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MESSAGE FROM THE MINISTER FOR HEALTH

I am pleased to endorse the Ministry of Health’s Strategic Plan for 2011 to 2015. It documents the policy priorities the Ministry has set regarding its strategic direction for health care in Fiji for the next 5 years.

The Strategic Plan has been developed in concert with the Government’s national strategic policy document: the 2009 – 2014 Roadmap for Democracy and Sustainable Socio-Economic Development. The two overall strategic objectives for health in the Roadmap are as follows:

- Communities are serviced by adequate primary and preventive health services thereby protecting, promoting and supporting their well being.
- Communities have access to effective, efficient and quality clinical health care and rehabilitation services.

The first of these reinforces our principal focus on primary and preventive health care services and the promotion of health. The second relates to maintaining effective and efficient quality and safe clinical health care and rehabilitation services.

The major public health concerns are non-communicable diseases, emerging and re-emerging communicable diseases, maternal and child health, mental health and pandemics or other disasters affecting the health and well-being of the community. There are other environmental factors that have an impact on health such as climate change and these need appropriate consideration as well.

A major focus is to operationalise programs at grass root level in the areas covering MDG 4-5-6. Likewise, serious operational programs to control communicable diseases will be addressed.

The arena of NCD needs to be tackled by over arching Health Promotion in its entity with seedling strategies to address diabetes, hypertension, cardiovascular diseases and cancer from within the sphere. Greater emphasis on wellness rather than treatment must evolve with High impact, Low technology innovations.

A focus on human resource development and staff retention will still be maintained and addressed in depth to meet the acute shortage of health professionals; as this is vital to ensure sustainability in the delivery of health services to our people. Increased on-going education locally and abroad will need to be saddled with career orientation for our young workforce to improve on retention strategies.

Customer focus remains areas of major concern in 2011 – 2014; increased output from the medical and nursing schools will address some of the work pressure.

I therefore invite all of our partners in health; NGO’s, donor agencies, other ministries/departments and the private sector to work closely with the Ministry of Health towards achieving the two strategic objectives cited above.

Dr Neil Sharma
Minister for Health
FOREWORD FROM THE PERMANENT SECRETARY FOR HEALTH

The Ministry of Health Strategic Plan 2011-2015 provides the framework for the future planning, management and service delivery by the Ministry of Health to address seven Health Outcomes.

These seven Outcomes are derived from the two Strategic Objectives spelt out in the Government’s 2009 – 2014 Roadmap for Democracy & Sustainable Socio-Economic Development. And within those Health Outcomes we have identified several focus areas that we will be specifically targeting in the next 5 years.

The Plan reinforces the vision of Government that Primary Health Care or Preventive Health should be the primarily focus of the Ministry in addressing its core business of maintaining good health and well being of the citizens of Fiji.

Needless to mention, Clinical Services will be also further developed and strengthened through the implementation of the Clinical Health Services Plan to meet the health care needs of the population. This commitment is made in view of the current high demand for quality health services provision. Moreover, from our present disease burden trends especially with non-communicable diseases, up scaling of clinical services will need to be undertaken.

The provision of adequate and appropriate resources is vital to ensure the sustainability of the delivery of health services to our people. In this regard, the need to have evidence based decision making is essential in guiding the Ministry’s way forward. To this end, the strengthening of the Health Information Unit and the establishment of the Healthcare Financing Unit are strategies that the Ministry has put in place.

At this point, I must sincerely thank all those that participated in the formulation of the Strategic Plan 2011-2015 for Proverbs 24:6, “For waging war you need guidance, and for victory many advisors” is appropriate in this case. We recognise this spiritual truth in that there is a key role other stakeholders play in our efforts to winning this war against infirmity, sickness and disease.

I acknowledge that while the challenge before us is immense I am fully pursuaded that by God’s grace we are more than conquerors through Christ who loved us.

I therefore take this opportunity to call on every responsible citizen in Fiji to help and assist the Ministry of Health in fulfilling its divine purpose in shaping Fiji’s health to achieve a better outcome in these next five years.

Dr Salanieta Saketa
Permanent Secretary for Health
INTRODUCTION

This document is a statement of intent by the Ministry of Health on how it wants to address crucial health and health related issues in the country over the coming five years. In developing its objectives and targets, the Ministry of Health took its cue from the two principal overarching Strategic Goals from the Government’s Roadmap for Democracy and Sustainable Socio-Economic Development 2009 – 2014 and the seven Health Outcomes that have been carried forward from the Ministry’s 2007 – 2011 Strategic Plan.

It is worth emphasising here that, in a Strategic Plan, the “targets” mentioned above are not deliverables as such; they are situations to “aim” at, not necessarily results to achieve. It is the Ministry’s Annual Corporate and, within the Ministry’s operations the Divisional and other sectional Business Plans, that contain particular key results which are there to be actually achieved and delivered in the year.

The Ministry also took into consideration the Millennium Development Goals [MDG’s] and it is also worth noting that while there are three MDG’s directly related to health [MDG’s 4, 5 & 6] there are also two other MDG’s that have health related components, which are MDG’s 1 & 7.

This Strategic Plan has seen it fit to include a third Strategic Goal (Outcome) to capture those objectives that, even though they relate indirectly to the seven Health Outcomes, are of equal importance in providing relevance to the Ministry’s strategic plan.

Many of the strategic objectives will require partnerships with and the collaboration of other organisations including non-government organisations, donors and other government departments. These partnerships and the collaborations are all very important and it has been therefore very encouraging, during the process of developing this strategic plan to have had input from many of those partners and collaborators, including their participation at the 2011/15 Strategic Plan Workshop held on 11th and 12th August of 2010.

This Strategic Plan establishes and confirms the strategic intent that it is Primary Health Care, including Preventive Health, that should be the first and principal focus of the Ministry over the next five years, in addressing the health and wellbeing of the citizens of Fiji. Clinical services will be also further invested in, developed, improved and strengthened through the implementation of the Ministry’s clinical health services planning, in order to meet the health care needs of the population.
GUIDING PRINCIPLES

The guiding principles for the Ministry of Health are:-

Vision
A healthy population in Fiji that is driven by a caring health care delivery system.

Mission
To provide high quality health care delivery services by a caring and committed workforce with strategic partners, through good governance, appropriate technology and appropriate risk management, facilitating a focus on patient safety and best health status for all of the citizens of Fiji.

Values

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

Respect for Human Dignity
We respect the sanctity and dignity of all we serve.

Quality
We will always pursue high quality outcomes in all our activities and dealings.

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

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

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

Faithfulness
We will faithfully uphold the principles of love, tolerance and understanding in all of our dealings with the people we serve.
FIJI AND ITS PEOPLE

The Fiji Islands are a republic comprised of greater than 300 islands covering more than 18,000 square kilometres. The nature of this geography poses significant challenges for the delivery of health services to the population that are dispersed over such a large maritime region.

The 2007 census placed Fiji’s population at 837,271 (for government planning purposes these are divided into four divisions; Central - with a population of 342,477, Eastern - with a population of 39,313, Northern - with a population of 135,961 and Western - with a population of 319,611). The total rural population was 412,425 or 49.3% of the national population with total urban population at 424,846 – 50.7% of the national population.¹ The trend reveals a growing urban drift in Fiji’s population.

The major sources of income in Fiji are derived from:

▲ Tourism
▲ Sugar
▲ Mining
▲ Fishing
▲ Forestry and
▲ Remittances.

¹ 2007 Fiji Population Census, Fiji Island Bureau of Statistics [FIBoS]
HEALTH IN FIJI

Health Indicators

The improvement of people's health is an integral part of the socioeconomic development of the country.

Recognising Millennium Development Goals (MDGs) are intended as global targets, some countries may not be able to achieve all of them by the year 2015. This includes Fiji.

Overall, the progress towards achieving the MDGs in Fiji is progressing on incremental basis; however, they are not sufficient enough to meet the targets by the year 2015. In the area of Health related MDGs 4, 5 and 6, Fiji is facing major challenges in achieving key targets. Some of the contributing factors include staff shortages, insufficient monitoring of pregnancy related illness, cost of health services to allow poor to take advantage of available health facilities and the need to strengthen health system through improving investment in technical infrastructures.

The indicators for MDG 4 show that infant mortality rate has declined by about 23% over the past 20 years but it would need to decrease by a further 57% over the next 5 years. The major causes of mortalities include perinatal conditions such as birth asphyxia, congenital malformations, sepsis, under-weight and congenital syphilis.

Likewise, achieving the targets of MDG 5 needs to be addressed comprehensively. While proportion of deliveries by skilled health personnel has been fairly high throughout the 1990 to 2008 period and the maternal mortality ratio declined by 23%, this would need to decrease by a further 68% to meet the target. There is also lack of data on adolescent birth rate and unmet need for family planning for most years. The contraceptive prevalence rate has also remained low between 35% and 49% from 2000 to 2008 averaging around 40%.

Although the prevalence of HIV/AIDS is less than 0.1% which is low by international standards, the cumulative incidence is rising rapidly and stood at 333 confirmed cases in December 2009 compared to 4 in 1989. The reported cases are mainly among 30-39 and 40-49 age groups. There is indeed a need to address the exponential trend in HIV cases. While Malaria is not a health issue in Fiji, the incidence of TB and prevalence of TB has declined over the years.

Whilst there has been a decline in the incidence of some of the communicable diseases over the past 20 years such as tuberculosis and filariasis, the rise in incidence of Leptospirosis and typhoid fever in recent years is a cause for concern. The growing burden of non-communicable diseases is demonstrated by the NCD STEPS Survey of

\[ \text{References:} \]

3 Health Information Unit Database, Ministry of Health
2002 which reported a prevalence rate of Diabetes at 16% and Hypertension as 19.1%. The report also highlighted that a third of all deaths were due to circulatory diseases.5 6

An assessment of Fiji’s progress towards achieving its health outcomes depends on a well functioning health information system with access to age, sex and geographical, time series disaggregated data, some of which were not available. Efforts are being made to address the data gaps to enable planning for prevention and response to emerging health issues.

**Specific Diseases and Health Programmes**

The triple burden of communicable diseases, non communicable diseases [NCD] and injuries has been plaguing the health system in Fiji.7 The prematurity of NCD deaths especially is becoming an economic and development issue, as the age of men dying from CVD falls every year. In a 2002 study carried out by the World Bank and the Secretariat of the Pacific Community (SPC), it was revealed that 38.8% of all treatment costs were attributed to NCD and 18.5% to communicable diseases.

The threat of emerging and re-emerging communicable diseases, like TB, SARS, and avian influenza (HPAI H5N1), that pose international threats and would have socioeconomic impacts on Fiji has highlighted the need for vigilance in surveillance, border control, detection capacity, investigation capacity and capacity to respond in a timely and coordinated manner.

**Clinical Services**

There has been a fundamental shift in lifestyles over recent decades, and the decrease in deaths from infectious causes has been partly countered by increased deaths from degenerative and chronic diseases, principally diabetes, circulatory diseases and cancer. There is an increased vulnerability to poverty. Many rural people have migrated to town, and many skilled people overseas. Obviously, all this has been felt at both outpatient and inpatient services in the hospital setting to various degrees.

Demand on outpatient hospital services has been such that it has led to an uneven load with generally over-utilised resources at the divisional hospitals at the expense of urban and peri-urban health centres. A strategy to counter this trend has been to extend opening hours at selected health centres, which has seen improved results in reduced waiting times.

Hospital care of patients have changed in the last decades because of the increases in admissions and the occupancy rates, especially in the 3 divisional hospitals, with resultant increases in the average length of stay [ALOS].

5 Ministry of Health Annual Reports 2002-2008
7 2007 Fiji Situation Report
The Ministry of Health has developed a Clinical Services Plan, which provides the framework in which to strengthen its clinical services at all levels of care. Part of this initiative has seen the formation of Clinical Service Networks [CSN’s] of the various disciplines – Obstetrics & Gynaecology, Paediatrics, Surgery/Orthopaedics, Anaesthesia/ICU, Internal Medicine, Oral Health, Ophthalmology and Mental Health, Public Health, Radiology, Pathology Laboratory and Oncology.

Introduction of new services include Cath lab services at CWMH, introduction of CT scan services at Lautoka and Labasa hospitals, while the new Eye Clinic at CWMH see an expanded ophthalmology service in operation.

The Laboratory Information System [LIS] is scheduled to be set up in 2011 and will add a new dimension to PATIS, something which has been long overdue. Consequently this will, no doubt, improve clinical services.

Human Resource Development

The Ministry of Health is aware of the critical need to address human resource development because of its key strategic role in the effective delivery of health care services.

Staff retention is a major challenge for the Ministry of Health and it is committed to see that capacity building is implemented across all levels to ensure skills level are maintained at an acceptable level that will enable it to continue to provide quality healthcare services to the people of Fiji.

As part of a concerted effort, the Ministry has looked to increasing its intake of trainee doctors and nurses while revising bonding conditions and introducing annual registration of health professionals and compulsory continued medical education.

On this note, it is important to record that medical education in Fiji reached a new chapter in its history through the opening of a private nursing school in Labasa in 2005. A medical school was opened at the University of Fiji in 2008 and more recently Govt reforms led to the Fiji School of Nursing and the Fiji School of Medicine merging to become the College of Health Sciences under the newly formed Fiji National University in 2009.

The expected graduates from these institutions in the next several years should see an influx that for the first time in two decades could well be beneficial to the country.

Infrastructure

The Ministry of Health has endorsed the Safe Hospitals concept in light of the exposure of health facilities to natural disasters. The concept looks at ensuring that appropriate facilities are available to enable safe delivery of health services to the communities. At the same time, in terms of disaster preparedness, the Ministry has developed a National Disaster Management Plan for the purpose of effective and efficient resource utilisation.
There are plans to construct new hospitals in Navua, Ba and Nausori while the establishment of a regional mental health institution has already been endorsed by Cabinet and funding arrangements are being looked at.

These major capital projects, together with plans for the introduction of new services in the divisional hospitals based on the Clinical Services Plan, will mean new infrastructure and facility developments taking place in the next several years.

Such projects will naturally boost the building sector and therefore play a positive role on the economy of the country.

**Health Service Structure**

The Ministry of Health undertook a review of its organisation structure in 2009 in line with civil service reforms, which saw changes at various levels including regrading or deletion of certain positions and redeployment of staff. Since then another change has seen the Central and Eastern Divisions being separated into 2 separate administrative entities.

**Health Care Budget**

The healthcare system in Fiji is mainly financed through general taxation. The other main means of financing comes from out-of-pocket payments, mostly in the private health sector. A little funding is available from private health insurance and from donor organizations.

Government budget allocation for health has remained relatively constant despite the increasing demand and cost for healthcare. In general Government has allocated a proportion varied between 9 to 11% of its total yearly public expenditures on health care.

Total government health expenditure since 1995 remains between 2.5% to 3.5% of gross domestic product (GDP). Fiji has one of the lowest rates relative to other pacific island countries (PICs) despite being more economically developed. For the last decade Government expenditure on health to date has never exceeded 4% of GDP.
In terms of total health expenditure (THE) as a percentage of GDP, Fiji sits among one of the lowest in the Pacific Island countries.\(^8\)

**Health Care Financing Options**

Government has recognised the need to strengthen healthcare services and through the Peoples Charter has made a commitment to have an annual increase to the health budget by 0.5% for the next 5 – 7 years to see it arrive to at least 5% of GDP; a figure that many observers say would make a huge impact on the delivery of healthcare services in Fiji.

Other strategies have been introduced and include the introduction of mortuary fees, which has seen a positive result in that there is now no longer any complaints in relation to lack of space in mortuary facilities throughout public hospitals in the country.

There has also been a focus on cost recovery strategies and a new schedule of fees for diagnostic and dental services and also inpatient hospital charges for paying patients are now in force. However, it needs to be pointed out that all revenue collected from this exercise goes to General Consolidated Account.

The establishment of a Health Care Financing Unit is part of the Ministry’s strategic efforts to ensure it is able to identify gaps in the system and how to address them and also find out ways to have cost effective programmes.

- New sources of revenue generation
- Cost reduction strategies such as natural energy sources

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\(^8\) NHA 2007 - 2008
The Ministry of Health is very keen on creating fiscal space to enable it to achieve its strategic objectives. In this case, it is looking at a Mid-Year Term Expenditure Framework to enable it to identify possible areas for re-prioritisation purposes.

**THE PLANNING CYCLE**

Described as a “Planning Cycle”, the planning process that the Ministry of Health employs can be shown by the following diagram. It involves 5 year strategic planning, annual corporate planning and internal business planning. It also involves the management required to achieve the results planned in the annual business and corporate plans, including the financial plans. Further, it additionally involves the annual review not only of the achievements of the annual plan results but also the progress towards the strategic objectives (targets), outcomes and goals in the Strategic Plan. This latter, in turn, informs the next five year strategic plan.
STRATEGIC GOALS, OUTCOMES & OBJECTIVES

It is important that all of the strategic goals and objectives in this plan are understood to be the outcomes, or impacts, that are desired over this five year period. These are therefore described in outcome terms; that is as situations or states of being that are being aimed for. Although there is some discussion in this plan of the methodologies which may be used to move towards the targets the objectives themselves are not activities or processes, they are the required and desired end-states.

Although all goals and objectives are impacts or outcomes, the Ministry of Health, some time ago, agreed the 7 Health Outcomes that it would focus on. These are in the nature of areas of or groupings of objectives. Consequently all of the strategic objectives contained in this plan are, wherever possible, grouped under those stated 7 Health Outcomes. The third strategic goal on strengthening the health system provides objectives, which contribute variously to the 7 health outcomes.

The 7 Health Outcomes

✧ **Health outcome 1:** Reduced burden of Non-Communicable Diseases

✧ **Health outcome 2:** Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases

✧ **Health outcome 3:** Improved family health and reduced maternal morbidity and mortality

✧ **Health outcome 4:** Improved child health and reduced child morbidity and mortality

✧ **Health outcome 5:** Improved adolescent health and reduced adolescent morbidity and mortality

✧ **Health outcome 6:** Improved mental health care.

✧ **Health outcome 7:** Improved environmental health through safe water and sanitation.
STRATEGIC GOALS, OUTCOMES & OBJECTIVES

The following has as its two principal headings the Ministry's two overall Strategic Goals. Under each of these are listed the respective ones among the seven established MoH Health Outcomes (from the 2007/11 Strategic Plan); and against these are grouped the relevant Objectives from the Health section of the Roadmap for Sustainable Socio-economic development and their respective measures (KPIs – Key Performance Indicators).

STRATEGIC GOAL 1
Communities are served by adequate primary and preventive health services thereby protecting, promoting and supporting their well being (through localised community care).

Health Outcome 1
Reduced burden of non-communicable diseases, including reduced obesity and other risk factors.

Objective 1.1 (General NCD Indicator)
- Reduce prevalence of Diabetes in 25 to 64 year olds from 16% to 14%.
- Improved Primary Health Care through Village and Community Healthcare Worker Training and partnerships with community groups
- Community rehabilitation services increased, including enhanced training in caregiving.
- Enhanced function of the three old peoples' homes, plus introduction of respite care.

Objective 1.2 (Tobacco Control indicator)
- Reduce the current smoking prevalence for the 15-65 year old from 37% to 33% or less by 2015;
- Reduce smoking prevalence of women age 25-44 from 18% to 16% or less by 2015;
- Reduce smoking prevalence in youths aged 13-15 year olds from 20.4% to 18% or less by 2015;
- To reduce proportion of current smokers in rural area from 40.7% to 38% or less by 2015;
- Reduce annual domestic consumption of tobacco products from 545.62 cigarette sticks per head of population to 480 sticks or less by 2015.

Objective 1.3 (Nutrition indicator)
- Reduce Obesity by 6.2%
- Increase fruit and vegetable intake in adults by 5 %
- All health facilities provide iron supplementation and de-worm services for women.
- 80% coverage for iron supplementation for all pre and primary school aged children
- Food Health base Guide used in ANC-MCH targeting womb to toddlers.
- At least 50 organic gardens established per division.
- Reduce salt intake by 5 grams per day
- 80% of the schools implement canteen policies
**Objective 1.4 (Physical Activity indicator)**
- Increase moderate physical activity in the population by 5%

**Objective 1.5 (Oral Health Indicator)**
- Reduce dental caries in 12 year olds by 3%
- Increase oral hygiene practices in schools
- Introduce water fluoridation in 3 main urban areas.

**Objective 1.6**
- Reduce alcohol related accidents and injuries by 5%

**Objective 1.7 (Cancer Indicator)**
- Increase HPV coverage in girls by 5%
- Increase the proportion of women (30-59 years age) screened for cervical cancer from 10 to 20%
- Increase proportion of women (30-59 years age) screened for breast cancer
- Reduce incidence of prostate cancer

**Health Outcome 2**
*Begin to reverse the spread of HIV/AIDS and control other communicable diseases of public health importance.*

**Objective 2.1 (HIV/AIDS Indicator)**
- Maintain HIV/AIDS prevalence among 15 to 24 year old pregnant women at 0.04 or below.

**Objective 2.2 (STI Indicator)**
- Reduced prevalence rate of STIs among 15 to 24 year olds by 5%
- Increase proportion of antenatal mothers who know HIV prevention methods
- Increase proportion of antenatal mothers who know methods of preventing mother-to-child transmission of syphilis and HIV
- Increase proportion of young people 15-29 years age using condoms at last higher risk sex
- Percent of young people 15-29 years having multiple sex partners in the past 12 months
- Reduce prevalence of Chlamydia infection amongst pregnant women from 29% to 10%
- Increase proportion of STI patients receiving appropriate treatment and care, advice on condom use and partner notification and referral to VCT services

**Objective 2.3 (Typhoid control indicator)**
- Reduce confirmed cases of typhoid by 75% (from 40 per 100,000 in 2009 to 10 per 100,000 in 2015)
Objective 2.4 (LF Indicator)
- Reduce the prevalence rate of lymphatic filariasis to less than 1% (elimination target)

Objective 2.5 (GF TB Control indicator)
- Reduce prevalence rate of tuberculosis from 30 per 100,000 to 20 per 100,000.
- Increase the proportion of tuberculosis cases detected and cured under directly observed treatment short course to 80%.

Objective 2.6 (DF SP indicator)
- To reduce incidence rates of dengue fever and severe dengue fever by 50% by 2014.

Objective 2.7 (Leptospirosis Indicator)
- To reduce incidence rates of Leptospirosis by 50% by 2015

Objective 2.8
- Increase Pandemic preparedness - achieving 80 to 90% timely reporting for flu like illness
- Effects of disasters and climate change mitigated by enhanced hospital and health facilities, health adaptations and improved response readiness.

Health Outcome 3
Improved family health and reduced maternal morbidity and mortality.

Objective 3.1 (Maternal Mortality Indicator)
- Reduce maternal mortality ratio from 41.1 (1990) to 10.3 (2015) per 100,000 live births. (MDG 5 target)

Objective 3.2 (Maternal Health Indicator for safe motherhood)
- Increase early booking (in the first trimester) for mothers to 85%
- Increase proportion of women attending at least 4 or more antenatal clinic visits during pregnancy to 85%.
- Increase proportion of antenatal mothers who know three primary warning/danger signs of pregnancy complications
- Increase proportion of women attending postnatal clinic by skilled health personnel
- Reduce the proportion of unplanned pregnancy among women in CBA (15-49 age)

Objective 3.3 (CPR Indicator)
- Increasing Contraceptive prevalence rate (CPR) amongst women of child bearing age from 46% to 56%

Objective 3.4 (Nutrition indicator)
- Reduce prevalence of anaemia in pregnancy at booking, from 55.7 % (NNS 2004) to 45 % by 2015

Health Outcome 4
Improved child health and reduced child morbidity and mortality.
Objective 4.1 (Child & Infant mortality indicator)
- Reduce Child mortality rate from 27.8 (1990) to 9.3 (2015) per 1,000 live births.
- Increase scaling up of health facilities using IMCI protocol to 100% by 2012 in managing childhood illnesses.
- WHO Pocket Book fully implemented in subdivisional hospitals by 2012.
- Increase proportion of caregivers who know about the warning/danger signs of newborn complications.
- Increase proportion of newborns attended during the postnatal period by a health care provider.
- Reduce proportion of live births with low birth weight from 10.2% [NNS 2004] to 5%.
- Reduce the neonatal mortality rate (NMR) from 9.9 (2009) to 7.0 (2015).
- Reduce the perinatal mortality rate (PMR) from 15.8 (2009) to 10.0 (2015).

Objective 4.2 (EPI indicator)
- Maintain or Increase MR1 and MR2 coverage at 95% or more.
- 100% Zero reporting of all vaccine preventable illnesses including congenital rubella syndrome.
- Introduce the rotavirus and pneumococal vaccine into the child health immunisation schedule.
- That ALL children at primary school entry will be fully immunised.
- Implement traveller immunisation policy guidelines.

Objective 4.3 (Nutrition indicator)
- Reduce prevalence of under 5 [under nutrition] by 50%.
- Increase percentage of children being exclusively breast fed at 6 months from 39.8% [NNS 2004] to 80%
- Reduce obesity in children <10yrs [from 14% NNS] to 10% and in 10-17yr olds [from 15%NNS] to 10%.

Objective 4.4 (Well Child Health)
- Reduce the prevalence of scabies, anaemia, vitamin A deficiency and dental caries in pre-school aged children.
- Reduce anaemia in children <5 yrs from 49.9% (NNS) to 25% and anaemia in primary school aged children to < 10% [NNS 2004 rate 26-29%].
- Every primary school-aged child will be screened for RHD at least once during Primary School by 2015.

Health Outcome 5
Improved adolescent health and reduced adolescent morbidity and mortality.
**Objective 5.1 (STI Indicator)**
- Reduce the rate of teenage pregnancy by 5%.
- Reduce proportion of adolescents who were ever diagnosed with an STI within past 12 months
- Increase the number of adolescents aware, served or reached by the AHD program by 25%
- Increase proportion of young people who have adequate knowledge about SRH to 80%
- Increase proportion of sexually active, unmarried adolescents who consistently use condoms to 90%

**Objective 5.2 (Nutrition Indicator)**
- Reduce prevalence of anaemia in adolescents by 5%

**Health Outcome 6**

**Objective 6.1 (Suicide Prevention Indicator)**
- Review of current Mental Health & Suicide Prevention Strategic Plan 2007 – 2011
- Increase the number of personnel trained in mental health
- Provide accessible mental health services in all divisions

**Health Outcome 7**

*Improved environmental health through safe water and sanitation.*

**Objective 7.1**
- Increase the proportion of people with access to safe water

**Objective 7.2**
- Increase proportion of people with access to safe sanitation

**STRATEGIC GOAL 2**

*Communities have access to effective, efficient and quality clinical health care and rehabilitation services.*

**Health Outcome 1**

*Reduced burden of non-communicable diseases, including reduced obesity and other risk factors.*

**Objective 1.1 (NCD Indicator)**
- Reduce admission rate for diabetes and its complications, hypertension and cardiovascular disease
- Reduce amputation rate for diabetic foot sepsis.
- Decrease length of stay for diabetic foot sepsis to less than 15 days
**Objective 1.2 (Risk Management Indicator)**
- 80% of UOR’s are investigated and responded to within 2 weeks of the date received.
- 80% of RCA recommendations are addressed within the recommended timeframes
- 85% compliance rate nationally for hand hygiene.
- Improve waste segregation nationally by 50%

**Objective 1.3 (Laboratory Services Indicator)**
- Improved communication on turnaround time (TAT) for pap smear results
- HbA1c tests available nationally

**Objective 1.4 (Radiology Services Indicator)**
- General x-rays and ultrasound services delivered within 24 hours
- Special Imaging (e.g. CT Scans) delivered within a week of request

**Objective 1.5 (NCD Control Indicator)**
- 30% of people with Diabetes attending SOPD Clinics to have controlled blood sugar levels
- SOPD to implement a multi disciplinary approach to Diabetes Management

**Objective 1.6**
- 70% of prostheses (below knee amputation) to be available within 3 months

**Health Outcome 2**

*Begin to reverse the spread of HIV/AIDS and control other communicable diseases*

**Objective 2.1 (HIV Indicator)**
- To ensure that over 95% of ANC mothers undergo VCT in all maternity hospitals and that all HIV positive mothers undergo PMTCT

**Objective 2.2 (STI Indicator)**
- To ensure that over 95% of ANC mothers are tested for syphilis and that all positive mothers are completely treated
- To ensure that over 95% of ANC mothers and their partners undergo presumptive treatment for chlamydia in all Maternity hospitals

**Objective 2.3 (Risk Management Indicators)**
- 80% of UOR’s are investigated and responded to within 2 weeks of the date received.
- 80% of RCA recommendations are addressed within the recommended timeframes
- 85% compliance rate nationally for hand hygiene.
- Improve waste segregation nationally by 50%

**Objective 2.4 (Laboratory Services Indicator)**
- Improved procurement and supply system to ensure reduced stock outs of reagents
- Establishment of Quality Assurance for Point of Care [POC] testing in all hospitals
**Objective 2.5 (Partner Notification)**
- To ensure that over 95% of partners of primary STI cases are followed up and completely treated through provision of counselling, treatment, and dual protection

**Objective 2.6 (Infection Control Indicator)**
- 85% compliance rate nationally for hand hygiene.

**Objective 2.7 (Typhoid Indicator)**
- Develop and disseminate typhoid management guidelines

**Objective 2.8 (TB Indicator)**
- Develop HIV screening for all TB patients

**Health Outcome 3**
*Improved family health and reduced maternal morbidity and mortality.*

**Objective 3.1 (Maternal Mortality Indicator)**
- Strengthen Emergency Obstetric Care Services at 4 subdivisional hospitals

**Objective 3.2 (Maternal Morbidity Indicator)**
- Improve screening for high risk pregnancies
- Develop procedure manuals and train all health workers providing services to pregnant women

**Health Outcome 4**
*Improved child health and reduced child morbidity and mortality.*

**Objective 4.1 (General Child Health Indicator)**
- Develop and disseminate a child health policy and strategy

**Objective 4.2 (Child Mortality Indicator)**
- Strengthen emergency neonatal care at all paediatric units

**Objective 4.3 (Child Morbidity Indicator)**
- Improve child health assessment and strengthen child health support services in antenatal, perinatal and postnatal period

**Objective 4.4 (EPI indicator)**
- To ensure over 95% for birth dose for hepatitis B to be given within first 24 hours
- Introduce the rotavirus and pneumococcal vaccine into the child health immunisation schedule.

**Objective 4.5 (Nutrition indicator)**
- Maintain all hospitals as baby friendly
**Objective 4.6 (Child Health or Nutrition Indicator)**
- Reduce the incidence rates of Low Birth Weight babies by 5%.

**Objective 4.7 (RHD Indicator)**
- 95% of 5-15 year olds are screened for Rheumatic Heart Disease
- 80% of those positive for RHD managed via public health and clinical services

**Objective 4.8 (ICU Indicator)**
- Strengthen Neonatal Intensive Care Unit (NICU) and Paediatric Intensive Care Unit (PICU) services

**Health Outcome 5**
*Improved adolescent health and reduced adolescent morbidity and mortality.*

**Objective 5.1 (STI Indicator)**
- Reduced repeat STI infection rate by 25%

**Health Outcome 6**
*Improved mental health care.*

**Objective 6.1**
- Increase in the number of staff trained in mental health.
- Provision of psychiatric services in all divisional hospitals

**STRATEGIC GOAL 3**

*Health Systems strengthening is undertaken at all levels in the Ministry of Health*

8: The following Objectives contribute, variously, to Outcomes 1 - 7.

**Healthcare Finance Indicator**

**Objective 8.1**
Health expenditure increased from the current level to 5% of GDP.

**Health Facility Utilisation and Assessment Indicator**

**Objective 8.2**
- Average length of stay for in-patient treatment reduced from 7 to 5 days (excluding specialist hospitals)
- Targeting 80% satisfaction rate in bi-yearly Patient Satisfaction Surveys in 60% of Health facilities
Human Resource Management Indicator
Objective 8.3
- Ratio of doctors per 100,000 of population maintained to 42 or more
- Ratio of Nurses to 100,000 of population maintained to 50 per 100,000 or more

Objective 8.4
- Development of a comprehensive human resources for health (HRH) management plan

Medicines and Consumables Management Indicator
Objective 8.5
- Proportion of population with access to affordable essential medical drugs on a sustainable basis
- 80% of facilities rated service satisfactory

Private-Public Partnership Indicator
Objective 8.6
- Increased Participation of private health care providers in public sector.

Auxiliary Services Indicator
Objective 8.7
- Outsourcing of non technical activities such as cleaning, laundry, kitchen and security.

Health Planning and Infrastructure Indicator
Objective 8.8
- Health Policy Commission Unit established.
- 75% of capital projects completed with documentation

Objective 8.9 (Monitoring and Evaluation Indicator)
- Strengthening the monitoring and evaluation framework
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