic retinopathy screening and medication counselling. Young patients aged 11 – 12 years also underwent oral health checks and were made dentally fit.

The hospital staff were also involved in the multidisciplinary outreach conducted in Cakaudrove Sub Division where they provided specialized clinics and hands on education on certain specialized aspect of treatment including continuous professional development.

Mother Safe Hospital Initiative audits together with other obstetrics care standards were conducted frequently throughout the year and this allowed achieving the target whereby the hospital did not have any maternal death in the period of 12 months.

Preoperative clinic was established and managed by ICU team as part of implementing innovative practices in the hospital. There have also been ongoing collaborations with the Board of Visitors and other private companies for that will improve services. Human resource needs have been identified to address overtime and to provide better services.



The hospital managed to establish COVID-19 Standard Operating Procedure and successfully managed the COVID-19 positive cases in the isolation ward. Effective collaboration with other stakeholders enabled smooth running of the services during the pandemic.

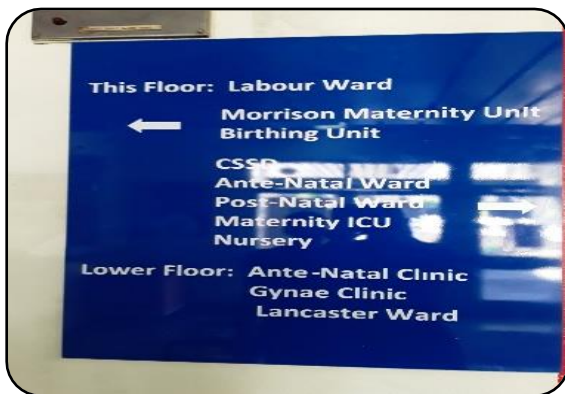
3.2.3 CWM Hospital

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.

Achievements

The surgical and specialist outreach support was provided throughout the year to the two divisional and sub divisional hospitals. In the third quarter surgical outreach services was undertaken in Lau, Kadavu; Beqa, Vanua Levu, Yacata, Rabi and Yasawa using the MV Veivueti. The Internal Medicine team also conducted monthly outreach for the Lami to Nausori corridor, except Valelevu Health Centre which was conducted weekly. In terms of strengthening clinical outreach to test disaster preparedness for FEMAT the team used the MV Veivueti for trial operation in Walu Bay for 5 days with 10 cases per day. The CWMH team also provided services in Rakiraki and Sigatoka during the lockdown of the Lautoka and Nadi area.

In terms of quality improvement initiatives implemented at the health facility, the Patient/Carer Information boards had been installed at all clinical areas. The Patient Safety Audit Tool /IFC Audit have been developed and ward labels have been installed across the hospital with new services listed in the hospital directions boards. Electronic reporting system of all Unusual Occurrence Reports (UOR) was implemented with all departments utilising this UOR electronic reporting system. More than 1000 Patient Experience Surveys was undertaken with the intent to improve customer services and clinical services in the facility.



Covid 19 awareness and other Patient safety training were conducted with above 80% attendance which included staff from clinical and allied health area.



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

Achievements

St Giles hospital managed to conduct outreach clinics in the identified medical area which were Samabula, Valelevu, Nausori and Korovou. Mental Health awareness was conducted in schools, workplaces/ business houses and in communities. The World Suicide Day celebration was held at Vuya District School in Bua sub division where more than 400 nurses, health care workers and families joined a march with banner displays on the theme of mental health.

The hospital established and declared the Alcohol and Other Drug (AOD) Counseling Unit. Internal Occupational Health and Safety committee and Quality Improvement Committee was also established at St Giles hospital.



3.2.5 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 area population and high risk burden identified areas by 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 namely for spinal paralysis, stroke, prosthetic fitting for amputees and other cases of debility.

Infection Prevention Control system response at the hospital was enhanced, inspired by the COVID-19 response, with the installment of hand washing stations, triage, social distancing via the setting up of tents and separating pathways for patients with infectious disease risk conditions (directional signage). The framework for the coordination of NCD screening was established and implemented in all units at the hospital. The Rehabilitation Medicine Action Plan was formulated and implementation of the plan has begun.

Clinical governance was strengthened with the engagement of a quality manager. Additionally, a review of available SOPs was done, Patient Information Board was installed and Patient Risk Management Strategy was implemented.



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3.3 Preventive and Promotive Health

3.3.1 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.

Fiji Centre for Communicable Disease Control

The Fiji Centre for Communicable Disease Control under the Health Protection Program is responsible for several programs coordinated at national level by the respective and responsible head of units and includes the following:

- The National Public Health Laboratory
- The Surveillance and Response Unit
- The National Influenza Centre
- The Neglected Tropical Disease Unit
- The Lymphatic Filariasis Unit
- Administration

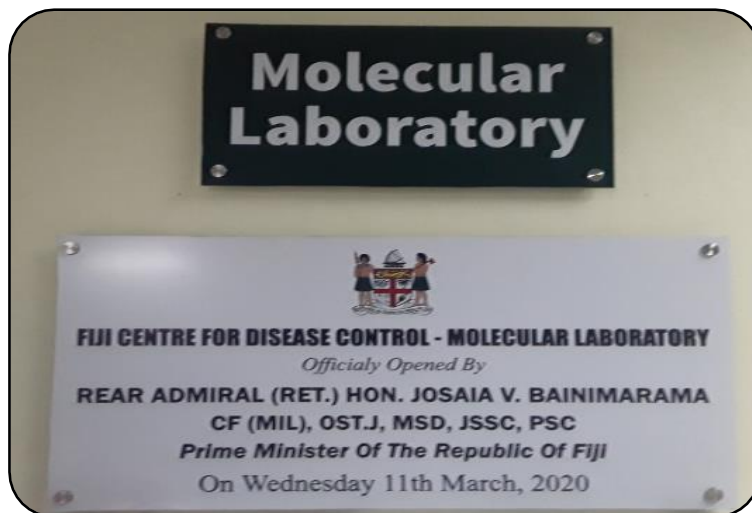
Achievement

The Divisional Outbreak Response Training (DORT) was conducted in all the divisions in the 1st and 2nd quarter. The overall aim of the workshop was to strengthen the capacity of outbreak response teams and public health partners to monitor for and respond to outbreaks from surveillance, laboratory investigations and through to implementation of the necessary prevention and control measures in a cross discipline collaborative manner.

The first measles confirmed case was reported in Navua Subdivision and this timely training allowed for the subdivision to put into practice what had been taught. The coordination of the Ministry's National Response to the 2019-2020 National Measles Outbreak and Leptospirosis, Typhoid and Dengue Outbreak(s) included providing epidemiological and surveillance advice to the National Measles Taskforce, coordinating the surveillance and monitoring of measles during the outbreak period and assisting the Divisional/Sub divisional Outbreak Response Teams (DORT/SORT). Measles and Rubella molecular testing was successfully introduced in January 2020 with onsite validation of testing by the Victorian Infectious Disease Research Institute (VIDRI) consultant in collaboration with WHO.

The expansion of Influenza Virological Surveillance has been extended to four hospitals, one health centre and two maternity units, as new sites i.e. Navua hospital, Sigatoka, Rakiraki, Levuka hospital, Kamikamica Health Centre, Lautoka and Labasa maternity units and Maternal Child Health clinic and Post Natal Clinic in Lautoka. Procurement of equipment and supplies for these new sentinel sites i.e. Fridge, cool boxes, nasopharyngeal swabs, reagents and PPE kits were conducted and supplied to the new sites. 130 health workers from all 14 sites were also trained.

The refurbished molecular laboratory at the Fiji Centre for Disease Control was opened by Honourable Prime Minister of Fiji, Mr Voreqe Bainimarama on 11th March 2020. The COVID-19 molecular testing with R-PCR platform was introduced in March, 2020 and later on was available on GeneXpert platform. GeneXpert Testing for SARS CoV 2 commenced with validation and implementation on-site, in May. Procurement and acquiring RT-PCR reagents/consumables for the respective CDs including Influenza, Measles, Rubella, and COVID-19 was conducted through on-going discussions with stakeholders including World Health Organization (WHO), Fiji Pharmaceutical and Biomedical Services (MHMS), Department of Foreign Affairs and Trade (DFAT) Australia.



The National School De-worming Program was rolled out to phase 2 of Health Promoting Schools (HPS) programme in 8 districts i.e. Ba, Tavua, Cakaudrove, Eastern, Lautoka/Nadi/Nadroga, Macuata, Bua, Nausori, Ra and Suva. There were a total of 113 schools registered in the 8 districts for the de-worming program. The Lymphatic Filariasis Program was successfully completed the Northern Division, Serua and Malolo through mass drug administration. The Trachoma Prevalence Survey was successfully conducted in quarter 2 for the Western and Northern Divisions, with reports submitted. There were a total of 73 Clusters surveyed.

Early Warning, Alert and Response System (EWARS) sites were expanded to 34 new sites in Fiji since 2018/2019 financial year. A total of 68 EWARS sites have been established and 100% reporting have been received from these 68 EWARS sites.



3.3.2 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.

Achievements

Child Health

The Integrated Management of Childhood Illness (IMCI) audit was conducted for the Eastern Division including Beqa, Yacata and Vatulele Island. The National Child Protection Training was carried out from the 25th – 27th of September with 18 participants including medical officers.

The World Prematurity Day was celebrated at Lautoka Hospital and the theme for 2020 was “Born too soon, providing the right care at the right time and the right place”.

The Baby Friendly Hospital Initiative (BFHI) aims at improving the care of pregnant women, mothers and newborns at health facilities that provide maternity services for protecting, promoting and supporting breastfeeding.

Labasa Hospital, Tavua Hospital and Nadi Hospital were awarded Baby Friendly Hospital Accreditation since it met the criteria under the BFHI assessment tool.

The Divisional Child Health Committee was established in all the divisions with terms of reference in place.

The Neonatal Resuscitation Programme (NRP) training was held from the 6th – 8th of January, 2020 for 17 medical officers. NRP empowers participants with knowledge and skills to resuscitate and care for emergency neonatal conditions thus helps in decreasing mortality and improving neonatal outcomes.

The WHO pocket book training was also conducted at CWMH for 12 Paediatric nurses.



Extended Programme on Immunisation

The mass measles vaccination campaign was conducted in response to the regional measles outbreak and the coverage rate was over 95% for the targeted groups of children (6 months to 5 years) and young adults (19 to 39 years), with over 459,000 people in Fiji receiving one dose of the measles vaccine.



The National Immunisation week celebration was held at Savusavu sub division followed by refresher EPI training and defaulter tracing for 5 zones and 25 villages within the sub division. The National vaccine safety training was facilitated by WHO for the Central division. EPI Training of Trainers was also conducted with participants from all the sub divisions.

Maternal Health

The cervical cancer training was held at Korovou hospital from 16th-18th October with 20 participants in attendance. The Pinktober launch and celebration was held at various locations with integrated outreach conducted at Nausori, Oinafa and Wasavulu village.

The Lautoka hospital and the Western Division conducted Emergency Obstetric and Neonatal Care (EmNOC) and Mother & New-born Safe Hospital Initiative (MNSHI) auditors training.

Health facility readiness and service availability survey was conducted from July to September 2019. Renovation of Korovou Halfway Home was completed in July 2019.

Sexual and Reproductive Health

The National World AIDS Day celebration was held in Northern Division and the theme was “Communities make a difference”. It was two day program (29/11/19 – 30/12/2019) which was held in Tuatua grounds; involving the youths and peers from Tuatua, Lajonia, Nasekula, Labasa Town and Delailabasa.

The Central/Eastern Sexual Reproductive Health team for the first time piloted point-of-care (POC) HIV/STI testing in the Eastern division by collaborating with the TB team. By doing POC testing, we were able to identify the people and treat them on the spot to reduce further transmission.

All divisional sexual reproductive health teams conducted community awareness and screening for HIV/STI. These outreach programmes were integrated with wellness and RHD screening.

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

Human Resource Management Information System (HRMIS) became fully operational for the Ministry with staff being able to use the system to generate contracts as the information in the system had been updated. The success of HRMIS in the Ministry led to the roll out of the system throughout whole of government.

The human resource learning and development team conducted awareness sessions at all the cost centres on the format of the new performance assessment. The results of the annual performance assessment will be used to renew contracts that will expire from October 2020. A full roll-out of the new performance assessment will be done in November for the Mid-term performance assessment.

Some of the training programs and courses that are funded by respective funding agencies through the Ministry of Civil Service included Fiji Senior Civil Servants Online Workshop- COVID-19, Regional Consultation on Mental Health Action Plan , e-ITEC Mental Healthcare , COVID-19 for the second wave virtual symposium, Capacity Building of Healthcare Professionals on Infectious Disease using COVID- 19 Test Kits , Basic Regulators Course , Postgraduate Certificate in Critical Care- online course (Nursing), Fourth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region.

The human resource team managed to achieve a compliance rating of 92.7% for OMRS adherence. All the health facilities in the Ministry were registered and certified under Occupational Health and Safety (OHS). Staff Establishment as at 31/07/2020

CADRE	COUNT	FILLED	VACANT
Biomedical	28	8	20
Corporate Services	293	206	87
Data and Statistics	13	11	2
Dental	303	175	128
Dietician	109	95	14
Environmental Health	137	90	47
Finance	26	24	2
IT	29	15	14
Laboratory	218	168	50
Medical	1115	839	276
Medical Imaging	120	97	23
Nursing	3687	3037	650
Other Technical	48	26	22
Pharmacy	194	107	87
Physiotherapy	74	61	13
Project Coordination	39	25	14
Public Health	28	21	7
Support Services	1416	901	515
Grand Total	7877	5905	1972

3.4.2 Finance and Asset Management

Finance and Asset Management 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 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.

Achievements

Asset Management Unit

The major refurbishment works at Nabouwalu Sub Divisional Hospital was completed. The preparation and advertisement of 6 tenders were conducted. The unit purchased 7 emergency trolley carts for various hospitals.

The new Navosa Sub divisional Hospital was expected to be completed by November 2020. Other projects that were completed included the alternation and refurbishment of Molecular Room at Fiji Centre for Communicable Disease Control (FCCDC) and the Kidney Dialysis Centre in Nadera.

The construction of staff quarters that was completed were at Seaqaqa and Naduri Health Centre.

Finance Unit

The 2020/2021 budget submission was submitted to Ministry of Economy and this was aligned to the health sector priorities for the financial year 2020/2021.

The Accounting Heads Committee was established within the Ministry to improve budget execution and strengthen accounting processes. Monthly budget utilization reports were extracted and shared with Senior Executives of the Ministry.

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 review of the supply chain system was conducted and the report was integrated with recommendations for strengthening and reform. Free Medicines Program (FMP) pilot roll out was facilitated to selected pharmacy outlets through Memorandum of Agreement between MHMS and Retail Pharmacies. The Terms of References for national committees (National Medicines & Therapeutic Committee, National Antimicrobial Resistance Committee) were reviewed and updated.

The National Anti-Microbial Resistance Action Plan and Prequalification Guidelines & Medicines Recall Guidelines were also reviewed. Two regulations (Classification Regulations and Illicit Drugs Regulations) were drafted by SGs office and is currently under consultation process.

The annual national quantification exercise for medical, dental, laboratory consumables and biomedical supplies was conducted. FPBS ensured that all the health facilities received their medical supplies despite the current pandemic which restricted movements. There were improvement in availability and accessibility of medical products by adhering to ordering and delivery schedules.

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

Three divisional consultation workshops and various meetings with Programme Managers were conducted for the development of the Strategic Plan 2020-2025. The Strategic plan 2020-2025 was completed in December 2019 and endorsed by Minister and PS. The plan was launched on the 10th of March 2020.



The Costed Annual Operational Plan (AOP) for 2019/2020 was updated after the budget announcement; one to one consultations were conducted with Program Managers before finalization. The Costed AOP for

2019/2020 was implemented from August 2019. The Ministry's AOP 2019/2020 performance matrix was compiled.

The draft costed AOP 2020/2021 was developed with the business plan submissions received from all the cost centres. The draft costed plan was submitted to Ministry of Economy with Ministry's budget submission.

Policy

There were 8 policies drafted, 5 was finalised after various consultation with relevant stakeholders and policy owners. The policies that were finalised and submitted to respective policy holders were:

1. Shift Work Policy
2. Review of Wellness Policy
3. Healthy Catering Policy
4. National Physical Activity Policy
5. Health and Research Policy

The 3 policies in the consultation stages included:

6. Draft Rheumatic Heart and ARD Policy
7. Draft Primary Health Screening Policy
8. Draft Mercy Evacuation and Repatriation Policy

The Standard Operating Procedures (SP) developed were namely:

1. Medical Cause Of Death Certificate (MCDC) related to Covid-19 deaths
2. Surveillance Outbreak Response Management and Analysis System (SORMAS) data/information flow to incident management team and feedback
3. Contact tracing Covid-19 cases
4. Verification of data for international presentations and publications.
5. Review of Fiji Human Health Research Ethics Committee (FHHREC)

Health Care Finance

The Health Accounts Production Tool (HAPT) training workshop was facilitated by WHO, the objective of the workshop was to introduce the HAPT tool and train the National Health Accounts (NHA) committee members on how to interpret the reports generated from the HAPT tool. The NHA estimation report 2017/2018 was finalised. SOP was also developed to outline the steps in developing the National Health Accounts.

3.4.5 Research, Innovation, Data Analysis and Management Division

The Research, Innovation, Data Analysis and Management Division have 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.

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

Health Information

The unit facilitated Consolidated Monthly Return Information System training for Lautoka and Makoi hospital. Cause of Death training related to COVID- 19 was also facilitated for the doctors in collaboration with SPC and WHO.

CRVS Stakeholder Consultation workshop on CRVS Framework Action Plan was conducted on November 19th, 2019 and the 2nd consultation was held at Suvavou House on March 13th 2020. The event was coordinated by BDM office and the CRVS main stakeholders (MHMS, Digital Transformation, FBoS). The objective was to improve the cross agency collaborations in terms of data accessibility, data sharing and identifying ways to improve the reliability and quality of data collected from the administrative source.

The unit also facilitated data request from various stakeholders, government ministries and institutions.

Digital Health

The Ministry's website was reviewed and changes implemented to the user interface. The PATIS plus connectivity was improved to the divisional and sub divisional hospitals and 21 health centres. There were improvements in the average births and discharges recorded in PATISplus system.

In response to COVID 19 surveillance a digital database namely Surveillance, Outbreak Response Management and Analysis System (SORMAS) was implemented and the end users were trained on data entry.

Research

The health research symposium was held in February, 2020 with the theme “Translating research into action”.



This symposium was held in collaboration with Murdoch Children’s Research Institute (MCRI). The research portal is under review in collaboration with WHO.

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 (CHW) programme.

Achievements

The Community Health Worker (CHW) refresher trainings were conducted in all the Divisions. The CHW reporting booklet was reviewed and is currently being used by all the active CHWs in Fiji. CHW monthly allowances were processed in a timely manner. The CHW policy is currently being reviewed and consultation workshop was held to identify the gaps that need to be addressed in the reviewed policy.

The Training of Trainers (TOT) training was organized for the nursing managers from all divisions to enable them to conduct their divisional training. This training was also used to review the CHW tuberculosis module.



4. Performance Report

4.1 Health Outcome Performance Report

Non – Communicable Disease

General Objective	Indicators	2019 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	64.6%
Specific Objective	Indicators	2019 Progress Report
1.1.1 Reduce key lifestyle risk factors among the population	Prevalence of overweight/obesity in primary school children	2.8%

Maternal Child Health

General Objective	Indicators	2019 Progress Report
2.1: Timely, safe, appropriate and effective health services before, during, and after childbirth	Number of maternal deaths	19
	Perinatal mortality rate per 1,000 total births	15.1 per 1,000 total births
	% of live births with low birth weight	5.2%
General Objective	Indicators	2019 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	12.1 per 1,000 live births
	Under 5 mortality rate per 1,000 live births	15.3 per 1,000 live births
Specific Objective	Indicators	2019 Progress Report
2.2.1 Expand neonatal and infant healthcare, including community risk detection and referral	Neonatal mortality rate per 1,000 live births	6.3 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	MR 1: 82.5

General Objective	Indicators	2019 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	15.6 per 1,000 girls aged 10 to 19
Specific Objective	Indicators	2019 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: 65.6%
	Contraceptive prevalence rate (CPR) amongst population of child bearing age	49.7%

Childhood vaccination coverage rate for all antigens

Immunization Coverage (%) 0-1 yr	2019 Progress Report
	%
HBV0	98.2
BCG0	97.4
DPT-HepB-Hib1	91.6
OPV1	91.6
Pneumococcal 1	91.6
Rotavirus 1	91.5
DPT-HepB-Hib2	90.2
OPV2	90.2
Pneumococcal 2	90.1
DPT-HepB-Hib3	91.2
OPV3	90.9
OPV4	75.4
Pneumococcal 3	90.9
Rotavirus 2	90.8
MR1	82.5
MR2	72.0

Source: CMRIS Online [PHIS]

Communicable Disease

General Objective	Indicators	2019 Progress Report
3.2: Improved case detection and coordinated response for communicable diseases	Incidence of HIV infection (# of new cases)	120
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	123.53 per 100,000 population
	Incidence of typhoid per 100,000 population	30.74 per 100,000 population
	Incidence of dengue fever per 100,000 population	326.48 per 100,000 population
	Incidence of leprosy per 100,000 population	0.1 per 100,000 population
	Incidence of tuberculosis per 100,000 population	51 per 100,000 population
	Number of new cases of HIV	120

Donor Assisted Programs/Projects

Table 7: Donor Assist Programs 2019-2020

Donor	Program	Aid -in-Kind
DFAT	Fiji Health Sector Improvement Programme (DFAT)	6,853,488
JICA	Prevention and Control of NCDs	1,188,282
KOICA	Strengthening Health Response Competency to Climate Change in Fiji	2,420,000
KOICA	Dispatching Experts Programme	3,724,434
UNICEF	Health, Nutrition and HIV/AIDS	125,000
JICA	Improvement of Health Service	2,212,913
JICA	Volunteer Scheme	377,377
Total Aid –in-Kind		16,901,494
Donor	Program	Budget Contribution
UNICEF	Water, Sanitation and Hygiene Programme	100,000
Total Cash Grant		100,000

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. 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>			Taulaulia
	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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS OF THE MINISTRY OF HEALTH AND MEDICAL SERVICES

I have audited the financial statements of the Ministry of Health and Medical Services ("the Ministry"), which comprise of the following:

- the Statement of Receipts and Expenditure,
- Appropriation Statement,
- Statement of Losses,
- Bulk Purchase Scheme Trading Account,
- Bulk Purchase Scheme Profit and Loss Statement,
- Bulk Purchase Scheme Balance Sheet,
- CWM Hospital Staff Amenities Trust Fund Account Statement of Receipts and Payments,
- Cardiac Task Force Trust Fund Account Statement of Receipts and Payments,
- Fiji Children's Overseas Treatment Trust Fund Account Statement of Receipts and Payments,
- Cardiology Services Trust Fund Account Statement of Receipts and Payments,
- Sahyadri Trust Fund Account Statement of Receipts and Payments,

for the year ended 31 July 2020, and the notes to the financial statements, including a summary of significant accounting policies.

In my opinion, 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 Opinion

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 for the Audit of the Financial Statements* section of my report. I am independent of the Ministry 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

- An unreconciled variance of \$23,766 exists between the FMIS General Ledger balance for Cash at Bank and the Bank Reconciliation for Trading and Manufacturing Account Bulk Purchase Scheme.
- There was no listing maintained for Accounts Receivable of \$10,278 recorded in the Trading and Manufacturing Account Bulk Purchase Scheme Balance Sheet.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

The Management is responsible for the preparation of the financial statements in accordance with the Financial Management Act 2004 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 misstatements, 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 Ministry of Health and Medical Services' internal control.
- Evaluate the appropriateness of accounting policies used and related disclosures made by 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.



Sairusi Dukuno
ACTING AUDITOR-GENERAL



Suva, Fiji
29 November 2022

Table 9: Segregation of 2019-2020 Budget

Programme / Activity	Original Budget (\$m)	Revised Budget (\$m)	% of Overall Revised Health Budget
Programme 1 Activity 1 Administration	123,905,013	111,906,524	32%
Programme 2 Activity 1 Public Health Services	7,943,432	5,825,629	2%
Programme 2 Activity 2 CWM Hospital	47,594,033	47,128,151	14%
Programme 2 Activity 3 Lautoka Hospital	19,141,155	25,105,738	7%
Programme 2 Activity 4 Labasa Hospital	20,763,996	21,731,211	6%
Programme 2 Activity 5 Tamavua Twomey Hospital	3,587,194	3,225,871	1%
Programme 2 Activity 6 St Giles Hospital	4,182,292	4,647,569	1%
Programme 3 Activity 1 Central Division	21,783,193	25,858,972	7%
Programme 3 Activity 2 Eastern Division	7,578,542	8,366,365	2%
Programme 3 Activity 3 Western Division	24,529,757	29,509,518	8%
Programme 3 Activity 4 Northern Division	11,672,691	12,367,761	4%
Programme 4 Activity 1 Drugs and Medical Equipment	57,092,780	51,832,124	15%
Total	349,774,078	347,505,432	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
2019/2020	347,505,432	\$3,840,928,900	9.05%	2.74%

Table 11: Statement of Receipts and Expenditure for the Year Ended 2020

	Notes	2020	2019
RECEIPTS		(\$)	(\$)
State Revenue			
Rental for Quarters		16,514	16,499
Commission		118,354	122,769
Health Levy		591,373	1,350,406
Miscellaneous Fees & Receipts		312	3,253
Fiji School of Nursing		57	276
Agricultural Produce & Inspection			138
Health Fumigation & Quarantine		1,686,708	1,174,635
Hospital Fees		1,609,122	1,971,177
License & Others		2,083,938	1,657,678
Total State Revenue	3(a)	<u>6,106,066</u>	<u>6,296,831</u>
Agency Revenue			
Miscellaneous Revenue		<u>1,133</u>	<u>1,058</u>
Total Agency Revenue		<u>1,133</u>	<u>1,058</u>
TOTAL RECEIPTS		<u>6,107,199</u>	<u>6,297,889</u>
EXPENDITURE			
Operating Expenditure			
Established Staff	3(b)	191,820,823	130,362,299
Government Wage Earners	3©	21,054,759	21,655,372
Travel & Communication		6,495,131	6,514,006
Maintenance & Operations		15,383,614	15,558,794
Purchase of Goods & Services	3(d)	60,195,752	58,690,257
Operating Grants & Transfers	3(e)	533,011	696,920
Special Expenditure	3(f)	<u>5,651,196</u>	<u>6,373,581</u>
Total Operating Costs		<u>301,134,286</u>	<u>239,851,229</u>
Capital Expenditure			
Capital Construction		21,774,768	21,688,922
Capital Purchases	3(g)	6,103,090	5,245,730
Capital Grants & Transfers	3(h)	89,976	74,425
Total Capital Expenditure		<u>27,967,834</u>	<u>27,009,077</u>
Value Added Tax		<u>6,538,509</u>	<u>6,641,710</u>
TOTAL EXPENDITURE		<u>335,640,629</u>	<u>273,502,016</u>

Table 12: TMA Trading Account for the Year Ended 2020

Trading Account		2020	2019
		(\$)	(\$)
Sales		293,381	498,713
Opening Stock of Finished Goods		37,633	34,785
Add : Purchases		<u>229,860</u>	<u>415,187</u>
		267,493	449,972
Less : Closing Stock of Finished Goods		(5,718)	(37,633)
Cost of Goods Sold		261,775	412,339
Gross Profit Transferred to Profit & Loss Statement		<u>31,606</u>	<u>86,374</u>

Table 13: TMA Profit and Loss Statement for the Year Ended 2020

INCOME		2020	2019
		(\$)	(\$)
Gross Profit Transferred to Profit & Loss Statement		31,606	86,374
TOTAL INCOME		31,606	86,374
Personnel Emoluments		44,507	40,883
FNPF		3,671	3,460
Travel Domestic		1,101	1,234
Office Upkeep and Supplies		231	173
Special Fees and Charges		102	101
Lease and Rental Payments		<u>16,514</u>	<u>17,257</u>
TOTAL EXPENSE		66,126	63,108
NET PROFIT/LOSS		(34,520)	23,266

Table 14: TMA Balance Sheet for the Year Ended 31st July 2020

	2020	2019
	(\$)	(\$)
Current Assets		
Cash at Bank	471,412	508,892
Account Receivable	10,278	11,353
VAT Receivable	16,381	16,489
Finished Goods	<u>5,719</u>	<u>37,633</u>
Total Current Assets	<u>503,790</u>	<u>574,367</u>
Total Assets	<u>503,790</u>	<u>574,367</u>
Total Liabilities		
TOTAL NET ASSETS	<u>503,790</u>	<u>574,367</u>
EQUITY		
TMA Surplus	(599,625)	(551,915)
TMA Accumulated Surplus	1,126,282	1,103,016
Less Remittance	(36,056)	-
Add Prior Year Error Adjusted in Current Year	47,709	-
Net Profit/Loss	(34,520)	23,266
Total Equity	<u>503,790</u>	<u>574,367</u>

Table 15: Appropriation Statement for the Year Ended 2020

SEG	Item	Budget Estimate (\$)	Appropriation Changes (Notes 4) (\$)	Revised Estimate (a) (\$)	Actual Expenditure (b) (\$)	Lapsed Appropriation (a-b) (\$)
1	Established Staff	189,416,983	2,729,780	192,146,763	191,820,823	325,940
2	Government Wage Earners	20,626,531	428,395	21,054,926	21,054,759	167
3	Travel & Communication	5,966,900	686,335	6,653,235	6,495,131	158,104
4	Maintenance & Operations	15,261,534	871,586	16,133,120	15,383,614	749,506
5	Purchase of Goods & Services	62,760,624	333,034	63,093,658	60,195,752	2,897,906
6	Operating Grants & Transfers	548,000	-	548,000	533,011	14,989
7	Special Expenditure	6,513,580	(601,747)	5,911,833	5,651,196	260,637
	Total Operating Expenditure	301,094,152	4,447,383	305,541,535	301,134,286	4,407,249
	Capital Expenditure					
8	Capital Construction	26,190,491	(2,380,505)	23,809,986	21,774,768	2,035,218
9	Capital Purchase	8,833,431	-	8,833,431	6,103,090	2,730,341
10	Capital Grants & Transfers	90,000	-	90,000	89,976	24
	Total Capital Expenditure	35,113,922	(2,380,505)	32,733,417	27,967,834	4,765,583
13	Value Added Tax	11,297,358	(2,066,878)	9,230,480	6,538,509	2,691,971
	Total Expenditure	347,505,432	-	347,505,432	335,640,629	11,864,803