ANNEXURES

MOHMS Presentation to the Parliament Standing Committee on Social Affairs

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Tuesday 25th June 2026

Maternal Mortality Rate (SDG 3.1.1)

- **Maternal mortality ratio** = is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.

- The maternal mortality ratio has improved from **49** in 2000 to **38.99** in 2015, and **38.04** in 2020. Maternal mortality in Fiji is lower than its regional average.

- **The SDG target (3.1.1) is less than 70 per 100,000 live births by 2030**

Births by Skilled Birth Attendants (SDG 3.1.2)

- **Births by SBA** = is the proportion of births attended by a skilled health personnel (doctors, nurses, midwives, other health professional trained to provide childbirth care.

- The proportion of Births by SBA was **99.9%** in 2015, and **99.8%** in 2021.

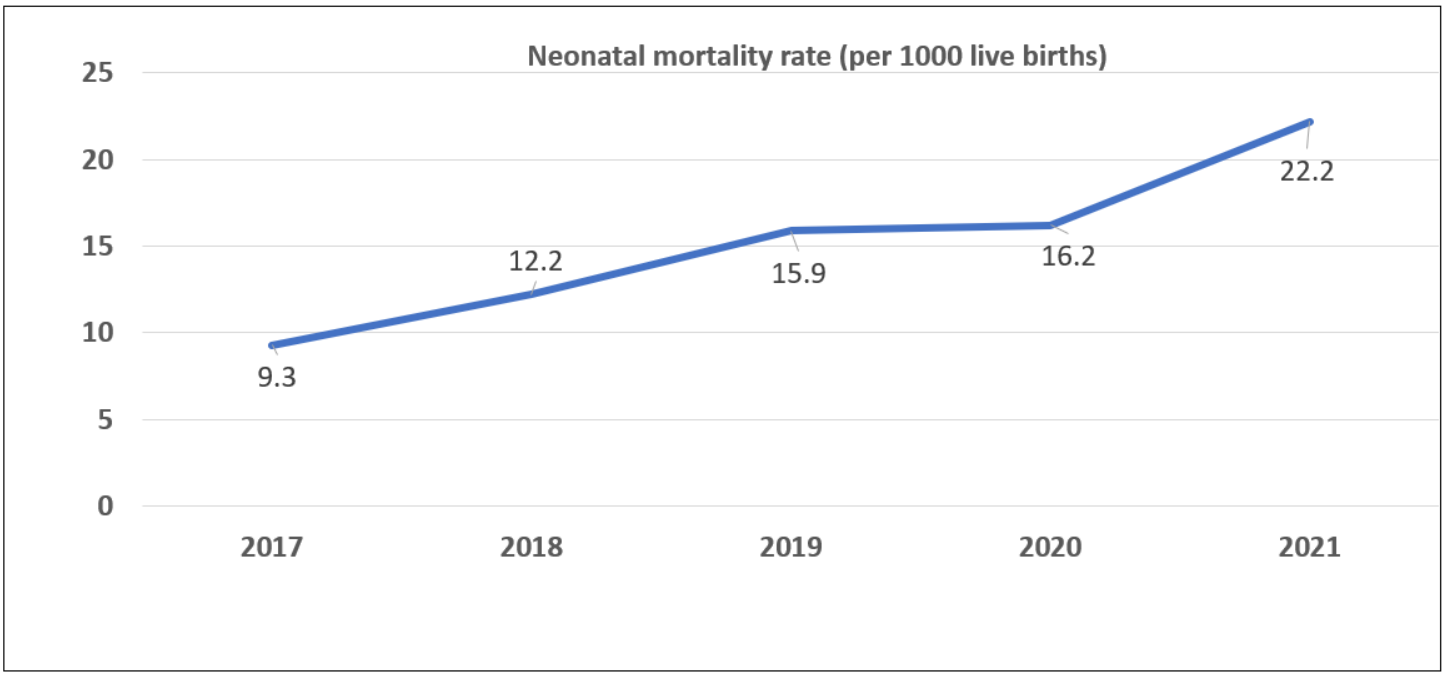
- **The SDG target (3.1.2) for births by SBA is 100% by 2030.**

Neonatal, Infant, & Under-5 Mortality Rate

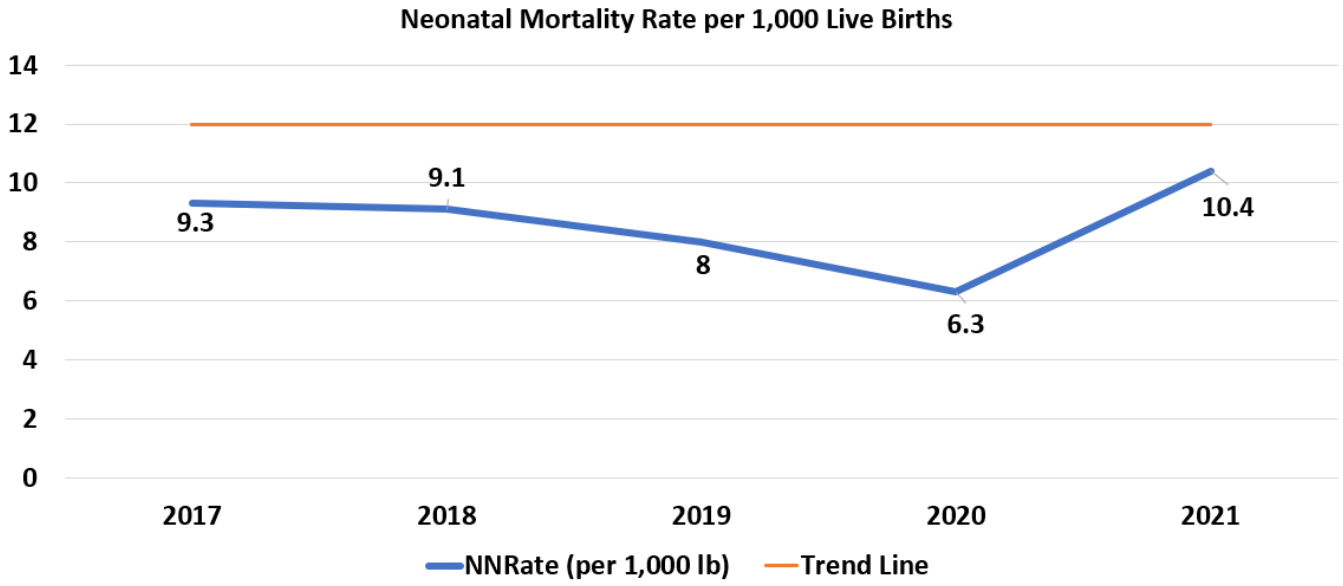
- **Neonatal Mortality** – death occur in the first 28 days of life
- **Infant Mortality** – death before the baby reaches 1 year of life
- **Under-5 Mortality** – death before child reaches 5 years of life

- The Neonatal mortality rate for Fiji was **10.1** deaths per 1000 live births in 2015, and **13.7** in 2021.
- **The SDG target (3.2.2) is less than 12 per 1000 live births by 2030**

Neonatal Mortality Rate (3.2.2)



Corrected Neonatal Mortality Rate



Neonatal, Infant, & Under-5 Mortality Rate

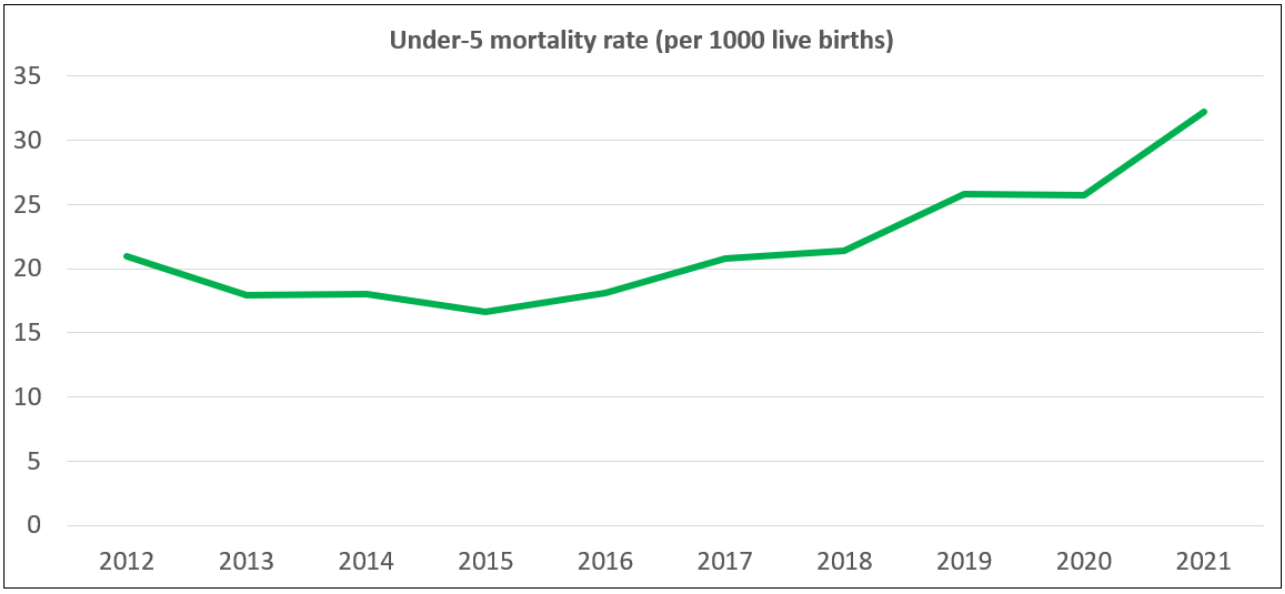
- The Infant mortality rate for Fiji was **20.7** deaths per 1000 live births in 2015, and **23.3** in 2021.

- **No SDG target for Infant mortality rate**

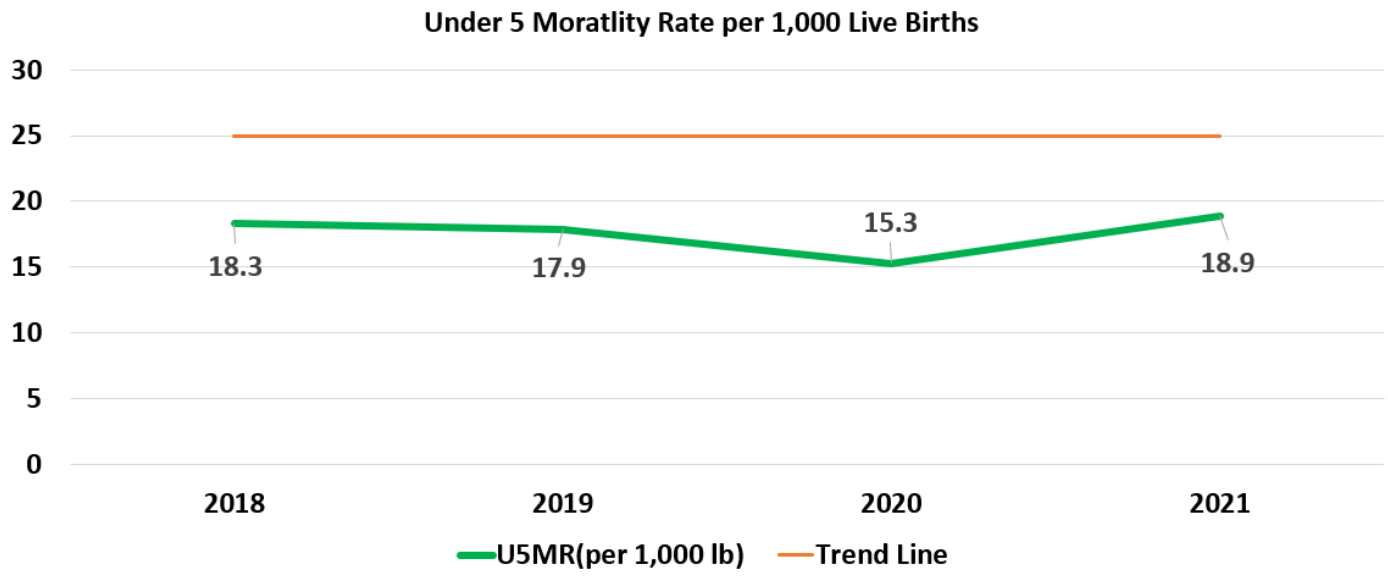
- The Under-5 mortality rate for Fiji was **24.5** deaths per 1000 live births in 2015, and **27.7** in 2021

- **The SDG target is 25 per 1000 live births by 2030**

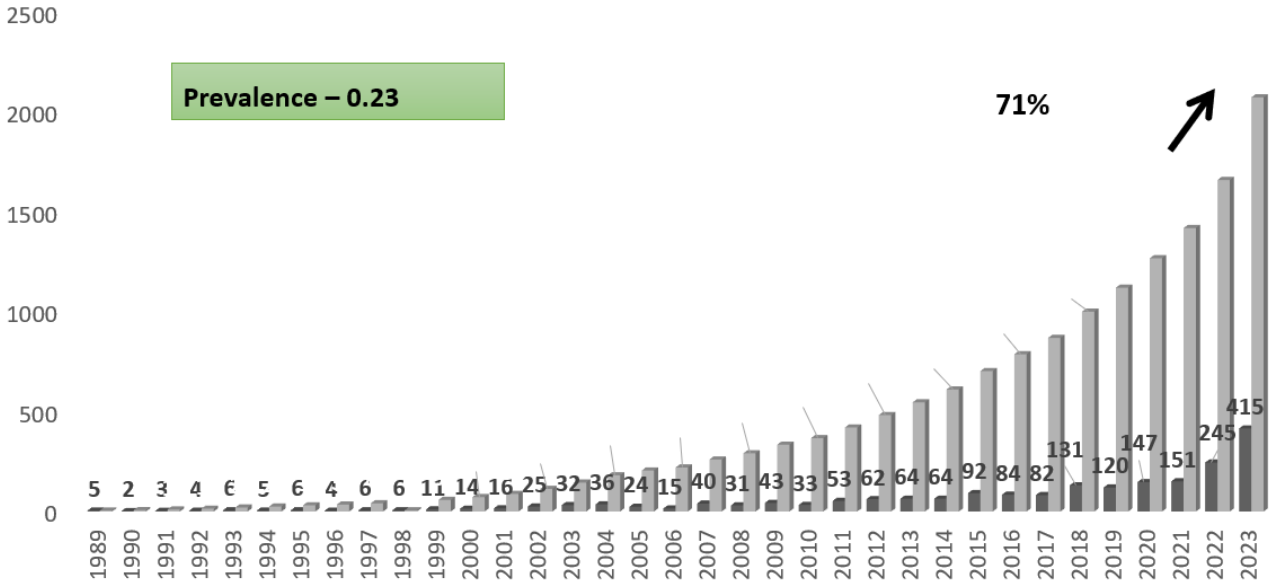
Under-5 Mortality Rate (3.2.1)



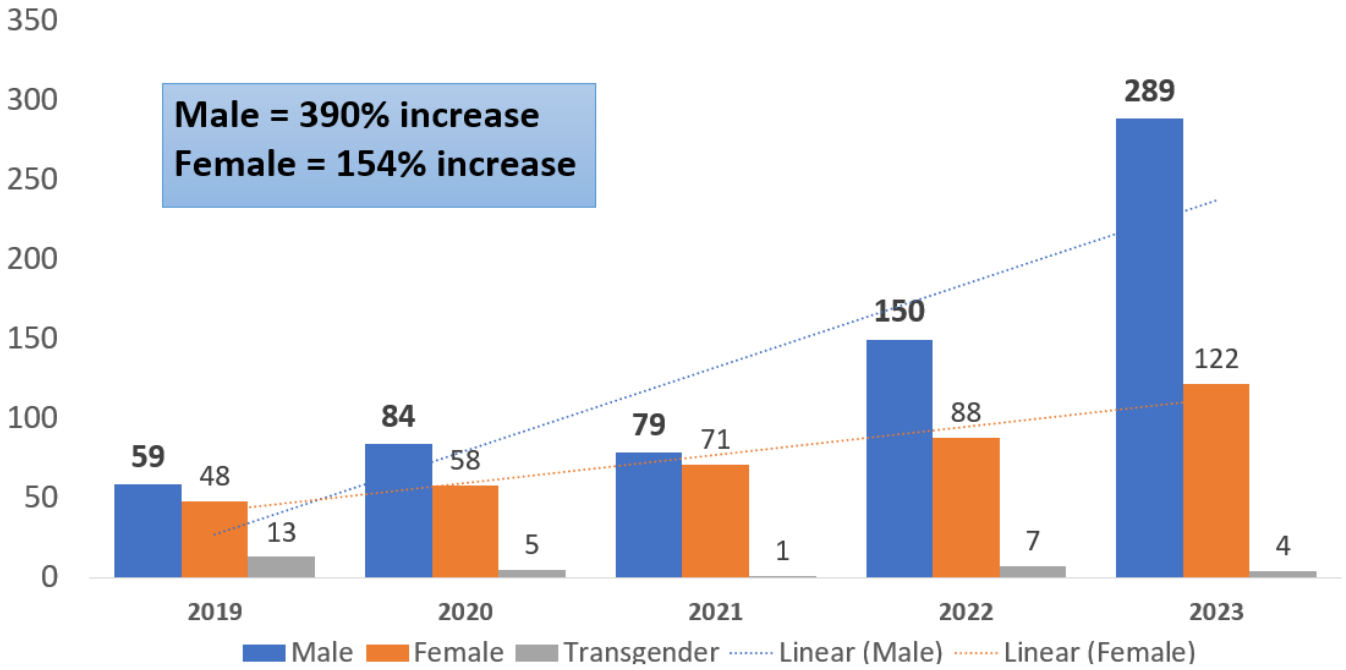
Corrected Under-5 Mortality Rate



New HIV Cases



5 Year Trend on new HIV cases

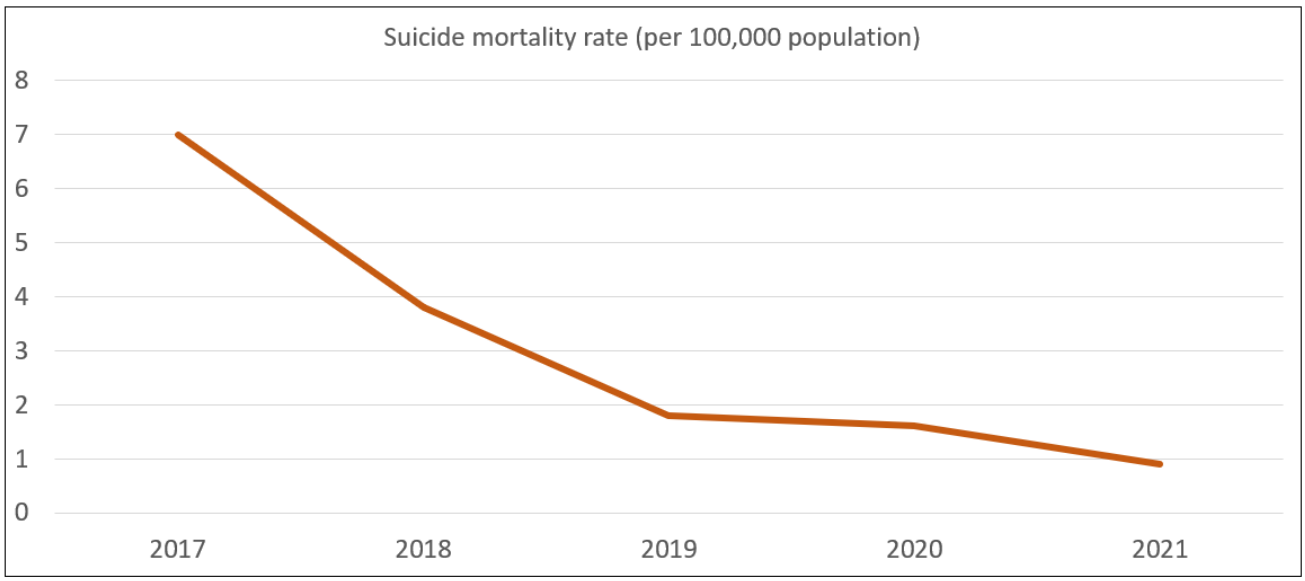


TB, LTDD, NTD

- **Tuberculosis (TB)** rates have remained steady in recent years, below 100 cases annually. Case detection rates of TB have improved since the year 2000 and the treatment rate has been fairly consistent. Issue of multidrug resistant TB and access to medication

- **Lymphatic filariasis (LF)** in Fiji with the main goal of having a prevalence of less than 1% by the year 2030. National prevalence of LF was reduced significantly, from 16.6% in 2000 to 9.5% by 2007

Suicide (SDG 3.4.2)



Universal Health Coverage (3.8.1)

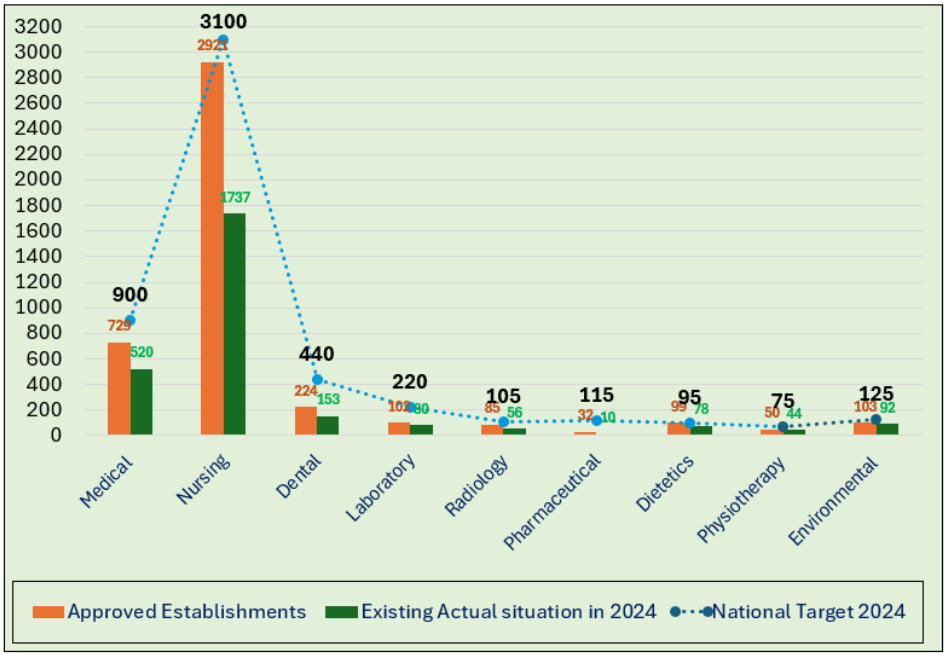
- Fiji's Universal health coverage, service coverage index was at **61** in 2019, up from **56** in 2010.

- Fiji and RMI are the only two countries in the Pacific that achieved a high UHC service coverage index with a low health workforce ratio

Health workforce situation against the National Target by 2024 and approved establishments

- National Target (5175) > Approved establishment (4345) > Existing HWF (2770)
- 84% of the national target positions are approved establishments/positions
- Existing actual HWF is 54% of the national target & 64% of the approved establishment/positions
- Vacant positions: 36% of the approved establishment/positions
- Gap against national target: 46%

Source: HR Division, MoHMS with WHO Analysis



Thank you

Questions:
Ministry of Health
and
Medical Services
2016-2021 Annual Reports

1. **Please provide all the legislation and policies in place that guide the implementation of all the programmes provided by the ministry.**

Response:

LEGISLATIONS

NO.	LEGISLATIONS
1	Allied Health Practitioners Act 2011
2	Ambulance Services Act 2010
3	Burial and Cremation Act
4	Constitution of the Republic of Fiji 2013
5	Child Welfare Decree 2010
6	Child Welfare (Amendment) Act 2013
7	Fiji National Provident Fund Act 2011
8	Fiji Procurement Act 2010
9	Financial Administration Act 2009
10	Financial Instructions 2005
11	Financial Management Act 2004
12	Financial Manual 2019
13	Food Safety Act 2003
14	HIV/AIDS Act 2011
15	HIV/AIDS (Amendment) Act 2011
16	Illicit Drugs Control Act 2004
17	Marketing Controls (Food for Infants and Children) Regulation 2010
18	Medical Imaging Technologist Act 2009
19	Medical and Dental Practitioner Act 2010
20	Medical and Dental Practitioners (Amendment) Act 2014
21	Medical and Dental Practitioners (Amendment) Act 2017
22	Medical and Dental Practitioner (Amendment) Act 2018
23	Medical Assistants Act (Cap.113)
24	Medicinal Products Act 2011
25	Medicinal Products (Amendment) Act 2018
26	Mental Health Act 2010
27	Mental Treatment Act (Cap 113)
28	Nurses Act 2011
29	Nursing (Amendment) Act 2018
30	Pharmacy Profession Act 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) Act 2020
36	Public Health (Amendment) Act 2021

NO.	LEGISLATIONS
37	Public Hospitals & Dispensaries Act (Cap 110)
38	Public Hospitals & Dispensaries (Amendment) Regulations 2012
39	Public Hospitals and Dispensaries (Amendment) Act 2018
40	Optometrist and Dispensing Optician Act 2012
41	Occupational Health and Safety at Work Act 1996
42	Quarantine Act (Cap. 112)
43	Quarantine (Amendment) Act 2010
44	Radiation Health Act 2009
45	Tobacco Control Act 2010
46	Tobacco Control Regulation 2012
47	The Food Safety Regulation 2009
48	The Food Establishment Grading Regulation 2011

POLICIES

No.	National Policies
1	National Policy on Management of the Deceased at Health Facilities
2	National Ambulance Services Policy
3	National Acute Rheumatic Fever & Rheumatic Heart Diesease Policy
4	Fiji School Health Policy
5	National Mental Health and Suicide Prevention Policy
6	National Wellness Policy for Fiji
7	National Biomedical Service Management Policy
8	National Paediatric Oncology Policy
9	National Oral Health Policy
10	National Breastfeeding Policy
11	National Physical Activity Policy
12	Fiji Human Health Research Policy
13	National Policy on Healthy Catering and Sale of Food & Bevarages from Government Facilities
14	Prevention of Parent to Child Transmission of HIV, Syphillis and Hepatitis B Policy

15	National Newborn & Infant Feeding Policy

OTHER POLICIES

No.	Other Policies
16	Human Resource Development & Training Policy
17	Cervical Cancer Screening Policy
18	Standardisation of Laboratory Clinical Services Policy
19	Community Health Worker Policy
20	Policy on Memorandum of Agreement and Memorandum of Understanding
21	Occupational Health, Safety & Well-being Policy
22	Death Notification Policy
23	Community Health Worker Policy
24	Notification of Birth Policy
25	Primary Health Screening Policy
26	Policy on Sale of Food and Beverages in Hospital Premises
27	HAEI Policy
28	Policy on Prohibiting Sale of Unhealthy Food in Hospitals
29	Mercy Evacuation Policy
30	Repatriation Policy
31	Shift Work Policy
32	Social Media Usage Policy

2. **What is the present ratio of nurses, doctors, and dentists to the population? Does this ratio meet the Department's objectives or are there plans to improve it?**

Response:

3. **Can the committee have details on your department's expenditure for the given period? Were there any notable variances from your initial budget?**

Response:

Expenditure for MOHMS			
FY	**Revised Budget**	**Actual**	**Variance**
2016-2017	244,015,265	218,123,558	25,891,707
2017-2018	321,245,594	253,932,368	67,313,226
2018-2019	334,960,248	273,502,016	61,458,232
2019-2020	347,505,432	335,640,629	11,864,803
2020-2021	394,344,448	349,069,062	45,275,386

There were variances in all SEGs however, significant variances were from SEGs 1 Established Staff, SEG 8 Capital Construction and SEG 9 Capital Purchases.

4. **What plans are in place to upgrade other health facilities, health centers, nursing stations, and hospitals across the country?**

Response:

There are plans to upgrade and maintain various of our health facilities. The Ministry has applied for the following budget to undertake projects in the 2024-2025 financial year:

1. Upgrading and Maintenance of Urban Hospitals and Ins. Qtrs. (*include below funded projects*)	**$ 6,897,622.20**
1.1 Incinerator Rehabilitation Works - Building Infrastructure	$ 200,000.00
1.2 Upgrading of Electrical Works for Labasa Hospital	$ 3,700,000.00
1.3 CT Scan Room - CWM	$ 162,816.00
1.4 Upgrading of Road works for Fiji Pharmaceutical & Biomedical Services	$ 2,834,806.20

2. Upgrading and Maintenance of Sub-Divisional Hospitals, Health Centres, Nursing Stations and Ins. Qtrs. (*include below funded projects*)	**$ 2,438,411.48**
2.1 Seed funding for refurbishment and maintained of SDH's, HC's & NS's	$ 500,000.00
2.2 Incinerator Rehabilitation – Building Infrastructure (Sigatoka & Rakiraki only)	$ 50,000.00
2.3. Extension of Waiting Area Kamikamica Health Centre	$ 138,260.00
2.4. Electrical Works for Nadi Hospital	$ 430,000.00
2.5. Electrical Works for Tavua Hospital	$ 143,821.48
2.6. Electrical Works for Navua Hospital	$ 1,176,330.00

Project	**Budget Request**
3. Refurbishment of Savusavu Hospital	$ 200,000.00
4. Upgrade of Labasa Hospital Interior	$ 5,100,000.00
5. Construction of New Rehabilitation Hospital - Tamavua	$ 400,000.00

There are also various projects on the preparatory list for the Ministry. These projects will have necessary ground works / prerequisites to be completed before full funding for the works can be applied. Projects include Upgrading of Dreketi Health Center, Upgrading of Tokaimalo Nursing Station, repairs to Valelevu Health Center, among various other health facilities.

The Ministry through its Costs Centers also has a Minor Works Maintenance Plan (MWMP) for its health facilities. These are works below $50,000 undertaken by the Ministry. (attached MWMP)

5. **What strategies have been implemented to boost the healthcare workforce, including recruitment, retention, and professional development?**

Response:

6. **Can the ministry inform the Committee on the number of health centers and nursing stations in the rural and maritime areas that are provided with fiberglass boats to service these respective communities. How many are fully operational and where are they located?**

Response:

7. **Could you describe any major challenges or issues that the ministry faced during these years, and how you addressed them?**

Response:

During the period from 2016 to 2021, the Ministry of Health in Fiji encountered several challenges. The COVID 19 pandemic had overwhelmed Fiji's Health system, posing significant challengers for the Ministry of Health and Medical Services in Fiji.

Although the Annual Reports did not not explicitly describe the challenges, some of the issues and how they were addressed were:

1. **Health System Strain:**
    - **The sudden surge in COVID-19 cases strained healthcare facilities, testing capacity, and human resources.**
    - **The ministry responded by scaling up testing, establishing quarantine facilities, and mobilizing healthcare workers.**
2. **Resource Allocation:**
    - **Allocating resources (such as medical supplies, equipment, and personnel) effectively was crucial.**
    - **The ministry prioritized critical areas, collaborated with international partners, and sought donations.**
3. **Community Engagement and Communication:**
    - **Ensuring accurate information reached the public was essential.**
    - **The ministry conducted awareness campaigns, utilized media, and engaged community leaders to promote preventive measures.**
4. **Economic Impact:**
    - **COVID-19 disrupted livelihoods and economic activities.**
    - **The ministry collaborated with other sectors to address socioeconomic consequences and provide support.**
5. **Vulnerable Populations:**
    - **Protecting vulnerable groups (such as the elderly, those with pre-existing conditions, and remote communities) was challenging.**
    - **Targeted interventions, outreach programs, and community-based care were implemented.**
6. **Mental Health and Well-Being:**
    - **The pandemic affected mental health.**
    - **The ministry emphasized psychosocial support, helplines, and mental health services.**
7. **Border Control and Surveillance:**
    - **Managing borders to prevent importation of cases required coordination.**
    - **The ministry worked with immigration, customs, and security agencies to enhance surveillance.**
8. **Data Management and Reporting:**

- Accurate data collection, analysis, and reporting were critical.
- The ministry established surveillance systems, trained staff, and collaborated with international health organizations.

9. Vaccination Campaigns:
   - The rollout of COVID-19 vaccines posed logistical challenges.
   - The ministry organized vaccination drives, addressed vaccine hesitancy, and monitored adverse events.
10. Adaptive Policies:
   - Policies needed to adapt rapidly to changing circumstances.
   - The ministry revised guidelines, travel restrictions, and quarantine protocols based on evolving evidence.
11. International Collaboration:
   - Fiji collaborated with regional and global health bodies.
   - Sharing experiences, best practices, and lessons learned helped strengthen the response

8. **What significant changes were implemented in the health and medical services policies during the 2016-2021 period?**

Response:

The Ministry as a response to the COVID 19 Pandemic developed the Remodelling of Health Services Provision document.

9. **Could the ministry provide the committee with metrics of performance, such as mortality rates, treatment success rates, or patient satisfaction scores, for the same period?**

Response:

Life expectancy in Fiji is determined by births and deaths and in particular the disease profiles that cause deaths or mortality. Approximately 78% of all deaths and 40% of premature deaths before age 60 in Fiji are due to non-communicable diseases.

		2017-2018	2018-2019	2019-2020	2020-2021
Non Communicable Disease	Premature Mortality due to NCD	68%	64.30%	64.60%	65.20%
	Prev of Overweight and Obesity in primary school children	8.70%	7.70%	2.80%	3.80%
Maternal Child Health	Maternal Mofrtality	deaths=7	deaths=8	deaths= 19	ratio- 48.1

	Infant Mortality	16.4 per 1,000 live births	14.2 per 1,000 live births	12.1 per 1,000 live births	15.7 per 1,000 live births
	Childhood vaccination coverage rate	MR 1: 87.6	MR 1:80.9	MR 1:82.5	MR 1:81
Communicable Disease	Incidence of Leptospirosis	42.79 per 100,000 pop	42.9 per 100,000 pop	42.9 per 100,000 pop	183.41 per 100,000 pop
	Incidence of Typhoid	28.9 per 100,000 pop	26.11 per 100,000 pop	28.9 per 100,000 pop	32.89 per 100,000 pop
	Incidence of Dengue fever	349 per 100,000 pop	518.15 per 100,000 pop	349 per 100,000 pop	593.07 per 100,000 pop
	Incidence of Leprosy	0.5 per 100,000 pop	0.1 per 100,000 pop	0.5 per 100,000 pop	
	Incidence of TB	51 per 100,000 pop	42 per 100,000 pop	51 per 100,000 pop	47 per 100,000 pop
	TB Treatment Success rate	89%			
	Total number of confirmed HIV infection	858			1266
	Number of new cases of HIV	77	72	120	

10. Has there been notable progress or setbacks within the public health programs from 2016 to 2021? If so, can you elaborate on these?

Response:

Fiji made significant progress in non-communicable disease (NCD) prevention by raising awareness about NCDs through health campaigns that emphasized healthy lifestyles, early detection, and regular screenings. Upgrades to health centers and nursing stations improved access to care, especially in remote and maritime areas. Community health workers actively engaged with local communities, promoting health-seeking behaviors.

However, there were setbacks. Despite recruitment efforts, shortages of skilled healthcare professionals persisted, affecting service delivery. Ensuring equitable access remained a challenge, as some remote communities still faced barriers due to geographical isolation. Additionally, NCDs continued to strain the healthcare system, with the prevalence of obesity, diabetes, and hypertension remaining high.

There have been notable setbacks because of the Ministry's response to the Covid 19 pandemic that affected the activities of the various programs and initiatives. This is reflected on the indicators in the matrix above.

11. How have international health standards or guidelines influenced Fiji's health policies and practices during these years?

Response:

International health standards and guidelines have significantly influenced Fiji's health policies and practices over the years. Here are some key points:

1. Climate Change and Health: **The World Health Organization (WHO) and the United Nations Framework Convention on Climate Change (UNFCCC) have been instrumental in shaping Fiji's health policies, particularly in relation to climate change. The WHO UNFCCC health and climate change country profile for Fiji provides evidence on climate hazards, health vulnerabilities, health impacts, and progress in health sector efforts to realize a climate-resilient health system. This has led to the development of Fiji's Climate Resilient and Environmentally Sustainable Health Care Facilities (CRESHCF) guidelines. These guidelines are based on WHO's Guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities and focus on four fundamental prerequisites: Health workforce, Water, sanitation, and health care waste, Energy, and Infrastructure and technology.**

2. Health System Review: **The WHO has conducted a comprehensive health system review for Fiji published in 2011. This review has highlighted the need for innovation in terms of career structures and greater investment in training. It also emphasized the need for Fiji to adopt policies and create environments that encourage healthier lifestyles, while also responding to the needs for clinical care.**

These international health standards and guidelines have played a crucial role in shaping Fiji's health policies and practices, helping the country address its unique health challenges and work towards achieving its health goals. They have also facilitated evidence-based decision-making, strengthened the resilience of health systems, and promoted actions that improve health while reducing greenhouse gas emissions reflected in the Ministry's Strategic Plans 2016-2020 and 2020-2025.

12. **Looking to the future, what are the ministry's plans and initiatives for continuous improvement in health and medical services, based on learnings from the 2016-2021 period?**

Response:

Some key points that the Ministry of Health and Medical Services in Fiji has outlined several plans and initiatives for the future, building on the learnings from the 2016-2021 period are;

1. Strategic Priorities: **The Ministry's overall focus in the current Strategic Plan 2020-2025 are under 3 Strategic Priority Areas. It is anticipated that a major focus is living with the effects of the pandemic, transitioning to the new normal, while sustaining the delivery of normative functions through health facilities.**

2. Annual Operational Plan: **The Ministry has outlined its Annual Operational Plan for the years 2023-2024. This plan likely includes specific initiatives and strategies for continuous improvement in health and medical services.**
3. Strategic Plan 2020-2025: **The Fiji Ministry of Health and Medical Service's Strategic Plan 2020-2025 documents the policy priorities that the Ministry has chosen to underpin its strategic direction for health care in Fiji over five years. We await the new National Development Plan to align our next Strategic Plan.**
4. Universal Health Coverage: **The Ministry envisions making health services available to all the people of Fiji and leaving no one behind as we strive to uphold the United Nations' and WHO's vision of Universal Health Coverage.**
5. Climate Resilient and Environmentally Sustainable Health Care Facilities (CRESHCF): **The Ministry has developed Fiji's CRESHCF guidelines[4]. These guidelines focus on four fundamental prerequisites: Health workforce, Water, sanitation, and health care waste, Energy, and Infrastructure and technology[4].**

These plans and initiatives reflect the Ministry's commitment to improving health and medical services in Fiji, based on the learnings from the past and the challenges of the present. They aim to ensure equitable, efficient, affordable, and vibrant health services for all Fijians[4]

13. **Could you brief us on the annual reports of the Ministry of Health and Medical Services from 2016 to 2021 in regard to the state of oral health care and how it relates to general health?**

Responses:

14. **From a primary health care perspective, what significant changes and improvements have been observed over the mentioned period?**

Response:

From a primary health care perspective, several significant changes and improvements have been observed in Fiji over the 2016-2021 period:

1. National Strategic Health Plan**: The National Strategic Health Plan 2016–2020 documented the policy priorities that the Ministry of Health and Medical Services chose to underpin its strategic direction for health care in Fiji. The plan had two key pillars: preventive, curative and rehabilitative services; and health systems strengthening .**
   The National Strategic Plan 2020-2025 has 3 Strategic Priority Areas aim to improve the health and well-being of the Fijian population by focusing on preventive, curative and palliative services. The plan also recognises the increasing importance of Non Communicable diseases, mental health issues, injuries and the health impacts of climate change.
2. Decentralization**: Decentralization has been a major focus, shifting general outpatient services to subdivisional health centers and bringing services closer to densely populated areas.**
3. Improvements in Primary and Secondary Health Care**: Primary health care is well established with major improvements in secondary health care. The Fijian population can access services for free or at very low cost.**
4. Focus on Multisectoral Action and Community Empowerment**: Primary health care, with its focus on multisectoral action, integrated health services, community empowerment and strengthening overall health systems functions, is a key approach towards realizing universal health coverage providing incentives for Community Health Workers.**

These changes and improvements reflect Fiji's commitment to enhancing its primary health care system, ensuring that it is responsive to the needs of its population, and aligned with international health standards and guidelines.

15. **How has the ministry been combating the increasing issue of tobacco and illicit drug use, particularly with the recent rise in HIV?**

Response:

16. **Could you delve into the infrastructure developments made by the ministry throughout this period?**

Response:

Throughout 2016-2021, the Ministry has undertaken maintenance and upgrading of health facilities throughout the country. Health facilities such as Nadi Sub-Divisional Hospital (SDH), Nabouwalu SDH, Tavua SDH, Navua SDH among others had undergone maintenance. Divisional Hospitals have also undergone phased

maintenance such as Labasa Hospital (Exterior Painting Works), Lautoka Hospital (Upgrading of Emergency Department and Operating theaters) and CWMH (Renovation works by department), St Giles Hospital (General Maintenance). Renovation works had also been undertaken at some of our rural facilities through minor maintenance works.

There have also been major construction projects undertaken by the Ministry including, Construction of new Ba Hospital, new Navosa Hospital, Makoi Low-risk birthing unit, new Nakasi Health Center, establishment of Kidney Dialysis Center (Nadera).

17. **What measures have been taken to foster and advance Biomedical Engineers Training?**

Response:

- Basic Equipment's maintenance training are empowered through workshops and training organized by Stakeholders.
- Training on specialized high-end equipment's are prescribed through the purchase contracts for Technicians and Engineers. Within this method, Engineers & Technicians visit the company and acquire onsite trainings with certificate provided.
- Attachment to the Biomedical Services within the Hospital abroad is another opportunity being explored. These should assist the Team identify models of repair and maintenance that will add value in strategizing services that fits existing structure in Fiji.

Several measures have been taken to foster and advance Biomedical Engineers Training in Fiji:

1. Certificate IV in Biomedical Engineering: The Fiji National University offers a Certificate IV in Biomedical Engineering program. This program is designed to prepare students for employment in trade level biomedical engineering work in hospitals or biomedical engineering technology industries. The program includes both theoretical and practical components, and it covers a wide range of topics, from electrical calculations and principles to biomedical materials and devices. The Ministry has employed graduates.

2. Career Progression: There are opportunities for career progression in the field of biomedical engineering in Fiji. For example, Virisila Livicala, a graduate of the Fiji National University, started her career in the biomedical industry in 2015 as a Biomedical Engineer. She gradually progressed in her profession to Senior Biomedical Engineer and is currently the National Biomedical Engineer under the Ministry of Health and Medical Services.

3. International Conferences: Biomedical engineers in Fiji also have opportunities to attend international conferences to learn about the latest advancements in the field.

These measures reflect Fiji's commitment to fostering and advancing Biomedical Engineers Training, ensuring that the country has a skilled workforce capable of addressing its unique health challenges.

18. Can you provide insight into the standard reporting system used by the department and any improvements or revisions that have been made over the years?

Response:

The MHMS has implemented a standard reporting system to monitor and evaluate health outcomes. Developed a comprehensive Strategic Plan for 2020-2025, outlining its priorities and goals. This plan emphasizes universal health coverage (UHC) and quality healthcare delivery.

Ensures that all quarterly and annual reports, including PATIS records, meet standard reporting requirements. These reports include analytical trends, data analyses, and recommendations for improvement.

Over the years, learned from experiences and integrated key initiatives into normative functions. A Remodeling Health Services Framework was developed to strengthen service delivery across hospitals and divisions

Provides a wide range of equitable, efficient, and affordable health services through facilities across Fiji, including remote and maritime locations.

19. How have supply chain disruptions affected the Department of Health and its ability to deliver services?

Response:

- Fiji Pharmaceutical & Biomedical Services continues its strategy with the cartage of the medical goods to the door step of the Health Facility.
- Warehouse Information Management System (mSupply) 100% installation completed by January 2024, with all Health facilities digitalizing their sending & processing of orders. These have ease off logistics issues shifting from paperwork to digital platform. At the same time allow for analysis of data's for proper forecasting & quantifications for future purchase. The Stock availability data's are displayed through dashboard to allow for quick snapshot of the Inventory status.
- Tender for all program items are assisted through Ministry of Finance with purchasing strategy and payment model to ensure products are available. Challenges continues with market exploration of hard to source and quality

products, in consideration of our purchasing power in the international pharmaceutical market.

20. **What unique challenges does the Department face in delivering health services to maritime and remote areas, and how are these challenges being addressed?**

Response:

Delivering health services to maritime and remote areas in Fiji presents unique challenges due to the country's geography, with the 110 inhabited islands in more than 18,000 square kilometers. Here are some of the key challenges and how they are being addressed:

1. Accessibility and Transportation: One of the major challenges in the maritime communities is the accessibility to transportation. The Ministry of Health and Medical Services is grateful to the Government's franchise shipping and regular scheduled trips to the maritime islands. trips looking into ensuring that vehicles and boats receive proper maintenance in a timely manner to sustain transport services. The Government purchased the MV Veivueti, in 2018, built with a medical centre and Operating theatre. and the medical team uses the vessels for integrated outreach medical team visits to the maritime.

To address these challenges, the Ministry of Health and Medical Services has taken several measures:

1. Strengthening Health Services: The Ministry is working to further strengthen health services provided in the maritime and remote health facilities around Fiji. This includes assessing the health services and facilities through increased visitations to look at the key areas of improvement and development.

   The MV Veivueti has made several tours of various islands, including Lau, Lomaiviti Group, Yadua, Kia, Cikobia, Yacata, Qamea, Yanuca, Kioa, and Rabi.
   The vessel transported a comprehensive team of health specialists ranging from surgeons, pediatricians, obstetricians, dentists, nurses, physiotherapists, dietitians, eye nurses and Health Inspectors. Also on the team were carpenters, plumbers, and handymen who carry out repair works on maritime stations.

   More than 500 procedures have been performed on the MV Veivueti since its arrival. The $8 million investment is specifically designed and built to provide both primary and secondary medical services and rapid response to

emergencies to the maritime areas. This vessel plays a crucial role in delivering health services to maritime and remote areas in Fiji and is specifically designed and built to respond in times of disasters.

2. Outreach Programs: The Ministry has identified the need for more outreach programs to provide vital support and interventions in these remote areas.
3. Healthcare System Strategies: The Ministry is focusing on strengthening facilities, supply chain management, technology operational and upgraded, and human resource optimization. They are also working on increasing public awareness and addressing micro-economics, food security, wellness, and livelihoods.

These measures reflect the Ministry's commitment to improving health services in maritime and remote areas of Fiji, ensuring that they are responsive to the needs of its population.

21. Can you discuss the strategies and measures undertaken to strengthen the partnership between the public and private sectors in healthcare?

Response:

The Ministry is currently engaged directly on two schemes.

a. Free Medicine Scheme – coordinated through FPBS
b. Dialysis Subsidy Scheme - the area that needs strengthening in this scheme is the control of price by the private providers and secondly the number of sessions to be provided to patients. As it is the scheme is open on the number of sessions to the patients which is costly.

22. What advances have been made in the dialysis care initiatives and how has the expansion of this service been effective?

Response:

....END...

SUPPLEMENTARY QUESTIONS

QUESTION 2

What is the present ratio of nurses, doctors, and dentists to the population? Does this ratio meet the Department's objectives or are there plans to improve it?

Response:

- Ratio of nurses – 30 per 10,000
- Ratio of doctors – 12 per 10,000
- Ratio of dentists – 2.56 per 10,000

The current ratio for nurses and nurses meets the medium standards as WHO skilled workers ration of 25 – 50 workers per 10, 000 population.

The Ministry of Health plans to improve this ratio by recruiting and retaining more nurses and doctors. There are approximately 400 nurses that will join the Ministry by the end of 2024. In addition, 2024, a total of 209 medical interns joined the Ministry.

QUESTION 5

What strategies have been implemented to boost the healthcare workforce, including recruitment, retention, and professional development?

Response:

Recruitment strategies

1. Open advertisements – this was to ensure that there was a pool of meritorious candidates to enable the prompt filling of vacant positions as the merit pool was valid for a year. This was used for base grade positions in administrative cadre where the staff turnover was high.
2. The removal of the criteria on "Fijian citizenship" for some positions. Recruitment of nonFijian citizens to fill in scarce skilled positions for medical officers and to address the attrition of nurses.
   (i) The table below shows the overseas medical officers

POST TITLE	SUBSTANTIVE	EDP	LOCATION	Specialty	Remarks
Medical Superintendent	Balram Pandit		St Giles Hospital	Psychiatry	Expatriate - India
Consultant	Anis Taéed	99458	CWM Hospital	Nephrology	Expatriate - Australia
Principal Medical Officer	Elenoa Matoto Raikabakaba	90441	CWM Hospital	Ophtrhalmology	Tonga - signed a local contract
Principal Medical Officer	Momtaz Ahmed	98520	National Diabetic Hub Centre Central	National Diabetic Hub Centre Central	Expatriate - Bangladesh
Senior Medical Officer	Tairu Afolarin Oladele	94658	CWM Hospital	Radiology	Expatriate - Nigeria
Senior Medical Officer (	Gaadai Tugsjargal	92166	Labasa Hospital	Obsterics and Gynaecology	Expatriate - Mongolia

(ii) The Ministry has recruited 3 nurses from the region – 1 Tuvalu, 1 Kiribati and 1 Papua New Guinea.

3. Increasing the number of locum appointments from 40 to 50 medical officers. There are 11 specialists and 39 General Practitioners.
4. Broad advertising – Apart frm the daily Fiji Times, the govnet email blast and the Ministry's website, the Ministry has used other social media platforms such as Facebook to advertise its positions.

Retention strategies include:

1. **Nursing –**
   (i) The introduction of an 8% retention allowance for all nurses.
   (ii) Salary increment for all nurses including intern nurses who moved from Band E, Step1, $19,041.75 to Band F, Step 1, $22,528.74 after the role was reevaluated.
   (iii) The re-activation of consolidated allowance for nurses serving at nursing stations. This allowance was to compensate employees normally for those extra hours worked that cannot be defined or recorded accurately. This allowance is 15.5% of the annual basic salary.
2. **Medical laboratory scientists** – recruitment at the maximum step which Band F Step 4, $28883.00 per annum.

Professional development

1. **Nursing –**
   (i) **Post graduate diploma in midwifery** - the ministry continues to fund the post graduate diploma program in midwifery to address the shortage of midwives. Currently there are 30 nurses enrolled in this program and on study leave with pay. In addition, there are 3 nurses funded by the AusAwards scholarship program who are also on study leave with pay.
   (ii) **Post graduate diploma in eye care** – this is funded by Fred Hollows foundation. Currently there are 2 nurses pursuing this one year program on study leave with pay.
   (iii) **Post Graduate Diploma in Mental Health** – This is a one year program and currently there are 3 nurses enrolled in this program. 2 are funded the AusAwards scholarship and all 3 nurses are on study leave with pay.

(iv) The table below shows the post graduate programs of study funded by AusAID and the number of nurses pursuing each program. All the officers are on study leave with pay.

Overseas Program of Study funded by AusAID	**Number of Officers**
Master of Cancer and Haematology Nursing	2
Master of Emergency Nursing	2
Master of Intensive Care Nursing	1
Master of Nursing	1
Total	**6**

(v) In addition, the nursing department continues to run in-house on areas of specialisation in such as operating theatre nursing and works with other overseas counter parts to provide the training locally.

2. Medical Officers:

(i) The table below outlines the current post graduate programs of study at the Fiji National University for medical officers that is funded by the Ministry.

Local	**Year of completion**			
Program of Study at FNU	**2024**	**2025**	**2026**	**Grand Total**
Masters in Anesthesia			1	1
Masters in Dermatology	1		1	2
Masters in Emergency Medicine			2	2
Masters in Internal Medicine			2	2
Masters in Internal Medicine			1	1
Masters in Obstetrics and Gynaecology			3	3
Masters in Oral Surgery	1			1
Masters in Paediatrics			1	1
Masters in Psychiatry			2	2
Masters in Public Health	1			1
Masters in Surgery		1	3	4
MMED Anaesthesia		5		5
MMED Emerg Med	1			1
MMED in Anaesthesia	2			2
MMED in Emergency Medicine		1		1
MMED in Internal Medicine	2			2
MMED in Obstetrics and Gynaecology	2	4		6
MMED in Surgery	1			1

MMED Intensive Care Unit (ICU)		1		1
MMED Internal Medicine		1		1
Post Graduate Diploma in Internal Medicine	4			4
Grand Total	**15**	**13**	**16**	**44**

(ii) The table below shows the current overseas post graduate programs of study funded by AusAID and the number of medical officers pursuing each program.

Overseas programs funded by AusAid	**No. of Medical Officers**
Masters of Global Public Health - Infectious Disease Control	**1**
Masters of Global Public Health - Leadership & Management	**2**
Total	**3**

3. Other cadres

The table below shows the overseas post graduate courses sponsored by AusAID for the other cadre of officers.

Program of Study	**Cadre**	**Number of officers**
Master of Nutrition and Population Health	Dietetics & Nutrition	1
Master of Global Public Health	Environmental Health	1
Master of Health Financing	Health Information and Statistics	1
Master of Laboratory Medicine	Laboratory Scientists	1
Total		**4**

Question 6

Can the ministry inform the Committee on the number of health centers and nursing stations in the rural and maritime areas that are provided with fiberglass boats to service these respective communities. How many are fully operational and where are they located?

Response:

The database for boats and vessels is not available with AMU HQ. This needs to be requested from the Divisional Medical officers.

Question 13

Could you brief us on the annual reports of the Ministry of Health and Medical

Services from 2016 to 2021 in regard to the state of oral health care and how it relates to general health?

Response:

Sate of Oral Health Care

The Medical Services delivered in Health Facilities depend on the classification of Level of
Care of the Facility. Oral Health Services are delivered in Divisional Hospitals, Subdivisional Hospitals and a few Health Centres in Fiji with varying services depending on availability of equipment, consumables and expertise.

Divisional Hospitals being the main referral centres accommodate all available Dental Treatment conducted in Fiji with specialized services such as Prosthetics, Orthodontics, Advanced Endodontics and Major Oral Surgery.

Subdivisional Hospitals and Health Centres deliver the normal Outpatient and refer if appropriate.
Tooth Decay and Gum Diseases are the major Dental problems that relate Oral Health to General Health and its Prevention, Early Detection and Treatment can be done in all levels of Health Care, in all Dental Facilities and Settings such as School Visits and Outreach Programs.

Relationship between Oral Health and General Health

Oral Health is an important aspect of overall health and well-being. The mouth is a gateway to the body, and good Oral Hygiene is essential for maintaining the health of the entire body. Poor Oral Health can lead to a variety of problems, including cavities, gum disease, and tooth loss, which can cause pain, difficulty eating, and reduced quality of life.

As the mouth is the first point of entry for food and oxygen, it plays a vital role in maintaining the body's overall well-being. Neglecting Oral Hygiene can lead to a host of Oral Health issues such as tooth decay and gum disease, which in turn can lead to more serious health problems.

People with poor Oral Health have an increased risk of heart attack, stroke, coronary heart disease, cardiac arrhythmia and heart failure.

Hereunder are a few Health Problems that are related to Oral Health:

Diabetes

Diabetes is complicated by oral bacterium. It has been found that tissue inflammation caused by oral bacteria (both in the mouth and internally) weakens the body's ability to utilize insulin and control of blood sugar. The periodontal disease becomes severe in patients with poorly controlled diabetes. This can be due to the problem of delayed healing associated with inadequate glycemic control. Conditions such as oral ulcers and fungal infections (oral candidiasis) are commonly seen in patients with poorly controlled diabetes.

Heart Disease

Previously, correlations have been found to exist between poor oral health and cardiovascular disease. Periodontitis and Cardiovascular disease are understood to be multifactorial with a significant range of local and general risk factors. Some of these risk factors are believed to be common to both diseases. Associated bacterial infections such as gum diseases as a result of poor oral hygiene can also spread to the heart, stimulating several inflammatory processes in the blood vessels. This will further promote atherosclerosis, which is a hallmark of heart disease.

Cognitive Health

Maintaining good Oral Health may help to maintain brain function and prevent cognitive decline. Over time, brain cells may be harmed by molecules the body makes when it is in a chronic inflammatory condition.

Gastrointestinal System

The bacteria that cause gum disease can spread to the digestive tract. Once there, it may kill off helpful bacteria, upsetting the delicate balance required for gut health. It is even more important to take proper care of the mouth, teeth, and gums because of the special connection between the mouth and the digestive system.

Immune Health

The inflammation caused by plaque buildup and gum disease can weaken the immune system and make it harder for the body to protect itself.

Stress Response

One of the main causes of stress' negative effects on the body is the inflammatory process that occurs during the stress reaction. Gum disease and tooth decay-related bacteria can start the body's stress response, which increases stress hormones and inflammation.

Tooth Decay [is Dental Caries or Cavities] and Gum Diseases can be reflected in the Clinical Reports through the treatments rendered with extraction due to caries

or filling being the normal treatment of choice for Tooth Decay and extraction due to Periodontal Disease for Gum Diseases in general.

CLINICAL DATA

In the Oral Health Annual Reports for Clinical Services alone, it captures the Total Patient Attendance, Sex, Ethnicity, Adult / Children and all Dental Treatments rendered.

Over the years, the percentages of the differing treatments in relation to the Total Patient Attendance is almost a normal trend. The data below will focus only on the percentage of treatment for Dental Caries or Tooth Decay and Periodontal Disease for its relationship with General Health, though there are other treatments being reported by the Clinics.

The Dental Caries or Tooth Decay percentage over the years is 75.5% of the Total Attendance and Periodontal Diseases 10.1% of the Total Attendance.

The Total Disease Burden percentage for both Dental Caries and Periodontal Disease for Total Number of Patients attending the Dental Clinics is 85.6%.

The above date is for Clinical only and does not reflect the School Services and Outreach Programs.

There is a few information that the Clinical Reports fail to specify such as the Total Population for the respective Medical Areas, whether the same patient has multiple treatment for the same day or revisit within the same month as reports are submitted monthly.

As a way forward, there may be a need to extract figures to compare the Disease Burden of Oral Health against Overall Health in a Medical Area.

There is a strong link between Oral Health and General Health. Oral Health is an important aspect of overall health and well-being. The mouth is a gateway to the body, and good oral hygiene is essential for maintaining the health of the entire body. Poor Oral Health can lead to a variety of problems, including cavities, gum disease, and tooth loss, which can cause pain, difficulty eating, and reduced quality of life.
Poor Oral Hygiene can also contribute to other health problems with a few mentioned above. This highlights the importance of preventive care, including regular dental check-ups, brushing, and flossing, as well as avoiding behaviors that can harm Oral Health, like smoking and excessive alcohol consumption.

Maintaining good oral health is not only important for individual health but also has economic implications. The cost of dental treatment can be expensive, and untreated Oral Health problems can result in missed work and reduced productivity.

Thus, Oral Health is a key component of Overall Health and Well-being. It is important to prioritize Oral Hygiene and to take steps to protect and maintain it, including regular Dental Visits and practicing good oral hygiene. By doing so, we can ensure the health of our bodies and improve our quality of life.

Question 15

How has the ministry been combating the increasing issue of tobacco and illicit drug use, particularly with the recent rise in HIV?

Response:

(1) Illicit Drug

Please note that the below is mainly for the period from 2021 to date.

To address the issue of HIV and its associated injectable drug use in Fiji, the MHMS has been working on it from a health systems approach. One health system that has affected the program from scaling up has been the availability of commodities and consumables for HIV Testing and Treatment, such as testing kits and medications (Anti-Retroviral).

These have been available in Fiji with limitations, and the MHMS had to seek donor funding to support procurement.

The MHMS is much better positioned to scale up preventative measures, testing, treatment, and outreach. The main measures being implemented are:

1. The Cabinet endorsed a MOA, which allows the procuring of HIV and TB testing reagents and medications through UNDP (this assists with procurement and always ensures availability in the country).

2. The Development of the Surge Strategic Plan for HIV, which looks at the upscale of HIV through the systems approach looking at specific priority areas: i) Prevention ii) Diagnostics iii) Treatment and Care iv) Continuum of Care
   v) Monitoring, Evaluation, Accountability and Learning

3. The multi-sectoral collaboration with government and non-government partners.

4. Strengthened Human Resources in the Divisions and Head Quarters to be able to develop and implement better.
5. A budget submission to the government for the new financial year of close to $3 million FJD, with possible support from more donor partners, has been made.

6. The latest HIV Treatment and Care guidelines, the Prevention of Parent to Child Transmission of HIV Policy, and the Sexually Transmitted Infections Guidelines were developed and completed. Following this, staff from the divisions and sub-divisions were trained to strengthen their capacity for early detection and treatment.

7. We have started developing communications materials for the nation, and this will gradually scale up with more funding available for human resources and the mobilisation of communication materials.

(2) Increase Use of Tobacco

The Ministry through the Tobacco Control Enforcement Unit and the Subdivisional Health Offices is:

a) Conducting awareness at community level on Health effects of Tobacco Smoking.

b) Declaring of Smoke Free Environments "Smoke Free Community Halls", Smoke Free Communities" "Smoke Free Health Care Facilities".

c) Enforcing the Requirement under Tobacco Control Act 2010.

d) Monitoring Illegal Sale of Tobacco, requirement for selling Tobacco, Licencing, Advertising Bans, Health Warnings, Cessation Programs etc.

Question 22

What advances have been made in the dialysis care initiatives and how has the expansion of this service been effective?

Response:

There have been five broad advances in dialysis care in Fiji over the last several years.

1. Fiji National Kidney Centre (FNKC):

a) This centre opened in March 2021 in Nadera.

b) It operates a specialist Nephrology clinic on 3 days a week. Specialist input early in kidney disease is imperative to slow disease progression and prevent or delay the need for longterm dialysis.
c) It also operates a dialysis unit as part of the MOHMS Dialysis Subsidy program and prioritises access to the lowest socioeconomic patients in Suva.

2.National Chronic Kidney Disease (CKD) Management Guidelines:

a) Developed by MOHMS Nephrologists and published in 2022 these guidelines were written for primary care clinicians in both public and private sectors.
b) The purpose of these guidelines is to increase early detection of CKD and improve early management. This work is crucial to reduce the burden of kidney failure and chronic dialysis in Fiji's future.
c) An education program of junior and primary care doctors continues to date in both public and private sectors with these guidelines front and centre. d. We have already seen an increase in the quality and timeliness of referrals to Nephrology clinic for patients with CKD.

3.MOHMS Dialysis Subsidy Program

a) After a trial in Labasa, the dialysis subsidy program became widely available at FNKC and all private dialysis units in 2021.
b) The subsidy program has significantly improved access to dialysis due to markedly reduced cost to the patient.
c) The total number of patients utilising the subsidy program has steadily increased from 75 patients in Dec 2021 to now 261 in January 2024.
d) As of January 2024 more than 80% of all dialysis patients in Fiji utilise the subsidy program.
e) A national SOP for outpatient chronic dialysis were developed and implemented to improve the standard of care being provided nationwide.
f) Currently the MOHMS is developing a Dialysis Nurse Certificate to formalise dialysis nursing training and standardize dialysis care in both public and private sectors.
g) Currently the MOHMS is exploring the possibility of improving financial support to selected candidates undergo kidney transplantation overseas as a better and more costeffective way of managing kidney failure.

4.Inpatient Haemodialysis service

a) Over the last decade haemodialysis in-hospital was introduced at first CWM Hospital and then Lautoka Hospital. This is utilised for patients with acute kidney injury and for chronic dialysis patients who are in hospital.
b) In 2023 Labasa Hospital also commenced an inpatient haemodialysis service, thereby avoiding inter-island transfers of critically unwell patients. This initiative is both costsaving and safer for patients.
c) A national SOP for inpatient dialysis was developed and implemented to help standardize practice nationwide.

5. Fiji Kidney Replacement Therapy Registry

a) MOHMS, in conjunction with The George Institute for Global Health, established a registry of dialysis patients in 2018, and then broadened this to kidney transplant in 2024.
b) All dialysis patients nationwide are now registered in this database with follow-ups conducted at least annually.
c) In time this data will help to improve our understanding of kidney failure in Fiji, the common causes of hospitalisations and deaths in our setting and the social impact of kidney failure on the community. Importantly it will also help to inform government policy in the future.

End…

VERBATIM REPORT

[VERBATIM REPORT]

STANDING COMMITTEE ON SOCIAL AFFAIRS

ANNUAL REPORTS

Ministry of Health and Medical Services
2016-2021 Annual Reports

SUBMISSION: **Ministry of Health and Medical Services**

VENUE: **Big Committee Room, Government Buildings, Suva**

DATE: **Tuesday, 25th June, 2024**

VERBATIM REPORT OF THE MEETING OF THE STANDING COMMITTEE ON SOCIAL AFFAIRS HELD AT THE BIG COMMITTEE ROOM (EAST WING), PARLIAMENT PRECINCTS, GOVERNMENT BUILDINGS, ON TUESDAY, 25TH JUNE, 2023, AT 11.35 A.M.

Interviewee/Submittee: Ministry of Health and Medical Services

In Attendance:

1. Dr. Jemesa Tudravu - Permanent Secretary
2. Mr. Jeremaia Mataika - Head of Pharmaceutical and Biomedical Services
3. Dr. Rachel Devi - Head of Family Health
4. Ms. Makarita Tikoduadua - Head of Executive Support Unit
5. Dr. Jone Turagaluvu - Head of Oral Health
6. Mr. Idrish Khan - Head of Finance and Asset Management
7. Mr. Jiosefa Draunidalo - Director Recruitment

MADAM CHAIRPERSON.- Honourable Members, members of the media and the public, the Secretariat, viewers, ladies and gentlemen; a very good morning to you all. It is my absolute pleasure to welcome everyone, especially to the viewers who are watching this session. I am privileged to Chair this meeting of the Standing Committee on Social Affairs, which is being aired live on Parliament Channel through the *Walesi* platform and livestreamed through Parliament's *Facebook* page.

For information purpose, pursuant to Parliament Standing Order 111, it mandates that all Committee meetings are to be open to the public. Therefore, this meeting is open to the public and the media, and will also be aired live, as I had mentioned earlier.

For any sensitive information regarding this submission that cannot be disclosed in public, it can be provided to the Committee either in private or in writing but, please, do note that this will only be allowed for a few specific circumstances, namely:

1. National security matters;
2. Third party confidential information;
3. Personal or human resources matters; and
4. Meetings where the Committee deliberates on all issues before it develops its recommendations and reports.

I wish to remind honourable Members and our invited submittee that all comments and questions asked are to be addressed through the Chairperson and, please, be mindful that only the invited submittee will be allowed to ask questions or give comments to the Committee. This is a parliamentary meeting, and all information gathered is covered for under the parliamentary Powers and Privileges Act and the Standing Orders of Parliament. Please, note that the Committee does not condone liable, slander or any allegations against any individuals who are not present today to defend themselves.

In terms of other protocols, please, be advised that whilst the meeting is in progress, movement within the meeting room will be restricted. Therefore, there should be minimal use of mobile phones, whereby answering of phones should be done outside this room, and all mobile phones are to be on silent mode.

Without further ado, I will now introduce the honourable Members of the Standing Committee.

[Introduction of Committee Members]

With us this morning, we have representatives from the Ministry of Health and Medical Services, who have been requested to provide a submission on their 2016-2021 Annual Reports. The Committee, in its deliberation, have formulated questions which were sent to the Ministry of Health and Medical Services, and it is required that they provide and present on their responses, which will then assist the Committee in formulating its recommendations in its Committee Report which will then be tabled in Parliament.

Before we proceed with your submission, please, note that if there are any questions from honourable Members of the Committee, I will allow them to interject and ask their questions. I now invite our guests to introduce themselves and then proceed with their presentation.

DR. J. TUDRAVU.- Thank you, Madam Chairperson and honourable Members of this Standing Committee. We firstly acknowledge and thank the Committee for the opportunity for us to be here this morning.

(Introduction of Ministry of Health and Medical Services Officials)

DR. J. TUDRAVU.- Madam Chairperson, I will start with the document that was shared with the Committee earlier today. I have some slides that elaborate a bit more on some of the indicators, particularly around the SDG indicators, questions on which were also sent to us.

In this document, it gives a brief highlight of the Ministry of Health and Medical Services over the period of the Annual Reports that have been submitted. The Ministry operates under a comprehensive legislative framework, and there is a total of some 48 legislations.

The framework has various Acts that range from Allied Health Practitioners Act 2011, the Ambulance Act 2010 and the Public Health Act, amongst others. These legislations govern the standards of health practitioners but also outlines procedures that we use in terms of public health emergencies and also sets clear regulations on the management of health facilities and guidelines.

In terms of policy implementation, the health sector is guided by several national policies, and notable amongst which are the National Wellness Policy for Fiji which is currently in place. We have the National Mental Health and Suicide Prevention Policy, but there are a few others that we do have that guide our programmatic work in the Ministry of Health.

In terms of the challenges that the Ministry currently faces, there is a number and one of the challenges that has become significant over the last few years is our health workforce that has been a challenging situation for the Ministry of Health in terms of the exodus of healthcare workers, particularly after COVID-19. We have seen a surge in the exodus of healthcare workers, principally among nurses, but also in other cadre of healthcare workers.

We are happy to inform that through some of the measures that Parliament and Government has approved in terms of addressing some of these salary discrepancies that existed, that has had any effect, and it has reduced the rate of attrition rate amongst our healthcare workers. It has come down but still not back to pre-COVID-19 level, so we are still losing healthcare workers, but we are hoping and understanding that this is a global phenomenal, other countries in the world are also losing

healthcare workers, so there is a market for our healthcare workers, from Fiji and the Pacific to move into when they go abroad, but we are hoping that as the number of healthcare workers globally and the region, sort of, stabilisers, that will help to improve the situation in the country.

The World Health Organization (WHO) has estimated that global shortage of healthcare workers will reduce from 15 million in 2020 to 10 million in 2030, so it is a reduction but there is still a gap. So, we will continue to experience some of the issues of healthcare workers exodus over the next five years and 10 years.

Secondly, our Financial Management Budget variance has been a challenge over the last few years and as you would have noted in our Annual Report, the variance has existed due to a number of reasons, principle amongst which was the COVID-19 pandemic that did not allow us to expand the funding or the resources that we were provided with. So there has been the inability to be able to expand or utilise the resources that we had been given.

We are working very closely with the Ministry of Finance in trying to improve our ability to utilise fundings that are provided for us, and also improve our Corporate staff capability which will allow us to be able to action some programmes and plans that we have put in place.

The corporate component of our healthcare workforce is an important component as they facilitate the other works that doctors and nurses do not do. So, they are critical to the whole health system. So, with the new policies, that will allow us to engage and create new positions within the Ministry. We are happy that we will be able to get Corporate support, people who will be able to facilitate our ability to expand the resources that we are provided with.

HON. P.K. BALA.- Madam Chairperson, through you, you have just said PS that the Ministry was not able to spend that type of money, and at the same time, you have said that you are trying to find ways and means too, so those monies were returned to the Ministry of Finance or was still with Ministry of Health?

DR. J. TUDRAVU.- In terms of our unspent allocation, the two main areas that we struggled to expend, and I am sure our Head of Finance can elaborate on that, was under Personal Emoluments when we lost staff from the Ministry and there was already budgetary allocation for their salaries so that became savings for the Ministry.

The other one was around our capital projects and to move these capital projects forward, we really needed our Corporate team to be able to move around, do all the project proposals and get quotations. So, when we did not have adequate Corporate staff, all those processes were delayed, hence, it contributed to our inability to meet Budget deadlines and timelines, particularly for large projects – capital works.

The next one is on COVID-19 pandemic and the challenges we faced around COVID-19 pandemic, not only the health impact but also the economy impact and the social impact, and for the Ministry of Health, the impact on the human resource is significant, but also our ability to utilise allocations that are provided to us. We really struggled with that.

But as we came out of COVID-19, we are witnessing an improvement in our capability to spend, as well as move some of our healthcare programmes. During COVID-19, because of the restrictions that came with COVID-19, a number of our health programmes were affected, for example, Family Health Programme, Immunisation Programme, particularly programmes where we need to go out into the community. We really struggled during the COVID-19 restrictions.

Even in our clinical settings in our hospitals, we found that our waiting list started to build up because of our inability to get people to come in, and the patients coming into our hospitals and the healthcare workers themselves got sick and were not able to attend to their duties. Those were some of the restrictions that COVID-19 brought in.

However, as we pass through COVID-19 times, we are coming back to a much freer environment and we are starting to really flex our ability to deliver health services, we are also finding issues because now, we want to run all the health services, and we are still struggling with our health workforce issues.

HON. V. PILLAY.- Madam Chairperson, through you, PS, with the lessons learnt during COVID-19, is there any plan with the Ministry of Health and Medical Services should there be a situation again in future?

DR. J. TUDRAVU.- Madam Chairperson, that is something that we have been trying, in this post-COVID-19 era, to build resilience in our health system. We are looking at the whole impact - starting with how we deliver health services in the community or how do we build resilience in the community.

We have started with our primary healthcare programme, which is about strengthening the interaction right at the community level between the health service and engaging the community in the whole scheme of healthcare services. We are going to put out a primary healthcare national strategy. We have been working on it over the last few months, with the support of our development partners, including WHO and others. The primary health care strategy will allow us to clearly identify the need at the lowest level and up, and then we resource that need with not only people (human resource) but also with medicine, equipment and all that we need to ensure that even in the smallest nursing station, there is some resilience built in that facility to address immediate issues that may come.

The Government has started on the Health Infrastructure Improvement Programme from last year, and that has continued. One of the things we have done in this financial year is, we have rolled out our minor works allocation. Minor works was allocated centrally, so we have asked for the approval to decentralise through virement. The money that we have is now under the control of our Divisional Heads, so they do not need the authority of the PS to approve. They can look at the infrastructure issue, they have got a cap in their authority, they approve the works and the work starts. With that experience this year, we have found that it has been really good. In most of our facilities, the utilisation has been quite high, even some beyond 100 percent, that we have that support.

We have also engaged our donors more effectively. We have got a Donor Coordination Unit now that has just started last year and into this year. We have established that Unit and its role is just to coordinate all the donors that are coming in, to make sure that there is no duplication of effort but also there is a footstep in every area, almost every area in health rather than a couple of donors just targeting one area. We want them to spread out and cover as much as they can, so that has started from last year. We have meetings twice a year. In a meeting, we just bring our plan, we give it to them saying, "This is our plan, identify what you can do in this plan and tell us how you can support", and that is how we have been engaging with them.

Our donors are happy, they see that we are better coordinated, and we are also seeing a wider coverage in terms of areas. You may remember, Madam Chairperson and honourable Members, that just a few months back, we had DFAT targetting the CWM Hospital. It is a huge hospital that needs a lot of work and is very old, so we are very happy that DFAT has come on board and has decided

to support the work that we need at CWM Hospital. It is multifaceted over three years or four years because of the amount of work but we are happy that someone has stepped forward to do that.

One of the other things that we have done is around stabilizing our supplies of medicine and consumables. So, again, with development partner support, we have rolled out a new inventory management system, which is called mSupply, to all our facilities. It is an information system where our staff use a tablet and through that tablet, they can request for supplies when they are short of supplies. So, instead of picking up the phone or filling a hardcopy document that goes through each and individual desk that it needs to go through, they can just order for their supplies through that tablet. They are able to see the quantity of that supply in this facility or in the main warehouse, and they are able to order and ask what they want.

At our warehouse, also have the ability to look at what is in stock here and what is in stock in other facilities, and they are able to move the stock when they see that there is a little more here or little less here and the demand is here. Through that system they are able to redistribute/redeploy resources. We have just started; it is about one-and-a-half years or two years old now. There are learnings to be made but we are confident that it is a system that we need and with our practice and utilising it, there will be a few more learnings and then we will be able to expand on that system.

Sir, those are some of the things that we are currently doing right now. We have got 1,200 plus community health workers and we know there is about 1,200 villages around Fiji. So, we are hoping that in strengthening our Community Health Worker Programme and because the community lives on its own, it will be a sufficient link between the services and where the communities sit. So, it is a very good programme for us, they add a significant number of workforce for us, so we are just trying to strengthen that and make that relationship a bit more stronger.

We have a training programme for them. They come in and they have got a training programme that is done. We have reviewed the programme and contextualized it, but as a group, we are keen to further strengthen and improve our Community Engagement Programme for the Ministry. Thank you, Madam Chairperson and honourable Members.

HON. P.K. BALA.- Madam Chairperson, through you, PS, maybe this is another opportunity for us to thank all the entire medical team in their effort for dealing with COVID-19 after that recovery. Just going back on what you have just said that now, the minor works - the maintenance or upgrading work will be dealt with by the Divisional Medical Officers. Am I right in saying that?

DR. J. TUDRAVU.- Yes.

HON. P.K. BALA.- That was there before but then, again, it was brought to a central location. The reason was because there were a lot of gaps, you may all know. So, there is one thing that we would like to know. What is the cap that they will be authorised for this spending? Whether those gaps that were identified during that time have been put in place so that we do not go and do exactly the same thing that was happening before it came to a central location?

DR. J. TUDRAVU.- Thank you, Madam Chairperson. I am going to ask the Head of Finance to intervene, but we acknowledge that it was there before and, hence, the rollback. We have rollout again this time with a lot more checks and balances in place. So, I will just ask our Head of Finance and maybe, he can elaborate on that the cap - the approval.

MR. I. KHAN.- Through you, Madam Chairperson, in terms of the minor works, our Divisional Medical Officers (DMOs) and Medical Superintendents (MSs) currently have an approval

limit of $25,000. The Permanent Secretary limit is $50,000 and sub-delegation is $25,000 to DMOs and MSs. That is the amount that we had delegated for the last few years, and it can be subject to review as well, if there is a need.

Madam Chairperson, in terms of minor works, yes, we agree that it was decentralised previously due to the gaps. When we had centralised a few years back in terms of addressing the gaps, we had developed an SOP, in terms of making sure that the utilisation and the disbursement of funds is very rigid and in line with the SOP that we have in place.

What we were doing previously was that when the Budget gets announced, we get all the respective DMOs and MSs to submit a minor works maintenance plan, prioritise the plan, so there could be a listing of 15 to 20 projects, but we get them to prioritise first 10 projects that they can deliver in the first six months. Based on that plan, then we disburse the funding.

One of the areas that we saw was that there was delay in the process when it was centralised because it has to go to so many officers. That is when we came into this agreement that we are going to decentralise the funds. Just because the funds was centralised in this financial year, we had gone through a virement process to decentralise and for the next financial year, we are quite confident because we have negotiated with Ministry of Finance if the funds could be decentralised to the respective Health Centres.

What we have also done is to make sure that we have that expertise in terms of doing the right type of maintenance work. We were also given an opportunity to recruit Technical Officers in respective Divisions, so in this financial year, we have Technical Officers in the respective four Divisions, and we have two senior Technical Officers within the Ministry of Health Headquarters under the Asset Management Unit. These are the people who are actually assessing the facilities, scoping, and then the procurement of materials takes place. Either the work is being done by inhouse carpenters or we outsource through a Request for Quote (RFQ) process. We have a very transparent process through that SOP. The Technical Officers make an assessment after the completion of the work, whether the work has been done according to the initial scope.

Madam Chairperson and honourable Members, that is how we are doing that, and we are hoping that we will continue with this process and get a lot more maintenance work done on our health facilities, moving forward from the next financial year onwards.

HON. P.K. BALA.- Through you, Madam Chairperson, just a clarifications, the Public Works Department is back now. Previously, the skilled workers that you are talking about in terms of carpenters, et cetera, the PWD used to do the maintenance and repairs. So, do you have in house workers now?

MR. I. KHAN.- Through you, Madam Chairperson, yes, we used to have carpenters, handyman, et cetera, in hospitals and health centres. They are qualified carpenters. When the Ministry of Infrastructure Divisional Engineer's Office were not very functional then, we had our own maintenance team formed because we really needed these people to be on the ground to do maintenance work. We had handyman, electricians, plumbers recruited in our health facilities, who can provide that support. We still have them and now that the Ministry of Infrastructure and the approval for the establishment of PWD has come in, for major works we are engaging with the Divisional Engineer's Team to get the major infrastructure and upgrading works done.

HON. V. PILLAY.- Madam Chairperson, through you, PS, earlier on, you mentioned the health workers in 1,200 villages. What about the settlements, do you have paid health workers in

settlements?

DR. J. TUDRAVU.- Thank you, honourable Member, Sir. The healthcare workers' numbers cover both, the settlements and villages. I just mentioned the number of villages because it is about 1,200 that I am aware of but certainly, we want to ensure coverage of all villages and settlements and, at least, have one healthcare worker in every village and settlement, so that will be the target.

Madam Chairperson, in addition to the response by the Head of Finance, we are also grateful to something that the Public Service Commission has just done. It has given us a guideline for us to be able to engage rural-based tradesmen - the plumber or the carpenter, who lives in the village, and it has been one of the challenges that we have, particularly in our maritime facilities and up in the highlands where the previous requirement was to get their TIN, registration as a company and their licence, but they are really good experienced people.

Some have retired from PWD and they are just in the village, so we are really grateful for this guidance that has been provided that we can now engage them. So, we do not have to ask them for their birth certificate or their licence but knowing they are experienced and understanding and looking at the work that they have done in the village, that they can actually come and do the work on health centres. We have started to use them; we have just supplied the material and they have come to fix the health facilities. They have done excellent jobs, so we are very happy with that arrangement, Sir.

We will move on to the second page. We have talked about the health facility upgrades and our target there, also the challenges around the healthcare workforce, and then our current struggles and what we hope to do. In terms of the maritime and remote healthcare facilities, we have a strong outreach programme. We are grateful for the Government's allocation that increased in this financial year that has allowed us to maintain and increased our outreach programme. We are grateful for the *MV Veivueti,* in 2019, that has really increased our ability to mobilise and go to our maritime facilities.

In terms of the public private partnership, that is an ongoing programme with the Ministry. We have Lautoka Hospital and Ba Hospital which are currently running as Public Private Partnership (PPP) Hospitals.

We also have other programmes, like the Free Medicine Scheme Programme. With the number of medicine increased now to 142 under the Free Medicine Scheme, that has been really helpful in terms of access to healthcare service for our people.

Also, the Dialysis Subsidy Scheme is ongoing and that has improved access of patients with kidney diseases for their ability to access dialysis at a much lower cost.

HON. P.K. BALA.- I apologise, PS, you have touched on the PPP, citing the example of Ba Hospital and Lautoka Hospital. During our tour, we were told that there is some delay in having the contract in place and also Aspen Medical has got a provider - MIOT to do the bypass surgery. They also have the difficulty because there is no definite plan in terms of expansion. Can you just brief us on that, is there any truth in it? Thank you.

DR J. TUDRAVU.- Thank you, Madam Chairperson, and honourable Member. For all the PPP projects, there are some with the Ministry of Health and some are run by the Ministry of Finance. Currently, the PPP between the Government of Fiji and as Health Care Fiji company of which Aspen is a part of, is currently under the Ministry of Finance at the moment. So, we do not have any details

into how the project is currently run but we are only aware of those that are under the Ministry of Health. We may be able to get some feedback on the question after consulting with the Ministry of Finance. Thank you.

HON. V. PILLAY.- Madam Chairperson, through you, PS, do you have any MOU with Aspen?

DR. J. TUDRAVU.- There is a Concessional Agreement between the Government of Fiji and the Health Care Fiji Consortium, that had been signed prior to the commencement of that PPP. So, that Concessional Agreement is, again, with the Ministry of Finance. They have oversight into how the relationship and the agreement has been implemented between the Government, as well as Aspen Medical.

HON. P.K. BALA.- Thank you, PS, for informing us on that because there were some talks that without any agreement or MOU, Aspen was basically given to run. So, now, we understand that there was an agreement. Thank you for that.

HON. V. PILLAY.- Through you, Madam Chairperson, PS, we also would like to acknowledge the work that has been done through Lautoka Hospital and Ba Hospital. Actually, there were a lot of rumors when the talks started that people will have to pay for the services. A lot of people have gone through the surgeries and are back supporting their families, and they are working. In our recent visits, we have also seen for ourselves, and we would like to acknowledge the work done by Aspen Ba and Lautoka. Thank you.

DR. J. TUDRAVU.- I am going on to the last two points; just looking at the future, we certainly intend to consolidate some of the things that we have been doing in the last few years and through our lessons learnt from COVID-19 and how we want to implement the health programmes in the coming year.

We are looking forward to the National Development Plan (NDP) that is going to be announced because it will guide the development of our Ministry of Health and Medical Services Strategic Plan. We have a 2020-2025 Strategic Plan which is coming to an end next year, but the timing of the Plan will be opportune. It will allow us then to build a new successor Strategic Plan based on the Government's vision for the next three years, five years and 10 years.

Our focus remains on the disease burden that we currently have in the country, so NCDs are not out of our sight. It is one of the big causes of diseases and death in the country, so it is always at the top of our heads when we are talking about our programmes. But we are also looking at building resilience going forward after the COVID-19 experience.

As I have stated earlier, we are targeting Universal Health Coverage and the process to get to Universal Health Coverage is our Primary Healthcare Programme, so we want to establish a solid Primary Healthcare Programme. Incidentally, in the 1970s, Fiji was a champion of the primary healthcare. That has, kind of, come down and now, we want to reinvent and transform primary healthcare into this new age, given all the developments that are now for us to utilise.

Through our Primary Healthcare Programme, we hope to address Government's intent for Universal Health Coverage for the people of Fiji. We are aware of the impact of climate change in health, so that is built into our programme for building resilience, not only in our workforce, but also in the infrastructure, our support systems and the programmes that we carry out.

We are also working across sectors, not only within the Ministry of Health, but also with other Ministries in looking at how we can synergise our effort so that we get a better impact in terms of the programmes that we deliver. For example, we have just endorsed our Early Childhood Policy and for that Policy, we have worked with the Ministry of Education and the Ministry Women, Children and Social Protection. It looks at building resilience in our children from zero right up to eight, ensuring that nutrition, education and the social and mental support for their development is improved, so that if anything comes, our children will be able to withstand some of the shocks that they face.

HON. V. PILLAY.- Madam Chairperson, through you, PS, you have mentioned about the policies. We see there are a number of Policies in the Ministry of Health and Medical Services. Do you think the Policies need to be reviewed or are there Policies under review now?

DR. J. TUDRAVU.- One of the things we have also done is review the legislations that are under the Ministry and some do need to be updated and to be reviewed. So, we have started discussions with respective Government agencies that are also affected by these Polices and Regulations. This year, we have put a submission to request for some funding to support the review of Acts. So, we are hoping that we will get some money and that will help us to do some of these reviews. We have got some old and very, very old Acts, so they really need to be updated and that is something that we are targeting in the new financial year.

Madam Chairperson, with your indulgence, can I just finish off with the slides?

MADAM CHAIRPERSON.- Yes.

DR. J. TUDRAVU.- I just have a few slides there on indicators that the Ministry of Health and Medical Services covers under the SDGs. So, SDG3 is about Health, and we have few indicators that we keep an eye on annually. The maternal mortality is the number of women who die from pregnancy-related causes within 42 days after delivery or after the termination of the pregnancy. The SDG indicator is 70 per 100,000 by 2030. So, for Fiji, we are around 38, so we have been doing well and so that is an SDG target that we will be able to achieve by 2030.

The next one is an indicator that talks about children been born - birth by skilled birth attendants, so it could be a doctor, nurse, midwife or a trained professional. Again, this is an indicator that Fiji is doing well in, the target is, obviously, 100. I see that in the documentation under the SDG, the UN puts that if it is above 98 percent, then it is really good. So, we are doing well in this indicator.

Those three indicators that represent child health so in neonatal mortality is death within the first 28 days, infant mortality is death within the first year of life and it is under five years or before they reach five years of age.

Our neonatal mortality rate was around 10 in 2015, then 13 is 2021, while the target is 12. We have actually gone back and had a look and consulted with our teams, so there are some corrections that we need to introduce in the reports that had been published on this.

The next is the current trend as per what has been published. The next slide is the amended neonatal mortality rate. So, it does indicate that we are well within the SDG target of 12 per 1,000 births.

The next one is the Infant Mortality rate. There is no specific SDG target for that, but it is kept together under the Child Health Indicator and Under-five Mortality is, again, 24.5 per 1,000 live

births in 2015 and 27.7 in 2021. The target is 25 per 1,000 live births. We have also had a look at this with our teams.

The next slide, Sir, is what was is in the Reports. We have had another look with our Team and we have corrected, we are actually within the SDG target, so we anticipate to be able to achieve this SDG indicator by 2030.

The next slide is our new challenge. I apologise for the pinkness, I do not know how it became pink, but what it does show is the rise, the worrying rise in terms of the number of new cases of HIV. White is the accumulative number, and black underneath is the annual.

Our first case was in 1989, and since then, it has been single digit until about 10 years later, then it started to be double digits. Then around 2018, we started to get them in hundreds, as outlined below, so it is doubling every year. From our initial estimates this year, it will double again this year.

Year	Total Number of HIV Cases
2021	151
2022	245
2023	415

Madam Chairperson, we are certainly seeing the surge in HIV cases in Fiji, and we think this is a tip of the iceberg because these are those who have come with symptoms. They are showing up because they already had the symptoms, but for those who do not have symptoms, we are not catching them.

With the work of our partners, I think, for the last five months of this year, we have been working on a Surge Strategy to tackle the HIV issue in Fiji. We are hoping to endorse the Surge Strategy this month, and it will be tackled on multiple fronts. There is no one solution to fix all and it also will be through a multi-agency and multi-stakeholder engagement that involves both, us, as well as members of the community. It requires a lot of community participation and engagement, so this is captured in our Surge Strategy for HIV in Fiji.

On the next slide, that is a five-year trend that we have just captured. So, in males, the number increased by 390 percent between 2019 and 2023. In females, it increased by 154 percent, so something is happening in the male population in Fiji. So, in our Surge Strategy, we have tried to look at the reasons behind, and how we are going to address this issue.

Madam Chairperson, we continued with our own load of Tuberculosis (TB), although the numbers are low. We are worried about issues of multidrug resistant TB, which is starting to be seen in Fiji, as well as constant access to TB medications. So, what we have done in the last few months, and we are grateful for Cabinet for the approval, we are entering into an agreement with UNDP, to be able to allow us to purchase HIV and TB medications and consumables through the UNDP pathway. When Fiji was going out on its own, it does not have that purchasing power to be able to get our supplies as and when we need. So, through that pathway with UNDP purchasing for a large number of countries, it has a bigger purchasing power to be able to secure a consistence supply of medicine for TB but also HIV.

Lymphatic filariasis remains an issues in Fiji but numbers continue to be decreasing. In one of our programmes, we are starting to look at how we can achieve elimination of the lymphatic filariasis in Fiji.

Madam Chairperson, I think this is the last slide about mental health, which remains an issue in the country. While we are seeing a decrease in a number of suicide from 2017 to 2021, suicides do have environmental health issues, and they do have a wide-ranging impact in terms of the family, the community, and those who are affected by those with mental health illness. So, we are continuing with our work on that.

Earlier this month, Cabinet approved our request to review the Mental Health Act and just to update it, to be in pace with the changes that we are currently seeing.

The next is our indicator for Universal Health Coverage. It basically means that everyone can access, or we can improve access to healthcare service without catastrophic spending, so without spending a lot of money because that amount of money impacts the family or the person.

We have improved from 56 in the index in 2010 to 61 in 2019. The WHO indicator is around 85, so we are still low in terms of what we want to achieve, hence, our programme for Primary Healthcare. Through Primary Healthcare, we want to improve UHC.

In the last Report, Fiji and the Republic of Marshall Islands are the only two countries in the Pacific that maintain a high UHC, in spite of a low number of healthcare workforce. So, it is an indication of the hard work that our workforce is doing, despite their numbers, they are continuing to maintain the service and meet the needs. I have just borrowed this from WHO to conclude my presentation this morning.

We are planning for a Health Workforce Planning Workshop in August this year, to address some of these issues. We had a 15 years' Workforce Projection Plan from 2014 to 2024, and our target was by 2024, we will get 5,175 approved establishment. So, we are still 84 percent short of that by this year, but our actual people on the ground is only 54 percent of that target. There is a gap for us to fill, and we hope in our August meeting with all our stakeholders, see how we can address that gap of the next exercise to take. That is going to inform our next planning forum.

Madam Chairperson, that is our presentation, and the Team is happy to respond to other questions.

MADAM CHAIRPERSON.- Thank you, PS. I will just take you back to your slide on the HIV cases. We note that there has been an increase in HIV cases over the past years and we hear on the news that HIV is now no longer caused through sexual intercourse alone, but through the injection of drugs through strong method and other methods that are causing the increase of HIV. Is the Ministry forming a taskforce with other relevant stakeholders to combat HIV, knowing the various stakeholders that is involved in the HIV scenario as a whole? How is the Ministry addressing the increase of HIV cases, apart from what you had mentioned earlier?

DR. J. TUDRAVU.- Thank you very much, Madam Chairperson. It was very important because the honourable Prime Minister himself picked it up, and through the Ministry of Civil Service and the Permanent Secretary, he has established the Permanent Secretary Sub-Committee on HIV and AIDS and abuse of illicit drugs. I now Chair that Committee and it comprises other Permanent Secretaries, including Permanent Secretary for Defence, Permanent Secretary of Education, Permanent Secretary for Women, Children and Social Protection as well as Permanent Secretary for Tourism.

We have had a series of meetings and we have discussed the inter-link between drug use and HIV. We believe that injectable drug use is the cause of this surge. We would like to confirm it, so

an activity in our Surge Strategy is that we have to actually do a rapid survey to look to confirm what we think is happening in the community.

In our interplay, we have looked at the national strategies, so we are working on the HIV Surge Strategy, which is going to be a three-year Strategy that deals with all aspects of HIV. As you know, the National Narcotics Strategy has just been endorsed and the honourable Prime Minister has also launched that. So, in the Narcotics Strategy, there are also roles for the Ministry of Health in the various pillars under the Strategy. We contribute to the harm reduction, rehabilitation and the other pillars. So, that is the interplay between the high level strategies and as we go down, there will be more committees and forums where we are going to discuss and share information on strategies that we are currently have.

Sir, the PS Sub-Committee on HIV and AIDS and Substance Abuse is already in place. It is a committee that is currently at PS level and as we come down to the pillars, we will establish other committees that will ensure that there is an interlink between the various Government agencies and the community as a whole.

MADAM CHAIRPERSON.- Thank you, PS, in terms of awareness, do you think the Ministry is doing enough to reach out to the communities or to the common people about the dangers of HIV and the causes?

DR. J. TUDRAVU.- We have always had awareness campaigns, but now we have increased our effort to increase awareness on HIV and AIDS. As part of our strategy, we will have a communication strategy that will help us to engage Government agencies, as well as our community partners, to increase the awareness and the education around HIV and AIDs.

We have started this month with an advertising company to drive around some places in Suva. You will start seeing our pole advertising which is on the TFL posts. We have also done published pieces, so this is going to be an important strategy for us - the education and awareness around HIV and AIDS. Maybe, Dr. Rachel can add to that.

DR R. DEVI.- Thank you, PS, and thank you, Madam Chairperson. Just to add on to what PS just mentioned, basically, what we have done so far has been within capacity within the Ministry, and we have been exploring capacity outside, especially with our development partners. So, we are bringing communication teams together, to basically ramp up our communication right across the nation. That will involve, obviously, using all mediums, including community engagement and by community engagement, it is basically literately going down to the communities, the villages, and reaching out to them in all means, just educating individuals on HIV and its modes of transmission, et cetera.

As we speak, for HIV, one of the important things, while we have been developing the Surge Strategy, the Ministry has been doing a number of activities at the backend to make sure we roll out something called, 'Point of Care Testing'. Point of Care Testing for individuals is, for instance, if I am sitting here and I get a test today right now, I get my results within 20 minutes and that individual gets and it is not lost to follow-up, in comparison to where previously we used to do blood tests, they go and come back after a few weeks and sometimes, they do not turn up. So that was one of our biggest challenges.

This Point of Care Testing, Madam Chairperson, one of the things we have done in the Ministry is, we have collaborated significantly with our Non-Government partners, such as Reproductive and Family Health Association of Fiji (RFHAF), Medical Services Pacific (MSP), and

the others, even the universities like Fiji National University (FNU) and University of the South Pacific (USP), and because they have got clinical sites, they actually test on-site now as well.

Literally, when we look at our age population that is affecting HIV in the country, it is within those population. So, we have literally ramped up our testing on the ground and we are picking up on a lot more faster. When the PS mentioned, we are likely to double, definitely that is something, but it is something we should not be surprised by because without knowing, we will not be able to progress further and prevent the HIV spread.

So, there is a number of strategies we are doing right now. The UNDP partnership itself has been significant, in the sense that the implementation arm is not just with the Ministry partners and the Ministry itself, but it is also with our NGO partners, for implementation because we know with the human resource we have, we can reach so much but they can help us reach a lot further on as well. So, I just wanted to add on to what PS has mentioned.

HON. V. PILLAY.- Madam Chairperson, through you, the way I see this, there is a huge task ahead, PS. I would like to know whether you have the right resources, the funding or budgetary allocation, because we see that the HIV cases, the NCDs and the AIDS issue on drugs are all rising? I would like to know whether you are fully resourced to tackle all those issues?

DR. J. TUDRAVU.- Madam Chairperson, in addition to the Surge Strategy, we actually work on costing the Surge Strategy and then we look at where we can get the support from in terms of funding various activities and aspects of the Surge Strategy. We are looking into aspects of the Strategy where we will be able to get Government funding and where our partners can come in and support. We think that it will not be fully funded by Government, but it will require multiple sources of funding. The support would be, may be a direct funding, but the technical support in terms of the expertise that need to come, advise us and help us in our response. So, all of that will be part of the resourcing of the Surge Strategy.

We also anticipate that it will take us three years to fully implement the Strategy, so we will ask a portion for this financial year and a portion for the next financial year, as we roll forward with the Strategy. We also believe that as we go, we will learn new things and there would be other things that we have not thought about that will come into play, or there is a new development, so we will be able to seek additional support.

MADAM CHAIRPERSON.- Thank you, PS, that would be the end of your presentation. I will ask if you can just move on to the responses to the questions that were submitted to the Ministry and probably summarise each question and help us go through them this morning.

DR. J. TUDRAVU.- Madam Chairperson, with your indulgence, we will go to the questions and the responses that we have provided.

Question No. 1

Please, provide all the legislation and policies in place that guide the implementation of all the programmes provided by the Ministry.

We have provided the list of legislation that are currently covered under the Ministry of Health and Medical Services and a number of important policies that guide the work that we do. That is outlined below. As I have stated before, we are also asking for funding for the next financial year to be able to review some of the Acts and the Policies that we have.

LEGISLATIONS

No.	Legislations
1	Allied Health Practitioners Act 2011
2	Ambulance Services Act 2010
3	Burial and Cremation Act
4	Constitution of the Republic of Fiji 2013
5	Child Welfare Decree 2010
6	Child Welfare (Amendment) Act 2013
7	Fiji National Provident Fund Act 2011
8	Fiji Procurement Act 2010
9	Financial Administration Act 2009
10	Financial Instructions 2005
11	Financial Management Act 2004
12	Financial Manual 2019
13	Food Safety Act 2003
14	HIV/AIDS Act 2011
15	HIV/AIDS (Amendment) Act 2011
16	Illicit Drugs Control Act 2004
17	Marketing Controls (Food for Infants and Children) Regulation 2010
18	Medical Imaging Technologist Act 2009
19	Medical and Dental Practitioner Act 2010
20	Medical and Dental Practitioners (Amendment) Act 2014
21	Medical and Dental Practitioners (Amendment) Act 2017
22	Medical and Dental Practitioner (Amendment) Act 2018
23	Medical Assistants Act (Cap.113)
24	Medicinal Products Act 2011
25	Medicinal Products (Amendment) Act 2018
26	Mental Health Act 2010
27	Mental Treatment Act (Cap 113)
28	Nurses Act 2011
29	Nursing (Amendment) Act 2018
30	Pharmacy Profession Act 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) Act 2020
36	Public Health (Amendment) Act 2021

POLICIES

No.	National Policies
1	National Policy on Management of the Deceased at Health Facilities
2	National Ambulance Services Policy
3	National Acute Rheumatic Fever & Rheumatic Heart Disease Policy
4	Fiji School Health Policy
5	National Mental Health and Suicide Prevention Policy
6	National Wellness Policy for Fiji

No.	National Policies
7	National Biomedical Service Management Policy
8	National Paediatric Oncology Policy
9	National Oral Health Policy
10	National Breastfeeding Policy
11	National Physical Activity Policy
12	Fiji Human Health Research Policy
13	National Policy on Healthy Catering and Sale of Food & Beverages from Government Facilities
14	Prevention of Parent to Child Transmission of HIV, Syphilis and Hepatitis B Policy

OTHER POLICIES

No.	Other Policies
16	Human Resource Development & Training Policy
17	Cervical Cancer Screening Policy
18	Standardisation of Laboratory Clinical Services Policy
19	Community Health Worker Policy
20	Policy on Memorandum of Agreement and Memorandum of Understanding
21	Occupational Health, Safety & Well-being Policy
22	Death Notification Policy
23	Community Health Worker Policy
24	Notification of Birth Policy
25	Primary Health Screening Policy
26	Policy on Sale of Food and Beverages in Hospital Premises
27	HAEI Policy
28	Policy on Prohibiting Sale of Unhealthy Food in Hospitals
29	Mercy Evacuation Policy
30	Repatriation Policy
31	Shift Work Policy
32	Social Media Usage Policy

Question No. 2

What is the present ratio of nurses, doctors, and dentists to the population? Does this ratio meet the Department's objectives or are there plans to improve it?

In terms of the ratio, we have provided the numbers and the realities. We do not have the expected number at the moment in terms of the Ministry of Health. We have indicated our previous projections are up to 2024 and what we intent to do going forward.

Question No. 3

Can the Committee have details on your Department's expenditure for the given period? Were there any notable variances from your initial budget?

I have mentioned, as the question was raised, on the budgetary allocation and the variance that existed in the budgetary allocation; and after the implementation of the budget or at the end of the financial year, some of the reasons that we faced in terms of the utilisation of allocations that were provided to the Ministry of Health. I am happy to discuss this further if there are any specific questions on this.

MADAM CHAIRPERSON.- Thank you, PS, Before you move to the next question, Question No. 2 on the present ratio of nurses and doctors, I think the response was sent to us at a later date, so we have a copy of the response here with us. My apologies, PS, that was the response on the question on fiberglass. You can go on to the next question.

Question No. 4
What plans are in place to upgrade other health facilities, health centres, nursing stations, and hospitals across the country?

DR. J. TUDRAVU.- In terms of infrastructure, Madam Chairperson and honourable Members, we do have some projections on what we want to undertake in the next financial year in terms of our capital projects. We have asked for some specific projects, and I will just speak on one and that is, the electrical upgrade of hospitals.

We have identified four health facilities that need electrical upgrade, and these are important work for us in terms of expanding health services from these facilities. We are not able to put in new machines and run new services because of the current power that is coming to the hospital.

HON. P.K. BALA.- Madam Chairperson, through you, it is good that you have raised about the projects for the 2024-2025. Yesterday, our Deputy Chairperson raised that the Levuka Hospital was partly destroyed by fire but there is nowhere provision has been made for any works to be carried out in this financial year. So, what is the update on that?

MR. I. KHAN.- Madam Chairperson, through you, we have not actually asked for any specific budget for the upgrade or the maintenance or the repair or the construction of that building that has been destroyed at Levuka Hospital. We are engaging with the Ministry of Infrastructure, through Director Buildings, in terms of making that assessment and come up with a plan in terms of the construction which is taking a bit of time.

However, we are given some money in our budget which has been discussed and confirmed, it is like a seed funding, in terms of preparatory works. So, we are given some money, and we will work with Director Buildings and his Team in terms of getting the plans done. Then we are hoping that once the plans are ready, then we will ask for a full funding in the following year's budget.

HON. V. PILLAY.- Madam Chairperson, through you, PS, there is also mention of the construction of the new rehabilitation hospital in Tamavua. There are a lot of cases, as we have heard, in regard to drugs. Actually, we do not have any rehabilitation centre for those who are coming to the hospital in relation to drugs. What is this new rehabilitation hospital for and how is it going to address those issues?

DR. J. TUDRAVU.- Thank you, Sir, this rehabilitation hospital is a little bit different, it is for those who need physical rehabilitation and physical therapy. For example, people with multiple injuries, broken bones and joints, who need physiotherapists to come in and help in their exercise and training - patients with head stroke and their rehabilitation. So, those are the kind of rehabilitation that is done here.

This is a project that the Korea International Cooperation Agency (KOICA) is supporting us with, so the funding is for us just to clear the old Tamavua Hospital. So, we will actually demolish the whole Tamavua Hospital and clear the site. Then KOICA is contributing US$10 million to actually construct a new rehabilitation facility. So, this funding is just for us to clear the site, get it

ready, and they intend to build, starting in the next calendar year. That will take them three years to build that new facility.

Question No. 5
What strategies have been implemented to boost the healthcare workforce, including recruitment, retention, and professional development?

This question talks about our recruitment strategy and plan. This is an ongoing process for us. For some of our cadre, because of the cadre shortage we have, it is just an open recruitment. You can apply any time. For example, nurses, because of the need that we have. As soon as we have someone applying, they are able to process it straight away and provide an outcome to the applicant.

Professional development is an ongoing activity in the Ministry of Health for all our cadre. We utilise the capacity provided by FNU, particularly in post-graduate studies where we are able to establish specialists in our workforce that are able to address particular areas of need.

We are also grateful for the support in terms Government providing scholarships for our healthcare workers who apply through the TSLS. So, through TSLS support, they are able to undertake their post-graduate studies and come back and work in the Ministry.

Question No. 6
Can the Ministry inform the Committee on the number of health centres and nursing stations in the rural and maritime areas that are provided with fiberglass boats to service those respective communities? How many are fully operational and where are they located?

On this question on fiberglass, I will ask our Head of Finance to provide an update on that.

MR. I. KHAN.- Madam Chairperson, through you, with all due respect to the Team, the response that we received initially was that the database for boats and vessels is not available with AMU Headquarters and that could be requested from Divisional Medical Officers. We do not do all those businesses as a committee, we cannot be going to any Sub-Divisional Officer or anyone, asking for their response. So, if this can be rectified in future.

DR. J. TUDRAVU.- Thank you, Sir, for that correction. We will take note of that.

MR. I. KHAN.- Through you, Madam Chairperson, we do apologise for that response. We had information with us but it was not an updated information, and that is how we had requested for an updated information. However, we do have information with us now.

We have about 36 fiberglass boats and vessels around our Divisions. Majority of them is operational, except for a few that are grounded. They are grounded because there is a need for the repair in engine or the boat needs to be repaired because it has not been maintained for a long time. There are few that have been recommended and assessed by Maritime Safety Authority of Fiji, that the boats are not in a running condition, and they need to be written-off. So, those are some of the information that we have received. We do now have an updated report, and we are happy to share with the Committee.

HON. V. PILLAY.- Madam Chairperson, through you, those areas where they will require boats, which are not in the condition to run now, will the Government be providing that or is there a need to provide new boats to them?

MR. I. KHAN.- Yes, we have also requested for budgetary allocation in the next financial year. We are given budgetary allocation, and we have also requested for budgetary allocation, and we are looking forward to buy new boats and engine to supply to these stations where there is a need, and there is a board of survey and written off process that has taken place. So, we will, definitely, look into that, Sir.

Question No. 7
Could you describe any major challenges or issues that the Ministry faced during these years, and how you addressed them?

DR. J. TUDRAVU.- Madam Chairperson, I have provided some of the major challenges that we face and how we are planning to address some of those challenges at high level governance and policy and at operation level, some of the programmes that we are putting in place to address all the issues that we are currently facing.

As I was saying, during COVID-19, we were restricted because of the impact of COVID-19, but now we are fully fledged and start to run and deliver all the services that we had planned for the Ministry of Health. We do have our own challenges in terms of HR and the supply of medicine, equipment and all the resources that we need, but these have now been addressed as we move forward.

Our biggest challenge would, of course, be around HR and we are hoping, over the next few months, begin to deal with our HR challenge.

Question No. 8
What significant changes were implemented in the health and medical services policies during the 2016-2021 period?

During COVID-19 and, again, through our learnings from COVID-19, we undertook reforms in terms of our health service provision, and we put together a document, 'Remodeling of Health Services Provision Plan', and it has specific pillars that we target.

One of the important ones is integration – the importance of integrating within the Ministry and integrating our various programmes, to ensure that we are maximising utilisation of resources that are provided to us, but also integrating with our partners and the community. That has been the theme that we are running with, and we believe that through integration, we will achieve synergistic impact of health outcomes that we are hoping to achieve in our communities.

Question No. 9
Could the Ministry provide the Committee with metrics of performance, such as mortality rates, treatment success rates, or patient satisfaction scores, for the same period?

Madam Chairperson and honourable Members, we have provided some metrics in terms of the indicators, and I am happy to discuss any specific indicator that we have provided. I have also provided a presentation on some of the indicators that we have.

Leptospirosis, Typhoid, Dengue and Diarrheal (LTDD) diseases continued to be an issue related to climate change. We have continued to run our programmes, particularly in our disaster response, whether there is flood or cyclone or a severe climatic event. Our team have been briefed and are prepared to respond to these surges in climate sensitive diseases such as LTDD diseases.

Question No. 10
Has there been notable progress or setbacks within the public health programmes from 2016 to 2021? If so, can you elaborate on these?

Madam Chairperson and honourable Members, we have talked about the impact of COVID-19, around rolling back some of the health programmes that we had, and I have stated the impact not only in the community health service but also in hospital-based services and also the commitment of the Ministry to rollout now and going into full service mode.

Question No. 11
How have international health standards or guidelines influenced Fiji's health policies and practices during these years?

Madam Chairperson and honourable Members, we acknowledge that we do have international commitments at regional level and global level, and this guides how we develop our strategic plan as well as our Annual Operational Plan. The Ministry pays subscription to some international organisations, such as WHO and the International Atomic Energy Agency (IAEA). These global partners support the work that the Ministry does, so we are ensuring that our programmes or activities are aligned to some of these global indicators.

I had mentioned that one of the works that we have done is in terms of assessing our healthcare facilities throughout the country. We used the WHO Guideline and we developed the Ministry of Health Guideline, so we undertook a review of our healthcare facilities around the country in 2022.

In relation to climate resilience, what we have found was that a good chunk of our healthcare facilities are from climate change and its impact. That is related to the fact that they are aged facilities, built many years ago, and they were built at the time when access was mainly by the river and the sea. There were no roads then. So, they were actually built beside the sea and the river to help access. The communities as well were coastal communities and communities living beside the rivers. Now, with the effect of climate change, it has actually threatened, not only the communities but the healthcare facilities as well.

We have completed that assessment, it is just undergoing some final verification from our teams, but it is a document that will go out and advocate for support, not only from Government but also from our donor partners, on how we can improve our healthcare facilities, whether it is refurbishment or retrofitting or even relocation, depending on the severity or the risk and the impacts of the climate.

Question No. 12
Looking to the future, what are the ministry's plans and initiatives for continuous improvement in health and medical services, based on learnings from the 2016-2021 period?

Madam Chairperson and honourable Members, we have identified our processes for setting objectives and outcomes for the Ministry of Health. As I have stated before, we will be guided by the new National Strategic Plan which will inform the establishment of our National Strategic Plan for Health and where we will draw our Annual Operation Plan.

I do not think that we will differ too much from what we are current doing because it is based on the current disease burden in the country, and I anticipate that some of these major projects and

programmes that we have in the Ministry will continue to tackle the disease burden and the health situation in the country.

We have got some important national surveys to undertake to assess the health status and the population. We are currently undertaking one which is called the 'Steps Survey'. Steps Survey is a survey where we assess risk factors for NCDs in simplistic terms. You just access the risk factors or NCDs that is present in the population. The result then guides our policy direction, going forward.

The last Steps Survey was undertaken in 2011, so we are doing this one now. We will compare and look at where we have made improvements and where the situation has gone worse, and then what are some of the progresses that we need to put in place to tackle NCDs.

Question No. 13
Could you brief us on the annual reports of the Ministry of Health and Medical Services from 2016 to 2021 in regard to the state of oral health care and how it relates to general health?

We have mentioned another one there, the Oral Health Survey. We have our Head of Oral Health here with us. This Survey talks about the situation of oral health in our communities. The last one was in 2011, so we are also doing an Oral Health Survey.

This important population-based surveys are important for us because it indicates the current status of health in the population and then from where we build what are our policy recommendations are and how we align our programme to tackle some of the health disease burden, but also risk factors. It helps the Ministry to run its programme and also advocate to Government that these are some of the important policies that we need to put in place to change or influence some of the disease burden in the community. That basically covers the important perspectives of health.

Question No. 14
From a primary healthcare perspective, what significant changes and improvements have been observed over the mentioned period?

Madam Chairperson and honourable Members, I have talked about our primary healthcare and why we value primary healthcare as the means to address or achieve Universal Health Coverage to the people of Fiji and that is something we are very passionate about that we want to do. We are looking forward to our Primary Healthcare Strategy to come out. That will not only clearly define our expectations in terms of the service provider, but also the people's expectations when they access a Nursing Station, Health Centre, Divisional Hospital or even a major hospital, on what services they can expect to be provided to them.

Question No. 15
How has the Ministry been combating the increasing issue of tobacco and illicit drug use, particularly with the recent rise in HIV?

Madam Chairperson and honourable Members, I have touched on the relationship between HIV and illicit drug use, and the actions that are currently taken at high level - at policy level, and how that will trickle down into operational level and community level.

The 2011 Step Survey indicated that the number of people who smoke in the country is getting less. In fact, it has plateaued, so we are very happy with that. We are hoping that this Step Survey will continue to see that pattern to even reduce, knowing that the risk that tobacco use inflicts on

health and its impact on an individual health. It is an area that we target, and we also frequently seek Government support in terms of taxation on tobacco and alcohol. All the risk factors had contributed to NCD.

Question No. 16
Could you delve into the infrastructure developments made by the Ministry throughout this period?

Madam Chairperson and honourable Members, we have touched on the infrastructure development and what we are planning in terms of infrastructure development.

Question No. 17
What measures have been taken to foster and advance Biomedical Engineers Training?

Madam Chairperson and honourable Members, on biomedical engineering, this is an important group of people in the Ministry that we are building up. They have an important role in terms of maintaining all those expensive biomedical machines that we have in our hospitals. It is a cadre of work that we are very keen to maintain, develop and increase further.

The Fiji National University has offered a certificate programme, and we are hoping that that programme will continue to evolve and then go to the next step, whether it is a Diploma or a Bachelors Degree, but it will be something that will be useful in maintaining biomedical services in the country. As you know, the private health sector has also started to improve in this country, investing in newer private health facilities and they use a significant number of biomedical machines in their own facilities. So, there is going to be an increase in the need for biomedical technicians and biomedical engineers in Fiji. So, it is only right that we also have a good training programme that complements the rising need in the country.

Question No. 18
Can you provide insight into the standard reporting system used by the Department and any improvements or revisions that have been made over the years?

On monitoring and evaluation, this is an area that we are focusing on. We have noted that in the last few years, our monitoring and evaluation activity had not been very strong, so we have appointed our new Head of Planning and Policy Development. One of the expectations on the officer is to strengthen our monitoring and evaluation activity, reporting not only on the clinical work but also reporting on other things, and linking this to the infrastructure development and all the other programmes that we currently run in the Ministry.

Question No. 19
How have supply chain disruptions affected the Department of Health and its ability to deliver services?

I have mentioned the mSupply and the fact that we have rolled out. We had an independent assessment from the mSupply earlier this year. The consultant who came and did the independent assessment, in his report, mentioned that it is a really good system. We have just started, it has potential, and what we really want to do is engage with the system to be able to get all those learnings and we can change the system until we get what we want from the system.

The system will allow us, through our procurement process, to be able to get all the bidders to bid online, instead of submitting paper-based or having to actually come and present when they

bid. It has that module in that system for suppliers wherever they are around the world, where they can just look at the advertisement, they bid online and submit all the documentation that we require online. We will be able to assess online as well. So, that is a capability that is inbuilt into the system.

We have tried it a lot of times. It needs getting used to and we need to learn the system well, but it has a good potential for the future in terms of the procurement process because we can see that it will save many days that we require to sit and go through the procurement process. We can save that by using the online system.

Question No. 20
What unique challenges does the Department face in delivering health services to maritime and remote areas, and how are these challenges being addressed?

I think we have addressed the Committee with the challenges that we have faced in delivering health services to maritime and remote areas.

Question No. 21
Can you discuss the strategies and measures undertaken to strengthen the partnership between the public and private sectors in healthcare?

Madam Chairperson and honourable Members, I have talked about the work that we have done in our partner engagement and if I may say so myself, this has been one of our success. We have really been very happy with what we have achieved with our partner coordination unit and process, and it is something that we want to build going forward into the future.

Question No. 22
What advances have been made in the dialysis care initiatives and how has the expansion of this service been effective?

This is about the dialysis care and as you know, the Fiji National Kidney Dialysis Centre was established in 2021. It has made a difference in the care of kidney patients throughout the country and the great thing about it is that it addresses that bracket in the society that would really struggle to access healthcare. Those who qualify and get a free dialysis really do benefit. The Scheme, as a whole, has been beneficial to those who are eligible and who have gone through treatment through the Kidney Dialysis Subsidy Programme.

Madam Chairperson, I am happy to respond to any other questions but thank you for the opportunity.

MADAM CHAIRPERSON.- Thank you, PS, and Team for your comprehensive and detailed presentation and responses.

Before I give the floor to the honourable Members to ask other supplementary questions, I have one question. How is the Ministry addressing the issue of re-engaging specialised doctors in various fields? I ask this because I have a relative who is over 70 years old and he still works.

DR. J. TUDRAVU.- Madam Chairperson, I might, at some stage, give an opportunity to Director Recruitment to respond.

There are already policies in place for us to engage those who are beyond the retirement age of 60 years, so we are utilising that process. The need is dictated by the Unit or the area of service.

If there is a need and there is justification, then we just go through the process and we seek approval for engagement. That happens to both, our local and overseas healthcare workers. We identify the need where there is a gap, and we just go ahead and do the justification.

In terms of those who are over the retirement age, I will just ask our Director Recruitment to maybe say a few words on that.

MR. J. DRAUNIDALO.- Madam Chairperson and honourable Members, with regard to engaging officers who have retired, to re-engage them, as already alluded to by the Permanent Secretary, we have a process in place.

Once the need is identified, we normally have submissions to the Ministry of Civil Service in which we have the agreement of the honourable Minister, as well as approved by the Permanent Secretary, so we will always seek the Ministry of Civil Service for endorsement based annually. So, we only allow a re-engagement of officers on annual basis. If the service continues to be the need of the Ministry, then we will also continue to seek the approval on annual basis through the Ministry of Civil Service.

MADAM CHAIRPERSON.- *Vinaka*, Mr. Draunidalo. I will give the floor to the honourable Members, if they have any supplementary questions they wish to ask the Permanent Secretary and his Team.

HON. P.K. BALA.- My last question, we have been hearing about this industrial strike by the Fiji Nursing Association. Is there any update on that?

DR. J. TUDRAVU.- Thank you, honourable Member. As per their procedure, they have lodged their grievance to the Ministry of Employment. So, we have engaged through that process with the guidance of the Ministry of Employment. Over the last three months or so, we have continued to engage with the Association regularly, to address the issues that they have raised.

We acknowledge them as an important stakeholder in health service and the fact that the biggest number of healthcare workers in the Ministry are nurses. So, we have come in with an open mind and we have engaged and tried to address many of the issues they have raised. Some are quick to fix, some takes time and take some policy decision, but we are happy that everyday, we have brought up an issue to the Ministry of Finance and the Ministry of Civil Service. They have been very supportive in the process, so we are happy with the progress so far.

It is not perfect, but it is certainly moving in the right direction. We are making sure that we are communicating with them, to ensure that we are on the same level in terms of where we are and what else needs to be done.

HON. V. PILLAY.- Madam Chairperson through you, thank you, PS, for the information. I understand these biomedical engineering training is very important. We can have a lot of new equipment and technology, but if we do not have the people to operate, it is of no use. Are you sending our workers for training overseas or are you also having it locally?

DR. J. TUDRAVU.- Sir, we do have training programmes which are currently offered by FNU. It is a certificate level programme. It provides them with some grounding so that they are able to come out and be engaged in the workforce. Then there is also ongoing training as they are in the health system. In addition to that, we periodically send them out, particularly when we are

anticipating purchasing a new machine. We either send people out or we get engineers to come and train our people.

One other thing that we have now started to tie into our procurement process is whenever we are purchasing large complex, medical equipment, together with that contract, we are building in training for our workers, as well as the service agreement. So, it is all captured in one package, so to speak. We have learnt that it is important to tie all these three together. So, that provides another opportunity for them to learn, and the engineer who comes and installs, teaches them on how to do the work and how to troubleshoot.

The other thing that we have tried to do is get machines that we are able to connect internet to, so while they are troubleshooting from this end, the engineers, on the other hand, through the internet is also able to troubleshoot and alert our people early if something is going on - look at this, look at that, so it is a way of ensuring that our machines are functionally maintained.

MADAM CHAIRPERSON.- There being no other questions, I would like to sincerely thank you all, honourable Members, and the Team from the Ministry of Health. Thank you for availing yourselves this afternoon to come and present to the Committee, as well as provide your responses to the questions that were sent to your Ministry. That will definitely help the Committee in compiling its report which will then be tabled in Parliament.

I would also like to thank Secretariat for assisting the Committee with the necessary process and to allow the commencement of the submission this afternoon. Once again, *vinaka vakalevu* and have a blessed afternoon.

The Committee adjourned at 1.24 p.m.