Ministry of Health and Medical Services

2016 to 2019

MINISTRY STRATEGIC PLAN

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PREFACE:

The Ministry Strategic Plan 2016-2019 is an extension of the 2013–2015 Plan which was an outcome of strategic thinking and collective work of the senior management team and all individual heads of department (HODs) within the Ministry of Health and supported through a Health Needs Assessment supported by WHO.

The key areas addressed and content in this plan will remain from the last strategic plan that includes the following:-

Non-communicable diseases (NCDs)

Population growth

Maternal morbidity and mortality

Child morbidity and mortality

Health service delivery

Gender-based violence (GBV) and youth health

The plan is a good guiding framework with an inclusive approach that focuses on the technical, administrative and operational strategic issues and extending it as far as possible to look into other factors that have a major impact on the efficiency of the service. Of critical importance this time are:-

- Expansion of the current hospitals
- Maintenance of existing equipment and buildings/affordable new equipment
- Affordable source of renewable energy
- Strengthening hospital and Public health services

We encourage high commitments from all staff of the Ministry to fully participate in the implementation of the plan. We invite our development partners to work in good partnership with us to achieve our mission for better health for all.

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Dr. Kautu. Tenaua

Honourable Minister

Ministry of Health and Medical Services

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Acronyms

ADB	Asian Development Bank
AGI	Adolescent Girls Initiative
AHD	Adolescent Heath and Development
CoC	Continuity of Care
DOTS	Directly Observed Treatment Short course
DRR	Disaster Risk Reduction
EHU	Environmental Health Unit [in MHMS]
EmOC	Emergency Obstetrics Care
EPI	Expanded Program on Immunization
ESGBV	Eliminating Sexual and Gender Based Violence
FBOs	Faith Based Organisations
GBV	Gender Based Violence
GOK	Government of Kiribati
HIU	Health Information Unit [in MHMS]
HSCC	Health Sector Coordinating Committee [comprising the MHMS and development partners]
ICD	International Classification of Diseases
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
KDP	Kiribati Development Plan
KFHA	Kiribati Family Health Association
KHSP	Kiribati Health Strategic Plan [this plan]
KPA	Key Policy Area
KPS	Kiribati Police Service
KSoN	Kiribati School of Nursing
MA	Medical Assistant
MDGs	Millennium Development Goals
MELAD	Ministry of Environment, Land and Agricultural Development
MFED	Ministry of Finance and Economic Development
MH	Mental Health
MHMS	Ministry of Health and Medical Services, Ministry
MISA	Ministry of Internal and Social Affairs
MPWU	Ministry of Public Works and Utilities
MS-1	The MHMS Monthly Consolidated Statistical Report form
NCDs	Non-Communicable Diseases
NGOs	Non-government Organisations
NSO	National Statistics Office
OI	Outer Islands
PEN	Package of Essential NCD interventions
PH	Public Health
PNO	Principal Nursing Officer

PSO	Public Service Office
RH	Reproductive Health
SA	Strategic Action [within this Strategic Plan]
SDPs	Service Delivery Points
SMC	Senior Management Committee [of the MHMS, comprising the Permanent Secretary, Deputy Secretary, and Directors of Public Health, Health Services, and Nursing]
SOP	Standard Operating Procedures
TB	Tuberculosis
TBAs	Traditional Birth Attendants
TCH	Tungaru Central Hospital [main referral hospital, located in South Tarawa]
tbd/c	To be determined/confirmed
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YFHS	Youth Friendly Health Services

Executive Summary

The Ministry felt that most of the health issues and health indicators for 2016-2019 will remain the same from the 2013-2015 strategic plan. Therefore most of the content and strategies in this plan are the same with the Health Strategic Plan 2013-2015.

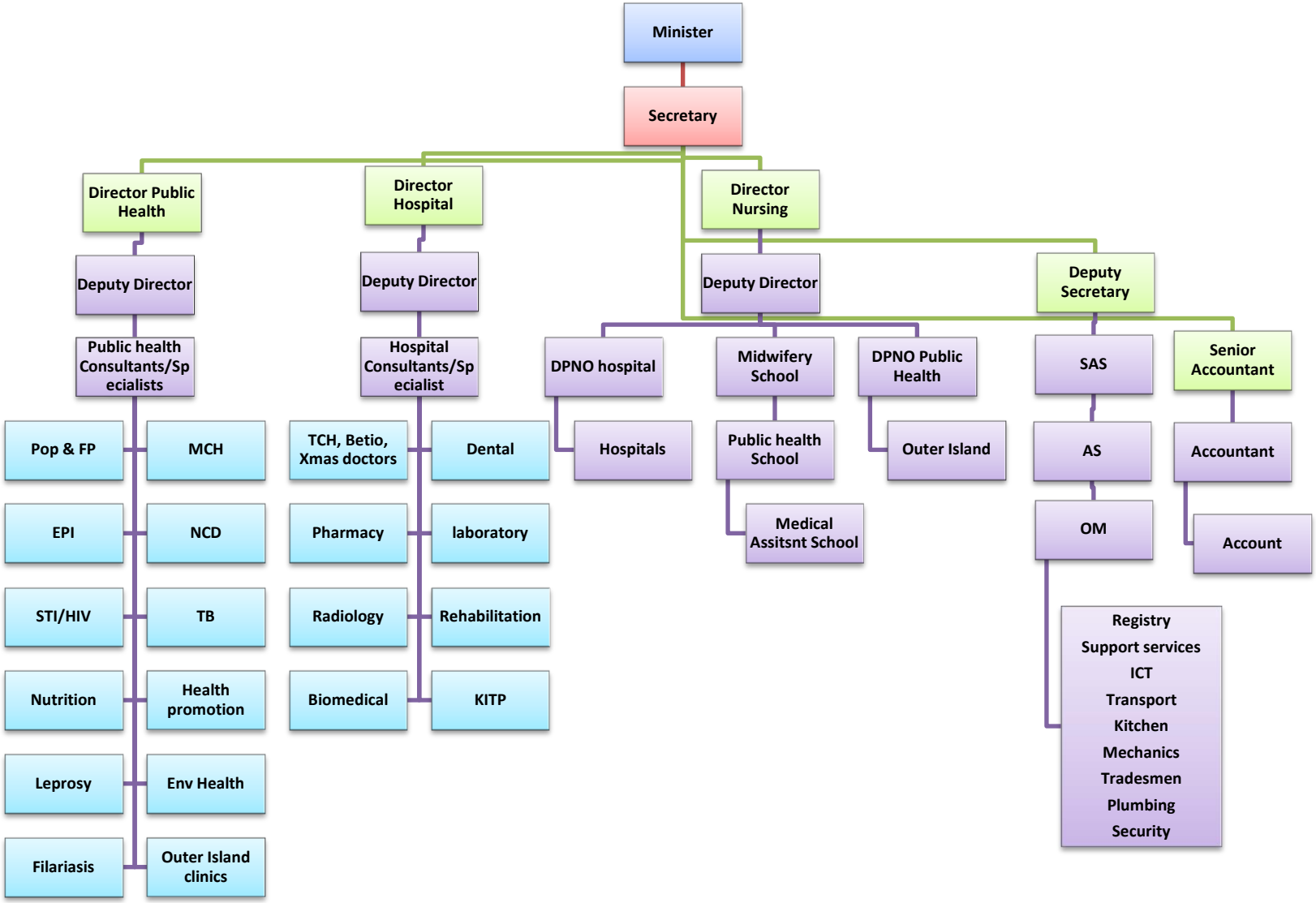
The Kiribati Health Strategic Plan sets the direction for the Ministry of Health and Medical Services action on health over the next four years. It identifies a Vision, Goal, Guiding Principles and Strategic Objectives describing what the Ministry expects to achieve, and Strategic Actions and Indicative Activities for implementation in order to get there. It includes Indicators and Targets as a basis for monitoring progress towards the Strategic Objectives. It also signals the need for strong multi-sector coordination in order to effectively implement the Strategic Plan.

The initial sections of the Strategic Plan outline its scope, provide some strategic context (in particular its relationship to the Kiribati Development Plan), and summarise population health needs in Kiribati. A Vision and Goal for the Strategic Plan are then defined, as well as a set of Guiding Principles to guide decisions on implementation priorities.

The six Strategic Objectives and their associated Strategic Actions, Indicators and Targets form the core of the Strategic Plan and are outlined over pages 13–21. Taken together, these describe what the Ministry wants to do (or the results we want), how we will do it (or the activities we will implement), and how we will know if we have succeeded (or how we will monitor progress). Further details on how we will do it are set out as Indicative Activities in an Implementation Plan in Annex A. The Implementation Plan can be used as a basis for annual Ministry operational plans.

The Strategic Plan emphasises the importance of relationships, partnerships and inter-sectoral coordination and collaboration to the effective delivery of the plan. This includes relationships with domestic partners, including other Kiribati government departments and agencies, and NGOs and community-based groups. It also includes relationships with numerous bi-lateral and international development partners. The Strategic Plan notes specific initiatives on which the Ministry needs to work with domestic partners and development partners. It also promotes the use of the Health Sector Coordinating Committee as a specific mechanism for supporting the implementation of this Strategic Plan.

Ministry of Health & Medical Services Structure:



VISION

The vision for the Kiribati Health Strategic Plan is:

Akea Tokin Te Tamaroa towards "healthy population that is well supported by quality health services"

MISSION

To deliver a safe quality service through hospital, public health and nursing services.

GUIDING PRINCIPLES

The Kiribati Health Strategic Plan is based on nine underlying principles (Table 2). These principles need to be reflected in all strategic actions and activities developed and implemented. The principles can also be used to guide decisions on implementation priorities.

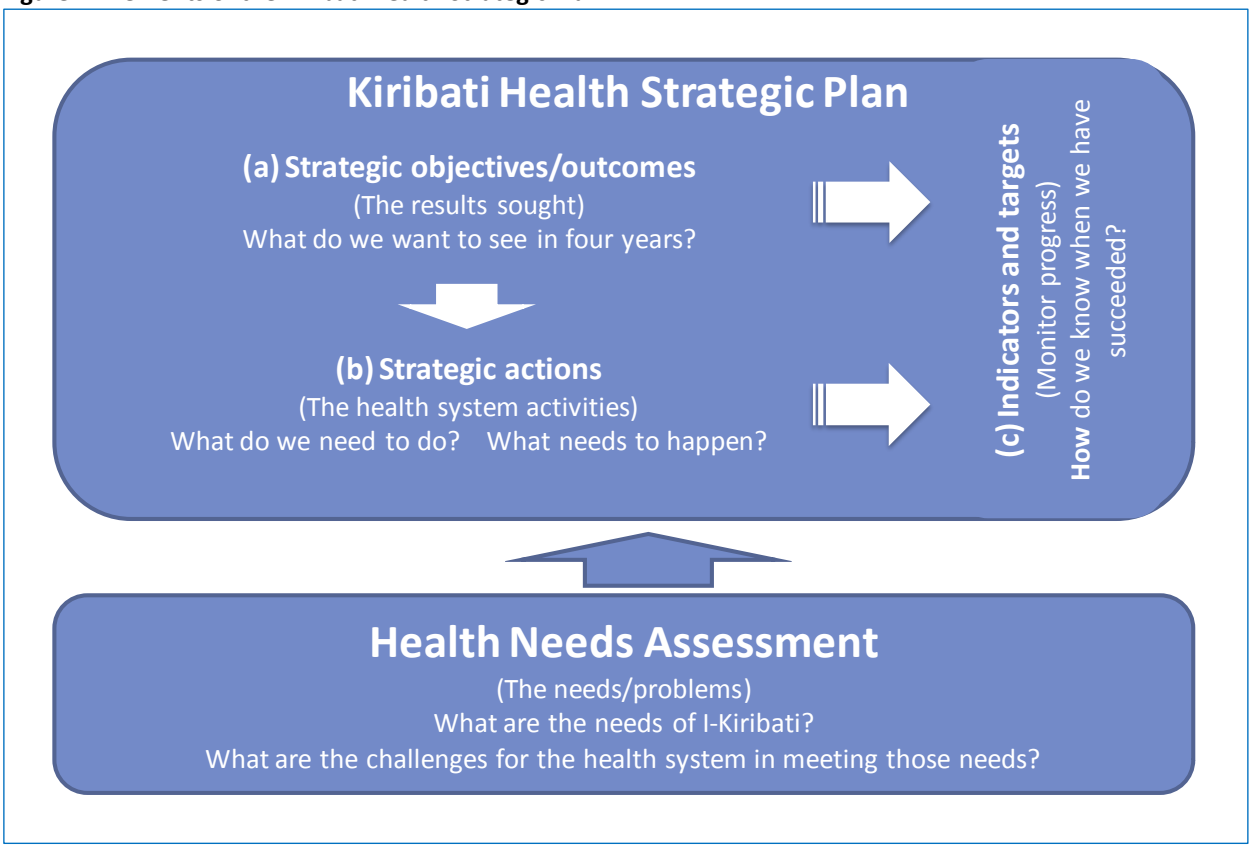
Table 2: Guiding principles for the Kiribati Health Strategic Plan

Principle	Explanation
Relevant and appropriate	Does the proposed action reflect the core issues and strategies in the KDP and the local population's health needs? Is the proposed action responsive to the needs of the health system, and/or the needs of specific health programmes/interventions?
Equity and pro-poor	Does the proposed action meet the rights and needs of the poor?
Effective	Is the proposed action like to be effective in the Kiribati setting?
Efficient	Is the proposed action likely to lead to more efficient and cost-effective service delivery?
Outcome-focused	Does the proposed action have a clear link to an improved health outcome or improved quality in health service delivery?
Evidence-based	Does the proposed action have a robust evidence base?
Realistic	Is the proposed action likely to succeed? Are the proposed indicators and targets realistic?
Coordinated	Is the proposed action well-coordinated or integrated with actions taken elsewhere by the Ministry (eg, existing Ministry strategies, policies and plans for specific programme or health service areas)? Is the proposed action well-coordinated with the plans of multi-sectoral partners, including other government agencies, NGOs and development partners?
Sustainable	Is the proposed action sustainable in Kiribati?

Recent Ministry History

The 2016-2019 Kiribati Health Strategic Plan is an extension of the 2013-2015 Plan and sets the direction for the Ministry of Health and Medical Services action on health. It identifies the results the Ministry wants to achieve in four years (strategic objectives), what needs to happen in order to achieve these results (strategic actions), and how progress will be measured (indicators and targets). The Strategic Plan has been informed by a Health Needs Assessment, which examined the health needs of the I-Kiribati population and the ability of the health system to respond to these needs. The different elements of the Strategic Plan are shown in Figure 1.

Figure 1: Elements of the Kiribati Health Strategic Plan



Ministry staff from all levels has participated in the development of the Strategic Plan. External health sector experts and partners have also provided input into its development.

The Kiribati Health Strategic Plan sits alongside the Health Needs Assessment, which has been developed at the same time.

The Strategic Plan sets the overall framework for action on health. It is intended as a living strategy that may be further developed and refined over its lifetime to reflect changing conditions, including emerging priorities and needs, and the further development or modification of Ministry strategies, policies and plans and for specific programme or health service areas.

This document begins with a summary of the strategic context for the Strategic Plan and of the priority issues identified in the Health Needs Assessment. It then covers the vision, goal and principles that underpin the work of the Ministry of Health and Medical Services. The core of the Strategic Plan includes the strategic objectives, strategic actions, and indicators and targets. Tables in Annex 1 provide, for each strategic action, the indicative actions or steps that need to be undertaken, potential funding sources, and an indicative sequence for implementation.

STRATEGIC CONTEXT

The plan will link with the Kiribati Development Plan 2016–2019. The previous KPAs reflect international and regional conventions, such as the Millennium Declaration, and government policies. The Kiribati Development Plan (KDP) includes a set of indicators to enable progress in each KPA to be monitored and evaluated. KPA 3 sets out six core issues and 12 strategies for health (Table 1). There is a strong desire to align the Kiribati Health Strategic Plan with the priority issues and strategies in the new KDP.

Table 1: Issues and strategies identified in the Kiribati Development Plan (2012–2015)

Issues	Strategies
1. High burden and incidence of Non-communicable diseases	1. Improve outreach of NCD services through HOPE 2. Improve and expand coverage on awareness of the root causes of NCD (prevention) 3. Improved screening, detection and access to treatment services for all NCDs through Package of Essential NCD services (PEN)
2. Reproductive health, Maternal, Neonatal, Child, Adolescent health issues. (RMNCAH)	4. Promote Healthy Family concept 5. Strengthen partnerships with community, NGOs and Faith Base Organizations through Health Outreach Programme for Equity (HOPE) 6. Improve delivery of emergency and obstetric care services 7. Improve access to antenatal and post natal care 8. Expand and Increase EPI coverage and IMCI services for children at risk
3. High burden & incidence of communicable diseases (TB, leprosy, lymphatic filariasis, STIs and HIV/AIDS)	9. Strengthen DOTS services and existing diseases surveillance and outbreak response for TB, leprosy, lymphatic filariasis, STIs and HIV/AIDS
4. Apparent gaps in health service delivery	10. Re-assess human resources needs and address gaps/issues 11. Strengthen post and basic training amongst service providers 12. Provide equipment and maintenance including training on how to operate complex health machines

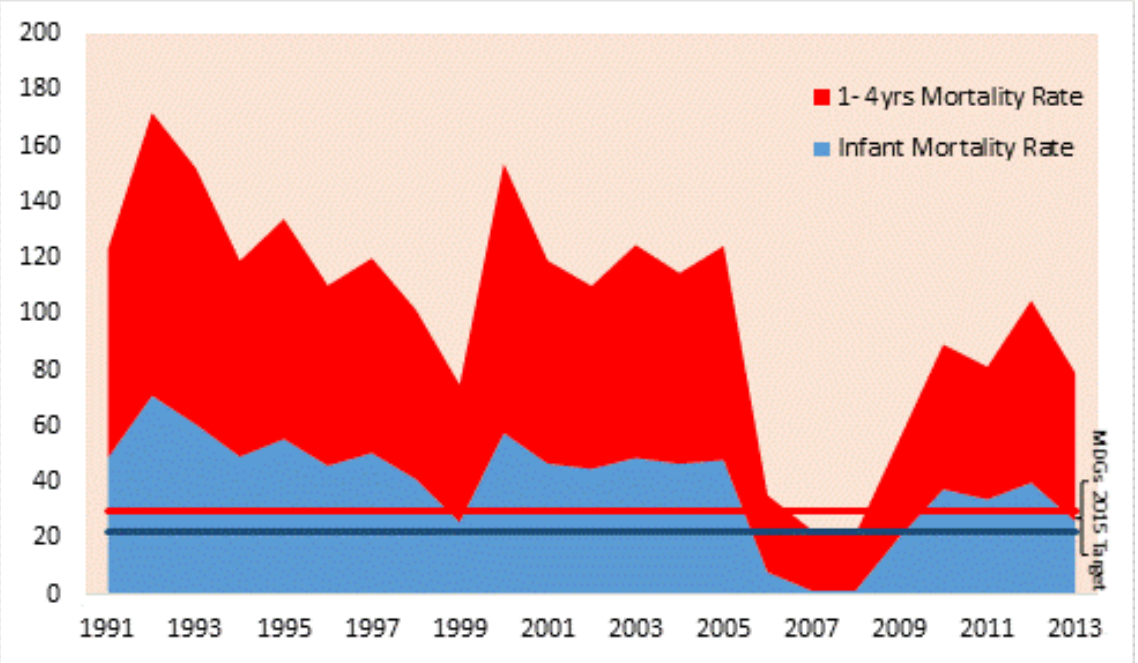
Situation Analysis

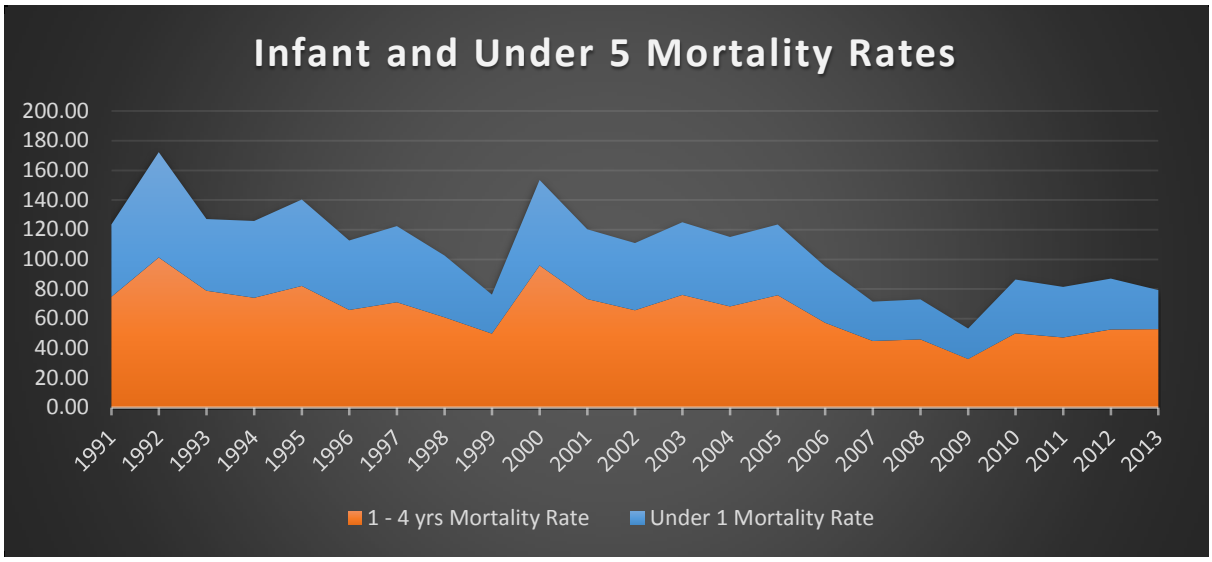
The Health Needs Assessment describes the demographic and socio-economic factors that provide a general context for health service demand in Kiribati. It also provides evidence of the need for action, as well as the main challenges for the health system in meeting these needs, in seven priority areas:

- Non-communicable diseases (NCDs)
- Population growth
- Maternal morbidity and mortality
- Child morbidity and mortality
- Communicable diseases
- Health service delivery
- Gender-based violence (GBV) and youth issues

Data on progress to achieving the health-related Millennium Development Goals (MDGs) in Kiribati shows a mixed picture. Figure 2 shows under-five and infant mortality rates dropped significantly over 1990–2010, completing 68 percent and 60 percent of the respective 2015 targets. However, this still leaves Kiribati with the fourth highest under-five mortality rate and fourth highest infant mortality rate in the region, in both cases only ahead of Lao, Cambodia and Papua New Guinea.

Figure 2: Infant and Under 5 Mortality Rates, Kiribati





Kiribati has reasonably high levels of immunisation with 89 percent of one-year-old children immunised against measles in 2010, and 91 percent having had the combined DIP-HepB-Hib vaccine.

In 2005, the antenatal care coverage rate (the proportion of pregnant women who had at least one visit) was 100 percent. In 2010, 98 percent of births were attended by skilled health personnel.

The adolescent fertility rate, at 39 per 1000 women aged 15–19 years over 2005–2010, is around the median for the region and reflects a low contraceptive prevalence rate of 36 percent of women of reproductive age in 2000. There is a high prevalence of STIs, with a study in 2004 showing around 15 percent of pregnant women were infected. At the end of 2010, Kiribati had a cumulative total of 54 HIV/AIDS cases, of which 24 were known to have died.

Table 4: Summary of Selected Health Indicators, Kiribati

	Latest data	KDP target
Neonatal, infant and child health		
Immunization, measles (% of children aged 12-23 months) (2013)	91%	>90%
Infant mortality rate (2013)	26.2	22
Mortality rate, under-5 (per 1,000 live births) (2013)	52.9	30
Fertility rate (2012)	2.7	<3.5
Antenatal care from a skilled provider (doctor, nurse, and/or midwife) % with at least one visit (2007-12)	88%	100%
Incidence of tuberculosis (per 100,000 people) (2013)	497	Declining

In 2009, the estimated incidence and prevalence of tuberculosis was high, at 351 per 100,000 population and 288 per 100,000 respectively. The incidence rate was second highest in the region and the prevalence rate was higher than other similar sized countries in the region.

In 2010, there were 182 reported new cases of leprosy in Kiribati making Kiribati one of three countries in the Pacific where leprosy elimination status is not yet achieved.

At the same time as a number of communicable diseases are not under control, Kiribati is facing an increasing burden from NCDs. Figure 3 shows the recent increase in rates of *reported* NCDs and nutrition and related diseases as the leading causes of morbidity. The rate of *reported* NCDs increased more than three-fold over 2005–2010 while the rate of *reported* nutrition and related diseased increased more than eight-fold.[1] The number of new cases of diabetes was also up, from

[1] There are likely to be high numbers of *unreported* NCDs and nutrition and related diseases.

248 in 2005 to 842 in 2010, while the 2004–2006 STEPs survey showed around 28 percent of the adult population had diabetes.

Table 5: NCDs Kiribati 2008

NCDs as a proportion of total deaths, all ages	**69.0%**
Proportion of population who are overweight (BMI ≥ 25 kg/m2)	81.5%
Proportion of population aged 25-64 years with ≥ 3 NCD risk factors	72.7%
Proportion of population with elevated fasting blood glucose (≥ 6.1 mmol/L) or currently on diabetes medication	28.1%

Nutrition is a significant risk factor, with 38 percent of males and 54 percent of females aged 20 years or over being classified as obese in 2008. Increased consumption of imported, cheap and low quality food products high in salt, sugar and fat contributes to this problem. Under-nutrition is a significant problem in children; the 2009 DHS found that close to one quarter of children are underweight or severely underweight, while in 2010 the percentage of newborn infants weighing less than 2500 grams at birth was 22 percent.

Other risk factors for NCDs include smoking and alcohol consumption. In the 2005 Census, almost 70 percent of the males aged 30–54 years said that they were regular smokers, compared to less than 50 percent of females aged 30–54 years. The proportion of 15–19 year old smokers was 32 percent for males and 8 percent for females.

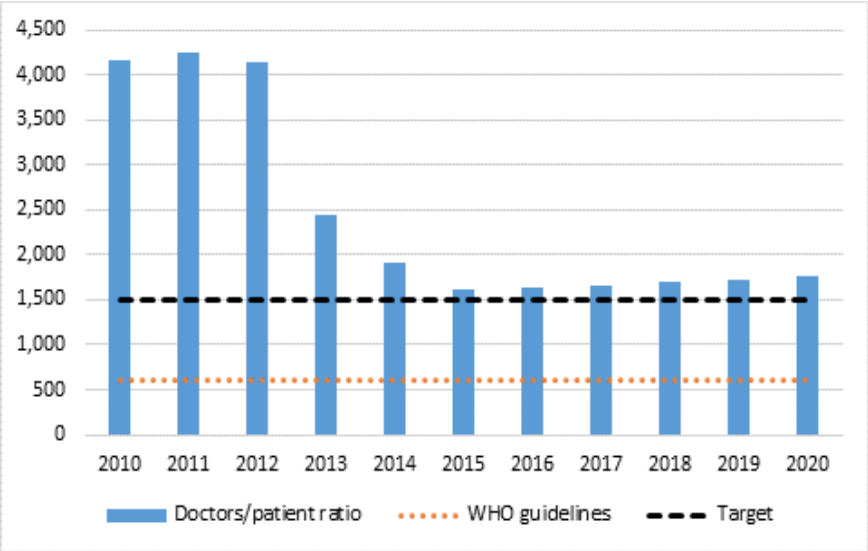
There has been a steady improvement in life expectancy at birth over the last two decades, from an estimated 63 years in 1990, to 66 years in 2000 and 68 years in 2009. The rate of improvement in life expectancy has been greater for females than males. Life expectancy for females increased from 64 years in 1990 to 70 years in 2010, while for males it increased from 62 years to 65 years over the same period. It is worth noting that a rise in NCDs is likely to impact on life expectancy; either slowing or halting the rate of increase, or perhaps even reversing the trend of increasing life expectancy.

In 2010 the leading causes of death were disease of the circulatory system, infectious and parasitic diseases, and diseases of the digestive system. Leading causes of morbidity were acute respiratory infections, diarrhoeal diseases and eye diseases. In 2010, in children under 5 years of age the main causes of death were pneumonia, prematurity and birth asphyxia.

The publicly funded health system in Kiribati is well established, and includes a national referral hospital in South Tarawa, two hospitals in the Outer Islands and another small hospital providing basic medical services in South Tarawa. Primary care services are provided through 92 health centres.

The Ministry had around 740 permanent staff. This included around 405 professional/technical roles, including approximately 375 nurses and 30 doctors.

Figure 6: Doctor-Patient Ratio, Kiribati, 2010-20



Source: MHMS

A workforce plan is underway.

The proportion of doctors to patients has declined from a high level of 4,242 in 2011 to 2,453 in 2013 and an estimated 1,918 in 2014. Hindrances to quality medical services include a limited budget to meet the demand. A qualified biomedical engineer is required to assist in

Priority issues for the Kiribati health system are identified above in Table 1. The system faces a number of challenges in addressing these issues, including in relation to:

- The quality of health service delivery
- The availability of essential medicines and supplies
- The availability and maintenance of equipment
- The reliance on support from development partners, including challenges in coordinating and prioritising this support
- An ageing health workforce
- A shortage of paramedical and support staff.
- A lack of qualified staff, particularly in laboratory and radiography services, health promotion, environmental health and health information.
- A lack of systematic processes to ensure the ongoing competency of health workers
- No routine clinical supervision or support.
- A lack of accurate, timely and relevant health information to inform planning, policy development and monitoring of health sector performance

Goals, Objectives, Strategies

The primary goal for the Kiribati Health Strategic Plan for the period 2016–2019 is:

To improve population health and health equity through continuous improvement in the quality and responsiveness of health services, and by making the most effective and efficient use of available resources

The six strategic objectives of the Kiribati Health Strategic Plan for the period 2016–2019 are:

Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs.
Increase access to and use of high quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and wellbeing will be at risk if they become pregnant.
Improve maternal, newborn and child health.
Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks.
Address gaps in health service delivery and strengthen the pillars of the health system.
Improve access to high quality and appropriate health care services for victims of gender based violence, and services that specifically address the needs of youth.

Note: The order of the objectives does not reflect their priority.

The first five of these objectives are consistent with the core issues and strategies for health in the Kiribati Development Plan 2016–2019. The issues and strategies in the KDP on maternal and child health have been combined into a single objective in this Strategic Plan. This is intended to improve coordination between maternal and child health and reflects a key result area in the Kiribati Child Survival Strategy 2008–2012 to integrate the maternal and child health programmes.

The sixth objective was identified by the Ministry of Health and Medical Services as a priority issue for the next four years. Strategies relating to gender equality are included in the KDP under KPA 5 on governance, and gender based violence is considered in the results matrix for this KPA. The needs of youth are considered in various places in the KDP including in relation to health (STIs and HIV) and governance (empowerment, involvement and participation).

STRATEGIC ACTIONS, INDICATORS AND TARGETS

This section includes the strategic actions, along with associated indicators and targets. Activities to guide the implementation of these strategic actions are included in the implementation plan in Annex A.

A separate strategic action relating to strengthening the implementation and monitoring of this Strategic Plan, through improved coordination between the MHMS and development partners, is included after the strategic actions, indicators and targets for strategic objective 6 (below).

Strategic objective

1. Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs and complications

Strategic actions

1.1 Improve data monitoring and strengthen the integration of NCD interventions into primary health care.

1.2 Strengthen initiatives around tobacco control and alcohol misuse.

1.3 Strengthen initiatives around healthy eating.

1.4 Strengthen initiatives around physical activity.

1.5 Strengthen initiatives around prevention, detection and management of diabetes and its complications.

1.6 Strengthen initiatives around road safety

1.7 Promote prevention, detection and early treatment in relation to cervical cancer, hypertension, heart disease, chronic lung disease, and their complications.

1.8 Improve mental health services.

1.9 Improve oral health services

Strategic objective

2. Increase access to and use of high quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and wellbeing will be at risk if they become pregnant

Strategic actions

2.1 Improve skills, quality of services and access to family planning drugs and commodities for rural and urban islands.

2.2 Reinvigorate national Reproductive Health committee to proactively monitor & evaluate the data input towards Family Planning services

2.3 Engage with development partners around support for initial implementation of the RH strategy, and initiate work to identify a sustainable funding mechanism.

2.4 Strengthen partnership with KFHA, FBOs, youth groups and other non-government organisations to expand Family Planning services and increase involvement of men.

2.5 Engage with other GOK ministries departments to coordinate and integrate resources & approaches to managing population growth to benefit the aspirations of all sectors.

Strategic objective

3. Improve maternal, newborn and child health

Strategic actions

3.1 Improve the quality of services and care procedures during pregnancy, delivery and the immediate postpartum and for the newborn

3.2 Improve the skills and capacity of maternal care attendants.

3.3 Improve maternal and child health facilities and equipment.

3.4 Collect quality health information and data and use to improve MNC health care practice.

3.5 Strengthen community-based and outreach maternal and child health services.

3.6 develop and implement set of guidelines for MNCH (treatment and referral)

3.7 development of mother and baby friendly settings – workplace, institutions

3.8 Scale up MNC programs through inter-sectoral policies and legislations

3.9 Integrate Child eye health into Child health programs

Strategic objective

4. Prevent the introduction and spread of communicable diseases through strengthening existing control programmes and ensure Kiribati is prepared for any future outbreaks.

Strategic actions

4.1 Strengthen the ongoing delivery and sustainability of the TB Control Programme.

4.2 Strengthen the ongoing delivery of the Leprosy Control Programme.

4.3 Implement the ongoing National Plan for Lymphatic Filariasis and manage morbidity caused by the disease.

4.4 Revise the National HIV and STI Strategic Plan 2012–2015 with a focus on reversing the spread of STIs through improving prevention, increased testing capacity, and improved treatment services.

4.5 Improve preparedness for disease outbreaks through strengthening multi-sectoral surveillance and response systems, including in the Outer Islands.

4.6 Undertake initiatives and support multi-sectoral and coordinated approaches to increase access to, and use of, safe water and basic sanitation services, and promote improved hygiene.

4.7 Strengthen the implementation of the National Environmental Health Action Plan, 2015-2020

4.8 Strengthened activities to reduce antimicrobial resistance

Strategic objective

5. Address gaps in health service delivery and strengthen the pillars of the health system

Strategic actions

5.1 Improve the effectiveness and efficiency of health service delivery, focusing on addressing gaps in healthcare system and referral services.

5.2 Strengthen leadership and governance of health within and beyond the Ministry of Health and Medical Services.

5.3 Strengthen systematic and strategic (long term) workforce plans and systems.

5.4 Implement annual analysis of National Health account and secure sustainable health financing to ensure cost-effective and efficient delivery of services.

5.5 Develop and implement a formal asset maintenance and replacement programme for infrastructure and equipment.

5.6 Improve systems to ensure equitable and ready access to essential medical products, vaccines and technologies.

5.7 Improve systems for the collection, analysis, reporting and use of health information/data.

5.8 Improve and expand hospitals and clinics to meet the health need of the community

5.9 Strengthen KITP to ensure sustainability and quality of the program.

Strategic objective

6. Improve access to high quality and appropriate health care services for victims of gender based violence and services that specifically address the needs of youth.

Strategic actions

6.1 MHMS to implement Standard Operating Procedure of Eliminating Sexual and Gender Based Violence (ESGBV) policy in line with the national policy taking into account constant reviews and updates

6.2 Improve health care facilities and systems or management, treatment and care of victims of GBV.

6.3 Build the capability and capacity of the health workforce so that it is better able to meet the health care needs of victims of GBV

6.4 Strengthen GBV task force activities in terms of meetings, auditing of cases, awareness, data recording and improving service delivery points.

6.5 Strengthen MHMS GBV coordination with national GBV stakeholders

6.6 MHMS to finalize and implement national operational guidelines for Youth Friendly Health Services and implement in coordination with multi sectors initiatives.

6.7 MHMS to improve planning of and expand access to YFHS.

6.8 Strengthen MHMS coordination on YFHS with national youth stakeholders

Key Performance Indicators

Strategic objective 1 Indicators and targets

Health indicator	2019 target	Baseline
Number of clinics implementing Package of Essential NCDs	103	6 (2015)
Tobacco smoking prevalence (population aged 25–64 years) • Female • Male	 29%[(a)] 52%[(a)]	 34% (2010) 61% (2010)
Tobacco smoking prevalence (population aged 15–24 years) • Female • Male	 11%[(a)] 33%[(a)]	 13% (2010) 39% (2010)

Health indicator	2019 target	Baseline
Obesity rate (population aged 25–64 years) • Female • Male	 44%[b] 31%[b]	 59% (2006) 42% (2006)
Prevalence of diabetes • Female • Male	 20%[c] 22%[c]	 27% (2006) 30% (2006)
Number of diabetic-related amputations	68[c]	90 (2011)
Number of treated diabetic retinopathy cases (complication)	80	NA
Number of cases caused by road safety a. Injury b. Deaths	 69 0	 178 (2013) 3 (2013)
Number of *active* partnerships between NCD team and groups focused on addressing four NCD risk factors • Maneaba • Workplaces • Schools • Homes	 200 50 50 tbc	 58 (2011) 40 (2011) 10 (2011) tbc
Number of cervical smear tests, HPV tests and percentage of cases (confirmed by cytology and rapid test)	760/20%	760/9% (2011)
Number of hypertension cases detected and treated	>750	734 (2011)
Setting up of Mental Health Rehabilitation Centre	To be completed by 2016	2014
Prevalence of Dental caries (5-6 yrs. old) Number of Decayed Missing Filled Teeth level (5-6 yrs old)	65% <3	70% (2012) 4 (2012)

[a] Target is a 15% reduction on a 2010 baseline. The target is informed by the voluntary targets for NCDs agreed by WHO in 2012, including a 30% relative reduction in prevalence of current tobacco smoking among persons aged 15+ years by 2025. Prevalence rate calculated on those who smoke 'regularly'; excludes those who smoke 'sometimes'.

[b] Target is a 25% reduction of baseline. In November 2012, WHO agreed voluntary targets for NCDs, including no increase in obesity prevalence in adults aged 18+ years. The targets in this Strategic Plan are, therefore, ambitious and should be reviewed once more recent data is available.

[c] Target is a 25% reduction of baseline.

Strategic Objective 2: Indicators and targets

Health indicator	2019 target	Baseline
SDPs offer at least three contraceptive methods	100%	85% (2010)
Contraceptive prevalence rate (population aged 15–49 years)[a]	45%[b]	36% (2000)[c] 18% 2010
SDPs reporting stock-outs of family planning drugs and commodities in last 12 months	0%	21% (2009)
Fertility rate (women aged 15–49 years)	<3.5[d]	4.1 (2010)
Number of teenage pregnancy	100	120 (2014)
Revised National SRH policy		2008
Number of islands	12	3
Number of communities visited for Family Planning awareness	30	8 (2015)

Increase partnership with churches	All in 2016	2

[a] MDG Indicator.
[b] Target represents a 25 percent increase from the baseline.
[c] Data for sexually active women of reproductive age. There is no regular measure of contraceptive prevalence rate and the requirements to report against this indicator will need to be reviewed. An alternative indicator could be 'number of patients provided with contraceptives' and perhaps broken down by pill, injections, implants, condoms.
[d] Target represents the fertility rate in 2005. Replacement fertility rate is 2.1.

Strategic objective 3: Indicators and targets

Health indicator	2019 target	Baseline
Maternal mortality[a]	<2 deaths	3 deaths (2010)
Births attended by skilled health personnel[a]	>95%	98% (2010)
Antenatal care coverage (at least 2 visit)	100%	100% (2005)
Access to EmOC: • SDPs meeting standards for basic EmOC functions • Hospitals meeting standards for comprehensive EmOC functions	 20% 3	 1.8% (2009) 1 (2010)
Under-five mortality (per 1000 live births)[a]	30[b]	46 (2009)
Infant mortality (per 1000 live births)[a]	22[b]	37 (2009)
Newborn infants weighing less than 2500 g at birth[d]	30% reduction	22% (2010)
One-year-old children immunised against measles[a]	>90%	89% (2010)
Newborn receiving Hepatitis B birth dose (<24hrs)	>90%	NA
Number of active, trained community IMCI groups in Kiribati	6	2 (2012)
Percentage of anaemia in pregnant women[d]	50% reduction by 2025	NA
Number of cases of pneumonia (children aged <5 years)	<3568(c)	4756 (2011)
Number of cases of severe diarrhoea (children aged <5 years)	<10	289 (2011)
Number of cases of malnutrition (LWA, VLWA,Bilateral Edema)(children aged <5 years) [d]	25% reduction	320 (2014)
Number of cases of stunting (children aged <5 years) [d]	40% Reduction by 2025	NA
Number of cases of overweight (children aged <5 years) [d]	No increase	NA
percentage of wasting (children aged <5 years) [d]	Reduce or maintain to less than 5% by 2025	NA
Rates of exclusive breastfeeding at birth[d]	50% increase by 2025	79% (2009)
Rates of exclusive breastfeeding[d]	50% increase By 2025	23%(2009)
Number of communities using SODIS	80	1(2014)
Percentage of pre-schools enforcing school food policy	50	NA
Number of schools having hand washing facilities	93	TBC
Number of maternal and child health services focusing on oral health	TBC	TBC

[a] MDG Indicator.
[b] MDG Target.

[c] Target is a 25% reduction of baseline.

Strategic objective 4: Indicators and targets

Health indicator	2019 target	Baseline
1. TB case notification rate (all forms, per 100,000 population)[a]	315	287 (2010)
TB cases cured under DOTS[a]	≥95%[b]	97% (2010)
Leprosy prevalence (per 10,000 population)	<1	20 (2010)
Lymphatic filariasis prevalence (total population)	Eliminated	1.5% (2007–2008)
Number of tests conducted for STIs and percentage of positive cases	27,084/30%	27,084/5% (2011)
Number of tests conducted for Hepatitis B and percentage of positive cases	10,266/40%	10,266/9% (2011)
Comprehensive correct knowledge of HIV/AIDS (among population 15–24 years)[a][c] • Female • Male	 >55%[d] >60%[d]	 44.4% (2009) 48.6% (2009)
Population using improved drinking water source[a]	74%[e]	48% (1990)[f]
Population using improved sanitation facility[a]	63%[e]	26% (1990)[g]
Trachoma(Trachoma Folliculitis	<10%	21.3%(2013)
Soil Transmitted Helminthiasis	>75%	94.9%(2002)
Number antimicrobial resistance infections cases reported	0	1

[a] MDG Indicator.
[b] Align with year 3 targets in Towards TB Elimination in Kiribati Project.
[c] The baseline result comes from the Kiribati Demographic and Health Survey (DHS). A similar survey would not to be repeated to measure progress against this indicator.
[d] Target is a 25% increase on baseline.
[e] MDG Target.
[f] In 2010, 64% of the population had access to an improved drinking water source.
[g] In 2010, 49% of the population used an improved sanitation facility.

Strategic objective 5: Indicators and targets

Health indicator	Target
Health service delivery	
2. Health service plans reviewed	• 1 revised per annum – end of July each year
3. Number of Hospital Improvement Projects or reforms	• 2 new improvement reforms per annum
4. Developed sector plan	• End of 2015 and annual revision
5. Customer service charter advocated and implemented	• Jan 2016 and revised annually
6. Number of Curative Programs review meeting	• Biannual
7. Number of Public Health Programs review meeting	• Biannual

Health indicator	Target
Leadership and governance 8. KHSP implementation and progress reports against indicators and targets 9. Number of health legislation/regulation reviewed 10. Number of meetings of the MHMS Senior Management Committee 11. Number of meetings of the Health Sector Coordinating Committee	• Quarterly 1 per annum • 6 per annum • Quarterly (refer to TOR)
Workforce 12. Revised and finalization of workforce plan 13. Number of health staff completing specialized trainings	• Jan 2016 and annually • Sectoral plan target
Health financing Completed and implemented National Health Accounts Provided financial report	• Annually • Monthly
Infrastructure and equipment Infrastructure and Equipment management plan developed and implemented Complete Kiribati Essential Equipment List and management and replacement plan Reviewed and implemented KNEEL Developed Special funds for health equipment sustainability	• Developed by first quarter 2016 • Complete end of July 2015 • First Quarter 2016 • Mid 2016
Medical products, vaccines and technologies Revised essential drugs list Updated treatment guideline	• By March 2016 and annually • By June 2016 and annually
Health information/data Monitor and report on major health indicators and targets in the KHSP and in the KDP Nursing reporting	• Quarterly reports • 100% MS1 reporting • 100% Census reporting • 100% motorcycle reporting
Expansion of hospital and clinics TCH expansion Betio hospital Expansion New Kiritimati hospital Buota, Betio, Teraina and Tabuaeran clinics	• End of 2016 • End of 2016 • End of 2016 • End of 2016
KITP Well established KITP structure Assessment report from trainers	• By 2016 • % of local supervisors

Strategic objective 6: Indicators and targets

Health indicator	2019 Target	Baseline
Review of GBV SOP	By December 2016	-
Healthy Family clinic	By June 2016	-
SDP staff to receive basic specialized training on the management and	90% by	-

care of GBV victims	December 2017	
GBV task force commitment	Quarterly every year	-
Number of GBV cases treated for PEP, STI and pregnancy prevention	50% of the MS1 reported cases	-
Number of YFHS clinics in school and community setting	8	4

[(a)] MDG Indicator.
[(b)] Target is a 25% reduction of baseline.

IMPLEMENTATION PLAN FOR STRATEGIC ACTIONS

Strategic objective 1: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs and complications				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[a]**
1.1 Improve data monitoring and strengthen the integration of NCD interventions into primary health care.				
1.1.1 Review, update and implement the Kiribati NCD work plan, ensuring it is consistent with (but adapted to suit the local Kiribati context) implementing the WHO Package of Essential NCD interventions (PEN) to all health clinics 1.1.2 Develop and provide a core set of interventions for detection, prevention, treatment and care of cancer, hypertension, heart disease and chronic lung disease, based on the WHO PEN 1.1.3 Maintain and strengthen outreach activities in workplaces, schools and community maneaba targeting NCD risk factors in an integrated way 1.1.4 Design and implement a comprehensive public awareness programme targeting behavioural change to reduce the prevalence of NCD risk factors 1.1.5 Ensure access to the essential technologies and tools, and to a core list of medicines, for implementing essential NCD interventions in all health clinics 1.1.6 Strengthen multi-sectoral mechanisms to coordinate and support implementation of NCD activities 1.1.7 Investigate sources of revenue for ensuring the sustainability of the NCD programme, including instigating formal engagement with development partners to discuss options for long term funding 1.1.8 Monitor the implementation of the NCD work plan, and undertake regular surveillance to identify progress and future areas of priority (including implement a STEPS survey at midway point (2013) and at end (2015)) 1.1.9 Over time, consider expanding on the core set of interventions based on local requirements and available resources	DPHS	Recurrent budget, WHO	2016 and ongoing	

Strategic objective 1: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs and complications				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
1.2 Strengthen initiatives around tobacco control and alcohol misuse				
1.2.1 Activate the Tobacco Bill and Regulation 1.2.2 Review the adequacy of legislation relating to alcohol 1.2.3 Investigate the costs and benefits of implementing services to support people to quit smoking, including counselling and pharmacological support (eg, NRT) 1.2.4 Collaborate with KPS with regards to compliance with smoke-free public places, liquor licensing and selling tobacco and alcohol to underage children 1.2.5 Monitor misuse of other drugs and substances, such as benzene and chewing of dry tobacco	DPHS	Recurrent budget, WHO	2016 and ongoing	
1.3 Strengthen initiatives around healthy eating.				
1.3.1 Promote food and nutrition guidelines supported by other communication methods and messages about healthy eating, including messages about the link between diet, obesity and disease 1.3.2 Strengthen and extend outreach activities around community gardening and cooking demonstrations 1.3.3 In collaboration with the Ministry of Commerce, Industry and Cooperatives, investigate the feasibility and value of introducing requirements for food fortification 1.3.4 In collaboration with the Ministry of Commerce, Industry and Cooperatives, investigate the public health value of greater disclosure of food ingredients and nutritional information	DPHS	Recurrent budget, WHO	2016 and ongoing	

Strategic objective 1: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs and complications				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
1.4 Strengthen initiatives around physical activity.				
1.4.1 Promote physical activities such as YOGA, etc. 1.4.2 Collaborate with Ministry of Education and MISA, councils, NGOs working in sport/recreation, and others to identify land appropriate for developing sports grounds and play facilities 1.4.3 In collaboration with the Ministry of Commerce, Industry and Cooperatives, investigate the feasibility and value of decreasing the tax on sport and exercise equipment	DPHS	Recurrent budget, WHO	2016 and ongoing	
1.5 Strengthen initiatives around prevention, detection and management of diabetes and its complications.				
1.5.1 Strengthen coordination and continuity of care across clinics (diabetes clinics and PH clinics) and outreach services 1.5.2 Provide specific training to MAs and PH nurses on early detection and intervention measures for diabetes, including to support secondary prevention 1.5.3 Support patients with disabilities to access medical services, as required in the National Policy and Action Plan on Disability	DPHS	Recurrent budget	2016 and ongoing	
1.6 Strengthen initiatives around road safety				
1.6.1 Develop strong community awareness on road accident 1.6.2 Strengthen links with other stakeholders in the implementation of road safety.	DPHS	Recurrent and WHO	2016 and ongoing	Police
1.7 Promote prevention, detection and early treatment in relation to cervical cancer, hypertension, heart disease, chronic lung disease, and their complications.				

Strategic objective 1: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs and complications				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
1.7.1 Investigate the development and implementation of a national HPV vaccine programme, including cost and funding options. 1.7.2 Promote early diagnosis and guidelines for treatment of breast cancer, including strengthening self-examination programmes 1.7.3 Investigate other screening options, including mammography, for viability, cost and potential for improved population health 1.7.4 Promote early detection of Diabetic Retinopathy 1.7.5 Strengthen PH approaches to other NCDs, focusing on raising awareness, prevention and early intervention	DPHS	Recurrent budget, WHO	2016, ongoing	

Strategic objective 1: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs and complications				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
1.8 Improve mental health services				
1.8.1 Provide specialised mental health training for nurses in the MH Unit to improve patient care and management of illnesses 1.8.2 Provide post-graduate training to a nurse in the MH Unit in psychiatric nursing 1.8.3 Develop and implement a long term plan for ongoing specialist support from a psychiatrist, or a plan to recruit a psychiatrist to the MH Unit 1.8.4 Investigate the need for specialist child psychiatry services (trained counsellor(s) and facilities) to meet the needs of children and young people 1.8.5 Provide training and supervision to orderlies to ensure MH patients have access to proper patient care and to promote patient safety 1.8.6 Identify and review existing international guidelines for providing mental health services in primary care, adapt to fit local Kiribati context and implement, including by training staff in OI in the use of the guidelines 1.8.7 Promote greater public awareness around MH illnesses, including prevention and detection 1.8.8 Implement a plan to upgrade the bathroom and toilet facilities, and the water supply system, at the MH Unit 1.8.9 Improve the medication supply chain, especially to OI, to ensure better stock control 1.8.10 Investigate the feasibility and value of establishing a rehabilitation house for outpatients 1.8.11 Strengthen relationships with external organisations and other units within the MHMS	DHS/DNS	Recurrent budget	2016 and ongoing	MISA, KHSP (SA5.4 & 5.6), KPS
1.9 Improve oral health services				

Strategic objective 1: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs and complications				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
1.9.1 Strengthen services and awareness on oral health 1.9.2 Strengthen outreach programs on oral health	DHS/DNS	Recurrent budget	2016 and ongoing	MISA, KHSP (SA5.4 & 5.6), KPS

[(a)] Including to other strategic actions in the KHSP, other strategies and plans (including for programmes), and other agencies.

Strategic objective 2: Increase access to and use of high quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and wellbeing will be at risk if they become pregnant				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
2.1 Improve skills, quality of services and access to family planning drugs and commodities for rural and urban islands.				
2.1.1 Support and strengthen staff training, stock management activities, and increasing the supply of commodities	DPHS	Recurrent budget, UNFPA WHO	2016, ongoing	
2.2 Reinvigorate national RH committee to proactively monitor & evaluate the data input towards FP services				
2.2.1 Facilitate the development of RMNACAH committee to monitor and evaluate the program 2.2.2 Secure funding and support from UNFPA 2.2.3 Improve data collection on all RMNACAH programs	DPHS	UNFPA, Recurrent budget	2016 and ongoing	UNFPA, NZ Aid Programme, KFHA, UNICEF
2.3 Engage with development partners around support for initial implementation of the RH strategy, and initiate work to identify a sustainable funding mechanism.				
2.3.1 Investigate future funding from UNFPA 2.3.2 Facilitate greater coordination of approaches to family planning and delivery through the HSCC	DPHS	UNFPA, Recurrent budget	2016, ongoing	KFHA, FBOs, other NGOs, UNICEF
2.4 Strengthen partnership with KFHA, FBOs and other non-government organisations				

Strategic objective 2: Increase access to and use of high quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and wellbeing will be at risk if they become pregnant				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[a]**
2.4.1 Review Memorandum of Understanding with KFHA 2.4.2 Investigate the expansion of services provided by KFHA that target the RH needs of young people and other vulnerable groups 2.4.3 Inform and educate religious leaders, including in health and economic considerations relating to population control 2.4.4 Engage with religious leaders in finding common ground on family planning and planned parenting 2.4.5 Support those who may be willing to advocate for family planning and informed parenting 2.4.6 Support the delivery of the CycleBeads Program 2.4.7 Strengthen Partnership with KFHA, FBOs in outreach programs	DPHS	UNFPA, Recurrent budget	2016, ongoing	KFHA, FBOs, other NGOs, UNFPA,UNICEF

Strategic objective 2: Increase access to and use of high quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and wellbeing will be at risk if they become pregnant				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
2.5 Engage with other GOK ministries departments to coordinate and integrate resources & approaches to managing population growth to benefit the aspirations of all sectors.				
2.4.1 Promote completion of whole-of-government implementation strategy to support the GOK Population Policy 2.4.2 Contribute to activities in implementation strategy around informed parenting	DPHS	UNFPA, Recurrent budget	2016, ongoing	GOK Population Policy

[(a)] Including to other strategic actions in the KHSP, other strategies and plans (including for programmes), and other agencies.

Strategic objective 3: Improve maternal, newborn and child health				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[a]**
3.1 Improve the quality of services and care procedures during pregnancy, delivery and the immediate postpartum and for the newborn				
3.1.1 Promote at least four antenatal care visits and postnatal care/clinics to all pregnant women and mothers of newborn 3.1.2 Take a systematic and syndromic approach to the management and care of women and their newborn 3.1.3 Implement emergency management of childbirth protocols and referral guidelines for EmOC consistently and timely 3.1.4 Develop robust communication protocols around referral pathways 3.1.5 Establish continuity of care by skilled professionals for the first six weeks following delivery (with a focus on the first 28 days of life) 3.1.6 Strengthen engagement with TBAs and investigate ways to work in partnership, including for allowing TBAs to play a greater role in providing care and support in hospitals 3.1.7 Promote the involvement of men in maternity care, from antenatal through to postnatal care 3.1.8 Coordinate work across the MHMS to prevent parent to mother to child transmission of STIs/HIV	DPHS, DHS	Recurrent budget, UNFPA	2016, ongoing	Reproductive Health Policy and Strategy, Child Survival Committee, Safe Motherhood
3.2 Improve the skills and capacity of maternal care attendants.				

Strategic objective 3: Improve maternal, newborn and child health				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[a]**
3.2.1 Review basic midwifery curricula and consider adopting a syndromic approach to training and inclusion of basic training in EmOC to all trainee midwives/nurses/MAs 3.2.2 Provide ongoing in-service training of midwives/nurses/MAs on comprehensive obstetric skills 3.2.3 Investigate further training for TBAs 3.2.4 Consider options for increasing capacity in advanced obstetrics, including for recruiting and training an obstetrician 3.2.5 Ensure efficient and effective allocation of skilled care attendants across SDPs, including in OI clinics and other referral facilities	DPHS DHS	Recurrent budget, UNFPA	2016, ongoing	Reproductive Health Policy and Strategy, Child Survival Committee, Safe Motherhood

Strategic objective 3: Improve maternal, newborn and child health				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[a]**
3.3 Improve maternal and child health facilities and equipment.				
3.3.1 Investigate feasibility and value of establishing a separate postnatal ward at TCH 3.3.2 Investigate feasibility and value of establishing a specialist neonatal facility and a specialist paediatric intensive care unit at TCH (including specialised training required to staff the facilities) 3.3.3 Investigate feasibility and value of upgrading hospitals on Kiritimati Island and Tabiteuea North from basic to comprehensive EmOC facilities 3.3.4 Ensure adequate obstetrics equipment and supplies at all SDPs, and implement a maintenance/repair system including a process to report on maintenance/repairs needs	SMC	Recurrent budget	From 2016, ongoing	Reproductive Health Policy and Strategy
3.4 Collect quality health information and data and use to improve MNC health care practice.				
3.4.1 Improve processes for collecting maternity care data from obstetrics ward, OI clinics and referral facilities, and from TBAs operating outside of the formal health care system 3.4.2 Re-establish the role of Ward Clerk, to be responsible for data collection in the obstetrics ward 3.4.3 Strengthen and systematise processes for reviewing all cases of maternal death, including using and implementing review findings to improve health care practice	SMC, Health Information Unit (HIU)	Recurrent budget	2016, ongoing	HIU

Strategic objective 3: Improve maternal, newborn and child health				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
3.5 Strengthen community-based and outreach maternal and child health services.				
3.5.1 Empower communities to sustain community-controlled system through, for example, helping communities set up health committees (eg, Village Welfare Committees) and maintaining regular interaction with these groups 3.5.2 Continue to train PH nurses in IMCI and support them to train community members in IMCI 3.5.3 Design and implement community IMCI protocols that provide guidance in the recognition of conditions and in pre-measure/ intervention treatments that can be given in the community/home 3.5.4 Develop and implement system for monitoring community IMCI and for reporting back information to PH nurses 3.5.5 Strengthen care of new Investigate feasibility and value of consolidating community support groups (eg, in IMCI and breastfeeding/nutrition), or at ways to promote joint working borns and children though implementing the Baby Friendly Hospital Initiative and designing and implementing standard treatment protocols for management of common paediatric and neonatal conditions	DPHS	Recurrent budget, and UNICEF UNICEF WHO/UNICEF UNICEF	2016, ongoing 2016, ongoing 2016, ongoing 2016, ongoing 2016, ongoing 2016, ongoing	Child Survival Strategy, IMCI
3.6 Develop and implement set of guidelines for MNCH (treatment and referral)				
. 3.6.1 Develop a workable referral guideline from the community to the Public health clinics and hospital. 3.6.2 Strengthen detection and referral of high risk MNCH cases. 3.6.3 Support awareness on high risk criteria in relation to MNCH cases	DPHS	Recurrent budget UNICEF, UNFPA	2016, ongoing	Child Survival Strategy, IMCI
3.7 Development of mother and baby friendly settings – workplace, institutions				
. 3.7.1 Work towards Mother and Baby friendly accreditation on all the 3 hospitals 3.7.2 Promote the establishment of Mother and Baby friendly workplaces and Institutions.	DPHS	Recurrent budget UNICEF	2016, ongoing	Child Survival Strategy, IMCI
3.8 Scale up MNC programs through inter-sectoral policies and legislations				

Strategic objective 3: Improve maternal, newborn and child health				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
. 3.8.1 Ensue that MNC programs are reflected in existing inter-sectoral policies and legislations	DPHS	Recurrent budget UNICEF, UNFPA	2016, ongoing	Child Survival Strategy, IMCI
3.9 Integrate Child eye health into Child health programs				
. 3.9.1 Develop a Child Eye Care system in the hospital, Schools and the community	DPHS	Recurrent budget UNICEF, UNFPA	2016, ongoing	Child Survival Strategy, IMCI

[(a)] Including to other strategic actions in the KHSP, other strategies and plans (including for programmes), and other agencies.

Strategic objective 4: Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
4.1 Strengthen the ongoing delivery and sustainability of the TB Control Programme				
4.1.1 In implementing the TB Strategic Plan: • Collaborate with other MHMS programmes, other government departments and NGOs to advocate for the role of social environmental factors in TB transmission, address factors that increase the risk of developing TB, and for active case finding and effective referral mechanisms • Promote universal and equitable access through expanding DOTS coverage • Strengthen capacity to diagnose and monitor treatment of TB cases, including drug-resistant TB, TB-HIV and TB-DM • Strengthen TB Drug Management system and programmatic management of MDR-TB, TB-HIV and TB-DM co-morbidities 4.1.2 Investigate funding sources to extend the DOTS initiative beyond 2017	DPHS	SPC, and, increasingly, recurrent budget	2016, ongoing	TB Control Programme
4.2 Strengthen the ongoing delivery of the Leprosy Control Programme				
4.2.1 Develop and implement a plan to provide effective national leadership and management of the Leprosy Control Programme 4.2.2 Develop and implement training for medical assistants/nurses in the OI to improve their capacity to check for signs of leprosy, to follow-up MDT treatment and to undertake systematic contact tracing 4.2.3 Develop and implement a robust process of recording the provision of treatment and providing monthly reports on this, potentially as part of the MS-1 system 4.2.4 Develop and implement outreach initiatives to raise public awareness of leprosy and its treatment	DPHS	Pacific Leprosy Foundation WHO Other (drugs)	2016, ongoing	

Strategic objective 4: Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[a]**
4.3 Implement the ongoing National Plan for Lymphatic Filariasis, Trachoma and soil transmitted helminthiasis and manage morbidity caused by the disease				
4.3.1 Implement targeted strategy involving active surveillance of patients and contacts, and: • Complete treatment assessment survey (TAS) in the Gilbert Islands • Complete two annual rounds of MDA and TAS in the Line Islands • Complete final round of MDA and TAS in South Tarawa 4.3.2 Provide ongoing individual follow-up, treatment and care to patients, including education to patients and their families on how to manage the impact of the disease	DPHS	WHO	2016, ongoing	
4.4 To Review the National HIV and STI Strategic Plan 2012–2015 with a focus on reversing the spread of STIs through improved prevention, increased testing and improved treatment services				
4.4.1 MHMS to lead the implementation plan 4.4.2 MHMS to monitor and evaluate implementation, including undertake a mid-term review 4.4.3 Investigate funding sources for those activities in the Plan which do not currently have an identified funding source 4.4.4 In implementing and monitoring the Plan: • Review and improve ways to target at risk groups • Promote and strengthen multi-sectoral initiatives • Strengthen systems for surveillance, data collection and analysis • Complete the full integration of the STI and HIV programmes • Promote the guideline on syndromic approach to STI diagnosis and management	DPHS	SPC (Global Fund, Response Fund, Recurrent budget	2016, ongoing	Kiribati Red Cross, KFHA, UNFPA, UNICEF

Strategic objective 4: Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[a]**
4.5 Improve preparedness for disease outbreaks Diagnostic and treatment services through strengthening multi-sectoral surveillance and response systems, including in the Outer Islands				
4.5.1 Maintain strong relationship with the Pacific Public Health Surveillance Network, and with MELAD, in outbreak surveillance and response 4.5.2 Provide further specialist training to nurses in OI in disease surveillance and how to respond to an outbreak 4.5.3 Increase capacity to use data and IT systems for surveillance purposes, including in statistical analysis 4.5.4 Improve syndromic surveillance systems and review current tools to include conditions of local (OI) importance 4.5.5 Strengthen capacity of laboratory so it can provide timely diagnostic responses and review adequacy of equipment and test kits/tools 4.5.6 Improve processes for water testing and analysis of reticulated water supplies and wells by ensuring a constant supply of reagents 4.5.7 Maintain scheduled water monitoring and, ideally, increase the frequency of testing and monitor a wider range of water sources 4.5.8 Allocate laboratory space for the EHU and investigate options for addressing the transport needs of the unit 4.5.9 Undertake initiatives and support multi-sectoral approaches to climate change adaptation planning, including actively responding to the Disaster Risk Reduction (DRR) measures, and considering both impacts of sea level rise and drought	DPHS	Recurrent budget	2016, ongoing	KAP III. NFCCA., KDP (KPA4) MELAD, President's Office, WHO (water quality testing)

Strategic objective 4: Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
4.6 Undertake initiatives and support multi-sectoral and coordinated approaches to increase access to, and use of, safe water and basic sanitation services, and promote improved hygiene				
4.6.1 In coordination with other agencies, develop and implement strategies to improve access to safe water and sanitation, and to improve hygiene 4.6.2 Actively promote and support the work of the Water Sanitation Coordinating Committee 4.6.3 Investigate opportunities to access regional support initiatives relating to water safety and sanitation	DPHS	Recurrent budget, UNICEF	2016, ongoing	MPWU, MELAD, KHSP (SA 2.5.7, 2.5.8 & 3.5), UNICEF WASH
4.7 Strengthen the implementation of the National Environmental Health Action Plan, 2015-2020				
4.7.1 Coordinate and strengthen the Implementation of the National Environmental Health Action Plan.	DPHS	Recurrent budget, UNICEF	2016, ongoing	
4.8 Strengthened activities to reduce antimicrobial resistance				
4.8.1 Strengthen recording and reporting of antimicrobial drug resistance cases. 4.8.2 Increase awareness to health care providers	DPHS	Recurrent budget	2016, ongoing	

(a) Including to other strategic actions in the KHSP, other strategies and plans (including for programmes), and other agencies.

Strategic objective 5: Address any gaps in health service delivery and strengthen the pillars of the health system				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[a]**
5.1 Improve the effectiveness and efficiency of health service delivery, focusing on addressing gaps in healthcare system and referral services.				
5 5.1 5.1.1 Undertake focused health service planning in the following service areas: • general and specialist medical treatment • pharmacy • laboratory • biomedical • radiology • rehabilitation • dental • emergency 5.1.2 Ensure plans are focused on addressing gaps in health service delivery through: • identifying population health service needs, and forecasting future needs • prioritising health service needs • assessing how well services meet these needs, considering levels of service, complaints against the existing service, availability/suitability of treatment guidelines, facilities, technology and workforce • identifying challenges, gaps and opportunities • costing options for addressing gaps, and prioritising investment • integrate planning to promote continuity of care 5.1.3 Consult key stakeholders on plan and seek agreement/endorsement 5.1.4 Implement health service plans, monitor and review 5.1.5 Improve system of patient referrals from OI and system of specialist visits to OI	DHS	Recurrent budget Recurrent budget, NZ Aid Programme (Medical Treatment Scheme)	2016, ongoing 2016 2016, ongoing 2016, ongoing 2016, ongoing	
5.1.6 Maintain access to medical evacuations and referrals for seriously ill or injured patients to be treated overseas 5.1.7 Maintain access to medical evacuations and referrals for seriously ill or injured patients to be treated overseas 5.1.8 Strengthen Outer island health services	DHS	Recurrent budget	2016 ongoing	MFED KDP

Strategic objective 5: Address any gaps in health service delivery and strengthen the pillars of the health system				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
5.2 Strengthen leadership and governance of health within and beyond the Ministry of Health and Medical Services.				
5.2.1 Provide clear strategic direction for the MHMS and the wider health sector, that is consistent with the broader KDP, by implementing the KHSP and communicating the strategic direction of the health sector to staff and partner agencies 5.2.2 Develop policies, annual and multi-year strategies and work plans that are linked to and that give effect to the KHSP 5.2.3 Provide adequate training to I-Kiribati to ensure that the capacity for leadership extends to all levels of the health system 5.2.4 Effectively manage the health system through the use of laws, regulations, accreditation, standards and guidelines 5.2.5 Align the MHMS' accountability frameworks, including for performance monitoring of departments and staff, to the KHSP 5.2.6 Monitor and report on progress of the strategic actions against the indicators and targets in the KHSP 5.2.7 Involve the HSCC in the implementation of the KHSP	Permanent Secretary, SMC	Recurrent budget	2015, ongoing Annually 2015, ongoing 2015, ongoing 2015, ongoing By January each year 2015, ongoing	MFED, KDP (KPA5), PSO
5.3 Strengthen systematic and strategic (long term) workforce plans and systems.				
5.3.1 Develop a comprehensive, long term workforce plan (incorporating a human resource development plan) that identifies: • the essential health workforce, skills required, specialties sought • the wider health sector workforce requirements, skills base, etc. • how cover will be ensured for essential roles (including succession planning) • the continuing education needs for key positions and how they will be met • training policy: where people will be sent, priority/non-priority training areas	Permanent Secretary, Deputy Secretary, SMC, KSoN	Recurrent budget, WHO, AusAID (KANI)	2015 2015, ongoing 2015, ongoing 2015, ongoing	PSO, KDP (KPA1), Medical Council, Nursing Council

Strategic objective 5: Address any gaps in health service delivery and strengthen the pillars of the health system				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
• means of reintegrating Kiribati health professionals trained overseas • means of improving retention • means of encouraging youth to pursue a career in the health sector • indicators to monitor progress on workforce and human resource development			2015, ongoing	
5.3.2 Implement the plan, after seeking Government endorsement			2015, ongoing	
5.3.3 Review the plan regularly to revise and extend it forward			2015, ongoing	
5.3.4 Engage with the Public Service Office to ensure that all recruitment and training decisions are aligned with the workforce plan and all such decisions are consulted on with the Permanent Secretary of the MHMS before decisions are made, and decisions are communicated to heads of department in the MHMS				
5.3.5 Implement professional regulation and ongoing competency of health staff through: • improving administrative and recording processes of the Ministry and the Medical and Nursing Councils • maintenance of the register by the Medical Council • enforcement of current disciplinary procedures by both regulatory bodies				
5.3.6 Promote staff accountability and performance				
5.3.7 Develop a system for staff-initiated improvements and efficiencies, and communicate and promote this system across the Ministry				
5.4 Implement annual analysis of National Health account and secure sustainable health financing to ensure cost-effective and efficient delivery of services.				
5.4.1 Develop a comprehensive budget format incorporating the all activities listed under the strategic plan.	Permanent Secretary	Recurrent budget,	2019	

Strategic objective 5: Address any gaps in health service delivery and strengthen the pillars of the health system				
Strategic actions and indicative activities	**Lead(s)**	**Budget**	**Indicative timeframe**	**Links[(a)]**
5.5 Develop and implement a formal asset maintenance and replacement programme for infrastructure and equipment.				
5.5.1 Develop a comprehensive formal asset, maintenance and replacement program for infrastructure 5.5.2 Planning and identification of funding for the maintenance and replacement of infrastructures.	Permanent Secretary, DHS	Recurrent budget,	2019	
5.6 Improve systems to ensure equitable and ready access to essential medical products, vaccines and technologies.				
5.6.1 Develop a system to ensure equitable and ready access to essential medical products, vaccines and technologies.	Permanent Secretary, DHS	Recurrent budget,	2019	
5.7 Improve systems for the collection, analysis, reporting and use of health information/data.				
5.7.1 Develop effective MHMS database 5.7.2 Recruitment of the Epidemiologist to train staff, analyse data and manage the HIS department. 5.7.3 Support Database Maintenance and system security.	Permanent Secretary, DHS	Recurrent budget,	2019	
5.8 Improve and expand hospitals and clinics to meet the health need of the community				
5.8.1 Build a new extension to TCH hospital 5.8.2 Build a new hospital in Xmas Island 5.8.3 Build a new extension to Betio hospital 5.8.4 Building of Buota, Betio, Tabuaeran and Teraina clinic	Permanent Secretary, DHS	Kuwait Taiwan Taiwan Taiwan	2019	
5.9 Strengthen KITP to ensure sustainability and quality of the program				
5.9.1 Develop a KITP transitional plan post 2015 to 2019 5.9.2 Seeking further support from donors to the KITP program beyond 2015 5.9.3 Ensure that local doctors are send for postgraduate training to take up supervisory roles at the KITP	Permanent Secretary, DHS	DFAT, Taiwan, Recurrent	2019	

Budget

Public policy Objective	Financial Implications	Key Performance Indicator	Division Responsible	Performance Targets			
				2016	2017	2018	2019
1. High burden and incidence of Non-communicable diseases							
1.1 Improve data monitoring and strengthen the integration of NCD interventions into primary health care	DB $40,000 RC $30,000	Tobacco smoking prevalence 25–64 years) Female 34% Male 61% Tobacco smoking prevalence (15–24 years) Female 13% Male 39% Obesity rate (25–64 years) Female 59% Male 42% Prevalence of diabetes Female 27% Male 30% Number of diabetics-related amputations 90 Smoke free Maneaba 50 Workplace 40 Schools 10 cervical smear tests 760 % cases confirmed 9%	Public health	Tobacco smoking prevalence 25–64 years) Female 34% Male 61% Tobacco smoking prevalence (15–24 years) Female 13% Male 39% Obesity rate (25–64 years) Female 59% Male 42% Prevalence of diabetes Female 27% Male 30% Number of diabetics-related amputations 90 Smoke free Maneaba 50 Workplace 40 Schools 10 cervical smear tests 760 % cases confirmed 9% Number of hypertension cases detected and treated 734 Number of diabetic-related amputations 68 Number of treated diabetic retinopathy cases (complication) 80			
1.2 Strengthen initiatives around tobacco control and alcohol misuse.	DB $50,000 RC $30,000						
1.3 Strengthen initiatives around healthy eating.	DB $50,000 RC $35,000						
1.4 Strengthen initiatives around physical activity.	DB $20,000 RC $20,000						
1.5 Strengthen initiatives around prevention, detection and management of diabetes and its complications.	DB $20,000 RC $30,000						
1.6 Strengthen	DB $10,000						

initiatives around road safety	RC $10,000	Number of hypertension cases detected and treated 734 Number of diabetic-related amputations 68 Number of treated diabetic retinopathy cases (complication) 80 Number of cases caused by road safety a. Injury 69 b. Deaths 0 Number of active partnerships between NCD team and groups focused on addressing four NCD risk factors •Maneaba 200 •Workplaces 50 •Schools 50 Number of cervical smear tests, HPV tests and percentage of cases (confirmed by cytology and rapid test) 760/20% Number of hypertension cases detected and treated		Number of cases caused by road safety a. Injury 69 b. Deaths 0 Number of active partnerships between NCD team and groups focused on addressing four NCD risk factors •Maneaba 200 •Workplaces 50 •Schools 50 Number of cervical smear tests, HPV tests and percentage of cases (confirmed by cytology and rapid test) 760/20% Number of hypertension cases detected and treated >750
1.7 Promote prevention, detection and early treatment in relation to cervical cancer, hypertension, heart disease, chronic lung disease, and their complications.	DB $20,000 RC $40,000			
1.8 Improve mental health services	DB $10,000 RC $20,000			
1.9 Improve oral health services	RC $10,000			

		>750		
2. High population growth				
2.1 Improve skills, quality of services and access to family planning drugs and commodities for rural and urban islands.	DB $50,000 RC $30,000	SDPs at least three contraceptive methods 85% Contraceptive prevalence rate 36% SDPs reporting stock-outs of family planning drugs and commodities in last 12 months 21% Fertility rate 4.1 Reduced number of teenage pregnancy 100 Revised National SRH policy Number of islands 12 Number of communities visited for FP awareness 30 Increase partnership with churches All in 2016	Public health	SDPs at least three contraceptive methods 85% Contraceptive prevalence rate 36% SDPs reporting stock-outs of family planning drugs and commodities in last 12 months 21% Fertility rate 4.1 Reduced number of teenage pregnancy 100 Revised National SRH policy Number of islands 12 Number of communities visited for FP awareness 30 Increase partnership with churches All in 2016
2.2 Reinvigorate national RH committee to proactively monitor & evaluate the data input towards FP services	DB $50,000 RC $40,000			
2.3 Engage with development partners around support for initial implementation of the RH strategy, and initiate work to identify a sustainable funding	DB $50,000 RC $30,000			

mechanism.				
2.4 Strengthen partnership with KFHA, FBOs, youth groups and other non-government organisations to expand fp services and increase involvement of men.	DB $20,000 RC $10,000			
2.5 Engage with other GOK ministries departments to coordinate and integrate resources & approaches to managing population growth to benefit the	DB $20,000 RC $20,000			

aspirations of all sectors.				
3. High maternal and Child morbidity (including macro and micro nutrient deficiency) and mortality				
3.1 Improve the quality of services and care procedures during pregnancy, delivery and the immediate postpartum and for the newborn	DB $60,000 RC $20,000	Maternal mortality 3 deaths Births attended by skilled health personnel 98% Antenatal care coverage (at least one visit) 100% SDPs meeting standards for basic EmOC functions 1.8% Hospitals meeting standards for comprehensive EmOC functions 1 Under-five mortality (per 1000 live birth) 30 Infant mortality (per 1000 live births) 22 Newborn infants weighing less than 2500 g at birth 30% reduction One-year-old children immunised against	Public health Public health	Maternal mortality 3 deaths Births attended by skilled health personnel 98% Antenatal care coverage (at least one visit) 100% SDPs meeting standards for basic EmOC functions 1.8% Hospitals meeting standards for comprehensive EmOC functions 1 Under-five mortality (per 1000 live birth) 30 Infant mortality (per 1000 live births) 22 Newborn infants weighing less than 2500 g at birth 30% reduction One-year-old children immunised against measles(a) >90% Newborn receiving Hepatitis B birth dose (<24hrs) >90% Number of active, trained community IMCI groups in Kiribati 6 Percentage of anaemia in pregnant women 50% reduction by 2025 Number of cases of pneumonia (children aged <5 years) <3568 Number of cases of severe diarrhoea (children aged <5 years) <10 Number of cases of malnutrition (LWA, VLWA, Bilateral Oedema)(children aged <5 years) 25% reduction Number of cases of stunting (children aged <5 years) 40% Reduction by 2025
3.2 Improve the skills and capacity of maternal and neonatal care attendants.	DB $50,000 RC $30,000			
3.3 Improve maternal and child health facilities and equipment.	DB $30,000 RC $10,000			
3.4 Collect quality health information and data and use to improve Maternal, Neonatal and Child health care practice.	DB $30,000 RC $10,000			
3.5 Strengthen community-based and	DB $30,000 RC $10,000			

outreach maternal and child health services.		measles(a) >90% Newborn receiving Hepatitis B birth dose (<24hrs) >90% Number of active, trained community IMCI groups in Kiribati 6 Percentage of anaemia in pregnant women 50% reduction by 2025 Number of cases of pneumonia (children aged <5 years) <3568 Number of cases of severe diarrhoea (children aged <5 years) <10 Number of cases of malnutrition (LWA, VLWA, Bilateral Oedema)(children aged <5 years) 25% reduction Number of cases of stunting (children aged <5 years) 40% Reduction by 2025		Number of cases of overweight (children aged <5 years) No increase
3.6 Develop and implement set of guidelines for Maternal, Neonatal and Child health in terms of Management, treatment, referral and Continuity of Care	DB $30,000 RC $10,000			
3.7 development of mother and baby friendly settings – workplace, institutions	DB $30,000 RC $10,000			
3.8 Scale up Maternal, Neonatal and Child health programs through collaboration with Key stakeholders adopting policies and legislations in place. (Examples; CRC-	DB $30,000 RC $10,000			

convention on the rights of the child, Labour Policy (National & International), Human rights, etc.)		Number of cases of overweight (children aged <5 years) No increase		
4. High burden & incidence of communicable diseases (TB, leprosy, lymphatic Filariasis, STIs and HIV/AIDS, Trachoma and Soil Helminthiasis)				
4.1 Strengthen DOTS services and existing diseases surveillance and outbreak response for TB, leprosy, lymphatic filariasis, STIs and HIV/AIDS	Development budget $100,000	TB case notification rate (all forms, per 100,000 population) 287 TB cases cured under DOTS 97% Leprosy prevalence (per 10,000 population) 20 Lymphatic filariasis prevalence (total population) 1.5% Number of tests conducted for STIs and percentage of positive cases 2708/5% Number of tests conducted for Hepatitis B and percentage of positive cases 10266/9% Comprehensive correct	Public health	TB case notification rate (all forms, per 100,000 population) 287 TB cases cured under DOTS 97% Leprosy prevalence (per 10,000 population) 20 Lymphatic filariasis prevalence (total population) 1.5% Number of tests conducted for STIs and percentage of positive cases 2708/5% Number of tests conducted for Hepatitis B and percentage of positive cases 10266/10% Comprehensive correct knowledge of HIV/AIDS (15–24 years) Female 44.6% Male 48.6% Population using improved drinking water source 48% Population using improved sanitation facility 35%

		knowledge of HIV/AIDS (15–24 years) Female 44.6% Male 48.6% Population using improved drinking water source 48% Population using improved sanitation facility 26%		
5. Apparent gaps in health service delivery				
5.1 Re-assess human resources needs and address gaps/issues	Development budget $200,000 Recurrent: $50,000	Health service delivery Number of health service plans reviewed/developed Leadership and governance- 2 per annum KHSP implementation and progress reports against indicators and targets- By end of Jan. each year Number of meetings of the MHMS Senior Management Committee - 6 per annum Number of meetings of the Health Sector Coordinating	Curative, Admin	Health service delivery Number of health service plans reviewed/developed Leadership and governance- 2 per annum KHSP implementation and progress reports against indicators and targets- By end of Jan. each year Number of meetings of the MHMS Senior Management Committee - 6 per annum Number of meetings of the Health Sector Coordinating Committee Workforce- 8 per annum Comprehensive workforce plan developed and implemented Health financing- Developed by Dec. 2015 Complete National Health Accounts Infrastructure and equipment - Implemented by Dec. 2016 Facilities management plan developed and implemented Medical products, vaccines and technologies - Implemented by Dec. 2016 Review essential drugs list - Biannual Health information
5.2 Strengthen post and basic training amongst service providers	Development budget $100,000		Nursing	
5.3 Provide equipment and maintenance including training on how to operate complex health machines	Development budget $500,000		Admin, Curative	
5.4 Expansion and building of hospitals and clinics	Development budget $8,000,000			

		Committee Workforce- 8 per annum Comprehensive workforce plan developed and implemented Health financing- Developed by Dec. 2015 Complete National Health Accounts Infrastructure and equipment - Implemented by Dec. 2016 Facilities management plan developed and implemented Medical products, vaccines and technologies - Implemented by Dec. 2016 Review essential drugs list - Biannual Health information Monitor and report on the indicators and targets in this KHSP and in the KDP- By end of Jan. each year		Monitor and report on the indicators and targets in this KHSP and in the KDP- By end of Jan. each year Develop and implement a checklist/survey for assessing client satisfaction - By June 2015

		Develop and implement a checklist/survey for assessing client satisfaction - By June 2015		
6. Weak health care services for victims of gender based violence and services that specifically address the needs of youth				
6.1 Strengthen standard operating procedures and Gender Based Violence (ESGBV) Policy	Development budget $20,000	Implement GBV SOP By June 2015 Private GBV clinic By December 2015 SDPs where staff have received basic specialised training on the management and care of GBV victims 100% by December 2015 Number of AHD clinics in school and community settings4 by December 2015 SDPs offering YFHS 50% by December 2015 Adolescent fertility rate (per 1000 women aged 15–19 years) 29 by December 2015	Public health	Implement GBV SOP By June 2015 Private GBV clinic By December 2015 SDPs where staff have received basic specialised training on the management and care of GBV victims 100% by December 2015 Number of AHD clinics in school and community settings4 by December 2015 SDPs offering YFHS 50% by December 2015 Adolescent fertility rate (per 1000 women aged 15–19 years) 29 by December 2015
6.2 Improve health care facilities and systems for the management, treatment and care of victims of GBV	Development budget $60,000			Implement GBV SOP By June 2015 Private GBV clinic By December 2015 SDPs where staff have received basic specialised training on the management and care of GBV victims 100% by December 2015 Number of AHD clinics in school and community settings4 by December 2015 SDPs offering YFHS 50% by December 2015 Adolescent fertility rate (per 1000 women aged 15–19 years) 29 by December 2015
6.3 Build the capability and capacity of the health workforce to care for the needs of victims of GBV.	Development budget $10,000			Implement GBV SOP By June 2015 Private GBV clinic By December 2015 SDPs where staff have received basic specialised training on the management and care of GBV victims 100% by December 2015 Number of AHD clinics in school and community settings4 by December 2015 SDPs offering YFHS 50% by December 2015 Adolescent fertility rate (per 1000 women aged 15–19 years) 29 by December 2015
6.4 Implement national operational guidelines for Youth Friendly	Development budget $40,000			Implement GBV SOP By June 2015 Private GBV clinic By December 2015

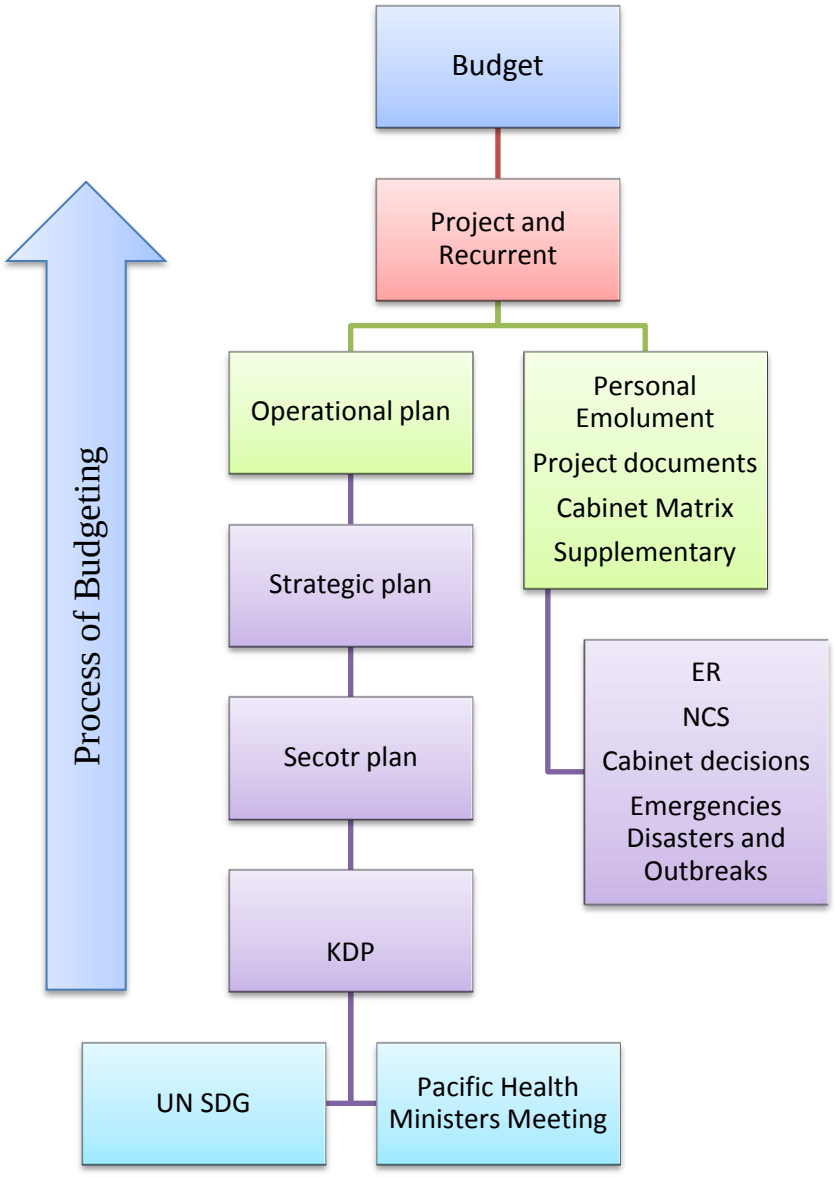
Health Services (YFHS) and implement in coordination with multi-sectoral initiatives.				SDPs where staff have received basic specialised training on the management and care of GBV victims 100% by December 2015 Number of AHD clinics in school and community settings4 by December 2015 SDPs offering YFHS 50% by December 2015
7.5 Improve planning of, and access to, YFHS	Development budget $80,000			Adolescent fertility rate (per 1000 women aged 15–19 years) 29 by December 2015 Implement GBV SOP By June 2015 Private GBV clinic By December 2015 SDPs where staff have received basic specialised training on the management and care of GBV victims 100% by December 2015 Number of AHD clinics in school and community settings4 by December 2015 SDPs offering YFHS 50% by December 2015 Adolescent fertility rate (per 1000 women aged 15–19 years) 29 by December 2015

Ministry Operational Plan

The plan will link with the Kiribati Development Plan 2015–2019. The previous KPAs reflect international and regional conventions, and government policies. The Kiribati Development Plan (KDP) includes a set of indicators to enable progress in each KPA to be monitored and evaluated. KPA 3 sets out six core issues and 12 strategies for health (Table 1). There is a strong desire to align the Kiribati Health Strategic Plan with the priority issues and strategies in the new KDP.

Table 1: Issues and strategies identified in the Kiribati Development Plan (2012–2015)

Issues	Strategies
1. High burden and incidence of other diseases (Non-communicable diseases)	1. Improve outreach of NCD services (curative) 2. Improve and expand coverage on awareness of the root causes of NCD (prevention) 3. Improved screening, detection and access to treatment services for all NCDs
2. High population growth	4. Promote family planning services 5. Strengthen partnerships with faith-based organisations
3. High maternal morbidity (including macro and micro nutrient deficiency) and mortality	6. Improve delivery of emergency and obstetric care services 7. Improve access to antenatal and post natal care
4. High child morbidity (including malnutrition and childhood injuries) and mortality	8. Expand Continuity of Care (CoC), EPI coverage and IMCI services for children at risk
5. High burden & incidence of communicable diseases (TB, leprosy, lymphatic filariasis, STIs and HIV/AIDS)	9. Strengthen DOTS services and existing diseases surveillance and outbreak response for TB, leprosy, lymphatic filariasis, STIs and HIV/AIDS
6. Apparent gaps in health service delivery	10. Re-assess human resources needs and address gaps/issues 11. Strengthen post and basic training amongst service providers 12. Provide equipment and maintenance including training on how to operate complex health machines 13. Strengthen outer island health system 14. Expansion and building of hospitals and clinics
7. Weak health care services for victims of gender based violence and services that specifically address the needs of youth	15. Strengthen standard operating procedures and Gender Based Violence (ESGBV) Policy. 16. Improve health care facilities and systems for the management, treatment and care of victims of GBV. 17. Build the capability and capacity of the health workforce to care for the needs of victims of GBV. 18. Implement national operational guidelines for Youth Friendly Health Services (YFHS) and implement in coordination with multi-sectoral initiatives. 19. Improve planning of, and access to, YFHS.


Budget
Project and Recurrent
Operational plan
Personal Emolument
Project documents
Cabinet Matrix
Supplementary
Strategic plan
Secotr plan
ER
NCS
Cabinet decisions
Emergencies Disasters and Outbreaks
KDP
UN SDG
Pacific Health Ministers Meeting
Process of Budgeting

Results management

The importance of relationships, partnerships and inter-sectoral coordination and collaboration is apparent in many of the strategic actions in this Strategic Plan.

Domestic coordination

In working towards the objectives in this Strategic Plan, there are opportunities for strengthening coordination between the MHMS and other GOK departments and agencies, and with NGOs and community-based groups. This includes collaborating on health system issues, such as with the Public Service Office (PSO) on objectives relating to health workforce planning and development, the Ministry of Finance and Economic Development (MFED) on investigating alternative sources of health financing, and the National Statistics Office to build capacity in the collection and analysis of health information. It also includes working with others more directly to coordinate support on implementing specific programmes/interventions. This includes, for example:

- Working directly with the Kiribati Police Service (KPS) and Ministry of Internal and Social Affairs (MISA) on initiatives targeting gender based violence.
- Collaborating with the Ministry of Education on health promotion initiatives for young people; on the provision of facilities and spaces for physical activity (eg, sports fields/courts); and on trying to encourage young people to pursue careers in health.
- Collaborating with MFED to promote higher taxes for tobacco and alcohol, and/or securing increased funding from such taxes to fund initiatives targeting NCD risk factors.
- Working in partnership with the Ministry of Environment Land and Agriculture Development (MELAD) to implement initiatives targeting environmental health.
- Working with maneaba to promote initiatives that target NCD risk factors, such as health eating initiatives, exercise classes, and alcohol and tobacco restrictions.
- Working with maneaba and community support groups to strengthen health outreach initiatives designed to empower communities to care for people with needs in the home/community before referring to a clinic/hospital (eg, recognising early signs and symptoms of poor health in children and providing any pre-interventions to treat in the home, or caring for someone with a disability, or supporting a new mother and her baby).

The Strategic Plan notes a number of existing mechanisms for coordinating planning and implementation of initiatives, such as the Water Sanitation Coordinating Committee. Where they are not formalised structures or systems for coordination on specific programmes or broader health system issues, the benefits of establishing such processes will be investigated as part of the implementation of this Strategic Plan.

Coordination with development partners

The MHMS has built strong relationships with numerous bi-lateral and international development partners. These partners have provided technical assistance and funding for a number of programmes, health service infrastructure, and workforce development and training. Over recent years this has included (among others) support for TB control, combating HIV/AIDS, reproductive health, sanitation, nurse training, the EPI programme, and hospital and health clinic development.

Strong coordination and prioritising among development partners and the MHMS is required in order to promote the effectiveness and efficiency of such support. The Ministry has, with its development partners, established a Health Sector Coordinating Committee (HSCC) in order to strengthen coordination of support for, and planning and delivery of, health services in Kiribati. The HSCC comprises the Senior Management Committee of the MHMS and representatives from AusAID, New Zealand Aid Programme, Taiwan International Cooperation and Development Fund (TaiwanICDF), Japan International Cooperation Agency (JICA), KFHA, UNICEF and the WHO.

The strong commitment on the part of development partners, and of the Ministry in engaging with these partners, provides an opportunity to integrate this support in to the Kiribati Health Strategic Plan. To this end, the HSCC will support the implementation of this Strategic Plan through providing a mechanism to:

- Assist with identifying priority areas for funding and with the efficient mobilisation of resources, through working together to coordinate assistance, to give effect to the KHSP.
- Promote integrated, multi-sectoral and regional initiatives that are consistent with the KHSP.
- Identify initiatives to promote improvements in the efficiency, effectiveness and quality of health service delivery.
- Review progress of activities against the indicators and targets in the KHSP.
- Report to the Government of Kiribati and development partners on the implementation of the KHSP, including in such a way that rationalises reporting and other accountability processes to promote greater efficiency

The HSCC will meet eight times per annum during the period of this Strategic Plan. One meeting per annum will focus on the review of progress against the Strategic Plan. At the following meeting, in each annual cycle, the MHMS will present an annual action plan for the next year for discussion and agreement.

One or two members of the HSCC will have oversight of each strategic objective in the KHSP. These members are not responsible for implementation of the objective; they are responsible for overseeing the HSCC's role in relation to the objective. The following table indicates oversight responsibilities.

Strategic objective	Oversight role
1. Increase access to and use of high quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and wellbeing will be at risk if they become pregnant	KFHA and RH Coordinator
Improve maternal, newborn and child health	Dir. Health Services
Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks	Manager TB Control Programme
Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs	Dir. Public Health
Address gaps in health service delivery and strengthen the pillars of the health system	Deputy Secretary and WHO

Strategic objective	Oversight role
Improve access to high quality and appropriate health care services for victims of gender based violence, and services that specifically address the needs of youth	UNICEF and AHD Coordinator

MONITORING

The MHMS's Senior Management Committee is responsible for monitoring the implementation of this strategic plan. The HIU will coordinate the collection and analysis of information to report against the indicators and targets in the plan.

Data for the majority of indicators in this strategic plan will be sourced from the Ministry's health information systems and from heads of department/programmes, and will be collated on an annual basis. A small number of indicators rely on external data sources. This includes the Census, for which baseline data has been used from the 2010 Census and the only reporting will be based on the next Census in 2015, which coincides with the end point of this strategic plan. It also includes data collected from external surveys, notably the 2009 Kiribati Demographic and Health Survey and WHO STEPS surveys. The availability of data to monitor and report against these indicators will be regularly reviewed, as it is likely to be subject to these survey instruments being repeated.