



National Health Strategic Plan

2016-2020

Ministry of Health & Medical Services

Republic of Nauru

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i. Message of Minister of Health and Medical Services: Hon. Valdon Dowiyogo MP



The overall objective of Government in the health service is reflected and stated in the Vision of the health plan and which stated ‘A Healthy and Peaceful Nation that values and supports *human rights and dignity* through the provision of *quality health care and services*.

Addressing this Vision, the Strategic Plan 2016-2020 outlines the Ministry of Health and Medical Services strategies for health care and health services to all people in Nauru. The National Sustainable Strategy 2005-2025, provides further guidance on the strategic plan and which places a lot of emphasis on the provision of an effective preventative health care service as basis for improved personal health outcomes.

In the NHSP time frame, a priority objective of Government is the construction of a new hospital for the citizens and residence of Nauru. Needless to mention, the devastating 2013 fire that destroyed the Pharmacy, Radiology and Medical Records Units of the hospital herald in additional emphasis and urgency to early address health infrastructure of the country. Master planning exercise and the construction of a new hospital equipped with appropriate medical equipment and upgraded services are strategized in the new health plan.

Strengthening of community based health care is also targeted in the new plan. Aside from community based nursing, opportunities for mobile and fixed health clinics are planned. The community based clinic will offer general out patient, dental, maternal and child health services. Offering such community based service will further improved health service access apart from reducing congestion at the main hospital facilities.

Legislation is an important component of governance and in the strategic plan the Ministry of Health will seek to ensure that identified legislations and regulations are either revised or enacted to support health care intervention and health service delivery. Priority consideration for legislation includes the enactment of the Pharmacy Bill, the revisions of the Public Health Ordinance 1925 (as Public Health Act), the Disordered Persons Act 1963 and the International Health Regulation. Separately, the Ministry of Health will seek to progress the enactment of Regulations on at least tobacco control and food safety. Needless to mention, it is important that our health Legislations and Regulations are enforced and this will be undertaken by our Enforcement Unit.

Ensuring adequate annual financial resources is made available for health service is the duty of my office. Government’s budget commitment and provision to health has been generous and is applauded. With at least 17% of government annual budget appropriation provided to health is comparatively high when compared to the rest of countries in the Pacific Island region. Government is committed to ensuring that adequate financial resources is given to meet health cost needs in the country as outlined in the NHSP.

I would like to recognise with appreciation the role and partnership of the Australian Government in supporting health service in the country. Australian annual funding close to 50% of the overall health budget is significant as it caters for requirement of pharmaceutical supplies apart from human resource development and health programmes. Budgetary and technical support of other Governments and Agencies such as New Zealand, Taiwan, UN Agencies and SPC are also appreciated.

I wish all health staff and stakeholders all the success in the implementation of the strategic plan.

Tubwa.

ii. Message of the Secretary for Health and Medical Services - Mr. Rykers Solomon



The noble Mission statement of the Ministry of Health and Medical Service states that *'Based on the principles of Primary Health Care, the Ministry of Health aims to promote; protect and maintain the health of all people of Nauru through preventive health care programme and appropriate clinic services'*. We strongly uphold our Mission intension as we strive to adhere to and practice our Values of *professionalism, responsiveness, caring, customer focus, equity, quality and integrity*.

It is indeed pleasing to note that the Ministry of Health had reviewed its NHSP 2010-2015, particularly in relation to the set departmental targets and also key health indicators. Briefly, the findings of the review on NHSP 2010-2015 showed that we still fall short of achieving at least 50% of our set targets. Needless to mentioned, some targets have now 'rolled over' to the new NHSP and with serious recommendation on strengthening health management and health planning for better outcome achievements.

In the formulation of the new NHSP 2016-2020, I have urged my management team to have a plan that has a simple layout with clear and concise strategies and aligned to existing service structures for ease of implementation. I am pleased to note that the new NHSP has retained the four key result areas from the NHSP 2010-2015 including the layout of the strategic objectives and implementing structures. Notable new inclusions in this plan are the strategic objectives for the clinical areas of medicine, surgery, anaesthesia, paediatrics, obstetrics and gynaecology.

The health strategic plan has been formulated to meet the aspiration of the health objectives of the Nauru National Sustainable Development Strategy 2005-2025 and the various health goals and targets such as the Millennium Development Goals (MDG), Regional Strategy for NCD control, Health System Strengthening, Healthy Island Initiative, Global Fund ATM and various strategies for Reproductive, Maternal, Neonatal, Child and Adolescent Health.

Based on morbidity statistics of 2013/2014, diabetes and NCD are still major causes of morbidity and mortality. Uncontrolled diabetes and complication now contribute to almost all cases of renal failure on dialysis. Incidence of rheumatic heart disease and mental illness are on the increase along with early teenage pregnancies. Undertaking disease control at best requires our understanding of risk factors and proven means of reducing such risks. Indeed, risk factors for NCD such as smoking, obesity, sugary and fatty diets can be controlled if the Ministry, community and the rest of government work together as a team with a common goal and target on risk factors reduction. The NHSP 2016-2020 indeed proposes several partnerships with the community and stakeholders in focus areas such as Health Promotion, Diabetes / NCD and Mental Health. I sincerely hope that such partnership will solidify to Councils or Foundations to support the health agendas and the work of the Ministry of Health in the country.

As a strategic plan, our NHSP 2016-2020 does not specifically list activities required to meet the various objectives as they will be outlined in detail in the Annual Operation Plans. So the AOP is a 'must to formulate' document at the beginning of every calendar year and which should also be the basis for the Finance Department AOP written for the financial year. Furthermore, compilation of the Annual Reports of the Ministry is important and should be completed within 3 months of the new year for the passing year.

I would like to encourage all stakeholders especially HODs and staff to take ownership of the strategic plan and to operationalised its strategic objectives to meet their stated targets. Needless to mentioned, working together we can achieve the set goals and targets of the plan and herald in an improved health service function in the country.

iii. Executive Summary

The Ministry of Health and Medical Services Strategic Plan has received the support and endorsement of the Cabinet for its implementation. The National Health Strategic Plan (NHSP) was formulated through several consultation processes within the various departments of the Ministry and also key stakeholders. The NHSP is linked to the budget and it is expected that the plan will be implemented through yearly Operational Plans and aligned to available resources.

Guiding principles

The strategic plan has retained the noble vision of ‘A Healthy and Peaceful Nation that values and supports *human rights and dignity* through the provision of *quality health care and services*’. The plan also has linked mission and vision commitments and undertakings to the main vision statement. The HSP guiding principles relate to the regional and global commitment on health system strengthening, primary health care and healthy island and healthy settings initiatives.

Strategic targets

Standard functions, priority interventions and new development activities and programmes of the Ministry have been grouped under four Key Result Areas in the plan. For ownership and management accountabilities, the KRAs are aligned to existing organisational and operational structure of the Ministry. The KRA include the following;

Key Result Area 1:	Health Systems
Key Result Area 2:	Primary Health Care and Healthy Islands
Key Result Area 3:	Curative Health
Key Result Area 4:	Support Services and Networking

Linkages

Similar to the NHSP 2010-2015, the new Health Strategic Plan is aligned to the seven (7) NSDS Strategies for Short, Medium and Long Term achievement. Incorporation of the key NSDS targets and key activities are included in the Key Result Areas of the HSP noting that the medium term target year of the NSDS is 2015 and coincides with the MDG milestone and also the last year of the HSP implementation. The HSP is also aligned to the Australia / Nauru Partnership Priority Agreement on Outcome 3; Cost Effective Health System which Delivers Improved Health Outcomes. It is noted that the outcome has three areas of emphasis namely health systems, non-communicable diseases and maternal and child health.

Laws and Legislations

The Administrative Arrangement Act 2011 has assigned 11 legislations for supervision and enforcement by the Ministry of Health. There has been no new health laws passed by Parliament although the Public Health Bill was called for tabling. In the NHSP 2016-2020, the following Bills are proposed for consideration; Public Health, Pharmacy, Mental Health and International Health Regulation. It is noted that following the passage of the various Bills, several existing Acts and Ordinances will be repealed. Enforcement of the Acts by the Ministry of Health is proposed for strengthening apart from ensuring that appropriate Regulations are issued for the various Acts.

Health status

Major health issues and causes of significant morbidity relate to non-communicable diseases. Diabetes and related complications is the cause of most morbidity in the country. There is a growing incidence of rheumatic heart disease, hypertension and mental illness. Chronic renal disease mostly due to diabetes is also a growing concern. In relation to risk factors, smoking and over-weight / obesity are the commonest preventable risk factors to disease development. Ongoing challenges still exist for controlling anaemia in women and children, improving infant immunisation coverage and adolescent health RH services to curb teenage pregnancies.

Millennium Development Goal

As we reached 2015, achievement of the mortality indicator in the MDG remained partly achieved. Infant mortality rate has been steady at around 24 per thousand but rose to 29.7 in 2014. Although maternal mortality target has been achieved with zero death recorded for 2011-2014, a single death will be reflected as a very high rate based on the population size. On MDG 7 target, some control has been achieved on Chlamydia infection control. The latest laboratory confirmed incidence reporting was 6% for 2014. There is no confirmed case of HIV in the country and preventive activities under the Global Fund assistance and support hopes to keep the country HIV free apart from controlling TB, Leprosy and traditional STIs too. Family planning acceptance and uptake needs to be improved along with safe motherhood initiative such as breastfeeding and maternal nutrition. Targets for adolescents health needs to be emphasised especially in relation to reproductive health and teenage pregnancies.

New activities

The strategic plan has identified new programme and activities for implementation during the strategic plan period. The construction of a new hospital is the priority of Government and gladly awaited by health staff. The new hospital is expectation to provide new and additional opportunities for improved health care services to the public.

Training of Nurse Aides to certificate level for full nursing duties is planned for the new nurse training school. Establishment of the school and programme will provide the basis and avenue for nurse training twinning programme that could benefit Nauru school leavers.

Improved diagnostic capability at the Medical Laboratory with the introduction of Histology services is planned along with the laboratory's build up to ISO 15189 - recognition. Improved laboratory capabilities will reduce expensive overseas laboratory tests requests.

Human resource strengthening through the engagement of a Nephrologist is planned. Services of this renal medicine specialist will boost renal medicine not only for dialysis service and patients but also for diagnosis and care of patient with renal insufficiency.

Improved diagnostic and surgical capabilities are planned for RON Hospital. With the proposed procurement of diagnostic and surgical instruments, options for surgical treatment will be wider and readily available. Such improved diagnostic and treatment options can reduce overseas medical referral on identified conditions.

Community health services specially mobile and fixed clinic outreach is expected to be strengthened during the NHSP time frame. Follow up of patients in the community has been weak along with missed opportunities to provide early health service that is accessible to all.

Health system gaps

Capacity for health planning is very weak in the Ministry. There is a position created by Government for a Health Planner, but this position remains unfilled. Health and budget planning capability is an important assignment this role ensures that AOP and AR are fulfilled annually as required. The position also provide monitoring role on the implementation of the NHSP strategic objectives.

Development of human resources for health especially in relation to medical officers training, remain as major challenge. Dependence on expatriate specialist medical staff will continue for some years along with some nursing specialities. The formulation of the health workforce and succession plan is included in the NHSP for implementation.

Health infrastructure needs urgent attention especially after the 2013 fire that destroyed the Pharmacy, Radiology and Medical Registry Departments. RON Hospital is also a very old building with clinics, wards and facilities not up to standards for upgraded service. A new hospital complex is warranted and cost to planning and construction could be budgeted outside of the health appropriation.

Health service gaps

Comprehensive Diabetes care is seriously wanting. Urgent review is required for infrastructure setup, staffing, clinic diagnostic equipment and patient treatment/ reviews / follows up.

Associated research support capability is also required. These institutional strengthening is strategized in the NHSP.

Community based care both nursing staff mobile clinic visits and fixed community clinics or health stations will greatly boost patient care. Patients 'lost to follow up' often end up with

medical complication. Furthermore, infants with missed vaccination opportunities can also be captured in mobile clinics. Other chronic conditions such as RHD and mental illness would have better outcomes if care is extended and offered at the community level. Improving community nursing care and outreach is proposed in the NHSP.

Health promotion and health communication are strategies not well addressed and implemented in the last NHSP. These activities are now strategised for strengthening in the new NHSP. Specialised clinical care could be further enhanced with the required skill set of specialist recruited along with the provision of appropriate medical equipment. Overseas medical referral would be reduced if these local provisions are met. Upgraded diagnostic and surgical instruments are proposed in the new NHSP.

Health Financing

Based on the current funding commitment and baseline of both the GoN and GoA, the projected cost of the first year of national strategic plan is around Aus\$12million. Cost for the various financial year health would be at least \$12 million for financial year for 2016/2017, 2017/2018, 2018/2019 and 2019/2020. New projects and activities have been included in the budget estimates. Funding gap of \$402,000.00 is estimated for financial years 2016/2017 and 2017/2018. Funding contribution from other development partners vary each year and are usually specific to a programme or output. Non-financial assistance from partners such as the Cuba and Taiwan governments provides additional mechanisms for health service delivery particularly in the areas of human resource and specialist medical services.

Monitoring and Evaluation

Standard measure for monitoring and evaluation is part of the strategic plan. It is important that AOP is prepared for every year and that the Annual Reports are completed in a timely fashion. Each KRA have measurable targets and these will be used in the final evaluation exercise. Reporting of the progress of objectives implementation including budget expenditure will be made quarterly to SMT during the years of the plan.

ACRONYMS / ABBREVIATIONS

AH	Allied Health
ANC	Ante Natal Care/Clinic
BME	Biomedical Engineer
CD	Communicable Disease
DA	Director of Administration (Health)
DHS	Demographic Health Survey
DMS	Director of Medical Services
DON	Director of Nursing
DPH	Director of Public Health
EDL	Essential Drug List
EHO	Environmental Health Officer
FY	Financial Year
GFATM	Global Fund AIDS, Tuberculosis and Malaria
GOA	Government of Australia
GON	Government of Nauru
HDU	High Dependence Unit/ Intensive Care Unit
HIMS	Health Information Management System
HPRB	Health Practitioners Registration Board
HPU	Health Promotion Unit
HDU	High Dependence Unit
IMR	Infant Mortality Rate
JD	Job Description
JPO	Joint Programme Office
KRA	Key Result Area
LFA	Local Fund Agent
MMR	Maternal Mortality Rate
MO	Medical officer
MOU	Memorandum of Understanding (AusAID funding)
NCD	Non-Communicable Disease
NGH	Nauru General Hospital
OIC	Officer in Charge
PMR	Perinatal Mortality Rate
POHLN	Pacific Open Health learning Network
RHD	Rheumatic Heart Disease
RMNCAH	Reproductive, Maternal, Neonatal, Child, Adolescent Health
RONH	Republic of Nauru Hospital
RPC	Refugee Processing Centre
SHMS	Secretary Health and Medical Services
SMO	Senior Medical Officer
SMT	Senior Management Team
STI	Sexually Transmitted Illness/Infection
STG	Standard Treatment Guideline
TOR	Terms of Reference
WDF	World Diabetes Fund

1. INTRODUCTION

Geography

The Republic of Nauru formerly known as Pleasant Island, is an island country in Micronesia in the Central Pacific. Its nearest neighbour is Banaba Island in Kiribati, 300 kilometres to the east. Nauru is a single rock island, with a central phosphate plateau surrounded by a ring of fertile soil and sandy beaches. Nauru is located in Micronesia between the Solomon Islands to the south-west, Kiribati to the east and the Marshall Islands and the Federated States of Micronesia to the north and north-west. It is the world's smallest island nation, covering just 21 km². The island is divided into 14 districts; the districts and major landmarks are shown in the map, Figure 1.1.

Figure 1: Map of Nauru showing districts and major landmarks



Political and Economic Context

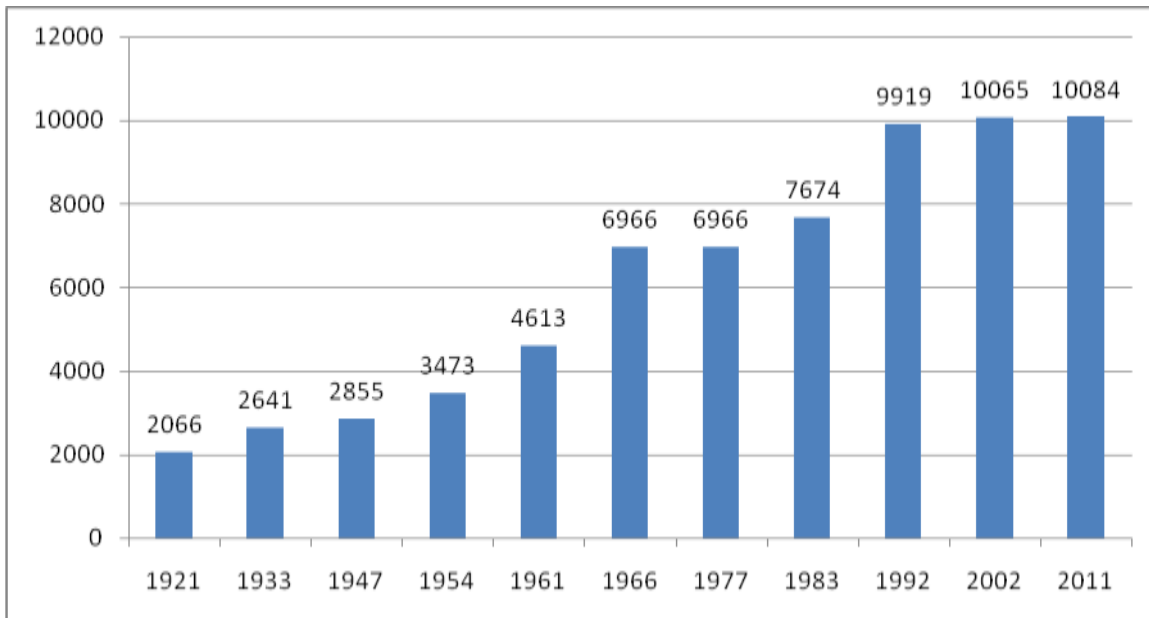
Nauru is a republic. The President is both the head of state and head of government. The legislature comprises a Parliament of 19 seats. Members are elected by popular vote to serve three-year in multi-seat constituencies. Each constituency returns 2 members to the Nauruan Parliament, except for Meneng which returns 4. Voting is compulsory for all citizens aged 20 or more. The Cabinet is appointed by the president from among the members of Parliament; there are currently 5 members (in addition to the President).

Population

The 2011 census estimated the total population of Nauru at 10,084 people, with slightly more males than females. The negligible population increase from the 2002 census – only 19 people – represents the combined effects of changes in fertility, mortality and migration.

Figure 1.1 shows the trend in population growth from 1921 to 2011. Indigenous Nauruans represent 75% of the population (7,572), with i-Kiribati, Tuvaluan, other Pacific Islands and Chinese comprising most of the remainder.

Chart 1: Total population of Nauru, by census year, 1921 to 2011



Almost one quarter of the total population lives in the densely populated area known as Location, situated just north of Aiwo. This area historically housed expatriate mining company and government workers. Meneng is still the largest Nauruan community on the island, comprising 13% of the total population.

Nauru's population pyramid for 2011 shows an abrupt cut-off beyond late middle age, reflecting a low life expectancy at 56.8 years of men and 62.7 years for women. However, the 2011 life expectancy rate for both sexes has improved from 55.2 years for males and 57.1 years for females as recorded in the 2002 census.

Chart 2: Population Distribution by District (Census 2011)

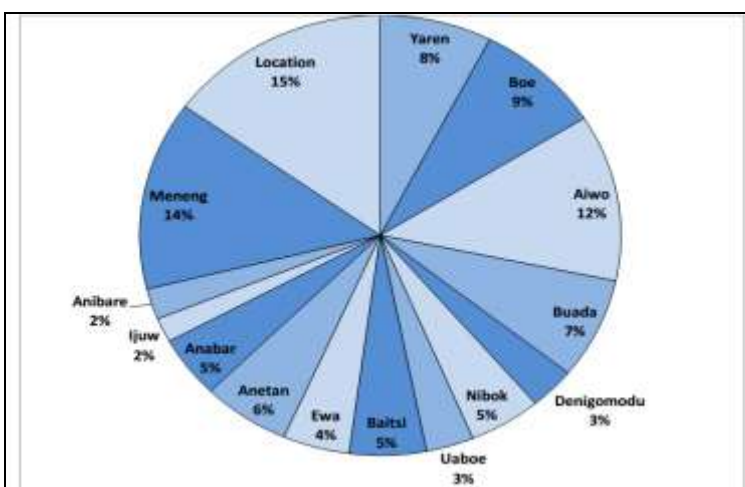
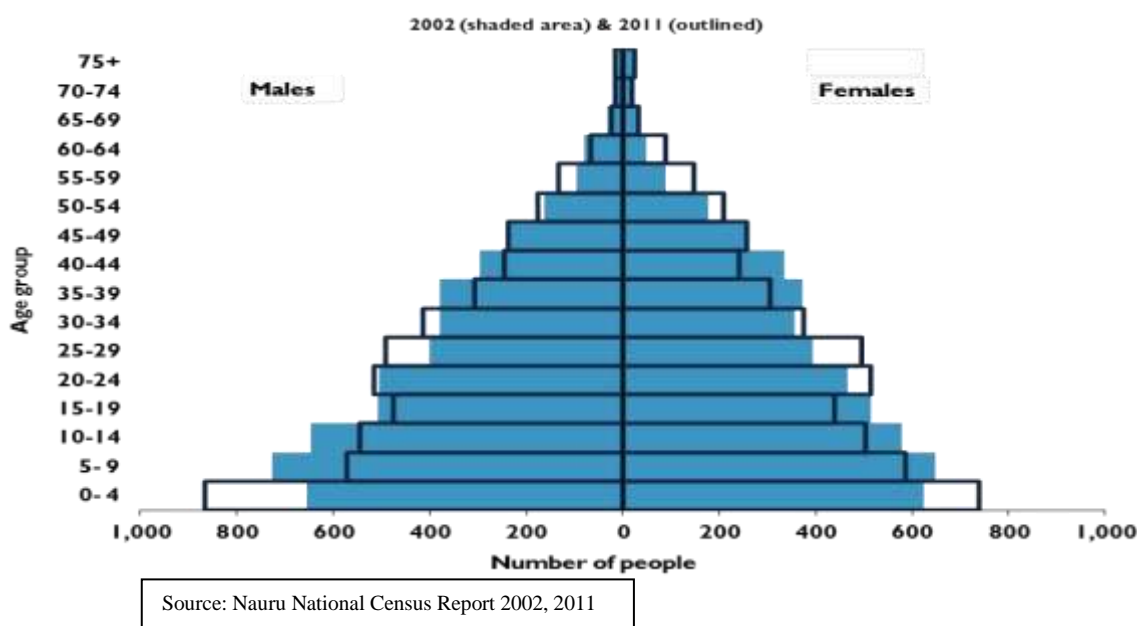


Chart 3 Population pyramid by sex and 5-year age intervals for Census 2002 and 2011



With an emergence of economic activities in the island following the return of the Australian Refugee Processing Centre, the dependency ratio which compares the economically dependent portion of a country’s population – those aged 0-14 years plus those aged 60 years and over – to its economically productive portion is expected to decrease. In the census of 2011, the Nauru’s dependency ratio is 69; i.e. for every 100 people of working age, there are 69 people of dependent age.

2. Role of the Ministry

The Government of Nauru is the sole provider of health care services on the island of Nauru. The Refugee Processing Centre (RPC) also provides health care services but this is reserved for the centre staff and refugees. The Ministry of Health’s goal is to provide quality health services that are accessible by all communities. In doing so, the Ministry of Health will address its goal under four strategies of health systems strengthening, primary health care and health islands, curative health and support services and networking.

Apart from health care services, the Ministry has statutory functions as 11 legislation fall under its administration. The Ministry has an enforcement unit that is tasked with health laws and regulation enforcement especially that on health risk factors such as tobacco use.

Addressing global health issues and agenda are intricate to the role of the MOHMS including meeting global and regional health targets. Improvements in physical infrastructure for the delivery of health services will continue to be pursued by the Ministry and in partnership with key stakeholders including the private sector and development partners. The Ministry will also continue with the training of personnel to address critical staff shortages in health institutions, together with improved provision of pharmaceuticals and bio-medical equipment. The Ministry of Health is also involved in cross cutting agendas such as the disabled, women, the aged/elderly, chronic illnesses, climate change and other national interest as mandated by Government.

3. Health Laws and Legislation

Under the Administrative Arrangement Act 2011, the following 11 legislations are under the direct administration of the Minister for Health and the Department of Health.

1. Tobacco Control Act 2009
2. Food Safety Act 2005
3. Health Practitioners Act 1999
4. Litter Prohibition Act 1983
5. Tuberculosis Ordinance 1967
6. Mental Disordered Persons Act 1963
7. Public Health Ordinance 1925
8. Notification of Infectious and Contagious Diseases Ordinance 1923
9. Cemeteries Act 1922
10. Sanitary Inspectors Ordinance 1921
11. Quarantine Act 1908

Specific health sector policies include at least:

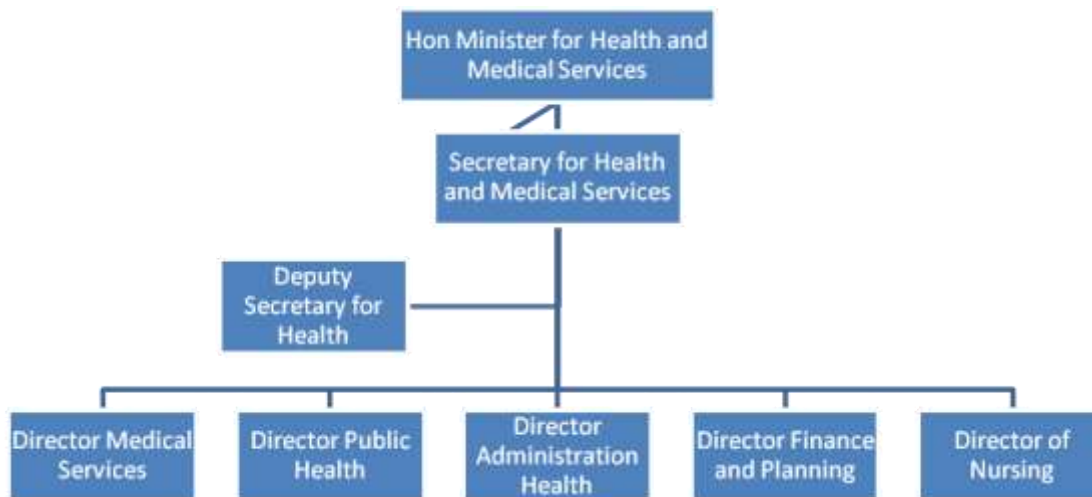
1. Medical Referral Policy
2. Visiting Medical Officer Policy
3. Locum Staff Remuneration Policy
4. Overseas Travel Policy
5. Inventory and Asset Management Policy
6. Equipment and Stores Ordering Policy
7. Health – Use of Government Vehicle Policy
8. Health Traineeship Policy

As strategized in the last NHSP 2010-2015, the Public Health Bill was tabled in Parliament in December 2012 but with discussions deferred for later sessions. Reviews of some existing legislation including the formulation of new Regulations are included for implementation in the new NHSP 2016-2020.

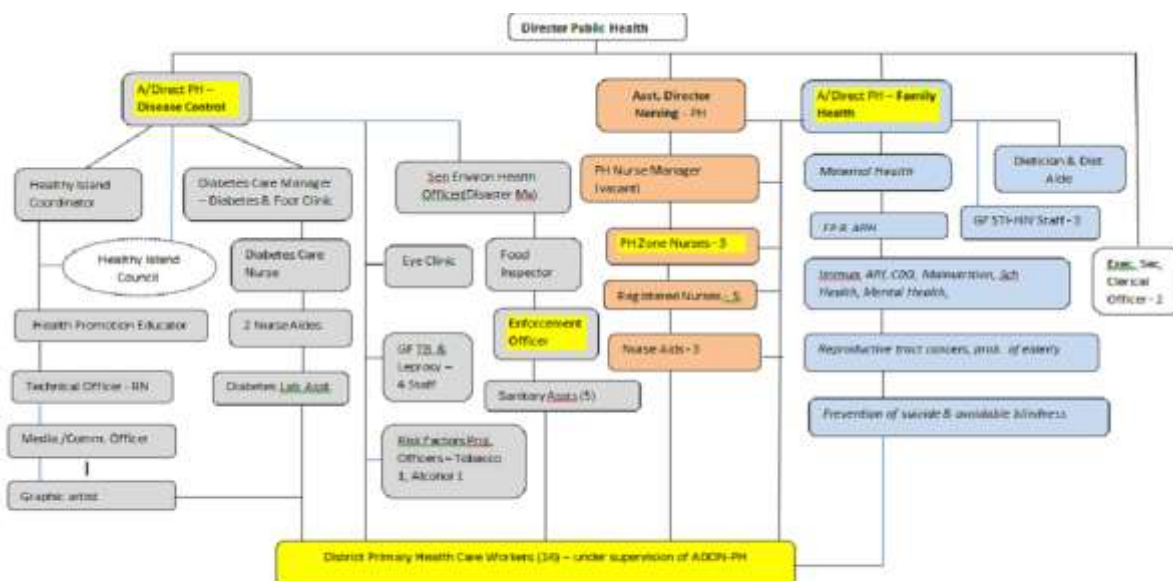
4. Organisational Structure

The management and organisational structures of the Ministry of Health are divided and reflected under 4 groupings of Senior Management, Public Health, Curative Health and Administration. The proposed new organisational structure for Nursing is reflected as Annex A. The new Nursing structure which aims to consolidate nursing services in both hospital and public health is proposed for consideration in the new NHSP 2016-2020 time frame.

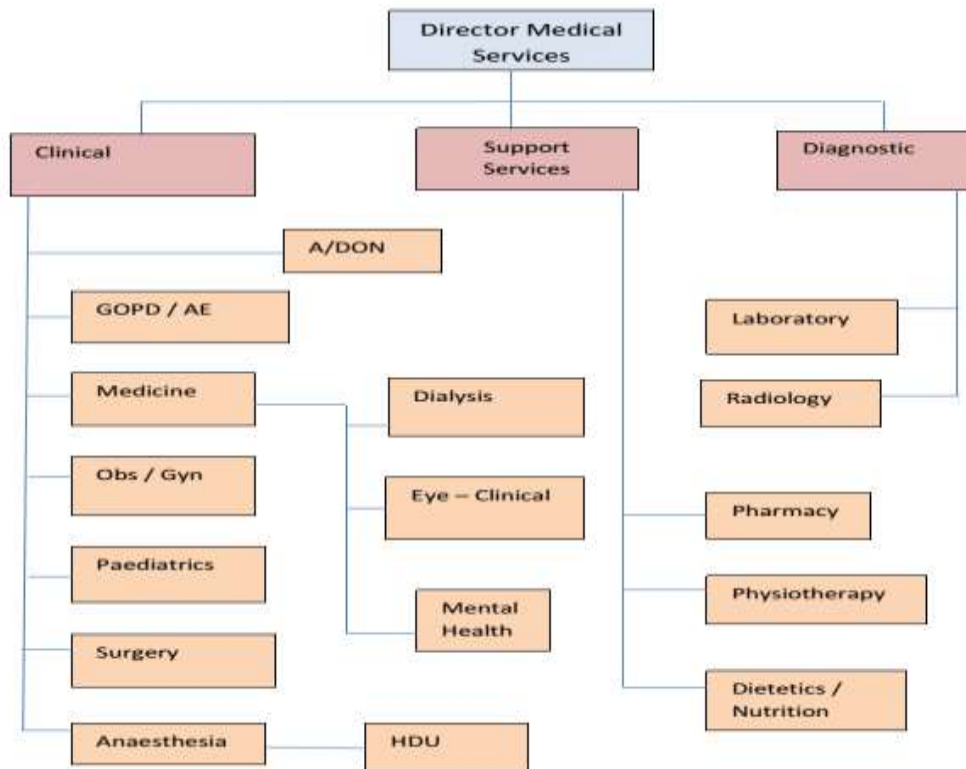
Senior Management Structure



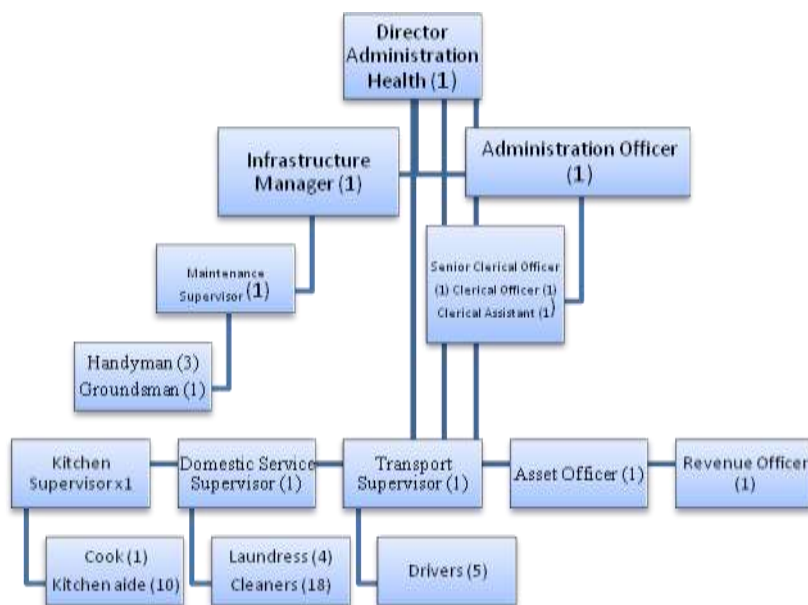
Public Health Organisation Structure



Curative Health Organisation Structure



Administration Structure – Consult Marissa



5. Health and Social Indicators

Table 1: Health and Social Indicators

Indicator	Value / %	YEAR	SOURCE
Total Population	10,084	2011	Census
Male Pop / %	5,105 / 50.6	2011	Census
Female Pop / %	4,979 / 49.4	2011	Census
Crude birth rate (CBR)	27.2	2007-2011	Census
Crude death rate (CDR)	7.5	2007-2011	Census
Infant mortality rate (IMR)	44	2007-2011	Census
Infant Mortality Rate (IMR)	29.7	2014	MOH Stats
Neonatal Mortality Rate	29.7	2014	MOH Stats
Child Mortality Rate	5.9	2014	MOH Stats
Maternal Mortality Rate (MMR)	0	2011-2014	MOH Stats
Fully Immunised Child at 1 yr	65%	2014	MOH Stats
Life Expectancy - Both sexes	59.7	2011	Census
Life Expectancy - Male	56.8	2011	Census
Life Expectancy - Female	62.7	2011	Census
Enrolment - Primary	97.3	2011	Census
Sex Ratio - Primary	1.4	2011	Census
Enrolment - Secondary	68.09	2011	Census
Sex Ratio - Secondary	1.0	2011	Census
Arrivals	1820	2009	Transportation
Departures	1736	2009	Transportation
Net-Migration	84	2009	Transportation

Source: Census 2011 Data and MOH AR 2014

Millennium Development Goal

Of the 9 health targets in the MDG, the only major concerns to Nauru are the mortality targets under Goals 4 and 5. Whilst maternal mortality has remained at zero by end 2015, the infant and child mortalities remain largely out of target in line with MDG. Concerted efforts in addressing neonatal care apart from an improved and adequate ANC services are strategized in the NHSP.

<p>Goal 1: Eradicate poverty and hunger Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.</p>
<p>Goal 4: Reduce child mortality Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.</p>
<p>Goal 5: Improve maternal health Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. Target 5.B: Achieve, by 2015, universal access to reproductive health.</p>
<p>Goal 6: Combat HIV/AIDS, malaria and other diseases Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS. Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it. Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.</p>
<p>Goal 7: Ensure environmental sustainability Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.</p>
<p>Goal 8: Develop a global partnership for development Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.</p>

6. Situation Analysis

6.1 Health System / Services

Until July 1999, clinical services were provided through the Nauru General Hospital (NGH; for citizens) and the National Phosphate Corporation (NPC) Hospital (for i-Kiribati and Tuvaluan migrant workers and other non-citizens). NGH and NPC (which were located no more than 400 metres from each other) then amalgamated to become the Republic of Nauru Hospital. Health services continue to be delivered through the two facilities.

Republic of Nauru Hospital –

The 56-bed RON Hospital is the principal curative health facility, and provides general outpatient and inpatient services. A ward section of the hospital has been renovated to accommodate inpatient requirements of the RPC. RON clinic departments and services include acute ward areas for adult, paediatric and maternity patients; Out-Patient Department; Dressing Clinic; Operating Theatre; Emergency Room; High-Dependency Unit; Isolation Ward; Radiology; Dental; Laboratory; Pharmacy; Medical Stores; Physiotherapy; Medical Records and an Ambulance service.



The Hospital is well equipped for a facility of its size in the Pacific, but buildings and structural elements are becoming worn and require extensive ongoing maintenance and rehabilitation. Following a fire in a section of the hospital, the pharmacy, radiology and medical registry units were destroyed. Key functions of the units have been restored from temporary structures. Construction of a new hospital is now planned in the current site of the hospital.

Naoero Public Health Centre–

The former Nauru General Hospital campus houses the Public Health unit, a 6-bed renal dialysis unit and public health services and programmes. Clinical service provisions include Primary Eye Care (Eye Clinic), MCH, FP, Rheumatic Heart Disease and Diabetic Clinic. Counselling services for Nutrition and child health are also provided from the centre. Public health program lists the following priority areas of focus for its activities:

- RMNCAH
- Diabetes and NCD
- Communicable diseases including TB
- Environmental health and food safety services
- Health Promotion
- Primary eye care
- Community Nursing



The ten essential public health services provide the framework for the public health. Because the strength of a public health system rests on its capacity to effectively deliver the ten Essential Public Health Services, the Nauru public health system is guided and committed to the following functions;

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Health Service Access and Utilisation

For the financial year July 2012 – June 2013, a total of 31,152 consultations or an average of 2,596 consultations per month was recorded at GOPD / AE. This figure represents a working hours visit of 23,852 consultations (an average of 1988 / month) and 7308 consultations after-hours (an average of 609/month). Worked out at a rate, this figure represents an overall annual *per capita* health service utilisation to 3.1. This rate represents a well utilised health service by global standards, and compares favourably with the other study countries (4.7 annual outpatient visits per person in Palau and an estimated 2-2.5 visits in Solomon Islands), and elsewhere in the region (1.43 visits in PNG and just over 2 visits in Vanuatu).

In 2013, the total occupancy rate for RON Hospital general wards was 73.01%. The occupancy rate for maternity (9 beds) was 45.88%, and that for the 3 bed children's unit in the acute block was 88.4%. In the time of outbreaks, the monthly occupancy rate could rise above 100%. The top 5 illness or condition that cause admission were Pregnancy, childbirth and puerperium; Diabetes Mellitus; Diseases of the skin and subcutaneous tissue (diabetic ulcers and others); Acute bronchitis/bronchiolitis and Cardiovascular diseases.

Role of central and local Government

Coordination and management of health services is completely centralised under the MOH. There are no other community based primary care facilities in Nauru, and no private practitioners. The RPC maintains a separate health facility for refugees and not for the general Nauru population. Public and private transportation provide access to clinical and preventive services at RON Hospital and Naoero Public Health.

Role of non-State providers

There are no private or non-government health service providers on Nauru. Over-the-counter medications (but not prescription drugs) are available in the supermarket and in many stores. The proposed Pharmacy Act will govern the procurement, sale and use of medicinal drugs outside of health facilities.

Primary/ambulatory care

The RON Hospital Outpatients Department is the only primary care facility on the island. The Naoero Public Health Centre conducts regular community and school outreach visits for both primary and

preventive health purposes. A new Community Nursing structure and service has been established and with the island divided to 3 Nursing Zones. A Zone Nurse and District Health Workers (DHW) are involved in ambulatory health care and outreach services in each District.

Referral services, secondary and tertiary care

RON Hospital is the only clinical facility for secondary care in Nauru. Non-urgent cases requiring tertiary care or a specialist opinion may be placed on a waiting list to be seen by a visiting medical, surgical or other specialist. Patients with more serious conditions or requiring urgent treatment not available in-country may be eligible for off-shore referral at GON expense. Overseas referral hospitals are mainly in Australia, Fiji, Philippines, India and most recently Taiwan. The MOH has a policy to guide decisions on eligibility off-shore referrals; these decisions are made by a designated sub-committee with both medical and administrative membership, and subject to Ministerial approval.

6.2 Disease Burden

Over the past 10 years, Nauru's health profile and child health indicators have remained between those of a developed and a developing country. As common to the developing world, the incidence of communicable diseases has generally declined but the re-emergence of old infectious diseases a concern. Tuberculosis and leprosy programmes continue to report new cases whilst periodic outbreaks of diarrhoeal illness still occur. Non communicable diseases particularly type II diabetes, cardiovascular diseases, respiratory diseases; chronic renal insufficiency, injuries and cancer remain the largest causes of ill health in the country.

Hospital Morbidity

Excluding obstetric and neonatal care, the principal causes of morbidity requiring admission to RON Hospital in 2014 were: endocrine disease (almost exclusively diabetes); cellulitis, cutaneous and sub-cutaneous abscess (which may also reflect poor glucose control among diabetics); asthma; acute gastro-enteritis; heart disease and hypertension; and genitourinary disease. Separately, the commonest reasons for presentation for outpatient and emergency care in 2014 were respiratory illness, acute gastro-enteritis and injuries.

Diabetes prevalence in Nauru has been one of the highest in the world. The total registered diabetes for 2011 was 871 cases and for 2015, 755 cases. There are most likely unregistered diabetes in the community and a prevalence survey could ascertain actual number of cases. In Nauru DM is by far the most common cause of Chronic Kidney Disease accounting for almost 90% of the cases with Gout accounting for 8%. Interestingly Hypertension per se (not accompanying DM) is not a common cause for CKD

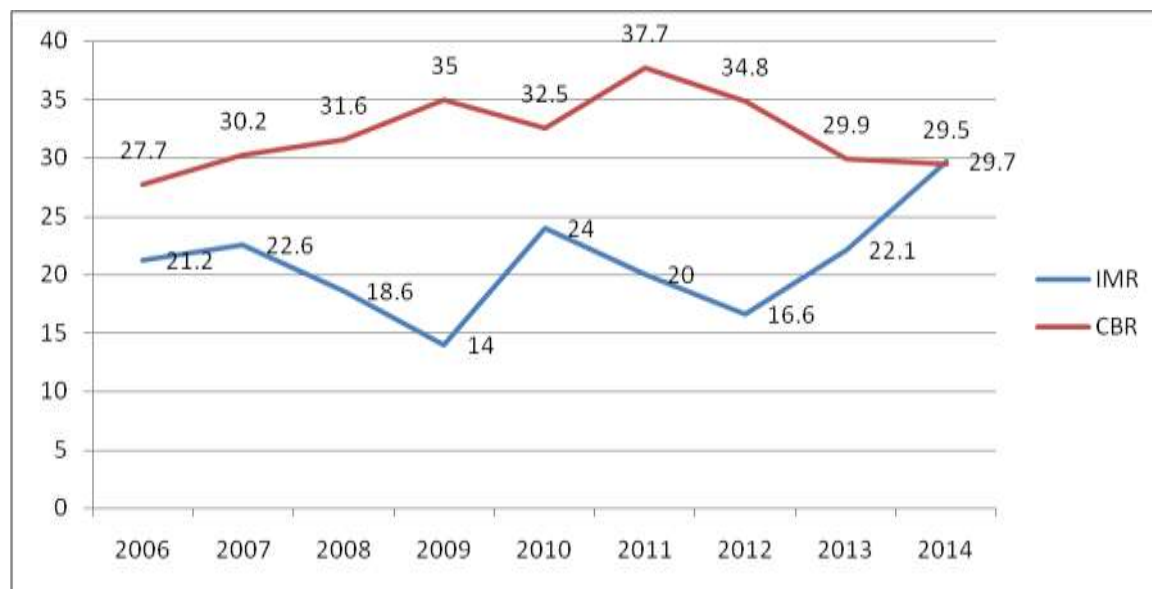
Mortality

The crude death rate of 8.2 is recorded by the Ministry of Health for 2014 and reflected an increase from 6.7 in the AR 2011. The principal causes of death among adults are almost all NCDs: ischaemic heart disease, complications of hypertension (including cerebro-vascular disease), diabetes, kidney disease, and lower respiratory infection. NCDs represent 79% of all deaths on the island.

For the years 2011 – 2014, the maternal mortality ratio remained at zero as there has been no recorded maternal death during these years. In 2014 the infant mortality rate rose to 29.7 from the 2011 rate of 20

per 1,000 live births. The 3 commonest causes of infant deaths were Prematurity with Respiratory Distress Syndrome 50%; Neonatal Sepsis 20%; and Meconium Aspiration 10%. All deaths happened in the early neonatal period. The under-5 mortality rates (U5MR) greatly improved from was 23.6 per 1,000 live births in 2011 to 5.9 in 2014. This is a major achievement for the public health service and community at large.

Chart 4: Crude Birth and Infant Mortality Rates 2006-2014



Source: MOH Statistics 2014

6.3 Special Areas of Interest

Maternal Health

The 2013 AR reported that around 100% of pregnant women receive at least 1 ANC visit from a skilled birth attendant, and that 100% deliver in a health facility. The caesarean section rate in 2013 was 12.8%. Delivery to a teenage mother accounts for around 10% of all births for 2014. The youngest age of teenage delivery is 14 years. Pregnancy to school girls warrants attention in all sectors of the community aside from assurance of adequate access to RH service from the Ministry of Health. Maternal anaemia is still high and this needs to be controlled through proper interventions. Separately, breastfeeding exclusive breastfeeding rate is low and proper weaning practices needs ongoing support. Surveillance, diagnosis and treatment of reproductive tract infection in pregnancy are important as disease complications can lead to premature labour and births. Prematurity and associated complications are common causes of early neonatal deaths.

Child Health

Child obesity rate is rising in Nauru. The AR 2011 reported that 68% of children 1-3 years attending MCH clinic were within weight and nutritional status, 25% with overweight / obese and 1% underweight. By school age at 7, 42% of the children were either overweight or obese. This trend of gradual moving to being overweight carries on to secondary school and should be a concern to school

and health authorities. These particular age groups could be additional entry points for special health interventions.

Chronic Disease - Diabetes

The prevalence of diabetes and impaired glucose tolerance has changed little over the years. The NCD STEPS Survey undertaken in 2004 showed that 22.7% of adults aged 25-64 years were on treatment for diabetes or had a fasting blood glucose > 7.0 mmol/L. In 2014, a total of 755 cases of diabetes is recorded in the diabetes register. A drop in the number of registered cases is partly due to mortality and loss to follow up. Moreover, there has been no major screening drive undertaken since the NCD steps survey in 2004. Of the current registered cases, less than 50% are on proper case management. Diabetes increased in prevalence with age and was found in 24.1% of those aged 35-44 years, 37.4% of 45-54 year olds and 45.0% of 55-64 year olds (with a clear predominance among women in older age groups).

Clinical studies undertaken in 1994 indicated a high prevalence of diabetic end-organ disease. Over 80% of known diabetics at that time had at least some signs of peripheral neuropathy; about one-third had some degree of retinopathy, and about half of them had the more severe proliferative form. Diabetes Mellitus is the leading cause of CKD all over the world. In Nauru DM is by far the most common cause of CKD accounting for almost 90% of the cases in 2014. All lower amputations were performed at RON Hospital were reported to be due to diabetic vascular disease.

Mental Health

Mental Health (MH) Services at RON Hospital is mainly provided by trained staff nurses and supervised by the Consultant Physician. This service is supplemented by the visiting MH specialist 3 times a year. There are 103 patients currently registered and 25% are schizophrenic cases, 13% anxiety disorder, 11% adjustment disorder, 10% other psychotic disorder and 8% are bipolar disorder. Over the past 5 years, there has been a progressive increase in the number of registered psychiatric patients from 80 to the current 103 in 2015. Proper structures for health care of these patients should be planned.

Rheumatic Heart Diseases

Rheumatic heart disease is a neglected disease of poverty and overcrowding. With average of 6 people per household, Nauru has the dense living conditions common to populations where RHD remains endemic. In 2013, a technical support from Menzies School of Health Research Pacific RHD programme team conducted a school-based screening involved four schools in Nauru. Over 460 children were examined with echocardiography and assessed according to the World Heart Federation echocardiographic guidelines for diagnosis of RHD. Seven (7) were diagnosed with RHD and nine (9) borderline cases of RHD identified. These new cases were added to the registered cases bringing the total to 103. Maintenance of the monthly injection treatment has been a problem with more than 60% defaulters. There is a need to improve follow up and care so that at least young people can be assured of a healthy adolescence and avoid the devastating effects of chronic heart disease

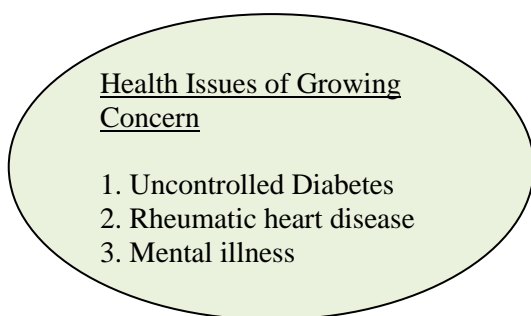
Disabilities

Physical disability is the highest form of disability according to the statistics and not surprisingly the majority of the physically disabled have been a result of NCD such as Diabetes. The other main cause of disabilities is congenital in origin or early childhood developmental problems due to diseases or gene

Table 2: Types of Disabilities

Type	Hearing Impaired	Mental Disability	Mute	Physical disability	Visual Disability	Total
Number	9	28	2	108	21	168
Percent	5	17	1	64	13	100

Source: MOH Stats 2014



6.4 Health Work Force

Health workforce number has progressively increased over the past ten years. In 2015, the approved staff establishment stands at 258 and 31 more staff that approved 221 following the Organisational Reform of 2009. There are 14 medical officers and 80 nursing and nurse aides' positions. This represents 1.4 doctor and 7.8 nurses per 1,000 populations and nurse to doctor ratio of 8:1. In 2013, new addition to the health workforce eventuated from PPD funding for community zone nurses (3), enforcement officers (1) and health statistician (1). New positions established by GON included the Assistant Director Public Health (1) to be

responsible for family health programmes such as RMNCAH, School Health and Nutrition.

In the approved staff establishment of 258, 220 or 85.2% are positions assigned to local staff and 38 or 14.8% to expatriate staff. Current expatriate staffs are nationals from various countries in the Pacific such as Fiji, Kiribati, Tuvalu, Tonga and PNG and outside of the region from Philippines, Cuban and Burma. Formulation of the health workforce plan and succession plan are targeted activities to be completed. Such workforce plan would accommodate the requirement of the current health trainees apart from progressing nurse workforce multiskilling strategies.

Table 3: Approved Staff Establishment 2015

Date	No. of Estab. Post	No.	OVERALL			LOCAL			EXPAT		
			PERMANENT	VACANT	EXCESS/ NOT ESTAB'D POSTS	PERMANENT LOCAL	VACANT LOCAL	EXCESS/NOT ESTAB'D	PERMANENT EXPAT	VACANT EXPAT	EXCESS/NOT ESTAB'D
June, 2015											
	258		181	77	10	156	64	6	25	13	4
			268			226			42		
						268					

Source: HR, Chief Sec Office

Table 4: Distribution of health workforce by occupation, gender and non-nationals – June, 2015

Occupation	Male	Female	Total	Vacant	Non-nationals
Physicians	9	5	14	0	13
Nursing and Midwifery	3	67	70	8	10
Dentists	2	0	2	0	2
Dental technicians/assistants	2	3	5	1	1
Pharmacists	1	1	2	1	2
Pharmaceutical technicians/assistants	5	3	8	0	0
Laboratory technologists	2	2	4	0	1
Laboratory assistants	1	2	3	0	0
Radiographers	1	1	2	0	1
Radiography assistant	1	0	1	0	0
Physiotherapists	1	0	1	1	1
Physiotherapy assistant	2	0	2	0	0
Health Information	2	6	8	0	1
Dietetics and Nutrition	1	1	2	1	1
Environmental Health Workers	7	0	7	0	1
Community health workers	3	14	17	1	0
Management and Administration	3	14	17	1	2
TOTAL	62	141	220	18	38
Percentage of total	28	63.8	91.8	8.1	16.2

6.5 Health Products, Vaccines and Technologies

Pharmaceuticals

All drugs and medicines dispensed by the Ministry Pharmacy are made at no cost to the patients. For many years, the medical supply chain was plagued by shortages and stock-outs, which necessitated frequent short-term, emergency procurements through Australian suppliers. Currently, procurement of about 60% of the items on the EDL is made to the International Drug Association, a NGO based in the Netherlands and about 40% of pharmaceutical procurement is through private providers in Australia and the region. This has virtually eliminated stock-outs of core essential drugs, and only occasional emergency replenishment

The Ministry maintains an Essential Drug List (EDL) which forms the basis for supplies and requisition. Separately a Standard Treatment Guideline has been developed for use by all prescribing physicians.

Vaccine is managed by the PH Department with their set up of the cold chain and with vaccine procured through UNICEF channel.

Pharmacy stock control is achieved through the mSupply system and a support contract is in operation. The Ministry is also developing a new National Medicine Policy. This policy is expected to be the basis for a new Pharmacy Bill.

Biomedical engineering

Medical equipment in the health service are A regional Biomedical Engineer serves Nauru and contracts also exist for the maintenance of dialysis equipment; oxygen plant; dental equipment; and general medical equipment. The Medical Equipment Committee has been constituted to address equipment requirement and issues of the Ministry. A minimum equipment list is also been developed along with a new Equipment Policy document.

6.6 Health Financing

Chart 5: Health Funding by Source 2014/2015

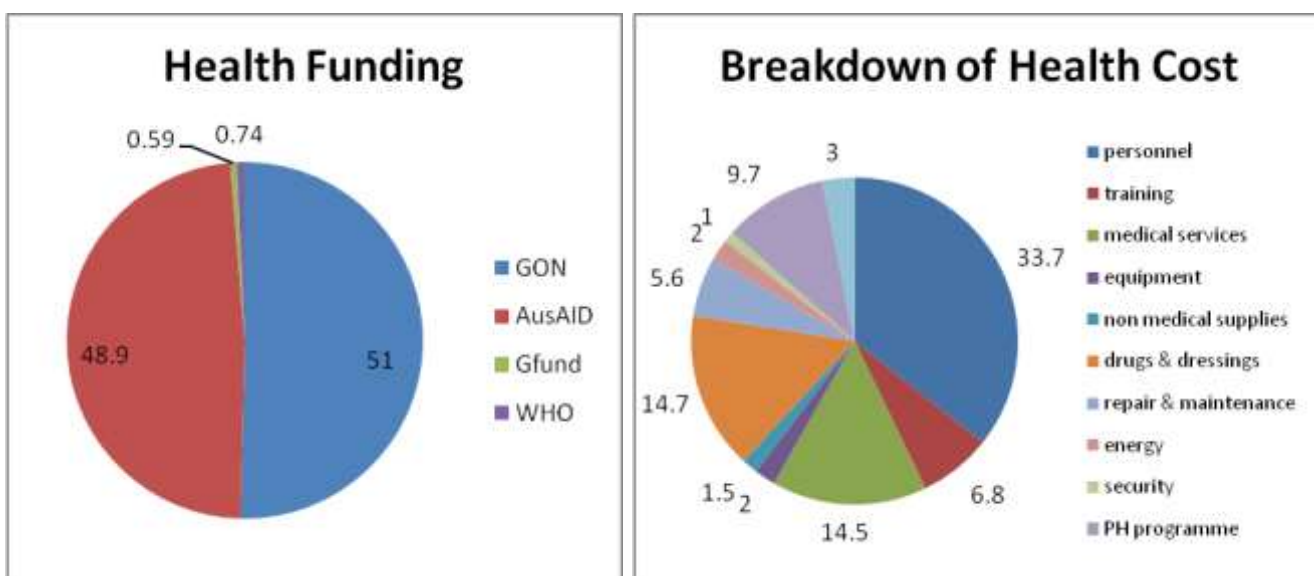


Table 5: GON Health Sector Budget by Component 2014/2015 & 2015/2016

<i>Natural Account</i>	<i>Description</i>	<i>2014-15 Revised Budget</i>	<i>2015-16 Proposed Budget</i>
Revenue by Natural Account			
1330	Visa Check up	5,400	9,000
1475	Miscellaneous Revenue	1,500	1,500
1520	Food Handler Check up	13,200	80,000
1555	Spectacles,Drugs etc	5,400	5,000
1565	Medical Services	2,700	2,700
Total Revenue		28,200	98,200
Expense by Natural Account			
2015	Salary - Local	1,384,583	1,757,313
2020	Salary Expatriate	846,867	1,403,644
2025	Allowances - Staff Contract	141,694	31,250
2030	Salaries Other contracts - Expatriate	587,754	333,884
2040	Staff Training	5,698	27,000
2050	Uniforms & Protective Clothing	10,000	15,000
2055	Consultants fees	-	100,000
2070	Travel - Staff	207,481	186,000
2075	Travel - Business	24,915	25,160
2100	Entertainment	1,500	35,100
2130	Printing & Stationery	31,675	15,000
2135	Stores	59,544	149,000
2185	R&M - Buildings	80,600	100,000
2190	R&M - Office Equipment	2,000	2,000
2205	R&M - Plant	22,140	-
2215	R&M - Nauruan House	20,000	100,000
2235	Special Projects	44,000	200,000
2275	Purchase of Petrol	49,813	-
2280	Purchase of Diesel	71,709	-
2315	Electricity	131,804	200,000
2370	Memembership Fees & Subscriptions	3,539	12,000
2440	Scholarships - School & Trade	93,928	60,000
2465	Health & Hygiene Projects	96,985	322,000
2470	Drugs, Dressings & Dental	-	1,500,000
2475	Overseas Medical Treatment	5,089,793	2,500,000
2495	Plant & Equipment Purchases	111,200	108,000
2585	Rations	48,420	198,800
Total Expense		9,167,642	9,381,151

Table 6: Provisional Budget 2014/2015 by Activity and Source

Heading	GON	AusAID	WHO	GF	Total	%
Staff, specialist, technical payments	3,026,037	1,174,000			4,200,037	33.7
Travel & Entertainment	265,323				265,323	0.021
Training & HIMS	93,928	336,000			429,928	0.034
Repair & Maintenance	176,040	300,000			476,040	0.038
Energy & Communication	253,326				253,326	0.02
Drugs and Stores	39,524	1,800,000			1,839,524	14.7
Plant, equipment, uniform & ration	105,200	1,500,000			1,605,200	12.8
Energy costs	253,326				253,326	0.02
Overseas medical referral	2,080,188				2,080,188	16.7
Health promotion & NCD		230,000			230,000	0.018
Com. nursing & emergency		164,538			164,538	0.013
Health communication & enforcement unit		147,433			147,433	0.012
Special projects & hygiene	53,739	290,000			343,739	0.027
PH programme			101,000	72,205	173,205	0.014
Total Sector Budget	6,346,631	5,941,971	101,000	72,205	12,461,807	
%	51	48.9	0.07	0.03		100%

6.7 Health Information

The hospital fire of 2013 total destroyed the Medical Registry Unit that contained patient records and health information. Normally, the RON Hospital Medical Records Department uses a Microsoft *Excel* data base into which patient registration data and International Classification of Disease (ICD-10) discharge diagnoses is entered. Staffs have undergone training in ICD-10 classification through the University of Queensland, and further training in the *Excel* software has been proposed.

A consultant was engaged to develop cancer registration and related training on data collection and analysis in 2013. Canreg4 is now used for cancer documentation in the country. For pharmacy and stores data, the department uses the *M-Supply* software on a stand-alone computer separate from the Medical Records information system at the RON Hospital Pharmacy. Some Pharmacy support staffs are familiar with and able to use the system.

7. Gap Analysis

7.1 Health System

- Health Planning
Capability for health and strategic planning remains a challenge within the current workforce. Strengthening capacity in this area could at least see that strategic objectives outlined in the various health and programme plans could be operationalised through Annual Operation Plans and Unit Plans and aligned to available resources. Furthermore, timely Annual Report compilations can provide and be analytic tool towards the prioritisation and later implementation of strategic objectives.
- Human Resource
Nauru health service will continue to depend on expatriate specialised doctors for some years to come. A steady recruitment and engagement of this specialised workforce both in the clinical and public health areas are often a challenge. In relation to nursing services, development of the local nursing workforce of Nurse Aides to take over full nursing duties as Certificate graduates is planned as part of succession planning and also upskilling training programme through the proposed Nauru Nursing School.
- Health Infrastructure
Whilst a new hospital is proposed for construction, the current health infrastructure lacks the full service of the pharmacy, radiology and medical records / health information departments. Following the fire of 2013, pharmacy and radiology services are offered from refurbished and equipped cargo containers. The medical records and health information units are now accommodated from available spaces within the outpatient department. Loss of patients' records greatly compounded service targets for quality patient management and follow up.

7.2 Health Service

- Diabetes / NCD

Undoubtedly, diabetes is the main contributor to morbidity and mortality in the country. Similarly as a NCD, institutional capability to control the diabetes is left wanting along with patients' apathy to improving personal health. It is encouraging to note that diabetes and NCD programme are awarded substantial funding resource yearly. Yet this funding resource are not fully utilised annually as the institutional capacity for service and programme are weak. Infrastructure, staff strengthening along with supplies and equipment will be required for improved outcomes.

- Community Base Follow Up and Care

Community based follow up of chronic cases needs strengthening. Poor patient compliance on treatment and follow up is a major cause of disease complications. Community base care and follow up of chronic cases such as Diabetes, Hypertension, Rheumatic Heart Disease, Psychiatric and Chronic Renal Disease would be required. Separately, preventive health care services such as infant immunisation and nutrition could benefit from such services.

- Health information

Reporting of general and clinical service information needs to be standardised and enforced for improved health information. Lack in quality data complicates analysis and tabulation for planning in service delivery, disease monitoring and surveillance. Development of minimum data sets for health service areas apart from the timely reporting and feedback to end users should be instituted.

- Health Promotion and Health Communication

Institutional structure, leadership and programme implementation in health promotion and health improvement could be further improved. Even with current funding allocation, sustained health promotion activities are lacking. Health communication capabilities need to be development along with strategies for sustained health awareness and health communication.

- Specialised clinical services

Periods of no clinical speciality coverage compromised quality patient care. Furthermore, the clinical specialised area of renal medicine / dialysis will warrant urgent consideration in the new NHSP aside from ensuring that the Paediatrician engaged should have experience in early newborn care. Diagnostic capabilities need to be upgraded to meet requirements for patient management. At least histology and mammography need introduced and supported.

Innovative Services and Programmes in Strategic Plan 2016-2020

- Infrastructure development – construction of new hospital and support facilities.
- Nursing School Establishment and opportunities for continued nursing education
- Improved Laboratory performance through the introduction of Histology diagnostic capability
- Improved Renal Medicine services with technical Specialist engagement
- Improved Surgical capabilities, diagnostic and treatment
- Introduced services for breast examination and diagnosis
- Improved community health service through district community health centres

8. Development Partners

Australian Government

The Government of Nauru has a long-standing relationship with the Government of Australia which provides direct financial support and indirect technical and financial support to the Ministry of Health (in the form of grants or contracts channelled through Australian institutions and managing contractors).

In line with *Australian aid: promoting prosperity, reducing poverty, enhancing stability*, the Government's aid program in 2014-15 focussed on achieving two development outcomes: strengthening private sector development and enabling human development.

These two development outcomes will be pursued by focusing aid program investments in a select number of priority areas and in health, on strengthening health systems, regulation, research, prevention and disease control.

Australia will help the Government of Nauru to:

- establish more efficient and accountable public sector management
- improve the quality of and access to primary, secondary and technical and vocational education services to improve employment opportunities
- build a cost-effective health system which delivers improved health outcomes
- improve the reliability and cost effectiveness of essential infrastructure and services, such as power and water supplies
- promote private sector growth in the fisheries sector.

Nauru 2014-15 ODA

World Health Organisation

The MOH also has a long-standing partnership with the **World Health Organization**, which provides technical assistance, support for human resource development and supplementary funding for in-country implementation of priority public health activities through a biennial budget process that allows the MOH considerable latitude in addressing national priorities. The current biennial budget and programme is for the 2014-2015 and focuses on human resource development, maternal and child health, mental health, non-communicable diseases, medical supplies management and disease surveillance. The Programme budget 2016-2017 will be the second of the three biennial budgets to be formulated within the Twelfth General Programme of Work, 2014-2019. Special emphasis has been given to the further strengthening of the institutional, international and country capacities for emergency preparedness, surveillance and response, as well as the continued focus on strengthening regulatory capacity, health systems information, polio eradication and RMNCAH.

UNFPA

UNFPA is committed to ensuring that reproductive health and women's empowerment are central to development plans, health sector reforms and programming efforts to reduce inequities and to achieving universal access to quality reproductive health services, commodities and information. The UNFPA Pacific Sub Region Office provides technical and programme assistance to Nauru for contraceptive and other reproductive health commodities.

In an effort to consolidate resources and improve coordination, UNFPA embarked on joint efforts with UNDP and UNICEF to establish Joint Presence offices (JPOs) in seven countries in the Pacific including the Republic of Nauru. This strengthened presence in the Pacific comes as part of its commitment to UN Reform.

UNICEF

Country Programme 2013-2017 of **United Nations Children's Fund (UNICEF)** provides the framework for its ongoing programme and technical assistance to the Ministry of Health in relation to newborn, child health, nutrition, HIV programme. The Expanded Programme on Immunisation (EPI) and the cold chain are major areas of technical assistance along with breastfeeding promotion and the Baby Friendly Hospital Initiative. UNICEF also provides assistance to other government ministries particularly Education.

Republic of China (Taiwan)

As outlined in the NHSP 2010-2015, the **Republic of China (Taiwan)** provides technical, training, and material support to the Ministry of Health including a twinning relationship for occasional placements and other aspects of training between the RON Hospital and hospitals or universities in Taiwan. Assignments of technical staff from Taiwan in areas such as Nutrition and Health Promotion have been completed. Separately, Taiwan medical specialist provide much needed tertiary care services to the Ministry of Health through a scheduled twice-yearly visiting teams. In 2013, the first medical treatment referral was made to the Taichung Veterans General Hospital. Since then additional cases have been referred and making Taichung Veterans General Hospital an new and additional hospital for medical referral.

New Zealand

New Zealand provides technical support through several mechanisms including training. Patient referral and case management through contracted agencies in New Zealand is also use on occasions. Recent commitment includes funding support for the refurbishment of the recompression facilities at RON Hospitals.

Republic of Cuba

While the **Republic of Cuba** does not provide formal financial assistance to Nauru, Cuba's medical aid to Pacific countries and Nauru has been two-pronged, consisting in sending doctors to Oceania, and in providing scholarships for Pacific students to study medicine in Cuba at Cuba's expense. For Nauru, Cuba is emerging as an important health partner through the training of Nauruan medical students at Cuban medical schools and potentially a source of health professionals to meet gaps in the local health work force. Cuban specialists in Medicine, Paediatrics, Obstetrics and Gynaecology have served the Ministry in 2011/2012 and one technician in medical laboratory is current in the establishment in 2015. The first Cuban trained Nauruan doctor is expected to return to the country in 2016.

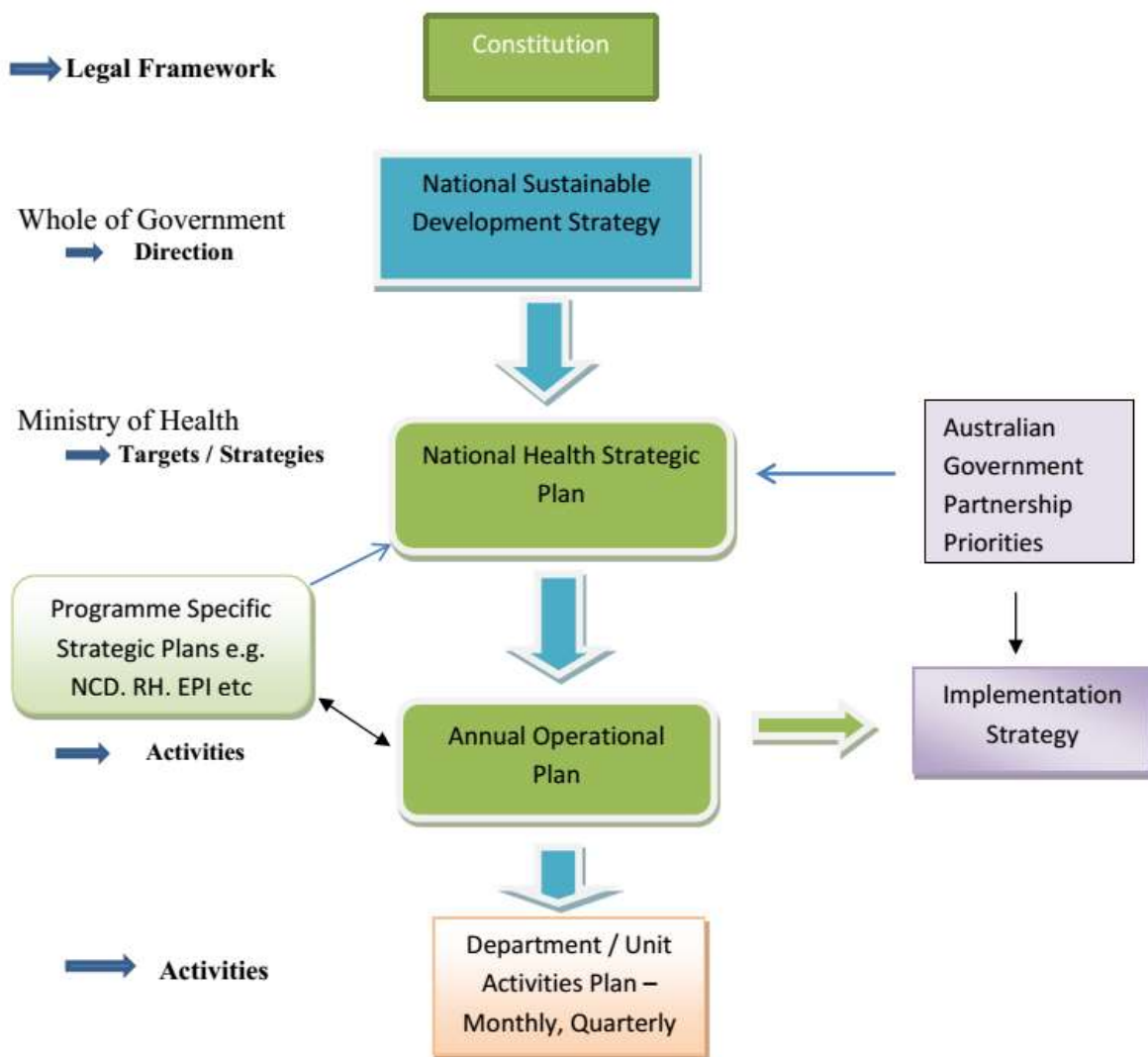
Israel

The Israel Government provides technical assistance to the Ministry for renal / dialysis service. Aside from the technical assistance, Israel through it Embassy in Australia, had provided assistance in medical supplies and equipment.

Secretariat of Pacific Community

The **Secretariat of the Pacific Community** assistance to MOH is primarily in the form of technical assistance and training support. Separately, SPC has managed funding from the Global Fund projects on HIV and TB, the HIV/STI Response Fund and small grants schemes under the regional NCD Framework. Notable achievement in this partnership was on medical laboratory strengthening in which RON Hospital microbiology diagnostic capability was established.

9. STRATEGIC PLAN 2010-2015



Linkages

The country’s Constitution provides the legal basis and mandate for the establishment and provision of health services in the country. The mandate of the Constitution is translated and incorporated by elected Governments in its long term Development Plans or Strategies. Sector plans are normally formulated by Government Ministries for medium term periods of up to 10 years to prioritise and strategise the Development Plan. The Annual Operation Plan is a budget linked document that sets out to operationalise the Sector Plan or Strategic Plans. Unit or Departmental Activity Plan is final planning document has list weekly, monthly or quarterly activities. The Ministry of Health key planning document and linkages is presented and discussed below.

National Sustainable Development Strategy (NSDS)

The National Sustainable Development Strategy is the long term development strategy of Government covering a period of 20 years. The NSDS has the vision of “A future where individual, community, business and government partnerships contribute to a sustainable quality of life for all Nauruans”. There are seven strategies for health under the social sector goals. The HSP outlines the linkages to the NSDS

and proposals to address the health targets. The findings of the 2009 review of the NSDS were noted and gaps identified have been strategized for further implementation in the HSP.

10. Alignment of NSDS and NHSP

Table 6: Alignment of NSDS and NHSP

<i>NSDS Strategies for Short, Medium and Long Term Goals</i>	<i>NHSP Key Result Area Strategies</i>	<i>Comments</i>
Strengthening health systems capacity and sustainability through institutional and systems reform, organizational restructure, planning and quality delivery of health services	KRA 1: Health Systems KRA 3: Curative Health	<ul style="list-style-type: none"> • Planning and policy actions included • Governance • Health service • Medical products
Strengthening response and interventions on preventative health, reproductive health, non-communicable diseases, pandemic and national disasters	KRA 2: Primary Health Care and Healthy Islands KRA 3: Curative Health	<ul style="list-style-type: none"> • Curative health strategies are linked to outcomes
Strengthening Reproductive Health Commodity Security for effective and quality service delivery	KRA 2: Primary Health Care and Healthy Islands	<ul style="list-style-type: none"> • Curative Health also incorporate elements of this strategy
Strengthening health systems and service delivery through human resource development, workforce planning, capacity development and training	KRA 1: Health Systems	<ul style="list-style-type: none"> • Human resource • Health finance • Health information
Providing quality and effective service delivery through infrastructure development and upgrading	KRA 4: Administration and Support Services	<ul style="list-style-type: none"> • Infrastructure maintenance and Medical Equipment
Improved quality of life through sports for all	KRA 2: Primary Health Care and Healthy Islands	<ul style="list-style-type: none"> • Multi-sectoral strategy
Strengthening awareness of people with disabilities	KRA 2: Primary Health Care and Healthy Islands - awareness and prevention	<ul style="list-style-type: none"> • KRA 3: Curative Health strategy on the disable

11. Alignment of Australia / Nauru Partnership Priority Outcome to NHSP

Table 7: Partnership Priority Outcome 3 Alignment with NHSP

PARTNERSHIP PRIORITY OUTCOME 3: A COST-EFFECTIVE HEALTH SYSTEM WHICH DELIVERS IMPROVED HEALTH OUTCOMES
<p>PPO 3.1 Strengthening health system management in particular budget prioritization, strategic planning and improved health statistics</p> <ul style="list-style-type: none">➤ NHSP – KRA 1: Governance, Health Financing, Health Information strategies
<p>PPO 3.2 Reduced prevalence of non-communicable diseases and sexually transmitted infections, through more effective preventive and public health programs</p> <ul style="list-style-type: none">➤ NHSP – KRA 2: NCD, RH, STI/HIV STRATEGIES
<p>PPO 3.3 Improving maternal and child health outcomes, by addressing child nutrition and improving access and quality to ante and post natal care</p> <ul style="list-style-type: none">➤ NHSP – KRA 2: MCH, NUTRITION, RH, SAFE MOTHERHOOD STRATEGIES

Addressing Crosscutting Issues

Carry on from the past NHSP 2010-2015, this NHSP also targets key cross cutting issues such as gender, disability, climate change adaptation, disasters mitigation and environment. Indeed identifying gender associated morbidity and mortality has been an ongoing activity of the Ministry. Segregation of data into sex classification is important for analytic purposes and for targeted intervention.

For the disabled, home visitations and house improvements have been strategized in the past health plan and continued in the new NHSP. Assistance for housing renovation to facilitate mobility of disable people on wheel chairs has been made by Government. Assistance for amputees in relation to access to limb prosthesis service is ongoing. This service will cater for the needs of disabled citizen with lower limb amputations. Climate change adaption is a whole of government strategy with the Ministry of Health contributing on issues related to disease occurrence. Similarly, disaster mitigation is a whole of government activity with the Ministry of Health contributing its role and function in the national plan developed.

12.

GUIDING PRINCIPLES

Vision

A Healthy and Peaceful Nation that values and supports *human rights and dignity* through the provision of *quality health care and services*

Mission

‘Based on the principles of Primary Health Care, the Ministry of Health aims to promote; protect and maintain the health of all people of Nauru through preventive health care programme and appropriate clinic services’.

Values

Professional

- Professional in character and mannerism in all matters related to our services

Responsive

- Responsive to the health needs of the population noting the need for speed in delivery of urgent health services.

Caring

- To display real caring attitude to all patients in all areas of service

Customer focus

- Being genuinely concerned that our customers receive quality health care,
- respecting the dignity of all people

Equity

- Striving for an equitable health system and being fair in all our dealings irrespective of ethnicity, religion, political affiliation, disability, gender and age

Quality

- Pursuing high quality outcomes in all facets of our activities

Integrity

- Committing ourselves to the highest ethical standards in all that we do.

13. **Strategic Focuses of Ministry under Key Result Areas**

The four Key Result Areas are as follows.

Key Result Area 1:	Health Systems
Key Result Area 2:	Primary Health Care and Healthy Islands
Key Result Area 3:	Curative Health
Key Result Area 4:	Support Services and Networking

14.

KEY RESULT AREA 1: HEALTH SYTEMS

Policy Goal: To strengthened health system capacity and capability to meet health service needs, demand and expectations.

Strategic Areas of Focus

Strategic Area 1: Leadership and Governance
Strategic Area 2: Medical and Nursing Services
Strategic Area 3: Health Finance
Strategic Area 4: Human Resources for Health
Strategic Area 5: Health Information

Priorities Actions and Targets by 2020

Governance

- Public Health Act passed by 2016
- Pharmacy Act passed by 2017
- International Health Regulation passed by 2018
- Mental Health Act passed by 2020

Medical and Nursing Services

- Scope of practice for RNs, midwives and Nurse assistants reviewed
- Infection Prevention and Control Manual for MoH in use
- Nursing services management structure reviewed
- Clinical Procedure Guidelines developed
- District Health Centres established and operational by 2017

Health Finance

- Achieve 90% utilisation of annual budget appropriation
- Achieve 100% revenue collection

Human Resources for Health & Human Resource Development

- Health Workforce Plan formulated and adopted by end 2016
- Staff Succession and Training Plan formulated by end 2016
- Nursing training capabilities for Certificate of Nursing established by 2017

Health Information

- Re-establish health information unit by 2016
- Re-establish Medical Registry by 2016

What we will do (Strategic Objectives)

Leadership and Governance

- Strengthened health planning process to address at least the requirement for national health strategic planning and annual operational plan preparation.
- Consolidate health policies developed and introduce key policies in health programme and service areas
- Formulate and review legislation to address and meet of health service needs, demands and responsibilities
- Strengthen enforcement of health laws and regulations

Medical and Nursing Services

- Strengthen Nursing services to cater for better patient care and community nursing
- Review scope of practice for RNs, midwives and Nurse assistants
- Review the Infection Prevention and Control Manual for MoH
- Strengthen nursing services management structure and standards
- Develop Clinical Procedure Guidelines
- Develop succession planning including nursing speciality training and recognition
- Establish District Community / Health Centre to serve as outlet for community health services
- Support Nursing Association establishment

Health Finance

- Advocate for appropriate health funding based on the health strategies and work plan of the Ministry
- Support new revenue generation and collection such as fees for Government Department medical examination
- Support increase taxation on high health risk commodities to support healthier choices

Human Resource for Health

- Continue to support engagement, recruitment and retention of local health workers
- Enable internal institutional (MOH) capacities for local staff recruitment (advertise, select, appoint).
- Support the creation of positions and engagement of expatriate staff for specialised positions
- Advocate for improved staffing level in key clinical service departments

Human Resource Development

- Strengthen education and training of local health workers in disciplines such as Critical Care Nursing, Dialysis and Mental health
- Develop training capabilities for Certificate of Nursing training for Nurse Aides
- Support PHOLN programme for accreditation by NHRRP in relation its role and contribution to annual medical staff licensing.

Health Information

- Strengthen health information capabilities by introducing a minimum data set for data collection and that includes morbidity, births and deaths registration information.

- Strengthen and improve patient records keeping especially tracking, ICD coding and patient data entry
- Establish medical department registry for record keeping of the role, function and work of the Ministry and departments.

15. **KEY RESULT AREA 2: PRIMARY HEALTH CARE AND HEALTHY ISLANDS**

Policy Goal: To strengthen and improve community preventive and health care services under the principles and concepts of primary health care and healthy islands

Programme Specific Plans

The following programme specific plans are in existence and have been considered in the planning process of this strategic plan.

1. Integrated National Strategic Plan for Sexual and Reproductive Health Services 2015-2020
2. Nauru NCD Strategic Action Plan 2014-2020
3. Global Fund for Aids, Tuberculosis and Malaria
4. Regional Health Island Strategy

Strategic Areas

A strategic area both represents an existing functional unit and a programme of intervention.

- Strategic Area 1: Diabetes / NCD
- Strategic Area 2: Reproductive, Maternal, Neonatal, Child and Adolescent Health
- Strategic Area 3: Tuberculosis / Leprosy
- Strategic Area 4: Public Health Nutrition
- Strategic Area 5: Rheumatic Health Disease
- Strategic Area 6: Eye Unit
- Strategic Area 7: Community Nursing (Zone)
- Strategic Area 8: Environmental Health Unit
- Strategic Area 9: Enforcement Unit
- Strategic Area 10: Health Promotion / Healthy Island Unit



Community based preventive health programme – an important function of public health

Priority Action and Targets by 2020

Reproductive, Maternal, Neonatal, Child, Adolescent Health (RMNCAH)

- Reduce syphilis infection rate to less than 10%
- Increase contraceptive prevalence rate to 35%
- Reduce maternal anaemia to less than 25%
- HPV introduced to routine immunisation
- Improve measles vaccine coverage to 90%

Diabetes / NCD

- Establish diabetes / NCD control centre
- National survey on diabetes prevalence
- Achieve 80% registered diabetes on appropriate management

Tuberculosis / Leprosy

- Achieve 100% DOTS coverage

PH Nutrition

- Improved exclusive breastfeeding rate to 60%
- RON declared Baby Friendly Hospital

Rheumatic Heart

- Achieve 80% monthly coverage of all patients

Health Promotion / Healthy Islands

- Health Promotion Council / Foundation re-constituted and active
- Established 3 Healthy Island settings
- Establish Health Communication Unit and functions

Environmental Health

- Establish Vector Control Laboratory

Enforcement

- Regulation of Tobacco Control and Food Safety passed and enforced

Primary Eye Care

- Trachoma prevalence survey undertaken and prevalence reduced by 50%

Community Nursing (Zone)

- Community profiling undertaken in all Districts

What we will do (Strategic Objectives:

Diabetes / NCD

- Establish a Diabetes / NCD centre for improved preventive, diagnostic, treatment and follow up care
- Implement activities outlined in the NCD Strategic Plan 2014-2020
- Support and strengthen ongoing diagnostic, preventive and treatment services for diabetes, hypertension and cardiac diseases
- Support and strengthen ongoing activities against NCD risk factors particularly tobacco and alcohol use reduction

Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)

Maternal Health and STI

- Support and strengthen safe motherhood initiatives and programmes
- Introduce Immunoglobulin administration for RH+ve mothers
- Strengthen Family Planning awareness and use including services for vasectomy
- Support and strengthen cancer screening and prevention programmes especially PAP smear and breast examination / screening
- Support national and regional efforts to prevent the spread and minimise the impact of HIV and other STIs on individuals, families and communities
- Increase the early detection of HIV and other STIs to reduce further infections and facilitate timely treatment.

EPI

- Support the maintenance of a strong EPI programme including good management of the cold chain
- Explore possible introduction of new or combination vaccines against common diseases of childhood
- Support EPI disease surveillance and research

Child Health

- Maintain and strengthen Well Baby Clinic for follow up and care of children
- Maintain and strengthen School Health services

Tuberculosis / Leprosy

- Support local TB control programme under the Global Fund strategies
- Support local Leprosy control programme under WHO strategies
- Strengthen and support awareness activities in the community

Public Health Nutrition

- Support prevention of childhood obesity through Health Promoting School
- Support and strengthen ongoing school feeding programme to ensure good nutrient education is fostered in primary schools
- Support exclusive breastfeeding initiatives and good weaning practices
- Introduce and support the Baby Friendly Hospital initiative
- Advocate for good family nutrition through home gardening

- Healthy food preparation including cooking demonstration

Rheumatic Heart Disease

- Support referral and diagnostic follow up of RHD cases
- Strengthen monthly injections to registered RHD cases
- Community base follow up of defaulters

Eye – Primary Care

- Support awareness and interventions on preventable causes of blindness such as trachoma
- Provide services for refraction and prescriptive glasses
- Provide treatment services for diabetes eye complications
- Support clinical services for visiting eye specialists

Community Nursing (Zones)

- Support community based nursing activities especially domiciliary case follow up and referrals
- Support the professional development of District Primary Health Care Workers (DPHCW)
- Support mobile clinics and district health centres operations

Environmental Health

- Maintain and strengthen environmental sanitation including the removal of dead animal carcasses from public roads
- Community based sanitary activities in partnership with local communities and district primary health care workers
- Expand and strengthen food safety monitoring and control
- Maintain and strengthen pollution control measures especially sewerage and medical waste management
- Maintain and strengthen water safety through monitoring, analysis and treatment of water storage vessels
- Establish vector control laboratory and strengthen vector control measures
- Maintain and strengthen quarantine services at ports of entry

Enforcement Unit

- Implement Regulations in relation to the enforcement of health legislation
- Enforce Food Safety and Tobacco Control Regulations

Health Promotion & Healthy Islands

- Strengthen health promotion and health protection initiatives under the Regional Healthy Islands Initiative
- Revitalise the Healthy Island Council and support its schedule plan and work
- Support advocacy activities for health protection including healthy settings
- Establish and support the role of health communication as part of health promotion and health interventions

KEY RESULT AREA 3: CURATIVE HEALTH SERVICES

16.

Policy Goal: To provide high quality clinical care and services to meet the needs and expectations of patients and that are in line with the policies and resources of the Ministry.

Programme Specific Plans

The following programme specific plans are in existence and have been considered in the planning process of this strategic plan.

1. PEN – NCD Control

- Strategic Area 1: Clinical patient care services
- Strategic Area 2: Tertiary care and referral services
- Strategic Area 3: Clinical support service
- Strategic Area 4: Diagnostic services



After the 2013 hospital fire; North-west view of the RON Hospital showing the Medical Stores, Pharmacy and Radiology (in Container structures), part of Acute Ward and renovated Dental Clinic. Vacant space used to have Pharmacy, Radiology and Medical Records. This site is now proposed for the new hospital extension.

Priorities Actions and Targets by 2020

GOPD

- Reduce by 25% the current (2015) waiting time for patients (research based)
- PEN services for NCD introduced

Surgery & Anaesthesia

- Perioperative mortality rate (POMR) after 30 days is maintained at Zero
- Post-operative infection rate (POIR) maintained below 20% of 2015 figures
- All High Dependency Unit (HDU) nursing staff trained in Critical Care Nursing
- Upgrade surgical services to include interventional endoscopy
- Introduce laparoscopy cholecystectomy
- Introduce orthopedic innovative procedures relating to fracture management

Obstetrics & Gynaecology

- Incidence of premature labour and births reduced by 50% from current rate of 2.9%

Medicine & Dialysis

- Cardiac ECHO assessment improved to cover 100% of qualified patients
- Improved assessment of ischaemic heart disease patients to 50% from the current zero level
- Improved vascular catheterization locally from zero to 100%

Physiotherapy

- 100% of qualifying amputees assisted with prosthesis
- Hydrotherapy facilities and services introduced

Radiology

- Introduce breast diagnostic services
- Introduce fluoroscopy diagnostic service

Laboratory

- Reduced by 50% the number of specimens referred overseas for analysis
- Introduce Histology services
- Laboratory is accredited to the ISO 15189 by the end of 2020

Oral Health

- Tooth brushing programme is implemented in all infant and primary schools
- Fissure sealant treatment in 70%_ of identified cases in 7 years

Pharmacy

- Review of Essential Medicine List
- Review of Standard Treatment Guideline

- Medical Consumable Catalogue formulate

What we will do (Strategic Objectives)

To address these priorities and target and to meet each department's pre assigned roles and responsibilities, the division of medical services will seek to implement at least the following objectives.

SA 1: Clinical patient care

GOPD/A&E

- Strengthen GOPD services through a decentralised community based clinics
- Strengthen triaging of patients for early and urgent care of very sick patients
- Introduce PEN management for NCD control

Medicine

- Support and strengthen current services in medicine and dialysis services
- Strengthen cardiac assessment and diagnostic capabilities such as ECHO services and treadmill option
- Improve patient access to dialysis service through early and locally offered vascular catheterisation

Surgery and Anaesthesia

- Support and strengthen existing surgical and anaesthetic services
- Upgrade surgical services to include interventional endoscopy
- Introduce laparoscopy cholecystectomy
- Introduce orthopaedic innovative procedures relating to fracture management
- Support Critical Care Nursing for HDU staff

Paediatrics

- Strengthen paediatrics inpatient and outpatient services
- Strengthen neonatal care and services
- Support and strengthen breast feeding practices
- Initiate and progress RON Baby Friendly Hospital programme and status recognition

Obstetrics and Gynaecology

- Maintain and strengthen current services in obstetrics care and Safe Motherhood
- Strengthen ANC screening services especially for reproductive tract infection, and PAP smear
- Introduced service for breast examination, investigation, treatment and counselling

Oral Health

- Maintain and strengthen oral health clinical services
- Support and strengthen oral health prosthetic services
- Strengthen treatment and preventive oral health services to schools
- Strengthen treatment and preventive oral health services to the community through mobile and fixed clinics

SA 2: Tertiary clinical and referral services

Renal Dialysis

- Maintain and strengthen dialysis services to ensure continuous availability of the service to patients
- Procurement and maintenance of functional dialysis equipment along with appropriate consumables
- Community follow up and care of dialysis patients

Overseas Medical Treatment and Referral

- Support and facilitate cost effective evacuation and referral of patients for overseas medical treatment as per policy.
- Network with the Pacific Island Countries for case referrals and treatment
- Support ongoing treatment and reviews of overseas treated patients

Visiting Medical Teams

- Coordinate partner agencies and governments offers for specialist visits and services in the various clinical fields
- Support scheduled visits of specialist for services in the various clinical fields

SA 3: Clinical Support Services

Pharmacy

- Support and strengthen pharmaceutical services through the provision of resources (human and financial) to meet basic pharmaceutical needs
- Procure and store a regular supply of medicines at favorable prices and that meets recognized standards of quality
- Ensure that patient medicines safety as prescribed according to local STG
- Update existing National Medicine Policy
- Review the existing Essential Medicine List (EDL)
- Review and update existing Standard Treatment Guideline
- Formulate new Medical Consumable Catalogue
- Support staff development in medical stores management

Physiotherapy

- Provide and strengthen physiotherapy services to cater for patient needs
- Strengthen Community Based Rehabilitation (CBR) programme including training and networking

- Provide assistance for basic access and mobility requirements in disable peoples' home (Home Modification Project)
- Identify and assist qualifying amputees for prosthesis services
- Introduce hydrotherapy facility and service at RON

Mental Health

- Support and strengthen current mental health services
- Create ward space and facilities for inpatient care
- Support community base mental health service such as awareness, counselling, patient follow up and care
- Progress establishment of Mental Health Advisory Committee

Clinical Ophthalmology

- Support and strengthen clinical eye care services especially surgical intervention
- Improve and strengthen eye care services including preventive measure against early blindness (laser treatment for diabetic)

SA 4: Diagnostic Service

Medical Laboratory

- Maintain and strengthen current services in haematology, biochemistry and related services in the laboratory so as to reduce overseas test dependence
- Establish Histology diagnostic capability at RON
- Capacity building and institutional strengthening to ISO standard

Radiology

- Maintain and strengthen current radiologic diagnostic services
- Re-introduce fluoroscopy capability and service
- Strengthen radiologic and scanning services to cater for breast examination and diagnosis



Temporary Radiology service provided from a refurbished Container.

KEY RESULT AREA 4: SUPPORT SERVICES and NETWORKING

17.

Policy Objective:

To support the clinical and health programme role and functions of the Ministry through a robust health administration and management system.

Strategic Area 1: Administration
Strategic Area 2: Equipment
Strategic Area 3: Infrastructure
Strategic Area 4: Networking
Strategic Area 5: Health Research

Priority Actions and Target by 2020

SA 1: Administration

- Position / Job Description reviewed
- Health policies reviewed and tabulated

SA 2: Equipment

- Minimum standards of equipment established
- Boarding and removal of non-serviceable items yearly

SA 3: Infrastructure

- Maintenance of infrastructure undertaken as per yearly plan
- Master planning exercise for a new hospital facilitated
- Construction of new Hospital for curative health and support services

SA 4: Networking

- Diabetes Council / Foundation
- Health Promotion Council / Foundation

SA 5: Health Research

- Health Research Unit established

What we will do (Strategic Objectives);

To address the policy objective and the strategic area, the Ministry through Administration Division will undertake the follow activities.

Administration

- Manage human resource issues of the Ministry especially in terms of staff recruitment, engagement and staff appraisal
- Administrative management of the hospital and public health support services (kitchen, laundry, maintenance etc.) to ensure ease of operations
- Manage ambulance service, general transportation and communication requirements of the Ministry
- Review and update Position / Job Description
- Review and update health policies

Equipment

- Establish a baseline minimum equipment requirement in all sections and units of the hospital to ensure that basic service can be maintained in the phase of severe resource constraints
- Equipment management of identification, procurement, servicing and disposal medical equipment requirements
- .

Infrastructure

- Maintenance of existing health facility infrastructure
- Appropriate infrastructure development to cater for service expansion and accommodation
- Master planning completed for new Hospital development

Networking

- Working with partners in the government sector and Non-Government Organisation to promote and advance health based programme and initiatives in Nauru
- Networking and partnership with countries and institutions of the region to address local health issues and issues common to the region

Health Research

- Support institutional structures for health research capability

- Support the conduct operational researches such as diabetes and trachoma prevalence, oral health etc.

18. Implementing Structure and Schedule

Achievement of the targets of the NHSP 2016-2020 will be at least dependent on resource allocation, staff availability and implementation mechanism. The Key Result Areas and the accompanying strategies and objectives are aligned to the organisational structure of the Ministry. Under each organisation structure, a health Director is responsible for the supervision and management of the division. Implementation of the key result area, strategies and objectives will be under the each Director's responsibility guided by Annual Operational / Implementation Plan.

Key Result Area	Organisation Structure / Programme Unit	Officer Responsible
Health Systems	All Departments	SHMS / DMS / DPH / DAH
Primary Health Care	Public Health	DPH / Programme Staff
Curative Health	Hospital / Medical Service	DMS / OIC
Support Services	Administration	DAH

Noting that budget and funding allocations are also aligned to the structure, monitoring of activities implementation and challenges faced will be the responsibility of the line Directors.



Public Health planning team

Senior Management Team (SMT) also exists for planning and management in the MOH

Chart 6: Planning, Implementing and Assessment Layout of NHSP



Costing Activities in Strategic Plan

Most of the budget allocation and costs related to the operationalisation of the NHSP is derived from the Governments of Nauru (GON) and Australia (PPD) funding allocation. GON and PPD health funding is managed by Treasury and released on a scheduled timing (GON) or upon formal request (PPD) from Secretary Health. WHO contributes a total of around US\$101,000.00 per biennium for specific activities mostly in health systems and health programmes. WHO funding is disbursed to the Government upon receipt of a Local Cost request. GFATM provides around \$50,0000 - \$100,000 for a programme cycle period through Local Funding Agent (LFA) that manages the fund for the Pacific Countries. In the most recent past years, the LFA for the Pacific Islands Global funding allocation has been SPC. Funding from SPC and other donors are usually based on a work plan or targeted at specific activities. In this plan ‘Institutional’ cost for activities is a terminology used to refer to activities that are viewed as intrinsic and standard to the role and function of the unit or department. Funding for personnel and role of the unit is and operational budget of Government. Gaps in funding cost refer to unfunded activities based on the 2015/2016 financial annual appropriation. The NHSP is based on a calendar year and the budget allocation is based on the financial year. There will be gaps in funding

identified in the first year of the implementation but which will be distributed over the remaining four years for consideration.

19. Cost Analysis of Strategic Plan

These tables provide Directors and Managers an indication of possible sources of funding from established contributors for the implementation of the strategic objectives. The funding amount for each strategy is not included but an estimated total cost by source is outlined under Cost Analysis.

Key Result Area 1: Health System – Funding Source

Strategic Area	Strategic Objectives	2016- 2020 Cost / Source
1.1 Leadership and Governance	<ul style="list-style-type: none"> • Strengthened health planning process to address at least the requirement for national health strategic planning and annual operational plan preparation. • Consolidate health policies developed and introduce key policies in health programme and service areas • Formulate and review legislation to address and meet of health service needs, demands and responsibilities • Strengthen enforcement of health laws and regulations 	<p><i>GON</i></p> <p><i>GON</i></p> <p><i>WHO PPD</i></p> <p><i>PPD GON</i></p>
1.2 Medical Services	<ul style="list-style-type: none"> • Strengthen Nursing services to cater for better patient care and community nursing • Review scope of practice for RNs, midwives and Nurse assistants • Review the Infection Prevention and Control Manual for MoH • Strengthen nursing services management structure and standards • Develop Clinical Procedure Guidelines • Develop succession planning including 	<p><i>GON</i></p> <p><i>GON WHO PPD</i></p> <p><i>WHO GON</i></p> <p><i>GON</i></p> <p><i>WHO</i></p> <p><i>WHO</i></p>

Strategic Area	Strategic Objectives	2016- 2020 Cost / Source
	nursing speciality training and recognition <ul style="list-style-type: none"> • Establish District Community / Health Centre to serve as outlet for community health services • Support Nursing Association establishment 	GON GON
1.3 Health Finance	<ul style="list-style-type: none"> • Advocate for appropriate health funding based on the health strategies and work plan of the Ministry • Support new revenue generation and collection such as fees for Government Department medical examination • Support increase taxation on high health risk commodities to support healthier choices 	GON GON GON / WHO
1.4 Human Resources	<ul style="list-style-type: none"> • Continue to support engagement, recruitment and retention of local health workers • Enable institutional capacities for local staff recruitment (advertise, select, appoint). • Support the creation of positions engagement of expatriate staff for specialised positions • Advocate for improved staffing level in key clinical service departments 	GON GON GON GON
Human Resource Development	<ul style="list-style-type: none"> • Strengthen education and training of local health workers in disciplines such as Critical Care Nursing, Dialysis and Mental health • Develop training capabilities for Certificate of Nursing training for Nurse Aides • Support PHOLN programme for accreditation by NHRRP in relation to its role and contribution to annual medical staff licensing. 	GON / WHO / PPD GON / WHO WHO / GON
1.5 Health Information	<ul style="list-style-type: none"> • Strengthen health information capabilities by introducing a minimum data set for data collection that includes morbidity, births and deaths registration information 	GON / PPD

Strategic Area	Strategic Objectives	2016- 2020 Cost / Source
	<ul style="list-style-type: none"> Strengthen and improve patient records keeping especially tracking, ICD coding and patient data entry Re-establish medical department registry for record keeping of the role, function and work of the Ministry and departments. 	<p>GON / WHO</p> <p>GON</p>

Key Result Area 2: Primary Health Care and Healthy Islands - Funding Source

Strategic Area	Key Objectives	2016-2020 Cost / Source
2.1 Diabetes and NCD	<ul style="list-style-type: none"> Establish a Diabetes / NCD centre for improved preventive, diagnostic, treatment and follow up care Implement activities outlined in the NCD Strategic Plan 2014-2020 Support and strengthen ongoing diagnostic, preventive and treatment services for diabetes, hypertension and cardiac diseases Support and strengthen ongoing activities against NCD risk factors particularly, tobacco and alcohol use reduction 	<p>GON/ PPD</p> <p>PPD / GON</p> <p>PPD / GON</p> <p>PPD / GON</p>
2.2 RMNCAH Maternal Health and STI	<ul style="list-style-type: none"> Support and strengthen safe motherhood initiatives and programmes Introduce Immunoglobulin administration for RH+ve mothers Strengthen Family Planning awareness and use including services for vasectomy Support and strengthen cancer screening and prevention programmes especially PAP smear and breast examination / screening Support national and regional efforts to prevent the spread and minimise the impact of HIV and other STIs on individuals, families and communities Increase the early detection of HIV and other STIs to reduce further infections and 	<p>GON / WHO</p> <p>WHO / GON</p> <p>UNFPA/GON</p> <p>GON/ PPD/ WHO</p> <p>GF / GON</p> <p>GON / GF</p>

Strategic Area	Key Objectives	2016-2020 Cost / Source
	facilitate timely treatment.	
2.3 EPI	<ul style="list-style-type: none"> Support the maintenance of a strong EPI programme including good management of the cold chain Explore possible introduction of new or combination vaccines against common diseases of childhood Support EPI disease surveillance and research 	UNICEF / WHO WHO / UNICEF / GON WHO
2.4 Child Health	<ul style="list-style-type: none"> Maintain and strengthen Well Baby Clinic for follow up and care of children Maintain and strengthen School Health services 	GON GON
2.5 TB / Leprosy	<ul style="list-style-type: none"> Support local TB control programme under the Global Fund strategies Support local Leprosy control programme under WHO strategies Strengthen and support awareness activities in the community 	G Fund / GON G Fund / GON G Fund / GON
2.6 Nutrition	<ul style="list-style-type: none"> Support prevention of childhood obesity through Health Promoting School Support and strengthen ongoing school feeding programme to ensure good nutrient education is fostered in primary schools Support exclusive breastfeeding initiatives and good weaning practices Introduce and support the Baby Friendly Hospital initiative Advocate for good family nutrition through home gardening Healthy food preparation including cooking demonstration 	PPD GON GON WHO / UNICEF / GON WHO / UNICEF / GON GON
Rheumatic Heart Disease	<ul style="list-style-type: none"> Support referral and diagnostic follow up of RHD cases 	GON

Strategic Area	Key Objectives	2016-2020 Cost / Source
	<ul style="list-style-type: none"> • Strengthen monthly injections to registered RHD cases • Community base follow up of defaulters 	<p>GON</p> <p>GON</p>
Eye – Primary Care	<ul style="list-style-type: none"> • Support awareness and interventions on preventable causes of blindness such as trachoma • Provide services for refraction and prescriptive glasses • Provide treatment services for diabetes eye complications • Support clinical services for visiting eye specialists 	<p>GON / WHO</p> <p>WHO / PPD GON</p> <p>PPD / GON</p> <p>GON</p>
Community Nursing (Zone)	<ul style="list-style-type: none"> ○ Support community based nursing activities especially domiciliary case follow up and referrals ○ Support the professional development of District Primary Health Care Workers (DPHCW) ○ Support mobile clinics and district health centres operations 	<p>GON / PPD</p> <p>GON</p> <p>GON</p>
2.7 Environmental Health	<ul style="list-style-type: none"> • Maintain and strengthen environmental sanitation including the removal of dead animal carcasses from public roads • Community based sanitary activities in partnership with local communities and district primary health care workers • Expand and strengthen food safety monitoring and control • Maintain and strengthen pollution control measures especially sewerage and medical waste management • Maintain and strengthen water safety through monitoring, analysis and treatment of water storage vessels 	<p>GON</p> <p>GON</p> <p>GON / WHO</p> <p>GON / WHO</p> <p>GON</p>

Strategic Area	Key Objectives	2016-2020 Cost / Source
	<ul style="list-style-type: none"> • Establish vector control laboratory and strengthen vector control measures • Maintain and strengthen quarantine services at ports of entry 	<p>GON / WHO</p> <p>GON</p>
Enforcement	<ul style="list-style-type: none"> • Implement Regulations in relation to the enforcement of health legislation • Enforce Food Safety and Tobacco Control Regulations 	<p>GON</p> <p>GON</p>
2.8 Health Promotion & Healthy Islands	<ul style="list-style-type: none"> • Strengthen health promotion and health protection initiatives under the Regional Healthy Islands Initiative • Revitalise the Healthy Island Council and support its schedule plan and work • Support advocacy activities for health protection including healthy settings • Establish and support the role of health communication as part of health promotion and health interventions 	<p>GON / PPD / WHO</p> <p>GON</p> <p>GON / WHO</p> <p>PPD / GON</p>

Key Result Area 3: Curative Health Service – Funding Source

Strategic Area	Key Objectives	2016- 2020 Cost / Source
3.1 GOPD & AE	<ul style="list-style-type: none"> • Strengthen GOPD services through a decentralised community based clinics • Strengthen triaging of patients for early and urgent care of very sick patients • Introduce PEN management for NCD control 	<p>GON</p> <p>GON</p> <p>WHO / GON</p>
3.2 Medicine	<ul style="list-style-type: none"> • Support and strengthen current services in medicine and dialysis services • Strengthen cardiac assessment and diagnostic capabilities such as ECHO services and treadmill option • Improve patient access to dialysis service through early and locally offered vascular catheterisation 	<p>GON / PPD</p> <p>GON</p> <p>GON</p>
3.3 Surgery & Anaesthesia	<ul style="list-style-type: none"> • Support and strengthen existing surgical and anaesthetic services • Upgrade surgical services to include interventional endoscopy • Introduce laparoscopy cholecystectomy • Introduce orthopaedic innovative procedures relating to fracture management • Support Critical Care Nursing for HDU staff 	<p>GON</p> <p>PPD / GON</p> <p>PPD / GON</p> <p>PPD / GON</p> <p>PPD / WHO / GON</p>
3.4 Paediatrics	<ul style="list-style-type: none"> • Strengthen paediatrics inpatient and outpatient services • Strengthen neonatal care and services • Support and strengthen breast feeding practices • Initiate and progress RON Baby Friendly Hospital programme and status recognition 	<p>GON</p> <p>GON / WHO</p> <p>GON / UNICEF</p> <p>GON / UNICEF</p>
Obstetrics & Gynaecology	<ul style="list-style-type: none"> • Maintain and strengthen current services in 	<p>GON</p>

Strategic Area	Key Objectives	2016- 2020 Cost / Source
	obstetrics care and Safe Motherhood <ul style="list-style-type: none"> • Strengthen ANC screening services especially for reproductive tract infection, and PAP smear • Introduced service for breast examination, investigation, treatment and counselling 	GON / UNFPA GON / WHO / PPD
Mental Health	<ul style="list-style-type: none"> • Support and strengthen current mental health services • Create ward space and facilities for inpatient care • Support community base mental health service such as awareness, counselling, patient follow up and care • Progress establishment of Mental Health Advisory Committee 	GON / PPD GON GON / WHO GON
Ophthalmology	<ul style="list-style-type: none"> • Support and strengthen clinical eye care services especially surgical intervention • Improve and strengthen eye care services including preventive measure against early blindness (laser treatment for diabetic) 	PPD / GON PPD / WHO / GON
Pharmacy	<ul style="list-style-type: none"> • Support and strengthen pharmaceutical services through the provision of resources (human and financial) to meet basic pharmaceutical needs • Procure and store a regular supply of medicines at favorable prices and that meets recognized standards of quality • Ensure that patient medicines safety as prescribed according to local STG • Update existing National Medicine Policy • Review the existing Essential Medicine List (EDL) • Review and update existing Standard Treatment Guideline 	PPD / GON PPD / GON GON GON / WHO GON / WHO GON GON / WHO GON / UNFPA

Strategic Area	Key Objectives	2016- 2020 Cost / Source
	<ul style="list-style-type: none"> • Formulate new Medical Consumable Catalogue • Support staff development in medical stores management 	GON / UNFPA
Oral Health	<ul style="list-style-type: none"> • Maintain and strengthen oral health clinical services • Support and strengthen oral health prosthetic services • Strengthen treatment and preventive oral health services to schools • Strengthen treatment and preventive oral health services to the community through mobile and fixed clinics 	<p>GON</p> <p>GON</p> <p>GON / WHO</p> <p>GON</p>
Physiotherapy	<ul style="list-style-type: none"> • Provide and strengthen physiotherapy services to cater for patient needs • Strengthen Community Based Rehabilitation (CBR) programme including training and networking • Provide assistance for basic access and mobility requirements in disable peoples' home (Home Modification Project) • Identify and assist qualifying amputees for prosthesis services • Introduce hydrotherapy facility and service at RON 	<p>GON</p> <p>GON</p> <p>GON</p> <p>GON</p> <p>GON / PPD</p>
Medical Laboratory	<ul style="list-style-type: none"> • Maintain and strengthen current services in haematology, biochemistry and related services in the laboratory so as to reduce overseas test dependence • Establish Histology diagnostic capability at RON • Capacity building and institutional strengthening to ISO standard 	<p>GON / WHO / PPD</p> <p>GON / SPC</p> <p>GON / WHO</p>
Radiology	<ul style="list-style-type: none"> • Maintain and strengthen current radiologic 	GON

Strategic Area	Key Objectives	2016- 2020 Cost / Source
	diagnostic services <ul style="list-style-type: none"> • Re-introduce fluoroscopy capability and service • Strengthen radiologic and scanning services to cater for breast examination and diagnosis 	PPD / GON PPD / GON
Renal Dialysis	<ul style="list-style-type: none"> • Maintain and strengthen dialysis services to ensure continuous availability of the service to patients • Procurement and maintenance of functional dialysis equipment along with appropriate consumables • Community follow up and care of dialysis patients 	GON / PPD PPD / GON GON
Overseas Medical Treatment and Referral	<ul style="list-style-type: none"> • Support and facilitate cost effective evacuation and referral of patients for overseas medical treatment as per policy • Network with the Pacific Island Countries for case referrals and treatment • Support ongoing treatment and reviews of overseas treated patients 	GON GON GON
Visiting Medical Teams	<ul style="list-style-type: none"> • Coordinate partner agencies and governments offers for specialist visits and services in the various clinical fields • Support scheduled visits of specialist for services in the various clinical fields 	GON PPD / GON

Key Result Area 4: Support Services and Networking – Funding Source

Strategic Area	Key Objectives	2016-2020 Cost / Source
4.1 Administration	<ul style="list-style-type: none"> ▪ Manage human resource issues of the Ministry especially in terms of staff recruitment, engagement and staff appraisal ▪ Administrative management of the hospital and public health support services (kitchen, laundry, maintenance etc.) to ensure ease of operations ▪ Manage ambulance service, general transportation and communication requirements of the Ministry ▪ Review and update Position / Job Description ▪ Review and update health policies 	<p>GON</p> <p>GON</p> <p>GON</p> <p>GON</p> <p>GON / WHO</p>
4.2 Equipment	<ul style="list-style-type: none"> ▪ Establish a baseline minimum equipment requirement in all sections and units of the hospital to ensure that basic service can be maintained in the phase of severe resource constraints ▪ Equipment management of identification, procurement, servicing and disposal medical equipment requirements 	<p>GON / PPD</p> <p>PPD / MOH</p>
4.3 Infrastructure	<ul style="list-style-type: none"> ▪ Maintenance of existing health facility infrastructure ▪ Appropriate infrastructure development to cater for service expansion and accommodation ▪ Master planning completed for new Hospital development 	<p>GON</p> <p>GON / PPD</p> <p>GON / PPD</p>
4.4 Networking	<ul style="list-style-type: none"> ▪ Working with partners in the government sector and Non-Government Organisation to promote and advance health based programme and initiatives in Nauru ▪ Networking and partnership with countries and institutions of the region to address local health 	<p>GON</p> <p>GON / WHO</p>

Strategic Area	Key Objectives	2016-2020 Cost / Source
	issues and issues common to the region	
Health Research	<ul style="list-style-type: none"> ▪ Support institutional structures for health research capability ▪ Support and conduct operational researches such as diabetes and trachoma prevalence, oral health etc. 	<p>GON</p> <p>GON / WHO</p>

Note

1. GON - Special funding from Government of Nauru
2. Internal - Activity is part of the role and function of the unit / department
3. PPD - Australian Aid funding to health
4. WHO – World Health Organisation – Biennium budget allocation
5. UNICEF – UNICEF country funding commitment
6. UNFPA – UNFPA funding programme of action
7. GF – Global Fund on Aids, TB and Malaria
8. Bracketed budget is still uncommitted / unfunded allocation

20. Cost Analysis of Strategic Plan by Year and Source (Australian \$)

Based on the GON 2015/2016 FY budget allocation to MOH and along with AusAID and key funding sources, an estimation of the strategic plan / strategies cost per year is tabled below. Noting that there was around 3% GON budget increase between FY 2014/2015 and 2015/2016, the planning figure of 3% has been used to project health funding over the NHSP years. Whilst the nominal 3% has been used for GON funding, the Australian Government contribution to health costs has been held constant to the 2014/2015 figure. It must be noted that during the 5 years of the NHSP, the Australian Government will be investing heavily in the construction of new hospital wards and clinics apart from the renovation to the existing ones. In relation to funding from WHO, the biennium budget has been held constant to the 2015 planning estimate. On the other hand, funding from GFATM beyond 2016 is unknown and the current budget allocation for 2015 is been used only. The identified funding gap in the 2015/2016 budget has been fully absorbed and incorporated to the 2016/2017 budget estimate.

Table 8: Cost Analysis of Strategic Plan by Year and Source (Australian \$)

Source	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	Total
Govt. of Nauru	9,381,151	9,783,151	10,076,645	10,378,944	10,690,312	50,310,203
Govt. of Australia	5,941,971	5,941,971	5,941,971	5,941,971	5,941,971	29,709,855
WHO	101,000	-	101,000	-	101,000	303,000
Global Fund	72,205	-	-	-	-	72,205
Total Health Budget	15,496,327	15,725,122	16,119,616	16,320,915	16,733,283	80,395,263
Funding Gap	402,000					

Table 9: Description of Funding Gaps

<i>Category</i>	<i>Description</i>	<i>Possible Funding Source</i>	<i>Estimated Total Cost</i>
Personnel	Specialist Nephrologist	GON – Expat	\$80,000.00
	Health Researcher	GON – Expat	\$50,000.00
	Nurse Educator	GON – Expat	\$50,000.00
Medical Equipment	Fundus Camera	PPD – Equipment	\$45,000.00
	Laparoscope	PPD – Equipment	\$10,000.00
	ECHO	PPD - Equipment	\$5,000.00
	Tread Mill	PPD – Equipment	\$2,000.00
	Orthopaedic	PPD - Equipment	\$10,000.00
	Mamogram	PPD - Equipment	\$150,000.00
		Total	

21. Monitoring and Evaluation

29.1 Monitoring

- Review meetings

The Senior Management Team (SMT) scheduled meeting is a forum for Directors and programme managers for monitoring of the implementation of the Operational Plan. The Operational Plan is linked to annual targets of the Strategic Plan. Reports generated from the review meetings are expected to be shared with key stakeholders.

- Operational Plan

Annual Operational plan formulation is in itself, a process of monitoring of Strategic Plan stages of implementation. The annual process is a good review and planning process on the Strategic Plan.

- Annual Reports

The Annual Report compilation of the Ministry is a monitoring tool for the Strategic Plan as it reports on the yearly achievements and challenges of the health services. Health indicators for the key target areas will be included in the annual report.

29.2 Evaluation

- Surveys

Scheduled or planned surveys by the Ministry or as part of health programme activities can provide evaluation requirements for the Strategic Plan. Known programme surveys such as STEPS for non-communicable diseases and MoH planned health researches (micronutrient deficiency, trachoma, STI etc) are good evaluation exercises. Surveys can assess areas not normally captured in routine health statistics such as community perception of the health service. Surveys also complement and validate routinely collected medical statistics.

- Demographic Health Survey

Demographic health surveys that can be conducted at 5-10 year intervals are important tool for evaluation of health outcomes. The last survey was conducted in 2007. DHS preferably should be conducted between national censuses.

- National Census

The census of 2011 provided information on key health indicators. Censuses also provide social indicators that relevant and related to health services. The next national census will be 10 years from 2011 and could include additional questions from the Ministry of Health to evaluate health services and health outcomes.

22. People Consulted

Hon Valdon Dowiyogo	-	Minister for Health
Mr. Rykers Solomon	-	Secretary for Health
Dr Samuela Korovou	-	A/ Director Medical Services
Mrs Marissa Cook	-	Director of Administration Health
Mrs. Moralene Capelle	-	A/Director Nursing
Ms Chanda Garabwan	-	A/Director Public Health
Dr Oten Bwabwa	-	Consultant Surgeon
Dr Patrick Timion	-	Consultant Medicine
Dr Amoe Eparama	-	Locum Obstetrician & Gynaecologist
Ms Isabella Dageago	-	Assistant Director Nursing
Mr. Leweni Mocevakaca	-	Senior Pharmacist
Mr. Knighton Dowabobo	-	Pharmacy Store
Mr. Jiosese Mailulu	-	Senior Laboratory Technician
Mrs. Sulueti Vuanivono	-	Senior Radiology Technician
Mr. Romulo Qereqeretabua	-	Senior Physiotherapist
Mrs. Stacey Dowabobo	-	Mental Health Nurse
Ms. Marina Scotty	-	MCH
Ms Anastacia Grundler	-	STI/HIV
Ms Jane Dowabobo	-	TB
Ms. Rina Hartman	-	Diabetes
Ms. Jaime Seymour	-	RHD Nurse
Ms. Marina Detanamo	-	Immunisation Nurse
Mr. Jioje Fesaitu	-	Dietician
Mrs. Sue Chen Apadinuee	-	Health Promotion
Mr. Isireli Vuanivono	-	Snr Health Inspector
Mr. Vincent Scotty	-	Food Inspector
Mrs Vania Scotty	-	Principal Training Officer
Mrs Iloi Rabuka	-	Nurse Educator
Mrs Litiana Raikuna	-	Medical Statistics
Ms. Asnath Bam	-	Medical Statistics
Mrs. Sulueti Duvaga	-	Community Nurse - Zone
Ms Clarissa Scotty	-	Senior Account Officer
Mr. Edward Dillon	-	Maintenance Officer
Mr. Ivan Aingimea	-	Head Cook
Ms Lee Pearce	-	Health Service Adviser

23. Acknowledgement

The participation of both the Hon Minister for Health and Secretary for Health in the formulation of this strategic plan is acknowledged. Their vision forms the basis for the mission of the staff of the Ministry of Health in their commitment to provide health care and health services to people in Nauru.

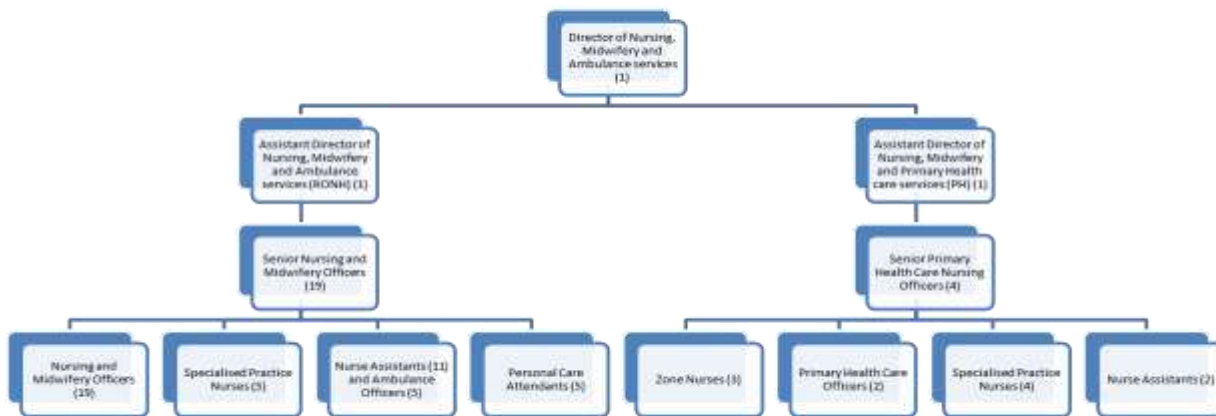
The contribution of the various staff as listed in the participants list is also deeply appreciated. Indeed, the collaborative interactions of health care beneficiaries with medical staff and stakeholders have helped shaped health services and its deliverance in the country. May the full implementation of the strategic plan bring about further improvements in health care delivery in the country.

Dr Lepani Waqatakirewa

24.

Annexures

Annex A: Proposed Nursing Division Reform Structure



Annex B: Pictures of NHSP Review and Consultations

