

KIRIBATI

HEALTH STRATEGIC PLAN



2012–2015

PREFACE:

The Ministry Strategic Plan 2012-2015 is 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. It is a rolling plan reflecting ongoing strategic issues including emerging new issues and challenges that includes the following:-

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

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:-

- Transport and Communication
- Maintenance of existing equipments and buildings/affordable new equipment
- Affordable source of renewable energy

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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Mrs. Wiiriki Tooma

Permanent Secretary

Ministry of Health and Medical Services

31st March, 2013

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Dr Kautu Tenaua

Minister of Health and Medical

Services

31st March, 2013

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SUMMARY:

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.

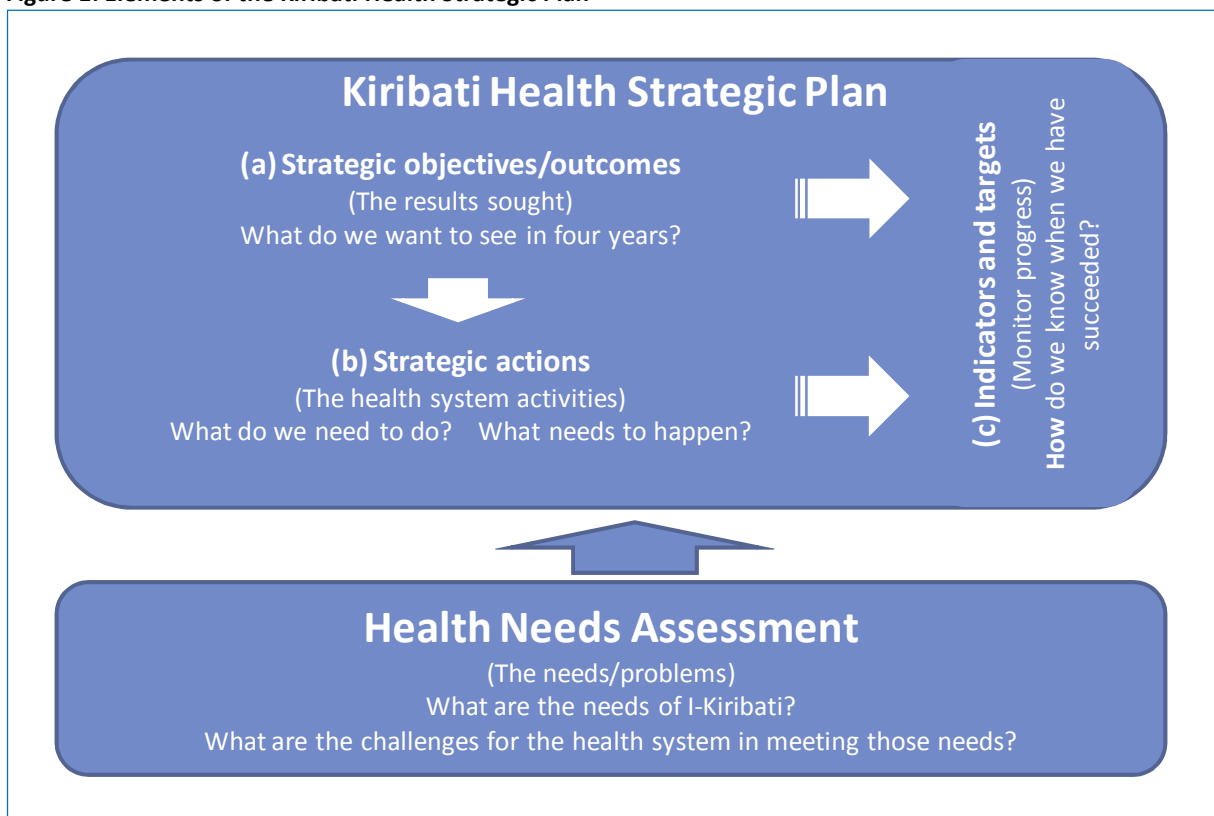
The six Strategic Objectives and their associated Strategic Actions, Indicators and Targets form the core of the Strategic Plan and are outlined over pages 13–21. Taken together, these describe what the Ministry wants to do (or the results we want), how we will do it (or the activities we will implement), 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.

SCOPE OF THE STRATEGIC PLAN

The Kiribati Health Strategic Plan 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 have 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 Kiribati Development Plan 2012–2015 sets out six Key Policy Areas (KPA) and the broad strategies required to address each area. The 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 population growth	1. Promote family planning services 2. Strengthen partnerships with faith-based organisations
2. High maternal morbidity (including macro and micro nutrient deficiency) and mortality	3. Improve delivery of emergency and obstetric care services 4. Improve access to antenatal and post natal care
3. High child morbidity (including malnutrition and childhood injuries) and mortality	5. Expand Continuity of Care (CoC), EPI coverage and IMCI services for children at risk
4. High burden & incidence of communicable diseases (TB, leprosy, lymphatic filariasis, STIs and HIV/AIDS)	6. Strengthen DOTS services and existing diseases surveillance and outbreak response for TB, leprosy, lymphatic filariasis, STIs and HIV/AIDS
5. High burden and incidence of other diseases (Non-communicable diseases)	7. Improve outreach of NCD services (curative) 8. Improve and expand coverage on awareness of the root causes of NCD (prevention) 9. Improved screening, detection and access to treatment services for all NCDs
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

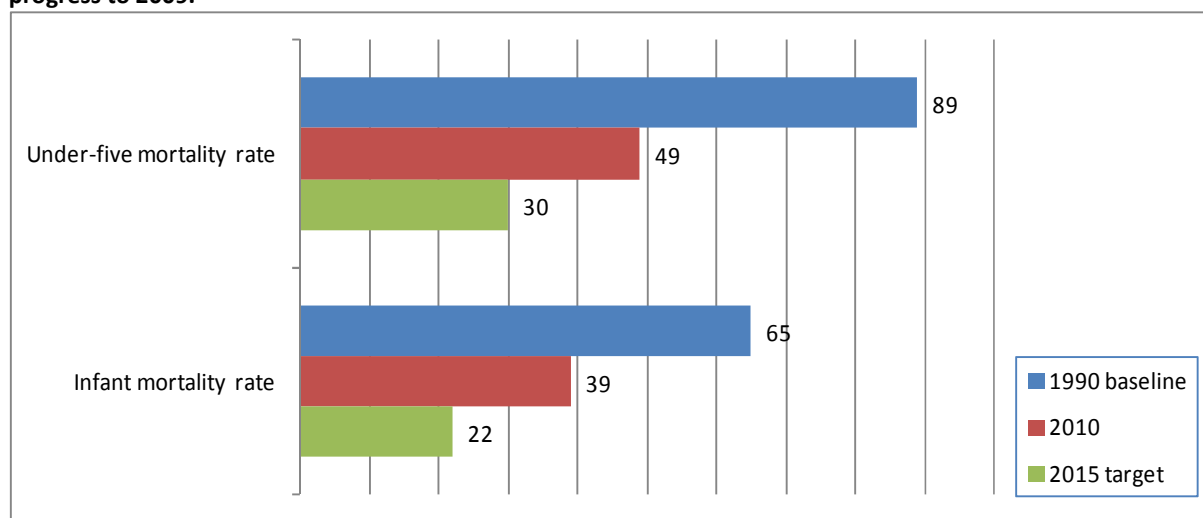
THE NEED FOR ACTION

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:

- Population growth.
- Maternal morbidity and mortality.
- Child morbidity and mortality.
- Communicable diseases.
- Non-communicable diseases (NCDs).
- 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: Under-five and infant mortality rates (per 1000 live births), 1990 baseline, 2015 MDG target and progress to 2009.



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

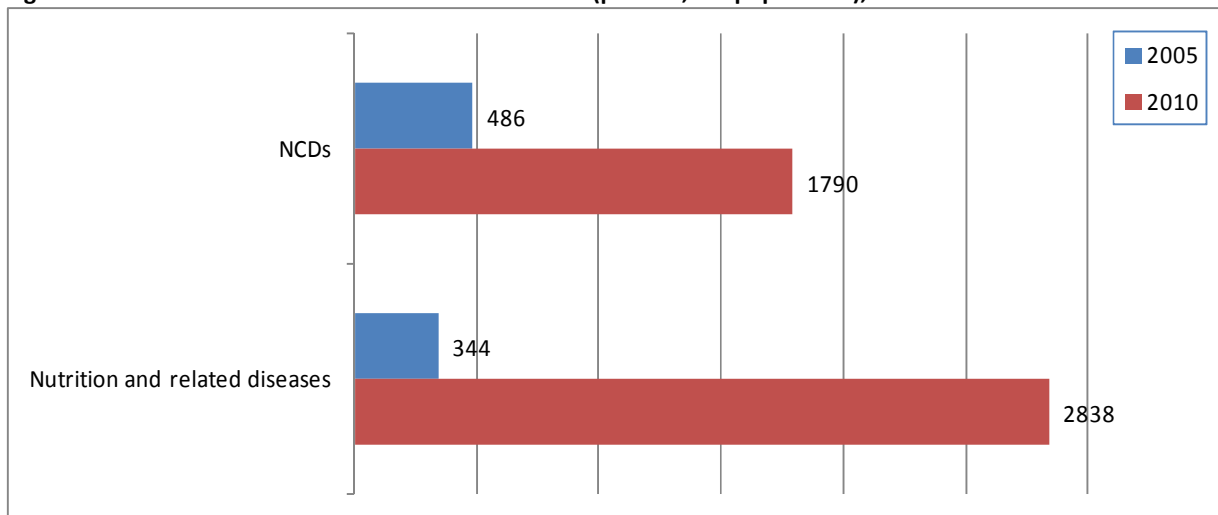
reproductive age in 2000. There is a high prevalence of STIs, with a study in 2004 showing around 15 percent of pregnant women were infected. At the end of 2010, Kiribati had a cumulative total of 54 HIV/AIDS cases, of which 24 were known to have died.

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 diseases increased more than eight-fold.¹ The number of new cases of diabetes was also up, from 248 in 2005 to 842 in 2010, while the 2004–2006 STEPs survey showed around 28 percent of the adult population had diabetes.

Figure 3: NCD and nutrition and related diseases rates (per 100,000 population), 2005 and 2010.



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.

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

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 total recurrent budget for the Ministry of Health and Medical Services was \$14.8 million for 2011 and \$14.2 million for 2012. The Ministry's 2011 Operation Plan also included an estimate of \$6.7 million from development partners.

In 2011, the Ministry had around 740 permanent staff. This included around 405 professional/technical roles, including approximately 375 nurses and 15 doctors.

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.

VISION

The vision for the Kiribati Health Strategic Plan is:

A healthy population that is well supported by quality health services

GOAL

The primary goal for the Kiribati Health Strategic Plan for the period 2012–2015 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

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 likely 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?

STRATEGIC OBJECTIVES

The six strategic objectives of the Kiribati Health Strategic Plan for the period 2012–2015 are:

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.
2. Improve maternal, newborn and child health.
3. Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks.
4. Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs.
5. Address gaps in health service delivery and strengthen the pillars of the health system.
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.

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 2012–2015. 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. 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

- 1.1 Review and finalise the national RH policy and strategy.
- 1.2 Implement the RH policy and strategy, with the MHMS taking leadership of this.
- 1.3 Improve quality of services and access to family planning drugs and commodities.
- 1.4 Engage with development partners around support for initial implementation of the RH strategy, and initiate work to identify a sustainable funding mechanism.
- 1.5 Strengthen partnership with KFHA, FBOs and other non-government organisations.
- 1.6 Engage with other GOK departments to coordinate and integrate approaches to managing population growth to benefit the aspirations of all sectors.

Indicators and targets

Health indicator	2015 target	Baseline
1. SDPs offer at least three contraceptive methods	100%	85% (2010)
2. Contraceptive prevalence rate (population aged 15–49 years) ^(a)	45% ^(b)	36% (2000) ^(c)
3. SDPs reporting stock-outs of family planning drugs and commodities in last 12 months	0%	21% (2009)
4. Fertility rate (women aged 15–49 years)	<3.5 ^(d)	4.1 (2010)

^(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

2. Improve maternal, newborn and child health

Strategic actions

- 2.1 Improve the quality of services and care procedures during pregnancy, delivery and the immediate postpartum.
- 2.2 Improve the skills and capacity of maternal care attendants.
- 2.3 Improve maternal and child health facilities and equipment.
- 2.4 Collect quality health information and data and use to improve maternal health care practice.
- 2.5 Develop and implement the Kiribati Child Survival Strategy.
- 2.6 Strengthen community-based and outreach child health services.

Indicators and targets

Health indicator	2015 target	Baseline
1. Maternal mortality ^(a)	<2 deaths	3 deaths (2010)
2. Births attended by skilled health personnel ^(a)	>95%	98% (2010)
3. Antenatal care coverage (at least one visit) ^(a)	100%	100% (2005)
4. Access to EmOC: <ul style="list-style-type: none">• SDPs meeting standards for basic EmOC functions• Hospitals meeting standards for comprehensive EmOC functions	20% 3	1.8% (2009) 1 (2010)
5. Under-five mortality (per 1000 live births) ^(a)	30 ^(b)	46 (2009)
6. Infant mortality (per 1000 live births) ^(a)	22 ^(b)	37 (2009)
7. Newborn infants weighing less than 2500 g at birth	<15%	22% (2010)
8. One-year-old children immunised against measles ^(a)	>90%	89% (2010)
9. Number of active, trained community IMCI groups in Kiribati	6	2 (2012)
10. Number of cases of pneumonia (children aged <5 years)	<3568 ^(c)	4756 (2011)
11. Number of cases of severe diarrhoeal (children aged <5 years)	<10	289 (2011)

^(a) MDG Indicator.

^(b) MDG Target.

^(c) Target is a 25% reduction of baseline.

Strategic objective

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

Strategic actions

- 3.1 Strengthen the ongoing delivery and sustainability of the TB Control Programme.
- 3.2 Strengthen the ongoing delivery of the Leprosy Control Programme.
- 3.3 Implement the ongoing National Plan for Lymphatic Filariasis and manage morbidity caused by the disease.
- 3.4 Implement 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.
- 3.5 Improve preparedness for disease outbreaks through strengthening multi-sectoral surveillance and response systems, including in the Outer Islands.
- 3.6 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.

Indicators and targets

Health indicator	2015 target	Baseline
1. TB case notification rate (all forms, per 100,000 population) ^(a)	315	287 (2010)
2. TB cases cured under DOTS ^(a)	≥95% ^(b)	97% (2010)
3. Leprosy prevalence (per 10,000 population)	<1	20 (2010)
4. Lymphatic filariasis prevalence (total population)	Eliminated (by 2018)	1.5% (2007–2008)
5. Number of tests conducted for STIs and percentage of positive cases	27,084/30%	27,084/5% (2011)
6. Number of tests conducted for Hepatitis B and percentage of positive cases	10,266/40%	10,266/9% (2011)
7. Comprehensive correct knowledge of HIV/AIDS (among population 15–24 years) ^{(a)(c)} <ul style="list-style-type: none"> • Female • Male 	>55% ^(d) >60% ^(d)	44.4% (2009) 48.6% (2009)
8. Population using improved drinking water source ^(a)	74% ^(e)	48% (1990) ^(f)
9. Population using improved sanitation facility ^(a)	63% ^(e)	26% (1990) ^(g)

^(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

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

Strategic actions

- 4.1 Strengthen the integration of NCD interventions into primary health care.
- 4.2 Strengthen initiatives around tobacco control and alcohol misuse.
- 4.3 Strengthen initiatives around healthy eating.
- 4.4 Strengthen initiatives around physical activity.
- 4.5 Strengthen initiatives around prevention and management of diabetes.
- 4.6 Promote prevention and early treatment in relation to cancer, hypertension, heart disease and chronic lung disease.
- 4.7 Improve mental health services.

Indicators and targets

Health indicator	2015 target	Baseline
1. Tobacco smoking prevalence (population aged 25–64 years) <ul style="list-style-type: none"> • Female • Male 	29% ^(a) 52% ^(a)	34% (2010) 61% (2010)
2. Tobacco smoking prevalence (population aged 15–24 years) <ul style="list-style-type: none"> • Female • Male 	11% ^(a) 33% ^(a)	13% (2010) 39% (2010)
3. Obesity rate (population aged 25–64 years) <ul style="list-style-type: none"> • Female • Male 	44% ^(b) 31% ^(b)	59% (2006) 42% (2006)
4. Prevalence of diabetes <ul style="list-style-type: none"> • Female • Male 	20% ^(c) 22% ^(c)	27% (2006) 30% (2006)
5. Number of diabetics-related amputations	68 ^(c)	90 (2011)
6. Number of <i>active</i> partnerships between NCD team and groups focused on addressing four NCD risk factors <ul style="list-style-type: none"> • Maneaba • Workplaces • Schools 	200 50 50	58 (2011) 40 (2011) 10 (2011)
7. Number of cervical smear tests and percentage of cases (confirmed by cytology)	760/20%	760/9% (2011)
8. Number of hypertension cases detected and treated	>750	734 (2011)

^(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

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 hospital-based and referral services.
- 5.2 Strengthen leadership and governance of health within and beyond the Ministry of Health and Medical Services.
- 5.3 Implement more systematic and strategic (long term) workforce plans and systems.
- 5.4 Secure sustainable health financing and ensure cost-effective and efficient delivery of services.
- 5.5 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 system for the collection, analysis, reporting and use of health information.

Indicators and targets

Health indicator	Target
Health service delivery 1. Number of health service plans reviewed/developed	<ul style="list-style-type: none">• 2 per annum
Leadership and governance 2. KHSP implementation and progress reports against indicators and targets 3. Number of meetings of the MHMS Senior Management Committee 4. Number of meetings of the Health Sector Coordinating Committee	<ul style="list-style-type: none">• By end of Jan. each year• 6 per annum• 8 per annum
Workforce 5. Comprehensive workforce plan developed and implemented	<ul style="list-style-type: none">• Developed by Dec. 2013• Implemented by Dec. 2015
Health financing 6. Complete National Health Accounts	<ul style="list-style-type: none">• Biannual
Infrastructure and equipment 7. Facilities management plan developed and implemented	<ul style="list-style-type: none">• Developed by Dec. 2013• Implemented by Dec. 2014
Medical products, vaccines and technologies 8. Review essential drugs list	<ul style="list-style-type: none">• By June 2013

Health indicator	Target
Health information 9. Monitor and report on the indicators and targets in this KHSP and in the KDP 10. Develop and implement a checklist/survey for assessing client satisfaction	<ul style="list-style-type: none"> • By end of Jan. each year • Develop system/survey by Dec. 2013 • Baseline by Dec. 2014

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 finalise and implement standard operating procedures in line with the whole-of-government Eliminating Sexual and Gender Based Violence (ESGBV) Policy.
- 6.2 Improve health care facilities and systems for the 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 MHMS to finalise and implement national operational guidelines for Youth Friendly Health Services (YFHS) and implement in coordination with multi-sectoral initiatives.
- 6.5 Improve planning of, and access to, YFHS.

Indicators and targets

Health indicator	Target	Baseline
1. GBV SOP finalised	By June 2013	
2. Private GBV clinic/room established at TCH	By December 2013	
3. SDPs where staff have received basic specialised training on the management and care of GBV victims	100% by December 2015	-
4. National operational guidelines on YFHS finalised	By March 2013	
5. Number of AHD clinics in school and community settings	4 by December 2015	2
6. SDPs offering YFHS	50% by December 2015	18%
7. Adolescent fertility rate (per 1000 women aged 15–19 years) ^(a)	29 by December 2015 ^(b)	39 (2005)

^(a) MDG Indicator.

^(b) Target is a 25% reduction of baseline.

MULTI-SECTORAL COORDINATION

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
2. Improve maternal, newborn and child health	Dir. Health Services

Strategic objective	Oversight role
3. 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
4. Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs	Dir. Public Health
5. Address gaps in health service delivery and strengthen the pillars of the health system	Deputy Secretary and WHO
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	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.

The annual monitoring cycle will be based on the calendar year and require reporting by the end of January the following year. This is to coincide with monitoring against the KDP. The MFED has developed a template to report against the KDP which will be modified to align with reporting against the KHSP.

The reporting timetable is:

Calendar year	Reporting dates	
	KHSP	KDP
2012	-	31 January 2013
2013	31 January 2014	
2014	31 January 2015	
2015	31 January 2016	

The targets in the strategic plan will be reviewed at the mid-point (end of 2013).

ANNEX A: IMPLEMENTATION PLAN FOR STRATEGIC ACTIONS

Strategic objective 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				
Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
1.1 Review and finalise the national Reproductive Health Policy and Strategy				
1.1.1 MHMS to update policy, strategy, implementation plan and monitoring plan	Dir. Public Health, RH Coordinator	Recurrent budget, UNFPA	2012	UNFPA annual work plan
1.1.2 UNFPA to review and print				
1.2 Implement the Reproductive Health Policy and Strategy, with the MHMS taking leadership of this				
1.2.1 MHMS to lead the implementation plan	Dir. Public Health, RH Co-ordinator	Recurrent budget, UNFPA	2012, ongoing	
1.2.2 MHMS to monitor and evaluate implementation				
1.3 Improve quality of services and access to family planning drugs and commodities				
1.3.1 As detailed in implementation plan, including through staff training, stock management activities, and increasing the supply of commodities	Dir. Public Health, RH Coordinator	Recurrent budget, UNFPA of WHO	2012, ongoing	
1.4 Engage with development partners around support for initial implementation of the Reproductive Health Strategy, and initiate work to identify a sustainable funding mechanism				
1.4.1 Investigate future funding from UNFPA	Dir. Public Health, RH Coordinator	Recurrent budget	2013	UNFPA, NZ Aid Programme, KFHA, UNICEF
1.4.2 Facilitate greater coordination of approaches to family planning and delivery through the HSCC				
1.5 Strengthen partnership with KFHA, FBOs and other non-government organisations				
1.5.1 Review Memorandum of Understanding with KFHA	Dir. Public Health, RH Coordinator	Recurrent budget	2012, ongoing	KFHA, FBOs, other NGOs, UNICEF
1.5.2 Investigate the expansion of services provided by KFHA that target the RH needs of young people and other vulnerable groups				
1.5.3 Inform and educate religious leaders, including in health and economic considerations relating to population control				
1.5.4 Engage with religious leaders in finding common ground on family planning and planned parenting				
1.5.5 Support those who may be willing to advocate for family planning and informed parenting				
1.5.6 Support the delivery of the CycleBeads Program				

Strategic objective 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

Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
1.6 Engage with other GOK departments to coordinate and integrate approaches to managing population growth to benefit the aspirations of all sectors				
1.6.1 Promote completion of whole-of-government implementation strategy to support the GOK Population Policy	Dir. Public Health, RH Coordinator	Recurrent budget	2012, ongoing	GOK Population Policy
1.6.2 Contribute to activities in implementation strategy around informed parenting				

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

Strategic objective 2: Improve maternal, newborn and child health					
Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)	
2.1 Improve the quality of services and care procedures during pregnancy, delivery and the immediate postpartum					
2.1.1 Promote at least four antenatal care visits and postnatal care/clinics to all pregnant women and mothers of newborn	Dir. Public Health, Dir. Health Services	Recurrent budget, UNFPA	2012, ongoing	Reproductive Health Policy and Strategy, Child Survival Committee, Safe Motherhood	
2.1.2 Take a systematic and syndromic approach to the management and care of women and their newborn			2012, ongoing		
2.1.3 Implement emergency management of childbirth protocols and referral guidelines for EmOC consistently and timely			2012, ongoing		
2.1.4 Develop robust communication protocols around referral pathways			2012, ongoing		
2.1.5 Establish continuity of care by skilled professionals for the first six weeks following delivery (with a focus on the first 28 days of life)			2012, ongoing		
2.1.6 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			2013		
2.1.7 Promote the involvement of men in maternity care, from antenatal through to postnatal care			2012, ongoing		
2.1.8 Coordinate work across the MHMS to prevent parent to mother to child transmission of STIs/HIV			2012, ongoing		KHSP (SA3.4)
2.2 Improve the skills and capacity of maternal care attendants					
2.2.1 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	Dir. Public Health, Dir. Health Services	Recurrent budget, UNFPA	2012, ongoing	Reproductive Health Policy and Strategy, Child Survival Committee, Safe Motherhood	
2.2.2 Provide ongoing in-service training of midwives/nurses/MAs on comprehensive obstetric skills					
2.2.3 Investigate further training for TBAs					
2.2.4 Consider options for increasing capacity in advanced obstetrics, including for recruiting and training an obstetrician					AusAID
2.2.5 Ensure efficient and effective allocation of skilled care attendants across SDPs, including in OI clinics and other referral facilities					

Strategic objective 2: Improve maternal, newborn and child health				
Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
2.3 Improve maternal and child health facilities and equipment				
2.3.1 Complete the development of a new maternal ward at Betio Hospital	SMC	AusAID	From 2013	Reproductive Health Policy and Strategy KHSP (SA5.6)
2.3.2 Investigate feasibility and value of establishing a separate postnatal ward at TCH		AusAID		
2.3.3 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)		AusAID		
2.3.4 Investigate feasibility and value of upgrading hospitals on Kiritimati Island and Tabiteuea North from basic to comprehensive EmOC facilities		Recurrent budget		
2.3.5 Ensure adequate obstetrics equipment and supplies at all SDPs, and implement a maintenance/repair system including a process to report on maintenance/repairs needs		Recurrent budget	2012, ongoing	
2.4 Collect quality health information and data and use to improve maternal health care practice				
2.4.1 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	SMC, Health Information Unit (HIU)	Recurrent budget	2013, ongoing	HIU KHSP (SA5.8)
2.4.2 Re-establish the role of Ward Clerk, to be responsible for data collection in the obstetrics ward			2013	
2.4.3 Strengthen and systematise processes for reviewing all cases of maternal death, including using and implementing review findings to improve health care practice			2013, ongoing	

Strategic objective 2: Improve maternal, newborn and child health

Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
2.5 Develop and implement the Kiribati Child Survival Strategy				
2.5.1 Review the 2008–2012 Kiribati Child Survival Strategy, and develop a new four year strategy to incorporate the WHO Essential Package for Child Survival	Dir. Public Health, Child Survival Committee	Recurrent budget, and	2013, ongoing	Child Survival Strategy, IMCI
2.5.2 Strengthen care of newborns and children through implementing the Baby Friendly Hospital Initiative and designing and implementing standard treatment protocols for management of common paediatric and neonatal conditions		UNICEF	2012, ongoing	
2.5.3 Promote and support exclusive breastfeeding up to 6 months of age, and adequate and safe complementary feeding from 6 months		UNICEF	2012, ongoing	
2.5.4 Improve the detection and treatment of children with malnutrition and provide nutritional counselling and IEC materials to parents		WHO	2012, ongoing	
2.5.5 Implement the EPI multi-year plan within stated timeframes, including for Vitamin A and deworming		GAVI	Introduce PCV from May 2013	
2.5.6 Continue actions to introduce the pneumococcal vaccine and investigate feasibility and value of introducing a vaccine for rotavirus			2012, ongoing	
2.5.7 Strengthen implementation of IMCI, including community level IMCI, particularly in the management of pneumonia and diarrhoea, emphasizing continuity of care where care takes place in the community, health clinics and referral hospitals				
2.5.8 Promote improved hygiene practices, particularly hand-washing, to prevent diarrhoea and other diseases		UNICEF	2012, ongoing	

Strategic objective 2: Improve maternal, newborn and child health				
Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
2.6 Strengthen community-based and outreach child health services				
2.6.1 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	Dir. Public Health, Child Survival Committee	Recurrent budget	2012, ongoing	KHSP (SA5.3), Child Survival Strategy, IMCI
2.6.2 Continue to train PH nurses in IMCI and support them to train community members in IMCI			2012, ongoing	
2.6.3 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				
2.6.4 Develop and implement system for monitoring community IMCI and for reporting back information to PH nurses			2013, ongoing	
2.6.5 Investigate feasibility and value of consolidating community support groups (eg, in IMCI and breastfeeding/nutrition), or at ways to promote joint working			2013	

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

Strategic objective 3: 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)
3.1 Strengthen the ongoing delivery and sustainability of the TB Control Programme				
3.1.1 Finalise and implement the National Tuberculosis Strategic Plan 2012–2015 3.1.2 In implementing the TB Strategic Plan: <ul style="list-style-type: none"> • 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 3.1.3 Investigate funding sources to extend the DOTS initiative beyond 2017	Dir. Public Health, Manager TB Control Programme	As per existing programme plan SPC, AusAID and, increasingly, recurrent budget	2012, ongoing	TB Control Programme
3.2 Strengthen the ongoing delivery of the Leprosy Control Programme				
3.2.1 Develop and implement a plan to provide effective national leadership and management of the Leprosy Control Programme 3.2.2 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 3.2.3 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 3.2.4 Develop and implement outreach initiatives to raise public awareness of leprosy and its treatment	Dir. Public Health, Manager National Leprosy Control Programme	National Leprosy Control Programme Pacific Leprosy Foundation WHO Other (drugs)	2012, ongoing	

Strategic objective 3: 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)
3.3 Implement the ongoing National Plan for Lymphatic Filariasis and manage morbidity caused by the disease				
3.3.1 Implement targeted strategy involving active surveillance of patients and contacts, and: <ul style="list-style-type: none"> 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 	Dir. Public Health, Manager National Lymphatic Filariasis Programme	WHO	2012, ongoing	
		Other (drugs)	2013	
3.3.2 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			2012–2013	
			2012–2013	
			2012, ongoing	
3.4 Implement 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				
3.4.1 Finalise National HIV and STI Strategic Plan 2012–2015, and associated implementation plan and monitoring and evaluation framework	Dir. Public Health, HIV & STI Coordinator	SPC (Global Fund, Response Fund, Continuity of Care Fund to July 2012)	2012, ongoing	AHD, Kiribati Red Cross, KFHA, UNFPA, UNICEF
3.4.2 MHMS to lead the implementation plan				
3.4.3 MHMS to monitor and evaluate implementation, including undertake a mid-term review				
3.4.4 Investigate funding sources for those activities in the Plan which do not currently have an identified funding source				
3.4.5 In implementing and monitoring the Plan: <ul style="list-style-type: none"> 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 				
		Recurrent budget		
		UNICEF (youth)		

Strategic objective 3: 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)
3.5 Improve preparedness for disease outbreaks through strengthening multi-sectoral surveillance and response systems, including in the Outer Islands				
<p>3.5.1 Maintain strong relationship with the Pacific Public Health Surveillance Network, and with MELAD, in outbreak surveillance and response</p> <p>3.5.2 Provide further specialist training to nurses in OI in disease surveillance and how to respond to an outbreak</p> <p>3.5.3 Increase capacity to use data and IT systems for surveillance purposes, including in statistical analysis</p> <p>3.5.4 Improve syndromic surveillance systems and review current tools to include conditions of local (OI) importance</p> <p>3.5.5 Strengthen capacity of laboratory so it can provide timely diagnostic responses and review adequacy of equipment and test kits/tools</p> <p>3.5.6 Improve processes for water testing and analysis of reticulated water supplies and wells by ensuring a constant supply of reagents</p> <p>3.5.7 Maintain scheduled water monitoring and, ideally, increase the frequency of testing and monitor a wider range of water sources</p> <p>3.5.8 Allocate laboratory space for the EHU and investigate options for addressing the transport needs of the unit</p> <p>3.5.9 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</p>	<p>Dir. Public Health, Environmental Health Unit</p>	<p>Recurrent budget</p>	<p>2012, ongoing</p>	<p>KAP III. NFCCA., KDP (KPA4) MELAD, President's Office, WHO (water quality testing)</p>

Strategic objective 3: 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)
3.6 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				
3.6.1 In coordination with other agencies, develop and implement strategies to improve access to safe water and sanitation, and to improve hygiene	Dir. Public Health, Environmental Health Unit	Recurrent budget, UNICEF	2012, ongoing	MPWU, MELAD, KHSP (SA 2.5.7, 2.5.8 & 3.5), NZ Aid Programme (water and waste initiatives), UNICEF WASH Strategy, ADB (water supply feasibility study), AusAID/WHO Water Quality Partnership
3.6.2 Actively promote and support the work of the Water Sanitation Coordinating Committee				
3.6.3 Investigate opportunities to access regional support initiatives relating to water safety and sanitation (eg, AusAID/WHO Water Quality Partnership for support in implementing Water Safety Plans)				

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

Strategic objective 4: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs

Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
4.1 Strengthen the integration of NCD interventions into primary health care				
4.1.1 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	Dir. Public Health, NCD PNO	Recurrent budget, WHO	2012, ongoing	
4.1.2 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			2013	
4.1.3 Maintain and strengthen outreach activities in workplaces, schools and community maneaba targeting NCD risk factors in an integrated way			2012, ongoing	
4.1.4 Design and implement a comprehensive public awareness programme targeting behavioural change to reduce the prevalence of NCD risk factors			2013, ongoing	
4.1.5 Ensure access to the essential technologies and tools, and to a core list of medicines, for implementing essential NCD interventions in all health clinics			2013, ongoing	
4.1.6 Strengthen multi-sectoral mechanisms to coordinate and support implementation of NCD activities			2012, ongoing	
4.1.7 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			2013	
4.1.8 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))			2013, ongoing	
4.1.9 Over time, consider expanding on the core set of interventions based on local requirements and available resources			2014, ongoing	

Strategic objective 4: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs

Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
4.2 Strengthen initiatives around tobacco control and alcohol misuse				
4.2.1 Finalise the Tobacco Bill and complete parliamentary processes	Dir. Public Health, NCD PNO	Recurrent budget, WHO	2012	
4.2.2 Review the adequacy of legislation relating to alcohol			2013	
4.2.3 Establish advocacy groups that involve parliamentarians and councillors from OI			2013	
4.2.4 Investigate the costs and benefits of implementing services to support people to quit smoking, including counselling and pharmacological support (eg, NRT)			2014	
4.2.5 Collaborate with KPS with regards to compliance with smoke-free public places, liquor licensing and selling tobacco and alcohol to underage children			2012, ongoing	
4.2.6 Monitor misuse of other drugs and substances, such as benzene and chewing of dry tobacco			2012, ongoing	
4.3 Strengthen initiatives around healthy eating				
4.3.1 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	Dir. Public Health, NCD PNO	Recurrent budget, WHO	2013, ongoing	
4.3.2 Strengthen and extend outreach activities around community gardening and cooking demonstrations			2012, ongoing	
4.3.3 In collaboration with the Ministry of Commerce, Industry and Cooperatives, investigate the feasibility and value of introducing requirements for food fortification			2014	
4.3.4 In collaboration with the Ministry of Commerce, Industry and Cooperatives, investigate the public health value of greater disclosure of food ingredients and nutritional information			2014	

Strategic objective 4: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs

Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)	
4.4 Strengthen initiatives around physical activity					
4.4.1 Promote physical activity guidelines	Dir. Public Health, NCD PNO	Recurrent budget, WHO	2013, ongoing		
4.4.2 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			2013, ongoing		
4.4.3 In collaboration with the Ministry of Commerce, Industry and Cooperatives, investigate the feasibility and value of decreasing the tax on sport and exercise equipment			2014		
4.5 Strengthen initiatives around prevention and management of diabetes					
4.5.1 Strengthen coordination and continuity of care across clinics (diabetes clinics and PH clinics) and outreach services	Dir. Public Health, NCD PNO, Physiotherapy	Recurrent budget	2012, ongoing		
4.5.2 Provide specific training to MAs and PH nurses on early detection and intervention measures for diabetes, including to support secondary prevention			2013, ongoing		
4.5.3 Support patients with disabilities to access medical services, as required in the National Policy and Action Plan on Disability			2012, ongoing		
4.6 Promote prevention, early diagnosis and early intervention in relation to cancer, hypertension, heart disease and chronic lung disease					
4.6.1 Endorse the policy of cervical cancer prevention, develop and promote an organised programme of screening, and provide ongoing training for MAs and PH nurses in OI on pap smear test procedures and modes of engagement with women	Dir. Public Health Dir. Hospital Services	Recurrent budget, WHO	2012, ongoing		
4.6.2 Investigate the development and implementation of a national HPV vaccine programme, including cost and funding options, and IEC to parents and community to manage for cultural and religious issues			Australian Cervical Cancer Foundation funded vaccine in 2011		2013
4.6.3 Promote early diagnosis and guidelines for treatment of breast cancer, including strengthening self-examination programmes					2012, ongoing
4.6.4 Investigate other screening options, including mammography, for viability, cost and potential for improved population health					2013
4.6.5 Strengthen PH approaches to other NCDs, focusing on raising awareness, prevention and early intervention					2012, ongoing

Strategic objective 4: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs

Strategic actions and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
4.7 Improve mental health services				
4.7.1 Provide specialised mental health training for nurses in the MH Unit to improve patient care and management of illnesses	Dir. Health Services	Recurrent budget	2013–2014	MISA, KHSP (SA5.4 & 5.6), KPS
4.7.2 Provide post-graduate training to a nurse in the MH Unit in psychiatric nursing		WHO (training at medical officer and nursing levels)	2013–2014	
4.7.3 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		2013, ongoing		
4.7.4 Investigate the need for specialist child psychiatry services (trained counsellor(s) and facilities) to meet the needs of children and young people		2012, ongoing	2014	
4.7.5 Provide training and supervision to orderlies to ensure MH patients have access to proper patient care and to promote patient safety		2013, ongoing		
4.7.6 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		2012, ongoing		
4.7.7 Promote greater public awareness around MH illnesses, including prevention and detection		2013		
4.7.8 Implement a plan to upgrade the bathroom and toilet facilities, and the water supply system, at the MH Unit		2013, ongoing		
4.7.9 Improve the medication supply chain, especially to OI, to ensure better stock control		2014		
4.7.10 Investigate the feasibility and value of establishing a community house for outpatients		2012, ongoing		
4.7.11 Strengthen relationships with external organisations and other units within the MHMS				

^(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 hospital-based and referral services				
5.1.1 Undertake focused health service planning in the following service areas: <ul style="list-style-type: none"> • general and specialist medical treatment • pharmacy • laboratory • biomedical • radiology • rehabilitation • dental • emergency 	Dir. Health Services	Recurrent budget	2013, ongoing	
5.1.2 Ensure plans are focused on addressing gaps in health service delivery through: <ul style="list-style-type: none"> • 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			2013	
5.1.4 Implement health service plans, monitor and review			2013, ongoing	
5.1.5 Improve system of patient referrals from OI and system of specialist visits to OI		Recurrent budget, NZ Aid Programme (Medical Treatment Scheme)	2012, ongoing	
5.1.6 Maintain access to medical evacuations and referrals for seriously ill or injured patients to be treated overseas			2012, ongoing	

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	Permanent Secretary, SMC	Recurrent budget	2012, ongoing	MFED, KDP (KPA5), PSO
5.2.2 Develop policies, annual and multi-year strategies and work plans that are linked to and that give effect to the KHSP			Annually	
5.2.3 Provide adequate training to I-Kiribati to ensure that the capacity for leadership extends to all levels of the health system			2012, ongoing	
5.2.4 Effectively manage the health system through the use of laws, regulations, accreditation, standards and guidelines			2012, ongoing	
5.2.5 Align the MHMS' accountability frameworks, including for performance monitoring of departments and staff, to the KHSP			2012, ongoing	
5.2.6 Monitor and report on progress of the strategic actions against the indicators and targets in the KHSP			By January each year	
5.2.7 Involve the HSCC in the implementation of the KHSP			2012, ongoing	
5.3 Implement more 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: <ul style="list-style-type: none"> 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 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 	Permanent Secretary, Deputy Secretary, SMC, KSoN	Recurrent budget, WHO, AusAID (KANI)	2013	PSO, KDP (KPA1), Medical Council, Nursing Council
5.3.2 Implement the plan, after seeking Government endorsement			2014, ongoing	

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)
5.3.3 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			2014, ongoing	
5.3.5 Implement professional regulation and ongoing competency of health staff through: <ul style="list-style-type: none"> 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 			2013, ongoing	
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			2012, ongoing 2013, ongoing	

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)
5.4 Secure sustainable health financing and ensure cost-effective and efficient delivery of services				
5.4.1 Formalise and seek Government (and development partner) agreement on what comprises 'essential health services' for Kiribati and commitment to supporting continued provision of these services	Permanent Secretary Deputy Secretary Senior Accountant	Recurrent budget, WHO	2013	MFED
5.4.2 Develop an annual budget for provision of these services			2013	
5.4.3 Consult MFED and development partners on future funding needs based on this annual budget			2014	
5.4.4 Investigate, identify and introduce efficiencies to drive cost savings (eg, in procurement), including as a result of increased coordination and multi-sectoral work			2013, ongoing	
5.4.5 Investigate, identify and (as appropriate) implement new or extend existing cost recovery initiatives			2014–2015	
5.4.6 Instigate formal and coordinated engagement with development partners over priority setting, and seek agreement to more consistent, multi-year funding			2013, ongoing	
5.4.7 Investigate, in collaboration with MFED, alternative sources of revenue for the health sector, such as directing a proportion excise tax on tobacco, alcohol and unhealthy foods directly to the health budget			2014	
5.4.8 Produce National Health Accounts on a regular and sustained basis through: <ul style="list-style-type: none"> identifying a team to assemble the accounts provide necessary training to the team developing systems for collecting, analysing and reporting data 			2013, ongoing	
5.5 Implement a formal asset maintenance and replacement programme for infrastructure and equipment				
5.5.1 Develop a comprehensive facilities management plan that sets out a formal asset maintenance and replacement programme for key infrastructure and equipment	Deputy Secretary	Recurrent budget, WHO	2013	MPWU
5.5.2 Identify priority infrastructure and equipment needs			2013	
5.5.3 Cost annual maintenance and replacement plans			2013	
5.5.4 Implement asset maintenance and replacement plan			2014, ongoing	

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)
5.6 Improve systems to ensure equitable and ready access to essential medical products, vaccines and technologies				
5.6.1 Improve supply chain management of drugs and commodities at all levels of the supply chain, particularly focusing on stock management to the OI, to support forecasting, planning and decision making	Dir. Health Services, Pharmacy	Recurrent budget, WHO	2013, ongoing	
5.6.2 Review the essential drugs list and the manner by which specialist-prescribed drugs are managed to ensure the list is fit for purpose, there is fair and reasonable access to medicines, and clarity over when cost recovery will be applied			2013	
5.6.3 In the context of policy setting over cost recovery, investigate feasibility and value of options for implementing charges for medicines and health commodities			2014	
5.7 Improve system for the collection, analysis, reporting and use of health information				
5.7.1 Review the current health information management system to identify key areas for improvement and development	Deputy Secretary, HIU	Recurrent budget	2013	NSO, MFED
5.7.2 Review current patient record systems to identify key areas for improvement and development, including feasibility and benefits of electronic systems in specific SDPs			2013	
5.7.3 Provide training to HIU staff on health information management, health surveillance and basic epidemiology			2013, ongoing	
5.7.4 Provide training to HIU and other relevant staff in implementing the ICD-10 classification system			2013	
5.7.5 Align health surveillance data from Kiritimati Island with central information held by HIU			2013, ongoing	
5.7.6 Improve data quality and integrity by promoting accurate, consistent and complete record keeping across all SDPs			2014	
5.7.7 Develop a simple checklist/survey for assessing client satisfaction with the health service and suggestions for improvements to the health service			2013, ongoing	
5.7.8 Monitor and report on the indicators in this Strategic Plan on an annual basis			2013, ongoing	
5.7.9 Share the results of annual monitoring and reporting with staff			2013, ongoing	
5.7.10 Consider implementing more comprehensive monitoring and evaluation of health activities and outcomes			2014	
5.7.11 Collaborate with other agencies, notably the MFED and NSO, on reporting against targets in the KHSP and the KDP			Ongoing (KDP reports in January)	
5.7.12 Ensure Kiribati is able to fulfil its international health reporting obligations within required timeframes			2012, ongoing	

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

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 and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
6.1 MHMS to finalise and implement standard operating procedures (SOP) in line with the whole-of-government Eliminating Sexual and Gender Based Violence (ESGBV) Policy				
6.1.1 Review and finalise the GBV SOP to ensure fit with ESGBV Policy, local research and international best practice	Dir. Public Health	Recurrent budget, UNFPA, AusAID	2012–2013	KDP (KPA5), MISA, UNFPA, UN Women, UNICEF, AGI, SAFENET Committee, KPS
6.1.2 Implement the SOP to support health care workers in providing medical and psycho-social care services to victims of GBV			2013, ongoing	
6.1.3 Strengthen relationships with multi-sectoral partners, including justice and welfare systems, and government, religious and community-based organisations, to address the causes and impacts of GBV in a coordinated way			2012, ongoing	
6.2 Improve health care facilities and systems for the management, treatment and care of victims of GBV				
6.2.1 Establish a private GBV clinic/room within TCH to improve confidentiality in treatment and care of victims of GBV	Dir. Hospital Services, HIU	Recurrent budget, WHO?	2013	KDP (KPA5), MISA, UNFPA, UN Women, UNICEF, AGI, SAFENET Committee, KPS
6.2.2 Establish and implement effective referral pathways into and out of other health services that may be relevant to victims of GBV, including RH services and mental health services			2013, ongoing	
6.2.3 Review and implement existing guidelines for safely and confidentially reporting and referring to Kiribati Police Service, the Social Welfare Division of MISA, counselling services, community-based organisations and other justice, legal and welfare services			2013, ongoing	
6.2.4 Implement robust and consistent processes for the collection, recording and security of data at all SDPs, including forensic evidence			2013, ongoing	

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 and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
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				
6.3.1 Extend comprehensive overseas training in treating and caring for victims of sexual assault to a greater number of doctors and nurses	Dir. Public Health, Head of KSoN	Recurrent budget, UNFPA	2013	KDP (KPA5), MISA, UNFPA, UN Women, UNICEF, AGI, SAFENET Committee, KPS
6.3.2 Investigate options for appointing and/or training a full time specialist counsellor to work with victims of GBV			2013	
6.3.3 Provide ongoing, basic specialised training on the management and care of GBV victims, including in counselling and providing information on other support available, for staff in all SDPs			2012, ongoing	
6.3.4 Develop information for all health professionals about why violence is a public health concern and why it is important for the health sector to respond			2013	
6.3.5 Continue to review and deliver modules in curricula for medical and nursing students on gender sensitisation and in providing comprehensive management and care of GBV victims			2012, ongoing	

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 and indicative activities	Lead(s)	Budget	Indicative timeframe	Links ^(a)
6.4 MHMS to finalise and implement national operational guidelines for Youth Friendly Health Services (YFHS) and implement in coordination with multi-sectoral initiatives				
6.4.1 Review and finalise national operational guidelines to ensure fit with the National Youth Policy and other MHMS policies, including the RH policy	Dir. Public Health, AHD Coordinator	Recurrent budget, UNFPA	2012–2013	National Youth Policy, AGI, Ministry of Education, KFHA, UNICEF
6.4.2 Implement and monitor the national operational guidelines for YFHS			2013, ongoing	
6.4.3 Strengthen the integration of AHD programmes into the school curriculum by: <ul style="list-style-type: none"> • supporting the review and development of the Family Life Education (FLE) curriculum • supporting writing of the FLE syllabus, training of teachers, pretesting and teaching of the syllabus within schools • planning and conducting regular ongoing training for teachers involved in teaching FLE 			2012, ongoing	
6.4.4 Strengthen relationships with multi-sectoral partners, including government, religious and community-based organisations, to strengthen the integration of AHD programmes with other initiatives such as adolescent sexual and RH programmes and the AGI			2012, ongoing	

ANNEX B: LIST OF ABBREVIATIONS

ADB	Asian Development Bank
AGI	Adolescent Girls Initiative
AHD	Adolescent Health 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