



ANNUAL CORPORATE PLAN 2017/2018

Table of Contents

1.	Minister’s Foreword.....	2
2.	Permanent Secretary’s Statement.....	3
3.	Acronyms.....	4
4.	Corporate Profile.....	5
	Roles and Functions of the Ministry	6
	Frameworks.....	8
5.	Strategic Priorities.....	10
6.	Organization Structure.....	14
7.	Linkage of SDGs and Ministry’s Outcome	15
8.	Linkage of UHC Indicators and Ministry’s Outcomes	19
9.	Ministry’s Outcomes Strategies and Key Performance Indicators	22
10.	Capital Projects 2017/2018.....	33
11.	Ministry of Economy Deliverables and Indicators	43
12.	Donor Assistance Matrix 2017/2018	45

1. Minister's Foreword



The vision of developing a healthy population and the wellness approach to building a sustainable health care are our guiding principles in ensuring a enhanced health services in Fiji. Achieving this overarching vision can be challenging due to the factors that influences health and wellbeing. It requires paradigam shift with the dual need to plan and effectively implement the strategies to adocate for a healthy population and strengthening the health services in Fiji.

It gives me great pleasure to present the Ministry of Health and Medical Services Annual Corporate Plan (ACP) for 2017/2018 financial year, which sets the direction for the Ministry in the endeavors to achieve broader health outcomes for the population. This ACP is based on the National Strategic Plan (NSP) 2016-2020 and will be the second plan emanating from the NSP.

The strategic objectives in the ACP outline how the Ministry intends to undertake to operationalize the key strategies in archeiving the key health outcomes. The key priorities of the Fijian Government in developing the health sector and pursuing the relevant sustainable development goals have also been incorporated in this ACP.

The objectives outlined in this Annual Corpoarte Plan are primarily designed to improve the health and welfare of the Fijian families. The Ministry is committed to responding to all health needs of the population based on evidence of health trends which has been instrumental in identifying the key priority outcomes. There is a greater emphasis on health reforms and strengthening of the overall health systems and programs to create robust and modernized health services that meets the needs of ordinary Fijians regardless of factors like age, gender and ethnicity. This ACP also aligns to the principles of Fiji's Constitution that empowers the Fijians to access the basic services like health and education in a timely and efficient manner.

In developing this plan, close attention has been paid to key issues highlighted over the previous financial year pertaining to the health service delivery. It is anticipated that with a more focused approach especially at operational level we will be able to make the much anticipated positive progress.

It is understood that each sector of the society 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. The Ministry of Health and Medical Services entire team is dedicated towards working professionally and effectively within the given resources to deliver the best possible services in line with our core business of delivering quality preventative, curative and rehabilitative health services in Fiji.

A handwritten signature in blue ink that reads "Rosy Akbar".

Ms. Rosy Akbar
Hon. Minister for Health and Medical Services

2. Permanent Secretary's Statement



I am pleased to introduce the Ministry's Annual Corporate Plan for the financial year 2017/2018. It sets the direction for the year and will assist in progressing further with delivery of our five year plan.

Senior managers and their staff throughout the Ministry will use this Corporate Plan as the basis for preparing their own operational plans to guide service delivery and other developments at the local level.

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.

This Plan is being published at a time when the Ministry, and the health sector as a whole, faces many challenges and opportunities. The Government-wide programme of Civil Service Reform means that all jobs will be subject to open, merit-based recruitment processes which will ensure the best person is appointed when vacancies arise. In common with other Ministries, we will also be introducing new salary scales which enable us to give our staff the recognition they deserve while also helping us to compete more effectively with other employers in attracting skilled personnel.

Much of the Ministry's work in 2017/18 will continue to focus on tackling Fiji's growing burden of non-communicable disease through prevention and early intervention to minimize adverse impacts. At the same time, we must continue to be vigilant in our efforts to control communicable diseases and ready to respond to health emergencies, whatever their nature and cause. We will also seek to maintain a clear focus on improving the performance of our hospitals and health centres as well as enhancing the efficiency of the administrative functions which underpin our front-line service delivery.

I would like to thank all staff who have contributed to the development of this Annual Corporate Plan and look forward to support from across the Ministry for its implementation.

.....
Mr. Philip Davies

Permanent Secretary for Health and Medical Services

3. Acronyms

CCHEDRMC	Climate Change, Health Emergency & Disaster Risk Management Coordinator
CD	Communicable Disease
CSN	Clinical Service Network
DFAM	Director Finance and Asset Management
DHIRA	Director Health Information Research and Analysis
DHR	Director Human Resources
DMOs	Divisional Medical Officers
DNS	Director Nursing Services
DPPDU	Director Planning and Policy Development Unit
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary for Public Health
EH	Environment Health
ESU	Executive Support Unit
FH	Family Health
FPBS	Fiji Pharmaceutical & Biomedical Services
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IMCI	Integrated Management of Child illness
MH	Mental Health
MoHMS	Ministry of Health and Medical Services
MSs	Medical Superintendents
NAs	National Advisors
NA CD	National Advisor Communicable Disease
NA EH	National Advisor Environmental Health
NA FH	National Advisor Family Health
NA MH	National Advisor Mental Health
NA NCD	National Advisor Non Communicable Diseases
NA Nut	National Advisor Nutrition
NA OH	National Advisor Oral Health
NCD	Non Communicable Diseases
OH	Oral Health
PAO	Principal Accounts Officer
RHD	Rheumatic Heart Diseases
SDG	Sustainable Development Goal
UHC	Universal Health Coverage

4. Corporate Profile

VISION

A healthy population



MISSION

To empower people to take ownership of their health

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

VALUES

1. Equity

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

2. Integrity

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

3. Respect for human dignity

We respect the sanctity and dignity of all we serve.

4. Responsiveness

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

5. Customer focus

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

Roles and Functions of the Ministry

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.

The Ministry of Health and Medical Services commits to ensure accessible, equitable and affordable health services to all citizens of Fiji without discrimination.

a. Hospital Services

Deputy Secretary Hospital Services oversees the operational functions of the three divisional hospitals, Colonial War Memorial Hospital (CWMH), Lautoka Hospital and Labasa Hospital and the two specialist hospitals, St. Giles Hospital and Tamavua/Twomey Hospital.

In addition to this, there are other areas that fall under Hospital Services:

- 1) The Fiji Pharmaceutical and Biomedical Services (FPBS).
- 2) Health Systems and Standards.
- 3) Clinical Services Network.
- 4) Blood and Ambulance Services.
- 5) Overseas Referrals.
- 6) Specialist Visiting Teams.
- 7) Implementation of Service Excellence Framework.

b. Public Health Services

Deputy Secretary Public Health is responsible for formulation of strategic public, primary health policies and the implementation of public health programs as legislated under the Public Health Act 2002. Effective primary health care services are delivered through sub divisional hospitals, health centers and national programs (Family Health, Wellness, Communicable Disease, Food and Nutrition, Environmental Health, Oral Health and National Health Disaster and Emergency Management).

c. Support Services

Human Resource

Director Human Resource oversees the effective management of all HR related activities, programs and issues and provides advice and monitoring of HR activities including recruitment, posting, leave administration, learning & development, strategic workforce planning process and industrial relations and occupational and health issues. The various units under Director Human Resource are personal, post processing, learning and development, workforce planning and industrial relations and occupational health safety.

Finance and Asset Management Division

Director Finance and Asset Management Division is responsible for the implementation of national policies and procedures in relation to finance, budget, accounts and asset management. These responsibilities are carried out by two functional units as follow:

- Financial Management Unit – manages financial systems, accounts and audit, budget preparation and coordination, management accounting, and contract management.

- Asset Management Unit – manages infrastructure (capital construction, capital purchases), assets (board of survey), transportation (fleet management), outsourcing of certain services and contract management.

Planning and Policy Functions

Director Planning and Policy Development Division is responsible for policy development, analysis and coordination of policy related activities as well as evidence based health planning i.e. the development of medium to long term strategies and annual corporate plans. The department's role also includes facilitating health services and program planning. The department also has a healthcare financing section that develops National Health Accounts and assists with analysis of services and programs. The division is also responsible for facilitating gender mainstreaming across policies, plans and programs in the Ministry.

Health Information Research and Analysis Division

Director Health Information, Research and Analysis Division is responsible for the overall development and management of health information, promoting appropriate research, management and development of information and communication technology for the implementation of policies and plan and to ensure effective provision of health services throughout Fiji through an established monitoring and evaluation framework.

Frameworks

Legislative Framework

The Ministry of Health and Medical Services is guided in its daily operations by the following legislations and regulations:

No	Description
1	Constitution of the Republic of Fiji 2013
2	Fiji National Provident Fund Decree 2011
3	Fiji Procurement Act 2010
4	Financial Administration Decree 2009
5	Financial Instructions 2005
6	Financial Management Act 2004
7	Financial Manual 2014
8	Occupational Health and Safety at Work Act 1996
9	Ambulance Services Decree 2010
10	Allied Health Practitioners Decree 2011
11	Animals (Control of Experiments) Act (Cap.161)
12	Burial and Cremation Act (Cap.117)
13	Child Welfare Decree 2010
14	Child Welfare (Amendment) Decree 2013
15	Food Safety Act 2003
16	HIV/AIDS Decree 2011
16	HIV/AIDS (Amendment) Decree 2011
17	Illicit Drugs Control Act 2004
18	Marketing Controls (Food for Infants and Children) Regulation 2010
19	Medical Imaging Technologist Decree 2009
20	Medical and Dental Practitioner Decree 2010
21	Medical and Dental Practitioners (Amendment) Decree 2014
22	Medical and Dental Practitioners (Amendment) Act 2017
23	Medical Assistants Act (Cap.113)
24	Medicinal Products Decree 2011
25	Mental Health Decree 2010
26	Mental Treatment Act (Cap 113)
27	Methylated Spirit Act (Cap. 225A)
29	Nurses Decree 2011
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 Hospitals & Dispensaries Act (Cap 110)
35	Public Hospitals & Dispensaries (Amendment) Regulations 2012
36	Optometrist and Dispensing Optician Decree 2012
37	*Quarantine Act (Cap. 112)
38	Quarantine (Amendment) Decree 2010
39	Radiation Health Decree 2009
40	Tobacco Control Decree 2010
41	Tobacco Control Regulation 2012
42	The Food Safety Regulation 2009
43	The Food Establishment Grading Regulation 2011
	*currently under review

Ministry's Planning Framework

The MoHMS has a series of interlinked planning frameworks designed to guide efforts to achieving our vision and mission. These include the National Strategic Plan, Annual Corporate Plan, Business Plans and Individual Work Plans.

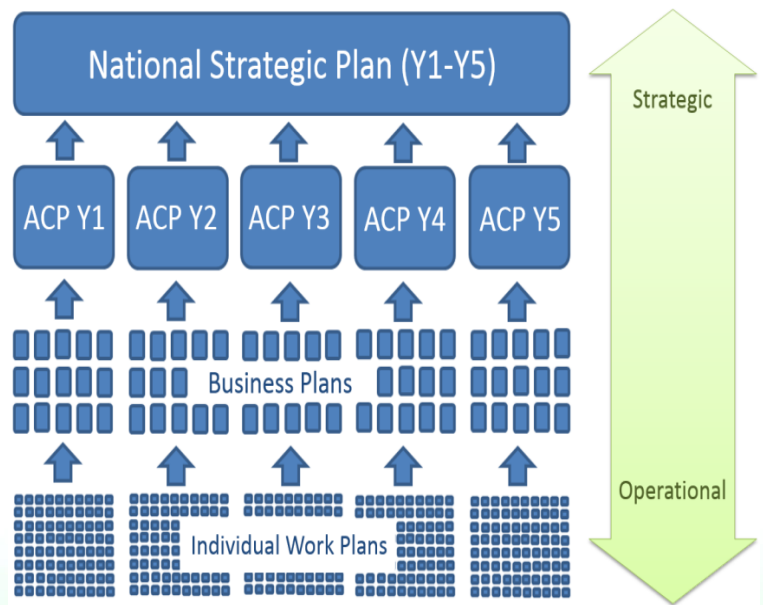
The NSP provides overall direction for the Ministry over a five year period, including a situation analysis of key health issues and needs, high level goals describing desired changes, key strategic approaches for achieving those goals, and specific, measurable objectives that will help us determine whether we are actually moving in the right direction.

The Annual Corporate Plan (ACP) outlines the key strategies and performance indicators of the MoHMS to guide and monitor progress toward achievement of the NSP objectives. The strategies are intended to be inclusive of all of the MoHMS areas of work, including public health, clinical services and administration and finance, with highlighted emphasis areas to help prioritize MoHMS efforts and interventions each year. Indicators are reviewed on a quarterly and annual basis to take stock of progress and guide improvement.

The Business Plan (BP) is the primary operational framework guiding the work of each MoHMS unit, including programs, departments, hospitals, divisions and subdivisions. Business Plans are developed by each unit to reflect the specific activities they will implement during the year in support of the ACP strategies that are relevant to their unit's mandate. For each activity, units also identify specific outputs to be produced and target completion dates. Units are expected to review and report implementation progress on a quarterly basis.

The Individual Work Plan (IWP) delineates specific tasks and responsibilities for each MoHMS employee for the year, based on a combination of the expectations outlined in their Position Description as well as their assigned role(s) for implementing their unit's Business Plan. Each employee's Annual Performance Assessment is based on their adherence to and achievement of the expectations outlined in their IWP.

- National Strategic Plan (Sets Strategic Direction)
- Annual Corporate Plan (Operationalized)
- Business Plan (Activities)
- Individual Work Plans (Tasks)



5. Strategic Priorities

Brief outline of service delivery priorities and selected indicators

The Ministry's focus is on providing quality preventive, curative and rehabilitative health services that meets the health needs of the population. Systems' strengthening is needed to enable the health system to deliver the appropriate standard of services needed to achieve key health outcomes.

- **Strengthening Primary health care**

Improving the access, coverage and quality of primary health care requires integrated health systems approach. From a governance and service delivery perspective, the MoHMS 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 through a strengthened referral system. There has been considerable effort to extend the coverage of primary health care through improved partnerships with communities through community health worker program.

The role delineation guidelines needs to be reviewed to further clarify level of services offered at the various facilities in line with appropriate service mix based on population needs. The changes in the demand has an impact on available resources, this is obvious where lower level health centres are now offering higher services to meet population demands which places burden on the structure and resources.

There are ongoing challenges with the referral process from public health screening to confirmatory diagnosis and provision of clinical services, especially for NCD screening and diabetes management to prevent foot sepsis and amputations.

Key Performance Indicators

- **Prevalence of overweight/obesity in primary school children**
- **# of 9 year old(Year 4) made dentally fit**
- **# of wellness setting based at community level**
- **Cervical cancer screening coverage**
- **# of targeted government health facilities with extended operating hours daily, disaggregated by type and division**
- **# and % of active community health workers trained in CHW Core Competencies**

- **Supporting secondary level care**

There is a need to further develop sub-divisional hospital capacity and strengthen the clinical capability of sub-divisional hospital staff to enable greater devolution of clinical workloads from divisional hospitals.

There have been on-going efforts to expand the role of the divisional hospital senior clinicians in providing supervisory and quality monitoring support at the sub divisional level.

This effort will build upon the Ministry's recent progress in establishing a set of systematic, criterion-based audits of facility standards and adherence to clinical guidelines to guide a continuous quality improvement process.

Key Performance Indicators

- **% of health facilities adhering to the mhGAP Intervention Guide**

- Re-admission rate for mental illness within 28 days of discharge
- Average % adherence to minimum standards for implementation of the Package of Essential NCD Services (PEN) among SOPDs at health centres
- Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in sub-divisional hospitals maternity services
- % of divisional and sub-divisional hospitals reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards
- Average % adherence to WHO Pocket book of hospital care for children guidelines in sub-divisional hospitals
- # of targeted subdivisions and hospitals meeting minimum standards for disaster preparedness and response and climate resilience
- % of public hospitals and health centres audited at least annually against IMCI guidelines

- **Improving the quality of tertiary level care**

The three divisional hospitals in Suva, Lautoka and Labasa provide a reasonable range of tertiary healthcare but are limited in specialised clinical services.

There are efforts being made to strengthen current workforce and clinical services planning to appropriately address a range of issues particularly the shortage of senior medical staff, by means of focused recruitment/retention strategies. Progress in this area has already commenced with recruitment of specialists from overseas who will also provide capacity building support for local clinicians.

There has been ongoing focus on improving service quality and safety to ensure safe, high quality services at all divisional hospitals.

Key Performance Indicators

- Intensive care unit hand hygiene rate
- Surgical site infection rate for Caesarean section in divisional hospitals (proxy indicator for infection control)
- Acute myocardial infarction (AMI) in-hospital mortality rate (proxy indicator for service quality)
- Unplanned readmission rate within 28 days of discharge (proxy indicator for service quality)

Health systems strengthening priorities

- **Human Resource**

The Ministry focuses on service provision through a caring and customer focused approach as well as the work satisfaction of staff. MoHMS has identified several key workforce issues over the years which includes staff retention and staff shortages in certain specialties. In order to combat these issues the Ministry will carry out certain activities such as re-employment and re-engaged of retired nurses, recruitment of specialised medical officers from India and locum arrangement of general practitioners to support the health sector.

There has also been review of nursing and medical posts to meet the patient demand where the government has agreed to establish 200 new entry level nursing posts and 150 new entry level medical officer posts till 2018. The Ministry also anticipates reviewing allied health cadre establishments to match with the service requirements.

Key Performance Indicators

- Ratio of doctors per 10,000 population
- Ratio of nurses per 10,000 population
- Workforce attrition rate, by cadre

• Average Patient satisfaction survey rating, disaggregated by facility

• Finance

There is a focus on clearly aligning planning with budgeting i.e. ensuring that budget requests are aligned to Ministry's strategic priorities and health outcomes including due considerations of efficiency and cost-effectiveness including outsourcing of some non-technical services.

There is a need to intensify efforts to identify and address inefficiencies, currently expenditure is captured at facility level, and further work is needed to calculate service costs (at a facility level) or activity costs for public health programs.

Overall the aim is to explore options for spending "better" rather than spending more and getting the best value for the health dollar spent.

Key Performance Indicators

- Financial performance compliance – Monthly reconciliation submitted by 15th of every month
- Budget utilization report presented to PSHMS by 3rd Friday of consecutive month
- Projected resource implications for health service delivery – 3 year period

• Health Information

The Ministry will continuously invest in expanding coverage and functionality of electronic patient management information systems in the health facilities to improve clinical management. Accurate and quality health information is vital for evidence based planning in both managerial and clinical settings.

Data on health outcomes, service delivery indicators and the overall performance of the health system is used to plan, implement, monitor and evaluate health programmes. MoHMS is working towards building capacity to generate, manage, and use health information at all levels of health care.

Key Performance Indicators

- # and % of hospitals using a fully functional PATISplus system
- Integrated surveillance system meets user-defined requirements for integration, completeness, timeliness, accuracy, and ease-of-use

• Infrastructure and Equipment

MoHMS is planning to develop a costed comprehensive building maintenance plan and equipment maintenance and replenishment plan. This plan will assist the ministry to allocate resources and prioritise capital projects as needed. There is also a need to improve standardisation and coordination of facility & equipment planning between stakeholders.

The Ministry has initiated plans to ensure that all health facilities in Fiji have the minimum required functional biomedical equipment for the level of the facility.

In order to address the persistent challenges with both equipment availability and downtime, the Ministry will establish and implement a management policy to systematically plan for and respond to biomedical equipment needs in all facilities. There are ongoing efforts to increase availability of essential biomedical equipment according to service delivery requirements and as an integrated component of infrastructure planning.

Key Performance Indicators

- **Develop costed comprehensive Building Maintenance Plan and Equipment Maintenance & Replenishment Plan**

- **Medicinal Products**

The overall objective of the Ministry is to ensure equitable access to essential medicinal products of assured quality, safety, efficacy and cost-effectiveness.

The Ministry will strengthen its procurement management and stock control management system to combat the problems of medicinal stock outs at various health facilities.

There are changes being made to strengthen the management of Fiji Pharmaceutical & Biomedical Services Centre (FPBSC) with the recruitment of a Director to coordinate and manage the procurement & supply management function including procurement, storage, and distribution of medicinal and biomedical products.

MoHMS will invest in regular testing of medicinal products to ensure that safe and quality medicines are available at all Health facilities.

Key Performance Indicators

- **# of targeted facilities that stock 100% of tracer products at time of reporting (over 3 months period)**
- **% of targeted health facilities meeting the minimum standards for essential biomedical equipment**

- **Leadership and Governance**

MoHMS plays an essential governance and stewardship role in Fiji's health sector. This includes establishing appropriate legislative, regulatory, policy, and monitoring frameworks for health and guiding inter-sectoral coordination between all health stakeholders, including other government ministries, development partners, private sector providers and firms, non-governmental organizations, civil society, communities, and individuals.

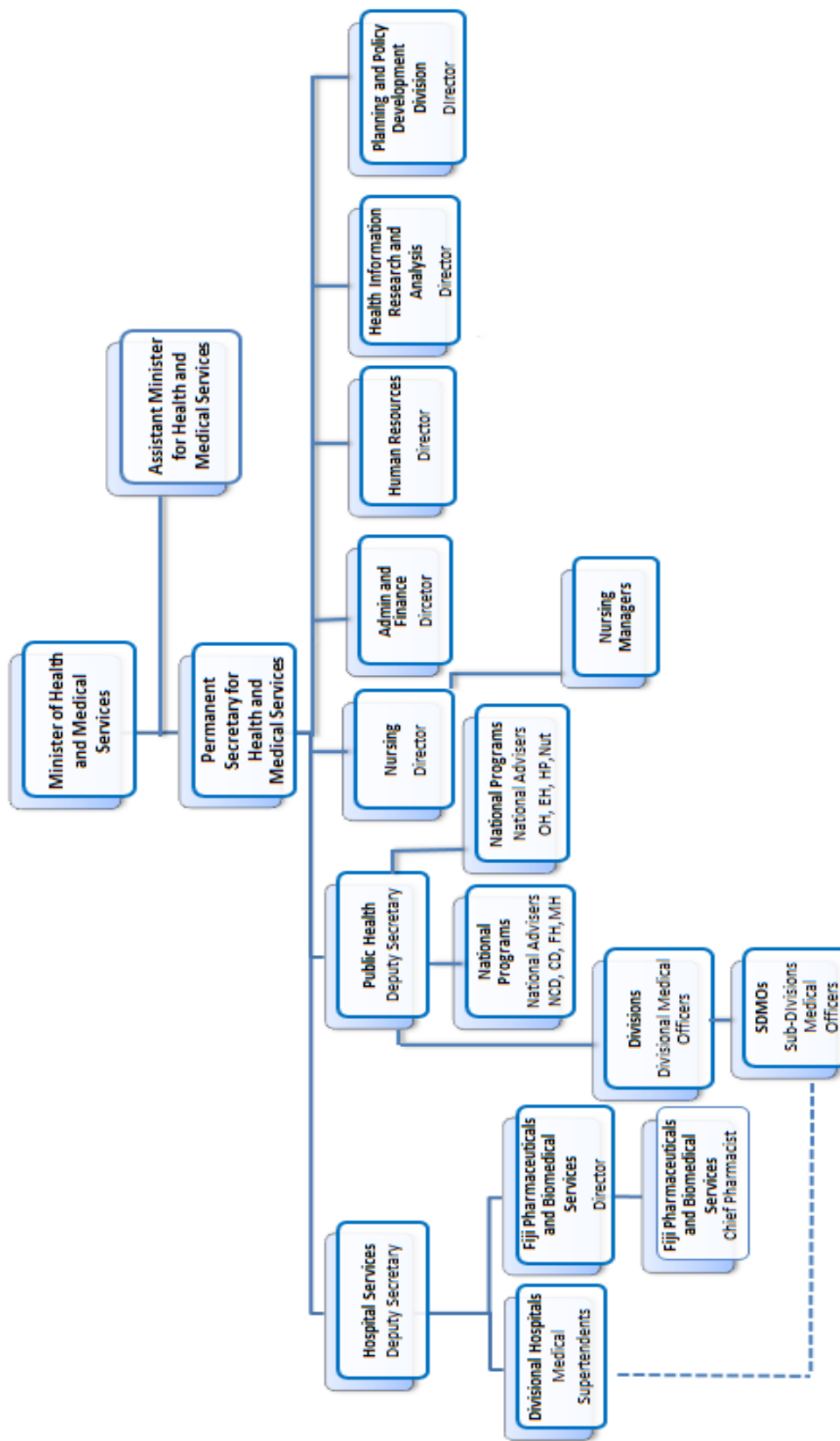
There is a need to strengthen regulatory capacity and review and update legislations accordingly. There is also a need to develop legislations to address key issues such as non-communicable diseases.

Standards are currently set and maintained by various regulatory bodies and enforced by the relevant bodies such as the Central Board of Health (CBH), Fiji Medical Council (FMC), Fiji Dental Council (FDC), Fiji Pharmacy Profession Board (FPPB), Fiji Nursing Council (FNC), Private Hospital Board (PHB), Rural Local Authorities (RLAs), Hospital Board of Visitors (HBoV), Fiji Optometrists Board (FOB) and Fiji National Council of Disabled Persons (FNCDP).

Key Performance Indicators

- **# of national policies developed and endorsed**
- **# of Cabinet papers submitted by MoHMS**

6. Organization Structure



7. Linkage of SDGs and Ministry's Outcome

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Ministry of Health and Medical Services Outputs
Improving Health Service Delivery	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, elderly, those with disabilities and the disadvantaged	Premature mortality less than 70 years due to NCDs	Priority Area 1 : Non Communicable Disease
		Prevalence of overweight/obesity in primary school children	Priority Area 1 : Non Communicable Disease
		Prevalence of tobacco use amongst adults age 18+ years	Priority Area 1 : Non Communicable Disease
		Alcohol per capita consumption aged 15 years and older	Priority Area 1 : Non Communicable Disease
		Death rate due to road traffic injuries	Priority Area 1 : Non Communicable Disease
		Cervical cancer screening coverage rate	Priority Area 1 : Non Communicable Disease
		Suicide rate per 100,000 population	Priority Area 1 : Non Communicable Disease
		Maternal mortality ratio reduced to less than 70 per 100,000.	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of pregnant women who receive antenatal clinic in their first trimester	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of pregnant women with at least 4 antenatal clinic visits at term	Priority Area 2: Maternal, infant, child and adolescent health
		Child mortality rate under 5 years maintained at 25 per 1000 live Births (SDG).	Priority Area 2: Maternal, infant, child and adolescent health
		Neonatal mortality rate as low as 12 per 1,000 live births	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of childhood	Priority Area 2: Maternal, infant,

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Ministry of Health and Medical Services Outputs
		vaccination coverage rate for all antigens	child and adolescent health
		Incidence of HIV infection (# of new cases)	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of 1 year-old children immunized against measles	Priority Area 2: Maternal, infant, child and adolescent health
		Number of admissions for Severe Acute Malnutrition	Priority Area 2: Maternal, infant, child and adolescent health
		Contraceptive prevalence rate among population of child bearing age	Priority Area 2: Maternal, infant, child and adolescent health
		Adolescent birth rate per 1,000 girls aged 10 to 19	Priority Area 2: Maternal, infant, child and adolescent health
		Proportion of births attended by skilled health personal	Priority Area 2: Maternal, infant, child and adolescent health
		Prevalence of stunting in children under 5 years of age	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of infants who are exclusively breast fed at 6 months	Priority Area 2: Maternal, infant, child and adolescent health
		Neglected Tropical Disease (NTD) incidence rate	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Incidence of TB	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Percentage of rural Local Authority communities with Water Safety Management Plans	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Hepatitis B incidence per 100,000 population	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		International Health Regulation (IHR) core capacity	Priority Area 3: CD, EH, and health emergency preparedness,

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Ministry of Health and Medical Services Outputs
			response & resilience
		Percentage of pupils enrolled in primary schools and secondary schools providing basic drinking water, adequate sanitation, and adequate hygiene services	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
	Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability	Ratio of health professionals to population (MDs, nurse midwives, nurses)	Priority Area 5: Human Resource
		Percentage of children under 5 whose births have been registered with civil authority, disaggregated by age	Priority Area 6: Evidence-based policy, planning, implementation and assessment
		Number of facilities with essential medicines in stock (proxy indicator for tracer products)	Priority Area 7: Medical products, equipment and infrastructure
		Percentage of population with access to affordable essential drugs and commodities on a sustainable basis	Priority Area 7: Medical products, equipment and infrastructure
		General government expenditure on health as a proportion of general government expenditure (GGHE/GGE)	Priority Area 8: Sustainable Financing
Ensuring Effective, Enlightened and Accountable Leadership	Gender Equality	Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels	Priority Area 6: Evidence-based policy, planning, implementation and assessment
	Social Inclusion	Ratio of household out-of-pocket (OOP) payments for health relative to current health expenditure (CHE)	Priority Area 8: Sustainable Financing

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Ministry of Health and Medical Services Outputs
Enhancing Public sector efficiency, performance effectiveness and service delivery	Public Sector Reforms	To extend the opening hours at health centres, hospitals and government pharmacies to provide Fijians with better and more convenient medical services.	Priority Area 7: Medical products, equipment and infrastructure
Reducing Poverty	Poverty Reduction	Provide free all medicine prescribed by a doctor and currently under price control for all Fijians who earn less than \$20,000 a year. This includes medicines for Non Communicable Diseases.	Priority Area 7: Medical products, equipment and infrastructure
		Provide land and funding to Fiji National University to establish a world class Tertiary Hospital in Lautoka to be run in collaboration with the university's Medical College. This Hospital will provide advanced medical and surgical procedures to Fijians, available overseas, free medical procedures for retirees and household earning less than \$20,000.	Priority Area 7: Medical products, equipment and infrastructure
Climate Change	Climate Change	Percentage of population using safely managed water services, by urban/rural	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Access to clean sufficient water, and protection from water borne illnesses	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience

8. Linkage of UHC Indicators and Ministry's Outcomes

Outcome	Domain	Outcome Performance Indicators or Measures (Key Performance Indicators - UHC)	Ministry of Health and Medical Services Outputs
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, elderly, those with disabilities and the disadvantaged	Health impact through life course	Incidence of low birth weight among newborns	Priority Area 2: Maternal, infant, child and adolescent health
		Stillbirth rate per 1000 total births	Priority Area 2: Maternal, infant, child and adolescent health
		Life expectancy at birth	Priority Area 2: Maternal, infant, child and adolescent health
		Anaemia prevalence in women of reproductive age	Priority Area 2: Maternal, infant, child and adolescent health
		Prevalence of anemia in children aged 6-59 months*	Priority Area 2: Maternal, infant, child and adolescent health
		Hepatitis B prevalence in children five years of age	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Hepatitis B and C mortality rate	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Dengue cases and mortality	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Sexually transmitted infections (STIs) incidence rate	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Determinants of health	Age –standardized prevalence of raised blood pressure among persons aged 18+ years*
Age –standardized prevalence of overweight and obesity in persons aged 18+ years*	Priority Area 1 : Non Communicable Disease		
Age –standardized prevalence of insufficiently physically active	Priority Area 1 : Non Communicable Disease		

Outcome	Domain	Outcome Performance Indicators or Measures (Key Performance Indicators - UHC)	Ministry of Health and Medical Services Outputs
		persons aged 18+ years*	
		Age –standardized prevalence of tobacco use amongst persons aged 13-15years*	Priority Area 1 : Non Communicable Disease
		Percentage of children under 5 years of age with suspected pneumonia taken to a health facility	Percentage of children under 5 years of age with suspected pneumonia taken to a health facility
		Percentage of infants who are exclusively breast fed at 6 months	Priority Area 2: Maternal, infant, child and adolescent health
	Health service coverage	Cervical cancer screening coverage rate	Priority Area 1 : Non Communicable Disease
		Coverage of services for severe mental health disorders	Priority Area 1 : Non Communicable Disease
		Antiretroviral therapy (ART) coverage (%)	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Second line treatment coverage among multidrug resistant tuberculosis (MDR-TB) cases	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
	Health system resources and capacity	Institutional delivery	Priority Area 2: Maternal, infant, child and adolescent health
		Newborns receiving essential newborn care	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of 1 year-old children immunized against measles	Priority Area 2: Maternal, infant, child and adolescent health
		Immunization coverage rate for DTP3	Priority Area 2: Maternal, infant, child and adolescent health
		Health facility with functioning water services	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Health facility with functioning sanitation services	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience

Outcome	Domain	Outcome Performance Indicators or Measures (Key Performance Indicators - UHC)	Ministry of Health and Medical Services Outputs
Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability	Health service coverage	Service utilization	Priority Area 4: Primary Health Care
	Health system resources and capacity	Bed occupancy rate	Priority Area 4: Primary Health Care
		Cataract surgical rate and coverage	Priority Area 4: Primary Health Care
		30 day hospital case fatality rate- acute myocardial infarction	Priority Area 4: Primary Health Care
		Postoperative sepsis as a percentage of all surgeries	Priority Area 4: Primary Health Care
		Patient experience	Priority Area 4: Primary Health Care
		Hospital readmission rates	Priority Area 4: Primary Health Care
		Average length of stay	Priority Area 4: Primary Health Care
		Death registration coverage	Priority Area 6: Evidence- based policy, planning, implementation and assessment
		Total current expenditure on health as percentage of gross domestic product	Priority Area 8: Sustainable Financing
Current expenditure on health by general government and compulsory schemes as a percentage of current expenditure on health	Priority Area 8: Sustainable Financing		

**Data collected through surveys*

9. Ministry's Outcomes Strategies and Key Performance Indicators

Strategic Pillar 1: Preventative, curative and rehabilitative health service



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

Area of Focus: Screening and new models of care

Budget:\$92,993,925

General Objective	Responsibility	Indicators	Baseline(Year)	2017/2018 Target
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	NA NCD Medical CSN	g1. Premature mortality due to NCDs	67.2% (2016) (less than age 70)	65.2%
Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
1.1.1 Reduce key lifestyle risk factors among the population	NA NCD NA DN MNFNC	i1. Prevalence of overweight/obesity in primary school children	8.8% (2016)	<8%
	NA OH	i2. # of 9 year old(Year 4) made dentally fit	36% (8 Year) (2016)	46%
	NA NCD	i3. # of wellness setting based at community level	17 Wellness Settings	33 Wellness Settings
	NA NCD	i4. Number of secondary schools classified as Health Promoting Schools	15 (2016)	26
1.1.2 Early detection, risk assessment, behaviour change counselling, clinical management, and rehabilitation for targeted NCDs	NA NCD Surgical CSN	i5. Amputation rate for diabetic foot sepsis (lower limb)	12.3% (2016)	<12.2%
	NA NCD	i6. Average % adherence to minimum standards for implementation of the Package of Essential NCD Services (PEN) among SOPDs at Health Centres	0% (2017)	25%
	Obstetrics CSN	i7. Cervical cancer screening coverage	6.9% (2016)	>11%
1.1.3 Integrate mental health services within	NA MH MS St. Giles	i8. Suicide rate per 100,000 population	11.3 (2016)	<10

primary health care in all facilities	DSPH			
	NA MH MS St. Giles	i9. # of cases of intentional self-harm, not including suicide	201 (2016)	<193
	NA MH MS St. Giles DS HS	i10. Re-admission rate for mental illness within 28 days of discharge	67.5 (2016)	<58
	NA MH MS St. Giles DS HS	i11. % of health facilities adhering to the mhGAP Intervention Guide	8% (2016)	15%



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

Budget:\$26,808,104

General Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
2.1: Timely, safe, appropriate and effective health services before, during, and after childbirth	NA FH Obstetrics CSN	g2. Number of maternal deaths	8(2016)	<8
	NA FH Obstetrics CSN	g3. Perinatal mortality rate per 1,000 total births	13.3 (2016)	<12
Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
2.1.1 Increase antenatal care coverage with an emphasis on early booking	NA FH Obstetrics CSN	i12. % of pregnant women who receive antenatal clinic in their first trimester	25.3% (2016)	50%
	NA FH Obstetrics CSN	i13. % of pregnant women with at least 4 antenatal clinic visits at term	76.9% (2016)	80%
2.1.2 Improve obstetric care with a focus on adherence to key clinical practice standards	NA FH Obstetrics CSN	i14. Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in divisional hospitals	75% (2016)	>80%
	NA FH Obstetrics CSN	i15. Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in subdivisional hospitals maternity services	68% (2016)	80%
2.1.3 Expand coverage of postnatal care services for mothers and newborns	NA FH Obstetrics CSN	i16. % of women attending postnatal clinic 1 week after delivery (includes mothers check-up at MCH)	Not Available	58%
	NA FH Obstetrics CSN	i17. % of women attending postnatal clinic after 6 weeks of delivery	43.7% (2016)	60%
General Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target

2.2: All infants and children have access to quality preventive and curative paediatric and nutritional services	Paediatric CSN	g4. Infant mortality rate per 1,000 live births	14.0 (2016)	<12
	Paediatric CSN	g5. Under 5 mortality rate per 1,000 live births	18.1 (2016)	<15.2
Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
2.2.1 Expand neonatal and infant healthcare, including community risk detection and referral	Paediatric CSN	i17. Neonatal mortality rate per 1,000 live births	6.6 (2016)	<6.6
	Paediatric CSN	i18. % of infant deaths that occur outside of facilities	27.8% (2016)	24%
2.2.2 Maintain high level of coverage for immunization services including new antigens	NA FH	i19. Childhood vaccination coverage rate for all antigens	86.8% (2016)	≥90%
2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	NA DN Paediatric CSN MNFNC	i20. # of admissions for Severe Acute Malnutrition	104 (2016)	100
	NA DN Paediatric CSN MNFNC	i21. % of children being exclusively breastfed at 6 months	Pop:65.3% (2016)	Pop: 70%
	NA DN MNFNC	i22. % of divisional and sub-divisional hospitals reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	2 Sub divisional (Nadi and Tavua)	Divisional – 1/3 Sub divisional – 7/16
2.2.4 Improve prevention and management of childhood illness, including emergency care	NA NCD RHD prevention and control program	i23. % of acute rheumatic fever and rheumatic heart disease patients receiving ≥ 80% of secondary antibiotic prophylaxis	12% (2014)	30%
	NA FH Paediatric CSN	i24. Average % adherence to WHO Pocket book of hospital care for children guidelines in sub-divisional hospitals	53% (2016)	58.2%
General Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
2.3: Expand services to address the needs of adolescents and youth	NA FH Obstetrics CSN	g6. Adolescent birth rate per 1,000 girls aged 10 to 19	14.1% (2016)	14%
Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
2.3.1 Expand provision of preventive and clinical services to	NA FH	i25. Number of secondary schools covered by the school health programme	Not Available	4

include 13-19 year olds	NA FH	i26. HPV vaccination coverage rate among Class 8 girls	HPV 2 – 55.7% (2016)	93.4%
	NA FH	i27. Contraceptive prevalence rate (CPR) amongst population of child bearing age	48.3% (2016)	>50%



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

Budget:\$73,524,543

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

Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
3.1.1 Improve effectiveness of environmental risk reduction for communicable diseases	NA EH	i28. # and % of rural Local Authority communities with Water Safety Management Plans	35 of 5,300 (0.7%) (2016)	21 WSP = 77 of 5,300 [1.45%]
	NA EH	i29. # and % of restaurants within rural Local Authorities graded A, B, or C for food safety standards	251/314 [79%] (2017)	>80%
	NA EH	i30. % of high risk communities in rural Local Authority areas meeting vector surveillance standards	87% (2017)	>90%
3.1.2 Enhance national health emergency and disaster preparedness, management and resilience	CCHEDRMC NA EH D FAM	i31. # of targeted subdivisions and hospitals meeting minimum standards for disaster preparedness and response and climate resilience	5/20 subdivisions 3/3 divisional hospitals 1/2 specialist hospitals	10/20 subdivisions 3/3 divisional hospitals 2/2 specialist hospitals
	NA EH NA CD	i32. International Health Regulation (IHR) core capacity	80% (2017)	>90%
General Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
3.2: Improved case detection and coordinated response for communicable diseases	NA CD DMOs	g7. Case fatality rate for leptospirosis	1.7% (2016)	≤1.7%
	NA CD DMOs	g8. Case fatality rate for typhoid	2.5% (2016)	<2%
	NA CD	g9. Case fatality rate for	0.4% (2016)	<0.4%

	NA EH DMOs	dengue fever		
	NA FH	g10. Total number of confirmed HIV cases	747 (2016)	≤800
Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
3.2.1 Strengthen CD surveillance through integration of reporting processes and systems	NA CD	i33. Average % of routine reports received on time from the National Notifiable Disease Surveillance System	93.5% (2016)	97.4%
	NA CD	i34. Average % of routine syndromic surveillance reports received on time	90% (2016)	100%
	NA CD MSs DMOs	i35. Average % of routine hospital-based active surveillance reports received on time	22%(2016)	>60%
	NA CD MSs DMOs	i36. Average % of routine laboratory confirmed surveillance reports received on time	80% (2016)	90%
	NA CD MSs DMOs	i37. % timeliness and completeness of IB-VPD surveillance reports, including zero-reports and sample collection	80% (2016)	>80%
	NA CD MSs DMOs	i38. % timeliness and completeness of RV surveillance reports, including zero-reports and sample collection	80% (2016)	>80%
	NA CD MSs DMOs	i39. % timeliness and completeness of Influenza surveillance reports, including zero-reports and sample collection	50%	80%
3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases	NA CD DMOs	i40. Incidence of leptospirosis per 100,000 population	75.9 (2016)- 661 cases	<75
	NA FH Paediatric CSN	i41. Total number of confirmed Paediatric new HIV cases.	12 (2016)	0
	NA CD	i42. Incidence of typhoid per 100,000 population	36.7 (2016)	<32
Emphasis Area: Trachoma Leptospirosis Typhoid Dengue				

Leprosy TB HIV	NA CD	i43. Typhoid admission ratio (# admissions/# confirmed cases)	0.07 (2016)	≤0.07
	NA CD NA EH	i44. Incidence of dengue fever per 100,000 population	100.1 (2016)	<100
	NA CD MS Tamavua	i45. Incidence of leprosy per 100,000 population	0.3 (2016)	<1 per 100,000
	NA CD	i46. Prevalence of lymphatic filariasis	>1% (2016)	<1%
	NA CD	i47. Incidence of measles per 100,000 population	0.43 (2016)	0
	NA CD	i48. % implementation of neglected tropical disease plan and action plans for trachoma, scabies, soil transmitted helminthiases and leprosy	0%	100% of activities planned for 2018
	National TB Control Officer	i49. Incidence of tuberculosis per 100,000 population	51 (2016)	65
	National TB Control Officer	i50. Tuberculosis treatment success rate	87% (2016)	>87%
	National TB Control Officer	i51. Tuberculosis mortality rate per 100,000 population	7.1 (2016)	4
	NA FH	i52. Number of new cases of HIV	57 (2016)	51

Strategic Pillar 2: Health Systems Strengthening



Priority Area 4: Primary health care, with an emphasis on continuum of care and improved quality and safety

Area of Focus: Role delineation, private sector participation and PPP

Budget: \$9,667,543

General Objective 4.1: Strengthen primary care and improve continuum of care for patients

Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
4.1.1 Improve accessibility of primary health care services in	DS HS DS PH	i53. # of targeted government health facilities with extended	Central- 7/7 HC Western – 2/5 SD Northern- 1/3 SD	Central- 7/7 HC Western – 2/5 SD Northern- 1/3 SD

urban, rural and remote areas	DMOs	operating hours daily, disaggregated by type and division	(2017)	(Maintain)
4.1.3 Extend primary care service coverage through effective partnerships with communities	DNS DS PH	i54. # and % of active community health workers trained in CHW Core Competencies	1452 [92%] (2017)	1483 [95%]
General Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
4.2 Continuous monitoring and improvement of quality standards Emphasis Area: 5S, TQM, KAIZEN	DS HS MSs	g11. Intensive care unit hand hygiene rate	>90% (2015)	≥90%
	DS HS MSs	g12. Surgical site infection rate for Caesarean section in divisional hospitals (proxy indicator for infection control)	3.57%- CWMH 4.74% - Lautoka Hosp. 4.85%- Labasa Hosp. (2015)	<5%
	DS HS MSs	g13. Acute myocardial infarction (AMI) in-hospital mortality rate (proxy indicator for service quality)	9.6% (2016)	<9%
	DS HS MSs	g14. Unplanned readmission rate within 28 days of discharge (proxy indicator for service quality)	1.3%- CWMH 1.93%- Labasa Hosp. 0.63%- Lautoka Hosp. (2015)	<5%
Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
4.2.1 Establish a systematic quality improvement process in all government health facilities	MSs DMOs	i55. % of public hospitals and health centres audited at least annually against IMCI guidelines	41% (2016)	48%
	Lab Sup.	i56. Average compliance rate of Laboratories based on the Laboratory Quality Management System (LQMS)	90% (2016)	>90%
	MSs DMOs	i57. % of SOPDs audited at least annually against Diabetes Management Guidelines	0% (2014)	32%
	DS HS MSs DMOs	i58. Average Patient satisfaction survey rating, disaggregated by facility	87% - Labasa Hosp. 72% - Lautoka Hosp. (2015)	86%



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

Budget:\$4,773,250

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

Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
5.1.1 Assess workforce needs for all MoHMS cadres and facilities on an annual basis	DHR DS PH DS HS	i59. Ratio of doctors per 10,000 population	6.2(2016)	8
	DHR DNS	i60. Ratio of nurses per 10,000 population	31.7 (2017)	40
	DHR DNS	i61. Ratio of midwives per 10,000 population	2.5 (2017)	7
	DHR NA DN NA EH D FPBS DS PH DS HS	i62. Ratio of allied health workers per 10,000 population by cadre	Physio- 0.3 Dieticians- 0.8 Lab – 1.7 HI- 1.1 Radiology: 0.9 Pharmacy:0.9 Biomed: 0.1	Physio- 0.4 Dieticians- 0.9 Lab – 1.9 HI- 1.1 Radiology: 1.0 Pharmacy:1.0 Biomed: 0.23
DHR NA OH	i63. Ratio of dentists and dental therapists per 10,000 population	2.1 (2017)	2.4	
5.1.2 Efficiently recruit and deploy qualified health workers based on service need	DHR	i64. Average recruitment time	12wks (2017)	<12 wks
	DHR DNS	i65. Ratio of vacancies to establishment for nursing cadres	10.2% (2017)	<10%
5.1.3 Promote a healthy, safe, and supportive work environment to improve workforce satisfaction	DHR DS HS MSs	i66. # of divisional facilities in compliance with Occupational Health & Safety requirements for certification	3/6 [50%] (2017)	6/6 [100%]
	DHR DS PH DMOs	i67. # of subdivisonal facilities in compliance with Occupational Health & Safety requirements for certification	9/19 [47%] (2017)	19/19 [100%]
	DHR DNS DS HS DS PH	i68. Workforce attrition rate, by cadre	0.5% nurses 0.9% doctors (2016)	< 2% nurses <5% doctors



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

Focus Area: Sound governance and legislation. Improved patient record and information management systems , Streamlined research ethics review processes

Budget:\$1,623,882

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

Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
6.1.1 Establish and apply standards for evidence-based policy and planning	DPPDU	i69. # of national policies developed and endorsed	6 (2016)	6
	DPPDU	i70. Develop health service plan for Nausori -Tavua corridor	3 divisions	Consolidated Western plan completed
	DPPDU	i71. Strengthen institutional capacity to support gender mainstreaming	2 National Level training	3 Divisional training
	ESU	i72. # of Cabinet papers submitted by MoHMS	11 (2016)	15

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

Specific Objective	Responsibility	Indicators	Baseline(Year)	2017/2018 Target
6.2.1 Expand coverage of electronic patient management information systems in facilities	DHIRA	i73. # and % of hospitals using a fully functional PATISplus system	14 [61%] (2016)	17 [74%]
		i74. Average % of discharges recorded in PATISplus system	70% (2016)	>90%
		i75. Average % of births recorded in PATISplus system	29%	62%
6.2.2 Integrate systems for communicable disease surveillance, notification and reporting	DHIRA NACD	i76. Integrated surveillance system meets user-defined requirements for integration, completeness, timeliness, accuracy, and ease-of-use	Develop in 2017/2018	Integrated surveillance system developed
6.2.3 Improve consistency of key national health data and statistics with partner institutions	DHIRA	i77. % of MoHMS mortality records coded and submitted to the Fiji Bureau of Statistics	100% (2016)	100%

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

Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
6.3.1 Establish unit-level M&E standards to improve performance and accountability	DHIRA	i78. % of MoHMS national-level indicators that have complete, accurate metadata	33% (2016)	75%



Priority Area 7: Medicinal products, equipment & infrastructure

Focus Area: Hospital and health service management strengthening. Strengthen pharmaceutical & biomedical procurement and supply and planned preventive maintenance for facilities.

Budget:\$111,799,953

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

Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
7.1.1 Establish functional supply chain management system to improve medicinal product availability	DFPBS CP	i79. # of targeted facilities that stock 100% of tracer products at time of reporting (over 3 months period)	5 (2016)	>10 Health facilities
	DFPBS CP	i80. Stock wastage due to expiry as a % of the medicines budget	<3% (2016)	<3%
7.1.2 Standardize the quality of imported and distributed medicinal products	DFPBS CP	i81. % of imported medicinal products recorded in the Fiji Medicinal Products Register	20% (2016)	40%

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

Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
7.2.1 Increased availability of essential biomedical equipment in government health facilities	DFPBS DFAM	i82. % of targeted health facilities meeting the minimum standards for essential biomedical equipment	Not Available	>50%

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

Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
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7.3.1 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety	DFAM	i83. Develop costed comprehensive Building Maintenance Plan and Equipment Maintenance & Replenishment Plan	Not Available	1 Divisional Plan developed
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Priority Area 8: Sustainable financing

Area of Focus: Innovative Financing Options , Outsourcing

Budget:\$54,500

General Objective 8.1: Improve financial sustainability, equity and efficiency

Specific Objective	Responsibility	Indicators	Baseline (Year)	2017/2018 Target
8.1.1 Expand evidence base and analytical capacity for strategic health financing	DPPDU PAO NHA	i84. National Health Accounts (NHA) estimation completed annually to address strategic health financing policy questions	2015 NHA	2016/2017 NHA
8.1.2 Develop an appropriate health financing strategy (model)	DPPDU PAO NHA	i85. Projected resource implications for health service delivery – 3 year period	Develop in 2017	Projected Annual MoHMS Budget Requirement

10. Capital Projects 2017/2018

SEG: 8	Name Of Project: Upgrade and Maintenance of Urban Hospitals and Institutional Quarters – R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	6	8	10	10
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	1	3	0	0
		(iii)number of Activities to be undertaken during the period	15	15	10	10
		(iv)Projected Funding to be utilized during the period	\$200,000	\$740,000	\$2,000,000	\$1,000,000
Total Budget			\$ 3,940,000VEP			
SEG: 8	Name Of Project: Establishment of National Kidney Research Treatment Centre - R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	1	1	-	-
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	2	-	-	-
		(iii)Number of Activities to be undertaken during the period	9	3	-	-
		(iv)Projected Funding to be utilized during the period	\$500,000	\$500,000	-	-
Total Budget			\$ 1,000,000VEP			

SEG: 8	Name Of Project: Extension of CWM Hospital Maternity Unit - R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	6	6	9	9
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	2	1	-	-
		(iii)Number of Activities to be undertaken during the period	8	8	8	8
		(iv)Projected Funding to be utilized during the period	\$500,000	\$1,000,000	\$2,500,000	\$5,500,000
Total Budget			\$ 9,500,000VEP			
SEG: 8	Name Of Project: Maintenance of Sub-divisional Hospitals, Health Centres and Nursing Stations Cyclone - R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	6	12	12	8
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	3	2	1	-
		(iii)Number of Activities to be undertaken during the period	15	15	15	15
		(iv)Projected Funding to be utilized during the period	\$500,000	\$1,400,000	\$2,000,000	\$929,773
Total Budget			\$ 4,829,773VEP			

SEG: 8	Name Of Project: Navua Hospital Landscaping and Civil Works - R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	2	6	6	6
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-
		(iii)number of Activities to be undertaken during the period	6	6	6	6
		(iv)Projected Funding to be utilized during the period	\$200,000	\$800,000	\$1,200,000	\$1,800,000
Total Budget			\$4,000,000VEP			
SEG: 8	Name Of Project: Defect Liability Period for Low Risk Makoi Maternity Unit - R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	-	-	1	-
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-
		(iii)number of Activities to be undertaken during the period	-	-	3	-
		(iv)Projected Funding to be utilized during the period	-	-	\$727,646	-
Total Budget			\$727,646VEP			

SEG: 8	Name Of Project: Completion of New Ba Hospital - R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	9	9	9	9
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-
		(iii)Number of Activities to be undertaken during the period	12	10	10	-
		(iv)Projected Funding to be utilized during the period	\$1,500,000	\$2,000,000	\$2,500,000	-
Total Budget			\$6,000,000VEP			
SEG: 8	Name Of Project: Construction of Navosa Sub-divisional Hospital- R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	3	4	6	6
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	1	-	-	-
		(iii)number of Activities to be undertaken during the period	6	6	6	6
		(iv)Projected Funding to be utilized during the period	\$100,000	\$500,000	\$2,000,000	\$4,900,000
Total Budget			\$7,500,000 VEP			

SEG: 8	Name Of Project: Completion of New Nakasi Health Centre - R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	3	3	-	-
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-
		(iii)number of Activities to be undertaken during the period	3	2	-	-
		(iv)Projected Funding to be utilized during the period	\$250,000	\$1,146,070	-	-
Total Budget			\$1,396,070 VEP			

SEG: 8	Name Of Project: Upgrade and Extension of Rotuma Hospital- R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	-	-	1	-
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-
		(iii)number of Activities to be undertaken during the period	3	3	5	-
		(iv)Projected Funding to be utilized during the period	-	-	\$2,000,000	-
Total Budget			\$2,000,000 VEP			

SEG: 8	Name Of Project: Cyclone Rehabilitation- Health Facilities - R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	2	2	2	2
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-
		(iii)number of Activities to be undertaken during the period	2	2	2	2
		(iv)Projected Funding to be utilized during the period	\$250,000	\$250,000	\$250,000	\$250,000
Total Budget			\$1,000,000VEP			
SEG: 8	Name Of Project: Divisional Development Projects - R					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	-	2	4	4
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	2	-
		(iii)number of Activities to be undertaken during the period	3	10	10	10
		(iv)Projected Funding to be utilized during the period	-	-	\$1,000,000	\$1,500,000
Total Budget			\$2,500,000VEP			

SEG: 8	Name Of Project: Maintenance of Fiji Pharmaceutical Biomedical Service Property					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	1	-	-	-
		(iii)number of Activities to be undertaken during the period	3	2	1	-
		(iv)Projected Funding to be utilized during the period	\$50,000	\$100,000	\$150,000	
Total Budget			\$300,000VEP			

Capital Purchase

SEG: 9	Name Of Project: ICT Infrastructure and Network					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-
		(iii)number of Activities to be undertaken during the period	10	9	1	1
		(iv)Projected Funding to be utilized during the period	\$428,900.00	\$205,900.00	\$10,000.00	\$50,000.00
Total Budget			\$694,800 VEP			

SEG: 9	Name Of Project: Purchase of Equipment for Urban Hospitals					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	2	-	-	-
		(iii)number of Activities to be undertaken during the period	20	15	15	15
		(iv)Projected Funding to be utilized during the period	\$200,000	\$145,000	\$245,000	\$300,000
Total Budget			\$890,000VEP			
SEG: 9	Name Of Project: Equipment for Sub-divisional, Health Centres and Nursing Stations					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	1	-	-	-
		(iii)number of Activities to be undertaken during the period	20	15	15	15
		(iv)Projected Funding to be utilized during the period	\$100,000	\$500,000	\$1,000,000	\$305,000
Total Budget			\$1,905,000VEP			

SEG: 9	Name Of Project: Medical Equipment: Dental Equipment-Urban and Sub-divisional Hospitals					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	1	-	-	-
		(iii)number of Activities to be undertaken during the period	6	6	-	-
		(iv)Projected Funding to be utilized during the period	-	\$500,000	-	-
Total Budget			\$500,000VEP			
SEG: 9	Name Of Project: Bio- Medical Equipment for Urban and Sub-divisional Hospitals					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	1	1	-	-
		(iii)number of Activities to be undertaken during the period	17	16	6	-
		(iv)Projected Funding to be utilized during the period	\$4,750,000	\$1,670,500	\$1,090,000	-
Total Budget			\$7,510,500VEP			

SEG: 9	Name Of Project: Purchase of Logistics Management Information System (FPBS)					
Strategies	Activities	Key Performance Indicators	Timeline			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	1	-	-
		(iii)number of Activities to be undertaken during the period	2	6	-	-
		(iv)Projected Funding to be utilized during the period	-	\$500,000	-	-
Total Budget			\$500,000VEP			

11. Ministry of Economy Deliverables and Indicators

MOF Deliverables	Strategies	Key Performance Indicators (KPI)	Timeline	Responsible Division
Planning & Management of Budget Compliance	Budget Request Formulation	Budget Request Submission	3 rd Quarter	Accounts Heads of Departments
	Requests to Incur Expenditures (RIE)	Timely/ Efficient Management of RIE	As and when before closing of accounts in Finance Circular	Accounts
	Control of expenditure of public money	Budget Utilization Report	Bi-Annually	Accounts
Financial Performance Compliance	<ul style="list-style-type: none"> • Bank Lodgement Clearance • TMA • Trust • RFA • Salaries • Wages • IDC • CFA • SLG 84 	Monthly reconciliation	15 th of every month	Accounts
Agency Revenue Arrears Report	Collection of Arrears of Revenue	Quarterly Revenue Returns	Within one month after the end of each quarter	Accounts
Asset Management Report	Annual Stock take/Board of Survey	Physical Stock take Against Inventory	31 January of the following year	Asset Management Unit
		Board of Survey summary reports	Bi-Annual summary report	Asset Management Unit
	Vehicle Returns	Quarterly Vehicle Returns	1 st week after every quarter	Transport
	Fixed Asset Register	Quarterly Reconciliation Submission of Fixed Asset Register	Within one month after the end of each quarter	Asset Management Unit

Internal Audit Compliances	Implementation of Audit Report Recommendations	Number of agreed audit recommendations implemented	Bi-Annual Progress Report	Accounts Internal Audit
Procurement Compliance Report	BI-Annual Reports to MOF	Reports Submitted on Procurement in line with Procurement Regulation 2010	2 nd week after half yearly	Asset Management Unit FPBS

12. Donor Assistance Matrix 2017/2018

Donor	Program	Aid -in-Kind
DFAT	Fiji Health Sector Support Programme	7,887,679
UNICEF	Child Protection Programme	10,000
UNICEF	Health, Nutrition and HIV/AIDS	1,838,000
JICA	Filariasis Elimination Campaign	148,860
JICA	Volunteer Scheme	420,369
Taiwan	Mental Health Care System Enhancement Project	167,200
Taiwan	Mobile Medical Teams	170,600
NZMFAT	NZ Medical Treatment Scheme 2017-2021 Fiji	364,857
UNICEF	Water, Sanitation and Hygiene Programme	146,360
JICA	Project for Improvement of Health Service through 5S-KAIZEN-TQM	223,095
JICA	Project for Elimination of Filariasis in the Pacific	1,405,553
China	Navua Hospital - Technical Cooperation	1,244,008
Taiwan	Mental Health Enhancement Capacity Building Project	600,000
Total Aid –in-Kind		\$14,626,581
Donor	Program	Budget Contribution
Global Fund	Assistance for Malaria, TB	1,710,859
UNICEF	Water, Sanitation and Hygiene Programme	191,000
UNICEF	Health, Nutrition and HIV/AIDS Programme	110,000
Total Cash Grant		\$ 2,011,859