

THE MINISTRY OF HEALTH
Annual
REPORT
2010



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September 2011

Dr Neil Sharma
The Minister for Health
Ministry of Health
Suva.

Dear Dr Sharma

I am pleased to submit to you the 2010 Annual Report in accordance to standard regulatory requirement of government.



Dr. Salanieta Saketa
Permanent Secretary for Health
Ministry of Health



TABLE OF CONTENT

Acronyms	5
Section 1: Introduction and Review by the Permanent Secretary for Health	6
Section 2: Overview of the Ministry of Health	8
Section 3: Divisional Reports	11
Section 4: Report on Performance	15
Section 5: Oral Health	24
Section 6: Environmental Health	26
Section 7: The National Blood Service	28
Section 8: The Risk Management Unit	30
Section 9: FPBS	32
Section 10: The National Diabetic Centre	37
Section 11: Tamavua/Twoomey/National Rehabilitation Medicine Hospital	38
Section 12: Asset Management Unit Component	39
Section 13: Climate Change Project	40
Section 14: Human Resources and Training	41
Section 15: Research Unit	48
Section 16: Finance	50
Section 17: Obituary	56
Section 18: Conclusion	57



List of Tables

Table 1: Government Health Facilities	12
Table 2: Demography of CentEast	12
Table 3: Outcome 1 – Communities are serviced by adequate primary and preventive services thereby protecting, promoting and supporting their well being	15
Table 4: Outcome 2: Communities have access to effective, efficient and quality clinical health care and rehabilitation services	17
Table 5: Vital Statistics	18
Table 6: Immunization Coverage 2010	18
Table 7: Notifiable Diseases reported in 2010	19
Table 8: Health Service Utilization Statistics 2010	20
Table 9: Morbidity & Mortality Statistics 2010	21
Table 10: Health Status Indicators 2010	22
Table 11: Number of Patients Referred Overseas for Treatment 2010	23
Table 12: Types of Cases Assisted for Overseas Treatment 2008-2010	23
Table 13: Distribution of LA and HO by Division	26
Table 14: HO staff distribution	26
Table 15: Surveillance of Sewage and Waste Water Disposal	26
Table 16: Inspection of Drinking Water Supply	27
Table 17: Notified and confirmed sentinel events for the Divisions and Sub-divisional Hospitals	30
Table 18: Contributing Factors that resulted in Death	31
Table 19: Essential Medicines Authority Activity Report	33
Table 20: Orders raised and order values	34
Table 21: Summary of Warehouse Activities	34
Table 22: Total Value of Stock Transferred	34
Table 23: Delivery schedules	34
Table 24: Financial Activity	35
Table 25: Asset Management Allocations	39
Table 26: Staff establishment as at 31/12/10	41
Table 27: Attrition	41
Table 28: Ministry of Health Disciplinary Cases for 2010	42
Table 29: Details of Ministry Disciplinary Cases for 2010	42
Table 30: Scholarships and Training	44
Table 31: 2010 Ministry of Health Training Summary	46
Table 32: Ministry of Health Training Sponsorship Summary 2010	46
Table 33: Research Register 2010	48
Table 34: Segregation of the 2010 Budget	50
Table 35: Proportion of Health Budget over National Budget	50
Table 36: Revised Budget – July 2010	50
Table 37: Statement of Receipts and Expenditure	51
Table 38: TMA Trading Account	52
Table 39: TMA Profit and Loss Statement	53
Table 40: TMA Balance Sheet for the Year Ended 31st December 2010	53
Table 41: Appropriation Statement for the Year Ended 31st December 2010	54
Table 42: Healthy Island Settings	57
Table 43: HIV by Gender, Ethnicity, Age-group	73
Table 44: Millennium Development Goal Indicators for Health Services in Fiji	76

List of Figures

Figure 1	Organizational Structure of MoH	10
Figure 2	Four Divisions within the Republic of Fiji	11
Figure 3:	Comparative Analysis of Oral Health Services 2009 – 2010	24
Figure 4:	Blood Donor Recruitment	28
Figure 5:	Voluntary percentages of Blood Donations	29
Figure 6:	Drugs out of stock count	35
Figure 7	Ministry of Health In-service training budget 2008- 2010	47

Appendices

Figure 8:	Structure of National Blood Services	64
Figure 9:	TB Registered Cases	65
Figure 10:	Typhoid Cases from 2000 - 2010	74
Figure 11:	Influenza cases from 2000 - 2010	75
Figure 12:	Viral Infection Cases from 2000 - 2010	66
Figure 13:	Sexually Transmitted Infections from 2000 - 2010	67
Figure 14:	Diabetic Cases from 2000 - 2010	68
Figure 15:	Total Cancer Cases from 2000 - 2010	69
Figure 16:	Top Five Cancer Sites 2010	70
Figure 17:	Independent Audit Report	71
Figure 18:	Management Certificate for Financial Statements	72



ACRONYMS

Aus AID	Australian Assistance International Development	IMCI	Integrated Management of Childhood Illnesses
AHD	Adolescent Health Development	JCU	James Cook University
APLS	Advance Paediatric Life Support	JICA	Japanese International Cooperation Agency
BCG	Bacillus Calmette-Guerin	KPI	Key Performance Indicators
BFHI	Baby Friendly Hospital Initiative	KOICA	Korean International Cooperation Agency
CBA	Child Bearing Age	MARYP	Most At Risk Youth Population
CBH	Central Board of Health	MBBS	Bachelor of Medicine and Bachelor of Surgery
CD	Communicable Diseases	MCDC	Medical Cause of Death Certificate
CG	Clinical Governance	MDG	Millennium Development Goal
CPG	Clinical Practice Guidelines	MDA	Mass Drug Administration
CQI	Continuous Quality Improvement	MOFNP	Ministry of Finance & National Planning
CSP	Clinical Services Plan	MR	Measles and Rubella
CSN	Clinical Services Network	NCD	Non-communicable Disease
CWMH	Colonial war memorial Hospital	NHEC	National Health Executive Committee
DIPi	Director Information Planning & Infrastructure	OPV	Oral Polio Vaccine
DMFT	Decayed Missing Filled Teeth (Permanent)	PATIS	Patient Information System
DNS	Director Nursing	PH	Public Health
DOTS	Directly Observed Treatment	PHIS	Public Health Information System
DPBS	Director Pharmaceutical & Biomedical Services	PMTCT	Prevention of Mother to Child Transmission
DPT	Diphtheria, Pertussis Tetanus	POLHN	Pacific Open Learning Health Net
DSAF	Deputy Secretary Administration Services	PS	Permanent Secretary
DSHS	Deputy Secretary Hospital Services	PSC	Public Service Commission
DSPH	Deputy Secretary Public Health	PSH	Permanent Secretary for Health
EHO	Environmental Health Officers	RCA	Root Cause Analysis
EPI	Expanded Program on Immunization	RM	Risk Manager
EU	European Union	R/T	Radio and Telephone
FCTC	Framework on the Control of Tobacco Convention	SAHT	Sydney Adventist Hospital Net
FHSIP	Fiji Health Sector Improvement Program	SEEDS	Sustainable Economic & Empowerment Development Strategy
FIBS	Fiji Island Bureau Statistics	STI	Sexual Transmitted Infection
FIT	Fiji Institute of Technology	SLWP	Study Leave With Pay
FMR	Financial Management Reform	SLWOP	Study Leave without Pay
FNHRERC	Fiji National Research Ethics and Review Committee	TB	Tuberculosis
FNU	Fiji National University	U5MR	Under 5 Mortality Rate
FPBS	Fiji Pharmaceutical Biomedical Service	UNICEF	United Nation International Children Emergency Fund
FSMED	Fiji School of Medicine	USA	United States of America
FSN	Fiji School of Nursing	VOSO	Visiting Ophthalmic Services
GDP	Gross Domestic Product	WHO	World Health Organization
GOF	Government of Fiji	SLWP	Study Leave with Pay
GOPD	General Outpatients	SLWOP	Study Leave with out Pay
GWE	Government Wage Earner	APLS	Advanced Paediatric Life Support
HBV	Hepatitis B Virus	NHEC	National Health Executive Committee
HPV	Human Papilloma Virus Vaccine	RCA	Root Cause Analysis
H/C	Health Center	RM	Risk Manager
Hib	Haemophilus Influenza Type B	UNFPA	United Nations Fund for Population Activities
HQ	Head Quaters	YFS	Youth Friendly Services
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome	VCCT	Voluntary
FNU	Fiji National University		
	Confidential Counseling Test		
HITH	Hospital in the Home		

SECTION 1: INTRODUCTION BY THE PERMANENT SECRETARY FOR HEALTH

The year 2010 has heralded similar challenges to the past five years for the Ministry of Health of the Republic of Fiji. However, the intensity of dynamic changes in the Ministry of Health has brought about a vision for the future and a focus on quality delivery of healthcare.

This report documents the activities, the achievements and the shortfalls of the Ministry of Health with a view to improve performance in the coming years.

The Ministry of Health remains the key and the largest provider of healthcare in the Republic of Fiji, and as such is inundated with challenges of delivering quality healthcare to the vast population, distributed over diverse geographies with scarce resources.

The budgetary allocation for the Ministry of Health for the year 2010 was \$148,157,300 of which the budget of \$3,193,400 for Fiji School of Nursing was paid to Fiji National University as a grant. An additional sum of \$12,368,100 was given as an AID – IN-KIND. With a review of the 2010 Budget in July 2010 a total sum of \$9.4m was taken out from Segment 1 – Established Staff and Segment 2 – Government Wage Earners. That reduced the Budget to \$138,714,500.

The current health indicators have shown an improvement in certain areas such as child mortality rates and prevalence of anaemia in pregnancy for booking mothers, reduction in maternal mortality ratio, reduction in diabetic foot amputations and elimination of stock outs to less than a 100 items. However, the health information unit and health support areas need to be strengthened with a view to producing timely, relevant and accurate information to track health performance. Health information will be an area of focus for the coming years.

There have been a few areas of key development in the year 2010 which are as follows:

- The endorsement of the National Blood Services Policy
- The review of various codes and acts – such as the Public Health Act and the Building Code reviews, Nurses and Midwives Act, Mental Health Act, Pharmacy and Poisons Act
- Completion of the Gastrointestinal and Psychiatry Guidelines
- Refurbishment of the Sukuna Ward of CWMH
- Purchasing of new CT scan Machines for Labasa and Lautoka Hospitals
- Construction of the Pacific Eye Institute in Suva
- Improvements to infrastructure in 8 nursing stations and 6 sub-divisional hospitals
- Outsourcing of cleaning services at Labasa Hospital and the Ambulance services to NFA
- Promulgation of the new Marketing Code on Food for Infants & Children

Challenges faced include skilled staff shortages in all professional cadres with a need to review establishments for professional cadre in the future; health information systems and escalating costs of consumables, medications and equipment. The outlook for the future remains challenging with the current global recessions, emergence of new infectious diseases, staffing shortages and the need for timely, relevant and accurate health information.

Acknowledgement to our development partners are made:

- The World Health Organization (WHO)
- AusAid – Fiji Health Sector Improvement Programme
- United Nations Children’s Emergency Fund (UNICEF)
- United Nations Fund for Population Activities (UNFPA)
- The Government of Japan and the Japanese International Cooperation Agency (JICA)
- Visiting Medical Teams
- Rotary Clubs of Fiji
- The Board of Visitors
- NZAID
- KOICA
- Government of the Republic of China
- Government of India
- Other well wishers and partners in Health

We also acknowledge the support of the many corporate bodies, organizations and institutions that have assisted the Ministry of Health:

- The Labasa Board of Visitors for assisting in creating the Diabetic Hub Centre in Labasa
- Nestle for building the Cardiac Unit in Ba
- The British Embassy for refurbishment works at the Sukuna Ward
- ANZ Pacific Operations for building and furnishing the IMCI Clinic at Valelevu Health Centre
- BSP for refurbishment of the Maternal Child Health Care Clinics
- Westpac Bank for refurbishing the maternity Unit at CWMH
- Tappoos Limited for doing the Catheterization lab
- RFMF for providing technical assistance
- FijiCare, Vinod Patel, J Santaram, Quality print, LDS Church, EBOS Limited

We look forward to another fruitful new year and your support remains integral in realizing quality of healthcare for the nation.

Dr. Salanieta Saketa
Permanent Secretary for Health
Republic of Fiji



SECTION 2: OVERVIEW OF THE MINISTRY OF HEALTH

The Ministry of Health of the Republic of Fiji endorses the statement in the preamble of the Constitution of the World Health Organization (WHO), which states:

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic and social condition.”

The Ministry of Health of the Republic of Fiji therefore acknowledges that it is the fundamental right of every citizen of the nation, irrespective of ethnicity, gender, creed or socio-economic status to have access to a national health system providing quality health care with respect to accessibility, affordability, efficiency and a strengthened partnership with the communities for which this health care is provisioned, in order to improve the quality of life of the citizens of the Republic of Fiji.

Guiding Principles

Vision

A healthy population driven by a caring health care delivery system

Mission

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

Values

The Ministry of Health strives to uphold customer focus, respect for human dignity, quality, equity, integrity, responsiveness and faithfulness as paramount values for the achievement its mission and vision.

Ministerial Assignment:

The Ministry of Health under legal notice is responsible for:

Business

1. Clinical Medical Services
2. Health Promotion
3. Medical Equipment and Supplies Services
4. Pharmaceutical Drugs and Medicine Services
5. Preventive Health/Public Health programs and Services
6. Primary Health Care Services
7. Continuing Professional Staff Development and Management

Departments

1. Divisional Hospitals
2. Sub-Divisional Hospitals
3. Health Centers and Nursing Stations
4. Oral Health department
5. Fiji Biomedical and Pharmaceutical Services
6. National Centre for Health Promotion
7. National Referral Hospitals (St. Giles and Twomey/Rehab/TB Hospitals)
8. National Centre for Communicable Disease Control
9. Senior Citizen's Homes

Legislations and Decrees regulating the business undertakings of the MoH and pertaining to its activities are listed below:

1. Animal (Control of Experiments) Act (Cap 161)
2. Burial and Cremation (Cap 117)
3. Dangerous Drugs Act (Cap 114)
4. Fiji National University Decree 2009
5. Food Safety Act 2003
6. Medical Imaging Technologist Decree 2009
7. Radiation Health Decree 2009
8. Medical and Dental Practitioners Decree 2010
9. Medical Assistant's Act (Cap. 113)
10. Mental Health Decree 2010
11. Marketing Controls (Foods for Infants and young Children Regulations) 2010
12. Nurses Midwives and Nurses Practitioners Act (Cap 256)
13. Pharmacy and Poisons Act (Cap 115)
14. Private Hospitals Act (Cap 256A)
15. Public Health Act (Cap 111)
16. Public Hospitals and Dispensaries Act (Cap 110)
17. Quarantine Act (Cap 112)
18. Tobacco Control Act 1998

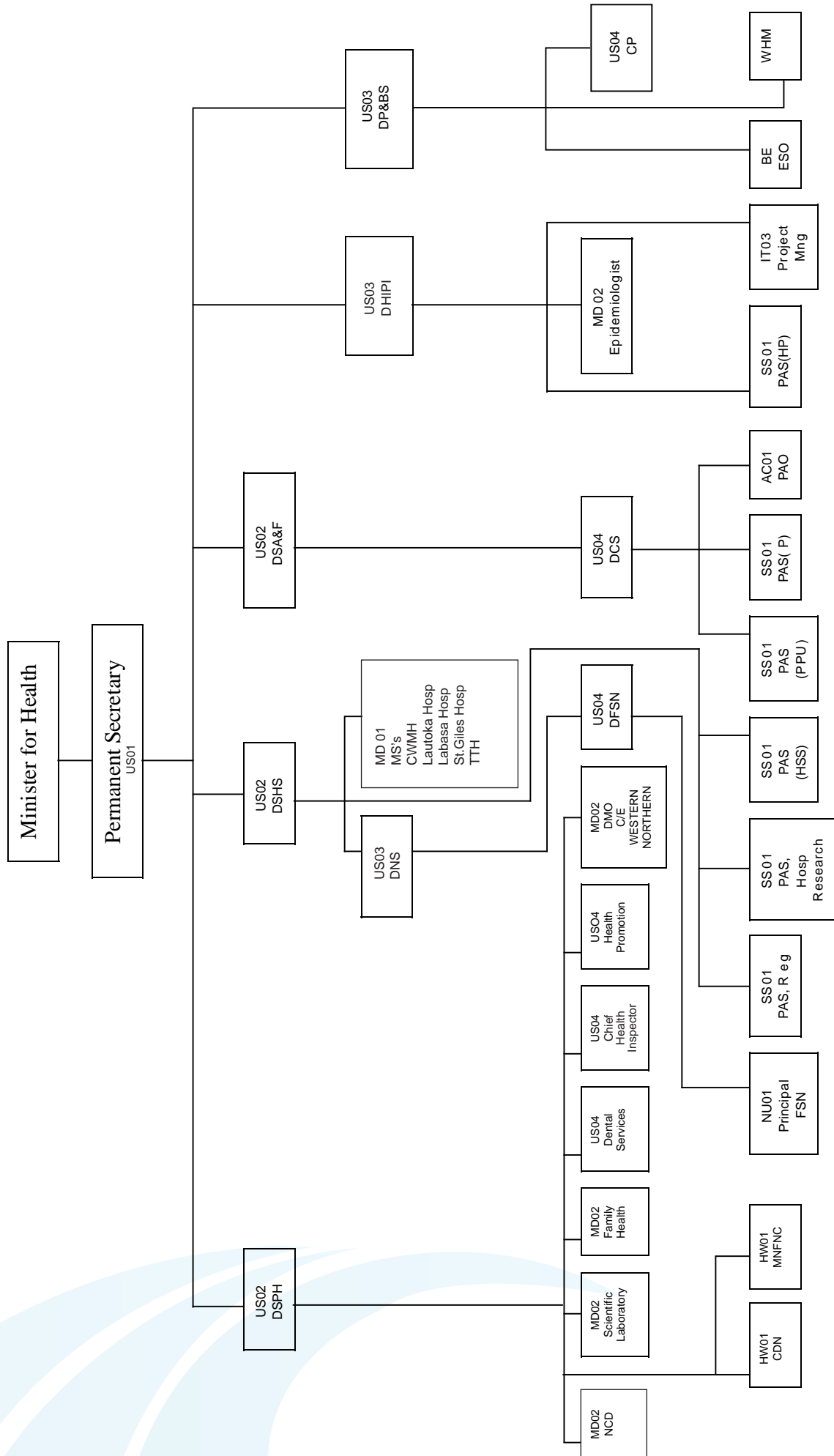
The following boards/councils that are administered by the Ministry:

- 1] Private Hospital Board
- 2] Radiation Health Board
- 3] Pharmacy and Poisons Board
- 4] Fiji Optometrists Board
- 5] Fiji Dental Council
- 6] Fiji Medical Council
- 7] Nurses, Midwives & Nurse Practitioners Board
- 8] Central Board of Health
- 9] Board of Visitors- All Major Hospitals, Sub-divisional Hospitals & Health centres.



Health Awards Night

Figure 1: Organizational Structure 2010



SECTION 3: DIVISIONAL REPORTS

Services

The MoH provisions health service delivery throughout the four divisions in the Republic of Fiji: the Central division; the Eastern division, the Western division and the Northern division. The health services provided range from general outpatient services, special outpatient services, inpatient services, maternal child health care services, oral health services, pharmacy services, laboratory services, environmental health services, and physiotherapy services, as well as outreach and specialist clinical services.

There were changes to the names of the Old Peoples Homes in the three divisions to:

- Senior Citizens Home (Samabula)
- Golden Age Home (Lautoka)
- Babasiga Ashram (Labasa)

Figure 2: Four Divisions within the Republic of Fiji

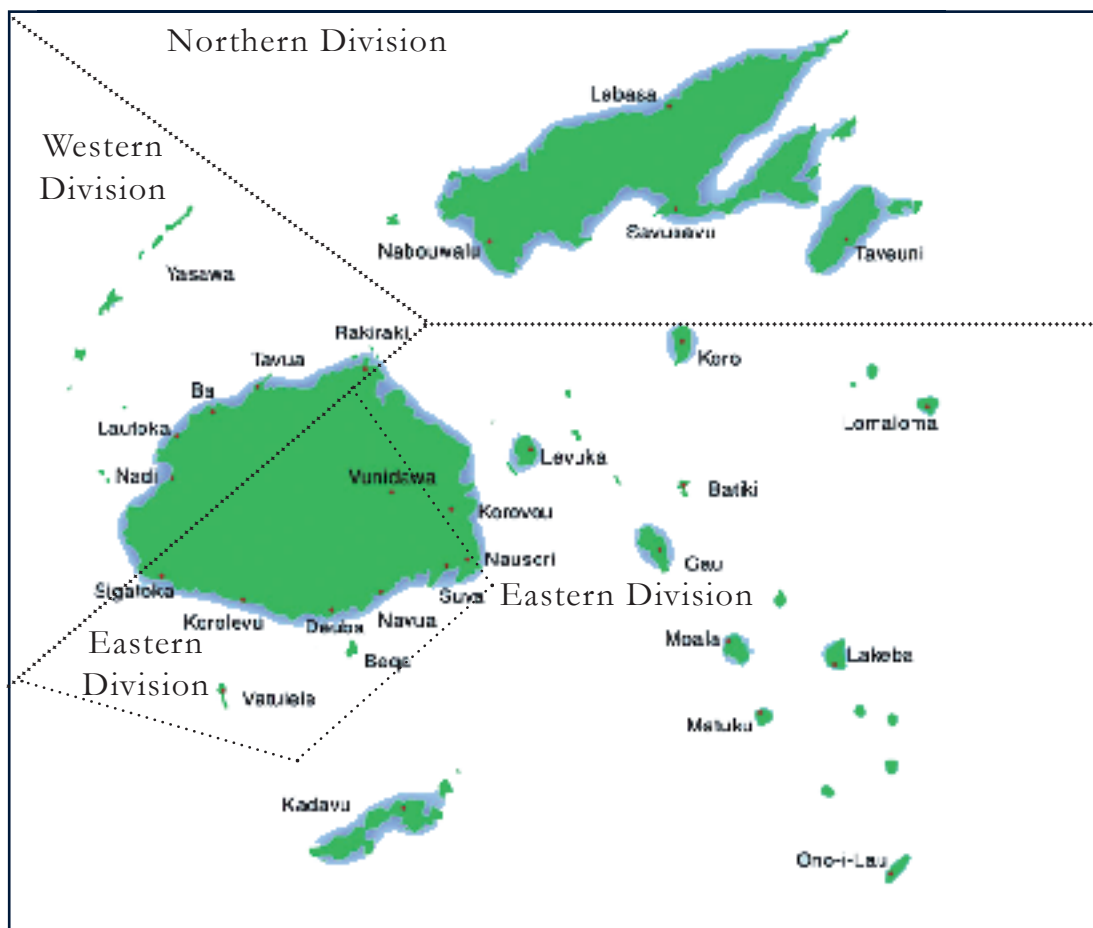


Table 1: Government Health Facilities

Health Facility	Central/Eastern	Western	Northern	Eastern	Total
Specialized Hospitals/ National Referral.	3	-	-	-	3
Divisional Hospital	1	1	1	-	3
Sub divisional Hospital [level 1]	-	3	1	-	4
Subdivisional Hospital [level2]	4	2	2	5	13
Health Centre [level A]	7	4	1	-	12
Health Centre [level B]	2	4	3	1	10
Health Centre [Level C]	11	17	16	14	58
Nursing Stations	19	24	18	21	82
Private Hospital	-	1	-	-	1
Total	47	56	42	41	186

Central Eastern Health Service:

This division is the largest by population size and caters to a myriad of health facilities. The total number of people in this division is 392 170. The greatest of which reside in the Suva sub-division (206 379).

The division is further divided into 10 sub-divisions: Central -Suva, Serua/Namosi, Rewa, Tailevu, Naitasiri; Eastern – Lomaiviti, Lakeba, Lomaloma, Rotuma and Kadavu.

Table 2: Demography of CentEast

Subdivision	Fijian	Indian	Others	Total
Suva	113171	70743	22465	206379
Rewa	46926	29190	1891	78007
Naitasiri	18227	1148	72	19447
Serua/Namosi	18142	6268	936	25346
Tailevu	19276	1944	468	21688
Lomaiviti	16626	575	902	18103
Kadavu	10131	23	121	10275
Lomaloma	3238	22	6	3266
Lakeba	7684	13	13	7710
Rotuma	95	15	1836	1949
Total	253516	109941	287170	392170
Central (total population) -350,867				
Eastern- (total population) - 41,303				

The Central division documented a change in service provision with the extension of service hours in the Suva Sub-division. This was commenced at the Valelevu and Makoi Health centres on March 2nd 2009 ; and Raiwaqa health centre followed suit on April 15th, 2009. This follows the need to extend service hours for the public. The new opening hours for these health centres are 6.30am to 10pm on weekdays and 8am to 4pm on weekends. Prior to this the opening hours were restricted to 8am to 4.30pm on weekdays only.

Capital Projects included:

- Opening of the upgraded Bureta Health Centre
- Opening of extension of mortuary at Wainibokasi Hospital
- Provision of new boat to Beqa Health Centre via AUSAID funding

Northern Health Services

This division comprised of 4 sub-divisions: Bua, Cakaudrove, Macuata and Taveuni. There were a total of 44 facilities under this division. The division catered to a population of 140 920. The largest of which resides in Macuata.

Capital projects included:

1. Extension to the Savusavu hospital (new A&E unit)
2. Duplex quarters at Nabouwalu hospital
3. Dental Clinic at Tukavesi Health centre
4. Mortuaries at Wainikoro and Tukavesi health centres
5. Generator House and a 68KVA generator for Taveuni Hospital (with assistance from the BOV)
6. Relocation of the divisional Reproductive Health Clinic (Hub Centre)

Other maintenance works to 10 facilities were carried out. FHSIP provided assistance on the following fronts:

1. Tropical Cyclone Tomas rehabilitation works
2. Electrical materials for Taveuni hospital
3. Sea ambulance for Taveuni and Macuata
4. Maintenance of solar and radio telephones
5. Restricted Master Engineer Course for all boat handlers in the division

There were also 2 x 16.5 KVA electrical generators donated by Nivis Motors with support from the Government.

There were 4 new vehicles received by the division (1 – Savusavu, 1 minibus –Macuata, and 2 vehicles for the divisional office – typhoid and Global Fund).

The establishment of a health information unit at the divisional office was done with another data entry staff. In addition 17 computers were distributed to health centres in the division and 3 Govnet sites were installed in Seqaqa, Savusavu and Nabouwalu.

Western Health Services:

The division oversees the affairs of 6 sub-divisions: Ra, Tavua, Ba, Lautoka/Yasawa, Nadi and Nadroga/Navosa.

The highlights for the year included:

1. Opening of the Milo-mile and exercise stations at the Lautoka foreshore to improve physical activity amongst the Lautoka population
2. Commissioning of the 3 hospital laundries at Ba, Nadi and Sigatoka.
3. Commissioning of the Coronary Care Unit at Ba Mission Hospital, with a donation of \$200 000.00 worth of equipment, refurbishment and training from Nestle Fiji.
4. Containment of typhoid outbreak in Navosa and Ra after declaration of a public health emergency in the province
5. Completion of typhoid immunization
6. Completion of H1N1 immunization
7. Refurbishment of the gymnasium at the Western Health Service for promotion of physical activity amongst all staff.



New laundry machine for West

SECTION 4: REPORT ON PERFORMANCE

Table 3: Outcome 1: Communities are serviced by adequate primary and preventive health services thereby protecting, promoting and supporting their well being

Key Performance Indicators 2010 compared to 2009

Outputs	Key Performance Indicators	2009	2010
Portfolio Leadership Policy Advice and Secretariat Support	Increased Fiji resident medical graduates from FSMed from 40 to 50 per year	NA	NA
	Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually	NA	NA
Public awareness promotions – Public Health	Child mortality rate (0-5yrs) rate reduced from 26 to 20 per 1000 live births (MDG)	23.2	17.7
	Prevalence of anaemia in pregnancy at booking	11.15	10.72
	Maternal Mortality ratio reduced from 50 to 20 per 100,000 live births	27.5	22.6
	HIV/ AIDS prevalence among 15-24 year old pregnant women reduced from 0.04 to 0.03 (MDG)	0.02	1
	Prevalence rate of STIs among men and women aged 15 to 25	2.5	2

Outputs	Key Performance Indicators	2009	2010
	Prevalence of diabetes reduced from 16% to 14%	3	3
	Admission rate for diabetes and its complications, hypertension and cardiovascular disease	42.5	36.6
	Amputation rate for diabetic sepsis (per 100 admissions for Diabetes)	46.9	30.1
	Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56% (MDG)	28.9	31.77
	Proportion of the population aged over 35 years engaged in sufficient leisure time activity	4	4
	Prevalence of under 5 malnutrition	5	5
	Rate of teenage pregnancy	5.11	3.8
	Child mortality rate (0-5yrs) rate reduced from 26 to 20 per 1000 live births (MDG)	23.2	17.2
	Percentage of one year old immunized against measles increased from 68% to 95%	71.7	71.8
	Prevalence rate of lymphatic filariasis reduced by 10%	8.75%	9.5% ⁶
Communicable Disease Prevention	Prevalence rate of tuberculosis reduced from 10% to 5% (part of MDG 22)	11.3	⁵
	Child mortality rate reduced from 26 to 20 per 1000 livebirths (MDG)	23.2	17.7

1. Survey required (to report prevalence that would provide a snapshot of the situation at a particular point in time; also denominator required is 15-24 yr old pregnant women data)

2. Survey required (to report prevalence that would provide a snapshot of the situation at a particular point in time; also denominator needs to be age specific population, not available through MOH routine statistics (15-24yrs).

3. Survey required (to report prevalence). At last NCD STEPS Survey, prevalence was 16%. Next NCD STEPS Survey planned for 2011.

4. Survey required, as engagement in sufficient leisure time activity is not collected in routine statistics

5. Survey required (to report prevalence)

6. From last cross sectional survey in 2007

Outputs	Key Performance Indicators	2009	2010
	Maternal mortality ratio reduced from 50 to 20 per 100,000 live births	27.5	22.6
	Admission rate for diabetes and its complications, hypertension and cardiovascular disease	42.5	36.66
Provision of Clinical Services	Amputation rate for diabetic sepsis (per 100 admissions for Diabetes)	46.9	30.1
	Average length of stay for in-patient treatment reduced from 5 to 3 days	6.45	7.11
	Child mortality rate reduced from 26 to 20 per 1000 livebirths (MDG)	23.2	17.7
	Prevalence of anaemia in pregnancy at booking	11.15	10.72
	Maternal mortality ratio reduced from 50 to 20 per 100,000 live births	27.5	22.6
Provision of Primary Health care	Prevalence rate of STIs among men and women aged 15 to 25	2	2
	Amputation rate for diabetic sepsis (per 100 admissions for Diabetes)	46.9	30.1
	Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56% (MDG)	28.9	31.77

There have been reductions in child mortality rate, rate of teenage pregnancy and prevalence of anaemia at pregnancy and booking. The trend in maternal mortality ratio has continued to be low with 5 maternal deaths reported in 2010. A slight increase in the contraceptive prevalence rate was noted. Whilst the immunization rate for measles reported through the Public Health Information System has consistently been about 71% in 2009 and 2010, the coverage surveys have shown higher rates (e.g. 94% in 2008), suggesting the need to improve routine reporting.

Table 4: Outcome 2: Communities have access to effective, efficient and quality clinical health care and rehabilitation services**Key Performance Indicators 2010 compared to 2009**

Output	Key Performance Indicator	2009	2010
Portfolio Leadership Policy Advice and Secretariat Support	Participation of private and health care providers increased from 2 to 10	NA	NA
	Health expenditure increased from the current 2.92% to at least 5% of GDP by 2013	NA	NA
	Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually	NA	NA
	Outsourcing non-technical activities such as laundry, kitchen and security by end of 2010	NA	NA
	Health Policy Commission established by 2010	NA	NA
Public Awareness Promotions – Public Health	Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)		7
Provision of Clinical Services	Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)		3
	Bed occupancy rate of psychiatric beds (%)	101.39	108.25
	Average Length of stay in psychiatric beds	102.09	109.66
	Average length of stay for in-patient treatment reduced from 5 to 3 days	6.45	7.11
Provision of Primary Health care	Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)		3
Education and Training – Nurses and Doctors	Number of staff trained in mental health	60	15
	Doctors per 100,000 population increased from 36 to 42	38.5	38.3
Supply of Goods - Medical Supplies and Consumables	Elimination of stock outs of drugs from present 100 items per month	176	72

The bed occupancy rates for psychiatric beds and their corresponding average length of stay have increased.

Furthermore, less staff have been trained in mental health in 2010 compared to 2009. There has been a dramatic reduction in the stock out of drugs compared to 2009.

Table 5: Vital Statistics 2010

Year	2010
Population	893024
Women (15-44yrs)	211514
Total Live births	22089
Crude Birth Rate /1000 population	24.7
Crude death Rate /1000 population	6.9

As of this time, the cure rate cannot be calculated since TB treatment implements a six to nine months course of anti-TB drugs (DOTS strategy). Final cure rate figures can be calculated by end of September, 2011.

Rate of Natural Increase	1.8
Under 5 mortality rate/ 1000 livebirths (0-5 yrs)	17.7
Infant Mortality rate / 1000 live births (0-12months)	13.1
Perinatal Mortality (stillbirth and early neonatal deaths/1000 livebirths)	14.3
Early Neonatal (deaths 0-7days) /1000 livebirths	6.0
Neonatal Mortality (deaths 0-28days/ 1000 live births)	8.0
Post-neonatal mortality (deaths 1-12 months)/ 1000 live births	5.1
Maternal mortality ratio /100,000 live births	22.6
General Fertility rate / 1000 CBA Population	104.4
Family Planning Protection Rate	31.8

Table 6: Immunization Coverage 2010

Immunization Coverage (%) 0-1yr	Number	%
BCG	21806	98.7
OPV0	21775	98.6
HBV0	22518	101.9
OPV1	17832	80.7
Pentavalent1	17854	80.8
OPV2	17743	80.3
Pentavalent2	17781	80.5
OPV3	16943	76.7
Pentavalent3	17050	77.2
MR1	13544	71.8

Table 7: Notifiable Diseases Reported in 2010

No.	Diseases	Total	No.	Diseases	Total
1	Acute Poliomyelitis	0	23	Meningitis	112
2	Acute Respiratory Infection	39671	24	Mumps	38
3	Anthrax	0	25	Plague	0
4	Brucellosis	0	26	Puerperal Pyrexia	1
5	Chickenpox	2002	27	Relapsing Fever	0
6	Cholera	0	28	Rheumatic Fever	4
7	Conjunctivitis	2433	29	Smallpox	0
8	Dengue Fever	8	30	Tetanus	0
9	Diarrhoea	19234	31	Trachoma	337
10	Diphtheria	0	32	Tuberculosis a) Pulmonary	142
11	Dysentery a) Amoebic	6		b) Others	49
	b) Bacillary	780	33	Typhus	0
12	Encephalitis	4	34	Viral Infection	29330
13	Enteric Fever a) Typhoid	530	35	Whooping Cough [Pertussis]	13
	b) Para typhoid		36	Yaws	0
14	Fish Poisoning	1304	37	Yellow Fever	0
15	Food Poisoning	50	38	Sexually Transmitted Infections	
16	German Measles (Rubella)	1		a) Gonorrhoea	1181
17	Infectious Hepatitis	190		b) Granuloma inguinale	0
18	Influenza	12825		c) Ophthalmia neonatorum	4
19	Leprosy	3		d) Lymphogranuloma inguinale	0
20	Leptospirosis	88		e) Soft chancre	0
21	Malaria	2		f) Syphilis	683
22	Measles (Morbilli)	8		g) Veneral warts	24
				h) Candidiasis	45
				i) Chlamydia	380
				j) Genital Herpes	12
				k) Trichomoniasis	66
				i) PID	3

Table 8: Health Service Utilization Statistics – 2010**a) Divisional & Sub-divisional Hospital Utilization Statistics**

No.	Institution	No. of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed State	Average LOS
1	CWM Hospital	199,677	442	26,860	182,716	113.26	500.59	6.80
2	Navua	6,197	12	62	280	6.39	0.77	4.52
3	Vunidawa	10,282	21	514	1,510	19.70	4.14	2.94
4	Korovou	4,050	17	756	2,149	34.63	5.89	2.84
5	Nausori	53,540	15	1,660	3,601	65.77	9.87	2.17
6	Wainibokasi	29,498	14	1,156	2,301	45.03	6.30	1.99
	Subtotal	303,244	521	31,008	192,557	101.26	527.55	6.21
7	Lautoka	144,766	341	13,911	91,374	73.41	250.34	6.57
8	Nadi	72,340	85	2,898	15,002	48.35	41.10	5.18
9	Sigatoka	20,776	58	2,951	12,074	57.03	33.08	4.09
10	Ba	55,969	55	2,184	7,228	36.00	19.80	3.31
11	Tavua	48,907	29	1,458	4,070	38.45	11.15	2.79
12	Rakiraki	36,540	24	1,564	5,079	57.98	13.92	3.25
	Subtotal	379,298	592	24,966	134,827	62.40	369.39	5.40
13	Labasa	148,252	161	9,574	45,059	76.68	123.45	4.71
14	Savusavu	25,129	58	2,242	7,338	34.66	20.10	3.27
15	Waiyevo	13,159	33	1,713	3,601	29.90	9.87	2.10
16	Nabouwalu	10,905	32	949	3,703	31.70	10.15	3.90
	Subtotal	197,445	284	14,478	59,701	57.59	163.56	4.12
17	Levuka	23,992	40	1,133	2,604	364.00	7.13	2.30
18	Vunisea	11,121	22	482	1,676	20.87	4.59	3.48
19	Lakeba	3,270	12	255	893	20.39	2.45	3.50
20	Lomaloma	5,213	16	140	552	9.45	1.51	3.94
21	Matuku	364	5	68	152	8.33	0.42	2.24
22	Rotuma	5,296	14	139	416	8.14	1.14	2.99
	Subtotal	49,256	109	2,217	6,293	15.82	17.24	2.84
	Total	957,909	1,749	73,663	461,920	72.36	1,265.53	6.27
	Grand total	986,575	1,992	74,657	530,462	72.96	1,453.32	7.11

ii) Specialized and Private Hospitals

No.	Institution	No. of Outpatient	Number of Beds	Total Admission	Total Patient Days	Occupancy Rate	Daily Bed State	Average LOS
1.	St. Giles	12,967	136	490	53,734	108.25	147.22	109.66
2.	Tamavua	3,010	64	196	11,697	50.07	32.05	59.68
3.	PJ Twomey	10,647	27	50	2,586	26.24	7.08	51.72
4.	Military Hospital			9		0.00	0.00	0
5.	Naiserelagi Maternity	2,042	7	258	525	20.55	1.44	2.03
	Subtotal	28,666	243	994	68,542	77.28	187.79	68.96

Table 9: Morbidity & Mortality Statistics – 2010**i) Top ten causes of mortality – 2010**

No.	Diseases	Total	%
1	Diseases of the circulatory system	2739	44.31
2	Endocrine, nutritional and metabolic diseases	807	13.05
3	Neoplasms	613	9.93
4	Certain infectious and parasitic diseases	392	6.34
5	Diseases of the respiratory system	378	6.11
6	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	311	5.03
7	Injury, poisoning and certain other consequences of external causes	288	4.66
8	Diseases of the genitourinary system	189	3.06
9	Diseases of the digestive system	135	2.18
10	Certain conditions, originating in the perinatal period	133	2.15

i) Top ten causes of Morbidity – 2010

No.	Cause Groups	Cases	%
1	Certain Infectious & Parasitic Diseases	4556	7.1
2	Diseases of the Circulatory System	4033	6.3
3	Diseases of the Respiratory System	3956	6.2
4	Injury, Poisoning & Certain Other Consequences of External Causes	3690	5.7
5	Certain Conditions Originating in the Perinatal Period	3272	5.1
6	Diseases of the Digestive System	2763	4.3
7	Diseases of the Genitourinary System	2700	4.2
8	Endocrine, Nutritional & Metabolic Diseases	2574	4.0
9	Diseases of the Skin & Subcutaneous Tissue	2339	3.6
10	Neoplasm	1,881	2.9

Table 10: Health Status Indicators 2010

Indicator	Achievement 2009	Achievement 2010
Reduced burden of NCD		
Prevalence rate of diabetes (per 1000 population)	3	3
Admission rate for diabetes and its complications, hypertension and cardiovascular diseases (per 1000 admissions)	42.5	36.6
Amputation rate for diabetes sepsis (per 100 admission for diabetes and complications)	46.9	38.3
Cancer prevalence rate (per 1000 population)	5	5
Cancer mortality (per 100,000 population)	73.91	68.6
Cardiovascular disease (ICD code I00-I52) Mortality rate per 100,000 population	205.5	282
Admission rate for RHD (1000 admission)	2.5	2.08
Motor and other vehicle accidents mortality rate (per 100,000 population)	5.10	5.82
Healthy teeth index (DMFT) – 12 year old	1.4	1.4 ⁸
Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases		
HIV prevalence rate among 15-24 year old pregnant women per 1000	0.02	1
Prevalence rate of STIs among men and women aged 15-24 years per 1000 ⁹	2	2
TB prevalence rate per 100,000	5	5
Tuberculosis case detection rate	80%	67%
TB death rate	10.08	2.68
Incidence of dengue (per 100,000 pop)	48.7	0.89
Incidence of leptospirosis (per 100,000 pop)	17.5	9.85
Prevalence rate of leptospirosis (per 100,000 pop)	5	5
Incidence rate of measles (per 100,000 pop)	4.19	0.89
Prevalence rate of Leprosy (per 100,000 pop)	5	5
Incidence rate of Gonorrhoea (per 100,000 pop)	143	132.2
Incidence rate of Syphilis (per 100,000 pop)	113.03	76.5
Improved family health, reduced maternal morbidity and mortality		
Maternal mortality ratio	27.5	22.6
Prevalence of anaemia in pregnancy at booking	11.15	10.7
Contraceptive prevalence Rate	28.9	31.8
Proportion of births attended by skilled health personnel	99.8	99.7
Improved child health		
Prevalence of under 5 malnutrition	6	5
% of one year fully immunized	71.7	71.8
Under 5 mortality rate/ 1000 births	23.2	17.7
Infant mortality rate (1000 live births)	15.2	13

⁸ From National Oral Health Survey, 2004

⁹ Since we are calculating prevalence, it requires data from surveys to obtain a snapshot of the situation at a particular point in time (accounting for migration, deaths and recovery – that is ensuring the denominator is the population at risk). Since the indicator refers to age specific population (15-24yrs), we would need to consider STIs in this age group as the numerator and likewise the denominator to be from this age specific group (not available from MOH stats).

Indicator	Achievement 2009	Achievement 2010
Improved adolescent health and reduced adolescent morbidity and mortality		
Rate of teenage pregnancy (per 1000 CBA pop)	5.11	3.8
Number of teenage suicides	13	14
Improved mental health		
Number of psychiatric beds	136	136
Number of trained personnel in mental health	60	15
Improved environmental health through safe water and sanitation ¹⁰		
% of population that has access to safe water – urban	43%	100%
% of population that has access to safe water – rural	51%	42%
% of population that has access to improved sanitation – urban	87%	100%
% of population that has access to improved sanitation – rural	55%	30%

The burden of NCDs continues to be a challenge for health. Whilst, there has been a decline in the admission rate for diabetes and its complications, hypertension and cardiovascular disease and the amputation rates from diabetic sepsis, there has been a 40% increase in mortality rate from cardiovascular disease. Despite the decrease in cancer mortality rate, cancer represents about 10% of mortalities in Fiji. Stable trends were reported for mortalities due to motor and other vehicle accidents and the admission rate for RHD and teenage suicides. There has been a substantial decrease in the incidence of communicable diseases such as dengue, leptospirosis, measles and STIS. A 5 fold decrease in TB death rate was also noted. Skilled attendance at birth has continued to be high. The access to safe water and sanitation continues to be a concern among the rural population.

**Table 11: Number of Patients Referred Overseas for Treatment – 2010
Referral Countries 2008-2010**

NO#	Countries	2008	2009	2010	Total
1	India	58	66	86	210(84%)
2	Australia	5	5		10(4%)
3	New Zealand	11	11	3	25(10%)
4	Hawaii			4	4(1.6%)
5	Singapore	1			1(0.4%)
	Total	75	82	93	250

Table 12: Types of Cases Assisted for Overseas Treatment 2008-2010

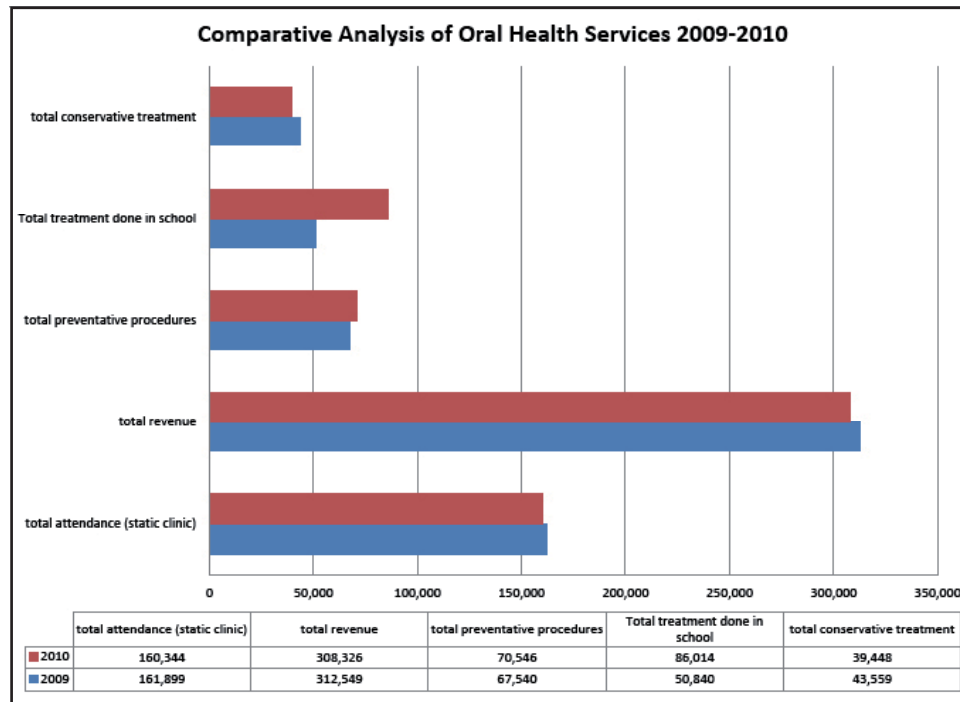
No#	Cases	2008	2009	2010	Total
1	Cardiac	40(53%)	39(47.5%)	45(48%)	124(49.6%)
2	Cancer	23(30.6%)	14(17%)	26(28%)	63(25%)
3	Kidney	4(5.3%)	6(7.3%)	2(2%)	12(4.8%)
4	Knee/hip replacement	3(4%)	6(7.3%)	11(11.8%)	20(8%)
5	Tumour	4(5.3%)	8(9.7%)	4(4.3%)	16(6.4%)
6	Eye	1(1.3%)	9(10.9%)	5(5.3%)	15(6%)
	Total	75	82	93	250

¹⁰ Statistics from Environmental Health Department, Ministry of Health

SECTION 5: ORAL HEALTH

The department of oral health provisions both curative and preventative services at primary, secondary and tertiary levels. Complementary activities range from oral health promotion to complex oral surgical procedures. The oral health department has progressed from the year 2009 in the preventative oral health arena, as illustrated by the graph below:

Figure 3: Comparative Analysis of Oral Health Services 2009 - 2010



The achievements of 2010 for the oral health division have been in the arena of:

1. **Oral health promotion** – reaching out to the community through the initiation of the first ever Village Health Worker Training Manual, used to train village health workers to champion oral health. The increase in private public partnerships with Colgate Palmolive (Fiji) Ltd and Fiji National University has also contributed to the marketing and promotion of good oral health practices.
2. **Facilities** – there were renovations and maintenance works done to oral health facilities. An average of one dental clinic is opened per year. The Tukavesi Dental Clinic was opened in the Cakaudrove Sub –division
3. **Human Resources** – the approved establishment stands at 201 (includes dental officers, dental therapists and dental hygienists). There is still marked demand for more establishments in the light of the challenges of increasing population, urbanization and rural support.
4. **Dental Stores** - dental materials and consumables were transferred to FPBS and integrated into the electronic management systems, in order to improve efficiency in material management, reduce wastage and promote continuity of oral health services.

5. **CSN** – the oral health CSN developed CPGs and organized clinical attachments for building staff capacity in specialist clinical areas.
6. **Oral Health Information Review** – a review was funded by WHO, to examine the current information systems and recommendations were made for integration and upgrading the current reporting formats.
7. **Medical and Dental Practitioners Decree 2010** – all staff are required to undergo annual registration, licensing and indemnity cover and participate in mandatory CPD activities.
8. **Public Health and Dispensaries Act Regulations** – the review of dental fees was undertaken with recommendations for increase in all treatments to be effective from 2011. The dental department faced concurrent challenges in the areas of human resource inadequacies, shortage of dental materials and instruments, equipment breakdowns, infrastructural and transport limitations. The future plans for the dental department include fluoridation of reticulated water, national oral health survey, promotion of fluoridated toothpaste and reviews of the National Oral Health Policy and the National Oral Health Strategic Plan.



DMO Northern, Dr Samuela Korovou in the opening of the new Tukavesi dental clinic

SECTION 6: ENVIRONMENTAL HEALTH

The EH department continued to be devoted to protecting and improving the health of Fiji's population by limiting their exposure to biological, chemical and physical hazards in their environment.

2010 noted improvements in the areas of sanitation, food quality, pollution and waste management, health education, development control and vector control.

Table 13: Distribution Of Local Authority and Health Offices by Division

Facility	Divisions				Under CBH	On Study Leave	Total
	Central	Western	Northern	Eastern			
Local Authorities	4	6	4	2			16
Environmental Health Officers	28	47	19	8	7	2	111
Staff/ Population Ratio	1 : 6,000	-	-	1 : 4,911			

Table 14: HO Staff distribution

POST	GRADE	NUMBER
Senior	HI HW01	7
HI. High Grade	HW04	2
Health Inspector	HW05	14
Senior Asst Health Inspector	HW06	73
Asst. Health Inspector	HW06	23
Total		119

Table 15: Surveillance of Sewage and Wastewater Disposal

Divisions	No. of H/ Hold in the District	No. of Inspections	Sewage System	Septic Tanks	Water Seal	Pit	None	Notice Served
Western	31558	27970	494	17691	7849	3341	635	3
Central	1993	391	51	1070	917	724	10	332
Eastern	2,777	226	0	768	443	5	3	1
Northern	9,257	7,248	126	3,337	3,206	547	478	300
Total	45,585	35,835	671	22,866	12,415	4,617	1,126	636

Table 16: Inspection of Drinking Water Supply

Divisions	No. of Households	No. Inspected	Piped Water	Ground Water Source	Surface Water	Rain Water
Western	27,697	19,492	7,766	1,120	611	93
Central	47,921	321	1,865	41	60	53
Eastern	2,736	229	1,958	18	0	6,140
Northern	8,873	3,907	3,345	388	1,913	5,966
Total	87,227	23,949	14,934	1,567	2,584	12,252

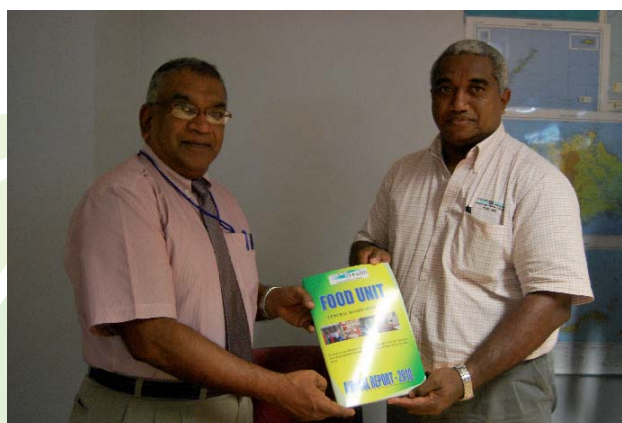
The EH department was directed by the EH business plan which was formulated in alignment with the Ministry of Health's Strategic Development Plan. This included EH commitments such as review of the Public Health Act, the Food Safety Bill and amendments to the National Building Code. The National Environmental Health Plan (NEHAP) was aligned to the strategic plans of the Ministry.

The department is comprised of the following sub-units:

1. Environmental Planning and Management
2. Vector control, cremations and burial
3. Food safety and quality control

Activities undertaken by the department included:

1. **Public Health Act review** – an internal committee has been formalized to look into the review of the PH Act. The Committee consists of the DSPH, representative from the Solicitor Generals Office, NANCDC, NA Family Health, NAEH, SHI WM/PC/EM Secretariat, Officer in charge Tobacco Control Unit, Media Liaison Officer – MoH
2. **National Building Code review**
3. **Health facilities audit** – the EHOs are engaged in auditing all health facilities around Fiji to assess the condition of these facilities.
4. **Health Care waste training and audit** – training was conducted for waste in all divisions. The unit has also been tasked with securing consultants to draw up safety procedures for medical waste.
5. **Online registration** – to improve and streamline building and sub-divisional applications the unit has commenced works to develop a database. Training was organized by ITC and attended by Suva Health Office and CBH staff.
6. **Development of Standard Operating Procedures**



SECTION 7: THE NATIONAL BLOOD SERVICE

The National blood service was developed mainly because Red Cross was no longer responsible for the provision of blood and blood products to hospitals and other health facilities where blood transfusion is required for patients. Therefore the goal of Fiji National Blood Service is basically the same as Fiji Red Cross that is **“To recruit and retain safe and non remunerated blood donors”**. Achievement of the objectives are through: the provision of educating and creating awareness to the general public of the importance of remunerated blood donation and acknowledgement of blood donors for the gift of life they have provided to patients, well trained and responsible staff to carry out donor recruitment, Accessible and comfortable blood donation sites.

Blood Policy

The blood policy was one of the departments’ greatest achievements during this reporting period. The National Blood Transfusion Committee supported the need to have this document. WHO support is acknowledged for enabling the Blood Policy to be initiated and compiled. The policy was endorsed on the 15th April 2010.

Blood Recruitment Statistics

Blood donor recruitment for this reporting period demonstrated an increase of 32% in the first five years and a decrease by 4% in 2010.

Figure 4: Blood Donor Recruitment

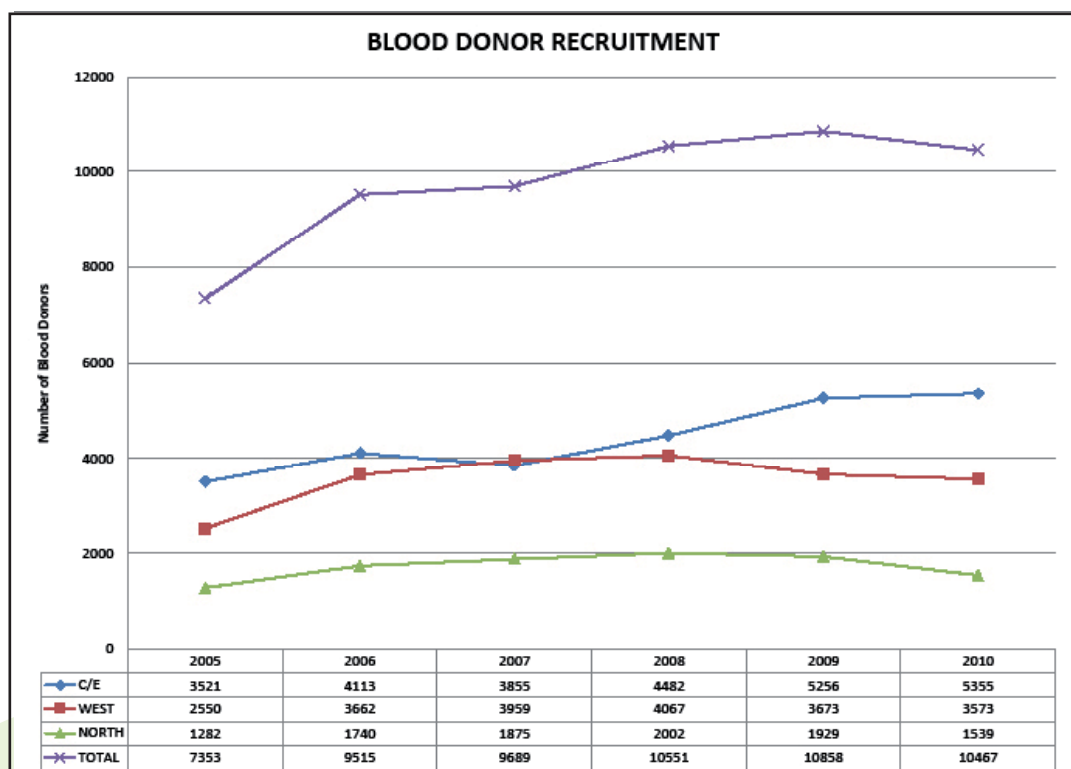
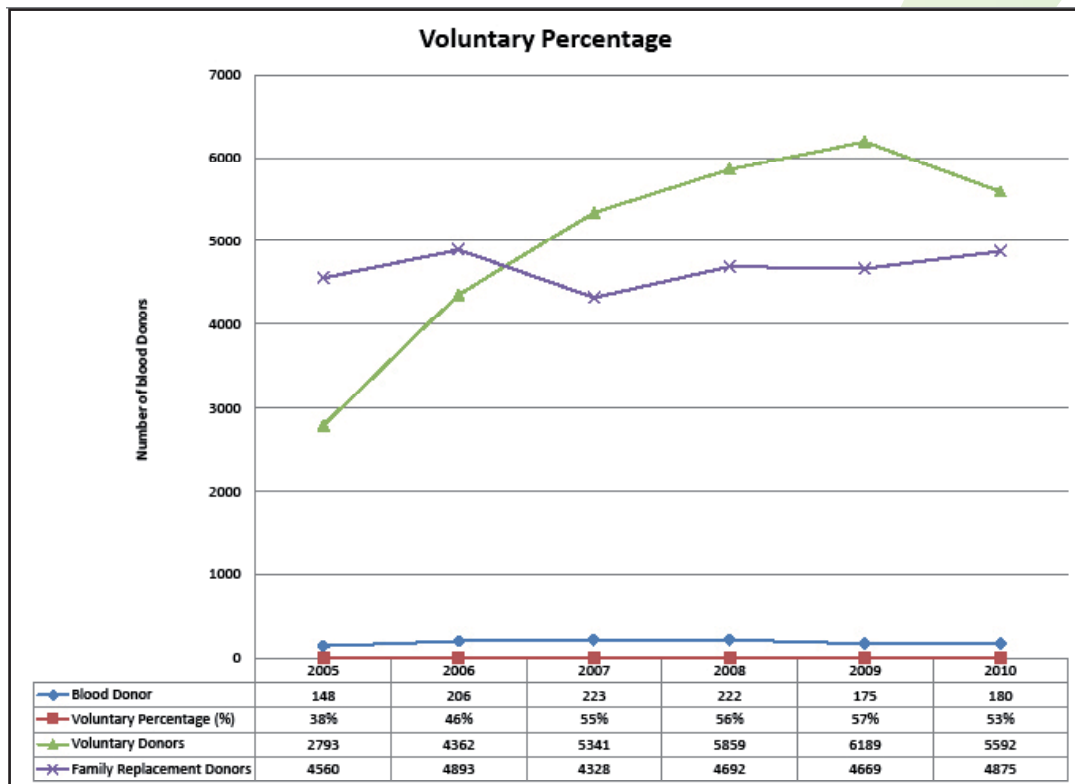


Figure 5: Voluntary Percentages of Blood Donations



Some of the milestones achieved in 2010 are as follows:

1. The changes to our donor refreshments to include healthier refreshments in line with promoting health life-styles.
2. The printing of the new Donor Referral Card. This includes donors' consent for SMS texting purposes.
3. The inclusion of donor rewards for contributions of blood. The donors are awarded certificates: bronze, silver and gold to reflect the quantity of donations made. Trophies are also presented to institutions that take part in the blood drives.
4. The printing of IEC materials for this new department to ensure that the donors and the public are well informed of the activities of the NBS.
5. The establishment of the Divisional Blood Service Committees.
6. Strengthening partnership with Vodafone Fiji in the arena of SMS texting.
7. The endorsement of our National Blood Policy
8. The need for a vehicle for the unit is expressed as the year demonstrated a lack of transportation for activities.

The National Blood Policy has strengthened efforts to have clear direction for the department.



Blood drive

SECTION 8: THE RISK MANAGEMENT UNIT

Sentinel events are relatively rare, adverse events that occur independently of a patient's condition but reflect deficiencies in the healthcare process or system. The importance of such a system is enabling:

- Timely identification of system problems through routine investigation mechanisms that can then be corrected to reduce the likelihood of future error.
- Thorough and immediate investigation and analysis of clinical incidents to identify contributing factors
- Development and implementation of recommendations and patient safety action to reduce the risk of similar events occurring in future.
- Dissemination of information, guidelines and lesson learned from divisional to sub divisional level to ensure system and process redesign to prevent patient harm and most importantly we must act to correct the problems that are contributing to unsafe care.

The notifications of sentinel events have continued to increase in the Ministry of Health. Lessons learnt from the events have been used to improve patient safety and improve service delivery and healthcare response.

The sentinel events are reported through UOR, customer complaints and issues identified from mortality meetings. However, there is a need to capture such reports from HCWs.

The Risk Management program with its clinical incident management program is well established and is firmly embedded in the clinical governance framework of the MoH.

The total incident reported from hospital and community health facilities were 28 for the year 2010. These include maternal deaths, fetal complications during delivery, complications during emergency management and delay in appropriate medical treatment.

A total of 24 RCAs were conducted. There were a total of 13 deaths out of the 28 incidents reported in the year 2010, and the attributing factor leading to death was the delay in receiving appropriate medical treatment.

Table 17: Notified & Confirmed Sentinel Events for the Divisions & Sub divisional Hospitals including % of Sentinel Events that resulted to Death for 2010

Hospital/Facility	No. of Incident Reported	No. of RCA Conducted	*No. of Confirmed Sentinel Events.	Sentinel Events Resulted to Death	% resulted to Death
Labasa Hospital	3	2	2	1	50%
Northern Health Service	3	2	2	2	100%
Lautoka Hospital	7	7	3	3	100%
Western Health Service	5	5	5	4	80%
CWM Hospital	5	1	1	-	Incomplete Report
Central/Eastern Health Service	5	5	1	1	100%
Total	28	22	14	11	

- Confirm Sentinel Events – events that conform to the definition for sentinel events

Table 18: Contributing Factors that Resulted in Death

Types	Lautoka Hospital	CWM Hospital	Labasa Hospital	WHS	NHS	Cent/East HS	Total
Complication on Emergency Management	2	-	-	2	1	1	6
Maternal Death	1	1	-	1	-	-	3
Fetal Complication of delivery (including neonatal death)	2	1	1	2	1	-	7
Delay in appropriate Medical treatment	5	-	1	3	1	1	11

A preliminary report form for sentinel events was recently endorsed by NHEC that will enhance the reporting process from clinicians to National level in terms of notifying incidents that warrants a root cause analysis.

SECTION 9: FPBS

The Fiji Pharmaceutical and Biomedical Supplies (FPBS) is the central procurement agency for pharmaceuticals inclusive of 444 essential medicines and 1186 clinical products that have been categorized into ABC analysis for procurement purposes with a total 2010 operating budget line of \$18.614 million.

FPBS is comprised of 4 core strategic business units:

- Inspectorate & Regulatory Affairs
- Essential Medicines Authority
- Procurement and Logistics
- Corporate Services
- In addition the Bulk Purchase Scheme, which is the commercial arm of FPBS operates as a Trading & Manufacturing Account (TMA) on a seeding grant of \$500,000 and retails medicines and medical products to private health care providers, government departments, Pacific Island countries, and individuals

Inspectorate and Regulatory Affairs

Due to a shortage in staff the IRA was limited to urgent inspections and PPB delegated investigations and inspectorate activities. The Regulatory section dealt with verification of ownership structures of pharmacies and compliance to the Pharmacy and Poisons Act (Cap 115). Coordination of disciplinary proceedings with respect to ownership of Pharmacies was carried out. Investigations into herbal products were also carried out and herbal tea and noni juice sellers were advised to re-label the products and warnings issued.

PBB investigations included the sale of medicinal products from unauthorized premises and a major breach reported from Nadi. New applications were processed from 2 new retail pharmacies, 2 wholesale premises and 1 wholesale license was extended to include more pharmaceutical products.

A total of 12 pharmacists successfully completed the Board registration and internship programme in 2010. Two other registrations were received from overseas registered pharmacists, which were approved after compliance with PBB regulations.

There were 174 permits issued for controlled chemical requests by the industrial and agricultural sectors. This service is provided free of charge to the commercial sector and the idea is develop a fee structure to recover costs for providing this service.

The IRA also is only testing drug quality in the event of a complaint. The review of the Pharmacy and Poisons Act (Cap 115) has been conducted and the Medicinal products Decree, Pharmacy Professions Decree, Medicines Regulations, Poisons Regulations drafts have been forwarded to the Attorney Generals Office for submission.

The Essential Medicines Authority

The unit continued to ensure access to safe medications. The unit was responsible for processing and sending dangerous drug requests; approving and facilitating restricted antibiotic requests; facilitating and processing chemotherapy requests; facilitating the processing of non-formulary requests; consolidating the adverse drug reactions, product quality and incidence occurrence; quantification and evaluation of items to be ordered, coordinating the internship programme; conducting internal audits of the facilities; and providing drug information services

Table 19: Essential Medicines Authority Activity Report

Activity Area	Activity Performed
Dangerous drug requests	102 requests received and processed
Restricted Antibiotics Requests	158 requests received, 114 requests processed
Chemotherapy Requests	98 requests received, 86 requests processed
Non-formulary requests	54 requests received, 44 requests processed
Adverse Drug Reaction Reports	5 reports
Produce quality Reports	10 reports
Incidence reports	Nil
Internal Audits	3 health facilities

The other activities include:

1. National Iron and Micronutrients Supplements (NIMs) – completion of phase I and II in all the divisions in the 6months – 2 years and 6 years -15 years categories.
2. Training – the unit provided support for the review of SOPs for pharmaceutical supply management; training and retraining of 19 Sub- Divisional Health Sisters; training and retraining 98 nurses on supply and management of medicines and medical products.
3. Gastrointestinal and Psychiatry guidelines were added new editions to the current list of Cardiovascular, Emergency and Respiratory Guidelines.
4. A laptop, multimedia and projection screen have been new additions to the unit
5. EPI achievements have included 233% EPI management training coverage; 117% Cold Chain maintenance coverage; and Immunization Coverage was at 94% in 2009.

Procurement and Logistics

This unit ensures timely and transparent processes are used in the procurement of clinical products and essential medicines.

In May FPBS took over the procurement of Dental Materials, Laboratory reagents and consumables in addition to procurement for pharmaceutical drugs, clinical products, imaging consumables, reproductive health commodities, immunization products and bio-medical equipment.

Table 20: Orders Raised and Order Values

Total Orders Raised	Total Order Value for 2010	Total Order Received	Not Received by 31/12/10
858	\$22,040,618.90	\$13,535,172.83	\$8,505,446.05[2011 orders]

Table 21: Summary of Warehouse Activities

Activity	Quantity	Value (\$F)	Remarks
Receipt of commodities	54	\$216,457.93	Average of 20 commodities/month
Picking slips processed	989	\$15,733,886.16	Average of 443 picking slips/month

Table 22: Total Value of Stock Transferred

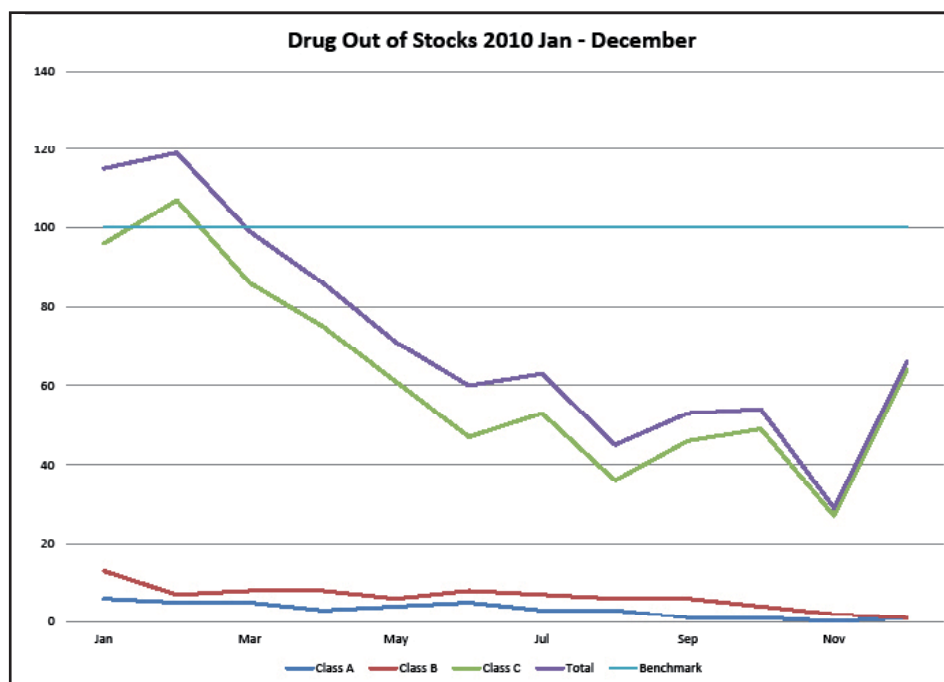
Description	Value
APPLIANC	\$68,833.78
Bedding	\$148,273.34
CONSUM	\$4,109,091.86
DENTALP	\$8,465.80
DRESSING	\$926,827.13
Drug	\$8,510,398.73
FP	\$110,273.89
LAB	\$1,344,490.86
VACCINES	\$109,651.44
Xray	\$363,137.03
Others	\$34,442.28
Total	\$15,733,886.16

Table 23: Delivery Schedules

Facility level	Frequency
Divisional Hospital	Bi-weekly & monthly
Sub-divisional and specialist hospital	Monthly, Bi-monthly & Quarterly
Class A Health Centre	Bi-monthly, monthly and Quarterly
Other Health centers and Nursing	Quarterly

Figure 6: Drugs: Out of Stock Count

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Class A	6	5	5	3	4	5	3	3	1	1	-	1
Class B	13	7	8	8	6	8	7	6	6	4	2	1
Class C	96	107	86	75	61	47	53	36	46	49	27	64
Total	115	119	99	86	71	60	63	45	53	54	29	65
Benchmark	100	100	100	100	100	100	100	100	100	100	100	100



Corporate Services

The FPBS had a total of 38 established staff and 35 government wage earners. There was a high rate of staff turnover and attrition was attributed to resignations, retirement and terminations (termination being the highest factor). Staff training was conducted for only 23 staff of the 73.

Table 24: Financial Activity: (segments 6-12 are not allocated to FPBS)

Segment	Provision \$F	Expenditure \$F	Balance \$F	% of Activity
1	\$604,000.00	\$605,349.18	-\$1,349.18	100.22%
2	\$235,100.00	\$300,306.31	-\$70,394.95	127.74%
3	\$45,500.00	\$53,095.67	-\$10,068.71	116.69%
4	\$151,500.00	\$209,485.89	-\$71,228.80	138.27%
5	\$12,175,495.00	\$14,869,459.30	-\$2,740,292.13	122.13%
13	\$1,794,300.00	\$2,172,801.81	-\$98.67	121.09%
TOTAL	15,005,895.00	18,210,596.82	-3,271,934.25	121.36%

BPS

This is the trading arm of FPBS and operates as a Trading and Manufacturing Account (TMA). A review of the financial viability of the BPS began in November 2010 by an inter-ministry review team. The review aimed to examine the viability of BPS with reference to profitability, marketability and a view for full commercialization.

The Biomedical Services

The unit has been combined with the pharmaceutical services and unit activities include:

1. Provision of biomedical services to all health facilities throughout Fiji
2. Procurement of medical, anaesthetic and dental equipment
3. Inventory control of all biomedical equipment
4. Maintenance of biomedical equipment
5. Installation and commissioning of all biomedical equipment
6. Provision of user training for each piece of biomedical equipment

The Regional Pharmacist Office

The RP is responsible for regional procurement. The office is responsible for reporting on stock movements capturing inventory and cashbook reports showing expenditures to SPC (Noumea) and a monthly Activity Report to CP, and FPBS. The RP functioned as the secretary on the following committees: Quality Improvement and Risk Management Committee; STI Technical Working Group meetings; Fiji's proposal for Round 10 Global Fund; and introduction of RP Office to PMTCT Clinician, UNICEF.

SECTION 10: THE NATIONAL DIABETIC CENTRE

The NDC is mandated to address the increasing problem of Diabetes in the country. The centre has been in operation since 1984, which extended to a Northern Hub in 2010. There are moves to extend services to the Western division as well.

The roles of the NDC extend to:

1. Educating health care professionals
2. Educating diabetics
3. Educating the public
4. Act as a resource centre
5. Provide specialist ambulatory stabilization for people with diabetes

A survey of consolidated monthly returns for 2007 showed that there were 24 000 diabetics in Fiji; and the Diabetes We Care study (2009) showed that over 60% of the sampled patients had poorly controlled diabetes or were not achieving control targets.

Services provided by the centre have a shared approach, looking at multi-disciplinary management of cases. These services include:

1. **Diabetes Complication assessment services** – mainly designed for diabetics being managed at the health centre level. The patient is comprehensively examined for retinopathy, vascular disease, foot damage, neuropathy and renal disease and a detailed report is provided to the referring doctor.
2. **High risk foot services** – an interdisciplinary approach to treating people with neuropathic, vascular ulcers, Charcot's joints and diabetes related foot disorders
3. **Diabetes clinical care**
4. **Diabetes education centre**
5. **Training of health professionals**
6. **IEC material Development**
7. **Diabetes advocacy through the NDF**
8. **Public Screening**

The total number of patients screened in 2010 was 1198, with 101 new cases of diabetes identified by the centre. The number of referrals to the centre from health facilities totaled 142, with SOPD CWMH having the largest portion of referrals. The Diabetic High Risk Foot Clinic had a total of 2 144 attendees with an increase of 31% from 2009. The centre throughout the year 2010 conducted a total of 16 screenings.

SECTION 11: Tamavua/P.J. Twoomey Memorial Hospital and the National Rehabilitation Medicine Hospital

The institution is a specialist hospital catering to diseases such as Tuberculosis, Dermatological disorders and Rehabilitation medicine.

The TB Unit:

The TB programme has been granted aid from the Global Fund for five years for upgrading the laboratory facilities to international standards.

The Case detection rate was 67% for 2010; 142 registered cases of pulmonary TB (96% sputum positive for AFB) and 49 extra-pulmonary TB. The distribution of PTB was 74 in the Central- Eastern division and 22 in the Western division. Total mortality from TB was at 3 cases.

Outreach activities were conducted at the Suva sub-division health centres; Lami, Raiwaqa, Valelevu and Makoi health centres. Contact screening was conducted at the ANZ house and Legal Aid Commission.

Leprosy/Dermatology Unit:

The unit provided services to a total of 11 747 patients in the outpatient setting, with a total of 53 new admissions in 2010.

There were 7 cases of leprosy detected (3 new cases and 4 relapses).

Outreach activities in 2010 have included weekly clinics at the CWMH and a 2 monthly clinic at the Labasa Hospital (commenced on 13/1/10).

Rehabilitation Medicine:

The Hospital continued to cater for the needs of the spinal cord injured persons, stroke patients, amputees for prosthetic fitting, musculoskeletal cases and the care of the elderly persons.

The unit is housed in Ward I of the old TB Hospital and has 20 holding beds. The unit comprised of 28 staff (1 doctor, 1 sister in charge, 1 full time physiotherapist, JOCV volunteer physiotherapist, 1 prosthetist, 2 technical assistants, 10 registered nurses, 4 medical orderlies, 5 nurse aides, 1 counselor and 1 social worker).

The unit catered to 610 outpatients in 2010; 64 admissions; 222 physiotherapy patients. The majority of admissions were due to below knee amputation, followed by hemiplegics and then paraplegics.

SECTION 12: ASSET MANAGEMENT UNIT COMPONENT

Construction of New and Continuous Maintenance of All Health Infrastructure and Facilities:

- Maintenance work continued to be implemented during the year with a total budget of \$7million allocated for maintenance in the Sub-divisional area and \$4million allocated for the Urban Hospitals.
- Public Sector Improvement Program projects. The large number of projects undertaken also included the Laundry Upgrading Project (electrical upgrading component)

Table 25: Asset Management Allocations

SUBDIVISIONAL ALLOCATION	URBAN ALLOCATION
<ul style="list-style-type: none"> • A total of \$7million was allocated for maintenance of health facilities in the Sub divisional Medical Areas. At the beginning of 3rd Qtr the allocated amount was exhausted and an additional \$700,000 was accessed from Urban Allocation to cover the expenditure for the Sub divisional allocation. • From that allocation a total of 9 health centres, 8 nursing stations and 6 sub-divisional hospitals were maintained/renovated. • A Grade VI quarters Talaulia Nursing Station (Kadavu) was constructed and completed last year. 	<ul style="list-style-type: none"> • A total of \$4million was allocated for maintenance of the three 3 major hospitals; including the 3 specialized hospitals. • Refurbishment of Sukuna Ward was completed at the end of December. • Construction of Pacific Eye Department was completed in December, 2010. • Purchasing of a new CT Scan for Lautoka Hospital and Labasa Hospitals • Purchasing of a New Boiler for Lautoka Hospital. • Purchasing of 2 new Lifts for CWM Hospital. • Laundry Upgrading (Electrical Upgrading and purchasing of new padmol) for Nadi, Ba, Tavua & Rakiraki, Savusavu & Nabouwalu Hospitals.

- Loma Nursing Station – A fully funded project and funded by AUSAID. Ministry’s role was to have the plans vetted/approved by relevant stakeholders as well as facilitating land lease through NLTB/Lands Departments.
- Hub Centre – Labasa Hospital – Hub Centre constructed and completed last year.
- Bureta Health Centre Upgrading – 100% completion.
- Savusavu Hospital - Upgrade of A/E & GOPD – Major construction was completed at the end of last year.
- Lomaloma Hospital Upgrade – Construction of 1 x 4 Massonite Barrack completed last year.
- Rotuma Hospital Upgrade – Construction of 1 x 4 Massonite Barrack completed last year.



SECTION 13: CLIMATE CHANGE PROJECT

“Piloting Climate Change Adaptation to Protect Human Health in Fiji Project”

Fiji is one of the seven countries participating in a global project, funded by the Global Environmental Facility (GEF), to improve the capacity of the health sector to respond effectively to climate sensitive diseases (CSDs). The Fiji project began implementation in October 2010, with a national workshop to develop project activities and budget, and a national level stakeholder analysis to identify stakeholders critical to project success.

Project activities target the theme of “water stress”, in particular the sensitivity of four illnesses (dengue fever, typhoid fever, leptospirosis and diarrhoeal illnesses) to extremes of too much (floods) and too little (droughts) water. Within the health sector, there is a high degree of awareness of the relationship between hydro- meteorological disasters and illnesses like dengue fever and leptospirosis. Over its four-year implementation period, the project aims to produce and test climate- based early warning systems for the above diseases, strengthen institutional and mandates and procedures to respond to CSDs and pilot adaptation activities in selected areas. Adaptation activities are those that reduce the vulnerability of populations to impacts of climate change.”

SECTION 14: HUMAN RESOURCES AND TRAINING

The following is the staff establishment for the MoH for 2010:

Table 26: STAFF ESTABLISHMENT STATUS AS AT 31/12/2010

Cadres	Approved No.	No. Filled	No. Vacant
Medical Officers [MD01-MD06]	407	374	33
Medical Assistants [MD07]	9	7	2
Nursing [NU01-NU06]	1901	1861	40
Orderlies [NU07-NU08]	71	60	11
Dental Officers [DE01-DE03]	51	48	3
Para Dental [DE03-DE04]	150	134	16
Laboratory Technicians	141	140	1
Radiographers	67	62	5
Physiotherapists	35	34	1
Dieticians	57	52	5
Pharmacists	84	72	12
Environmental Health	119	122	-3
Administrative Staff	162	120	42
Accounting Staff	20	17	3
Secretary/Typist	52	37	15
Telephone Operators	10	8	2
Statisticians	13	9	4
Information Technology	9	6	3
Stores Officers	31	23	8
Other Classifications*	68	39	29
Total	3457	3225	232

*Other Classifications include HR/US [HQ], SS [Info. Officers], Librarians [IR], TG Cadre, Bio-Med [ES] & Other ,HW [Welfare Officers, National Emergency Coordinator, Orthotist, Research Asst]

Table 27: Attrition

Modes	Doctors	Dental	Nurse	Pharmacy	Parameds	Admin & Others	GWE	Total
Resignation	36	14	50	8	24	11	40	183
Deem Resign	2	2	13	2	7	1	24	51
Retirement	3	1	11	2	2	3	29	51
Deceased	0	0	2	0	0	0	2	4
Termination							2	2
Total	41	17	76	12	33	15	97	291

Industrial Relations Department Report

For the year 2010, the Ministry received a total of 79 cases. Of this number 66 cases were closed and the remaining pending cases were with PSC, FICAC and the MoH. Pending cases could not be cleared in the year in view of its offence and nature of the case.

Table 28: Ministry of Health Disciplinary cases for 2010

1.0 Number of case received	79
2.0 New Cases	2
3.0 Pending Cases	5
4.0 PSC Cases	4
5.0 Police/ FICAC Cases	2
6.0 Number of closed Cases	66

Table 29: Details of Ministry Disciplinary cases for 2010

IRD CASES FOR 2010		
1.0	Late arrivals/poor attendance	11
2.0	Appeal for reinstatement	3
3.0	Unethical Behavior	24
4.0	Misappropriation of funds	5
5.0	Insubordination	3
6.0	Discrepancies	1
7.0	Theft	7
8.0	Persona Grievances	2
9.0	Abuse of Office	1
10.0	Tempering with medical certificate	1
11.0	S/ Harassment/extra marital affairs	4
12.0	Split LPO's	1
13.0	Fraudulent activities	9
14.0	Lost Item	1
15.0	Poor performance	4
16.0	Conflict of interest	1
17.0	Misconduct/negligence	1

Program	Type of Students			Sponsor								
	New	Continue	Total	MOH	FAB	WHO	AUSAID	PSC	PEI	Private	Commonwealth	Total
Post Graduate Diploma in Anesthesia	1		1	1								1
Post Graduate Diploma in Pediatrics	0											0
Post Grad. Diploma in Ophthalmology		8	8						8			8
Post Graduate Diploma in Obs & Gynae	5		5	5								5
Post Grad. Dip. in Surgical & orthopedic	3		3	3								3
Post Graduate Diploma in Epidemiology	1		1	1								1
Post Graduate Dip. in Internal Medicine	2		2	2								2
Post Graduate Diploma in Public Health												-
Post Grad.Cert. in Health management	6		6	6								6
Post Graduate Diploma in Midwifery	55		55	55								55
Post Grad. Diploma in Mental Health	15		15	15								15
Post Grad. Certificate Reproductive	20		20	20								20
Nurse Practitioner	15		15	15								15
Cert in Diabetic Eye	2		2						2			2
Cert in Phlebotomy	13		13				10					13
	<u>FIT/TPAF/USP</u>											
Master in Management	1		1		1							1
Bachelor Management		1	1		1							1
Diploma in Electrical		1	1	1								1
Certificate in Carpentry		1	1	1								1
TOTAL	174	55	229	196	5	0	10	0	11	7	0	229

Table 31: 2010 Ministry Of Health Training Summary

No	Training Programmes	Number of students	Total Percentages
1	Local In- Service Training	229	41%
2	Overseas Training Full time	9	2%
3	Overseas Training Attachments, Meetings, Conferences, Seminars	180	31%
4	Local short training courses	145	26%
	TOTAL	563	100%

Table 32: Ministry Of Health Training Sponsorship Summary 2010

No	Sponsors	No of students sponsored	Total Percentages
1	Ministry of Health	295	53%
2	Public Service Commission	18	3.20%
3	Ministry of I'Taukei's Scholarship	8	1.40%
4	Ministry of Labour	31	6%
5	JICA	19	3.40%
6	WHO	60	10%
7	Fiji Health Sector improvement programme	72	12%
8	AUSAID	2	0.40%
9	NZ Government	12	2.20%
10	UN agencies	7	1.30%
11	Global Fund	6	1.10%
12	Red Cross	1	0.18%
13	South Pacific Commission	6	1.10%
14	Chinese Government	4	0.70%
15	Fiji School of Medicine	1	0.18%
16	Thailand Government	1	0.18%
17	Commonwealth	1	0.18%
18	Pacific Eye Institute [Fred Hollow's Foundation]	11	2%
19	Codex trust Fund	1	0.18%
20	Private	7	1.30%
	TOTAL	563	100%

TRAINING

Additional trainings provided:

• Bachelor of Public Health (nursing)

This is a homegrown course designed by Fiji National University [FNU] via the College of Medicine, Nursing and Health Sciences [CMNHS]. The course is planned to be offered in 2011 and is aimed at public health nurses who have a keen interest in public health nursing and would like to develop in the field.

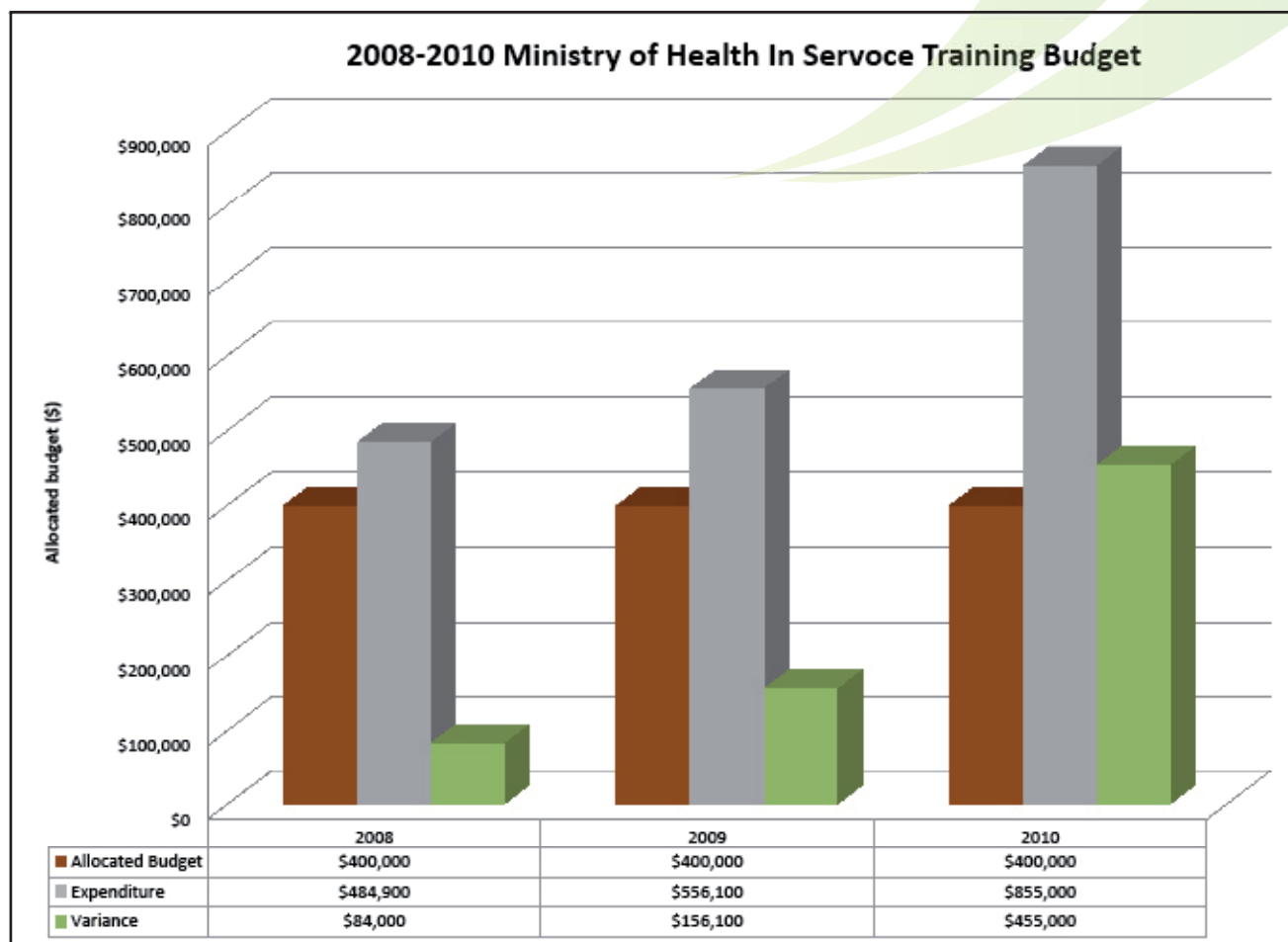
Discussions between the Division of Nursing and the Nursing faculty of the CMNHS are ongoing on the inclusion of Public Health Nursing as a nursing specialty. There has been an overwhelming interest expressed by nurses across the nursing spectrum on this course, which is planned to be offered by Distance Mode.

• Diabetic Training – Dr Manoa and nurses (National Diabetic Centre)

The staff of the National Diabetic center successfully underwent training at the Royal prince Alfred Hospital in Sydney in 2010. This training used a multi-disciplinary approach to diabetic management. The Training was made possible by the support from the Honourable Minister for Health - Dr. Neil Sharma, the Permanent Secretary for Health – Dr. Salanieta Saketa, The National Diabetes Foundation chairman - Dr. Abdul Wahid Khan, the Public Service Commission and the Training Division of MOH.

The actual monies allocated to the training division is graphed below:

Figure 7: Ministry of Health In-Service Training Budget 2008 - 2010



SECTION 15: THE RESEARCH UNIT

The research unit and the NHRC and the FNRERC collaborated to progress the research agenda in the country. The research committees also strove to maintain a high standard of ethical principles while approving research projects to ensure the protection of the subjects under investigation.

Table 33: Research Register 2010

FNRERC No.	Title of Research	Principal Investigator		Other Investigators	Status of Application	
		Last Name	First Name		Approved by Research Committee	Approved by ethics committee
2010-001	The Effect of Genetics and Lifestyle Transitions on Human Immune Gene Expression Profiles	Gibson	Gregory		pending	Approved
2010-002	Rheumatic factors and Rheumatic Heart Disease in Fiji; A Case Controlled Study	Dobson	Joelle		Approved	Not available
2010-003	Fiji Non - Communicable Diseases (NCD) Steps Survey 2010	Saketa	Salanieta		Approved	Approved
2010-004	Strengthening Mortality and Cause of Death Reporting in Pacific Island Health Information Systems (Causes of Death in Fiji from Unit Record Analysis)	Taylor	Richard		Approved	Not available
2010-005	TISI Sangam General Health Survey Examining Various Components Contributing to Member's Physical Health	Cozzolino	Christa		Approved	Not applicable
2010-006	Fiji Pnuemococcal Project-Final Report	Mulholland	Kim	Fiona Russell	Not Applicable	Not applicable
2010-007	Pilot Study of Nurse-Led Rheumatic Disease Echocardiography in Fiji:	Kado	Joseph	Samantha Colquhoun	Approved	Not available
2010-008	Does bat biodiversity matter in bat-plant interactions? Implications for conservation in Fiji	Scanlon	Annette		Approved	Not available
2010-009						
2010-010	Prevalence of Hepatitis B Virus and Dengue Fever Antibody amongst Blood Donors in Fiji.	Saketa	Salanieta		Approved	not available
2010-011	Attempted Suicide In Fiji: An analysis of archived clinical data to compare the clinical presentation of clients who are referred for attempted suicide to a matched clinical sample who did not attempt suicide	Henson	Connie	-	Reviewed and ammended	
2010-012	Field Validation of HIV Confirmatory Rapid Test Algorithm for Use in Pacific Island Countries and Territories (PICTs)	Best	Susan		review report forwarded to PI	
2010-013	Comparison of Three Treatment Regimes Using Ivermectin and/or Permethrin for a Localised Community Treatment Program for Scabies: Progress Report	Lomani	Lucia		Not Applicable	Not Applicable

2010-014	Study of relation between typhoid fever outbreak and water/sanitation in Fiji comparing three main divisions	Ueda	Aiko			Approved by PSH	Not Applicable
2010-015	The burden of hospitalised rotavirus infections in Fiji.	Jenny	Adam			Not Applicable	Not Applicable
2010-016	The Implications of Rollback of Health Sector Reform: A Human Resources Perspective	Mohd	Jalal			Pending	Not Applicable
2010-017	Rapid assessment of adherence to treatment among patients with chronic illnesses in Fiji.	Turagabeci	Amelia				
2010-018	Positive Research for Positive People: Strengthening HIV social research capacity in Fiji	Hammer	Lawrence J	Dr. Filomone Raiknikoda (MOH); Mr. Ferdinand Strobel (UNDP); Ms. Hilary Gorman (PIAF)		Currently being reviewed	
2010-019	Examination of the impact of alternative pneumococcal vaccination schedules on immunological memory and nasopharyngeal carriage in infants 4-6yrs of age	Mulholland	Kim	Dr. Paul Licciardi; Dr. Fiona Russell; Dr. Catherine Satzke		Currently being reviewed	
2010-020	Rotovirus Surveillance in Fiji-Progress Report	Jenny	Adam			Approval for extension	
2010-021	Impact of Iron fortified flour on anaemia and iron deficiency in CBA women (15 to <45yr) in Fiji	Koroivueta	Josefa	J. Schultz; P. Vatuawaqa		Pending	
2010-022	Health Related outcomes of valve surgery for rheumatic heart disease performed by a volunteer humanitarian team in Fiji	Mangnall	Lina Thompson	Dr. Donal Nagras		Approved	Approved
2010-023	STOP HIV: Sports Training and Outreach Program for HIV	Quinn	Sara			Approved	Approved
2010-024 (a-g)	Student proposals					Not Applicable	Approved
2010-025	What is driving the HIV epidemic in Fiji?	Tuiketei	Tima			Not available	
2010-026	The awareness and exposure of children to junk food advertising in Fiji	Hope	Silvia			Not available	
2010-027	Impact of stigma on mental health care seeking behaviour	Saketa	Salanieta			Not available	
2010-028	Establishing a haematological reference values from blood donor's at the Colonial War Memorial Hospital	Sepeti	Adriu			Not available	

SECTION 16: FINANCE

Budget allocation for 2010 was \$148,157,300 of which the budget of \$3,193,400 for Fiji School of Nursing was paid to Fiji National University as a grant. An additional sum of \$12,368,100 was given as an AID – IN-KIND. With a review of the 2010 Budget in July 2010 a total sum of \$9.4m was taken out from Seg 1 – Established Staff and Seg 2 – Government Wage Earners. That reduced the Budget to \$138,714,500.

Table 34: Segregation of the 2010 Budget

Program/ Activity	Total Budget	% over the Total Health Budget
Program 1 Activity 1 -Administration	\$16,339,700	11.03%
Program 1 Activity 2 – Research	\$557,200	0.38%
Program 2 Activity 1 – Urban Hospitals	\$64,937,000	43.83%
Program 2 Activity 2 – Sub-Divisional, Health Centres and Nursing Stations	\$36,301,500	24.51%
Program 2 Activity 3 – Public Health	\$5,177,500	3.49%
Program 2 Activity 4 – Drugs & Medical Supplies	\$17,708,000	11.95%
Program 3 Activity 1 – Hospital Services	\$3,111,400	2.10%
Program 3 Activity 2 – Fiji School of Nursing	\$3,193,400	2.16%
Program 4 Activity 1 - Senior Citizens Home	\$831,000	0.57
Total Budget	\$148,157,300	100%

Table 35: Proportion of Health Budget over National Budget

Year	Health Budget	National Budget	% over Total Budget
2010	\$148,157,300	\$1,706,597,500	8.68%

Table 36: Revised Budget - July 2010

Year	MOH Budget	Personnel Emoluments – Established &GWE	Goods & Services Operating Expenditure
2010	\$138,714,500	\$71,404,500	\$60,532,900

Based on the revised budget as per above table 3, approximately 51.48% of the annual budget was utilized on Personnel Emoluments and 43.64% was spent on goods and services. The balance of 0.49% was allocated to VAT.

MINISTRY OF HEALTH
Statement of Receipts and Expenditure for the Year Ended 31st December 2010
 (Table 37)

	TNotes	2010 (\$)	2009 (\$)
RECEIPTS			
State Revenue			
Operating Revenue		585,771	3,292,242
Total State Revenue	3 (a)	585,771	3,292,242
Agency Revenue			
Health/Fumigation & Quarantine		191,412	148,133
Hospital fees		1,020,470	766,408
Licence-Others		527,769	0
Fiji School of Nursing		405,966	673,774
Total Agency Revenue		2,145,617	1,588,315
TOTAL RECEIPT	3(b)	2,731,388	4,880,557
EXPENDITURE			
Operating Expenditure			
Established Staff	3 (c)	71,249,020	72,009,535
Unestablished Staff	3 (d)	12,617,553	14,982,759
Travel & Communication		3,292,880	3,296,804
Maintenance & Operations	3 (e)	9,992,150	9,001,340
Purchase of Goods & Services	3 (f)	25,678,965	24,800,646
Operating Grants & Transfers	3 (g)	6,286,607	22,949,312
Special Expenditure	3 (h)	3,635,770	2,835,545
Total Operating Expenditure		132,752,945	149,875,941
Capital Expenditure			
Construction	3 (i)	5,044,490	5,698,306
Purchases	3 (j)	6,580,228	17,268,994
Grants & Operations	3 (k)	200,000	1,555,199
Total Capital Expenditure		11,824,718	24,522,499
Value Added Tax	3 (l)	9,252,515	6,386,120
TOTAL EXPENDITURE		153,830,178	180,784,560

Table 38

TMA Trading Account for the Year Ended 31st December, 2010

Manufacturing Account	2010	2009
	(\$)	(\$)
Opening Raw Materials	0	0
Purchases	598,209	500,620
	<u>598,209</u>	<u>500,620</u>
<i>Less:</i> Closing Raw Materials	0	0
Raw Materials Used	598,209	500,620
<i>Add:</i> Opening Work in Progress	0	0
	<u>598,209</u>	<u>500,620</u>
Direct Labour	0	0
<i>Less:</i> Closing Work in Progress	0	0
	<u>598,209</u>	<u>500,620</u>
Cost of Manufactured Goods Transferred to Trading Account	598,209	500,620
	<u>598,209</u>	<u>500,620</u>
	2010	2009
	(\$)	(\$)
Sales	676,414	712,720
Opening Stock of Finished Goods	0	0
<i>Add:</i> Cost of Manufactured Goods transferred from Manufacturing Account	598,209	500,620
	<u>598,209</u>	<u>500,620</u>
<i>Less:</i> Closing Stock of Finished Goods	38,722	500,620
Cost of Finished Goods Sold	559,487	500,620
	<u>559,487</u>	<u>500,620</u>
Gross Profit Transferred to Profit & Loss Statement	116,927	212,100
	<u>116,927</u>	<u>212,100</u>

TMA PROFIT AND LOSS STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2010

(Table 39)

INCOME	2010	2009
	(\$)	(\$)
Gross Profit transferred from Trading Account	116,927	212,100
Total Income	116,927	212,100
EXPENSES		
Salaries	47,631	15,616
Stationery	0	709
Travel & Communications	1,737	911
Maintenance & Operations	6,040	4,664
Bank Charges	0	256
VAT	53,535	0
Total Expenses	108,943	22,156
NET PROFIT	7,984	189,944

TMA BALANCE SHEET FOR THE YEAR ENDED 31 DECEMBER 2010

(Table 40)

	2010	2009
	(\$)	(\$)
Current Assets		
Cash at Bank	688,712	804,466
Account receivables	67,024	38,593
Finished Goods	38,721	
Total Current Assets	794,457	843,059
Current Liabilities		
Accounts Payable	7,137	114,804
Tax Payable	0	53,535
Total Current Liabilities	7,137	168,339
NET ASSETS	787,320	674,720
EQUITY		
TMA Surplus Capital Retained CF	42,510	0
TMA ACC Surplus	744,810	0
Net Profit 2008 transferred from Profit Account	0	-15,224
Net profit yet to be provided	0	189,944
TMA Revolving Fund	0	500,000
Total	787,320	674,720

APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2010

(Table 41)

SEG	Item	Budget Estimate (\$)	Appropriation Changes (\$)	Revised Estimate (\$)	Actual Expenditure (\$)	Carry-Over (\$)	Lapsed Appropriation (\$)
1	Established Staff	61,835,073	3,243,507	65,078,580	71,249,020	---	-6,170,440
2	Unestablished Staff	9,569,400	0	9,569,400	12,617,553	---	-3,048,153
3	Travel & Communication	3,251,100	382,222	3,633,322	3,292,880	---	340,442
4	Maintenance & Operations	8,813,300	372,894	9,186,194	9,992,150	---	-805,956
5	Purchase of Goods & Services	24,548,800	-2,750,999	21,797,801	25,678,965	---	-3,881,164
6	Operating Grants & Transfers	6,116,747	1,434,793	7,551,540	6,286,607	---	1,264,933
7	Special Expenditure	5,900,900	-1,963,096	3,937,804	3,635,770	---	302,034
	Total Operating Costs	120,035,320	719,321	120,754,641	132,752,945	---	-11,998,304
	Capital Expenditure						
8	Construction	7,336,000	-1,831,798	5,504,202	5,044,490	---	459,712
9	Purchases	4,366,080	1,237,887	5,603,967	6,580,228	---	-976,261
10	Grants & Transfers	200,000	0	200,000	200,000	---	0
	Total Capital Expenditure	11,902,080	-593,911	11,308,169	11,824,718	---	-516,549
13	Value Added Tax	6,777,100	-125,410	6,651,690	9,252,515	---	-2,600,825
	TOTAL EXPENDITURE	138,714,500	0	138,714,500	153,830,178	---	-15,115,678

Significant Variations

a) The state revenue decreased by \$2,706,471 or 82.21% in 2010 compared to 2009. This is because the revenue reflected in 2009 included the revenue of Social Welfare and Women, which had a lot of un-presented cheques. In 2010, separate financial statements have been prepared for the Ministry of Social Welfare and Women and Poverty Monitoring.

b) The agency revenue of the Ministry increased by \$557,302 or 35.08% in 2010 compared to 2009. This was mainly due to the improvement in the strategies for collection of arrears of revenues from the shipping companies and the Ministry established its Food Unit in 2010 which resulted in increase in agency revenue

c) The Established Staff costs decreased by \$760,515 or 1.1% in 2010 compared to 2009. This was mainly due to retirements of staffs whose positions were not filled.

d) The Un-Established staff costs decreased by \$2,365,206 or 15.79% in 2010 compared to 2009. This was due to outsourcing of cleaning services at Lautoka and Labasa Hospital's.

e) The Maintenance and operations costs increased by \$990,810 or 11% in 2010 compared to 2009 due to increase in FEA charges and increase in repair costs for vehicles under Sub-divisional allocations.

- f) The Purchase of Goods and Services costs increased by \$878,319 or 3.54% in 2010 compared to 2009 due to increase in the market price of basic food items that are procured for major hospitals for inward patients.
- g) The Operating Grant and Transfers costs decreased by 16,662,705 or 72.61% in 2010 compared to 2009 due to reduction in Fiji School of Medicine operations. In addition, the family assistance allowance and care and protection allowance has been reduced to zero in 2010 after Social Welfare was separated from Ministry of Health in 2010
- h) The Special Expenditure increased by \$880,225 or 28.22% in 2010 compared to 2009. This was mainly due to the transfer of Fiji School of Nursing budget to the special allocation that was later paid to Fiji National University.
- i) The Capital Construction costs decreased by \$653,816 or 11.47% in 2010 compared to 2009. This was due to the delay of the preparation of sites where constructions of buildings was supposed to be done.
- j) The Capital Purchases costs decreased by \$10,688,766 or 61.89% in 2010 compared to 2009. The significant reduction was attributed to the reduction in the purchases of Bio-medical equipments in 2010.
- k) The Capital Grants and Operations costs decreased by 1,355,199 or 87.14% in 2010 compared for 2009. The massive reduction was due to the fact that in 2010 the Poverty alleviation projects funding had been transferred to the Ministry of Social Welfare.

SECTION 17 OBITUARY

We express our deepest sympathy to the families and friends of our dear colleagues who have passed on during the year. They have served the government and the people of Fiji with dedication and sacrifice.

1. Dr. Vilikesa Rabukawaqa [EDP 19153], Program Director Fiji Health Sector Improvement Program, FHSIP had served for 34 years.
2. Mr. Kamal Sharma [EDP 47636], Principal Admin. Officer, MOH Headquarters, had served for 23 years.
3. Mrs Mereia Saurotu [EDP 16758], Acting Principal Accounts Officer, MOH Headquarters, had served 37 years.
4. Mrs Siteri Navia [EDP 31461], Nurse Practitioner, Lautoka Hospital, had served for 12 years.
5. Mrs Luisa Vesikula [EDP 32369], Staff Nurse in CWM Hospital, had served for 17 years.
6. Mr. Inoke Ratulo [EDP 59167], Domestic Assistant, Lautoka Hospital, had served for sixteen years.
7. Mrs. Silovate Salusalu [EDP 32584], Staff Nurse, CWM Hospital, had served for 15 years.
8. Ms. Elenoa Lagilagi [PF 10096], Relieving Clerical Officer, MOH Headquarters, had served for 2 years.
9. Mr. Samuela Bavoro [OF 645], Labourer, Tamavua/Twomey Hospital.
10. Mr. Semesa Vugona [LD 372], Cook III, Tamavua Hospital.
11. Mr. Mesake Biumaiwai [LV 841], Labourer, Tamavua Hospital.

May their souls Rest in Peace.

SECTION 18: CONCLUSION

The year 2010 yielded many challenges due to the dynamic changes in the health services arena. Shortages and problems in the areas of:

Human resources for health;
Financing;
Medications and supplies;
Equipment;

continued to pose threats to efficient delivery of health care.

The efforts to achieve the Millennium Development Goals continue despite these shortfalls in the health sector in Fiji.

We are greatly indebted to our development partners in providing continued assistance for health systems strengthening.

The Ministry of Health will continue the endeavor to realize equitable health service delivery to the people of the Republic of Fiji and ensure quality healthcare outputs while working with all stakeholders in health and its development partners.

APPENDICES

HEALTHY ISLAND SETTINGS

(Table 42):

Western

Health Promotion Settings	Locality	Activities
Tavualevu Village	Tavua Medical Area	Discussion with Tui Tavua on a 4 days workshop on Healthy Community also present is HPO Western ICD training conducted by NCHP Presentation of Village Profile Formulation of action plan Over 200 participants from all village section attended Action Plan is sent back from NCHP for endorsement by the village Action plan presentation to the village for endorsement
Koro and Drala Village	Nadarivatu	
Nanuku Village	Nanuku	flush toilet project (survey conducted)
Tavarau Indian Settlement	Tavarau	Profiling underway/ conducted medical outreach also organized. Yet to be handed in(report)
Sasa Village	Sasa/ Bulu	Mobilizing Community support. Follow-up an evaluation of drainage project. Village inspection and surveyed Aus-aid visit.
Balevuto Village	Balevuto	Flush Toilet Project Foot Path Project House for Talatala
Natunuku Village	Natunuku	Health/ Committee, Turaga ni Koro awaiting village inspection.
Namau Public	Namau	Re-visit for/ of school for monitoring purpose
Navala Catholic	Navala	Re-visit for/ of school for monitoring purpose
Yaloku Village/ Rara Village and Tukuraki Village	Nalotawa, Ba	No visit because of transport constraints
Koroqaqa Village	Nailaga, Koroqaqa	No visit due to transport constraints
Schools	Dreketi Sangam School, School	Clean up of school compound. Renovations to school buildings. Changing of school signboard, funded through FHSIP.

		<ul style="list-style-type: none"> • New ablution unit. • New dining Hall • Improved current water supply system.
Nakalou Village	Macuata	<ul style="list-style-type: none"> • Nakalou day • Water Project proposal • Awaiting draft action plan.
Healthy Cedranasiga	Macuata	<ul style="list-style-type: none"> • Construction of 3 new concrete classrooms. • Introduction of electricity, photocopy machine, telephone, fax machine to upgrade school facilities. • Renovation of teacher's quarters.
Nabekavu	Nabekavu	<ul style="list-style-type: none"> • In progress- water supply project.
Healthy Wailevu Village	Wailevu Village, Macuata	<ul style="list-style-type: none"> • Healthy committee formed. • Project drainage in progress.
Healthy Duavata Village	Duavata Primary School.	<ul style="list-style-type: none"> • Erection of new dormitory to alleviate overcrowding.
Healthy Nabiti Village	Nabiti Village, Macuata	<ul style="list-style-type: none"> • Water seal toilet constructed. 1/3 collection for water supply project.
Healthy Dreketi High School	Dreketi High School, Macuata	<ul style="list-style-type: none"> • Painting and repairing of school completed.
Healthy Bulileka Lowcost	Bulileka, Labasa	<ul style="list-style-type: none"> • Health committee proposing a police post and maintenance to the renovation site.
Healthy Sizzlers Restaurant	Labasa Town	<ul style="list-style-type: none"> • Restaurant moved to a new building with new improved facilities (completed).
Coqeloa Settlement	Coqeloa	<ul style="list-style-type: none"> • Water Tank - In progress. • Health Promotion talks, teaching the community on profiling and drawing up of action plan. • 20 people attended the Health Promotion workshop.
Vunivutu Indian Settlement	Vunivutu	<ul style="list-style-type: none"> • Health Promotion talks, teaching the community on profiling and drawing up of action plan. • 30 people attended the Health Promotion workshop.
Wavuwavu & Papalagi Indian Settlement	Wavuwavu	<ul style="list-style-type: none"> • Health Promotion talks, teaching the community on profiling and drawing up of action plan. • 90 people attended the Health Promotion workshop.
Navualevu, Chadmari, Nubu Indian Settlement	Wainikoro	<ul style="list-style-type: none"> • Health Promotion talks, teaching the community on profiling and drawing up of action plan. • 100 people attended the Health Promotion workshop.
Lagalaga No .15	Wainikoro	<ul style="list-style-type: none"> • Profiled - \$2,500
Nasaqa	Nasaqa	<ul style="list-style-type: none"> • Profiled / Action Plan

Naqai	Korowiri	<ul style="list-style-type: none"> • Profiled / Action Plan
Wasavulu	Wasavulu	<ul style="list-style-type: none"> • Profiled / Action Plan
Nacula	Korowiri	<ul style="list-style-type: none"> • Profiled / Action Plan
Nakama	Waiqele	<ul style="list-style-type: none"> • Profiled / Action Plan
Batiri	Dreketi	<ul style="list-style-type: none"> • Profiled / Action Plan
Nubu Flush Toilet Project	Nubu	<ul style="list-style-type: none"> • Profiled - \$4,552
Dogotuki District School	Dogotuki	<ul style="list-style-type: none"> • Proposed footpath for students. • Profiled / Action Plan - \$4,659.50
Nasasa Village	Nadogo	<ul style="list-style-type: none"> • Profiled / Action Plan - \$5,014.80
Nayarabale Village	Nayarabale	<ul style="list-style-type: none"> • Water Supply Project Profiled / Action Plan
Rauriko	Dogotuki	<ul style="list-style-type: none"> • Profiled / Action Plan
Nasealevu Settlement	Nasealevu	<ul style="list-style-type: none"> • Profiled / Action Plan - \$4,879.50
Lagi, Dogotuki	Macuata	<ul style="list-style-type: none"> • Water Project - \$6,217.52 • Training! Action Plan/Profiled
Ravuka, Namuka	Macuata	<ul style="list-style-type: none"> • Water Project • Training • Action Plan/Profiled
Vunividamu, Lagalaga	Macuata	<ul style="list-style-type: none"> • Water Project - \$6,096.50 • Training • Action Plan/Profiled
Gero Island, Namuka	Macuata	<ul style="list-style-type: none"> • Bathroom and toilet project - \$4,669 • Training • Action Plan/Profiled
Kawakawadogo Settlement	Wainikoro	<ul style="list-style-type: none"> • Training • Action Plan/Profiled • Water Project - \$1,553.65
Dogotuki Village	Wainikoro	<ul style="list-style-type: none"> • Training • Action Plan/Profiled • Water Project - \$8,472
Nakelikoso Village	Wainikoro	<ul style="list-style-type: none"> • Training • Action Plan/Profiled • Water Project - \$2,269.20
Qaranivai, Dogotuki	Macuata	<ul style="list-style-type: none"> • Water Tank - \$4,500 • Training • Action Plan/Profiled

Vunivutu, Wainikoro	Macuata	<ul style="list-style-type: none"> • 7 flush toilet project Training / Action Plan/Profiled
Healthy Nawailevu village	Bua	<ul style="list-style-type: none"> • On going monitoring including awareness on Typhoid, Leptospirosis & Dengue. Refresher training of Health worker. The village won the cleanliest setting competition in the Lekutu medical Area.
Healthy Narawaqa Primary School	Bua	<ul style="list-style-type: none"> • Monitoring in progress. European Union funded an Ablution Unit and a Teachers Quarters sanitation Program maintained well.
Healthy Soti Settlement	Bua	<ul style="list-style-type: none"> • Community came up with a water supply project Request of water tank to Multi Ethnic Affairs
Healthy Naruwai Village School:	Bua	<ul style="list-style-type: none"> • Completion of H/Teachers Qrt (funded by Ministry of education), school purchase more furniture's with alterations to classrooms (school funded)
Healthy Nabouwalu Hospital	Bua	<ul style="list-style-type: none"> • Revived setting again with complement of the Monitoring and Evaluation candidate from Nabouwalu. Each unit competes on the most cleanest at the end of the year. All staff taking half day out every Friday doing general cleaning within hospital compound and participate in sports.
Healthy Naruwai Village	Bua	<ul style="list-style-type: none"> • Setting dealing with issue on their own arrangement and own cost like improvement to sanitation, organizing farming schemes amongst all men in the village to improve food security and financial status of each individual families.
Healthy Waisa Village	Kubulau, Bua	<ul style="list-style-type: none"> • community profiled, Training and action Plan formulated
Healthy Nabouwalu Market:	Bua	<ul style="list-style-type: none"> • Bua Rural Local Authority Board members with vendors' rep trained and action plan formulated. Renovation to ablution block and fencing work commenced with own funding
Healthy Yadua Is	Bua	<ul style="list-style-type: none"> • Profiling & Training done and action plan developed. 10. Lekutu Health Centre Staff with Health Promotion Unit Labasa facilitated training for Healthy Nasarawaqa village and Namuavoivoi village.

Central

Health Promotion Settings	Locality	Activities
Healthy Natadrave Village	Dawasamu	• Funding for W/C project small grant scheme FHSIP
Healthy Korovou Town	Korovou	• Renovation and upgrading of Korovou public toilet for user payer system
Healthy Korovou Town	Korovou	• Cleaning campaign by Nakalawaca village youth
Health Burelevu Village Setting	Burelevu Namena	• Health promotion training village for Burelevu setting
Health Promoting Dakuinuku Village	Sawakasa	
Tubalei village	Namara	
Nalealawaca	Namara	• Profiling to be conducted
Naiborebore	Vugalei	• Water supply tank installed
Vagalei village	Vugalei	
Namulomulo	Vugalei	
Goodman Fielder	Colo-i-suva	• Screening of workers
Nausori Health Centre	Nausori	• Profiling & screening of workers
Koronivia Research Station	Koronivia	• Screening of workers
PWD Treatment Plant	Waila	
Nadaro village	Vugalei	• Village inspection
Nadoi village	Rewa	• New kitchen, toilet & repairing of kitchen
Dawalioto/Sauva	Logani	• New Toilets, refuse disposal, general cleaning
Naikawaga	Namara	• Action plan formulated
Naqeledamu	Bau	
Waisalulu	Vutia, Rewa	
Nadoi	Rewa	• Clean up
Saura	Bau	
Corbett Avenue	Princess Rd	
Serua Tikina	Serua Province - Korovisilou vill,	
	Yanuca I	• Collection of village profile forms
Nuku Tikina	Nuku vill, Wainadiro vill - Serua	
	Province	
Healthy Workplace	Navua Rural Local Authority	• Submit proposal for funding to GMCH (C/E)
		• Submit with Action Plan

Health Promotion Settings	Locality	Activities
	Navua Market	• Concept introduce to market vendors • Proposed meeting to follow up health committee
Serua Province	Serua Province	• Discussion with Roko Tui for progress of village profiling • Resources to be provided
Wai settlement	Wailoku	• Community Hall being built by funds from Multi-Ethnic Affairs
Sakoca	Tamavua	• Community to look for funds to provide "Ezi bins" for refuse disposal for the community
Healthy School	Tacirua Primary School	• In progress
Waigasa settlement	Lami	• Project complete
Waiqanake District School	Lami	• Proposal submitted to HIP officers
Bilo settlement	Lami	• Profiling in progress
Namakala settlement	Lami	
Maloku sector	Qauia Lami	• Profiling completed
Namosi sector	Qauia, Lami	
Raiwaqa Health centre	Raiwasa	• Auditing completed

Eastern

Health Promotion Settings	Locality	Activities
-	-	-

Northern

Health Promotion Settings	Locality	Activities
Yacata Island	Yacata	<ul style="list-style-type: none"> • Survey completed
Malaya Settlement	Malaya	<ul style="list-style-type: none"> • Survey & report completed
Navutu Village	Wailevu East, Cakaudrove	<ul style="list-style-type: none"> • ICD training
Valova Village	Wailevu East, Cakaudrove	<ul style="list-style-type: none"> • ICD training
Vunidamu Village	Wailevu East, Cakaudrove	<ul style="list-style-type: none"> • ICD training
Navibia Settlement	Wailevu East, Cakaudrove	<ul style="list-style-type: none"> • ICD training
Nasigasiga Village Setting	Dreketi	<ul style="list-style-type: none"> • Construction of 29 new water seal toilets completed • Proposed new water tank (10,000 gallon) & village footpath completed • General cleaning of village as on going program
Nubunikavula	Korotari	<ul style="list-style-type: none"> • Proposed 15 new flush toilets • New village dispensary completed • Village footpath proposed • Improvements to church
Nasigasiga Village Setting	Dreketi	<ul style="list-style-type: none"> • Construction of 29 new seal toilet - Completed. • Proposed new water tank (10,000 gallon) village footpath - completed. • Improve housing condition - 5 new houses • General cleaning of village as on going program
Nubunikavula	Korotari	<ul style="list-style-type: none"> • Proposed 15 new flush toilets. • New village dispensary -completed • Village footpath -proposed • Improvement to church
Naduri Village	Naduri	<ul style="list-style-type: none"> • Completion of new community hall. • Completion of community ablution unit for the hall • Completed water catchments area. • Footpath awaiting the release of funds completed.
Nasealevu Village	Labasa	<ul style="list-style-type: none"> • Digging of refuse pits for all village households. • Cleaning of the creek dissecting the village. • Construction of 32 new flush toilets
Maramarua District School	Dreketi	<ul style="list-style-type: none"> • Extension for additional classrooms, office and library.

		<ul style="list-style-type: none"> • New ablution unit. • New dining Hall • Improved current water supply system.
Nakalou Village	Macuata	<ul style="list-style-type: none"> • Nakalou day • Water Project proposal • Awaiting draft action plan.
Healthy Cedranasiga	Macuata	<ul style="list-style-type: none"> • Construction of 3 new concrete classrooms. • Introduction of electricity, photocopy machine, telephone, fax machine to upgrade school facilities. • Renovation of teacher's quarters.
Nabekavu	Nabekavu	<ul style="list-style-type: none"> • In progress- water supply project.
Healthy Wailevu Village	Wailevu Village, Macuata	<ul style="list-style-type: none"> • Healthy committee formed. • Project drainage in progress.
Healthy Duavata Village	Duavata Primary School.	<ul style="list-style-type: none"> • Erection of new dormitory to alleviate overcrowding.
Healthy Nabiti Village	Nabiti Village, Macuata	<ul style="list-style-type: none"> • Water seal toilet constructed. 1/3 collection for water supply project.
Healthy Dreketi High School	Dreketi High School, Macuata	<ul style="list-style-type: none"> • Painting and repairing of school completed.
Healthy Bulileka Lowcost	Bulileka, Labasa	<ul style="list-style-type: none"> • Health committee proposing a police post and maintenance to the renovation site.
Healthy Sizzlers Restaurant	Labasa Town	<ul style="list-style-type: none"> • Restaurant moved to a new building with new improved facilities (completed).
Coqeloa Settlement	Coqeloa	<ul style="list-style-type: none"> • Water Tank - In progress. • Health Promotion talks, teaching the community on profiling and drawing up of action plan. • 20 people attended the Health Promotion workshop.
Vunivutu Indian Settlement	Vunivutu	<ul style="list-style-type: none"> • Health Promotion talks, teaching the community on profiling and drawing up of action plan. • 30 people attended the Health Promotion workshop.
Wavuwavu & Papalagi Indian Settlement	Wavuwavu	<ul style="list-style-type: none"> • Health Promotion talks, teaching the community on profiling and drawing up of action plan. • 90 people attended the Health Promotion workshop.
Navualevu, Chadmari, Nubu Indian Settlement	Wainikoro	<ul style="list-style-type: none"> • Health Promotion talks, teaching the community on profiling and drawing up of action plan. • 100 people attended the Health Promotion workshop.
Lagalaga No .15	Wainikoro	<ul style="list-style-type: none"> • Profiled - \$2,500
Nasaqa	Nasaqa	<ul style="list-style-type: none"> • Profiled / Action Plan

Naqai	Korowiri	<ul style="list-style-type: none"> • Profiled / Action Plan
Wasavulu	Wasavulu	<ul style="list-style-type: none"> • Profiled / Action Plan
Nacula	Korowiri	<ul style="list-style-type: none"> • Profiled / Action Plan
Nakama	Waiqeale	<ul style="list-style-type: none"> • Profiled / Action Plan
Batiri	Dreketi	<ul style="list-style-type: none"> • Profiled / Action Plan
Nubu Flush Toilet Project	Nubu	<ul style="list-style-type: none"> • Profiled - \$4,552
Dogotuki District School	Dogotuki	<ul style="list-style-type: none"> • Proposed footpath for students. • Profiled / Action Plan - \$4,659.50
Nasasa Village	Nadogo	<ul style="list-style-type: none"> • Profiled / Action Plan - \$5,014.80
Nayarabale Village	Nayarabale	<ul style="list-style-type: none"> • Water Supply Project Profiled / Action Plan
Rauriko	Dogotuki	<ul style="list-style-type: none"> • Profiled / Action Plan
Nasealevu Settlement	Nasealevu	<ul style="list-style-type: none"> • Profiled / Action Plan - \$4,879.50
Lagi, Dogotuki	Macuata	<ul style="list-style-type: none"> • Water Project - \$6,217.52 • Training! Action Plan/Profiled
Ravuka, Namuka	Macuata	<ul style="list-style-type: none"> • Water Project • Training • Action Plan/Profiled
Vunividamu, Lagalaga	Macuata	<ul style="list-style-type: none"> • Water Project - \$6,096.50 • Training • Action Plan/Profiled
Gero Island, Namuka	Macuata	<ul style="list-style-type: none"> • Bathroom and toilet project - \$4,669 • Training • Action Plan/Profiled
Kawakawadogo Settlement	Wainikoro	<ul style="list-style-type: none"> • Training • Action Plan/Profiled • Water Project - \$1,553.65
Dogotuki Village	Wainikoro	<ul style="list-style-type: none"> • Training • Action Plan/Profiled • Water Project - \$8,472
Nakelikoso Village	Wainikoro	<ul style="list-style-type: none"> • Training • Action Plan/Profiled • Water Project - \$2269.20
Qaranivai, Dogotuki	Macuata	<ul style="list-style-type: none"> • Water Tank - \$4.500 • Training • Action Plan/Profiled

Vunivutu, Wainikoro	Macuata	<ul style="list-style-type: none"> • 7 flush toilet project Training / Action Plan/Profiled
Healthy Nawailevu village	Bua	<ul style="list-style-type: none"> • On going monitoring including awareness on Typhoid, Leptospirosis & Dengue. Refresher training of Health worker. The village won the cleanest setting competition in the Lekutu medical Area.
Healthy Narawaqa Primary School	Bua	<ul style="list-style-type: none"> • Monitoring in progress. European Union funded an Ablution Unit and a Teachers Quarters sanitation Program maintained well.
Healthy Soti Settlement	Bua	<ul style="list-style-type: none"> • Community came up with a water supply project Request of water tank to Multi Ethnic Affairs
Healthy Naruwai Village School:	Bua	<ul style="list-style-type: none"> • Completion of H/Teachers Qrt (funded by Ministry of education), school purchase more furniture's with alterations to classrooms (school funded)
Healthy Nabouwalu Hospital	Bua	<ul style="list-style-type: none"> • Revived setting again with complement of the Monitoring and Evaluation candidate from Nabouwalu. Each unit competes on the most cleanest at the end of the year. All staff taking half day out every Friday doing general cleaning within hospital compound and participate in sports.
Healthy Naruwai Village	Bua	<ul style="list-style-type: none"> • Setting dealing with issue on their own arrangement and own cost like improvement to sanitation, organizing farming schemes amongst all men in the village to improve food security and financial status of each individual families.
Healthy Waisa Village	Kubulau, Bua	<ul style="list-style-type: none"> • <i>community profiled</i>, Training and action Plan formulated
Healthy Nabouwalu Market:	Bua	<ul style="list-style-type: none"> • Bua Rural Local Authority Board members with vendors' rep trained and action plan formulated. Renovation to ablution block and fencing work commenced with own funding
Healthy Yadua Is	Bua	<ul style="list-style-type: none"> • Profiling & Training done and action plan developed. 10. Lekutu Health Centre Staff with Health Promotion Unit Labasa facilitated training for Healthy Nasarawaqa village and Namuavoivoi village.

Figure 8: Structure of National Blood Services:

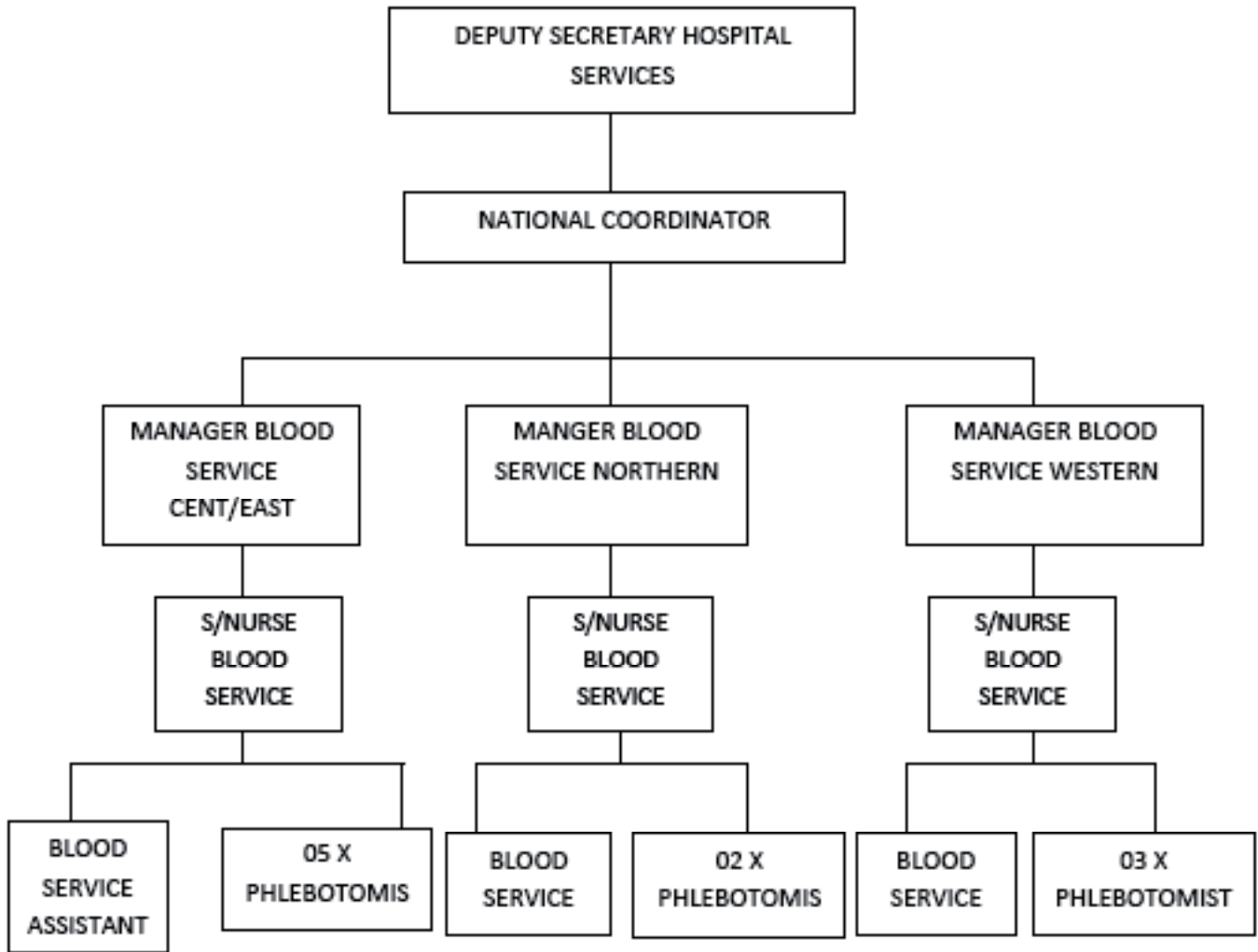


Figure 9: TB Registered Cases - 2010

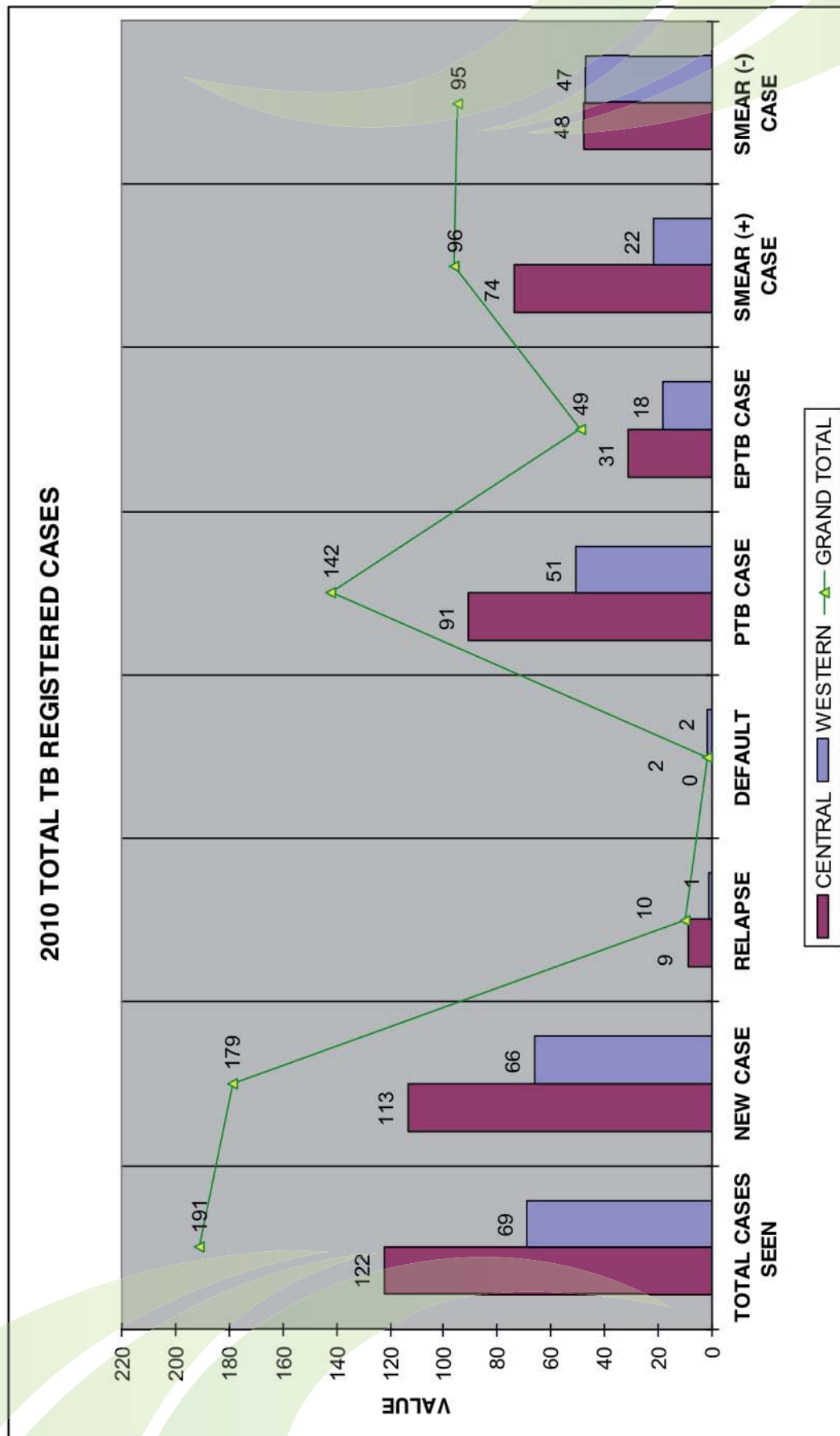


Figure 10 : Typhoid Cases from 2000 - 2010

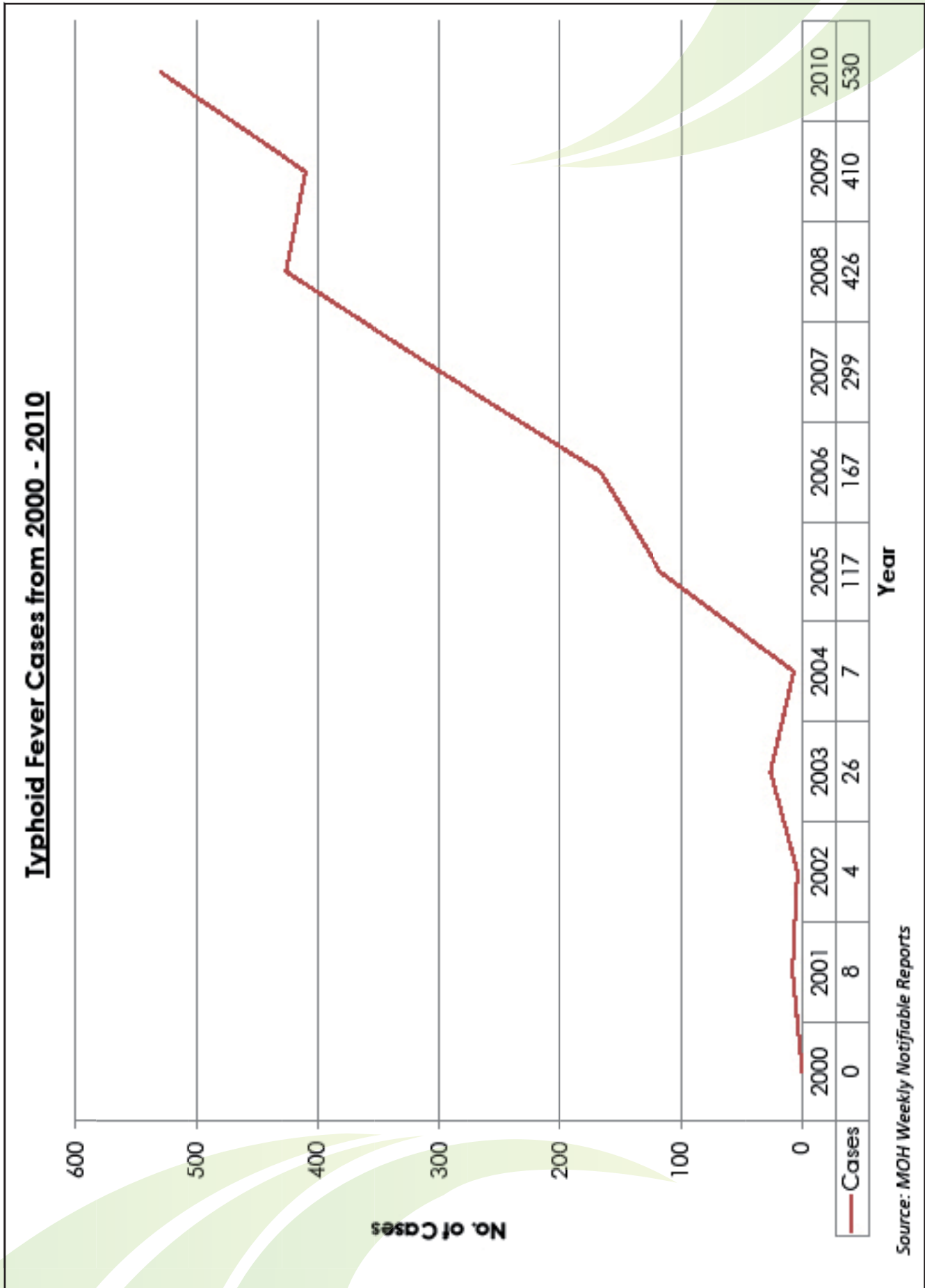


Figure 11: Influenza Cases from 2000 - 2010

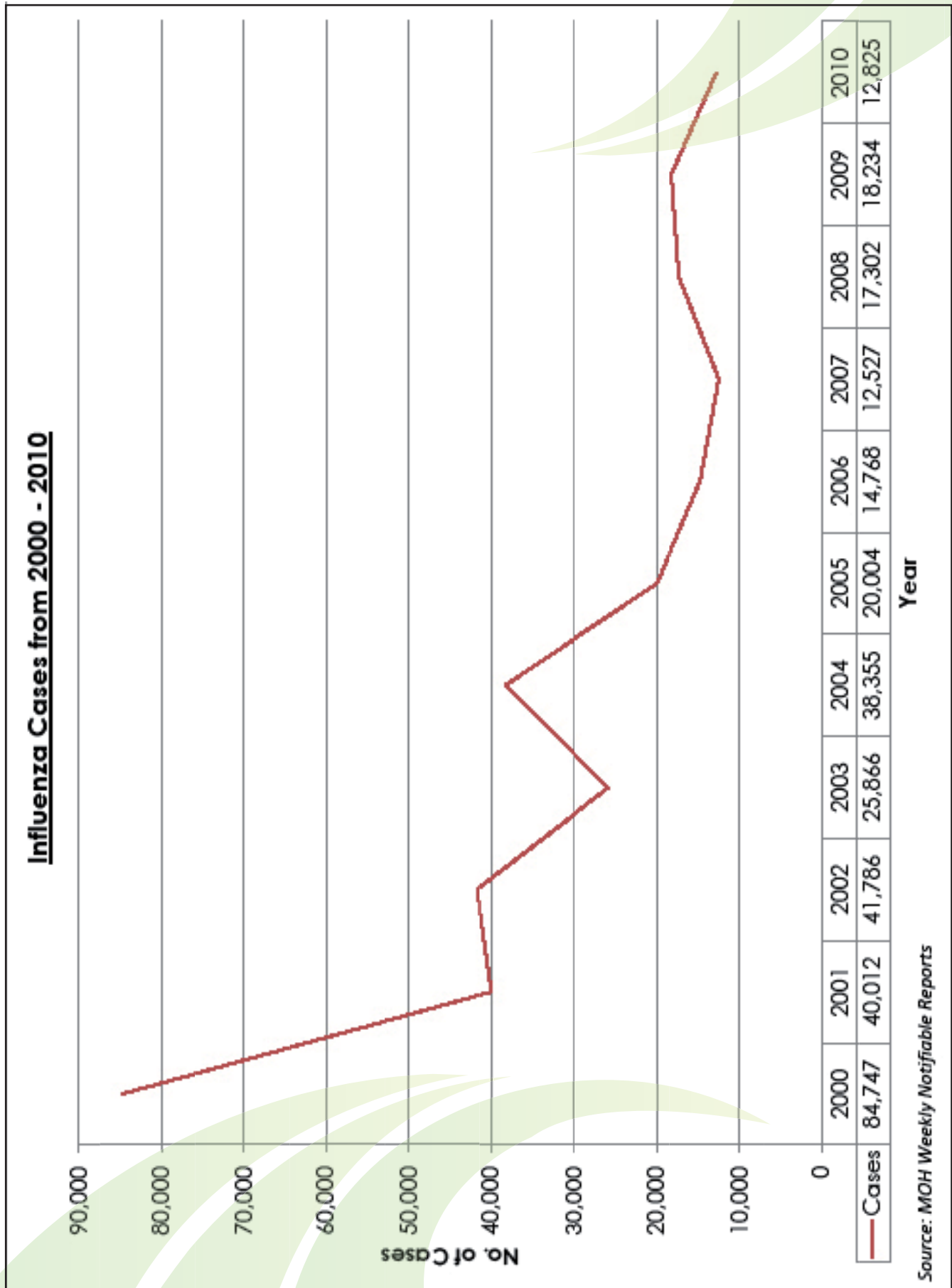


Figure 12 : Viral Infection Cases from 2000 - 2010

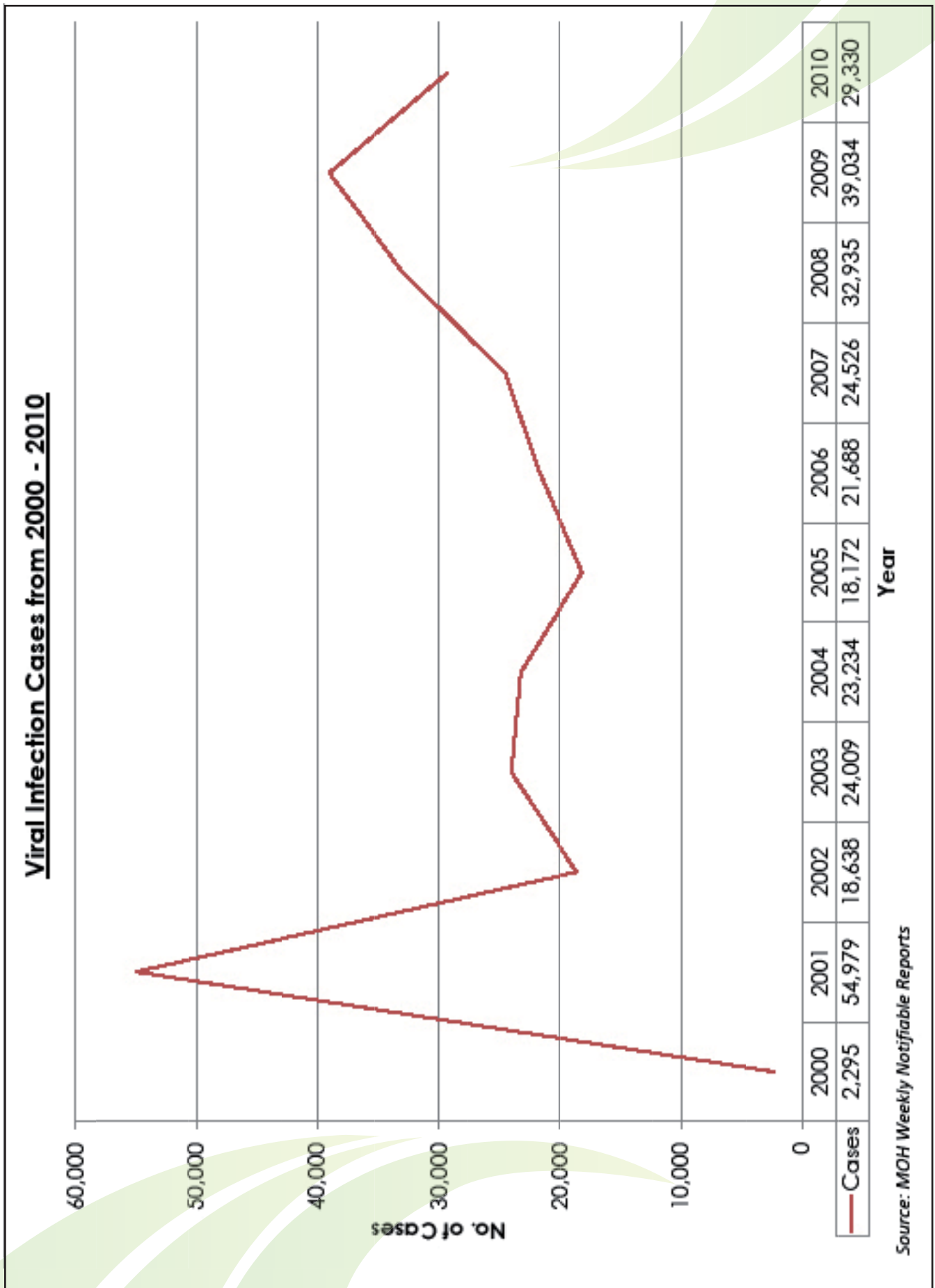


Figure 13: Sexually Transmitted Infections from 2000 - 2010

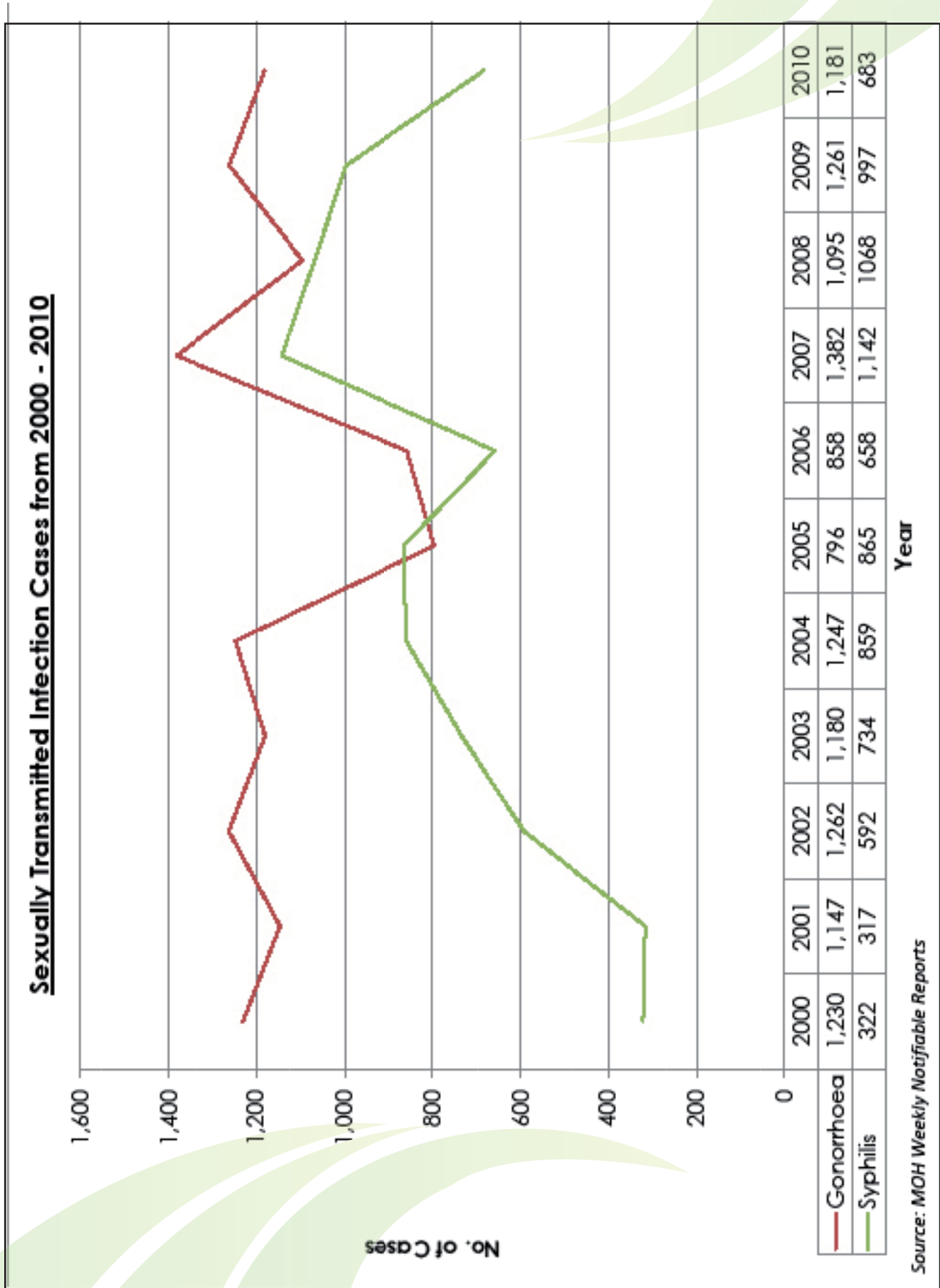


Figure 14: Diabetic Cases from 2000 - 2010

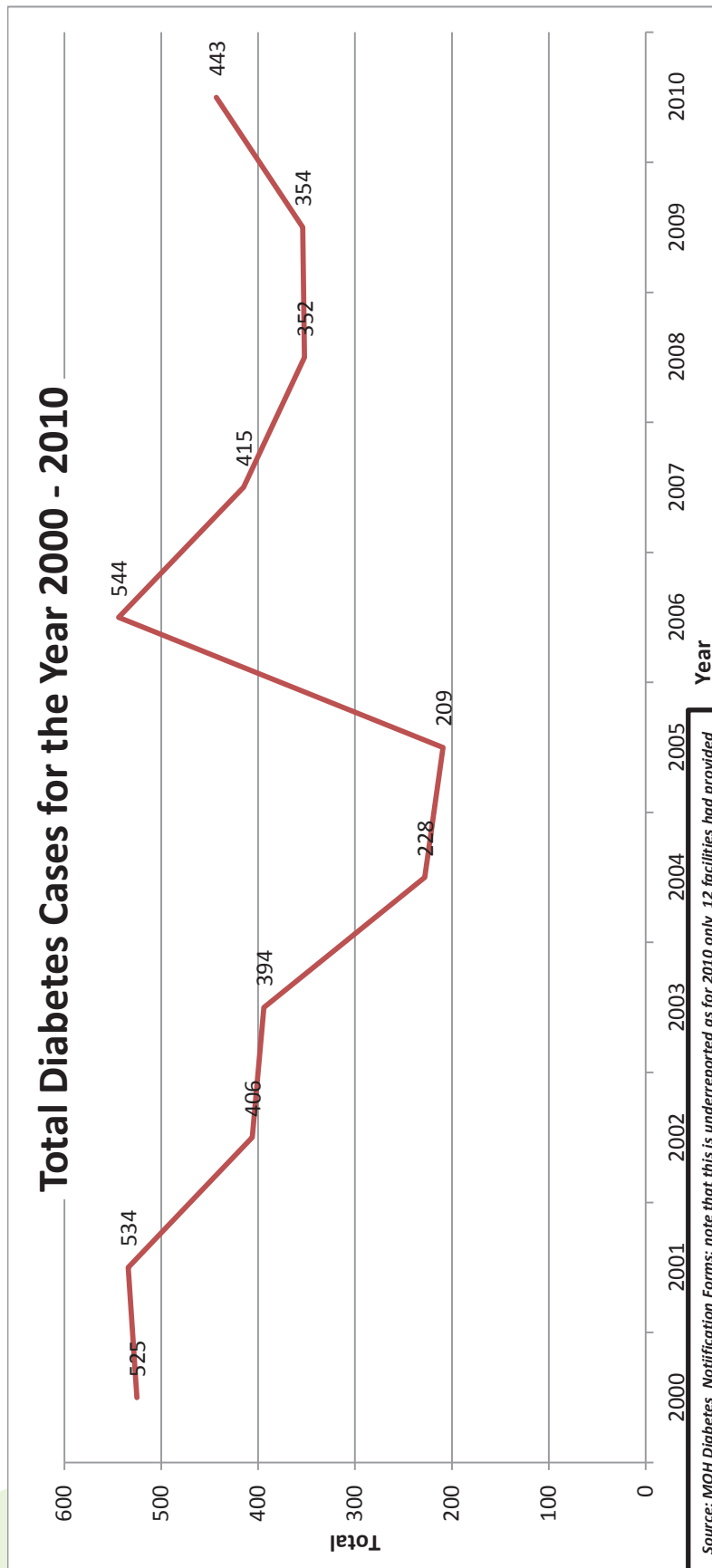


Figure 15: Total Cancer Cases from 2000 - 2010

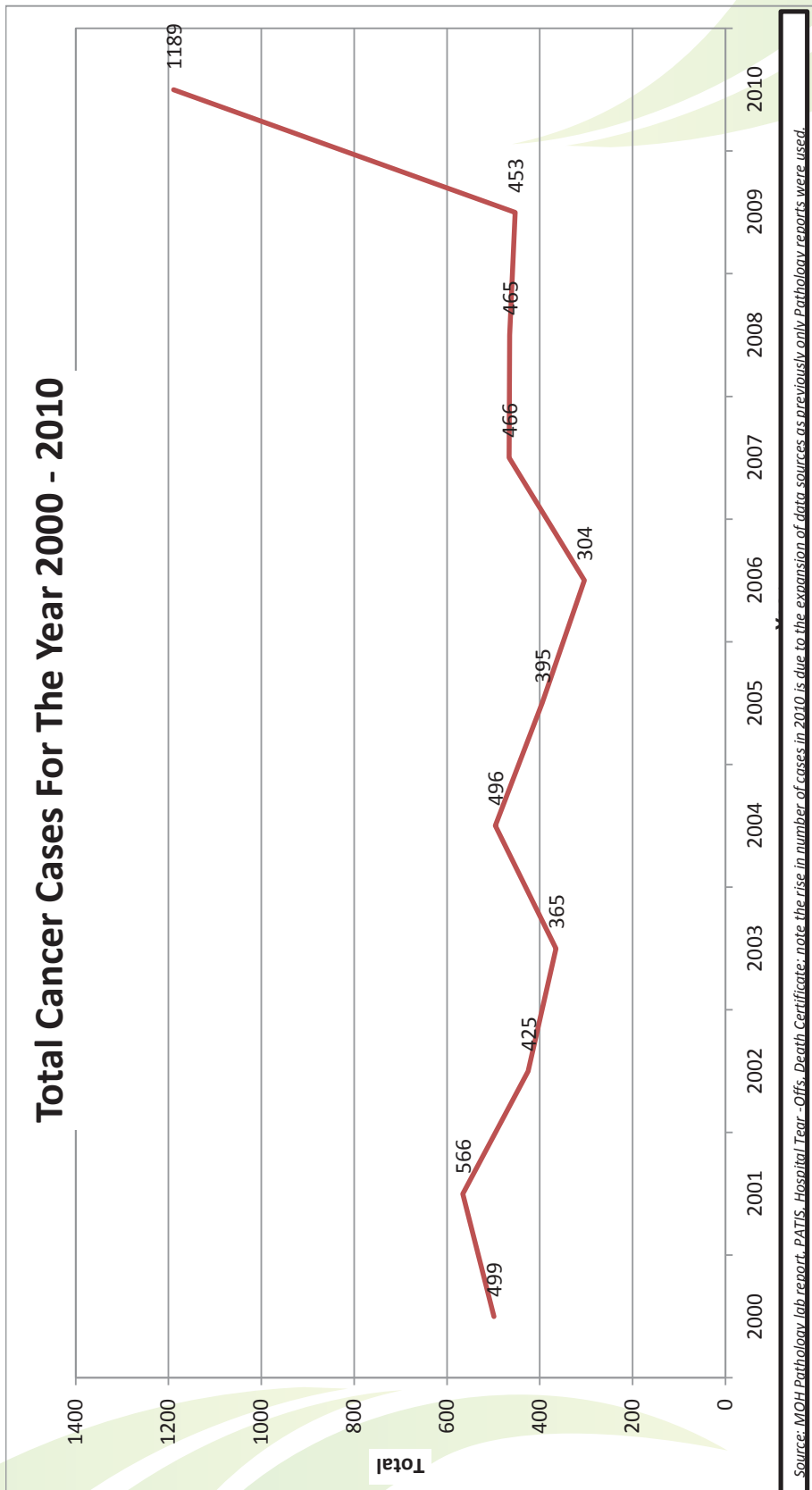


Figure 16: Top Five Cancer Sites 2010

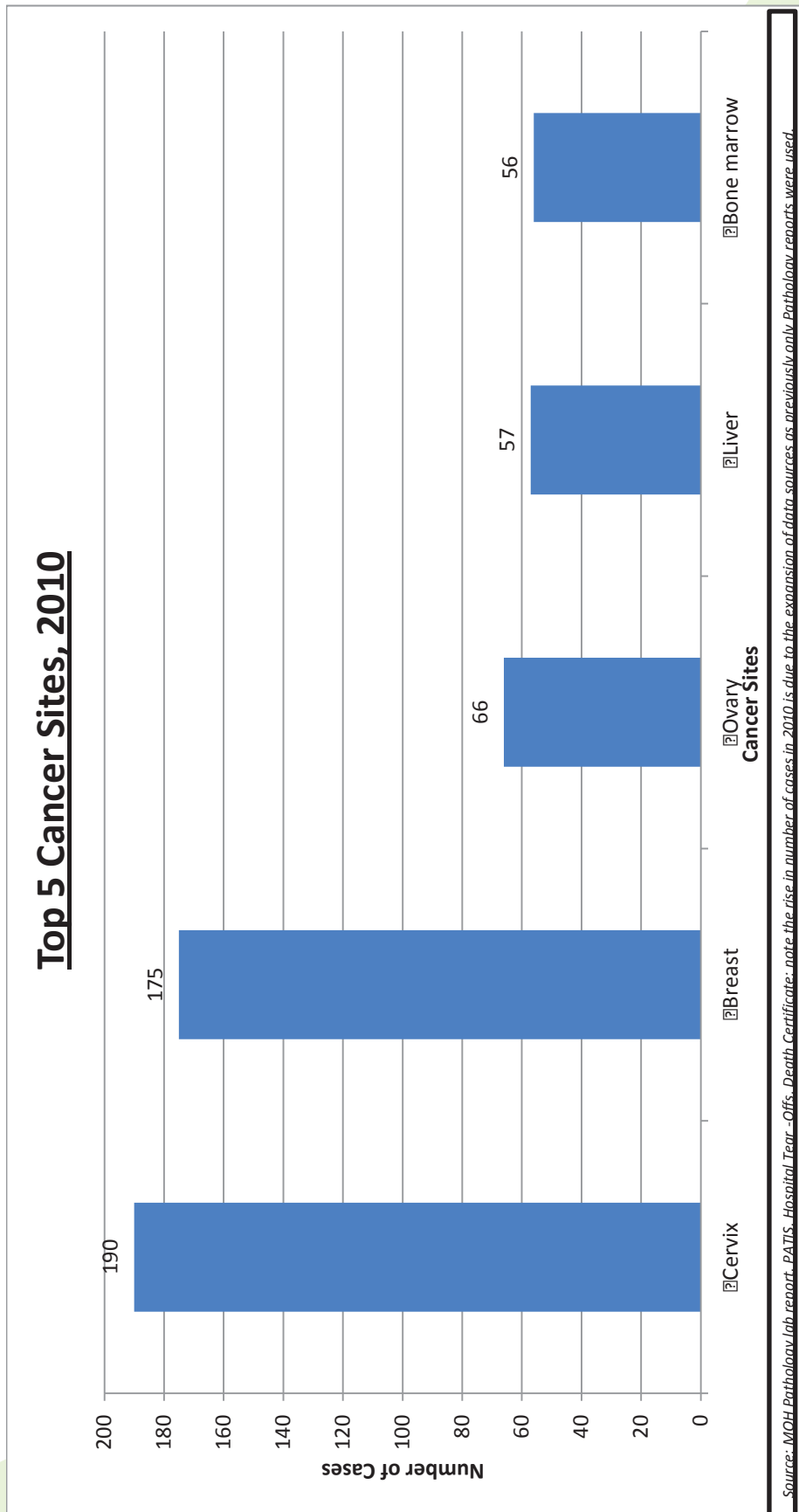


Table 43: HIV By Gender, Ethnicity, Age-groups and Mode of Transmission 1989-2010

HIV BY GENDER, ETHNICITY AGE GROUPS, AND MODE OF TRANSMISSION FROM YEAR 1989 - 31st December, 2010																				
	TOTAL		SEX		ETHNICITY			MODE OF TRANSMISSION					AGE GROUPS							
	Total	Male	Female	Fij	Ind	Oth	Hetro	Homo	Trans	IV Drug	Peri	ukn	0-9	10-19	20-29	30-39	40-49	50-59	60+	Ukn
1989	4	3	1	1	3	0	3	0	1	0	0	0	0	0	2	1	0	1	0	0
1990	3	3	0	2	1	0	3	0	0	0	0	0	1	2	2	0	0	0	0	0
1991	3	2	1	1	2	0	1	1	0	0	1	0	1	0	0	2	0	0	0	0
1992	4	2	2	1	2	1	2	2	0	0	0	0	0	0	2	1	1	0	0	0
1993	3	2	1	3	0	0	1	2	0	0	0	0	0	0	2	1	0	0	0	0
1994	6	5	1	4	1	1	3	2	0	1	0	0	0	0	2	2	2	0	0	0
1995	8	6	2	7	1	0	8	0	0	0	0	0	0	0	3	3	2	0	0	0
1996	4	2	2	4	0	0	3	0	0	0	1	0	1	0	2	1	0	0	0	0
1997	4	4	0	3	1	0	3	0	0	0	0	1	0	0	2	2	0	0	0	0
1998	7	4	3	5	2	0	7	0	0	0	0	0	0	0	4	0	2	1	0	0
1999	12	8	4	9	1	2	8	0	0	0	3	1	3	0	5	3	1	0	0	0
2000	10	5	5	10	0	0	9	0	0	0	1	0	1	0	3	4	2	0	0	0
2001	17	9	8	14	1	2	17	0	0	0	0	0	0	1	9	7	0	0	0	0
2002	26	15	11	24	1	1	25	0	0	0	1	0	1	1	20	2	1	0	0	1
2003	31	18	13	29	2	0	28	0	0	0	3	0	3	0	15	10	3	0	0	0
2004	29	13	16	27	2	0	26	0	0	0	3	0	3	0	12	10	2	2	0	0
2005	29	16	13	22	6	1	26	0	0	0	2	1	2	1	7	12	4	2	1	0
2006	36	18	18	28	4	4	34	1	0	0	1	0	1	3	11	11	5	4	0	1
2007	23	11	12	17	3	3	23	0	0	0	0	0	0	1	15	7	0	0	0	0
2008	31	16	15	25	3	3	27	0	0	0	1	3	2	16	8	2	1	1	2	2
2009*	43	19	24	35	6	1	37	0	0	0	5	1	5	1	15	12	5	1	1	3
2010	33	11	22	31	2	0	33	0	0	0	0	0	0	1	22	8	1	0	0	1
TOTAL	366	192	174	302	44	19	327	8	1	1	22	7	23	10	171	107	33	12	2	8



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INDEPENDENT AUDIT REPORT

To the Minister for Health

Scope

I have audited the special purpose financial statements which have been prepared under the cash basis of accounting and notes thereon of the Ministry of Health for the year ended 31 December 2010, as set out on pages 6 to 11. The financial statements comprise the following:

- (i) Statement of Receipts and Expenditures;
- (ii) Appropriation Statement;
- (iii) Trading and Manufacturing Account; and
- (iv) Statement of Losses.

The Ministry of Health is responsible for the preparation and presentation of the special purpose financial statements and the information contained therein. I have conducted an independent audit of these special purpose financial statements in order to express an opinion on them to the Minister.

My audit was conducted in accordance with the Fiji Standards on Auditing to provide reasonable assurance as to whether the special purpose financial statements are free of material misstatements. My audit procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the special purpose financial statements and evaluation of accounting policies. These procedures have been undertaken to form an opinion as to whether, in all material respects, the special purpose financial statements are fairly stated and in accordance with government policies in Note 2 and the Financial Management Act, so as to present a view which is consistent with my understanding of the financial performance of the Ministry of Health the year ended 31 December 2010.

The audit opinion expressed in this report has been formed on the above basis.

Qualifications

1. The Ministry did not provide details of Trading and Manufacturing Account (TMA) Accumulated Surplus of \$744,810 and TMA Surplus Capital Retained of \$42,510 as reflected in the TMA Balance Sheet. I was not able to ascertain the correctness of these balances.
2. The audited TMA for 2009 were prepared from the records generated by the Epicor system whereas 2010 TMA were prepared from the records generated by the Financial Management Information System (FMIS) of the government. Consequently, the opening balances of the 2010 TMA Balance Sheet did not correspond to the closing balance of 2009 TMA. I am unable to satisfy myself if the balances in the TMA Balance Sheet for 2010 are fairly stated.
3. The TMA Profit and Loss Statement had a net profit from the TMA operation of \$7,984 for the year ending 31/12/10. The net profit was not transferred to the Balance Sheet. If the amount is transferred to Balance Sheet there would be a variance between net assets and total equity.

Qualified Audit Opinion

In my opinion, except for the effects of the matters discussed in the qualification paragraphs, the special purpose financial statements present fairly, in accordance with the accounting policies stated in Note 2, the financial performance of the Ministry of Health for the year ended 31 December 2010.



Tevita Bolanavanua
AUDITOR GENERAL

Suva, Fiji
30 August 2010



**MINISTRY OF HEALTH
MANAGEMENT CERTIFICATE FOR THE YEAR ENDED 31 DECEMBER 2010**

We certify that these financial statements:

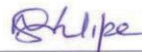
- (a) fairly reflect the financial operations and performance of the Ministry of Health and its financial position for the year ended 31 December 2010; and
- (b) have been prepared in accordance with the requirements of the Financial Management Act 2004, the Finance Instructions 2010 and Finance Circular 16/2006.



Mrs. Salanieta Saketa

Permanent Secretary

Date: 30/8/11



Mrs. Nina Filipe

Principal Accountant

Date: 30/8/11

Table 44: Millennium Development Goal Indicators for Health Services in Fiji

Goal 4 Reduce Child Mortality Rate	Year	Percentage
Under 5 Mortality Rate	2008	23.6
	2009	23.2
	2010	17.7
Proportion of 1 year old immunized against Measles	2008	93.9
	2009	71.7
	2010	71.8
2015 – Reduce by 2/3 between 1990 and 2015 the under 5 mortality		
Goal 5 Improve Maternal Health		
Maternal Mortality Ratio per 100,000 livebirths	2008	31.7
	2009	27.5
	2010	22.6
2015 – Reduce by ¼ MMR between 1990 and 2015		
Goal 6 Combat HIV/AIDS & Other Diseases		
HIV/AIDS prevalence among 15-24 year old pregnant women	2008	0.02
	2009	0.02
	2010	*
Contraceptive Prevalence rate among population of child bearing age	2008	44.7
	2009	28.9
	2010	31.77
Proportion of TB cases detected and cured under DOTS	2008	93
	2009	80
	2010	**
2015 – Have halved and begun to reverse the spread of HIV/AIDS and other diseases		