

**Government of Niue**

**Health Strategic Plan**

**2011 - 2021**

## Foreword

I am pleased to introduce the Niue Health Strategic Plan 2011 – 2021 which sets out the strategic direction for the Niue health sector over the coming ten years.

In pursuing the strategies and actions under the Niue Health Strategic Plan we will work towards the vision of the *Niue National Strategic Plan (2009-2013), Niue ke Monuina – A Prosperous Niue*, that looks to build a sustainable future to meet Niue's economic and social needs while preserving environmental integrity, social stability, and the Niue culture.

Niue is facing a significant challenge to its health sector and its people with an increasing incidence of non-communicable diseases (NCDs) such as diabetes, hypertension, strokes, heart disease and cancers. The area of NCD prevention and control is therefore a key focus under the Niue Health Strategic Plan. If the health sector does not take immediate steps, in partnership with all other sectors, the extent of disease associated with smoking, alcohol misuse, poor nutrition and lack of physical activity has the potential to overwhelm the Niue health service and significantly compromise the social and economic future of Niue.

Partnerships are crucial in a wide range of areas. The Niue Health Strategic Plan therefore recognises and stresses the important role that the New Zealand Government and other donor and partner agencies internationally, and other sectors domestically, have in working with the Niue health sector to delivery high quality health services and support our people to be well, happy and prosperous.

I acknowledge that this Plan is ambitious in terms of its broad scope and strategic direction. It will place greater expectations on all sectors, not just the health sector. Accordingly, a coordinated approach needs to be taken. To that end a multi-sectoral steering committee will be established to oversee the implementation of the Plan. This committee will include representation from a wide range of government agencies and from civil society.

It is important that all Department of Health staff commit to the Plan and support its implementation. This will include listening to and building in feedback from the community and better using data and other information sources to improve services over time.

I welcome and endorse the Niue Health Strategic Plan as a platform for achieving "a healthy population, well supported by quality health services".

Hon Joan Villamu  
**Niue Minister of Health**

Anne McLean  
**Director of Health**

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# 1. Executive Summary

The Niue Health Strategic Plan (the NHSP), drawing on a Niue health sector needs assessment report developed in 2011 (Allen + Clarke 2011), sets the proposed future direction for the Niue health sector for the next ten years. It identifies a Vision, Goal, Objectives and Strategic Actions for implementation over that period, a framework for measuring progress towards identified health targets and a coordinating mechanism for agreeing next steps.

Section 2 of the NHSP outlines some context around the development of the Niue Health Strategic Plan, including population and health service demand, the scope of health services currently delivered in Niue and the strategic framework under which the NHSP sits and the basis for its development. The linkage with the Niue National Strategic Plan (NNSP), Niue's national plan, is emphasised and other health sector documents acknowledged.

Section 3 of the NHSP sets out the *Results Expected*. It presents a Vision for Niue: "A healthy population, well supported by quality health services". In support of that Vision are a Primary Goal and three key Objectives. The goal of the NHSP is to "... ensure that all those living in Niue are encouraged and supported to live healthy lives." The Objectives, which have been chosen to be consistent with the NNSP, are: 1) to improve the health of those living in Niue; 2) to continually improve the quality of health services; and 3) to ensure that health services are efficient and value for money.

Section 3 also sets out some principles on which decisions can be based when prioritising interventions. It sets targets for the health sector and its partners that are consistent with Niue's national plan (the NNSP) and will enable progress to be monitored against. Finally, section 3 establishes an NHSP Steering Committee to guide and oversee implementation of the NHSP. This steering committee will include representatives from a range of government departments as well as from civil society.

Section 4 of the Plan is focussed on *Implementation*. It presents a series of Strategic Actions under each of the following areas:

- Strategic Direction and Leadership
- Delivery of Health Services
- Health Workforce
- Health Information
- Health Financing and Ensuring Value for Money.

The Strategic Actions are linked back to the Key Objectives of the Plan and are based on the findings of the needs assessment of the Niue health sector (Allen + Clarke 2011). Appendix 1 presents potential implementation steps to give effect to these Strategic Actions, including potential budget implications. These tables can be used as the basis of annual Health Department operational plans.

Section 4 also emphasises the importance of relationships. It presents a series of key interventions, drawn from the tables in Appendix 1, for which assistance and funding from donor and partner agencies would be valued and promotes a mechanism for donor collaboration which would involve more active and regular engagement between Niue and donor agencies, preferably through one donor agency taking a lead on coordination in partnership with Niue. Section 4 also notes the

importance of domestic collaboration and proposes a series of potential interventions that could be explored with other sectors in Niue.

Section 5 presents a monitoring and evaluation framework, outlining means for measuring progress towards the health targets identified in section 3.4 as well as mechanisms for ensuring that better and more comprehensive data is collected and in future applied to health service planning. This will promote efficiencies and improvements in service delivery over time. Section 5 also presents a list of potential risks to the successful implementation of the Niue Health Strategic Plan and means of managing those risks.

## **2. Context**

### **2.1 Niue Population and Health Sector**

#### **2.1.1 Niue Population and Health Service Demand**

Over recent decades Niue has experienced considerable outward migration. The population has declined from 5194 in 1996, 1788 in 2001 and an estimated 1549 residents in 2008 (WHO-WPRO 2009). This compares with approximately 20,000 persons with Niuean heritage living in New Zealand (2001 census, as reported in WHO-WPRO 2009).

Over time there is likely to be a static (at best) or reducing Niuean population. While there are a lot of young people (aged 0-15 years) in Niue, there is an expectation that there will be continued migration to New Zealand of people as they reach working age. The Niue Department of Statistics expects the population over the next 10 years to vary between 1,200 and 1,400.

The ability of the health sector to provide effective services, and the scope of those services into the future, is highly dependent on the size and composition of the population. Key factors will be the ability to deal with an increasing incidence of non-communicable disease (NCD) as the population ages and the ability to maintain an experienced health workforce should the population continue to reduce. If there is a significant increase in population through migration back from New Zealand, or there is a significant increase in tourism and thus an increase in tourists requiring medical care, then these will all impact on the types of services that will need to be provided as well as simply the capacity of the health sector to manage demand.

Based on the needs assessment that was undertaken to support the development of this Strategic Plan (Allen + Clarke 2011), this Plan assumes that the population of Niue will remain relatively static with a trend towards reduction over time. It also assumes that over the next ten years at least there will be a continued (and increasing) need to provide health services to very distinct groups of high health service users: women of child bearing age, the young, and the elderly.

#### **2.1.2 Health Service Provision in Niue**

The Niue Foa Hospital is the hub for the majority of health services provided on Niue and also provides the base for the Niue Department of Health (the NDOH) and the aged care facility. Public health, environmental health, maternal health and other programmes are also run out of the hospital. The hospital is a new facility, built to modern specifications. It is well equipped and is resourced to have an appropriate core staff based on the types of services it offers.

Treatment services provided at the hospital include general practice medicine, emergency and afterhours medical support, minor surgery, maternity services, radiology, pathology laboratory services, pharmacy, physiotherapy, paramedical and dental services.

The hospital provides primary and secondary medical care. Persons requiring tertiary care are transferred to New Zealand. The hospital stabilises people for transfer or evacuation to New Zealand and coordinates referrals. The NDOH contracts for services in New Zealand including a referral service where patients are referred to a New Zealand hospital for diagnosis, major surgery,

cancer treatment and other tertiary-based services. Specialists from New Zealand visit at least annually to provide clinics in a range of specialties and a medical evacuation service is in place for emergencies where the Niue Foa Hospital is not resourced to treat acute, serious injuries or illnesses.

The public health, environmental health, maternal and infant health staff based at the hospital do excellent work supporting the community to remain well or to make lifestyle changes to improve their health or slow the progression of chronic diseases. There is scope for enhanced services in these areas.

## 2.2 National Strategic Context

The Niue National Strategic Plan (2009 to 2013) (the NNSP) sets the direction for Niue's future economic, social and cultural development. Its vision is *Niue ke Monuina – A Prosperous Niue*, with the key objective being to build a sustainable future that meets Niue's economic and social needs while preserving environmental integrity, social stability, and the Niue culture.

The NNSP recognises that the health sector in Niue will have an important role to play in helping meet that objective.

The NNSP has six development pillars. The fourth, the 'social' pillar, states that that Niueans should "... enjoy a harmonious and healthy lifestyle in a thriving, educated and safe community that has access to a wide range of quality social services and healthy development opportunities". The aim under this pillar of action is to: "...provide social services of a quality that will maintain and enhance the quality of life on the island".

A series of 'health strategies' are listed under the NNSP. Niue will:

- provide quality health services to all residents;
- use partnerships with other agencies and organisations to assist with the provision of quality health services;
- introduce a cost recovery health scheme and insurance medical scheme (for overseas referrals);
- promote healthy lifestyles, through sports and recreational activities, and prevention of non-communicable diseases;
- develop sustainable health services for the disabled and elderly care consistent with the traditional social and cultural context; and
- promote healthy lifestyles through education to change traditional attitudes and cultural beliefs to decrease health risks.

The NNSP lists a series of targets linked to these health strategies (see section 3.4 below).

In 2009 an evaluation was undertaken of the Niue Strengthened Cooperation Programme between the Government of Niue (GON), Counties Manukau District Health Board (CMDHB) and The New Zealand Agency for International Development (NZAID) (*Sheehan et al 2009*). This programme has focussed on providing support to the Niue health sector through the provision, among other things, of medical and other clinical support, including through visits to Niue by CMDHB specialists and Niue's referral of patients to New Zealand. The evaluation recommended a comprehensive health



sector needs analysis be carried out and that a costed health sector strategic plan be developed. This recommendation for the development of a national health strategic plan was consistent with one of the targets of the NNSP and was also supported by the GON.

A needs assessment was subsequently developed (*Allen + Clarke 2011*). That needs assessment has provided the basis for the development of this National Health Strategic Plan.

Niue has also developed other key strategic and operational documents and these too have been drawn on in the development of this strategic health plan. These documents include:

- *Niue Moui Olaola: An integrated NCD Action Plan 2009-2013* (developed with the support of SPC, endorsed by the GON, with implementation of parts underway) (*GON 2009*)
- A (draft) Reproductive Health Strategy (*UNFPA 2009*)
- Agreed programme plans for Tuberculosis, Malaria and HIV/AIDs
- Niue Pandemic Preparedness and Response Plan (*GON 2007*)
- Niue National Disaster Plan 2010 (*GON 2010*)
- A (proposed) HIV/AIDS plan
- A (draft) Public Health Action Framework (*NDOH 2006*).

In addition, the Niue health sector needs to develop and implement its services taking into account the international context which includes obligations under various international agreements as well as guidance materials issued by competent authorities that set out best practice for the design, implementation and evaluation of health services. Such agreements and guidance materials include:

- Human Rights Conventions, most notably the Universal Declaration of Human Rights, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women;
- the WHO Framework Convention on Tobacco Control;
- the International Health Regulations 2005;
- International drug conventions;
- the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases;
- the Global Strategy to Reduce the Harmful Use of Alcohol;
- the Global Strategy on Women's and Children's Health;
- the WHO essential medicines list;
- clinical safety guidance and indicators;
- guidance on the regulation of health professionals; and
- guidance on effective health service strategic planning.

## **2.3 Linkages with Other Agencies**

The Niue health sector is highly dependent on key partnerships with external parties including the New Zealand Government, CMDHB, the World Health Organization (WHO), the Secretariat of the

Pacific Community (SPC), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). These partnerships provide technical advice and support, as well as direct funding, for a number of programmes implemented in Niue.

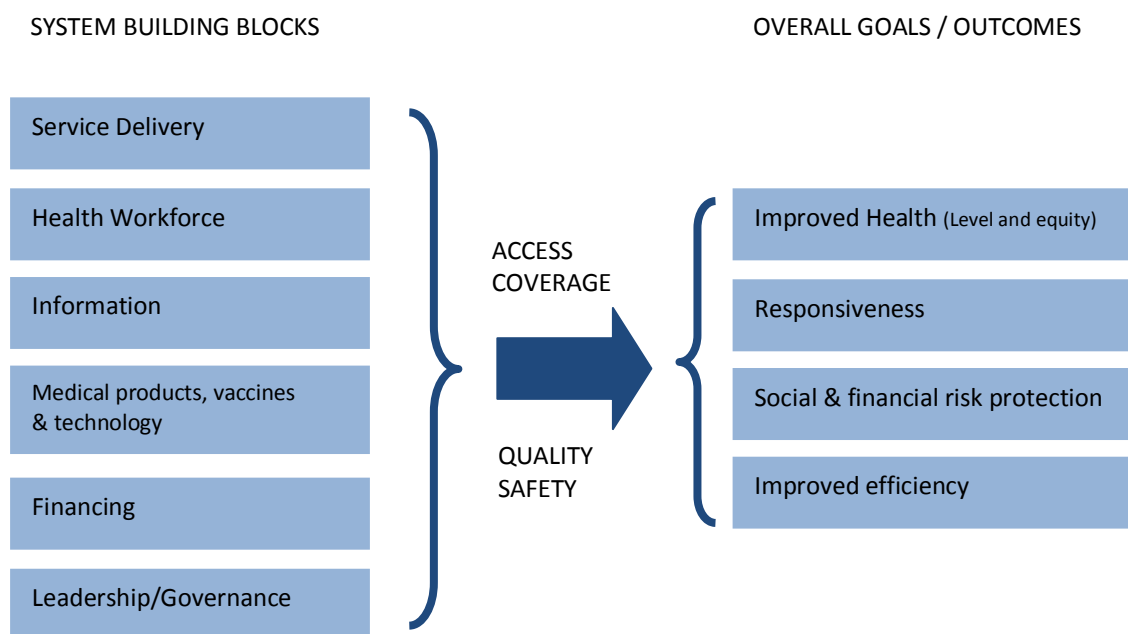
The Niue health sector also forges links with other sectors (for example, community agencies, village leaders, departments of education, tourism and finance) to promote the delivery of health services. These linkages while strong in some areas, could be further strengthened and expanded.

Section 4.4 of this strategic plan explores some opportunities for expanded and more systematic collaborations with external agencies and other sectors.

## 2.4 Strategic Framework for the NHSP

The WHO has developed a health systems framework that presents the system building blocks that are considered important facets of any well functioning health system. Figure 1 below presents this framework (*WHO 2007*).

**Figure 1: WHO Framework for Strengthening Health Systems to Improve Health Outcomes**



For the purpose of designing a health strategic plan for Niue, the Department of Health has reviewed the strategic health plans of other countries and has drawn on those countries’ experiences as well as adapting and building on the above WHO strategic framework. The framework for the Niue Health Strategic Plan is shown in Figure 2 below, and comprises three key parts.

The first part of the strategic framework focuses on **results**. The results section specifies the Vision for the Niue health sector and the objectives that the National Health Strategic Plan seeks to achieve. It also sets health targets for Niue residents.

The second part of the strategic framework sets out the **implementation steps** required to achieve these objectives and health targets. Divided into four sections, part two of the plan covers:

- Strategic direction and leadership
- Service delivery
- Corporate services, which are further divided into:
  - people
  - information management
  - financial management and value for money; and
- Relationships.

The third key part of the strategic framework comprises a **monitoring and evaluation framework**. This will enable progress to be measured against the health targets that have been set – to determine whether the health sector and its partners have been successful in achieving the desired objectives.

The framework for the NHSP focuses on ensuring that the health sector and its partners are clear on required results, improvements required in capability to achieve those results and on monitoring of progress.

**Figure 2: Niue Health Strategic Plan Framework**

Niue Health Strategic Plan	
Results Sought	Vision Goal and Objectives Principles for Guiding Implementation Strategic Plan Targets Coordination Mechanism
Implementation Steps	Strategic Direction and Leadership
	Delivery of Health Services      Cross-cutting Service Issues Hospital-based, Referral and Medivac Services Population Health Services
	Corporate Services      Health Workforce Health Information Health Financing and Value for Money
	Relationships      Customers (patients) Donors Whole of Government
Monitoring and Evaluation Framework	Monitoring Progress Against the Strategic Plan’s Targets Monitoring for Health Sector Planning and International Reporting Purposes

### 3 Part 1: Results Sought

The *Results* part of the health strategic plan focuses on identifying what the health sector wants to achieve. This requires the setting of clear, high level direction and specific achievable targets that will help determine whether the high level direction is followed.

#### 3.1 Vision

The Vision for the NHSP is:

A healthy population, well supported by quality health services

#### 3.2 Goal and Objectives

The primary goal of the NHSP is:

To ensure that all those living in Niue are encouraged and supported to live healthy lives

The objectives of the NHSP are:

National Strategic Health Plan Objectives	
1.	To improve the health of those living in Niue 1.1 To increase the focus of the health sector on disease prevention 1.2 To increase the focus of communities and partners on healthy lifestyles
2.	To continually improve the quality of health services 2.1 To ensure local availability and sustainability of essential services 2.2 To ensure that health services meet appropriate quality standards
3.	To ensure that health services are efficient and value for money 3.1 To better manage demand for health services 3.2 To ensure the cost-effective and efficient supply of services.

These objectives have been chosen to be consistent with the health strategies contained within the NNSP. Linkages between the Health Strategic Plan's Objectives and the NNSP's Health Strategies are shown in Table 4 below.

### 3.3 Principles for Prioritisation of Implementation

Within the framework for action set out above, it will be necessary to determine priorities for implementation of interventions under the NHSP. It is proposed that this prioritisation be based on a set of agreed principles. This will facilitate focussed discussions by planners and decision-makers on what annual implementation plans should contain. Drawing on the NNSP’s principles for guiding implementation priorities, and more health sector-focussed considerations, a set of principles have been selected and are presented in Table 1 below.

Table 1: National Health Strategic Plan: Principles for Guiding Implementation
<ul style="list-style-type: none"> <li>• Relevance to <i>Niue ke Monuina – A Prosperous Niue</i>: is the proposed intervention likely to contribute to the implementation of Niue’s national strategic plan?</li> </ul>
<ul style="list-style-type: none"> <li>• Efficient and effective systems: is the proposed intervention likely to promote better, more efficient and effective service delivery?</li> </ul>
<ul style="list-style-type: none"> <li>• Collaboration: will the proposed intervention promote collaboration, communication and consultation, does it involve sector-wide approaches?</li> </ul>
<ul style="list-style-type: none"> <li>• Outcome focused: is the intervention outcomes-focussed, with a clear linkage to improved health outcomes, safer services and/or more efficient services?</li> </ul>
<ul style="list-style-type: none"> <li>• Sustainability: will the intervention be sustainable in the Niuean setting?</li> </ul>
<ul style="list-style-type: none"> <li>• Impact: will the impact of the intervention be measureable?</li> </ul>

### 3.4 Targets

The NNSP sets out priority strategies for action by the Niuean health sector. This is backed up with some specific targets to enable tracking of the progress and success of the health sector.

The NNSP targets have been adopted as a *core* set of targets for the NHSP. These targets are presented in Table 2 below.

Table 2: Health Sector Targets Set by the NNSP
<ul style="list-style-type: none"> <li>• Develop and implement a Health Sector Strategic Plan by 2009 aimed at enhancing delivery of health services and promoting healthy lifestyles</li> </ul>
<ul style="list-style-type: none"> <li>• Develop partnerships with stakeholders by 2010 aimed at “improving healthy residents”:               <ul style="list-style-type: none"> <li>- disabled and elderly care, mental health, lifestyle (negative impacts of tobacco, alcohol and unhealthy diets),</li> <li>- improved environmental health, and</li> <li>- public health education and awareness</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Investigate and implement options for sustainable health financing by 2013, including cost recovery (such as consultation and prescription fees) and insurance medical scheme</li> </ul>

Table 2: Health Sector Targets Set by the NNSP

<ul style="list-style-type: none"> <li>• Reduce medical referrals and related costs by 5% per annum</li> </ul>
<ul style="list-style-type: none"> <li>• Develop and integrate health education into the school curriculum by 2013</li> </ul>
<ul style="list-style-type: none"> <li>• Reduce the incidence of non-communicable diseases by at least 10% per annum</li> </ul>
<ul style="list-style-type: none"> <li>• Maintain zero rates for infant/child and maternal mortality rates through to 2013</li> </ul>
<ul style="list-style-type: none"> <li>• Maintain zero rates for communicable diseases, such as HIV/AIDS, malaria and tuberculosis through to 2013.</li> </ul>

These have, however, been supplemented in this health strategic plan with a further set of targets to reflect key findings from the Niuean health sector needs analysis that was developed to inform the development of this plan (*Allen + Clarke 2011*). These targets, and the basis for their selection, are outlined in Table 3 below.

Table 3: Additional Health Targets Selected for Inclusion Based on the Needs Assessment

Proposed Health Target	Basis for Selection of Target
<ul style="list-style-type: none"> <li>• All able mothers are exclusively breast feeding to six months</li> </ul>	<ul style="list-style-type: none"> <li>• Important factor for healthy infant and child development</li> <li>• Proxy measure for effectiveness of public health interventions</li> </ul>
<ul style="list-style-type: none"> <li>• Reduce tobacco smoking prevalence to less than 25 percent of males and less than 13 percent of females by 2020/21</li> </ul>	<ul style="list-style-type: none"> <li>• Tobacco smoking is a key risk factor for NCD prevention and control</li> <li>• More readily able to be measured than NNSP target of 10 percent reduction in NCDs</li> </ul>
<ul style="list-style-type: none"> <li>• By 2020/2021, reduce the annual number of new diagnoses of diabetes by 20 percent compared with 2011/12</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes is a key NCD of concern</li> <li>• More readily able to be measured than NNSP target of 10 percent reduction in NCDs</li> <li>• New cases of diabetes a good proxy measure for measurement of the success of past public health and clinical interventions</li> </ul>
<ul style="list-style-type: none"> <li>• By 2020/2021, reduce the incidence of obesity in Niue by 20 percent compared with 2011/12</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity is a key risk factor for NCD prevention and control</li> <li>• More readily able to be measured than NNSP target of 10% reduction in NCDs</li> </ul>
<ul style="list-style-type: none"> <li>• Maintain a 100% child immunisation rate</li> </ul>	<ul style="list-style-type: none"> <li>• A key factor for communicable disease control and population health</li> </ul>
<ul style="list-style-type: none"> <li>• Reduce waiting times for those patients with scheduled appointments to less</li> </ul>	<ul style="list-style-type: none"> <li>• A means of measuring improved efficiency</li> </ul>

Table 3: Additional Health Targets Selected for Inclusion Based on the Needs Assessment

Proposed Health Target	Basis for Selection of Target
than 30 minutes for a consultation and 15 minutes for an X-ray	and customer service
<ul style="list-style-type: none"> <li>Reduce the incidence of preventable clinical failures and errors by 20 percent by 2020/21</li> </ul>	<ul style="list-style-type: none"> <li>A means of measuring progress of implementing clinical safety improvements</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the number of customer complaints by 20 percent per annum, compared with 2011/12</li> </ul>	<ul style="list-style-type: none"> <li>A means of measuring increased customer satisfaction and responsiveness of the health service</li> </ul>
<ul style="list-style-type: none"> <li>Increase satisfaction with mental health, aged care and disability support services to 75% of surveyed users being satisfied or very satisfied with the service they have been provided</li> </ul>	<ul style="list-style-type: none"> <li>A means of measuring whether services for those with mental health problems or wider community support or care needs are being improved and are meeting need</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the net cost to the government of pharmaceuticals by 20 percent by 2012/13</li> </ul>	<ul style="list-style-type: none"> <li>A direct measure of whether an area of (currently) unrestrained expenditure is being managed</li> <li>A proxy for measuring improved efficiency and cost effectiveness of the health sector</li> </ul>
<ul style="list-style-type: none"> <li>Increase cost recovery so that revenue from cost recovery comprises 10 percent of the Department of Health's total revenue by 2013/14</li> </ul>	<ul style="list-style-type: none"> <li>A means of measuring improved cost effectiveness and efficiency</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the average cost of hospital and community interventions by 20 percent by 2020/21 compared with 2011/12</li> </ul>	<ul style="list-style-type: none"> <li>A means of measuring improved efficiency</li> </ul>
<ul style="list-style-type: none"> <li>Improve multi-sectoral engagement on determining health priorities and shaping initiatives</li> </ul>	<ul style="list-style-type: none"> <li>A means of measuring value realised by fostering community, across-Government and donor collaboration to achieve the Objectives of the NHSP</li> </ul>

These additional targets comprise, with the NNSP targets, a comprehensive set of core targets that can be used as the basis of a monitoring and evaluation framework to measure progress towards achievement of the NHSP's stated objectives. They focus on the key questions of whether Niue is being successful in improving the health of those living on Niue, improving the quality of health services and ensuring that health services are efficient and provide value for money.

The targets are a mix of quantitative and qualitative targets as several of the NNSP targets are qualitative in nature and difficult to measure, and in some cases, achieve. However, the all new (additional) targets have been selected so that they are readily measurable.

Table 4 sets out linkages between the NNSP's health strategies and the NHSP's objectives, and the set of health targets (both NNSP targets and new targets identified as part of the needs assessment process). Section 5 of this Plan sets out a monitoring and evaluation plan for assessing progress towards achievement of these targets.

All targets require baseline data and long term tracking of progress. The implementation by the Department of Health of Medtech32 software will enable data collection to support monitoring and evaluation. However, the targets selected for the National Health Strategic Plan are provisional only and will not be able to be confirmed until regular data collection is implemented and their ability to be measured and tracked are confirmed. It is possible that several of the NNSP targets may not be able to be measured within the 10 year term of this health strategic plan.

### **3.5 NHSP Co-ordinating Mechanism**

The NHSP is ambitious, with demanding targets. The broad scope of the objectives and the broad range of strategic action set out in Part 2 demand a concerted and coordinated effort by the health sector, in partnership with other government agencies and civil society in Niue, and with external donors and supporting technical agencies.

Accordingly, a coordinating mechanism, in the form of a Multi-sectoral Steering Committee, will be established to oversee the implementation of the Plan. The NHSP Steering Committee will be made up of the following individuals and agencies, with the ability to call on representatives from other agencies on a needs basis:

- Department of Health (Chair)
- Treasury
- Public Service Commission
- Justice Department
- New Zealand High Commission
- Two representatives from non-government organisations and/or the community.

The NHSP Steering Committee will be charged with:

- confirming prioritised annual work programmes under the NHSP;
- assisting with the mobilisation of resources to give effect to the NHSP;
- promoting multi-sectoral initiatives (cross-Government, Government/non-government and donor partnerships) consistent with the objectives and strategic actions of the NHSP;
- reviewing quarterly health service reports (see section 5.2) and approving initiatives to promote future improvements in the efficiency, effectiveness and quality of service delivery;
- monitoring progress with implementation of the Strategic Plan: tracking progress against the identified targets and indicators on an annual basis; and
- reporting annually to Government, Parliament and donor agencies on the implementation of the NHSP.

The NHSP Steering Committee will meet quarterly for this purpose and will be supported in its work by Department of Health staff.



Table 4: Linkages between the NNSP’s Health Strategies and targets and the NHSP’s Objectives and targets

Niue National Strategic Plan: Health Strategies	Niue Health Strategic Plan: Objectives	Targets	
		From National Strategic Plan:	Health Strategic Plan
<ul style="list-style-type: none"> <li>Promote healthy lifestyles, through sports and recreational activities, and prevention of non-communicable diseases;</li> <li>Promote healthy lifestyles through education to change traditional attitudes and cultural beliefs to decrease health risks.</li> </ul>	<p>1. To improve the health of those living in Niue</p> <p>1.1 To increase the focus of the health sector on disease prevention</p> <p>1.2 To increase the focus of communities on healthy lifestyles</p>	<ul style="list-style-type: none"> <li>Develop and implement a Health Sector Strategic Plan by 2009 aimed at enhancing delivery of health services and promoting healthy lifestyles</li> <li>Develop partnerships with stakeholders by 2010 aimed at “improving healthy residents [sic]”:                             <ul style="list-style-type: none"> <li>disabled and elderly care, mental health, lifestyle (negative impacts of tobacco, alcohol and unhealthy diets),</li> <li>improved environmental health, and</li> <li>public health education and awareness</li> </ul> </li> <li>Develop and integrate health education into the school curriculum by 2013</li> <li>Reduce the incidence of non-communicable diseases by at least 10 percent per annum</li> <li>Maintain zero rates for infant/child and maternal mortality rates through to 2013</li> <li>Maintain zero rates for communicable diseases, such as HIV/AIDS, malaria and tuberculosis through to 2013.</li> </ul>	<p>As per National Strategic Plan AND:</p> <ul style="list-style-type: none"> <li>All able mothers are exclusively breast feeding to six months</li> <li>Reduce tobacco smoking prevalence to less than 25 percent of males and less than 13 percent of females by 2020/21</li> <li>By 2020/2021, reduce the annual number of new diagnoses of diabetes by 20 percent compared with 2011/12</li> <li>By 2020/21, reduce the incidence of obesity in Niue by 20 percent compared with 2011/12</li> <li>Maintain a 100 percent child immunisation rate</li> </ul>
<ul style="list-style-type: none"> <li>Provide quality health services to all residents;                             <ul style="list-style-type: none"> <li>use partnerships with other agencies and organisations to assist with the provision of quality health services;</li> <li>develop sustainable health services for the disabled and elderly care consistent with the traditional social and cultural context;</li> </ul> </li> </ul>	<p>2. To continually improve the quality of health services</p> <p>2.1 To ensure local availability and sustainability of essential services</p> <p>2.2 To ensure that health services meet appropriate quality standards</p>		<ul style="list-style-type: none"> <li>Reduce waiting times for patients to less than 30 mins for a consultation and 15 mins for an X-ray</li> <li>Reduce the incidence of preventable clinical failures and errors by 20 percent by 2020/21</li> <li>Reduce the number of customer complaints by 20 percent per annum, compared with 2011/12</li> <li>Increase satisfaction with mental health, aged care and disability support services to 75 percent of surveyed users being satisfied or very satisfied with the service they have been provided</li> <li>Improve multi-sectoral engagement on determining health priorities and shaping initiatives</li> </ul>

Table 4: Linkages between the NNSP’s Health Strategies and targets and the NHSP’s Objectives and targets

Niue National Strategic Plan: Health Strategies	Niue Health Strategic Plan: Objectives	Targets	
		From National Strategic Plan:	Health Strategic Plan
<ul style="list-style-type: none"> <li>• Introduce a cost recovery health scheme and insurance medical scheme (for overseas referrals);</li> </ul>	<p>3. To ensure that health services are efficient and value for money</p> <p>3.1 To better manage demand for health services</p> <p>3.2 To ensure the cost-effective and efficient supply of services.</p>	<ul style="list-style-type: none"> <li>• Investigate and implement options for sustainable health financing by 2013, including cost recovery (such as consultation and prescription fees) and insurance medical scheme</li> <li>• Reduce medical referrals and related costs by 5 percent per annum</li> </ul>	<p>As per National Strategic Plan AND:</p> <ul style="list-style-type: none"> <li>• Reduce the net cost to the government of pharmaceuticals by 20 percent by 2012/13</li> <li>• Increase cost recovery so that revenue from cost recovery comprises 10 percent of the Department of Health’s total revenue by 2013/14</li> <li>• Reduce the average cost of hospital and community interventions by 20 percent by 2020/21 compared with 2011/12</li> </ul>

## 4 Part 2: Implementation

Part 2 of the NHSP focuses on what needs to be done, by the health sector and its partners, to achieve the health objectives set out in *Part 1: Results sought*. This Part is presented in four sections:

- Strategic Direction and Leadership
- Delivery of Health Services
- Corporate Services
- Relationships.

A number of recommended strategic actions and corresponding implementation steps were identified during the development of the needs assessment. The findings of the needs assessment are summarised in sections below as a means of explaining the basis for the actions that are proposed in each of the above four areas.

At the base of each of the sections below, the proposed strategic actions under the NHSP are presented. Tables in Appendix 1 provide, for each Strategic Action, identified implementation steps that can be selected, based on prioritisation utilising the prioritisation criteria set out in section 3.3, for inclusion in annual plans for the health sector. There is also an indication for each Strategic Action of the funding source and where it is likely to require additional funding, the quantum of funding required. Funding sources are listed as:

- Recurrent budget: this is the annual budget provided to the Department of Health by the Government; and
- Programme or Donor budgets: these are specific budgets provided by external providers for specified activities. This includes budgets for medical referrals and specialist support (the 'CMDHB budget') and for asset maintenance and replacement.

Potential cost savings arising from some of the proposed interventions are also signalled in the tables included in Appendix 1, but are not able to be quantified at this time given the lack of baseline data and information on which to base costings.

### 4.1 Strategic Direction and Leadership

The needs assessment found that the NNSP provides a degree of national strategic direction through the stated health priorities and targets. It also concluded that those priorities and targets should form the core strategic direction for the NHSP, while noting that the NHSP should include some additional strategic health targets based on the findings of the needs assessment.

The needs assessment also found that:

- a restructure of the Niue Department of Health (NDOH) would assist in clarifying the division of roles between management and clinical functions and in breaking down existing silos within the health sector which inhibit the implementation of a holistic approach to health care delivery;
- there is a need for greater and more formal accountability and performance management at all levels of the health sector to ensure that all staff work together towards a common vision;

- communication within the Department of Health needs improvement;
- there is a need for continuity of senior management, and for local Niueans to be supported into senior roles in the health sector;
- health-related legislation is piecemeal, variously implemented and requires a programme of regular review. There are also specific gaps in legislation that require filling as a matter of urgency;
- more formalised annual planning for asset maintenance and replacement is desirable; and
- more systematic risk management and system review is desirable.

Based on the needs assessment, nine strategic actions are proposed. These are presented below and their implementation steps are outlined in Table 1 in Appendix 1. A tenth strategic action has been developed to reflect the need for a coordinating mechanism for the NHSP (see section 3.5).

<b>Strategic Action 1: Strategic Direction and Leadership</b>	
1.1	Establish a coordinating mechanism for the NHSP
1.2	Provide clear strategic direction for the health sector
1.3	Develop annual operational plans for the NDOH, linked to the NHSP, with clear lines of accountability for delivery of all health services
1.4	Restructure the NDOH with a view to breaking down silos for service delivery, promoting a more holistic approach to health (including integration of prevention and treatment services), implementing community outreach, enhancing the focus on NCD prevention and control and facilitating both strong management oversight as well as strong clinical leadership
1.5	Implement a formal NDOH-based performance monitoring system that ensures that staff performance is reviewed (against the annual operational plan as well as staff conduct expectations) at least annually, with results fed back to individual staff members along with areas of necessary improvement
1.6	Implement formal staff engagement, including regular meetings with staff, for the sharing of strategic vision and intentions for the health sector, as well as seeking input on operational matters
1.7	Implement steps for promoting Niuean leadership of the health sector
1.8	Implement a formal asset maintenance and replacement programme
1.9	Systematic review and refinement of health-related legislation
1.10	Implement a formal risk management and systems review system

## **4.2 Delivery of Health Services**

### **4.2.1 Cross-cutting Service Delivery Issues**

The needs assessment assessed a number of cross cutting issues affecting service delivery. The findings included:

- that the current mix of Niue-based primary and secondary services, supported by New Zealand-sourced tertiary services was a logical approach to the delivery of health services to those living in Niue and could arguably comprise, in their current form, ‘essential health services’ going forward;
- that the current model of delivering all services from the hospital promotes a treatment-based model to the detriment of disease prevention and the promotion of healthy lifestyles.

Accordingly, piloting a new model of community outreach, partnered with increased emphasis on health promotion, was supported;

- that a formal mechanism for measuring and improving on customer satisfaction is desirable, and this includes ensuring that a more holistic approach to health care is facilitated;
- that there is a significant absence of any standards for clinical practice, no monitoring of safety or efficacy of services, and no mechanism for reporting on, or learning from, system failures;
- that there is no current means of measuring the efficiency or effectiveness of health care delivery due to a lack of systematic data collection, however, a number of potential areas were identified where changes could be investigated to improve efficiency and effectiveness;
- that for Niueans, there are no obvious barriers to accessing health services provided at the hospital but there is an absence of community-based services that limits options for some sections of the community, most notably the aged, the disabled and those with mental health problems. For permanent residents and non-Niueans there are some barriers to access and these need to be clearly explained so that everyone has a clear understanding of what services they can access; and
- that there has been some planning for mitigating the impacts of climate change and extreme weather events but that further health sector planning would be desirable.

Based on the needs assessment, nine strategic actions are proposed. These are presented below and their implementation steps are outlined in Table 2 in Appendix 1.

<b>Strategic Action 2: Cross-cutting Service Delivery Issues</b>	
2.1	Formalise what comprises “essential health services” for Niue
2.2	Reorientate health services
2.3	Monitor and improve customer satisfaction
2.4	Design and Implement a Health Quality and Safety Monitoring and Improvement programme
2.5	Implement steps to improve the efficiency and effectiveness of health services
2.6	Codify health service coverage for non-Niueans and persons with permanent residency in Niue
2.7	Promote effective community engagement, and cultural appropriateness of services
2.8	Improve confidentiality
2.9	Implement steps to improve the capacity of the health sector to respond to the effects of climate change and extreme events

#### **4.2.2 Hospital-based, Referral and Medivac Services**

The Niue Foou Hospital is the hub for the majority of health services provided on Niue. Services provided at the hospital include general practice medicine, emergency and afterhours medical support, minor surgery, maternity services, radiology, pathology laboratory services, pharmacy, physiotherapy, paramedical and dental services. The hospital provides primary and secondary medical care and stabilises people for transfer or evacuation to New Zealand, and coordinates referrals, for tertiary health care.

Ensuring that the hospital is staffed at all times with the necessary medical, nursing and allied health professionals that are required to provide core, essential health services in Niue, reduces the need for medical referrals and emergency medical evacuations to New Zealand, enabling more efficient use of the Health budget and more convenient care for those in Niue. It does necessitate a system for providing locum cover for staff when they are sick, on leave or undertaking necessary continuing education and training.

The annual schedule of visits by New Zealand-based specialists from a range of healthcare disciplines is also an efficient and convenient way of supporting those living in Niue with necessary medical services including specialist consultations.

The needs assessment identified that Niueans are on the whole satisfied with the health services delivered in Niue and by way of visiting specialists and referrals to New Zealand. However, the needs assessment identified four areas of particular concern in relation to health service delivery at the hospital, and these have been highlighted as priority areas for action within the NHSP:

- Mental health services: the full extent of mental health illness in Niue is unknown but there was a high level of agreement among those interviewed for the needs assessment that mental health care in Niue needed additional attention including more extensive training of staff, provision of better facilities at the hospital for management of acute cases, improved legislative support to enable treatment of acute cases, and improved community support
- Aged care: the current aged care facility at the hospital is considered inadequate in many areas and there is a need for better community support mechanisms for the aged
- Disability support: there are few community support mechanisms for those with disabilities
- Pharmacy services: there is scope for improved stock management, prescribing and reduction of wastage.

Based on the needs assessment, seven strategic actions are proposed. These are presented below and their proposed implementation steps are outlined in Table 3, Appendix 1.

<b>Strategic Action 3: Service Delivery (Hospital-based, Referral and Medivac Services)</b>	
3.1	Maintenance of necessary domestic treatment services' capacity and capability
3.2	Maintenance of necessary specialist on-call advice, specialist visits to Niue and referrals in support of domestic services
3.3	Maintenance of access to medical evacuations for seriously ill or injured patients
3.4	Promote the delivery of effective and efficient pharmacy services
3.5	Promote the delivery of effective and efficient mental health services
3.6	Promote the delivery of effective and efficient aged care services
3.7	Promote the delivery of effective and efficient services for those with disabilities

### **4.2.3 Population Health Services**

Based at the Niue Foa Hospital are teams focussing on public health, environmental health and maternal and infant health.

These small teams (as at 30 June 2011 there were only seven people in total) have a population health focus and a heavy work programme. A large proportion of funding for their work comes from

donors and their work is quite dependent on what donors are willing to fund. Consequently, there has not always been a good match between Niue's needs and where funding is applied. A good example of this is the relatively low level of funding available for NCD prevention and control interventions.

Services provided include:

- public awareness programmes (television and radio advertising, pamphlets and other resources, school-based activities, competitions) around tobacco, alcohol, nutrition, HIV/AIDS, sexually-transmitted illnesses, NCDs, communicable diseases, school health, pandemic influenza;
- smoking cessation services;
- nutrition advice for people with diabetes, gout, hypertension, high blood pressure, etc.;
- school health checks and school-based health promotion;
- health surveys;
- healthy-living programmes, for example, physical activity programmes, nutrition programmes in villages, injury prevention programmes;
- water quality sampling;
- vector control (mosquitoes, rodents, etc);
- port quarantine;
- enforcement of legislation around food safety, nuisances, other public health threats;
- infant and child health checks;
- maternal health checks;
- reproductive health;
- public safety (e.g. accident and violence prevention);
- immunisation programmes;
- cervical screening; and
- waste removal and management (for example, asbestos, hazardous substances).

The public health team is charged with implementing the Niue NCD Action Plan. Programmes implemented under this Plan have to date largely been funded by donors such as the WHO and the SPC. The area of NCD prevention and control will be a key priority under this strategic health plan given the significant burden of disease (for example, diabetes, hypertension, stroke, heart disease, cancers) already being experienced by Niueans. Over time, without concerted actions by the health sector, in partnership with all other sectors, the extent of disease associated with smoking, alcohol misuse, poor nutrition and lack of physical activity has the potential to overwhelm the Niue health service and significantly compromise the social and economic future of Niue. We cannot let this happen.

Personnel from the areas of public health and maternal and child health will also be charged with implementing the proposed Niue Reproductive Health Strategy. This Strategy will be an ambitious one, promoting a range of initiatives aimed at ensuring sustained access to effective reproductive health services and commodities (e.g. oral and injectable contraceptives) and maternal and child

health services, the prevention of the spread of sexually transmitted diseases, effective family planning and the promotion of women’s health more broadly.

In the area of communicable disease too, there is scope for further, concerted actions to prevent the introduction and spread of communicable diseases and to ensure that Niue is prepared for any future pandemics.

Based on the needs assessment, ten strategic actions are proposed. These are presented below and their proposed implementation steps are outlined in Table 4, Appendix 1. It is noted that Niue’s National Strategic Plan has a very strong focus on improving disease prevention, particularly for NCDs. This section of the NHSP is therefore crucial for ensuring the health sector’s alignment with the national priorities set out in the NNSP.

<b>Strategic Action 4: Service Delivery (Population Health Services)</b>	
4.1	Monitor incidence of key influences on population health
4.2	Ensure the focus of the population health staff, and their work programme(s), is on areas with the potential for most health gain
4.3	Endorse and implement strategic and operational plans relating to key areas of population health focus
4.4	Emphasise prevention and control of NCDs as a core focus of the Niue health sector, and of the Government and civil society as a whole
4.5	Explore mechanisms for sustainable funding of NCD-related prevention and control programmes
4.6	Ensure capacity and capability is retained and strengthened
4.7	Support reorientation of the health service
4.8	Improve pandemic preparedness
4.9	Explore the introduction of the HPV vaccine
4.10	Review existing screening activities and consider further options

### **4.3 Corporate Services**

This section of the proposed NHSP will cover the following building blocks of effective health systems:

- Health Workforce
- Health Information
- Health Financing and Ensuring Value for Money.

#### **4.3.1 Health Workforce**

Niue has been blessed with very dedicated and able health workers. The recruitment and retention of a skilled health workforce is a challenge to Niue as it is to many Pacific nations, yet a skilled workforce is crucial for the operation of the health system. The needs assessment identified some specific challenges for Niue:

- Recruitment and retention difficulties see a high turnover of health staff. This causes a high administrative burden, gaps in service and as a result of short-term contracts with various doctors, reduced continuity of care. There is a high reliance on locums and this carries a significant cost



- Past training has not always seen those sent for training return to Niue, adding to staff retention difficulties
- There is a lack of emphasis placed on continuing education for doctors, nurses and other health professionals
- There is a need for a range of training options, including bringing people in to train staff but also having staff go out to work in different settings so that skills can be refreshed and lessons can be brought back
- The arrangement with CMDHB that sees specialists visiting to provide on-the-job training for Niue-based staff is valued but the short time allocated to country visits and the high number of consultations during visits limits the ability of local staff to secure that training
- There is an absence of certain medical specialties that would be very useful
- There is no professional regulation or process for the maintenance of clinical competence
- There is no overall workforce plan for the health sector.

A key focus of the NHSP will therefore be the development of a workforce development plan for the health sector to address these issues.

Based on the needs assessment, five strategic actions are proposed. These are presented below with their proposed implementation steps outlined in Table 5, Appendix 1.

<b>Strategic Action 5: Corporate Services (Health Workforce)</b>	
5.1	Implement more systematic and strategic (long term) workforce planning
5.2	Implement professional regulation and ongoing competency of health staff
5.3	Promote staff accountability and performance
5.4	Promote staff-initiated system improvements and efficiencies
5.5	Promote regional approaches to ensuring workforce needs are met

### **4.3.2 Health Information**

The systematic collection, analysis and reporting of health-related data is important for several reasons:

- to enable the health sector to track and report against strategic health targets (see section 3.4);
- to facilitate effective health planning;
- to improve the efficiency and effectiveness of service delivery;
- to enable monitoring of safety and reporting against key clinical indicators; and
- to meet international reporting obligations.

Health-related data collection in Niue has historically been limited and highly dependent on manual processes. There has been reporting, for example to the WHO and other agencies, in some specific areas, for example, reproductive health, non-communicable disease risk factors, expenditure on health, and communicable disease prevalence. Individual parts of the Department of Health take on the role of collecting information where possible, through surveys and in some cases recording of

the numbers of activities or consultations undertaken. However, there has been limited sharing of this information to date.

Niue has committed to implementing the WHO STEPS survey, a survey on chronic disease risk factors (for example, obesity, smoking, alcohol use, etc). The STEPS survey is being undertaken in many countries around the world and will enable useful comparisons between countries and long term analysis of trend data assuming the surveys are repeated at regular intervals. For Niue the first survey will enable the development of baseline data on some key disease conditions and risk factors.

At this time there is limited information with which to inform long term planning and operational needs. There are limited controls (and thereby predictive response planning) on patient flow, products and medicines. Reliance on external medical personnel and specialists also means anecdotal evidence of trends in health demand, illnesses and health-related behaviours is fragmented and often lost when staff change. As a result of the limited information, evaluation of hospital processes, proactive ordering and consideration of expansion/reduction of services is not a part of normal business.

More recently the Department of Health has purchased Medtech32 software with a view to computerising records and securing a better idea of health service usage and demand. Once up and running (the system has faced implementation difficulties) and assuming that all staff are trained and encouraged to use it, there is a far greater opportunity for health sector planning to be based on sound information and trend data.

The health needs assessment recommended that a schedule of reporting requirements be developed to ensure that the Department of Health meets its internal health planning needs as well as the expectations of external stakeholders (for example the Minister of Health and the community). This schedule would also provide a list of international reporting obligations that must be met. In most cases Medtech32 and other existing data collection systems (e.g. surveys) are sufficient to ensure that Niue meets its needs and obligations around data collection and reporting. There may be some need to build on these systems over time. This will be especially important in the area of communicable disease control and pandemic preparedness.

Based on the needs assessment, three strategic actions are proposed. These are presented below and their proposed implementation steps are outlined in Table 6, Appendix 1.

<b>Strategic Action 6: Corporate Services (Health Information)</b>	
6.1	Identify a lead person to manage data collection, analysis and reporting
6.2	Establish a system for health information collection, monitoring and reporting that meets all monitoring needs
6.3	Promote staff buy-in to the health information system

### **4.3.3 Health Financing and Ensuring Value for Money**

The Department of Health is funded through a mix of annual recurrent (Government) funding and donor funding. While there is some degree of certainty around Government funding, which draws heavily on regular New Zealand Government-provided funding for the core Niue public service, there are significant areas of health sector activity that are reliant on continued donor funding. Such funding is not assured, being highly dependent on year to year priorities of those donor agencies and

their funders. Key examples include funding provided by the WHO and Australian Agency for International Development (AusAID) for the recruitment and training of clinicians, funding provided by New Zealand for key leadership positions in the health sector (Director of Health and Chief Medical Officer) and funding provided by agencies such as WHO, SPC, UNICEF, UNDP, the Global Fund, and UNFPA for public health initiatives (communicable disease, non-communicable disease and reproductive health in particular).

The proposed expansion of services in the important area of NCD prevention and control (see section 4.2.3) is therefore not certain. Historically there has been considerably greater funding available from donors for communicable disease control than there has for NCD prevention and control. A greater international focus through the Global Non-communicable Disease Strategy and Action Plan in recent years has seen greater emphasis on NCDs by WHO, SPC and other funders, however, the uncertain nature of donor funds must be taken into account when it comes to health service planning and options explored for more sustainable funding.

It is difficult to assess the long term sustainability of health financing in Niue given the absence of data to support projections of likely disease burdens, health service demand or population demographics. Work underway to address these gaps in information (see section 4.3.2) will better inform discussions around health financing sustainability. In the meantime, however, this Health Strategic Plan identifies some key areas for attention to promote the long term sustainability of health services in Niue. These are:

- improving system efficiency and effectiveness;
- increasing cost recovery;
- exploring other sources of revenue; and
- exploring insurance and other means of fixing costs.

Six strategic actions are presented below. Table 7, Appendix 1 presents implementation steps, identifying some initial areas where potential improvements could be made to promote the long term financial sustainability and cost effectiveness of the Niue health sector.

Annual Department of Health budgets will reflect both business as usual (Government recurrent budget) and new initiative spending (GON and donor funds). These budgets will be aligned with the NNSP and the NHSP through annual work plans so that there are clear linkages between priority areas, strategic objectives and expenditure.

<b>Strategic Action 7: Corporate Services (Health Financing and Value for Money)</b>	
7.1	Consolidation of budget development and reporting processes
7.2	Introduce efficiencies to drive cost savings to enable reallocation of funds to areas of need
7.3	Instigate formal engagement with donors over priority setting and more consistent funding
7.4	Instigate a formal programme of cost recovery
7.5	Investigate alternative sources of revenue for the health sector
7.6	Explore options for fixed costs for the health sector

## **4.4 Relationships and Inter-sectoral Work**

The importance of relationship building and inter-sectoral collaboration has not been explicitly discussed in earlier sections of this Strategy as it cuts across all six 'building blocks' for health systems.

This section of the Strategy therefore explores means of promoting collaboration between the Niue Department of Health and other sectors domestically, and with donors and technical support agencies internationally, with a view to seeing all sectors and all agencies working together to promote and support the implementation of this Health Strategic Plan.

### **4.4.1 Donor and Technical Support Agencies**

The Niuean health sector has built strong relationships with many groups. Donor programmes in particular have been effective in facilitating improvements in health and well-being on the island.

The relationships with the New Zealand Government and with CMDHB have been important ones, facilitating core funding of Niue-based health services as well as access to a range of other services unable to be delivered on the island (through specialist visits, referrals to New Zealand hospitals and emergency medical evacuations). Without this core funding it would not be possible to deliver the range of health services that those living in Niue currently access.

International agencies such as the WHO, SPC, UNFPA, UNICEF, UNDP, International Red Cross and others have provided valuable technical assistance and tagged funding for a wide variety of programmes, including in key areas of communicable disease prevention and control, non-communicable disease prevention and control, reproductive health and pandemic preparedness.

However, the Niuean health sector has multiple donors, suppliers and citizen expectations. At present these expectations are outlined in numerous contracts and funding agreements and in local ways of influencing health care. This wastes resources via duplicative accountability, potentially opens the health service to being fragmented and inconsistent, and is unwieldy. While the immediate effect of this will be a waste of resources, it also has the effect of reducing planning horizons and coordination of services to the life of funded discreet projects.

On 23 May 2011 a meeting of donor and technical support agencies was held in Auckland, New Zealand, to discuss the (then draft) Niue Health Strategic Plan and how agencies could assist Niue to strengthen and improve the delivery of health services.

It is clear that there is a strong commitment on the part of these agencies to continue their relationship with Niue and to integrate their support with the Niue Health Strategic Plan. To that end, it was proposed at the 23 May 2011 meeting that a coordinating process be established that would provide a mechanism for:

- Niue to identify priority areas where funding and technical assistance would be most desired and most effective - and to signal that to donors and technical support agencies;
- donors and technical support agencies to work together, and with Niue, to target funding and technical assistance to areas of those identified areas of greatest need and priority;
- considering whether donors and technical agencies could collaborate with Niue on the development of combined survey instruments covering a range of health topics; and

- rationalising reporting and other accountability processes to minimise the cost of Niue meeting these necessary requirements of donors and technical support agencies.

The final shape of this coordinating mechanism will be developed during 2011/12 and is likely to involve one donor taking a lead on coordination between donors and technical support agencies with the view to the development, with the NDOH, of a combined agreed biennial donor / country support plan and reporting framework. Regular, perhaps annual, meetings between the NDOH with donors as a group, or perhaps with the donor agency that takes a lead on donor-coordination, would be held to review progress.

It was agreed at the Auckland meeting that as a first step Niue would, through the Strategic Plan, signal immediate funding and technical assistance priorities for the first two years of the implementation of the Health Strategic Plan. Drawing on earlier sections of this Strategic Plan (sections 4.1 to 4.3) and tables in Appendix 1, Table 5 below sets out those priorities.

**Note:** Table 5 focuses on programme funding. It assumes that core (recurrent) funding will continue at the same or similar level during the term of the Health Strategic Plan. Over this term service improvements are expected that may enable transfer of core funding to address areas of need such as workforce development, hospital service improvements and a greater community-based approach to the delivery of health services. However, the initiatives set out in Table 5 will not be able to be accommodated without new funding.

**Table 5: Key Areas Where Funding and Technical Assistance Would be Valuable Over 2011/12 and 2012/13**

Strategic Action	Area of Assistance	Indicative Budget sought
<b>Strategic Direction and Leadership</b>		
1.5 Implement a formal NDOH-based staff performance monitoring system	<ul style="list-style-type: none"> <li>• Technical assistance to design the performance monitoring framework</li> </ul>	\$20,000
1.9 Systematic review and refinement of health-related legislation	<ul style="list-style-type: none"> <li>• Technical assistance to review existing health legislation, then to provide assistance for updating or consolidating legislation where required</li> </ul>	\$30,000 per annum over 2011/12, 2012/13, 2013/14
1.10 Implement a formal risk management and systems review system	<ul style="list-style-type: none"> <li>• Technical assistance to help develop a risk management manual and register that identifies potential risks and proposes strategies for risk management and mitigation</li> </ul>	\$20,000
<b>Service Delivery (Cross-cutting Issues)</b>		
2.1 Formalise what comprises “essential health services” for Niue	<ul style="list-style-type: none"> <li>• Support to undertake initial review of defined essential health services in the context of the outreach programme and proposed implementation of better data collection</li> </ul>	\$30,000
2.2 Reorientate health services	<ul style="list-style-type: none"> <li>• Evaluation of the proposed pilot community outreach programme</li> </ul>	\$35,000
2.5 Implement steps to improve the efficiency and effectiveness of health services	<ul style="list-style-type: none"> <li>• Secure any equipment that is supported for acquisition following a review of staff recommendations for various electronic diagnostic technologies (a potential means of reducing referrals to New Zealand)</li> </ul>	Cost uncertain until review undertaken
2.5 cont.	<ul style="list-style-type: none"> <li>• Technical advice on means of improving patient flow</li> <li>• Technical advice on options for more effective stock management</li> </ul>	\$25,000
2.8 Improve confidentiality	<ul style="list-style-type: none"> <li>• Technical advice on designing and implementing systems to improve patient confidentiality</li> </ul>	\$20,000
2.9 Implement steps to improve the capacity of the health sector to respond to the effects of climate change and extreme events	<ul style="list-style-type: none"> <li>• Technical support to develop a health sector-specific disaster and climate change preparedness and response plan to sit under Niue’s national disaster management plan.</li> </ul>	\$25,000

**Table 5: Key Areas Where Funding and Technical Assistance Would be Valuable Over 2011/12 and 2012/13**

Strategic Action	Area of Assistance	Indicative Budget sought
<b>Service Delivery (Hospital-based, Referral and Medivac Services)</b>		
3.4 Promote the delivery of effective and efficient pharmacy services	<ul style="list-style-type: none"> <li>• Technical advice and support on: the development of formal prescribing guidelines and patient education protocols on safe use and disposal; the review of the Niue essential medicines list and the management of specialist-prescribed drugs; and the cost efficient sourcing of medicines</li> </ul>	\$35,000
3.5 Promote the delivery of effective and efficient mental health services	<ul style="list-style-type: none"> <li>• Consider the development of a mental health plan that engages both the Government and nongovernment sector in support of those with mental health needs (including as part of an outreach programme)</li> <li>• Develop strategies for the destigmatisation of those with mental health needs</li> </ul>	\$30,000
3.5 cont.	<ul style="list-style-type: none"> <li>• Technical advice to develop business case for safe room at the hospital, then develop safe room</li> </ul>	Budget to be determined based on business case
3.6 Promote the delivery of effective and efficient aged care services	<ul style="list-style-type: none"> <li>• Consult on, develop and cost a plan for expanded aged care facilities including exploration of what scope there may be for outreach support services for those remaining in the community as well as a larger (and enhanced) aged care facility at the hospital, or a community facility for day care and/or respite care</li> </ul>	Budget is dependent on the business case
<b>Service Delivery (Population Health Services)</b>		
4.3 Endorse and implement strategic and operational plans relating to key areas of population health focus	<ul style="list-style-type: none"> <li>• Programme funding for a range of NCD-related projects in the community</li> </ul>	Funding and assistance would be sought for initiatives – specific programmes and cost to be discussed and agreed
4.3 cont.	<ul style="list-style-type: none"> <li>• Seed funding for establishment of a further public health position to support and promote programmers aimed at the prevention and control of NCDs</li> </ul>	\$50,000 per annum
4.3 cont.	<ul style="list-style-type: none"> <li>• Technical advice and support for review of the Niue NCD Plan in 2012/13</li> </ul>	\$35,000
4.3 cont.	<ul style="list-style-type: none"> <li>• Technical advice and support for finalisation of the draft Reproductive Health Strategy</li> </ul>	Direct technical support sought from UNFPA (rather than funding)

**Table 5: Key Areas Where Funding and Technical Assistance Would be Valuable Over 2011/12 and 2012/13**

Strategic Action	Area of Assistance	Indicative Budget sought
4.3 cont.	<ul style="list-style-type: none"> <li>• Programme funding to give effect to initiatives advanced under the (subsequently finalised) Niue Reproductive Health Strategy</li> </ul>	Funding and assistance would be sought for a range of initiatives – specific programmes and cost to be discussed and agreed
4.3 cont.	<ul style="list-style-type: none"> <li>• Technical support for the development of an overarching communicable diseases strategy</li> </ul>	\$35,000
4.3 cont.	<ul style="list-style-type: none"> <li>• Programme funding to give effect to initiatives proposed under an overarching communicable diseases strategy</li> </ul>	Funding and assistance would be sought for a range of initiatives – specific programmes and cost to be discussed and agreed
4.5 Explore mechanisms for sustainable funding of NCD-related prevention and control programmes	<ul style="list-style-type: none"> <li>• Technical advice on options around taxation on tobacco, alcohol and unhealthy foods as a source of dedicated revenue for NCD-related activities</li> </ul>	\$25,000
4.8 Improve pandemic preparedness	<ul style="list-style-type: none"> <li>• Provide training on the Niue Pandemic Preparedness and Response Plan</li> </ul>	\$25,000
4.8 cont.	<ul style="list-style-type: none"> <li>• Initiate at least biennial exercises to test pandemic preparedness</li> </ul>	\$25,000 biennially
4.10 Review existing screening activities and consider further options	<ul style="list-style-type: none"> <li>• Review cervical screening processes, including testing and recall procedures, coverage and modes of engagement with women (including cultural factors)</li> <li>• Consider other screening options including mammography, for viability in Niue, cost, cost effectiveness and potential for improved population health.</li> </ul>	\$30,000
<b>Corporate Services (Health Workforce)</b>		
5.1 Implement more systematic and strategic (long term) workforce planning	<ul style="list-style-type: none"> <li>• Develop a comprehensive workforce plan</li> </ul>	\$50,000



**Table 5: Key Areas Where Funding and Technical Assistance Would be Valuable Over 2011/12 and 2012/13**

Strategic Action	Area of Assistance	Indicative Budget sought
5.1 cont.	<ul style="list-style-type: none"> <li>(potential need) Programme funding to give effect to workforce initiatives around training and retention</li> </ul>	Uncertain until workforce development plan is developed
<b>Corporate Services (Health Information)</b>		
6.1 Identify a lead person to manage data collection, analysis and reporting	<ul style="list-style-type: none"> <li>Seed funding for a position charged with establishing systems for the systematic collection, analysis, application and reporting of health-related data; and for promoting greater efficiencies and efficacy of health services</li> </ul>	\$50,000 per annum
6.1 cont.	<ul style="list-style-type: none"> <li>Technical assistance to the above position on the establishment of data collection and reporting systems</li> </ul>	\$20,000 in 2011/12 and 2012/13
<b>Corporate Services (Health Financing)</b>		
7.5 Investigate alternative sources of revenue for the health sector	<ul style="list-style-type: none"> <li>Scoping study, including cost benefit analysis, of dental tourism, assessing start-up requirements and costs, workforce requirements, likely market and potential marketing approaches</li> </ul>	\$60,000
7.5 cont.	<ul style="list-style-type: none"> <li>Subject to the scoping study:                             <ul style="list-style-type: none"> <li>Develop business case and seek funding</li> <li>Implement and promote dental tourism</li> </ul> </li> </ul>	Dependent on the outcome of the scoping study

#### 4.4.2 Domestic Multi-sectoral Collaboration

Internally too, there is an opportunity for increased collaboration with other departments with a view to promoting the health of those living in Niue. This includes partnerships to secure additional and more sustainable funding, or working with agencies more directly to secure support for implementation of community-based projects (for example, village-based programmes to encourage healthy eating and physical activity).

The establishment of an NHSP Steering Committee (see section 3.5) is the proposed mechanism for promoting this multi-sectoral collaboration. With representatives from both Government and the community, the committee will be charged with mobilising the entire Niue community to help achieve the Objectives of the NHSP.

Without limiting the broad scope of this mandate, examples of potential areas of multisectoral collaboration might include:

- considering how the community can take greater ownership for the care and support of those in the community with needs (for example, new mothers, disabled persons, the aged and those with mental health problems);
- collaboration (Health / Finance) to promote higher taxes on tobacco, alcohol and unhealthy foods and/or secure increased and sustainable funding to confront NCDs;
- establishing a mechanism (Police / Health) for long term monitoring of alcohol abuse and illicit drug use and violence - with a view to identifying trends and thus responding with targeted treatment and education services as required;
- collaboration (Health / Education) on health promotion strategies for young people, and on means of promoting young people to pursue careers in Health;
- building village support for healthy living initiatives (e.g. nutrition and physical activity programmes);
- exploring options for better workforce planning and management (Public Service Commission / Health); and
- agreeing a strategy for managing and reviewing the legislation that Health is responsible for, and reviewing the scope for developing legislation to require all visitors to have health insurance (Health / Attorney General's Office).

## **5. Part 3: Monitoring and Evaluation Framework**

This monitoring and evaluation framework is presented in two parts.

The first part presents the monitoring framework for the NHSP itself. It presents the core set of 21 indicators that will be used to measure progress towards the identified NHSP targets, as well as baseline data (where available) and future data requirements and potential source(s) of that data.

The second part discusses a wider set of health indicators that will be monitored for the purpose of health sector planning.

The identification of a lead person to manage and oversee data collection, analysis and reporting (see Strategic Action 6.1) will be key to ensuring that both annual reporting as well as quarterly health planning reporting takes place and that data collected are actually used to improve health service delivery.

### **5.1 Monitoring Progress of the NHSP**

Table 6 below presents the monitoring framework for the NHSP.

In many areas there are no baseline data available and systems are not yet established to enable monitoring of progress. However, this will be rectified in the short-term through the implementation of MedTech32 and the establishment, by the NDOH, of regular surveying of customer satisfaction and of NCD risk factors.

This will enable the Department of Health to report annually on progress towards achievement of the NHSP targets and thus achievement of the NHSP Vision and Objectives, and ultimately achievement of the Health Strategies of the NNSP.

**Table 6: Monitoring Framework for the Niue Health Strategic Plan**

Target	Indicator	Baseline data	Data requirements, source
<ul style="list-style-type: none"> <li>Develop and implement a Health Sector Strategic Plan by 2009 aimed at enhancing delivery of health services and promoting healthy lifestyles</li> </ul>	<ul style="list-style-type: none"> <li>Existence of a health sector strategic plan</li> </ul>	<ul style="list-style-type: none"> <li>No Plan exists</li> </ul>	<ul style="list-style-type: none"> <li>Director of Health to report on existence and implementation of Health Strategic Plan annually</li> </ul>
<ul style="list-style-type: none"> <li>Develop partnerships with stakeholders by 2010 aimed at "improving healthy residents [sic]":                             <ul style="list-style-type: none"> <li>- disabled and elderly care, mental health, lifestyle (negative impacts of tobacco, alcohol and unhealthy diets),</li> <li>- improved environmental health, and</li> <li>- public health education and awareness</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Number of partnerships with parties external to the Department of Health, for the funding or delivery of health services aimed at improving the health of Niue residents</li> </ul>	<ul style="list-style-type: none"> <li>Currently staff in various areas will be aware of where partnerships exist but there has been no concerted effort to collate baseline data on what partnerships exist and their purpose</li> </ul>	<ul style="list-style-type: none"> <li>All section heads to report based on standardised annual reporting template</li> <li>Director of Health through annual budgeting process to report on partnerships</li> </ul>
<ul style="list-style-type: none"> <li>Develop and integrate health education into the school curriculum by 2013</li> </ul>	<ul style="list-style-type: none"> <li>Existence, as part of the school curriculum, of health education</li> <li>Quality, and application, of health education module</li> </ul>	<ul style="list-style-type: none"> <li>Review School Curriculum for existence of health education module</li> <li>Review content and implementation of module</li> </ul>	<ul style="list-style-type: none"> <li>Department of Health can report on existence of health education as part of the curriculum, as well as content (whether it targets key health issues, and does this well) and wider progress with implementation</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the incidence of non-communicable diseases by at least 10 percent per annum</li> </ul>	<ul style="list-style-type: none"> <li>Percent of the adult population diagnosed with NCDs (diabetes, hypertension, gout, all cancers, heart disease, etc)</li> </ul>	<ul style="list-style-type: none"> <li>Unreliable and sometimes conflicting data</li> <li>Will need to establish official baseline level</li> </ul>	<ul style="list-style-type: none"> <li>Medtech32 will provide standard and comprehensive data for future monitoring</li> </ul>
<ul style="list-style-type: none"> <li>Maintain zero rates for infant/child and maternal mortality rates through to 2013</li> </ul>	<ul style="list-style-type: none"> <li>Rate of infant and maternal mortality per 1000 births, per annum</li> </ul>	<ul style="list-style-type: none"> <li>Data collected by population health staff and/or clinical staff but not systematically reported</li> </ul>	<ul style="list-style-type: none"> <li>Medtech32 will provide standard and comprehensive data for future monitoring</li> </ul>
<ul style="list-style-type: none"> <li>Maintain zero rates for communicable diseases, such as HIV/AIDS, malaria and tuberculosis</li> </ul>	<ul style="list-style-type: none"> <li>Rates of new cases of HIV/AIDS, malaria and tuberculosis per annum</li> <li>Rates of other, notifiable diseases</li> </ul>	<ul style="list-style-type: none"> <li>Data variously recorded on patient files</li> <li>Will need to establish official baseline</li> </ul>	<ul style="list-style-type: none"> <li>Medtech32 will provide standard and comprehensive data for future monitoring</li> </ul>

**Table 6: Monitoring Framework for the Niue Health Strategic Plan**

Target	Indicator	Baseline data	Data requirements, source
through to 2013.	<ul style="list-style-type: none"> <li>Rates of STI diagnoses</li> </ul>	level for all diseases	
<ul style="list-style-type: none"> <li>All able mothers are exclusively breast feeding to six months</li> </ul>	<ul style="list-style-type: none"> <li>% mothers exclusively breastfeeding to 6 months</li> </ul>	<ul style="list-style-type: none"> <li>Data collected by population health staff but not systematically reported.</li> <li>Will need to establish baseline level</li> </ul>	<ul style="list-style-type: none"> <li>Medtech32 will provide standard and comprehensive data for future monitoring</li> </ul>
<ul style="list-style-type: none"> <li>Reduce tobacco smoking prevalence to less than 25 percent of males and less than 12 percent of females by 2020</li> </ul>	<ul style="list-style-type: none"> <li>% males, % females aged 19 years and over who currently smoke tobacco</li> </ul>	<ul style="list-style-type: none"> <li>Episodic surveying</li> <li>Baseline data suggest male smoking rate of 31 percent</li> <li>Baseline data suggest female smoking rate of 16 percent</li> </ul> <p><i>The above requires verification</i></p>	<ul style="list-style-type: none"> <li>Regular NCD risk factor surveying will be required</li> </ul>
<ul style="list-style-type: none"> <li>By 2020/2021, reduce the annual number of new diagnoses of diabetes by 20 percent compared with 2011/12</li> </ul>	<ul style="list-style-type: none"> <li>Number of new diabetes cases diagnosed per annum</li> </ul>	<ul style="list-style-type: none"> <li>Data collected but are various estimates</li> <li>Will need to establish official baseline level</li> </ul>	<ul style="list-style-type: none"> <li>Medtech32 will provide standard and comprehensive data for future monitoring</li> </ul>
<ul style="list-style-type: none"> <li>By 2020/2021, reduce the incidence of obesity in Niue by 20 percent compared with 2011/12</li> </ul>	<ul style="list-style-type: none"> <li>Number of persons classified as obese (using BMI)</li> </ul>	<ul style="list-style-type: none"> <li>Data collected but are various estimates</li> <li>Will need to establish official baseline level</li> </ul>	<ul style="list-style-type: none"> <li>STEPS survey</li> <li>Presentation data at the hospital (Medtech32)</li> </ul>
<ul style="list-style-type: none"> <li>Maintain a 100 percent child immunisation rate</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of children immunised at each defined age under the immunisation schedule</li> </ul>	<ul style="list-style-type: none"> <li>Data collected by child and infant health</li> </ul>	<ul style="list-style-type: none"> <li>Medtech32 will provide standard and comprehensive data for future monitoring</li> </ul>
<ul style="list-style-type: none"> <li>Reduce waiting times for patients to less than 30 mins for a consultation and 15 mins for an X-ray</li> </ul>	<ul style="list-style-type: none"> <li>Average waiting time (minutes) to see a doctor</li> <li>Average waiting time (minutes) for an x-ray once one has been ordered by a doctor</li> </ul>	<ul style="list-style-type: none"> <li>No data collected</li> <li>Will need to establish official baseline level</li> </ul>	<ul style="list-style-type: none"> <li>Method of collection to be determined</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the incidence of preventable clinical failures and errors by 20 percent by 2020</li> </ul>	<ul style="list-style-type: none"> <li>Number of incidents of preventable clinical failures and errors per 1000 clinical interventions, per annum</li> </ul>	<ul style="list-style-type: none"> <li>No data collected</li> <li>Will need to establish official baseline level</li> </ul>	<ul style="list-style-type: none"> <li>To be determined: CMO to design compliance monitoring and reporting framework</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the number of customer complaints by 20 percent per annum, compared with 2011/12</li> </ul>	<ul style="list-style-type: none"> <li>Number of customer complaints per 1000 health service interventions, per annum</li> </ul>	<ul style="list-style-type: none"> <li>Limited data collected</li> <li>Will need to establish official baseline level through survey</li> </ul>	<ul style="list-style-type: none"> <li>Complaints register</li> <li>Regular (annual) surveying required</li> </ul>

**Table 6: Monitoring Framework for the Niue Health Strategic Plan**

Target	Indicator	Baseline data	Data requirements, source
<ul style="list-style-type: none"> <li>Increase satisfaction with mental health, aged care and disability support services to 75 percent of surveyed users being satisfied or very satisfied with the service they have been provided</li> </ul>	<ul style="list-style-type: none"> <li>percent of surveyed users of the Niue health service being satisfied or very satisfied with the service they have received, broken down by type of service utilised (mental health disability, aged care)</li> </ul>	<ul style="list-style-type: none"> <li>No data collected</li> <li>Will need to establish official baseline level through survey</li> </ul>	<ul style="list-style-type: none"> <li>Regular (annual) surveying required</li> </ul>
<ul style="list-style-type: none"> <li>Investigate and implement options for sustainable health financing by 2013, including cost recovery (such as consultation and prescription fees) and insurance medical scheme</li> </ul>	<ul style="list-style-type: none"> <li>Investigation undertaken</li> <li>Outcomes of investigation implemented</li> </ul>	<ul style="list-style-type: none"> <li>Some investigations already underway</li> </ul>	<ul style="list-style-type: none"> <li>Director of Health can report on efforts</li> </ul>
<ul style="list-style-type: none"> <li>Reduce medical referrals and related costs by 5 percent per annum</li> </ul>	<ul style="list-style-type: none"> <li>Percent reduction in number of medical referrals per annum</li> <li>Percent reduction in total cost of medical referrals per annum</li> </ul>	<ul style="list-style-type: none"> <li>Data exists through official budget information</li> <li>Will need to establish official baseline level of expenditure</li> </ul>	<ul style="list-style-type: none"> <li>Director of Health to report based on number of referrals and annual expenditure against budget and Medtech32 reporting</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the net cost to the government of pharmaceuticals by 20 percent by 30 June 2013</li> </ul>	<ul style="list-style-type: none"> <li>Percent reduction in the net annual cost to the government of pharmaceuticals (net of cost recovery)</li> </ul>	<ul style="list-style-type: none"> <li>Data exists through official budget information</li> <li>Will need to establish official baseline level of expenditure</li> </ul>	<ul style="list-style-type: none"> <li>Director of Health to report based on annual expenditure against budget</li> </ul>
<ul style="list-style-type: none"> <li>Increase cost recovery so that revenue from cost recovery comprises 10 percent of the Department of Health's total revenue by 30 June 2013</li> </ul>	<ul style="list-style-type: none"> <li>Percent of NDOH total revenue that comes through cost recovery from patients</li> </ul>	<ul style="list-style-type: none"> <li>Data exists through official budget information</li> <li>Will need to establish official baseline level of expenditure</li> </ul>	<ul style="list-style-type: none"> <li>Director of Health to report based on annual income and expenditure against budget</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the average cost of hospital and community interventions by 20 percent by 2020 compared with 2011/12</li> </ul>	<ul style="list-style-type: none"> <li>Average cost of hospital interventions (total cost divided by number of interventions)</li> <li>Average cost of community interventions (total cost divided by number of interventions)</li> </ul>	<ul style="list-style-type: none"> <li>No data collected on number of interventions</li> <li>Will need to establish official baseline level of both numbers of interventions and total cost</li> </ul>	<ul style="list-style-type: none"> <li>Director of Health to report based on annual expenditure against budget and Medtech32 reporting</li> </ul>

**Table 6: Monitoring Framework for the Niue Health Strategic Plan**

Target	Indicator	Baseline data	Data requirements, source
<ul style="list-style-type: none"> <li>Improve multi-sectoral engagement on determining health priorities and shaping initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Number of meetings of the NHS Steering Committee</li> <li>Number of community consultation meetings</li> <li>Number of donor coordination meetings</li> <li>Satisfaction of partners with level of engagement and outcomes of that engagement</li> </ul>	<ul style="list-style-type: none"> <li>No systematic collection of data to date</li> </ul>	<ul style="list-style-type: none"> <li>Record of number of meetings and topics</li> <li>Annual questionnaire of NHSP Steering Group members and donor coordinating committee members</li> <li>Annual client satisfaction survey can ask a question on satisfaction of community with level of engagement</li> </ul>

## **5.2 Monitoring for Health Sector Planning Purposes and to Meet International Reporting Obligations**

The health sector needs assessment that was undertaken to inform this strategic plan (*Allen + Clarke 2011*) proposed a set of health indicators for monitoring for health planning purposes. This set of indicators is based on a selection of standard WHO health indicators and some proposed Niue-specific indicators.

This larger set of indicators will provide richer and more detailed information and will help inform focussing of annual operational planning and the selection of interventions for implementation over the full term of this 10 year health strategic plan. They would not be publicly reported on as regularly but rather will be used internally, by the NDOH, as a means of determining improvements in efficiency, effectiveness and quality of service delivery. A monitoring plan utilising this wider set of indicators would be developed by the NDOH (see Strategic Aim 6.1 in table 6, Appendix 1). It is expected that at least quarterly reporting would feed into this improvement assessment process which would be overseen by the proposed NHSP Steering Committee (see section 3.5).

The needs assessment also noted that Niue has international reporting obligations under agreements such as the WHO Framework Convention on Tobacco Control and the International Health Regulations. The Monitoring Plan discussed above will also outline the international reporting requirements and provide a schedule for ensuring those reporting obligations are met.



### 5.3 Risks to Successful Implementation of the NHSP

There are several key factors that pose significant risks to the successful implementation of this Plan. Key risks and risk mitigation or management steps are presented in Table 7 below. In many cases, the proposed management and mitigation steps reflect Strategic Actions already captured in this Plan but are highlighted here as in most cases they are cross-cutting issues that have the potential, if not managed carefully, to compromise achievement of the core Objectives of this Health Strategic Plan (see section 3.2).

Table 7: Risks and risk management	
Risks	Risk Management Strategies
<ul style="list-style-type: none"> <li>Lack of staff buy-in and commitment to the HSP</li> </ul>	<ul style="list-style-type: none"> <li>Engagement of staff in the development and implementation of the HSP</li> <li>Ensuring all Departmental planning documents reflect the agreed strategic direction of the HSP</li> <li>Development of annual plans with clear and agreed priorities and expectations of all health staff</li> <li>Opportunities for staff to provide their views on implementation of the HSP including next stages and priorities</li> <li>Annual performance agreements for all staff linked to the HSP</li> <li>Regular reporting to staff on progress implementing the HSP - and successes more broadly</li> </ul>
<ul style="list-style-type: none"> <li>Lack of community acceptance of the HSP or specific initiatives proposed under it</li> </ul>	<ul style="list-style-type: none"> <li>Engagement of the community in the development and adoption of the HSP</li> <li>Provide regular reporting to the community on progress implementing the HSP - and successes more broadly</li> <li>Provide opportunities for community engagement on specific initiatives under the HSP and annual plans</li> <li>Provide an opportunity for concerns regarding the direction of the health sector to be voiced, and responded to</li> </ul>
<ul style="list-style-type: none"> <li>Financial risks</li> </ul>	<ul style="list-style-type: none"> <li>Manage the Department of Health budget carefully, seeking efficiencies and service improvements wherever possible and clearly articulating the value for money of health sector expenditure</li> <li>Engage proactively with the New Zealand Ministry of Foreign Affairs and other donors and technical support agencies on a clear prioritised list of actions for which no funding is available through core government funding</li> <li>Establish a coordinating mechanism that provides for oversight of the effective implementation of the NHSP and enables early identification of funding risks</li> <li>Investigate proposed measures for cost recovery and other potential funding sources as a matter of priority</li> </ul>
<ul style="list-style-type: none"> <li>Lack of leadership and strategic direction</li> </ul>	<ul style="list-style-type: none"> <li>Ensure senior health sector positions are filled by the most competent people</li> <li>Place emphasis on good planning and effective leadership</li> <li>Support local Niueans to reach positions of responsibility in the health sector</li> <li>Develop clear risk management systems and robust internal processes</li> </ul>

**Table 7: Risks and risk management**

Risks	Risk Management Strategies
<ul style="list-style-type: none"><li>Recruitment and retention of key clinical staff</li></ul>	<ul style="list-style-type: none"><li>Develop and implement a workforce development plan that addresses all the key gaps and problems identified in the needs assessment</li><li>Explore means of implementing direct responsibility for recruitment and training of health staff by the Director of Health</li><li>Explore means of better remunerating key clinical positions in order to retain staff</li></ul>
<ul style="list-style-type: none"><li>Lack of data to inform service planning and efficiency improvements</li></ul>	<ul style="list-style-type: none"><li>Implement Medtech32, and take active steps to ensure staff buy-in to full implementation of Medtech32</li><li>Establish a coordinator position responsible for data collection and reporting</li><li>Establish a system for actively reviewing data for means of improving service quality and efficiency</li></ul>
<ul style="list-style-type: none"><li>Clinical safety</li></ul>	<ul style="list-style-type: none"><li>Prioritise the development of a compliance programme for ensuring clinical and allied health professional competence and service safety</li></ul>
<ul style="list-style-type: none"><li>Escalating disease burden from NCDs overwhelming ability of health sector to respond</li></ul>	<ul style="list-style-type: none"><li>Prioritise efforts to confront the NCD epidemic, as set out in the NHSP</li></ul>

## **Appendix 1: Implementation Planning for the NHSP Strategic Actions**

The attached tables provide, for each Strategic Action identified in the Niue Health Strategic Plan (see sections 4.1 to 4.3), proposed implementation steps that can be selected, based on prioritisation utilising the prioritisation criteria set out in section 3.3 of the NHSP, for inclusion in annual plans for the health sector. There is also an indication for each implementation step of the funding source and where it is likely to require additional funding, the quantum of funding required.

**Table 1: Strategic Action 1: Strategic Direction and Leadership**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
1.1 Establish a coordinating mechanism for the HSP	<ul style="list-style-type: none"> <li>Establish NHSP Steering Group, including terms of reference and outline of functions and roles</li> <li>Develop annual NHSP implementation plans (see SA 1.3 below)</li> <li>Hold quarterly meetings</li> <li>Implement annual reporting (see section 5)</li> </ul>	2011/12 and subsequent years	Recurrent budget	Director of Health, annual plans by section leaders	Effective strategic direction & leadership promotes all NHSP Objectives
1.2 Provide clear strategic direction for the health sector	<ul style="list-style-type: none"> <li>Educate all staff on strategic basis for health service delivery and require the NNSP, NCD Action Plan and other existing or future Government and health sector strategic documents to be used as the basis of all future health sector planning and service delivery</li> <li>Communicate the strategic direction for the health sector to all partner agencies including: donors and technical assistance providers, other Niue departments, community agencies and leaders</li> </ul>	2011/12 and ongoing	2011 Recurrent budget	Director of Health	As above
1.3 Develop annual operational plans for the NDOH, linked to the NHSP, with clear lines of accountability for delivery of all health services	<ul style="list-style-type: none"> <li>Educate all staff on the strategic basis for health service delivery</li> <li>Develop an annual plan for giving effect to the HSP, seek approval from HSP Steering Committee</li> <li>Develop annual work plans for each section of the Department, linked to Health Department Annual Plan</li> </ul>	2011/12 and subsequent years	2011 and subsequent recurrent budget	Director of Health, annual plans by section leaders	As above
1.4 Restructure the NDOH with a view to breaking down silos for service delivery, promoting a more holistic approach to health (including integration of prevention and treatment services), implementing community outreach, enhancing the focus on NCD prevention and control and facilitating both strong management oversight as well as strong clinical leadership	<ul style="list-style-type: none"> <li>Develop proposal for restructuring with rationale and organisational map, initiate consultation</li> <li>Confirm future structure of Health Department and lines of reporting and accountability</li> <li>Clearly articulate differentiation of roles between Director of Health and Chief Medical Officer</li> </ul>	2011/12	2011 Recurrent budget	Director of Health	As above
	<ul style="list-style-type: none"> <li>Design and implement processes for breaking down of silos and promoting a more holistic approach to healthcare</li> </ul>	2011/12 design, ongoing	2011 and subsequent recurrent budget	Director of Health, section leaders	
1.5 Implement a formal NDOH-based performance monitoring system that ensures that staff performance is	<ul style="list-style-type: none"> <li>Design an accountability framework, consistent with the NHSP, proposed Annual Plan for 2011/12 and with best practice accountability frameworks, consult on it internally (and with Public</li> </ul>	2011/12	Consultancy to design: \$20,000	Director of Health	As above

reviewed (against the annual operational plan as well as staff conduct expectations) at least annually, with results fed back to individual staff members along with areas of necessary improvement.	Service Commission) and implement				
	<ul style="list-style-type: none"> <li>Develop personalised performance agreements for all staff</li> </ul>	2011/12	Recurrent budget	Director, section leaders	
1.6 Implement formal staff engagement, including regular meetings with staff, for the sharing of strategic vision and intentions for the health sector, as well as seeking input on operational matters.	<ul style="list-style-type: none"> <li>Implement active performance monitoring and review</li> </ul>	From 2012/13	Recurrent budget		
	<ul style="list-style-type: none"> <li>Develop and implement a schedule of meetings</li> </ul>	2011/12 and ongoing	Recurrent budget	Director of Health	As above
1.7 Implement steps for promoting Niuean leadership of the health sector	<ul style="list-style-type: none"> <li>Ensure the proposed workforce development plan promotes the development of Niuean candidate(s) for position of Director of Health</li> <li>Provide training, mentoring and other opportunities for future leaders</li> </ul>	See Strategic Action 5.1			
1.8 Implement a formal asset maintenance and replacement programme	<ul style="list-style-type: none"> <li>Refine the existing asset maintenance schedule into a formal buildings, plant, grounds and other asset maintenance and replacement plan – with assigned values for assets, asset-specific maintenance and replacement schedules and estimated costs</li> <li>Review the needs assessment report (<i>Allen + Clarke 2011</i>), and consult with staff, regarding recommendations made for asset maintenance and replacement, and new diagnostic equipment</li> <li>Develop refined costings for annual maintenance and replacement plans</li> <li>Implement the asset maintenance and replacement plan</li> </ul>	2011/12	To develop formal plan: recurrent budget  To implement plan: existing funding from MFAT	Hospital services manager (or responsible role post restructure)	As above
1.9 Systematic review and refinement of health-related legislation	<ul style="list-style-type: none"> <li>Develop a schedule for systematic review of NDOH managed legislation assessing: implementation status, impact and necessity, and any possible gaps or improvements</li> <li>Seek passage of recently-developed legislation and ensure implementation plans are developed for that legislation</li> <li>Initiate the development of legislation for the compulsory assessment and treatment of people with mental health and/or drug and alcohol-related problems</li> <li>Initiate the development of legislation for registration and competency of medical professionals and allied health professionals</li> </ul>	2011/12, 2012/13 and 2013/14  Then ongoing scheduled reviews	Consultancy budget \$30,000 per annum for next three years	Relevant section heads	As above
1.10 Implement a formal risk management and systems review system	<ul style="list-style-type: none"> <li>Develop a risk management manual and register that identifies potential risks and proposes strategies for risk management and mitigation</li> </ul>	2011/12	Consultant \$20,000	Director of Health	Objective 3

**Table 2: Strategic Action 2: Service Delivery (Cross-cutting Issues)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
2.1 Formalise what comprises “essential health services” for Niue	<ul style="list-style-type: none"> <li>Develop a formal outline of what constitutes essential health services in the Niue setting, drawing on the needs assessment</li> <li>Consult with the public, other departments, community groups</li> <li>Confirm what essential services comprise and seek Government (and donor) endorsement and commitment to supporting continued provision of these services</li> <li>Build agreed essential services into future health sector planning</li> </ul>	2011/12	2011/12 Recurrent budget	Director of Health	Objective 2.1
	<ul style="list-style-type: none"> <li>Review scope of essential services for future applicability (once pilot of community outreach has been undertaken, once data is available for ongoing assessment of efficiency of health services, and based on ongoing surveying of customer satisfaction)</li> </ul>	2013/14 2020/21	Consultancy \$30,000	Director of Health	
2.2 Reorientate health services	<ul style="list-style-type: none"> <li>Consult with staff on a proposal to pilot an outreach programme</li> <li>Consider resourcing needs for the pilot, including training requirements and ensuring continued nursing cover at hospital</li> <li>Assign a strong project leader to lead implementation of the outreach programme</li> <li>Pilot an outreach programme, delivering primary health services to the community (full scope of services to be decided but could include home visiting of the elderly, disabled and mothers with babies, support for those with mental health needs, dental checks, nurse consultations for the unwell, and a referral system to the hospital (including charges for visits without referral)</li> <li>Align the public health team’s activities to support the outreach programme so that healthy living promotional activities, including community activities such as exercise and healthy eating workshops, take place in concert with the outreach programme</li> <li>Evaluate the pilot</li> </ul>	2011/12 – 2012/13	Recurrent budget  Evaluation of pilot: \$35,000 consultancy	t.b.d	Objectives 1 & 3
	<ul style="list-style-type: none"> <li>Subject to the pilot, implement an outreach programme, supported by health promotion actions</li> </ul>	2013/14 and out-years	To be determined but likely to be recurrent budget	tbd	

**Table 2: Strategic Action 2: Service Delivery (Cross-cutting Issues)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
	<ul style="list-style-type: none"> <li>Emphasise the value of integrated care for NCDs, and implement processes to ensure that staff with prevention and treatment roles work collaboratively</li> <li>Consider means of breaking down silos and promoting greater integration of care more generally (note link to Strategic Action 1.3)</li> </ul>	2011/12	Recurrent budget	Chief Medical Officer and Director of Health	
2.3 Monitor and improve customer satisfaction	<ul style="list-style-type: none"> <li>Implement means for assessing and tracking customer satisfaction</li> <li>Operate a formal complaints mechanism where complaints are formally assessed and steps taken in response documented</li> <li>In the context of the proposed restructure (see strategic action 1.3), consider mechanisms for reducing silos and promoting a holistic approach to care across all health services.</li> </ul>	2011/12	Recurrent budget (BAU)	Director of Health, Hospital Services Manager	Objective 2.2
2.4 Design and Implement a Health Quality and Safety Monitoring and Improvement programme	<ul style="list-style-type: none"> <li>Establish a formal compliance programme with clear clinical guidelines, procedures, incident reporting and tracking of progress against a core set of clinical indicators (for all health disciplines including medical, nursing, diagnostic, radiology, dental, etc)</li> </ul>	2011/12 and out-years	CMDHB budget 2011/12 & recurrent budget	Chief Medical Officer	Objective 2.2
	<ul style="list-style-type: none"> <li>Develop legislation for registration and ongoing competence of practitioners</li> </ul>	See Strategic Action 1.9			
2.5 Implement steps to improve the efficiency and effectiveness of health services	<ul style="list-style-type: none"> <li>Implement comprehensive data collection for monitoring and as a means of identifying further future efficiency and effectiveness improvements</li> </ul>	See Strategic Action 6			
	<ul style="list-style-type: none"> <li>Review staffing levels, in particular to assess whether there are activities that are currently undertaken by a mix of staff and contractors that could be delivered by a consolidation of functions within less roles (e.g. drivers, cleaning, laundry, gardening)</li> </ul>	2011/12	Recurrent budget (possible cost saving)	Director of Health	Objective 3.2
	<ul style="list-style-type: none"> <li>Improve the contribution by the NDOH to decision-making over recruitment and training by the Public Service Commission (via Government-level agreement on a workforce development plan)</li> </ul>	See Strategic Action 5			
	<ul style="list-style-type: none"> <li>Explore the various electronic diagnostic procedures and technologies suggested in the needs assessment to determine whether they may be a cost effective means of reducing referrals to New Zealand</li> </ul>	2011/12	Tbd	Hospital services manager	Objective 3.2
	<ul style="list-style-type: none"> <li>Implement systems for improved patient flow</li> </ul>	2012/13	Possible consultancy \$25,000	Chief Medical Officer, with Matron	Objective 3.2

**Table 2: Strategic Action 2: Service Delivery (Cross-cutting Issues)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
	<ul style="list-style-type: none"> <li>Implement stricter protocols for access to specialists during their visits and to doctors and diagnostic tests and pharmaceuticals, all based on need</li> </ul>	2011/12	Recurrent budget <b>(likely cost savings)</b>	Director of Health and Chief Medical Officer	Objective 3.1
	<ul style="list-style-type: none"> <li>Formally confirm what essential services comprise, including, for example, commitment to full-time medical cover, if necessary via locums while longer term workforce development initiatives are implemented, as a means of keeping referrals and medivacs to a minimum</li> </ul>	See Strategic Action 2.1			
	<ul style="list-style-type: none"> <li>Pilot the proposed outreach approach and increase commitment to health promotion and wider NCD risk factor reduction programmes</li> </ul>	See Strategic Action 2.2			
	<ul style="list-style-type: none"> <li>Implement an efficient and computerized stock control system that ensures both efficient and timely ordering but also clearer tracking of use and demand and effective stock rotation (including but not limited to medicines)</li> </ul>	2011/12	Recurrent budget & implementing MedTech32	Hospital Services Manager?	Objective 3.2
	<ul style="list-style-type: none"> <li>Establish systems for the collection of information on financial commitment to, and effectiveness of, health services in a way that allows activity-based costing and value for money analysis</li> </ul>	See Strategic Action 6			
	<ul style="list-style-type: none"> <li>Implement more comprehensive cost recovery</li> </ul>	See Strategic Action 7.4			
	<ul style="list-style-type: none"> <li>Implement an evaluative culture within the health sector that fosters improvements in safety, effectiveness and efficiency</li> </ul>	From 2011/12	Recurrent budget)	All senior staff, section leaders	Objectives 2.2, 3.2
2.6 Codify health service coverage for non-Niueans and persons with permanent residency in Niue	<ul style="list-style-type: none"> <li>Draft a formal position statement on the Government of Niue’s provision of health services to non-Niueans and permanent residents</li> <li>Develop a formal written policy on the circumstances under which Cabinet will consider applications on humanitarian grounds for covering health care costs for permanent residents and for non-Niueans</li> <li>Develop a communication strategy, outlining for what services non-Niueans and permanent residents have access to and under what circumstances (including costs)</li> </ul>	2011/12	Recurrent budget (necessitating reprioritisation where decisions are made to fund services on humanitarian grounds	Director of Health	Objectives 3.1, 3.2



**Table 2: Strategic Action 2: Service Delivery (Cross-cutting Issues)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
2.7 Promote effective community engagement, and cultural appropriateness of services	<ul style="list-style-type: none"> <li>Ensure effective engagement with the community during the design and implementation of new initiatives under the Health Strategic Plan to ensure that the community has a say in what services will be delivered, how and under what conditions</li> </ul>	2011/12 and ongoing	Recurrent budget (BAU)	All staff	Objective 2.2
2.8 Improve confidentiality	<ul style="list-style-type: none"> <li>Review procedures for the protection of the privacy of personal information</li> <li>Develop protocols / code on health information privacy</li> <li>Implement steps to ensure compliance</li> </ul>	tbd	Recurrent budget  Consultancy \$20,000 to assist	Hospital Services manager	Objective 2.2
2.9 Implement steps to improve the capacity of the health sector to respond to the effects of climate change and extreme events	<ul style="list-style-type: none"> <li>Continue active engagement in climate change preparedness work by the wider group of Pacific countries and through the GON Climate Change Committee</li> <li>Consider the development of a health sector-specific disaster and climate change preparedness and response plan to sit under Niue’s national disaster management plan.</li> </ul>	From 2011/12	Recurrent budget  Consultancy \$25,000 to assist	Hospital services manager	Links to all Objectives

**Table 3: Strategic Action 3: Service Delivery (Hospital-based, Referral and Medivac Services)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
3.1 Maintenance of necessary domestic treatment services' capacity and capability	<ul style="list-style-type: none"> <li>• Maintain the agreed essential health services provided at Niue Fooo Hospital, including at a minimum:                             <ul style="list-style-type: none"> <li>• a medical workforce comprising a mix of general practice, surgical and anaesthetist capability</li> <li>• a nursing workforce sufficient to deliver services at the Niue Fooo Hospital, and implement the community outreach pilot, and if indicated, an extended and permanent outreach programme</li> <li>• reviewing whether rostering of staff, especially nurses, could be more flexible so that staff can be applied to each work shift based on need</li> <li>• the provision of pharmacy, diagnostic, physiotherapy, dental and support services</li> </ul> </li> <li>• Develop and implement a workforce development plan that provides for:                             <ul style="list-style-type: none"> <li>• securing personnel with the necessary clinical specialties required in Niue</li> <li>• recruitment, retention and continuity of essential personnel</li> <li>• locum support for core staff for leave, sickness and training</li> <li>• succession planning</li> <li>• training and continuing education for all disciplines</li> <li>• recruitment of local Niueans</li> </ul> </li> </ul>	Ongoing	Recurrent budget (BAU)  Potential savings to Referrals Budget (CMDHB) if required core staffing is maintained	Director of Health, with Chief Medical Officer	Objective 2.1
3.2 Maintenance of necessary specialist on-call advice, specialist visits to Niue and referrals in support of domestic services	<ul style="list-style-type: none"> <li>• Continued support from CMDHB or other provider of an agreed set of visits by specialists as well as on-call support by telephone (and via telemedicine links if established) for clinical staff at Niue Fooo Hospital</li> <li>• Ensure the proposed workforce development plan and the need for Niue's clinical staff to receive continuing education informs the development of the set of agreed visits by specialists, including length, type of clinicians visiting and mix of clinical activity versus training of Niue staff</li> <li>• Develop and publicise a strict policy of only those with referrals accessing specialists during their visits</li> </ul>	2011/12 and ongoing	CMDHB and referrals budget; Medivac budget	Director of Health, with Chief Medical Officer	Objectives 2.1, 3.1
3.3 Maintenance of access to medical evacuations for seriously ill or injured patients	<ul style="list-style-type: none"> <li>• Explore funding options for maintaining medivacs as a support service for Niue-based medical care and referrals</li> <li>• Establish a formal policy on where the Government will fund Medivacs and publicise that so there is clear understanding among Niueans and non-Niueans</li> <li>• Explore insurance options for underwriting medivacs from Niue</li> </ul>	2011/12 and ongoing	Recurrent budget (\$220,000 budgeted in 2011/12)	Director of Health	Objectives 2.1 and 3.1

**Table 3: Strategic Action 3: Service Delivery (Hospital-based, Referral and Medivac Services)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
	<ul style="list-style-type: none"> <li>Place emphasis within the workforce development plan on ensuring the consistent and sustained provision of medical staff cover with the aim of reducing the need for medivacs</li> </ul>	See Strategic Action 5.1			
3.4 Promote the delivery of effective and efficient pharmacy services	<ul style="list-style-type: none"> <li>Investigate the development of formal prescribing guidelines</li> </ul>	tbd	Recurrent budget  Possible consultancy \$35,000	Chief Medical Officer, with Pharmacist	Objectives 2.1, 3.2
	<ul style="list-style-type: none"> <li>Investigate the development of patient education protocols for the pharmacy so that clear information on safe use, and disposal of unused medicines, is provided to all patients</li> </ul>				
	<ul style="list-style-type: none"> <li>Review the essential medicines list (EML) and the manner by which specialist-prescribed drugs are managed to ensure the EML is fit for purpose, there is fair and reasonable access to other medicines, and clarity over when cost recovery will be applied</li> </ul>				
	<ul style="list-style-type: none"> <li>Review sourcing of medicines to determine if there are cheaper sources</li> </ul>				
	<ul style="list-style-type: none"> <li>Implement an effective stock management system for pharmaceuticals</li> </ul>	See Strategic Action 2.5			
	<ul style="list-style-type: none"> <li>In the context of policy setting over cost recovery, implement charges for medicines sold in Niue</li> </ul>	See Strategic Action 7.4			
3.5 Promote the delivery of effective and efficient mental health services	<ul style="list-style-type: none"> <li>Improve data collection to inform strategic and annual planning around services for those with mental health needs</li> </ul>	See Strategic Action 6.1			
	<ul style="list-style-type: none"> <li>Consider the development of a mental health plan that engages both the Government and nongovernment sector in support of those with mental health needs (including as part of an outreach programme)</li> </ul>	2012/13	Recurrent budget, with consultancy to assist: \$30,000	tbd	Objectives 2.1, 2.2
	<ul style="list-style-type: none"> <li>Consider strategies for the destigmatisation of those with mental health needs</li> <li>Subject to above, implement media strategies</li> </ul>	2012/13		tbd	
	<ul style="list-style-type: none"> <li>Include a focus on training for mental health care in the workforce development plan</li> </ul>	See Strategic Action 5.1			
	<ul style="list-style-type: none"> <li>Develop and implement legislation for the compulsory assessment and treatment of people with acute mental health, including alcohol and drug-related episodes</li> </ul>	See Strategic Action 1.9			
	<ul style="list-style-type: none"> <li>Consider the development of a safe room at the hospital for those suffering acute mental health episodes where the patient poses a risk to themselves or others</li> <li>Develop proposal and secure costings</li> <li>Implementation</li> </ul>	Proposal: 2011/12  Implement: tbd	Recurrent budget for proposal; To determine funding to implement	Director of Health	Objective 2.2

**Table 3: Strategic Action 3: Service Delivery (Hospital-based, Referral and Medivac Services)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives				
3.6 Promote the delivery of effective and efficient aged care services	<ul style="list-style-type: none"> <li>• Explore cultural drivers leading to increased expectations for State-care of the aged and determine means of better supporting the aged in the community</li> <li>• Develop and implement a plan for expanded aged care facilities including exploration of what scope there may be for outreach support services for those remaining in the community as well as a larger (and enhanced) aged care facility at the hospital, or a community facility for day care and/or respite care</li> <li>• Develop proposal for enhanced aged care unit or community facility</li> <li>• Seek funding support</li> <li>• Build expanded and improved aged care facilities</li> </ul>	From 2011/12 (multi-year project, requires scoping)	Scoping: Recurrent budget	Hospital Services Manager	Objectives 2.1 and 2.2				
	<ul style="list-style-type: none"> <li>• Promote greater integration of care across all hospital services including aged care</li> </ul>					See Strategic Action 1.4			
	<ul style="list-style-type: none"> <li>• Consider training opportunities for aged care staff as part of the development of the workforce development plan</li> </ul>					See Strategic Action 5.1			
3.7 Promote the delivery of effective and efficient services for those with disabilities	<ul style="list-style-type: none"> <li>• Improve data collection to inform strategic and annual planning around support for those with disabilities arising from NCDs</li> </ul>	See Strategic Action 6							
	<ul style="list-style-type: none"> <li>• Design services, taking heed of the lessons from the outreach programme pilot (see Strategic Action 2.2)</li> </ul>	2012/13 and out-years	tbd	tbd	Objectives 2.1 and 3.2				

**Table 4: Strategic Action 4: Service Delivery (Population Health Services)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
4.1 Monitor incidence of key influences on population health	<ul style="list-style-type: none"> <li>Establish (consolidate existing, secure missing) baseline data on communicable diseases, incidence of NCDs and NCD risk factors, and sexual and reproductive health</li> <li>Implement a formal monitoring and reporting framework to inform service planning and delivery</li> </ul>	See Strategic Action 6			
4.2 Ensure the focus of the population health staff, and their work programme(s), is on areas with the potential for most health gain	<ul style="list-style-type: none"> <li>Implement an annual planning session across all population health staff to agree priorities for the work programme based on potential for health gain and Niue-specific strategic health priorities</li> </ul>	From 2011/12	Recurrent budget	tbd	Objectives 1.1 and 1.2
4.3 Endorse and implement strategic and operational plans relating to key areas of population health focus	<ul style="list-style-type: none"> <li>Utilize the NCD Action Plan as the basis for developing prioritised, annual work programmes on NCDs</li> <li>Review NCD Action Plan prior to expiry in 2013</li> <li>Explore further funding options for NCD-related programmes</li> </ul>	From 2011/12 Review 2012/13	Recurrent budget; \$35,000 consultancy	Public health team	Objectives 1.1 and 1.2
	<ul style="list-style-type: none"> <li>Finalise, adopt and institute a process for implementation of a Niue Reproductive Health Strategy, with the NDOH taking leadership</li> <li>Engage with donors around support for initial implementation of the Reproductive Health Strategy</li> <li>Initiate work to identify sustainable funding for implementation of the Reproductive Health Strategy in the medium term</li> </ul>	2011/12	Subject to final content of Plan, may require donor funds or assistance	tbd	Objectives 1.1 and 2.1
	<ul style="list-style-type: none"> <li>Maintain communicable disease prevention and control activities as a core focus of the public health team</li> <li>Explore opportunities for sustainable funding for communicable disease prevention and control</li> <li>Consider development of an overarching communicable diseases strategy, incorporating a strategy for International Health Regulations compliance, or at least review internal systems to provide for a more integrated approach to infectious diseases (prevention and treatment)</li> </ul>	From 2011/12	Donor budget dependent  \$35,000 consultancy	Public health team	Objectives 1.1 and 2.1
4.4 Emphasise prevention and control of NCDs as a core focus of the Niue health sector, and of the	<ul style="list-style-type: none"> <li>Give emphasis to NCDs, and to an integrated approach to NCD prevention, control and treatment, in all NDOH strategic and operational planning</li> </ul>	annually	Recurrent budget	Director of Health, all staff	Objectives 1.1 and 1.2
	<ul style="list-style-type: none"> <li>Brief all NDOH staff on the population health work programme with a view to</li> </ul>	2011/12	Recurrent	Public	

**Table 4: Strategic Action 4: Service Delivery (Population Health Services)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
Government and civil society as a whole	promoting a collaborative approach to reducing NCDs		budget	health team	
	<ul style="list-style-type: none"> <li>Establish a mechanism for key government &amp; civil society partners to meet to consider and adopt multisectoral approaches to NCDs</li> </ul>	annually	Recurrent budget	Public health team	
	<ul style="list-style-type: none"> <li>Increase engagement with donors for implementation of the NCD Action Plan, especially around building local capacity so that there is a sustainable long term focus on the prevention on NCDs</li> </ul>	annually	Recurrent budget (BAU)	Director of Health, public health team	
	<ul style="list-style-type: none"> <li>Ensure the workforce development plan has a priority focus on NCDs in terms of the need to have personnel skilled in treatment of NCDs, but also sufficient and appropriately-skilled staff in the prevention, screening and support area</li> </ul>	See Strategic Action 5.1			
4.5 Explore mechanisms for sustainable funding of NCD-related prevention and control programmes	<ul style="list-style-type: none"> <li>Seek an increase in the recurrent health budget to incorporate core and expanded NCD-related initiatives</li> </ul>	2011/12	Recurrent budget (BAU)	Director of Health	Objectives 1 and 3.2
	<ul style="list-style-type: none"> <li>Give consideration to increased taxation on tobacco, alcohol and unhealthy foods as a source of dedicated revenue for NCD-related activities</li> </ul>	tbd	Consultancy \$25,000	Public health team	
4.6 Ensure capacity and capability is retained and strengthened	<ul style="list-style-type: none"> <li>Identify the core competencies of population health staff and build long term retention of those skills, including ongoing training and succession planning, into the workforce development plan</li> </ul>	See Strategic Action 5.1			
4.7 Support reorientation of the health service	<ul style="list-style-type: none"> <li>Link in population-based health promotion activities in with the proposed pilot of outreach health services so that there is a mutually-reinforcing service delivery aimed at prevention of health conditions developing rather than relying on treatment as the solution</li> </ul>	See Strategic Action 2.2			
4.8 Improve pandemic preparedness	<ul style="list-style-type: none"> <li>Provide training on the Niue Pandemic Preparedness and Response Plan</li> </ul>	tbd	Consultancy \$25,000	Public health team	Objective 2.1
	<ul style="list-style-type: none"> <li>Initiate at least biennial exercises to test pandemic preparedness</li> </ul>	biennially	Consultancy \$25,000 each 2 years	Hospital Services Manager	
4.9 HPV vaccine	<ul style="list-style-type: none"> <li>Explore introduction of the HPV vaccine, after consideration of cultural factors and views of residents</li> </ul>	tbd	Fund from savings	Public health team	Objective 1.1
4.10 Review existing screening activities and consider further options	<ul style="list-style-type: none"> <li>Review cervical screening processes, including testing and recall procedures, coverage and modes of engagement with women (including cultural factors)</li> <li>Consider other screening options including mammography, for viability in Niue, cost, cost effectiveness and potential for improved population health.</li> </ul>	tbd	Consultancy \$30,000	Public health team	Objectives 2.2 and 3.2

**Table 5: Strategic Action 5: Corporate Services (Health Workforce)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
5.1 Implement more systematic and strategic (long term) workforce planning	<ul style="list-style-type: none"> <li>• Develop a comprehensive workforce plan, drawing on the needs assessment (<i>Allen + Clarke 2011</i>), in consultation with health staff, that outlines:               <ul style="list-style-type: none"> <li>• The essential health workforce, skills required, specialties sought</li> <li>• The wider health sector workforce requirements, skills base, etc.</li> <li>• How cover will be ensured for essential roles (including succession planning, locum cover, etc)</li> <li>• The continuing education needs for key positions and how they will be met</li> <li>• Training policy: where people will be sent, priority / non-priority training areas</li> <li>• How the CMDHB support meshes in with wider training approaches</li> <li>• Means of improving retention, including via salaries and conditions</li> <li>• Forthcoming likely employment opportunities in the health sector, and timing</li> <li>• A specific workforce plan for mental health</li> <li>• Means of encouraging youth to pursue a career in the health field</li> <li>• Leadership to ensure there is active implementation of all the above</li> </ul> </li> </ul>	2011/12	Recurrent budget  Consultancy \$50,000	Director of Health with all staff involved	Objectives 2 and 3
	<ul style="list-style-type: none"> <li>• Seek Government endorsement of the health workforce plan</li> </ul>	2011/12	Recurrent budget	Director of Health	
	<ul style="list-style-type: none"> <li>• Engage with the Public Service Commission to ensure that all recruitment and training decisions are aligned with the workforce plan and all such decisions are consulted on with the Director of Health before decisions are made</li> </ul>	From 2011/12	Recurrent budget	Director of Health	
	<ul style="list-style-type: none"> <li>• Implement the workforce plan</li> </ul>	From 2012/13	Recurrent budget	Director of Health	
5.2 Implement professional regulation and ongoing competency of health staff	<ul style="list-style-type: none"> <li>• Draw on work to date in the Pacific around regulation and/or oversight of clinical staff registration and competence (funded by WHO)</li> <li>• Develop a framework for professional standards, including whether legislation is required or at least a formalised process for assessing clinical competency on recruitment and for ongoing maintenance / monitoring</li> </ul>	See Strategic Action 1.9			
5.3 Promote staff accountability and performance	<ul style="list-style-type: none"> <li>• Ensure clear lines of reporting and accountability</li> <li>• Implement at least annual performance reviews for all staff</li> </ul>	See Strategic Actions 1.4 and 1.5			
5.4 Promote staff-initiated system improvements and efficiencies	<ul style="list-style-type: none"> <li>• Involve staff in service data collection and reporting, and monitoring of trends</li> <li>• Hold six monthly staff meetings focused on system and process improvements, client satisfaction and staff development and support</li> </ul>	Biannually from 2011/12	Recurrent budget	Director of Health	Objective 3.2

**Table 5: Strategic Action 5: Corporate Services (Health Workforce)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
5.5 Promote regional approaches to ensuring workforce needs are met	<ul style="list-style-type: none"> <li>Continue to advocate for a regionally consistent approach to recruitment and payment of doctors and locums in the Pacific</li> </ul>	As required	Recurrent budget (BAU)	Senior leadership team	Objective 2.1



**Table 6: Strategic Action 6: Corporate Services (Health Information)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
6.1 Identify a lead person to manage data collection, analysis and reporting	<ul style="list-style-type: none"> <li>• Appoint a person to lead data collection, review and identification of system improvements and to manage a) annual reporting on health targets and b) quarterly reporting to the NHSP Steering Group on improving the efficiency, effectiveness and quality of service delivery</li> </ul>	2011/12	Recurrent budget or consider seed funding from donors	Director of Health	Objectives 2 and 3
6.2 Establish a system for health information collection, monitoring and reporting that meets all monitoring needs	<ul style="list-style-type: none"> <li>• Implement Medtech32, drawing on the needs assessment to identify data needs</li> <li>• Confirm or amend the identified targets for the National Health Strategic Plan (see section 3.4 of the NHSP)</li> <li>• Collate a list of Niue’s international reporting obligations, including information required and timeframes required</li> <li>• Develop and implement an annual monitoring and reporting framework based on the monitoring and evaluation plan in section 5 of this strategic plan</li> <li>• Ensure that the reporting framework reflects the needs, and meets the obligations, of the HSP Steering Committee (see section 3.5 of this strategic plan)</li> <li>• Quality check Medtech32 data on a six monthly basis</li> <li>• Periodically review the monitoring and reporting framework to ensure it is fit for purpose and gives all information required to track whether health services meet Niuean needs and are efficient, effective and safe</li> </ul>	2010/11 and 2011/12	Recurrent budget  Technical assistance required: estim \$20,000 in Year 1 and 2	Data coordinator position	Objectives 2 and 3
6.3 Promote staff buy-in to the health information system	<ul style="list-style-type: none"> <li>• Provide comprehensive training for Medtech32 for all health staff</li> <li>• Build use of Medtech32 and commitment to effective collection and use of health data into staff performance agreements and monitoring</li> <li>• Undertake an audit of use of Medtech32 to ensure all staff are using Medtech32 effectively</li> <li>• Share the results of annual and quarterly monitoring and reporting with staff so that they can see the value of comprehensive data collection</li> </ul>	2011/12 and ongoing	Recurrent budget	Senior staff	Objectives 2 and 3

**Table 7: Strategic Action 7: Corporate Services (Health Financing and Value for Money)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
7.1 Consolidation of budget development and reporting processes	<ul style="list-style-type: none"> <li>Seek GON agreement on what comprises essential services for Niue</li> </ul>	See Strategic Action 2.1			
	<ul style="list-style-type: none"> <li>Seek confirmation of the NDOH budget (GON-voted recurrent budget, CMDHB Arrangement and where possible other donor funds) for 2011/12 and 2012/13 at at least the same level as 2010/11 while steps are taken to gather baseline information on service delivery and thus potential improvements, while efficiencies are identified and initiated, cost recovery plans initiated, and the community outreach approach to service delivery is piloted</li> </ul>	2011/12 and 2012/13	Existing budgets	Director of Health	Objective 3
	<ul style="list-style-type: none"> <li>Develop a standard budget template for the NDOH based on Ministry of Finance recommended budgeting and reporting framework</li> <li>Populate template with recurrent and donor funding streams</li> <li>Continue regular reporting against health budget, including both recurrent and donor funding streams</li> </ul>	2011/12 and future years	Existing budgets	Director of Health	
	<ul style="list-style-type: none"> <li>Consult with Ministry of Finance, donors and New Zealand Ministry of Foreign Affairs on future funding needs once initial steps have been taken to improve the efficiency of the Niue health sector</li> </ul>	2012/13	To be agreed	Director of Health	
	<ul style="list-style-type: none"> <li>Develop annual budget</li> </ul>	Annually	Recurrent budget	Director of Health	
7.2 Introduce efficiencies to drive cost savings to enable reallocation of funds to areas of need	<ul style="list-style-type: none"> <li>Implementation of already identified potential efficiencies</li> <li>Implementation of better data collection to support identification of further efficiencies</li> <li>Including a focus on VfM analysis as a core part of analysis, reporting and future planning</li> </ul>	See Strategic Action 2.5			
7.3 Instigate formal engagement with donors over priority setting and more consistent funding	<ul style="list-style-type: none"> <li>Engage with donors on work programme priorities with a view to seeking funding to meet those priorities</li> <li>Seek formal partnership agreements with donors for multi-year commitments to priority programmes</li> </ul>	2011/12 and ongoing	Recurrent budget	Senior management	Objective 3
		Annually	Recurrent budget (BAU)	Director of Health	Objective 3
7.4 Instigate a formal programme of cost recovery	<ul style="list-style-type: none"> <li>Initiate a review of existing charges for non-Niueans with a view to at least increasing charges for circumcision and other minor surgical procedures, dentistry and pharmaceuticals</li> </ul>	2011/12 and ongoing	Recurrent budget	Director of Health	Objective 3

**Table 7: Strategic Action 7: Corporate Services (Health Financing and Value for Money)**

Strategic Action	Indicative Actions (detail to be included in annual operational plans)	Indicative timeframe	Budget	Lead	Linkage to NHSP Objectives
	<ul style="list-style-type: none"> <li>Consider means of managing cultural issues associated with cost recovery (for example, difficulty for younger or more junior people to ask for payment from more senior members of the public)</li> <li>Ensure the existing cost recovery policy for non-Niueans is enforced</li> <li>Apply a charge for non-Niueans' appointments with visiting specialists</li> </ul>	2011/12 and ongoing	Recurrent budget <b>(potential cost saving)</b>	All staff	
	<ul style="list-style-type: none"> <li>Initiate partial cost recovery for Niueans, perhaps by consulting in the first instance on the CMDHB proposal (modified to reflect current fees for aged care)</li> </ul>	2011/12	Recurrent budget <b>(potential cost saving)</b>	Director of Health	
	<ul style="list-style-type: none"> <li>Formalise the Government policy on access to health services by non-Niueans including permanent residents so there is a clear understanding of what services non-Niueans may expect to access for free or for part charges and what they are not entitled to as of right and must therefore make other arrangements for (i.e. through insurance, formal sponsorship or private funding)</li> </ul>	See Strategic Action 2.6			
7.5 Investigate alternative sources of revenue for the health sector	<ul style="list-style-type: none"> <li>Initiate a scoping study, including cost benefit analysis, of dental tourism, assessing start-up requirements and costs, workforce requirements, likely market and potential marketing approaches</li> </ul>	tbd	Consultancy \$60,000?	Director of Health with Dentistry	Objective 3
	<ul style="list-style-type: none"> <li>Subject to the scoping study:                             <ul style="list-style-type: none"> <li>Develop business case and seek funding</li> <li>Implement and promote dental tourism</li> </ul> </li> </ul>	tbd	Subject to business case	tbd	
	<ul style="list-style-type: none"> <li>Explore GON options for funding of expanded NCD-related prevention and control programmes through the recurrent budget</li> </ul>	See Strategic Action 4.5@			
	<ul style="list-style-type: none"> <li>Explore further funding options via donors for expanded NCD-related prevention and control programmes</li> </ul>	See Strategic Action 4.4			
	<ul style="list-style-type: none"> <li>Explore a tax increase on tobacco and alcohol, and other 'health' taxes, as a means of funding expanded NCD-related prevention and control programmes</li> </ul>	See Strategic Action 4.5			
7.6 Explore options for fixed costs for the health sector	<ul style="list-style-type: none"> <li>Explore contracting with a medivac provider for a fixed annual fee for medivacs</li> </ul>	2010/11 and 2011/12	Recurrent budget	Director of Health	Objective 3
	<ul style="list-style-type: none"> <li>Regularly review options for insurance-based and other measures to provide certainty over annual costs for health service delivery</li> </ul>	tbd	Recurrent budget	Director of Health	

## Appendix 2: Bibliography

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## **Appendix 3: Glossary of Abbreviations and Acronyms**

AusAID: Australian Agency for International Development

CMDHB: Counties Manukau District Health Board

The Global Fund: The Global Fund to fight AIDS, Tuberculosis and Malaria

GON: Government of Niue

NCDs: Non-communicable diseases

NDOH: Niue Department of Health

NHSP: Niue Health Sector Analysis

NNSP: Niue National Strategic Plan

NZAID: New Zealand Agency for International Development

SPC: Secretariat of the Pacific Community

UNICEF: The United Nations Children's Fund

UNFPA: United Nations Population Fund

WHO: World Health Organization