M H M S

2019-20
ANNUAL OPERATIONAL PLAN

Rerevaka na Kalou ka doka na Tui

Table of Content

Minister's Foreword

Hon. Dr. Ifereimi Waqainabete
Minister for Health and Medical Services

The Ministry's Annual Operational Plan (AOP) for 2019/2020 is aligned to the Government's priorities for the health sector. The objectives outlined in this AOP reflect our strategic priorities primarily designed to improve the health of all Fijians.

We will be working towards achieving the broader health outcomes organised under key priority areas. The focus will be on health protection, health and well-being of mothers and children and on initiatives to manage the growing burden of non-communicable diseases.

I would like to reiterate our ongoing focus on the over-arching goal of universal health coverage (UHC) that is our approach to ensure that all Fijians have access to health care. Progressing towards UHC for Fiji means meeting the health needs of the Fijian population, including the provision of effective and efficient services across the priority areas.

The plan includes activities that will assist us in progressing towards the broader outputs and outcomes. Our approach will focus on expanding service coverage especially in rural and remote areas. Service delivery will be further supported through expanding primary health care services, improving continuum of care and quality standards at health facilities.

We are taking an integrated, dual approach based on country needs that encompasses expanding primary healthcare whilst focusing on improving availability of tertiary care through decentralisation. An important feature of the improved continuum of care has been the multidisciplinary teams conducting outreach in communities.

The strengthening of the overall health system and programmes is part of our initiative to create more robust and modernized health services that meets the needs of ordinary Fijians.It is understood that each sector of society also has a role to play in influencing population health and there is ongoing need to empower people to make the right choices towards attaining a healthy and fulfilling life.

We would like to generate a 'wave' of health and healthy living that will have a 'whole nation' approach. We will not forget those on the fringes and the marganilised. We will reach the unreached and leave no-one behind.

We are dedicated towards working professionally and effectively within the given resources to deliver the best possible services. I must acknowledge the hard work and dedication of our staff and I look forward to working together with other sectors and partners as part of our integrated approach to service delivery.

Hon. Dr. Ifereimi Waqainabete
Minister for Health and Medical Services

Permanent Secretary's Statement

Bernadette Welch PSM
Permanent Secretary

I am pleased to introduce the Ministry's 2019/2020 Annual Operational Plan. It sets the direction for the year and will assist us in achieving the health sector objectives across the key programme areas highlighted in the National Development Plan. In developing this plan, emphasis has been placed on improving the experience of patients through addressing key health systems issues. Our aim is to improve our customers' overall experience of care. We will do this by providing clinical services in a standardised manner across the country.

We will prioritise strengthening current services by ensuring better linkage between clinical and preventive services. We will be focusing on strengthening our clinical management of diseases, supported by strengthened primary care service coverage at the community level. This is a part of our commitment to communities and we will also continue to extend outreach services including decentralisation of specialist curative services.

There is ongoing emphasis on improving service delivery throughout the Plan with a focus on quality improvement and introducing innovative practices to address the efficiency and effectiveness of our health system. The Plan has a focus on measures to address key issues that have a direct impact on services such as human resources, maintenance of buildings and equipment and timely availability of essential medicines. This will result in more efficient and effective health services which, in turn, will result in better service experience for our patients and better health outcomes for our communities.

There is also a focus on more efficient and effective use of resources. The approach is to improve quality and value by effectively and proactively monitoring resources through standardised practice. There will be better integration of programme activities to avoid duplication and implementation of innovative practices to addresss delivery of services more efficiently. We will focus on ensuring strengthened collaboration with other government departments and partners on key health-related issues.

I would like to thank all staff who have contributed to the development of this Annual Operational Plan and look forward to the support from across the Ministry for its implementation. I would also like to acknowledge the support and contribution of all our stakeholders and partners and look forward to collaborating further in the coming year.

Bernadette Welch PSM
Permanent Secretary

Strategic Focus and Goals

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

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

The focus of this pillar is to provide quality preventive, curative and rehabilitative health services responding to the needs of the Fijian population including vulnerable groups such as children, adolescents, pregnant women, the elderly, those with disabilities and the disadvantaged.

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

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

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

Community-level Primary Health Care needs continued investment and expansion to be effective.

Fiji has placed a strong emphasis on increasing the coverage of Primary Health Care (PHC) for over 35 years, reinforced by the Healthy Islands concept for the Pacific Islands. This effort has been implemented primarily through community outreach visits by multidisciplinary health worker teams and collaboration with the nationwide network of Community Health Workers (CHWs). There is a need to further improve access and coverage of PHC.

Decentralization of services is an initiative to improve accessibility and respond to the health service needs of the population.

Decentralization of some services (out-patient services) from CWMH to major Health Centres in the Sub-Divisions has resulted in improved accessibility. This supports Universal Health Coverage which Fiji is working towards. There has also been an extension of opening hours at some facilities to further improve accessibility. MHMS will evaluate the decentralization process further with the intention of extending this to all Divisions with a focus on a population-centered health delivery system.

Priority Area 2: Maternal, infant, child and adolescent health Pregnant women need earlier antenatal care to address potential complications.

Maternal mortality in Fiji declined dramatically from the 1970s due to high quality service and increasing hospital deliveries but improvements have stagnated or "plateaued" in recent years.

Analysis of deaths in the last five years highlighted underlying causes from delayed presentation (which was often linked to poverty and low levels of education) and pre-existing cardio-vascular problems (including rheumatic heart disease) and other NCDs. These issues highlight the importance of promoting early antenatal care, especially among high-risk and hard-to-reach communities.

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

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

The aim is to reduce the burden of communicable disease and work towards eradication of leptospirosis, dengue, typhoid and tuberculosis. There will be a focus on building resilience in public health to safeguard against new communicable diseases. Addressing these issues will require restructuring the overall communicable disease program to strengthen and integrate key functions (surveillance and research; laboratory services; public health response; communications) as well as improved multi-sectoral coordination.

From a strategic perspective, this calls for greater integration of planning and management in these areas, especially for climate-change and environment-related health issues both within the MHMS as well as with other government agencies.

Strategic Pillar 2: Health systems strengthening

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

The five priority areas under this pillar are:

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

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

Improving the access, coverage and quality of care requires an integrated health systems approach. From a governance and service delivery perspective, the MHMS has a broad array of policies, standards, and protocols to ensure safe, high quality services at all levels of the health system, from Nursing Stations to Divisional Hospitals. There is a need to establish a continuum in the provision of care in all areas, with a referral system based on well-defined networks of public and private providers.

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

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

Based on a workforce needs assessment in 2013, the MHMS has identified several key workforce issues to address, including staff retention and motivation, reducing staffing shortages in certain specialties, focusing on continuous professional development and ensuring that staff are deployed where they are needed most.

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

The MHMS plays a key governance and stewardship role in the health sector, including establishing legislative, regulatory, policy and monitoring frameworks for health and leading inter-sectoral coordination. In this area, there is a need for continued efforts to ensure that all MHMS policies and plans are based on sound logic, sufficient data, and appropriate monitoring and evaluation (M&E) mechanisms.

Priority Area 7: Medicinal products, equipment & Infrastructure

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

While there have been significant expansions to Fiji's health facilities in recent years, there is also a pressing need to make sure those facilities are providing the right services in the right locations and that they are maintained over time. Over the next five years there is an urgent need for comprehensive health services and infrastructure planning in which facilities are built, equipped, and maintained according to a common set of standards and clearly defined population needs.

Priority Area 8 : Sustainable financing of the health system

There is a need to consider long-term financing alternatives to reduce dependence on government funds and improve efficiency with due consideration of outsourcing of non-core services.

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

Aim

The aim of the operational plan is to operationalise the Strategic Plan (SP) 2016-2020 by outlining the goals, specific objectives indicators and targets under the eight priority (outcome) areas of the SP 2016-2020.

The Ministry of Health & Medical Services (MHMS) SP 2016-2020 outlines the vision and mission and a set of agreed values to guide MHMS operations. MHMS is working towards achieving this vision by empowering people to take ownership of their health and providing quality preventative, curative and rehabilitative services through a caring and sustainable healthcare system.

The Annual Operational Plan outlines the pathway for the Ministry to achieve the Strategic Plan goals and objectives within allocated resources and timelines. The following are some of the key areas of focus in this AOP:

1. The Ministry will work towards building resilient health systems, with a broad range of initiatives focusing on improving and upgrading current health facilities, reviewing processes and improving efficiency and effectiveness in terms of service delivery.

2. The Ministry will be focusing on continuously improving service delivery under priority areas such as Non-Communicable Diseases, Maternal & Child Health and Communicable Diseases including environmental health and disaster preparedness.

3. The Ministry will build on the progress made in terms of health indicators in these areas.

4. Service delivery will be further supported through expanding primary health care services, improving continuum of care and quality and safety standards at health facilities.

5. The Ministry will further work on strengthening the health workforce to provide caring and customer centered services with an ongoing focus on continuing professional development of staff to enhance the knowledge and skills needed to deliver professional services to our customers.

6. The Ministry will work towards improving the provision of medicinal products, equipment & infrastructure to ensure effective service delivery.

7. The Ministry will further improve its information systems to promote evidence-based policy development, planning, implementation and assessment.

Statement of Core Business

The core function of the Ministry of Health and Medical Services is to provide high quality healthcare through capable governance and systems to the people of Fiji. We are committed to improve primary, secondary and tertiary healthcare.

We are committed to ensuring the provision of accessible, equitable and affordable health services to all citizens of Fiji without discrimination.

The core business of the Ministry is delivered through two strategic pillars focusing on:

1. Delivery of Preventive, curative, and rehabilitative health services

Provide quality preventive, curative and rehabilitative health services responding to the needs of the Fijian population including vulnerable groups such as children, adolescents, pregnant women, the elderly, those with disabilities and the disadvantaged.

The Ministry is focusing on strategic improvements to health service delivery, including preventive, curative, and rehabilitative care. The Ministry continues to respond to the health needs of the population as per its mission and mandate but is placing particular emphasis in three priority areas based on the current health profile and trends in the country. These priority areas include: non-communicable diseases, including primary health care, nutrition, mental health and injuries (Priority Area 1); maternal, neonatal, child and adolescent health (Priority Area 2); and environmental health, communicable disease, health emergency preparedness & resilience (Priority Area 3).

2. Health systems strengthening to support effective service delivery

Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability.

The Ministry is also focusing on health systems strengthening through improving service quality, safety and continuity of care, with an emphasis on revitalizing health care (Priority Area 4); maintaining a productive, motivated health workforce with a focus on patient rights and customer satisfaction (Priority Area 5); evidence-based planning, implementation and assessment (Priority Area 6); availability of medicinal products, equipment and infrastructure (Priority Area 7); and sustainable financing of the health system (Priority Area 8). Strengthened partnerships with the private sector, civil society, and development partners will further amplify the Ministry's actions in each of these areas.

Vision

A healthy population

Mission

To empower people to take ownership of their health. To assist people to achieve their full health potential by providing quality preventative, curative and rehabilitative services through a caring sustainable health care system.

Values

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

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

3. **Respect for human dignity**
   We respect the sanctity and dignity of all we serve.

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

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

2019 /2020 Budget Highlights

The total budget for the Ministry in 2019/2020 is $349.8 m, comprising $303.5m for operating expenditure, $34.8m for capital expenditure and VAT of $11.5m. The 2019/2020 budget will be attributed to the following initiatives:

Budget summary table
Ministry Budget summary FY2019/2020

Budget Category	Summary ($)	Initiatives
Operating	303,529.1	• Improved efficiency at service delivery points resulting in reallocation of financial resources • An increase in service delivery outcomes under broad priority areas such as Non-Communicable Diseases, Maternal & Child Health and Communicable Diseases including environmental health, climate change and disaster preparedness • An increase in primary health care outcomes by expanding outreach programmes, improving continuum of care and improving quality and safety standards at health facilities • An increase in availability and accessibility of medicinal products and medical equipment to ensure effective service delivery
Capital	34,748.5	MHMS infrastructure is built and maintained to meet operational and population needs in compliance with all relevant health service standards
VAT	11,496.6	
Total	**349,774.2**	

Staff Profile Summary Table
Staff profile summary FY2019/2020

	Total Number of Staff	Total Salary ($)
Established Staff	5,763	191,977,000
Government Wage Earners	1,172	17,714,300
Total	**6, 935**	**209,691,300**

Community Health Workers

The community health worker programme has a budget allocation of $2,500,000 and there are currently 1,578 registered community health workers.

Strategic workforce plan

The Ministry will be developing a five-year Strategic Workforce Plan that is expected to be developed and implemented in the year 2020. This activity will include the establishment of a Governance Committee to oversee the development of the plan and develop workforce projections including future workforce demands based on strategic direction, models of care, population and health need projections, current and future supply analysis and key gaps.

In the interim the Ministry will rely on the workforce plan update for 2019-2020 that provides a brief overview of the workforce profile, key gaps and strategies for improvement and has been developed in accordance with the NDP to analyse, forecast and plan workforce supply and demand, assess gaps, and determine targeted talent management interventions to ensure that the Ministry has the right people, with the right skills, in the right places, at the right time to fulfil its mandate.

The MHMS will continue to implement a strategic, needs-based approach to health workforce recruitment, deployment, training and retention with an emphasis on increasing both customer and employee satisfaction. The Ministry will also collaborate with relevant institutions to review and update required qualifications for health professional graduates and update workforce eligibility criteria to increase the availability of senior clinical specialists. As a complement to this effort, the Ministry will also improve collaboration with visiting medical teams from overseas to increase access to specialised tertiary services while also providing additional mentorship opportunities for MHMS clinicians.

The Ministry's ability to fulfil its core functions depends largely on the extent to which our workforce in terms of numbers, cadres, skill levels and distribution, meet the health needs of the population. Given the constantly evolving health trends in the country this means that the MHMS needs to routinely monitor changes in health service demand and align the supply accordingly.

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

The staff establishment numbers required within each cadre are to accommodate a gradual but steady increase in the number of health workers (matching expected growth in population demographic trends and concurrent demand for services). Managing growth in the workforce is dependent on response to a number of factors. For example changes in service priorities, supporting cadres of critical need, or extension in scopes of practice to meet new policy and service delivery strategies, are just a few of the acknowledged issues faced by the Ministry. The Ministry must aim to provide quality health care services to meet existing issues as well as promote wellness and prevention strategies in a population beset by the crisis of non-communicable diseases especially diabetes, heart disease, and cancer.

Customers & Stakeholders

The factors that influence health extend far beyond the scope of the Ministry and even beyond the health sector generally. It is essential that the Ministry adopts a whole-of-government and whole-of-society approach to the promotion of health and wellness. Based on this approach the Ministry relies on building effective partnerships with our stakeholders in providing a fully customer-centered referral system that will ensure a consistent continuum of care extending from the first point of contact at the community level all the way to advanced tertiary clinical care, with a smooth transition between public and private providers based on the needs and preferences of the clients. There are further efforts to extend the primary care coverage through improved partnerships with communities.

Our customers and stakeholders are:

Internal	External
Minister	Cabinet
Assistant Minister	Members of the Public
Senior Management	Non-Governmental Organisations
Ministry's Departments /Units	Diplomatic Missions
Ministry Staff	Providers of goods and services-locally and globally
	International Organisations
	Other Government Ministries, Departments and Agencies
	Medical Associations
	Medical Service Providers
	Education institutions
	Faith -based organisations
	Communities
	Donor Partners
	Grant Recipients

Roles and Functions of the Ministry

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

Strengthening primary health care

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

Supporting secondary level care

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

Improving and expanding tertiary level care

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

1. Curative and Rehabilitative Health

Curative care is delivered through the various facilities of the Ministry at different health care delivery levels. The National Rehabilitation De-partment at Tamavua Twomey Hospital also provides rehabilitation services to severely disabled persons namely spinal paralysis, stroke victims, prosthetic fitting for amputees and other cases of debility.

The Clinical Services Networks (CSN's) provide clinical advice for the various clinical disciplines for strengthening the delivery of clinical services.

2. Preventive and Promotive Health

The Ministry has taken a wellness approach to health by taking initiatives to ensure that healthy people remain healthy by making appropriate lifestyle choices. There is a shift in focus from a disease or illness based approach to a wellness-centered approach.

There is a focus on adopting a life-course approach to maternal, infant, child and adolescent health, with a continuum of health care delivery, extending from sexual and reproductive health services through pregnancy, delivery, childhood and adolescence.

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

• **Wellness**

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

- **Health Protection**

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

- **Family Health**

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

3. **Health Systems Strengthening**

Health systems strengthening is essential to achieving effectiveness, efficiency, equitable access, accountability, and sustainability of health services. The focus is on strengthening health system standards across the key health systems building blocks which are leadership/governance, health care financing, health workforce, medical products, technologies, health information and research.

- **Human Resource**

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

- **Finance, Asset Management and Digital Health**

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

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

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

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

- **Pharmaceutical and Biomedical Services**

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

- **Planning and Policy Development**

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

- **Research, Innovation, Data Analysis and Management**

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

- **Nursing and Midwifery Division**

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

- **Executive Support Unit**

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

Legislative Framework

The Ministry of Health and Medical Services operates under the following legislative framework:

No	Description
1	Constitution of the Republic of Fiji 2013
2	Fiji National Provident Fund Decree 2011
3	Fiji Procurement Act 2010
4	Financial Administration Decree 2009
5	Financial Instructions 2005
6	Financial Management Act 2004
7	Financial Manual 2014
8	Occupational Health and Safety at Work Act 1996
9	Ambulance Services Decree 2010
10	Allied Health Practitioners Decree 2011
11	Child Welfare Decree 2010
12	Child Welfare (Amendment) Decree 2013
13	Food Safety Act 2003
14	HIV/AIDS Decree 2011
15	HIV/AIDS (Amendment) Decree 2011
16	Illicit Drugs Control Act 2004
16	Marketing Controls (Food for Infants and Children) Regulation 2010
17	Medical Imaging Technologist Decree 2009
18	Medical and Dental Practitioner Decree 2010
19	Medical and Dental Practitioners (Amendment) Decree 2014
20	Medical and Dental Practitioners (Amendment) Act 2017
21	Medical and Dental Practitioner (Amendment) Act 2018
22	Medical Assistants Act (Cap.113)
23	Medicinal Products Decree 2011
24	Medicinal Products (Amendment) Act 2018
25	Mental Health Decree 2010
26	Mental Treatment Act (Cap 113)
27	Nurses Decree 2011
29	Nursing (Amendment) Act 2018
30	Pharmacy Profession Decree 2011
31	Pharmacy Profession (Amendment) Act 2017
32	Private Hospitals Act (Cap. 256A)
33	Public Health Act (Cap. 111)
34	Public Health (Amendment) Act 2018
35	Public Hospitals & Dispensaries Act (Cap 110)
36	Public Hospitals & Dispensaries (Amendment) Regulations 2012
37	Public Hospitals and Dispensaries (Amendment) Act 2018
38	Optometrist and Dispensing Optician Decree 2012
39	Quarantine Act (Cap. 112)
40	Quarantine (Amendment) Decree 2010
41	Radiation Health Decree 2009
42	Tobacco Control Decree 2010
43	Tobacco Control Regulation 2012
44	The Food Safety Regulation 2009
45	The Food Establishment Grading Regulation 2011

Ministry of Health & Medical Services
Functional Units

Minister — Health & Medical Services

Assistant Minister — Health & Medical Services

Permanent Secretary — Health & Medical Services

Executive Support Unit

Chief Medical Advisor

Fiji Emergency Medical Assistance Team

Clinical Services Network

Divisional Medical Officers — Central, Eastern, Northern, Western

Functions
1. Public Health
2. Provincial Councils
3. Capital Works
4. Clinical Management
5. HSS Functions
6. Board of visitors

Medical Superintendents — CWM, Lab, Ltk & Specialist Hospitals

Functions
1. Hospital Admin
2. Clinical Management
3. Capital Works
4. HSS Functions
5. Board of visitors
6. Rehabilitation

Head of Finance, Asset Management and Digital Health

Functions
1. Financial Management
2. Asset Management
3. Information Technology
4. Capital Works Development
5. Donor Engagement
6. Procurement
7. Internal Audits
8. Occupational Health & Safety

Head of Human Resources

Functions
1. HR Management
2. Civil Service Reforms
3. Learning and Development
4. Work, life balance

Head of Pharmaceuticals & Biomedical Services

Functions
1. Supply Chain Management
2. Biomedical Equipment Management
3. Medicine and Consumables Management

Head of Nursing & Midwifery

Functions
1. Nurses and Midwife Management
2. Registration
3. Community Advice Health Worker

Head of Research, Innovation, Data Analysis and Management

Functions
1. Epidemiological Advice
2. Research
3. Community Advice Evaluation & Research Capacity Development
3. Research Governance
4. Innovation Process Management
5. Publications

Head of Wellness

Functions
1. NCDs Epidemiological Management
2. Wellness Approach
3. Food and Nutrition Security
4. Dietetics and Food Services
5. Health Promotion
6. Mental Health
7. Physical Activity
8. Training and Awareness

Head of Health Protection

Functions
1. Communicable Disease Prevention and Control
2. Communicable Disease Epidemiology, Surveillance and Response
3. National Public Health Laboratory
4. Risk Communications
5. Environmental Health
6. Health Emergencies and Climate Change
7. International Health Regulation

Head of Family Health

Functions
1. Maternal and Child Health
2. Adolescent Health
3. Sexual & Reproductive Health

Head of Oral Health

Functions
1. Oral Health Promotion
2. Oral Health Standards
3. Audit Dental Clinics
4. Training and Awareness

Head of Planning and Policy Development

Functions
1. Strategic, Service & Operational Planning
2. Policy Development and Review
3. National Health Accounts
4. External Partnerships (MoUs & MoA)

Clinical Support Services

Functions
1. Patient Safety & Quality
2. Visiting Medical Teams
3. Overseas Referrals
4. Blood & Ambulance Services

Situation Analysis

The Ministry is working across key areas for health systems strengthening, based on the progress made in recent years as well as through exploring new and innovative ways of delivering services. The effectiveness and efficiency of service delivery is still the main focus, with an overall need to relook at improving patient experience.

The Ministry's ability to fulfill its core functions largely depends on the extent to which our workforce (in terms of numbers, cadres, skill levels, distribution, etc.), meets the health needs of the population. The strategic objective is to have a productive, motivated health workforce with a focus on patient rights and customer satisfaction.

This requires an improvement in overall human resources management across the organisation. There are currently shortages in a number of allied health, medical practitioner and nursing cadres which need to be addressed.

The high turnover of staff in some areas is a concern and there is ongoing emphasis on continuing professional development to ensure that service standards are maintained in these areas and best practices are learnt and applied across the various levels of the Ministry.

Strengthening service delivery is an immediate priority, both in terms of accessibility as well as quality of services. The waiting times in various facilities are being monitored and there are ongoing efforts to reduce waiting times through various initiatives. The decentralization of services is one such initiative that is anticipated to improve accessibility and reduce congestion and waiting times at hospitals.

The decentralization of General Outpatient Services to the health centres in the subdivisions brings services closer to densely populated areas thus improving accessibility. There has been an extension of opening hours at a number of health centres, hospitals and government pharmacies.

There are additional efforts being put in place to cater for people needing specialized services not available in Fiji, with an overseas treatment program for patients with an income level below the tax threshold where Government subsidizes overseas treatment. The relevant guidelines and policy have been reviewed to further strengthen these services.

There are well-established planning frameworks including the existing Strategic Plan and Annual Operational Plan. The Strategic Plan is being reviewed to reflect key priorities and to better align with the whole of government planning requirements. The forthcoming Strategic Plan will be a rolling plan which will be reviewed annually.
We have an existing, qualified workforce including frontline managers to support the delivery of services. Technology including biomedical equipment is provided to deliver services, supported by formalized budgetary provision.

The Ministry will look to further aligning health technology to growing needs and emerging service delivery demands. The overall aim is to deliver good quality services that are supported by appropriate technology and adequate human resource capacity.

There are opportunities for further development of the current information systems to support innovation in the health sector including digitalization, strengthening data quality, availability and analysis. This needs to be further supported by strengthened communication throughout the organization.

There are also opportunities for improving the health service delivery experience for patients through continued strengthening of primary health care and improved continuum of care with greater recognition of the role of community health workers.

There is ongoing emphasis on improving service delivery with a focus on quality improvement and introducing innovative practices to address ongoing issues. There are ongoing efforts to decen-

tralize clinical services with the strengthening of outreach for clinical services in key areas. These are part of ongoing efforts in moving towards universal health coverage. Quality improvement initiatives are also being strengthened in the area of infection prevention and control practice.

There have been discussions on identifying health sector financing options in collaboration with key partners and taking a more innovative approach to health services planning and fi-nancing to meet the ongoing demand for health services. The approach would ensure effective delivery of health services coupled with expansion in key areas that would be supported by the relevant funding methods or models including the public, private partnership for the running of Lautoka and Ba Hospitals.

Outputs and Targeted Performance

The Ministry's Annual Operational Plan outcomes and outputs are aligned to the strategic objectives of the Ministry's Strategic Plan 2016-2020 and the National Development Plan (NDP). The Ministry's achievement of these outcomes and outputs contributes towards achieving the relevant NDP strategies and outcomes for the sector.

The outputs that have been developed relate to our mandate and each health facility, programme and division contributes to the attainment of the key performance indicators (KPIs). The Ministry's outputs and performance targets are set out in the table below.

Strategic Pillar 1: Preventative, Curative and Rehabilitative Health Service

Priority Area 1: NCDs, including nutrition, mental health, and injuries

Budget: $12,166,295

General Objective 1.1: To promote population health and reduce premature morbidity and mortality due to NCDs as part of a whole-of-society approach to wellness and well-being

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Time-frame	Estimated cost, including resources $1,399,600
1.1.1 Reduce key lifestyle risk factors among the population	1.1.1.1 Improvement in lifestyle risk factors and health seeking behaviour among the population	1.1.1.1.1 Establishment of multidisciplinary school health team that consists of representatives from: -Physiotherapy -Nutrition -Dietetics -Dental -Mental Health -Peer Educator -Pharmacy	**i1**. # of sub-divisions with School Health Teams	19	Divisions Wellness	End of 4th Quarter	N/A
		1.1.1.1.2 Nutritional assessments of schools	**i2**. % of kindergarten and primary schools nutritionally assessed in the Division	80% primary 50% kinder-garten	Divisions Wellness	End of 4th Quarter	43,100
		1.1.1.1.3 Implement strategies for establishing health promoting programmes for the children in collaboration with MEHA	**i3**. % of schools classified as health pro-moting school	>20%	Divisions Wellness	End of 4th Quarter	60,000
		1.1.1.1.4 Establish wellness settings	**i4**. # of wellness settings established	41	Divisions Wellness	End of 4th Quarter	185,000
		1.1.1.1.5 Conduct oral health promotion in schools	**i5**. % of 11 year old (Year 6) made dentally fit	>50%	Divisions	End of 4th Quarter	87,200
		1.1.1.1.6 Provide dental outpatient care to primary schools					

		1.1.1.1.7 Conduct population screening and SNAP	i6. % of targeted population screened for diabetes and hypertension who also received SNAP counselling	85%	Divisions Wellness	End of 3rd Quarter	976,300
		1.1.1.1.8 Conduct staff training on motivational interviewing					
		1.1.1.1.9 Delivery of preventative primary health services					
		1.1.1.1.10 Implement food and health guidelines					
		1.1.1.1.11 Training zone nurses and dietitians on NCD toolkit	i7. % of scheduled training conducted	100%	Divisions Wellness	End of 3rd Quarter	48,000

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $4,262,975
1.1.2 Strengthen continuum of care for NCDs	1.1.2.1 Improved early detection with effective risk assessment, behaviour change coun-selling and clinical man-agement sup-ported by the following ser-vices: Physiother-apy Nutrition and Dietetics La-boratory Pharmacy Radiology Foot Care Eye	1.1.2.1.1 Establish a coordination struc-ture for screening for NCD's	i8. Coordination structure estab-lished	1	Divisions Wellness	End of 1st Quarter	
		1.1.2.1.2 Establish a monitoring framework for continuum of care for foot clinics	i9. Framework established and implemented	1	Divisions Wellness	End of 1st Quarter	
		1.1.2.1.3 Decentral-ize and commission foot clinics to the divisions and subdi-visions	i10. # of foot clinics es-tablished in sub divisional hospitals	1 per division	Divisions Wellness	End of 4th Quarter	
		1.1.2.1.4 Delivery of inpatient care ser-vices for NCD related admissions	i11. Unplanned readmission within 28 days of discharge	<10%	Divisions Hospitals	End of 4th Quarter	2,283,905
		1.1.2.1.5 Capacity developed for cervi-cal cancer prevention in targeted medical subdivisions	i12. % of target-ed number of nurses trained for cervical can-cer screening	>80%	Divisions Family Health	End of 3rd Quarter	54,500
		1.1.2.1.6 Conduct cervical cancer screening at health facilities and in com-munities	i13. Cervical cancer screen-ing coverage	>20%	Divisions Family Health	End of 4th Quarter	
		1.1.2.1.7 Strengthen the implementation of the Package of Essential Noncom-municable (PEN) interventions	i14. Average % adherence to minimum standards for implementation of PEN among SOPDs	27%-HC 100%-SDH	Divisions Wellness	End of 4th Quarter	344,000
		1.1.2.1.8 Support training on PEN audit					
		1.1.2.1.9 SOPD PEN model					
		1.1.2.1.10 Delivery of overall NCD care services through SOPDs					1,580,570

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $5,338,820
1.1.3 Extended primary care service coverage through effective partnerships with communities	1.1.3.1 Extended primary care service coverage to the community level	1.1.3.1.1 Conduct training of community health workers	**i15.** # of trainings for community health workers conducted in the division	2	Divisions Nursing	End of 3rd Quarter	2,725,000
		1.1.3.1.2 Review the functions of community health workers with regards to continuum of care and explore ways to empower them	**i16.** % completion of review	100%	Nursing	End of 3rd Quarter	
		1.1.3.1.3 Refresher training of CHWs	**i17.** % of active CHWs	60%	Divisions Nursing	End of 3rd Quarter	
		1.1.3.1.4 Conduct community wellness screening	**i18.** # of communities screened	2 communities per month	Divisions Wellness	Monthly	2,613,820
		1.1.3.1.5 Decentralization of specialist curative services	**i19.** % coverage of scheduled visits	>80%	Hospitals Divisions	End of 4th Quarter	
		1.1.3.1.6 Provision of outreach services to the communities	**i20.** % coverage of scheduled outreach visits	>80%	Hospitals Divisions	End of 4th Quarter	
		1.1.3.1.7 Expanded delivery of primary care services (GOPDs)	**i21.** # of targeted government health facilities with extended opening hours	Central- 7/7 HC Western-2/5 SD Northern-1 SD	Divisions	End of 4th Quarter	
		1.1.3.1.8 Strengthen all clinical outreach to test disaster preparedness for FEMAT	**i22.** # of major outreach per division per year including at least one maritime outreach for the use of MV Veivueti	1 per Division	Hospitals Divisions	End of 4th Quarter	
		1.1.3.1.9 Rehabilitation outreach program delivered for: Central, Western, Northern Division and Kadavu	**i23.** % coverage of scheduled rehabilitation outreach visits	100%	TTH	End of 4th Quarter	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $1,164,900
1.1.4 Mental health services integrated within primary health care in all facilities	1.1.4.1 Improving detection, clinical management and continuum of care for mental health and substance abuse through well-established mental health services in each division and health centres	1.1.4.1.1 mhGAP capacity building and supervisory visits	i24. % of health facilities adhering to the mhGAP Intervention Guide	27%	Divisions Wellness	End of 3rd Quarter	1,164,900
		1.1.4.1.2 Audit of health facilities for mhGAP adherence					
		1.1.4.1.3 Develop scope of mental health activities					

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

Budget: $1,106,350

General Objective 2.1: Timely, safe, appropriate and effective health services before, during and after childbirth

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
2.1.1 Increase antenatal care coverage with an emphasis on early booking	2.1.1.1 Increased antenatal care coverage	2.1.1.1.1 Conduct awareness and promotion for early booking	i25. % of pregnant women who receive antenatal clinic in their first trimester	50%	Hospitals Divisions CSN -Obstetrics and Gynaecology Family Health	End of 4th Quarter	
		2.1.1.1.2 Promote community bookings through outreach					
		2.1.1.1.3 Provide opportunistic booking					
		2.1.1.1.4 Develop ANC package aligning to WHO					
		2.1.1.1.5 Review ANC Folder	i26. % review completion of ANC folder	100%	CSN -Obstetrics and Gynaecology Family Health	End of 3rd Quarter	
		2.1.1.1.6 Booking access available at Nursing Stations (NS) and Health Centres (HC) levels	i27. % of targeted NS's and HC's conducting booking	50%	Hospitals Divisions CSN -Obstetrics and Gynaecology Family Health	End of 4th Quarter	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
2.1.2 Improve obstetric care with a focus on adherence to key clinical practice standards	2.1.2.1 Improved quality obstetric care	2.1.2.1.1 Implementation of MSHI standards in Divisional and Sub divisional health facilities	i28. Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in divisional and sub divisional hospitals	>80%	Hospitals Divisions CSN -Obstetrics and Gynaecology Family Health	End of 4th Quarter	
		2.1.2.1.2 Conduct biannual internal audits of sub divisional hospitals for MSHI compliance					
		2.1.2.1.3 Detect, diagnose and refer high-risk cases early	i29. % of high risk maternal cases referred	>90%	Hospitals Divisions CSN -Obstetrics and Gynaecology	End of 4th Quarter	
		2.1.2.1.4 Set up audit program for adverse maternal outcomes					
		2.1.2.1.5 Regular obstetric care audits					
		2.1.2.1.6 Develop a procurement plan for Maternal Health Services	i30. Procurement plan available	1	Hospitals Divisions CSN -Obstetrics and Gynaecology Family Health Pharmaceutical & Biomedical Services	End of 1st Quarter	
Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
2.1.3 Expand coverage of postnatal care services for mothers and newborns	2.1.3.1 Improved Postnatal Care(PNC) delivery	2.1.3.1.1 Strengthen PNC visit	i31. % of women attending postnatal clinic after 1 week and 6 weeks of delivery	80% for 1 week 60% for 6 weeks	Hospitals Divisions CSN -Obstetrics and Gynaecology Family Health	End of 4th Quarter	
		2.1.3.1.2 Postnatal checklist to be administered at all levels of care (down to nursing station)					
		2.1.3.1.3 Awareness and roll out of PNC Guideline					
		2.1.3.1.4 Situation analysis to provide quality maternal health care	i32. All health facilities providing MCH services, assessed for potential PNC Services	Asessment complete	Hospitals Divisions CSN -Obstetrics and Gynaecology Family Health	End of 4th Quarter	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
		2.1.3.1.5 Develop PNC/MCH service package	**i33**.Service package developed and rolled out	100%	CSN -Obstetrics and Gynaecology Family Health	End of 2nd Quarter	

General Objective 2.2: All infants and children have access to quality preventive and curative paediatric and nutritional services							
Outcomes	**Outputs**	**Planned activities, processes or services**	**KPI**	**Target**	**Responsible**	**Timeframe**	**Estimated cost, including resources**
2.2.1 Expand neonatal and infant health-care	2.2.1.1 Reduction in neonatal and infant deaths	2.2.1.1.1 Support training on neonatal resuscitation and other trainings on newborn care services	**i34.** % of scheduled training on neonatal resuscitation delivered	100%	Hospitals Divisions CSN Paediatric Family Health	End of 3rd Quarter	
		2.2.1.1.2 Develop monitoring tool for neonatal and infant deaths					
		2.2.1.1.3 Decentralize and support training for WHO Blue Book and neonatal resuscitation	**i35.** # of trainings conducted at sub divisional level	1 per subdivision	Divisions CSN Paediatric Family Health	End of 3rd Quarter	
		2.2.1.1.4 Conduct Perinatal mortality meetings	**i36.** # of perinatal mortality meetings held in the 3 divisional hospitals	4	Hospitals Divisions CSN – Obstetrics and Gynaecology Paediatric	1 per quarter	
		2.2.1.1.5 Quarterly audits of perinatal deaths	**i37.** Quarterly audits conducted	100%	Hospitals Divisions CSN -Obstetrics and Gynaecology Paediatric	1 per quarter	
		2.2.1.1.6 Establish clinical accountability framework at all tiers of the health system	**i38.** Clinical accountability framework established	100%	Hospitals CSN -Obstetrics and Gynaecology Paediatric	End of 2nd Quarter	
Outcomes	**Outputs**	**Planned activities, processes or services**	**KPI**	**Target**	**Responsible**	**Timeframe**	**Estimated cost, including resources**
2.2.2 Maintain high level of coverage for immunization services including new antigens	2.2.2.2 Increased level of coverage for immunization services	2.2.2.2.1 Conduct EPI training and awareness for service providers and mothers	**i39.** Childhood vaccination coverage rate for all antigens	>90%	Hospitals Divisions Family Health	End of 4th Quarter	
		2.2.2.2.2 Improve defaulter tracing					

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $54,500
2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	2.2.3.1 Improved breastfeeding promotion and nutritional support	2.2.3.1.1 Facilitate External Assessment and Accreditation process on Baby Friendly Hospital Initiative	**i40.** # of divisional and sub-divisional hospitals reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	Divisional – 1/3 Sub divisional – 7/16	Hospitals Divisions Wellness	End of 4th Quarter	54,500
		2.2.3.1.2 Strengthen infant and young child feeding (IYCF)	**i41.** % of children being breastfed at 6 months	70%	Hospitals Divisions CSN Paediatric Family Health Wellness	End of 4th Quarter	
		2.2.3.1.3 Biannual internal audits for BFHI in all sub divisional hospital -Conduct relevant training -Strengthen data collation -Review Crèche Policy	**i42.** # of BFHI audits conducted	34	Hospitals Divisions CSN Paediatric Family Health Wellness	End of 4th Quarter	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $561,350
2.2.4 Improved prevention and management of childhood illness, including emergency care	2.2.4.1 Improved prevention and management of childhood illness	2.2.4.1.1 Management of Rheumatic Heart Disease cases at all health care levels	**i43.** % of acute rheumatic fever and rheumatic heart disease patients receiving ≥ 80% of secondary antibiotic prophylaxis	40%	Divisions Wellness	End of 4th Quarter	163,500
		2.2.4.1.2 Provision of holistic care for RHD according to guideline at sub divisional levels	**i44.** # of subdivisions actively screening and providing holistic care according to the guidelines	19	Divisions Wellness	End of 4th Quarter	
		2.2.3.1.3 Provide nutritional program/support in MCH	**i45.** # of SAM admissions	<95	Hospitals Divisions CSN Paediatric Wellness	End of 4th Quarter	54,500

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
		2.2.4.1.4 Strengthen management of childhood illnesses (WHO pocket book adherence)	i46. % of sub divisional hospitals adhering to WHO Pocket book	30%	Divisions CSN Paediatric Family Health	End of 4th Quarter	343,350
		2.2.4.1.5 Strengthen IMCI	i47. % of health facilities conducting IMCI services	100%	Divisions Family Health	End of 4th Quarter	
		2.2.4.1.6 Maintain functional IMCI activities at all health facilities	i48. % adherence to IMCI guidelines	80%	Divisions Family Health	End of 4th Quarter	
		2.2.4.1.7 Strengthen Divisional IMCI Committee	i49. % of meetings conducted as per schedule	80%	Divisions Family Health	End of 4th Quarter	
	2.2.4.2 Improve outcomes of paediatric oncology	2.2.4.2.1 Strengthen paediatric oncology services	i50. Cure rates for ALL	>50%	CSN Paediatric Hospitals	End of 4th Quarter	

General Objective 2.3: Expand services to address the needs of adolescents and youth							
Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
2.3.1 Expanded provision of preventive and clinical services to include 13-19 year olds	2.3.1.1 Expanded coverage for sexual and reproductive health services	2.3.1.1.1 Conduct school visits to secondary schools	i51. % of secondary schools covered by the school health programme	20% of secondary schools per subdivision	Divisions Family Health	End of 4th Quarter	
		2.3.1.1.2 Strengthen sexual/reproductive health education and awareness in the schools					
		2.3.1.1.3 Develop Adolescent Health Services (AHS) Care package	i52. AHS care package developed	100%	Family Health	End of 4th Quarter	490,500
		2.3.1.1.4 Review AHS training manual	i53. AHS training manual reviewed	100%	Family Health	End of 4th Quarter	
		2.3.1.1.5 Conduct relevant AHS trainings	i54. % of scheduled training conducted	100%	Family Health	End of 4th Quarter	

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

Budget: $2,301,800

General Objective 3.1: Multi-sectoral risk management and resilience for communicable diseases, environmental health, health emergencies, and climate change

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
3.1.1 Improved effectiveness of environmental health services through risk and hazards management and enforcement of laws to minimize human health impact risk reduction for communicable diseases	3.1.1.1 Improvement in the effectiveness of environmental health through enforcement of laws to minimize health risk and hazards to human health	3.1.1.1.1 Development and implementation of Drinking Water Safety plan (DWSP) in communities	i55. # and % of rural sanitary district communities with improved Drinking Water Safety Plans	59 of 95 [62%]	Divisions Health Protection[EHU]	End of 4th Quarter	100,000
		3.1.1.1.2 Development and Implementation of Water, Sanitation and Hygiene (WASH) facilities in the communities within the 4 health divisions	i56. # of rural sanitary district communities, schools & health care facilities with holistic WASH Intervention	640	Divisions Health Protection [EHU]	Quarterly	
		3.1.1.1.3 Auditing of drinking water standards in villages/settlements	i57. # of villages/ settlements meeting drinking water standards	20 per Division	Divisions Health Protection [EHU]	End of 4th Quarter	
		3.1.1.1.4 Conduct surveillance, prevention and control of vector born disease through IVM program	i58. % of highrisk areas that have undergone source reduction program through IVM program	80%	Divisions Health Protection [EHU]	End of 4th Quarter	98,100
		3.1.1.1.5 Create awareness on air pollution, waste management, climate change and health in the community	i59. # of awareness conducted with relevant stakeholders and the communities	80	Divisions Health Protection [EHU]	End of 4th Quarter	54,500
		3.1.1.1.6 Prevention and control of LTDs through DORT/SDORT	i60. % of LTD cases investigated and preventative measures implemented	100%	Divisions Health Protection [EHU]	End of 4th Quarter	54,500
		3.1.1.1.7 Carry out legal enforcement and prosecution for non-compliance including tobacco control as mandated by Law	i61. # of legal notices served and case filed in court	50 per Division	Divisions Health Protection [EHU]	End of 4th Quarter	218,000

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $109,000
		3.1.1.1.8 Improve food safety control and hygiene through Good Hygiene Practices (GHP) and food establishment grading	**i62.** % of scheduled, good hygiene practice and food establishment training conducted	100%	Divisions Health Protection [EHU]	End of 4th Quarter	218,000
3.1.2 Enhanced national health emergency and disaster preparedness, management and resilience	3.1.2.1 Improved disaster preparedness and response and climate resilience	3.1.2.1.1 Implement safe hospital initiative	**i63.** # of targeted subdivisions and hospitals meeting minimum standards for disaster preparedness and response and climate resilience	5/20 SDs 3/3 divisional hospitals 2/2 specialist hospitals	Health Protection FEMAT	End of 4th Quarter	109,000
		3.1.2.1.2 Develop a Fiji Emergency Medical Assistance Team (FEMAT) policy and map resource needs to facilitate emergency management response during disasters	**i64.** Policy developed	1	Divisions Health Protection FEMAT	End of 2nd Quarter	
		3.1.2.1.3 Conduct FEMAT simulation exercise biannually	**i65.** Simulation exercise conducted	100%	Health Protection FEMAT	Biannually	
		3.1.2.1.4 IHR self-assessment annual reporting compliance	**i66.** IHR core capacity compliance	>80%	Divisions Health Protection	End of 4th Quarter	

General Objective 3.2: Improved case detection and coordinated response for communicable diseases

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
3.2.1 Strengthened communicable disease surveillance	3.2.1.1 Improved communicable disease surveillance and reporting	3.2.1.1.1 Maintain and expand Early Warning, Alert and Response System (EWARS) at divisional and national level	**i67.** Average % of routine syndromic surveillance report received on time	100%	Divisions Health Protection	End of 4th Quarter	
		3.2.1.1.2 Review of National Notifiable Diseases Surveillance System (NNDSS) functions and efficacy	**i68.** NNDSS review completed	100%	Divisions Health Protection	Quarterly	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Time-frame	Estimated cost, including resources $1,449,700
3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases	3.2.2.1 Improved prevention, detection and management of priority communicable diseases. **Emphasis Area**: Leptospirosis Typhoid Dengue Meningitis VPD TB HIV Scabies Filariasis	3.2.2.1.1 Strengthen CD prevention programs: Typhoid, Leptospirosis and Dengue	**i69**. Case fatality rate for typhoid	<2.5%	Divisions Health Protection	End of 4th Quarter	174,400
			i70. Case fatality rate for Leptospirosis	<1.5%			
			i71. Case fatality rate for Dengue	<0.5%			
		3.2.2.1.2 Conduct and enhance control and elimination activities for prioritized CD's focusing on reduction to eliminate	**i72**. Incidence of Typhoid per 100,000 population	<32	Divisions Health Protection	End of 4th Quarter	54,500
			i73. Incidence of Leptospirosis per 100,000 population	<75			76,300
			i74. Incidence of Dengue per 100,000 population	<100			218,000
			i75. Prevalence of lymphatic filariasis	<1%			109,000
		3.2.2.1.3 Implement TB control activities to achieve strategic targets	**i76.** Tuberculosis treatment success rate	>89%	National TB Control Officer	End of 4th Quarter	490,500
		3.2.2.1.4 Reportnew paediatric HIV cases	**i77**. # of new Paediatric HIV cases reported	0	CSN – Obstetrics and Gynecology Paediatric	End of 4th Quarter	327,000

Strategic Pillar 2: Health Systems Strengthening

Priority Area 4: Continuum of care and improved quality and safety Budget: $1,918,400							
Outcomes	**Outputs**	**Planned activities, processes or services**	**KPI**	**Target**	**Responsible**	**Time-frame**	**Estimated cost, including resources $1,918,400**
4.1.1 Continuous monitoring and improvement of quality standards	4.1.1.1 Improved quality standards	4.1.1.1.1 Strengthen infection control practice in all health service facilities	**i78.** Intensive care unit hand hygiene rate (Paediatrics and Adults)	≥90%	Hospitals Patient Safety & Quality	End of 4th Quarter	272,500
		4.1.1.1.2 Assess and upscale compliance to infection control management/practice guidelines and protocols in all health facilities and outlets including outreach and mobile services	**i79**. External assessment conducted	1	Hospitals Divisions Nursing Patient Safety & Quality	End of 4th Quarter	

32		4.1.1.1.3 Initiate improvement of quality and safety standards at health facilities	**i80**. # of quality improvement initiatives implemented at health facility	4 per facility	Divisions Hospitals FPBS HQ	End of 4th Quarter	10,900
		4.1.1.1.4 Create awareness on quality circles					
		4.1.1.1.5 Establish National Patient Safety & Quality Committee	**i81**. Committee established	1	Patient Safety & Quality	End of 2nd Quarter	
		4.1.1.1.6 Develop-ment of National Patient Safety and Quality Framework	**i82**. Framework developed	1	Patient Safety & Quality	End of 4th Quarter	
		4.1.1.1.7 Evaluate and increase ca-pacity and aware-ness on 5S	**i83**. % of health facilities im-plementing 5S system	100%	All Divisions, Units and Departments	End of 4th Quarter	
		4.1.1.1.8 Efficient management of overseas medical referral applica-tions	**i84**. Average time for pro-cessing over-seas medical referrals	<4 weeks	Overseas Medical Referral Unit	End of 4th Quarter	1,635,000
		4.1.1.1.9 Review Overseas Medical Referral Guideline					
		4.1.1.1.10 Develop National Clini-cal Governance Framework	**i85**. Framework developed	1	Patient Safety & Quality	End of 4th Quarter	
		4.1.1.1.11 Review and strengthen incident reporting process (UOR)	**i86**. Review completed	1	Divisions Hospitals Patient Safety & Quality	End of 4th Quarter	
		4.1.1.1.12 Monitor-ing and implemen-tation of Root Case Analysis (RCA) recommendations	**i87**. Recom-mendations implemented	100%	Divisions Hospitals Patient Safety & Quality	End of 4th Quarter	
		4.1.1.1.13 Improve customer services and clinical service delivery at all health facilities	**i88**. Average patient expe-rience survey response rate, disaggregated by facility	>90%	Hospitals Patient Safety & Quality	End of 4th Quarter	
		4.1.1.1.14 Improve waiting time for customers at all health facilities					
		4.1.1.1.15 Training for Customer care services	**i89**. % of scheduled training con-ducted	100%			

	4.1.1.1.16 Efficient management of customer complaints through #157	**i90**. % of customer complaints resolved within pre-determined resolution timeframes for complaints received through # 157	80%	Divisions Hospitals Patient Safety & Quality	End of 4ᵗʰ Quarter	
	4.1.1.1.17 Establish national hospital acquired infection surveillance and response (control)	**i91**. Surgical site infection for elective caesarean section at all divisional hospitals	<5%	Hospitals	End of 4ᵗʰ Quarter	
	4.1.1.1.18 Develop and operationalize a monitoring framework for IPC	**i92**. % reduction of nosocomial infection outbreak in hospitals	25% reduction from past outbreak trends	Hospitals Nursing Health Protection Patient Safety & Quality	End of 4ᵗʰ Quarter	
	4.1.1.1.19 IPC facility assessment audits at health facilities	**i93**. % of scheduled audits conducted	100%			
	4.1.1.1.20 Internal and external audits for compliance to the surgical safety checklist	**i94**. % of audits conducted	100%	Hospitals	End of 4ᵗʰ Quarter	
		i95. % compliance to the safety checklist	100%	Hospitals	End of 4ᵗʰ Quarter	
	4.1.1.1.21 Development of policy and patient charter	**i96.** Charter developed	1	Nursing	End of 4ᵗʰ Quarter	
	4.1.1.1.22 Strengthen audit of supply and maintenance of equipment and tools for IMCI service provision	**i97.** % of public hospitals and health centres audited at least annually against IMCI guidelines	>50%	Hospitals Divisions Family Health	End of 4ᵗʰ Quarter	
	4.1.1.1.23 Review Guideline for CSN	**i98**. Guideline reviewed	1	Hospitals CSN's	End of 4ᵗʰ Quarter	
4.1.1.2 Efficient and effective use of resources	4.1.1.2.1 Identify areas of potential over-expenditure and implement processes to address this	**i99**. # of process improvement initiatives implemented	>4 per Division & Divisional Hospitals >4 per HQ unit	All Divisions, Units and Departments	End of 2ⁿᵈ Quarter	
	4.1.1.2.2 Effectively and pro-actively monitor resources through standardized practice e.g. audits	**i100**. # of audits, reviews, visual checks, quality assurance checks conducted	1/month	All Divisions, Units and Departments	Monthly	
4.1.1.3 Integrate programme activities to reduce/avoid duplication	4.1.1.3.1 Programme objectives and activities reviewed to identify duplication	**i101**. % of duplication in programmes identified and addressed	100%	All Divisions, Units and Departments	End of 2ⁿᵈ Quarter	

		Planned activities	KPI	Target	Responsible	Time-frame	
	4.1.1.4 Innovative practices implemented to address delivery of service more efficiently	4.1.1.4.1 Review all work processes aligned to current staffing levels and identify potential inefficiencies	**i102.** % of work processes reviewed in each unit aligned to staffing levels	100%	All Divisions, Units and Departments	End of 2nd Quarter	
		4.1.1.4.2 Identify innovative practices to improve efficiency of service delivery	**i103.** # of new initiatives implemented to improve service delivery	>1	All Divisions, Units and Departments	End of 4th Quarter	
		4.1.1.4.3 Identify areas of collaboration in service delivery within the Ministry	**i104.** # of new collaborative initiatives identified in service delivery areas	>1	All Divisions, Units and Departments	End of 4th Quarter	
	4.1.1.5 Business process reengineering initiated	4.1.1.5.1 Conduct process mapping of key activities and identify any inefficiencies	**i105.** % of process analysis completed for targeted key activities	100% (>1/cost centre)	All Divisions, Units and Departments	End of 4th Quarter	
		4.1.1.5.2 Identification and review of non-core activities and most efficient way to deliver the service	**i106.** # of activities identified for potential integration or outsourcing	>1	All Divisions, Units and Departments	End of 4th Quarter	
	4.1.1.6 Improved partnerships with stakeholders	4.1.1.6.1 Enhance relationships with development partners in health and across government	**i107.** # of development partner and multisector meetings held	>2	All Divisions, Units and Departments	End of 4th Quarter	
	4.1.1.7 Improved planning, implementation and monitoring of all projects and programs	4.1.1.7.1 Establishment of Programme and Projects Board	**i108.** Programme and Projects Board established	1	All Divisions, Units and Departments	End of 4th Quarter	
		4.1.1.7.2 Introduction of project management processes					
		4.1.1.7.3 Ministry newsletter disseminated to all staff	**i109.** Newsletter prepared and disseminated monthly	100%	ESU	Monthly	

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

Budget: $215,062,220

General Objective 5.1: Motivated, qualified, customer-focused health workforce that is responsive to population health needs

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Time-frame	Estimated cost, including resources
5.1.1 Workforce needs assessed for all MHMS cadres and facilities on an annual basis	5.1.1.1 Workforce needs aligned to population demand	5.1.1.1.1 Conduct workforce needs assessment for all cadres/services in all health facilities	**i110.** Report on workforce needs assessment completed within the agreed timeline	100%	Human Resources Divisions Hospitals FPBS HQ	End of 3rd Quarter	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
		5.1.1.1.2 Review and compile a strategic workforce plan	**i111**. SWP revised and completed within the agreed time-line	100%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	
		5.1.1.1.3 Performance assessment conducted in compliance with Performance Management Guidelines	**i112**. MyAPA assessment completed and submitted by the respective due dates	100%	Human Resources Divisions Hospitals FPBS HQ	Individual My-APA Performance Agreement –Aug 2019 Mid-term My-APA - 6 Dec 2019 Annual MyAPA – 6 May 2020	
		5.1.1.1.4 Orientation and induction for all new appointees and promotees	**i113**. Induction of new appointees and promotees are conducted within the agreed time lines	80%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	
		5.1.1.1.5 Awareness on My APA, OMRS, Disciplinary Guideline, Job Evaluation Exercise and Performance Assessment	**i114**. Number of awareness sessions conducted	2 per cost centre	Human Resources Divisions Hospitals FPBS HQ	End of 3rd Quarter	
Outcomes	**Outputs**	**Planned activities, processes or services**	**KPI**	**Target**	**Responsible**	**Timeframe**	**Estimated cost, including resources**
5.1.2 Health Workers recruited and deployed efficiently based on service needs	5.1.2.1 Health facilities adequately resourced to deliver efficient and effective service	5.1.2.1.1 Timely recruitment and selection of staff to ensure all health facilities are adequately resourced	**i115**. % of recruitment and selection completed in accordance with OMRS policy and guidelines	>70%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	
		5.1.2.1.2 Posting and transfer of staff effected to address staff shortage and to ensure efficient and effective health service delivery	**i116**. Staff transfers and posting are processed in accordance with posting/transfer guidelines	100%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $2,89,000
5.1.3 Healthy, safe, and supportive work environment to improve workforce satisfaction	5.1.3.1 Healthy safe, and supportive work environment, professional development and retention	5.1.3.1.1 Analysis of exit questionnaire and report submitted 5.1.3.1.2 Support healthy workforce environment 5.1.3.1.3 Weekly wellness activity	**i117**. Report on analysis of exit questionnaire submitted on a quarterly basis	1 report/ quarter	Human Resource	Quarterly	
		5.1.3.1.4 Facilitate learning and development opportunities for all staff	**i118**. The NTPC levy paying officers attend the required courses as per the NTPC Act	>80%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	1,417,000
			i119. Officers attend training programs and courses that are funded by respective funding agencies through the Ministry of Civil Service, WHO, POHLN, Fiji Health Support Facility etc	>80%			
		5.1.3.1.5 Monitor compliance to Occupational Health & Safety 5.1.3.1.6 Revive OHS committee/ meeting	**i120**. % of facilities in compliance with Occupational Health & Safety requirements for certification	100%	Finance and Asset Management Divisions Hospitals	End of 4th Quarter	872,000

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

Budget:$1,302,550

General Objective 6.1: Planning and budgeting are based on sound evidence and consider cost-effectiveness

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
6.1.1 Evidence-based policy and planning	6.1.1.1 Evidence based policy and planning	6.1.1.1.1 Review identified existing policies 6.1.1.1.2 Develop new policies based on request	**i121.** # of national policies developed/ reviewed	>5	Planning and Policy Development All National Advisors	End of 4th Quarter	
		6.1.1.1.3 Review identified existing legislation (Mental Health Act 2010, Public Health Act, National Nursing Act)	**i122.** # of national legislation developed/ reviewed/ finalized	>2	All National Advisors Executive Support	End of 4th Quarter	
		6.1.1.1.4 Prepare cabinet papers in accordance with standards and requirements	**i123.** # of cabinet papers submitted to cabinet in accordance with standards	>17	All National Advisors Executive Support	End of 4th Quarter	
		6.1.1.1.5 Provide evidence-based policy advice on key issues of national interest	**i124.** # of papers, plans, policy briefs, reports submitted to PSHMS and Minister that meet quality standards	>8	All National Advisors Executive Support	End of 4th Quarter	
		6.1.1.1.6 Monitor and support efficient functioning of boards and committees	**i125.** Report on Boards and Committees submitted on quarterly basis	1 per quarter	Executive Support	Quarterly	
		6.1.1.1.7 Identify process improvement initiatives	**i126.** % of process improvement initiatives implemented	100%	Executive Support	End of 4th Quarter	
		6.1.1.1.8 Prepare, receive and/or co-ordinate briefs, agendas, minutes, correspondence, speeches, ministerial statements, notes, discussion papers, reports	**i127.** # of briefs, meeting minutes, speeches, statements, notes, discussion papers, reports prepared	>30	Executive Support	End of 4th Quarter	

		and other documentation for Senior Executives that meet quality standards	and submitted to Senior Executives				
		6.1.1.1.9 Prepare and coordinate press releases, statements, supplements, health pages, media invite and radio talkback shows	**i128.** # of press releases, supplements, media invites and talkback shows prepared/ coordinated	>30	Executive Support	End of 4th Quarter	
		6.1.1.1.10 Efficient management of Ministry's website, Facebook and timely response to media queries	**i129.** Quarterly report on media queries responded to including website and Facebook submitted to PSHMS	1/ quarter	Executive Support	Quarterly	
			i130. Website reviewed and redesigned to meet quality standards	100% completed	Information Technology	End of 3rd Quarter	

General Objective 6.2: Health information systems provide relevant, accurate information to the right people at the right time

Outcomes	Outputs	Planned activities, processes or services	KPI	Tar-get	Responsible	Timeframe	Estimated cost, including resources $910,150
6.2.1 Expanded coverage of electronic patient management information systems in facilities	6.2.1.1 Electronic Patient management information systems utilised in all health facilities	6.2.1.1.1 Provide Patient Information Systems (PATIS) online access (govnet) to targeted health facilities	**i131.** # and % of hospitals using a fully functional PATIS plus system	20 [86%]	Information Technology	End of 4th Quarter	545,000
		6.2.1.1.2 PATIS available in all sub divisional hospitals and health centres	**i132.** % of sub divisional hospitals and health centres with PATIS	100%	Information Technology	End of 4th Quarter	
		6.2.1.1.3 Capacity building on data collection and analysis at all levels	**i133.** Trainings conducted	2 National level training conducted	Research Innovation & Health Information	End of 3rd Quarter	
		6.2.1.1.4 Ensure interoperability between current and new applications	**i134.** Average % of total discharges recorded in PATISplus system	80%	Information Technology	End of 4th Quarter	365,150
		6.2.1.1.5 Improve online functionality and use of HIS (PATIS+, CMRIS and LIMS)					
		6.2.1.1.6 Improve birth data capture at divisional hospitals	**i135.** Average % of births recorded in PATISplus system	>70%	Information Technology	End of 4th Quarter	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
		6.2.1.1.7 Ministry data centre migrated to Whole of Government data centre	i136. % of migration completed	100%	Information Technology	End of 2nd Quarter	
6.2.2 Strengthen communicable disease surveillan-ce, notification and report-ing	6.2.2.1 Integrated systems for communicable disease surveillance in place	6.2.2.1.1 Implement an integrated disease notification surveillance system at all levels, with defined frequency	i137. % compliance of integrated surveillance system for user-defined requirements for integration, completeness, timeliness, accuracy, and ease-of-use	100%	Health Protection Information Technology Hospitals Divisions	End of 4th Quarter	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $97,500
6.2.3 Improved consistency of key national health data and statistics	6.2.3.1 Improved collaboration with internal and external stakeholders to improve national level data	6.2.3.1.1 Facilitate the regular submission of essential data	i138. % notification of Birth and Death certificate submitted on time to FBoS	>90%	Research Innovation & Health Information	End of 4th Quarter	97,500
		6.2.3.1.2 Regular training for International Classification of Diseases(ICD) coding	i139. # of training conducted	2 per year	Research Innovation & Health Information	Biannually	
		6.2.3.1.3 Regular training for Medical Cause of Death Certificate					

General Objective 6.3: Results-based monitoring & evaluation as a driver for organizational decision-making and behaviour change

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $229,500
6.3.1 M&E standards established to improve performance and accountability	6.3.1.1 Strengthening M&E systems and processes	6.3.1.1.1 Strengthen M&E through METT 6.3.1.1.2 Regular national METT meeting	i140. National METT meetings/refresher training held biannually	2	Research Innovation & Health Information Planning and Policy Development	Annually	229,500
		6.3.1.1.3 Strengthen METT at Divisional and Sub divisional levels	i141. Quarterly Divisional METT committee meeting	4	Divisions Research Innovation & Health Information Planning and Policy Development	Quarterly	

		Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost
		6.3.1.1.4 Conduct mandatory weekly performance audits	**i142.** # of audit reports submitted	>40	All Divisions Hospitals, Departments and Executive Support	Weekly	
		6.3.1.1.5 Identify intervention priorities for senior executives from weekly audit reports	**i143.** % of information briefs for priority interventions submitted to PSHMS and Minister	>80%	Executive Support	End of 4th Quarter	
		6.3.1.1.6 Identify Innovation ideas suggested on IT platform	**i144.** % oidentified information briefs/papers submitted on innovative ideas to Senior Executives	>50%	Executive Support	End of 4th Quarter	
		6.3.1.1.7 Efficient management of all existing MOA & MOU and identify possible areas of expansion	**i145.** Report submitted to Senior Executives quarterly	1 per quarter	Executive Support	Quarterly	

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $65,400
6.3.2 Integrate surveys and applied research into MHMS annual planning cycle	6.3.2.1 Strengthen research and innovation to support health systems strengthening	6.3.2.1.1 Build capacity in research for health workers	**i146.** # of policy briefs submitted to PSHMS	>3	Research Innovation & Health Information	End of 4th Quarter	
		6.3.2.1.2 Increase awareness and training for operational research					
		6.3.2.1.3 Training in research methods	**i147.** % scheduled training conducted at sub divisional and divisional level	100%	Research Innovation & Health Information	End of 4th Quarter	65,400
		6.3.2.1.4 Identify national research priorities and partnerships	**i148.** National priorities identified	1 report	Research Innovation & Health Information	End of 4th Quarter	
		6.3.2.1.5 Consolidate existing research including student research (trainee interns, 7D, Wellness)	**i149.** Report on existing research	1 report/quarter	Research Innovation & Health Information	End of 4th Quarter	
		6.3.2.1.6 Organize research for health-systems	**i150.** % of planned audits/research conducted for health-system strengthening	100%	Research Innovation & Health Information	End of 4th Quarter	
		6.3.2.1.7 Develop Ministry e-bulletin /magazine	**i151.** Quarterly publication	4/year	Research Innovation & Health Information	Quarterly	

Priority Area 7: Medicinal products, equipment & infrastructure

Budget:$115,861,963

General Objective 7.1: Quality medicinal products are rationally used and readily accessible to the public

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $45,572,467
7.1.1 Functional supply chain management system established to improve medicinal product availability	7.1.1.1 Improved availability of targeted products	7.1.1.1.1 Conduct national quantification exercise for medical consumables and biomedical supplies	i152. Avg. % availability of tracer products in targeted facilities	>80%	Pharmaceutical & Biomedical Services	End of 4th Quarter	45,572,467
		7.1.1.1.2 Feasibility study for MHMS Tender Board provision	i153. Feasibility study completed as per timelines	1 study report	Pharmaceutical & Biomedical Services	End of 3rd Quarter	
		7.1.1.1.3 Supply chain management training (Procurement)	i154. Training conducted	1/ year	Pharmaceutical & Biomedical Services	End of 3rd Quarter	
		7.1.1.1.4 Conduct a feasibility study for decentralization of procurement budget to the divisions and divisional hospitals	i155. Feasibility study completed	100%	Finance and Asset Management	End of 3rd Quarter	
		7.1.1.1.5 Conduct supervisory visits/stock take in all subdivisions	i156. Quarterly sub divisional visits and reports	4	Pharmaceutical & Biomedical Services	Quarterly	
		7.1.1.1.6 Review of all governance committees such as NMTC , Free Medicine etc. at FPBS to determine relevance, effectiveness and efficiency	i157. # of committees reviewed and realigned to new objectives	2	Pharmaceutical & Biomedical Services	End of 4th Quarter	
Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $54,500
7.1.2 The quality of imported and distributed medicinal products standardize	7.1.2.1 Access to quality, safe and effective medicine	7.1.2.1.1 Develop regulations for classification of medicines to protect public health and safety	i158. # of regulations developed for medicines scheduling system	2 regulations	Pharmaceutical & Biomedical Services	End of 4th Quarter	

		7.1.2.1.2 Conduct analytical testing of medicines with international quality control laboratory	**i159.** # of samples sent for laboratory testing at a WHO accredited laboratory	30 samples	Pharmaceutical & Biomedical Services	End of 4th Quarter	54,500
		7.1.2.1.3 Conduct annual inspections of license holders	**i160.** % of private pharmacies, pharmaceutical wholesalers and medicine license holders inspected annually	>75%	Pharmaceutical & Biomedical Services	End of 4th Quarter	
		7.1.2.1.4 Train staff on regulatory activities	**i161.** # of staff trained	5	Pharmaceutical & Biomedical Services	End of 4th Quarter	
		7.1.2.1.5 Conduct capacity assessment for the Regulatory Unit	**i162.** Assessment completed as per schedule	1 Assessment Report	Pharmaceutical & Biomedical Services	End of 4th Quarter	

General Objective 7.2: Ensure availability of essential biomedical equipment at health facilities

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $9,251,409
7.2.1 Increased availability of essential biomedical & dental equipment in government health facilities	7.2.1.1 Improved functionality of biomedical & dental equipment in health facilities	7.2.1.1.1 Ensure all health facilities have the basic biomedical and dental equipment	**i163.** % of facilities having proper functional biomedical and dental equipment	>80%	Pharmaceutical & Biomedical Services	End of 4th Quarter	9,251,409
		7.2.1.1.2 Support the maintenance of current equipment					
		7.2.1.1.3 Develop replacement and maintenance plan for biomedical equipment	**i164.** Plan developed	100%			
		7.2.1.1.4 Internal review of processes and timelines for procurement of biomedical equipment	**i165.** Procurement processes reviewed and report submitted	1 report	Pharmaceutical & Biomedical Services	End of 4th Quarter	

General Objective 7.3: Infrastructure planned based on service standards for operational and population needs

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $32,541,910
7.3.1 Infrastructure & equipment maintenance	7.3.1.1 Improved Infrastructure & equipment for	7.3.1.1.1 Upgrade current infrastructure to meet service delivery needs	**i166.** % of health facilities upgraded as per requirement	>30%	Finance and Asset Management	End of 4th Quarter	32,541,910

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $28,441,677
plans for all facilities to ensure operational safety	service delivery	7.3.1.1.2 Develop health facility annual maintenance plan	i167. % of health facilities that have an annual maintenance plan	100%	Finance and Asset Management	End of 1st Quarter	
	7.3.1.2 Better management and maintenance of assets	7.3.1.2.1 Conduct regular, ongoing visual inspection to evaluate aesthetics / 7.3.1.2.2 Submit proposal for aesthetic upgrade of buildings and surroundings	i168. # of aesthetic (beautification) upgrade projects carried out	1 per facility	All Divisions, Units and Departments	End of 4th Quarter	
		7.3.1.2.3 Strengthen regular Board of Survey (BOS)	i169. # of BOS conducted and boarded items removed	1/year (All items removed from facility)	Finance and Asset Management / Divisions / Hospitals	End of 4th Quarter	
		7.3.1.2.4 Internal review of AMU processes and timelines for maintenance	i170. Review of AMU processes completed	Report submitted	Finance and Asset Management	End of 4th Quarter	
7.3.2 Strengthen Health Service management	7.3.2.1 Improved budget execution and financial performance	7.3.2.1.1 Review of Finance Manual / 7.3.2.1.2 Establishment of MHMS Accounting Heads Committee / 7.3.2.1.3 Strengthen budget utilization report / 7.3.2.1.4 Collate budget execution data and rectify areas of high expenditure at facility level	i171. % execution of annual budget	>80%	Finance and Asset Management / Divisions / Hospitals / HQ	End of 4th Quarter	28,441,677
		7.3.2.1.5 Regular budget monitoring	i172. Monthly reports on expenditure from Finance	Monthly report submitted	Finance and Asset Management	Monthly	
	7.3.2.2 Improved procurement and contract management processes	7.3.2.2.1 Procurement system and processes reviewed and supply chain assessment conducted	i173. % completion of the review of end to end procurement system and processes	100%	Finance and Asset Management / Pharmaceutical & Biomedical Services	End of 4th Quarter	
		7.3.2.2.2 Proactively manage all service contracts and provide evidence	i174. Service contract compliance rate	100%	All Divisions, Units and Departments	End of 4th Quarter	

Priority Area 8: Sustainable financing

Budget:$54,500

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources $54,500
8.1.1 Expanded evidence base and analytical capacity for strategic health financing	8.1.1.1 Evidence base generated for strategic health financing	8.1.1.1.1 Training of Officers on SOP on the utilization of Donor Funds	**i175.** # of trainings conducted	1	Finance and Asset Management	End of 3rd Quarter	
		8.1.1.1.2 Conduct annual NHA assessment including surveys and compile report	**i176.** National Health Accounts (NHA) estimation completed annually	2018/2019 NHA report	Planning and Policy Development	End of 4th Quarter	54,500

Outcomes	Outputs	Planned activities, processes or services	KPI	Target	Responsible	Timeframe	Estimated cost, including resources
8.1.2 Appropriate health financing strategy (model) developed	8.1.2.1 Estimated demand for resource needs for budgetary submissions for 3 years	8.1.2.1.1 Propose a budget based on projected future needs/estimates	**i177.** Budget estimates submitted for next 3 years as per timelines	Report completed by March	Planning and Policy Development	End of 3rd Quarter	
		8.1.2.1.2 Costing Analysis of Strategic Plan	**i178.** Costing Analysis completed as per timelines	Costed Strategic Plan	Planning and Policy Development	End of 3rd Quarter	

Capital Works Plan

Ministry 2019/2020 Resourcing profile (budget costs & staff)

Planned CAPEX

Strategic Priority	Project Ref No	SEG No	Project	Planned Completion date	Total Budget $	1st QTR $	2nd QTR $	3rd QTR $	4th QTR $
Priority Area 7		8	Upgrading and Maintenance of Urban Hospitals and Institutional Quarters	Several maintenance projects are under this allocation. Some continuing over the financial year and some completing within	**1,250,000**	250,000	500,000	250,000	250,000
		8	Extension of CWM Hospital Maternity Unit	Expected completion in 2021	**4,000,000**	500,000	500,000	1,500,000	1,500,000
		8	Upgrading and Maintenance of Sub-Divisional Hospitals, Health Centres and Nursing Stations	Several maintenance projects are under this allocation. Some continuing over the financial year and some completing within	**2,000,000**	200,000	500,000	500,000	800,000
		8	Construction of Navosa Sub-Divisional Hospital	July, 2020	**7,500,000**	1,875,000	1,875,000	1,875,000	1,875,000
		8	Upgrade of Lautoka Hospital Operating Theatre and X-Ray department	July, 2020	**4,350,000**	1,087,500	1,087,500	1,087,500	1,087,500
		8	Divisional Development Projects	July,2020	**350,000**	50,000	150,000	100,000	50,000
		8	Navua Hospital- Final Payment	July,2020	**473,584**	473,583	-	-	-
		8	Ba Hospital- Final Payment	July,2020	**3,162,379**	3,162,379	-	-	-
		8	Construction of Kidney Dialysis Treatment Centre- Suva & Nadi	July,2020	**250,000**	50,000	50,000	75,000	75,000
		8	Preliminary works- Lodoni Health Centre, Korovou	July,2020	**1,000,000**	250,000	250,000	500,000	500,000

			Hospital, Valelevu Health Centre and Labasa Hospital						
		8	Preliminary works-Nausori Sub-divisional Hospital	July,2020	**150,000**	-	50,000	50,000	50,000
Priority Area 6		9	ICT Infrastructure and Network	July,2020	**500,000**	250,000	200,000	10,000	40,000
Priority Area 7		9	Purchase of Equipment for Urban Hospitals	July, 2020	**1,650,000**	412,500	412,500	412,500	412,500
		9	Equipment for Sub-Divisional Hospitals, Health Centre and Nursing Stations	July, 2020	**1,575,000**	393,750	393,750	393,750	393,750
		8	Purchase of Forklifts and Trucks	July 2020	**200,000**	50,000	50,000	50,000	50,000
		9	Purchase of Bio-Medical Equipment for Urban and Sub-Divisional hospitals	July, 2020	**5,500,000**	500,000	500,000	2,250,000	2,250,000
		9	Purchase of Dental Equipment for Urban Hospitals and Sub - Divisional Hospitals	July, 2020	**687,531**	100,000	100,000	250,000	237,531

Annual Output Budget and Resource Plan

Budget and Overheads

Outcome (and Ref No.)	Output (and Ref No.)	Total Budget	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Total Budget
Outcome 1.1.1 Reduce key lifestyle risk factors among the population	Output 1.1.1.1 Improvement in lifestyle risk factors among the population	1,399,600	-	-	-	-	1,264,400	48,000	87,200	-	-	-	1,399,600
Outcome 1.1.2 Strengthen continuum of care for NCDs	Output 1.1.2.1 Improved early detection with effective risk assessment, behaviour change counselling and clinical management	4,262,975	-	-	924,865	-	2,963,710	-	174,400	-	-	200,000	4,262,975
Outcome 1.1.3 Extended primary care service coverage through effective partnerships with communities	Output 1.1.3.1 Primary care service coverage	5,338,820	-	-	1,346,150	-	918,870	-	3,073,800	-	-	-	5,338,820
Outcome 1.1.4 Mental health services integrated within primary health care in all facilities	Output 1.1.4.1 Improving detection, clinical management and referral through mhGAP Programme	1,164,900	-	-	45,780	185,300	313,920	500,000	119,900	-	-	-	1,164,900
Outcome 2.1.1 Increase antenatal care coverage with an emphasis on early booking	Output 2.1.1.1 Increased Antenatal care coverage	-	-	-	-	-	-	-	-	-	-	-	-
Outcome 2.1.2 Improved obstetric care with	Output 2.1.2.1 Quality obstetric care	-	-	-	-	-	-	-	-	-	-	-	-

Outcome	Output										
a focus on adherence to key clinical practice standards			-	-	-	-	-	-	-	-	-
Outcome 2.1.3 Expanded coverage of postnatal care services for mothers and newborns	Output 2.1.3.1 Improved postnatal care delivery	-	-	-	-	-	-	-	-	-	-
Outcome 2.2.1 Expand neonatal and infant healthcare	Output 2.2.1.1 Reduction in Neonatal and Infant Deaths	-	-	-	-	-	-	-	-	-	-
Outcome 2.2.2 High level of coverage for immunization services including new antigens	Output 2.2.2.1 Level of coverage for immunization services	-	-	-	-	-	-	-	-	-	-
Outcome 2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	Output 2.2.3.1 Improved breastfeeding promotion and nutritional support	54,500	-	-	54,500	-	-	-	-	-	54,500
Outcome 2.2.4 Improved prevention and management of childhood illness, including emergency care	Output 2.2.4.1 Improved Prevention and management of childhood illness	561,350	-	-	397,850	-	163,500	-	-	-	561,350
Outcome 2.3.1 Expanded provision of preventive and clinical services to include 13-19 year olds	Output 2.3.1.1 Expanded coverage for sexual and reproductive health services	490,500	-	-	490,500	-	-	-	-	-	490,500
Outcome 3.1.1 Improved effectiveness of environmental risk	Output 3.1.1.1 Environmental risk reduction for	743,100	-	-	100,000	-	392,400	250,700	-	-	743,100

Outcome	Output											
reduction for communicable diseases	communicable ble diseases											
Outcome 3.1.2 Enhanced national health emergency and disaster preparedness, management and resilience	Output 3.1.2.1 Disaster preparedness and response and climate resilience	**109,000**	-	-	-	-	109,000	-	-	-	-	**109,000**
Outcome 3.2.1 Strengthened CD surveillance through integration of reporting processes and systems	Output 3.2.1.1 Improved CD surveillance	-	-	-	-	-	-	-	-	-	-	-
"Outcome 3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases Emphasis Area: Leptospirosis , Typhoid, Dengue,TB ,HIV	Output 3.2.2.1 Improved prevention and management of CD's	**1,449,700**	-	-	-	-	904,700	-	545,000	-	-	**1,449,700**
Outcome 4.2.1 Systematic quality improvement process established in all government health facilities	Output 4.2.1.1 Compliance with Systematic quality improvement standards at health facilities	**1,918,400**	-	-	1,635,000	-	283,400	-	-	-	-	**1,918,400**
Outcome 5.1.1 Workforce needs assessed for all MHMS cadres and facilities on an annual basis	Output 5.1.1.1 Workforce needs aligned to population demand	**136,850,293**	116,348,079	17,420,370	251,245	-	-	-	2,830,599	-	-	**136,850,293**
Outcome 5.1.2 Health Workers recruited and deployed	Output 5.1.2.1 Reduction in number of vacancies	**75,922,927**	75,628,947	293,980	-	-	-	-	-	-	-	**75,922,927**

Outcome	Output											Total
efficiently based on service needs												
Outcome 5.1.3 Healthy, safe, and supportive work environment to improve workforce satisfaction	Output 5.1.3.1 Healthy, safe, and supportive work environment, professional development and retention	**2,289,000**	-	-	-	54,500	1,417,000	817,500	-	-	**2,289,000**
Outcome 6.1.1 Evidence-based policy and planning	Output 6.1.1.1 Evidence based policy and planning	**-**	-	-	-	-	-	-	-	-	**-**
Outcome 6.2.1 Expanded coverage of electronic patient management information systems in facilities	Output 6.2.1.1 Electronic Patient management information systems utilised in all health facilities	**910,150**	545,000	-	-	-	365,150	-	-	-	**910,150**
Outcome 6.2.2 Strengthen communicable disease surveillance, notification and reporting	Output 6.2.2.1 Integrated systems for communicable disease surveillance in place	**-**	-	-	-	-	-	-	-	-	**-**
Outcome 6.2.3 Improved consistency of key national health data and statistics	Output 6.2.3.1 Collaboration with partner institutions to improve national level data	**97,500**	-	-	97,500	-	-	-	-	-	**97,500**
Outcome 6.3.1 M&E standards established to improve performance and accountability	Output 6.3.1.1 Strengthening M&E systems and processes	**229,500**	-	-	229,500	-	-	-	-	-	**229,500**
Outcome 6.3.2 Integrate surveys and applied research into MHMS annual planning cycle	Output 6.3.2 Strengthen research and innovation to support health systems strengthening	**65,400**	-	-	65,400	-	-	-	-	-	**65,400**

Outcome	Output											
Outcome 7.1.1 Functional supply chain management system established to improve medicinal product availability	Output 7.1.1.1 Improved availability of targeted products	45,572,467	-	218,000	-	-	45,153,362	9,810	191,295	-	-	45,572,467
Outcome 7.1.2 The quality of imported and distributed medicinal products standardize	Output 7.1.2.1 Consistency in quality of medicines imported by FPBS	54,500	-	-	-	-	54,500	-	-	-	-	54,500
Outcome 7.2.1 Increased availability of essential biomedical & dental equipment in government health facilities	Output 7.2.1.1 Functional biomedical & dental equipment in health facilities	9,251,409	6,744,409	-	-	-	-	2,507,000	-	-	-	9,251,409
Outcome 7.3.1 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety	Output 7.3.1.1 Infrastructure & equipment aligned to service delivery	32,541,910	3,515,250	26,635,200	-	-	2,391,460	-	-	-	-	32,541,910
Outcome 7.3.2 Strengthen Health Service management	Output 7.3.2.1 Strengthen support for administrative functions	28,441,677	-	-	436,000	-	13,744,117	12,261,410	2,000,150	-	-	28,441,677
Outcome 8.1.1 Expanded evidence base and analytical capacity for strategic health financing	Output 8.1.1.1 Evidence base generated for strategic health financing	54,500	-	-	54,500	-	-	-	-	-	-	54,500
Outcome 8.1.2 Appropriate health financing strategy (model) developed	Output 8.1.2.1 Estimated demand for resource needs for budgetary submissions	-	-	-	-	-	-	-	-	-	-	-
TOTAL		349,774,078	10,804,659	26,853,200	8,756,649	602,500	70,439,490	16,031,720	6,394,485	17,714,350	191,977,026	349,774,078

Budget Cashflow Forecast

Outcome	Output	Total Budget ($)	1st Qtr. ($)	2nd Qtr. ($)	3rd Qtr. ($)	4th Qtr. ($)
Outcome 1.1.1 Reduce key lifestyle risk factors among the population	Output 1.1.1.1 Improvement in lifestyle risk factors among the population	1,399,600	311,927	227,872	394,716	465,084
Outcome 1.1.2 Strengthen continuum of care for NCDs	Output 1.1.2.1 Improved early detection with effective risk assessment, behaviour change counselling and clinical management	4,262,975	950,085	694,065	1,202,247	1,416,579
Outcome 1.1.3 Extended primary care service coverage through effective partnerships with communities	Output 1.1.3.1 Primary care service coverage	5,338,820	1,189,857	869,225	1,505,657	1,774,080
Outcome 1.1.4 Mental health services integrated within primary health care in all facilities	Output 1.1.4.1 Improving detection, clinical management and referral through mhGAP Programme	1,164,900	259,620	189,660	328,526	387,094
Outcome 2.1.1 Increase antenatal care coverage with an emphasis on early booking	Output 2.1.1.1 Increased Antenatal care coverage	0	0	0	0	0
Outcome 2.1.2 Improved obstetric care with a focus on adherence to key clinical practice standards	Output 2.1.2.1 Quality obstetric care	0	0	0	0	0
Outcome 2.1.3 Expanded coverage of postnatal care services for mothers and newborns	Output 2.1.3.1 Improved postnatal care delivery	0	0	0	0	0
Outcome 2.2.1 Expand neonatal and infant healthcare	Output 2.2.1.1 Reduction in Neonatal and Infant Deaths	0	0	0	0	0
Outcome 2.2.2 High level of coverage for immunization services including new antigens	Output 2.2.2.1 Level of coverage for immunization services	0	0	0	0	0
Outcome 2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	Output 2.2.3.1 Improved breastfeeding promotion and nutritional support	54,500	12,146	8,873	15,370	18,110
Outcome 2.2.4 Improved prevention and management of childhood illness, including emergency care	Output 2.2.4.1 Improved Prevention and management of childhood illness	561,350	125,107	91,395	158,312	186,536
Outcome 2.3.1 Expanded provision of preventive and clinical services to include 13-19 year olds	Output 2.3.1.1 Expanded coverage for sexual and reproductive health services	490,500	109,317	79,859	138,331	162,992
Outcome 3.1.1 Improved effectiveness of environmental risk reduction for communicable diseases	Output 3.1.1.1 Environmental risk reduction for communicable diseases	743,100	165,614	120,986	209,570	246,931
Outcome 3.1.2 Enhanced national health emergency and disaster preparedness, management and resilience	Output 3.1.2.1 Disaster preparedness and response and climate resilience	109,000	24,293	17,747	30,740	36,220
Outcome 3.2.1 Strengthened CD surveillance through integration of reporting processes and systems	Output 3.2.1.1 Improved CD surveillance	0	0	0	0	0
Outcome 3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases Emphasis Area: Leptospirosis , Typhoid ,Dengue, TB ,HIV	Output 3.2.2.1 Improved prevention and management of CD's	1,449,700	323,093	236,029	408,845	481,733
Outcome 4.2.1 Systematic quality improvement process established in all government health facilities	Output 4.2.1.1 Compliance with Systematic quality improvement standards at health facilities	1,918,400	427,552	312,339	541,028	637,481

Outcome	Output					
Outcome 5.1.1 Workforce needs assessed for all MHMS cadres and facilities on an annual basis	Output 5.1.1.1 Workforce needs aligned to population demand	**136,850,293**	30,499,684	22,280,903	38,594,609	45,475,097
Outcome 5.1.2 Health Workers recruited and deployed efficiently based on service needs	Output 5.1.2.1 Reduction in number of vacancies	**75,922,927**	16,920,865	12,361,182	21,411,833	25,229,047
Outcome 5.1.3 Healthy, safe, and supportive work environment to improve workforce satisfaction	Output 5.1.3.1 Healthy safe, and supportive work environment, professional development and retention	**2,289,000**	510,147	372,677	645,545	760,630
Outcome 6.1.1 Evidence-based policy and planning	Output 6.1.1.1 Evidence based policy and planning	**0**	0	0	0	0
Outcome 6.2.1 Expanded coverage of electronic patient management information systems in facilities	Output 6.2.1.1 Electronic Patient management information systems utilised in all health facilities	**910,150**	202,844	148,184	256,681	302,441
Outcome 6.2.2 Strengthen communicable disease surveillance, notification and reporting	Output 6.2.2.1 Integrated systems for communicable disease surveillance in place	**0**	0	0	0	0
Outcome 6.2.3 Improved consistency of key national health data and statistics	Output 6.2.3.1 Collaboration with partner institutions to improve national level data	**97,500**	21,730	15,874	27,497	32,399
Outcome 6.3.1 M&E standards established to improve performance and accountability	Output 6.3.1.1 Strengthening M&E systems and processes	**229,500**	51,148	37,365	64,724	76,262
Outcome 6.3.2 Integrate surveys and applied research into MHMS annual planning cycle	Output 6.3.2.1 Strengthen research and innovation to support health systems strengthening	**65,400**	14,576	10,648	18,444	21,732
Outcome 7.1.1 Functional supply chain management system established to improve medicinal product availability	Output 7.1.1.1 Improved availability of targeted products	**45,572,467**	10,156,689	7,419,756	12,852,377	15,143,646
Outcome 7.1.2 The quality of imported and distributed medicinal products standardize	Output 7.1.2.1 Consistency in quality of medicines imported by FPBS	**54,500**	12,146	8,873	15,370	18,110
Outcome 7.2.1 Increased availability of essential biomedical & dental equipment in government health facilities	Output 7.2.1.1 Functional biomedical & dental equipment in health facilities	**9,251,409**	2,061,852	1,506,243	2,609,088	3,074,226
Outcome 7.3.1 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety	Output 7.3.1.1 Infrastructure & equipment aligned to service delivery	**32,541,910**	7,252,582	5,298,221	9,177,491	10,813,616
Outcome 7.3.2 Strengthen Health Service management	Output 7.3.2.1 Strengthen support for administrative functions	**28,441,677**	6,338,767	4,630,653	8,021,140	9,451,116
Outcome 8.1.1 Expanded evidence base and analytical capacity for strategic health financing	Output 8.1.1.1 Evidence base generated for strategic health financing	**54,500**	12,146	8,873	15,370	18,110
Outcome 8.1.2 Appropriate health financing strategy (model) developed	Output 8.1.2.1 Estimated demand for resource needs for budgetary submissions	**0**	0	0	0	0
TOTAL		**349,774,078**	77,953,789	56,947,502	98,643,514	116,229,274

Resourcing

Outcome	Output	Staff Numbers	Total Staffing Cost ($)
Outcome 1.1.1 Reduce key lifestyle risk factors among the population	1.1.1.1 Improvement in lifestyle risk factors among the population	330	7,472,192
Outcome 1.1.2 Strengthen continuum of care for NCDs	1.1.2.1 Improved early detection with effective risk assessment, behaviour change counselling and clinical management	962	22,759,193
Outcome 1.1.3 Extended primary care service coverage through effective partnerships with communities	1.1.3.1 Primary care service coverage	1209	28,502,920
Outcome 1.1.4 Mental health services integrated within primary health care in all facilities	1.1.3.1 Improving detection, clinical management and referral through mhGAP Programme	247	6,219,174
Outcome 2.1.1 Increase antenatal care coverage with an emphasis on early booking	2.1.1.1 Increased Antenatal care coverage	114	2,724,547
Outcome 2.1.2 Improve obstetric care with a focus on adherence to key clinical practice standards	2.1.2.1 Quality obstetric care	728	17,356,377
Outcome 2.1.3 Expand coverage of postnatal care services for mothers and newborns	2.1.3.1 Improved postnatal care delivery	550	13,118,192
General Objective 2.2.1: Expand neonatal and infant healthcare	2.2.1.1 Reduction in Neonatal and Infant Deaths		
Outcome 2.2.2 Maintain high level of coverage for immunization services including new antigens	2.2.2.2 Increased level of coverage for immunization services		
Outcome 2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	2.2.3.1 Improved breastfeeding promotion and nutritional support		
Outcome 2.2.4 Improved prevention and management of childhood illness, including emergency care	2.2.4.1 Improved Prevention and management of childhood illness		
Outcome 2.3.1 Expanded provision of preventive and clinical services to include 13-19 year olds	2.3.1.1 Expanded coverage for sexual and reproductive health services	64	1,513,637
Outcome 3.1.1 Improved effectiveness of environmental risk reduction for communicable diseases	3.1.1.1 Environmental risk reduction for communicable diseases	438	10,479,547
Outcome 3.1.2 Enhanced national health emergency and disaster preparedness, management and resilience	3.1.2.1 Disaster preparedness and response and climate resilience	68	1,537,169

Outcome	Indicator		
Outcome 3.2.1 Strengthen communicable disease surveillance through integration of reporting processes and systems	3.2.1.1 Improved communicable disease surveillance and reporting		
Outcome 3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases Emphasis Area: Trachoma, Leptospirosis , Typhoid Dengue, Leprosy ,TB ,HIV	3.2.2.1 Improved prevention and management of CD's	862	20,444,353
Outcome 4.2.1 Continuous monitoring and improvement of quality standards	4.2.1.1 Improved quality standards	6	137,874
Outcome 5.1.1 Workforce needs assessed for all MHMS cadres and facilities on an annual basis	5.1.1.1 Workforce needs aligned to population demand	809	47,896,051
Outcome 5.1.2 Health Workers recruited and deployed efficiently based on service needs	5.1.2.1 Reduction in number of vacancies	455	26,912,007
Outcome 5.1.3 Healthy, safe, and supportive work environment to improve workforce satisfaction	5.1.3.1 Healthy safe, and supportive work environment, professional development and retention	13	502,277
Outcome 6.2.1 Expanded coverage of electronic patient management information systems in facilities	6.2.1.1 Electronic Patient management information systems utilized in all health facilities	3	91,634
Outcome 6.2.2 Strengthen communicable disease surveillance, notification and reporting	6.2.2.1 Integrated systems for communicable disease surveillance in place	2	82,551
Outcome 6.2.3 Improved consistency of key national health data and statistics	6.2.3.1 Collaboration with partner institutions to improve national level data	11	238,973
Outcome 6.3.1 M&E standards established to improve performance and accountability	6.3.1.1 Strengthening M&E systems and processes	2	91,983
Outcome 6.3.2 Integrate surveys and applied research into MHMS annual planning cycle	6.3.2.1 Strengthen research and innovation to support health systems strengthening	1	32,032
Outcome 7.1.1 Functional supply chain management system established to improve medicinal product availability	7.1.1.1 Improved availability of targeted products	21	527,684
Outcome 7.1.2 The quality of imported and distributed medicinal products standardize	7.1.2.1 Consistency in quality of medicines imported by FPBS	3	766.19
Outcome 7.2.1 Increased availability of essential biomedical equipment in government health facilities	7.2.1.1 Functional biomedical equipment in health facilities	5	130,060.58
Outcome 7.3.1 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety	7.3.1.1 Infrastructure & equipment aligned to service delivery	17	469,748.19
Outcome 7.3.2 Strengthen Health Service management	7.3.2.1 Strengthen support for administrative functions	14	399,846.24
Outcome 8.1.1 Expanded evidence base and analytical capacity for strategic health financing	8.1.1.1 Expanded evidence base generated for strategic health financing	1	50,513
TOTAL		**6,935**	**209,691,300**

Acronyms

CD	Communicable Disease
CSN	Clinical Service Network
DMOs	Divisional Medical Officers
ESU	Executive Support Unit
FPBS	Fiji Pharmaceutical & Biomedical Services
HIV	Human Immunodeficiency Virus
HIS	Health Information System
ICD	International Statistical Classification of Diseases
MCDC	Medical Cause of Dead Certificate
M&E	Monitoring and Evaluation
METT	Monitoring & Evaluation Technical Teams
mhGAP	Mental Health Gap Action Programme
MHMS	Ministry of Health and Medical Services
MSHI	Mother Safe Hospital Initiative
MSs	Medical Superintendents
NPHL	National Public Health Laboratory
PATIS	Patient Information Systems
RHD	Rheumatic Heart Diseases
SDG	Sustainable Development Goal
UHC	Universal Health Coverage
WHO	World Health Organisation