

# **NATIONAL HEALTH STRATEGIC PLAN**

JULY 2015-JUNE 2020

**TONGA**

**UNIVERSAL HEALTH COVERAGE**



Ver. 4, 11 May 2015

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## Table of Acronyms

AMPs	Annual Management Plans
CBR	Community Based Rehabilitation
CDO	Chief Dental Officer
CHC	Community Health Centre
CMO, CS	Chief Medical Officer Clinical Services
CMO, PH	Chief Medical Officer, Public Health
CNO	Chief Nursing Officer
CPR	Contraceptive Prevalence Rate
CSSD	Central Sterile Supply Department
DMFT	Decayed, Missing, Filled Teeth
DWS	Disability Welfare Scheme
ENT	Ear, Nose and Throat
FMIS	Financial Management Information System
GDPHRMIS	Human Resource Management Information System
IBR	Institutional Based Rehabilitation
ICT	Information and Communication Technology
KPI	Key Performance Indicator
KRA	Key Result Area
M&E	Monitoring and Evaluation
MID	Managers in charge of the Outer Island Districts
MOH	Ministry of Health
MS	Medical Superintendent
NCDs	Non-Communicable Diseases
NHDC	National Health Development Committee
NGOs	Non-Government Organisations
NHA	National Health Accounts
NHSP	National Health Strategic Plan
NTT	Niutoputapu
OHW	Oral Health Worker
PHA	Principal Health Administrator
PHPO	Principal Health Planning Officer
PMS	Performance Management System
SDP	Strategic Development Plan
SOPs	Standard Operating Procedures
TB	Tuberculosis
THE	Total health expenditure
UHC	Universal Health Coverage
UNFPA	United Nation Population Funds
WHO	World Health Organisation

## **1 Foreword by the Minister of Health**

It is a great pleasure to become a Minister of the Ministry of Health after serving the public for more than two decade. Right from the peripherals where resources are critically scarce, to the office of the Medical Superintendent and the Chief Executive Officer who make most decision for this Ministry.

This Government starts with a new Tonga Strategic Development Framework (TSDFI) for the Government and the Health System for the period 2015-2020. It emphasizes the concept of inclusive and progressive in the entire key component of national development including social sector and the Ministry of Health.

The National Health Strategic Plan (NHSP) has been positioned in such a way that would provide the best contribution towards the TSDFI. It draws upon the Global health development frameworks and goals formulated, proved and agreed upon by member countries of the World Health Organization (WHO) as well as the United Nation but it is carefully customized based on our own context, health needs, equity, accessibility, social inclusion and the affordability of the Government and household to name a few.

Nonetheless, health needs and challenges believed to be closely associated with key factors such as population growth, unhealthy behavior, climate changes and social determinants that are beyond the health system direct influence.

These aforesaid factors introduce health challenges that were rarely seen in the last two decades such as frequent occurrence of communicable disease epidemics while the Government, development partners and the health system has been fighting NCDs for about four decades now.

Instead of being constantly reactive to these health challenges, I would invite each and everyone to the organizational outcome of the Ministry namely "TONGA UNIVERSAL HEALTH COVERAGE". This Plan would strive to provide the minimal health care standards and services (medical and preventative) to the people of Tonga regardless of where they reside in Tonga with a referral system and outer island specialized visits that would serve medical evacuation and referral from primary, secondary to tertiary care at Vaiola Hospital and abroad when needed.

It is widely accepted that the road to universal health coverage would start from the realization that health is not a luxury. It is a basic right that every citizen and resident in Tonga rightly deserves. However it is a function of partnership between the Government, Non-Government Organisations (NGOs), Development Partners and the public at large, which can potentially pave the pathway for achieving our vision and fulfill our mission for the public.

**Hon. Dr. Saia Ma'u Piukala**  
**Minister of Health**

## **2 Message from the Chief Executive Officer for Health**

The Ministry has experienced a complex, challenging but exciting journey during different layers of reforms such as political and the government reform in the last five years. Following the review of TSDF 1, the Ministry went through a series of reviews such as Hospital Efficiency, Public Finance, Health System and Corporate Plan Review which were complemented by a series of scientific research and data collections such as Demographic Health Survey, STEPS Survey, KAP Survey, to better understand the health problems, causation and the areas that require improvement in terms of service delivery.

The Ministry in conjunction with its development partners and NGOs followed a sector wide consultation and planning approach to formulate the NHSP for the next five years based on the findings of the above reviews and to build upon the global health development framework for the next two decades.

This Plan provides clear and strong links with the Tonga Strategic Development Framework II, global development agenda and also to our development partners, NGOs and the public. It builds on the concept of Tonga Universal Health Coverage by Health System strengthening that carefully addresses the health needs.

Through this Plan, the Ministry is prepared to provide a dynamic health system that can diversify our health care service delivery to always align with the health needs of the public. This Plan features the shift of our planning and service delivery approach and funding from disease specific to a more inclusive systematic approach of Universal Health Coverage. Service Delivery is now considered as our first priority which will be supported by other priority areas such as Health Workforce, Infrastructure, medicine and technology, leadership and governance, information, research, policy and planning as well as health care finance.

The Ministry wishes to highlight a series of outstanding milestones during our last corporate plan journey such as introducing policy interventions on tobacco and unhealthy food to earn global awards, maintaining very high standards of maternal and child health care services, leading the introduction of Peri-operative Mortality Rate Metrics in the Pacific Region and around the world, completion of three population based survey and reports namely Demographic Health Survey, STEPS and KAPs Surveys, and inviting more overseas specialized visiting teams to name a few.

I am confident that the successful execution of the NHSP 2015-2020 will reduce premature deaths and disability in children, adolescent and adult population age groups which will eventually contribute to achieving improved quality of life as stipulated in the Tonga Strategic Development Framework II.

Dr. Siale 'Akau'ola  
**Chief Executive Officer for Health**

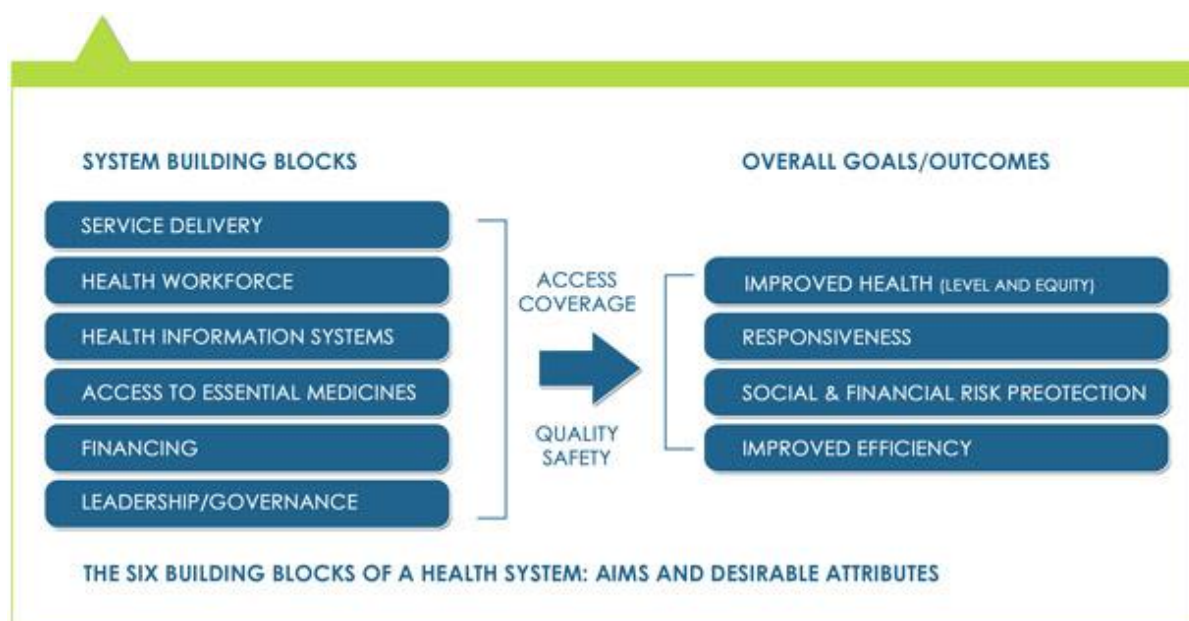
### 3 Introduction

This is the sixth Health Plan for the Ministry of Health, Kingdom of Tonga. It was formulated based on consultative process findings with key stakeholders at the Government and NGOs as well as the key Development Partners.

The planning process followed closely the Tonga Enhanced Balanced Score Card Approach to Corporate Planning, the concept of Universal Health Coverage (UHC) and Health System Strengthening considering what has been achieved as well as the challenges in the past years.

The Ministry of Health joins the World in embracing the Concept of UHC with mutual understanding of ensuring that everyone who needs health services is able to access them, without undue financial hardship but in the real context of Tonga.

Whilst there are many strategies available to address this aspiration, the Ministry has employed a Health System Strengthening Approach for the fact that the overall goals/outcomes are well aligned with the rationale of UHC specifically but not restricted to Equity, Social and Financial Risk Protection as well as quality and safety.



There are a few adjustments in this plan compared to the previous Health Plan as follows;

The NHSP 2015-2020:

- aims at guiding the pathway for health related development with the consideration of the roles played by other stakeholders and

development partners in accordance with the requirement of the Government Policies and Regulations.

- will also serve as a foundation for all health related plans and policy development, budgeting and resources allocation, data collection, research and health evaluation within the Health System and its Development Partners.
- Is anticipated to have a thorough mid-term evaluation toward the end 2018 in addition to the quality and annual standard monitoring system at the Ministry of Health to guide the remaining unfinished agenda that needs to be fulfilled before the end of the Planning Cycle in June 2020.

Since the first National Health Plan was produced back in 2000, there were continuous improvements in terms of approach in response to the needs of the health system and government requirements. This plan also acknowledge the pivotal roles played by key development partners in designing a common platform where the Government, the Health System and its development partners would share the same development agenda in a more cost effective and transparent manner. This features in a specific strategy under the Key Result Areas (KRAs), namely Leadership and Governance that aims at building a stronger coalition with stakeholders from other Government organizations, NGOs, Private sectors and the Development Partners.

#### **4 Key Development Partners**

The Ministry of Health has been supported by development partners for many decades in different health priorities. They play pivotal roles in enabling basic advancement in health care services that cannot be afforded by the government on its own. While these are not able to be presented in detail here, the major partners who contribute financially through the government financial system are briefly outlined below with their respective areas of focus.

##### **4.1 Government of Australia**

- Management of Non-Communicable Diseases (NCDs) in primary care: primary and secondary prevention
- Health promotion related to NCDs
- Health systems strengthening
- Support for mental health and disability.

##### **4.2 Government of New Zealand**

- Overseas referrals

### **4.3 United Nation Population Funds (UNFPA)**

**Output 1:** Strengthened national capacity to deliver high-quality family planning and sexual and reproductive health services, information, commodities and community-based interventions for family resource management.

**Output 2:** Strengthened national capacity of health-care providers to address gender-based violence through the provision of high-quality health services, including humanitarian settings

**Output 3:** Strengthened national capacity to deliver high-quality sexual and reproductive health services, information, including family planning and services to prevent HIV and STIs, for young people

**Output 4:** Strengthened national capacity availability, analysis and utilization of data for informed decision –making and policy formulation around population dynamics, youth, gender equality and sexual and reproductive health, including family planning

### **4.4 World Health Organization**

- Communicable disease
- Non-communicable disease
- Promoting health through the life-course
- Health Systems
- Preparedness, surveillance and response
- Corporate services/enabling functions
- Emergencies

## **5 Tonga Health System**

### **5.1 Function of the Ministry of Health**

The Ministry of Health is responsible for the delivery of preventive and curative health services in the country. In doing so the Ministry's core business involves the:

- Provision of health services within the Kingdom of Tonga.
- Provision of policy advice to the Minister of Health.
- Negotiating, management and monitoring of funds allocated by government and donor agencies.
- Administration of health legislation.
- Collection, management and dissemination of health information.



## **5.2 Laws and Acts Governing the Ministry of Health**

In implementing its services and activities the Ministry is governed by the following Acts:

- Therapeutics Goods Act 2001 (Amendment Act 2004)
- Pharmacy Act 2001 (Amendment Act 2004)
- Nurses Act 2001 (Amendment Act 2004)
- Medical and Dental Practice Act 2001 (Amendment Act 2004)
- Health Practitioners Act 2001 (Amendment Act 2004)
- Mental Health Act 2001 (Amendment Act 2004)
- Tobacco Act 2001 (Amendment Act 2008)
- Drugs and Poisons Act 1930 (Amendment Act 2001)
- Public Health Act 2008 (Amendment Act 2008)
- Health Services Act 1991 (Amendment Act 2010)
- Health Promotion Act 2007 (Amendment Act 2010)

## **5.3 Organisational Structure**

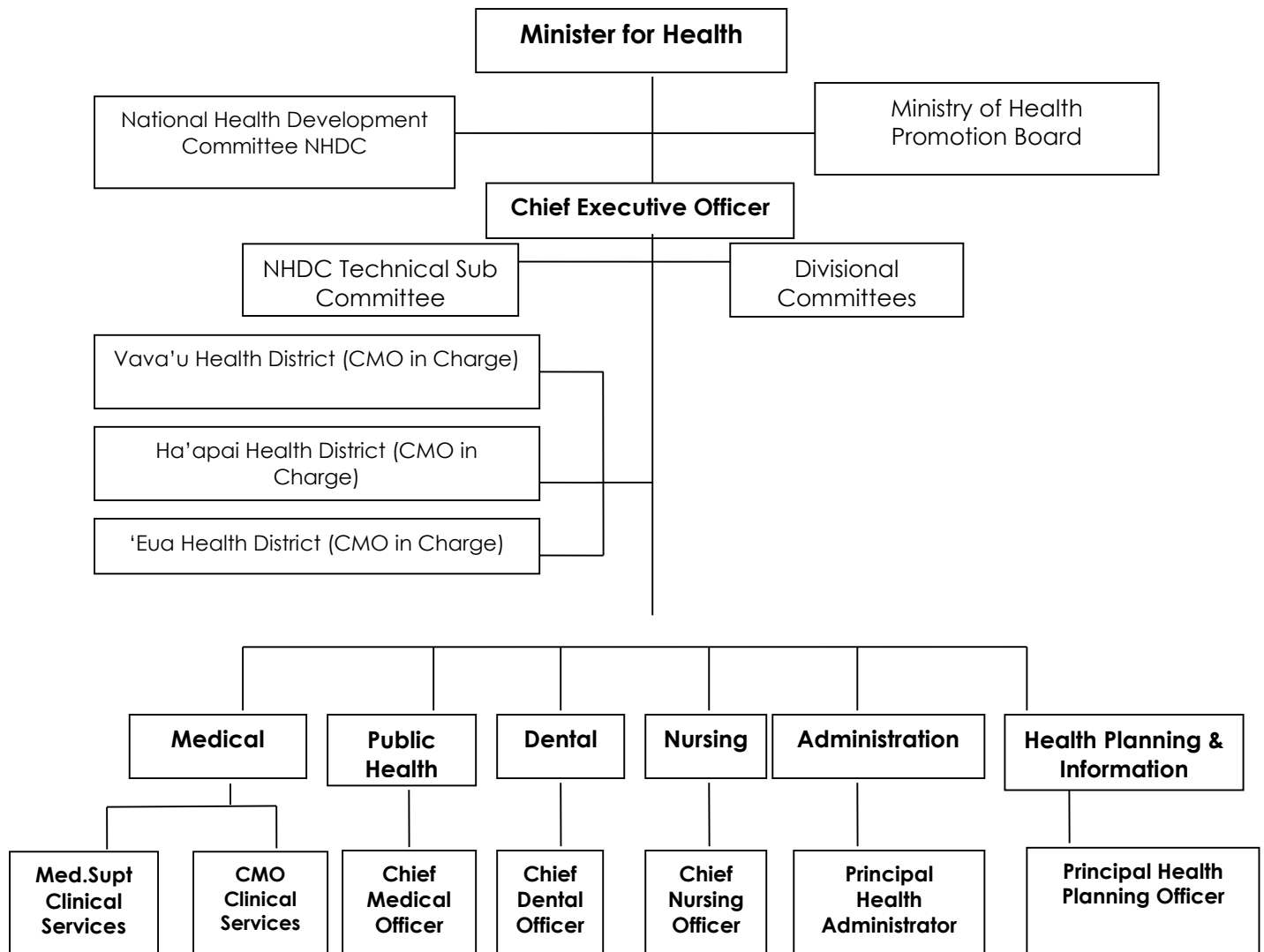
In delivering its services to the public, the Ministry is divided into six functional divisions:

- Administration
- Public Health
- Medical
- Dental
- Nursing
- Health Planning and Information

In terms of geographic management, the Kingdom of Tonga is divided into four health districts, namely Tongatapu, Vava'u Ha'apai and 'Eua. The Tongatapu Health District and the Ministry of Health are also responsible for services in the two Niuas.

Divisional heads and Medical Officers in charge of the Outer Island Districts are responsible to the Chief Executive Officer for Health for the implementation of strategies in the Corporate Plan relevant to their division / district to achieve the Ministry's Mission and Vision.

An overview of the Ministry of Health's organisational structure is shown in the diagram below.



Inpatient  
Out-patient  
Pharmaceutical  
Dietary  
ENT  
Ophthalmology  
X-ray  
Laboratory  
National Diabetic  
Physiotherapy  
Laundry  
Catering  
Seamstress  
Hospital Ground  
Domestic  
Communication  
Maintenance  
Hospital Security  
CSSD  
Hospital Administration

Outer Island  
Quality Assurance

Reproductive Health  
Community Health  
Health Promotion  
Environment Health  
Communicable Disease  
Preventative Administration

Curative  
Public Health  
School Preventive

Reproductive Health  
Nursing Education  
Hospital Nursing  
NCD Nurses

Accounts  
Transport  
Human Resource  
Corporate Services  
NHA  
Procurement  
Internal Audit  
Legal Framework

Health Planning  
Medical Records  
Health Information  
Project Planning  
Research & Evaluation  
Information Technology

## 5.4 Overview of Health Indicators

The table below shows the health indicators, against which we measure, monitor and report our performance. We will continue to measure and monitor our performance against these indicators to enable us to compare the health of our nation against international standards and determinants.

**Table 1: Health Indicator(s) for Tonga 2007 – 2011**

	INDICATOR	2011	2010	2009	2008	2007
1	Estimated Population ('000)	103.3	103.6	103.1	102.3	103.3
2	Annual Population growth	0.2	0.3	0.3	0.3	0.3
3	Percentage of Population less than 14 years (per 100)	37	38	38	38	38
	Percentage of population 65 years and over (per 100)	6	8	6	6	6
4	Percentage of urban population (per 100)	23	23	23	23	23
5	Rate of natural increase (per 1,000)	20.4	20.7	19.9	21.6	21.3
6	Crude Birth Rate (per 1,000)	26.8	26.0	25.4	26.7	26.5
7	Crude Death Rate (per 1,000)	6.4	5.3	5.5	5.1	5.2
8	Maternal Mortality Rate (per 100,000)	0	37.1	114.4	76.1	36.5
9	Life Expectancy at Birth (combined)					
	Life Expectancy (Male)	65	65	70	70	70
	Life Expectancy (Female)	69	69	72	72	72
10	Infant Mortality Rate (per 1,000)	15.2	21.5	14.5	16.4	11.7
11	Perinatal Mortality Rate (per 1,000 live births)	13.0	12.4	13.5	18.9	13.0
12	Total Health expenditure ('000)	22596	22500	21375	21580	17761
	Per Capita		217	207	210	172
	As a percentage of total recurrent budget		10.1	12.0	10.0	7.5
13	Health workforce					
	Medical Officers at post	55	45	55	59	58
	Health Officers at post	20	21	22	19	17
	Nursing and Midwifery at post	311	tbc	355	346	302
14	Percentage of population with safe water supply	99.9	99	99.9	99	98
15	Percentage of household with adequate sanitary facilities	99.5	99	99.7	98	99.6
16	Immunization coverage	99.8	99.6	99.5	99.5	99.6
17	Percentage of pregnant women immunized with tetanus toxoid 2	98.8	97.9	97.8	99.0	97.6
18	Percentage of population with access to appropriate health care services with regular supply of essential drugs within one hours walk	100	100	100	100	100
19	Percentage of infants attended by trained personnel	100	100	100	100	100
20	Percentage of married couples practicing contraception	33.3	28.4	29.8	27.0	27.7
21	Percentage of pregnant women attending ante natal care	98.6	97.7	98.6	98	98.7
22	Percentage of deliveries conducted by trained personnel	98	99	98.1	97	98
23	Total Fertility Rate	3.7	3.8	3.7	3.7	3.7

**Source:** Annual Report 2011/12

## 6 Key components of the National Health Strategic Plan

### 6.1 Our Mission and Vision

Our mission and vision statements were reviewed as part of the consultation process to ensure that they still accurately reflected our core purpose and long term goals and give our personnel a clear sense of direction and purpose. As a result of the consultation process the mission and vision statements were amended. Our revised mission and vision statements are provided below:

#### Our Mission

To improve the health of the nation by providing quality care through Promotion of good Health, Reducing morbidity, disability and premature (death) mortality.

#### Our Vision

To be the highest health care Provider in the Pacific as judged by international standard in 2020.

### 6.2 Our Core Values

The Ministry of Health and its staff are committed to achieving our Mission and Vision. To this end, in 1999 the Ministry adopted a number of core values. These remain true today and can be seen in our policies and procedure and the way in which managers and staff carry out their role and responsibilities. In addition, a further core value of 'Partnerships in Health" was also identified during the consultation process.

Our core values are:

- Commitment to quality care
- Professionalism Integrity and accountability
- Care and Compassion
- Commitment to staff training and development
- Partnership in Health

### 6.3 Strategic Key Result Areas and Goals for 2015/16 to 2019/20

Six KRAs for the Ministry of Health were identified through the consultation process for the period 2015/16 to 2019/20. The 6 KRAs are:

- KRA 1: **SERVICE DELIVERY**
- KRA 2: **HEALTH WORKFORCE**
- KRA 3: **INFRASTRUCTURE, MEDICAL PRODUCTS AND TECHNOLOGY**
- KRA 4: **LEADERSHIP AND GOVERNANCE**
- KRA 5: **INFORMATION, RESEARCH, POLICY AND PLANNING**
- KRA 6: **HEALTHCARE FINANCE**

For each of the Outputs a strategic goal was identified. These are provided in the table below.

#### Ministry of Health KRA and Strategic Goals

<b>KRA 1: SERVICE DELIVERY</b>
<b>Goal:</b> To provide the best attainable quality health care services through promotion of good health, reducing morbidity, disability and premature (death) mortality.
<b>KRA 2: HEALTH WORKFORCE</b>
<b>Goal:</b> To provide the best attainable human resource services and workforce systems that can serve the best attainable quality health care services.
<b>KRA 3: INFRASTRUCTURE, MEDICAL PRODUCTS AND TECHNOLOGY</b>
<b>Goal:</b> To provide the best attainable Infrastructure, Medical Products and Technology that is needed to deliver the entire minimum required health care services in Tonga.
<b>KRA 4: LEADERSHIP AND GOVERNANCE</b>
<b>Goal:</b> To provide efficient and effective Leadership and Governance Systems that would produce and deliver the best attainable health care services to the people of Tonga.
<b>KRA 5: INFORMATION, RESEARCH, POLICY AND PLANNING</b>
<b>Goal:</b> To provide the best attainable policy and planning services that is guided by credible information and research to ensure the cost effectiveness of health care services in relation to health needs and problems of Tonga.
<b>KRA 6: HEALTHCARE FINANCE</b>
<b>Goal:</b> To improve financial support for efficient implementation of health services in Tonga.

## **6.4 Strategies, Targets & Key Performance Indicators**

As part of the consultation process strategies and targets to achieve our strategic goals were identified. These, together with the Key Performance Indicators (KPIs) for each, are documented at Annex A.

## **6.5 Implementation of the Corporate Plan**

The Corporate Plan will be implemented over the coming 5 years. This will be done by assigning responsibility for implementation of the strategies to relevant Ministry of Health personnel, incorporating the strategies in the relevant Annual Management Plans (AMPs), through the effective allocation of resources, and collaboration with our partners and stakeholders.

Divisional Heads and Managers in charge of the Outer Island Districts are responsible for ensuring the successful implementation of strategies and achievement of the targets identified.

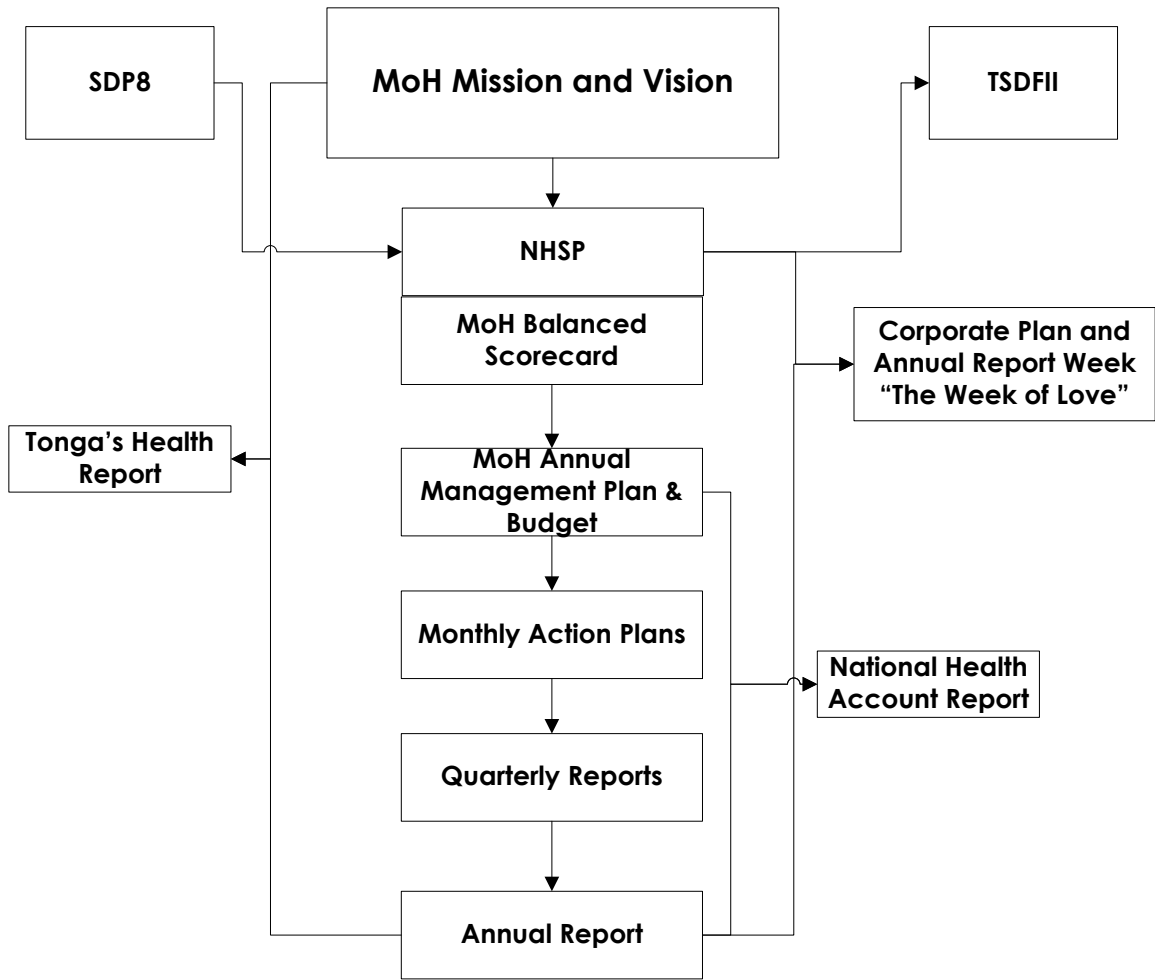
## **6.6 Performance Monitoring and Evaluation**

We will monitor and evaluate implementation of the Corporate Plan using the KPIs included in the table at Annex A, as well as a number of performance management systems including:

- The Ministry of Health's Balanced Scorecard
- Executive Performance Appraisal System
- Quarterly Reporting System
- Ministry of Health Annual Report

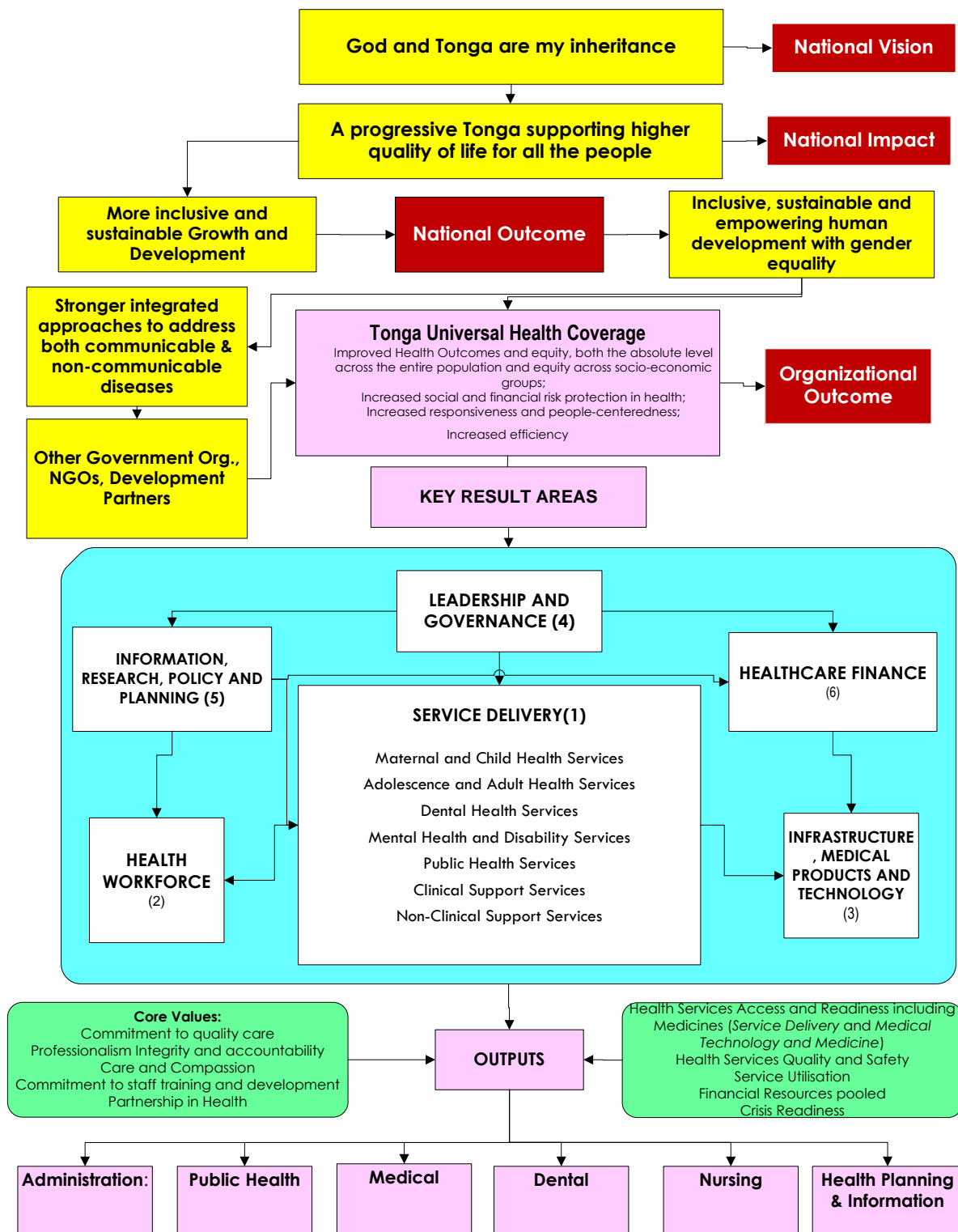
The Ministry of Health's Balanced Scorecard incorporates the KPIs and targets from the Corporate Plan for each of the KRAs. The Balanced Scorecard links directly into the Executive Performance Appraisal system to ensure that the relevant manager is accountable for the outcomes in the KRAs. The reporting system ensures that actual performance is measured, monitored and reported at all levels of the Ministry on a quarterly basis to ensure targets are achieved. Organisational performance is reported annually in the Ministry's Annual Report.

Divisional Heads and Managers in charge of the Outer Island Districts are responsible for ensuring that implementation of the strategies is monitored and reported as required.



## 6.7 Linkages

The diagram below illustrates the linkages between the Government of Tonga's Strategic Development Plans and the Ministry of Health's Corporate Plan and performance management systems.







**MINISTRY OF HEALTH CORPORATE PLAN 2015/16-2019/20**  
**KRAS AND GOALS WITH STRATEGIES, TARGETS AND KPIS**

**KRA 1: SERVICE DELIVERY**

**1.1 Maternal and Child Health Services**

**Goal:** To provide the best attainable health care services for mothers and children aged 0 to 14 years including special care for premature babies by reducing Maternal and Child morbidity and mortality.

Strategies	KPIs	Targets	Responsible Persons
1.1.1 To Improve, Strengthen and Sustain Evidence Based Clinical Management of Women in their Reproductive Age	<ul style="list-style-type: none"> <li>• Increase first trimester booking by 50%</li> <li>• Increase routine ultrasound of pregnant mothers to 70%</li> <li>• All high risk pregnancies to have diabetic screening</li> <li>• All diabetic mothers to have an HbA1c of &lt;7 before next pregnancy</li> <li>• To establish formal pregnancy booking classes</li> <li>• Reduction of non-attendance by 50%</li> <li>• Reduction of un-booked pregnancy by 50%</li> <li>• To have no home deliveries</li> <li>• To increase CPR by 5%</li> <li>• Availability of an Evidence Based Treatment Guidelines</li> <li>• Reviewing the Guidelines not &gt;5yrs</li> <li>• Carrying out 1 audit or research proposal per year</li> </ul>	<ul style="list-style-type: none"> <li>• To Improve Antenatal care</li> <li>• Reduce un-booked pregnancy</li> <li>• Reduce home delivery</li> <li>• To increase Family Planning Coverage Rate (CPR – 27%, 36%)</li> <li>• Improve family planning methods available (include implant)</li> <li>• To have an Evidence Based Standardised Treatment Guidelines</li> <li>• To carry out audits and write research proposals</li> </ul>	Medical Superintendent and Senior Medical Officer in Charge Obstetric and Gynaecology
1.1.2 To Improve, Strengthen, and Sustain Evidence Based Clinical Management of Women after	<ul style="list-style-type: none"> <li>• Establishment of routine Cervical Screening for Women</li> <li>• Reduction of Cervical Cancer by 5</li> </ul>	<ul style="list-style-type: none"> <li>• Improve counselling of problem cases</li> </ul>	Medical Superintendent and Senior Medical Officer

their Reproductive Age	<p>%</p> <ul style="list-style-type: none"> <li>• Reduction of Endometrial Cancer by 5%</li> <li>• Reduction of Breast Cancer by 5%</li> <li>• Establishment of proper medium/process regarding Counselling</li> <li>• Restoration of molecular screening for Chlamydia and Gonorrhoea</li> <li>• Availability of Evidence Based Standardised Guidelines</li> <li>• Reviewing the Guidelines not more than 5 years</li> <li>• Carrying out at least 1 audit or research proposal per year</li> </ul>	<ul style="list-style-type: none"> <li>• To establish routine cancer screening of women</li> <li>• To reduce Sexual Transmitted Infections</li> <li>• To have an Evidence Based Standardised Treatment Guideline</li> <li>• To carry out audits and write research proposals</li> </ul>	in Charge Obstetrics and Gynaecology
1.1.3 To Improve, Strength and Sustain Evidence Based Clinical Management of Children	<ul style="list-style-type: none"> <li>• To increase Immunization coverage by 2%</li> <li>• That &gt;95% mothers are breastfeeding exclusively up to 4-6 months</li> <li>• To strengthen the HIS program to be accessible from any part of Tonga.</li> <li>• To establish easy technological communication amongst healthcare givers all over Tonga</li> <li>• Availability of an Evidence Based Standardised Treatment Guideline</li> <li>• Reviewing the Guidelines not more than 5 years</li> <li>• Carrying out at least 1 audit or research proposal per year.</li> </ul>	<ul style="list-style-type: none"> <li>• To improve and maintain Immunization Coverage</li> <li>• To Strengthen breastfeeding mothers</li> <li>• To improve and facilitate efficiently patient referral nationally and internationally</li> <li>• To have an Evidence Based Standardised Treatment Guidelines</li> <li>• To carry out audits and write research proposals</li> </ul>	Medical Superintendent and Senior Medical Officer in Charge Paediatric

### 1.2 Adolescence and Adult Health Services

<b>Goal:</b> To provide the best attainable health care services for adolescents aged 15 to 19 years and adults including special care for the elderly by reducing Adolescent and Adult morbidity and mortality			
<b>Strategies</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible Person</b>
1.2.1 To provide clinical services to health centres and outer islands	<ul style="list-style-type: none"> <li>• At least monthly visits to health centres and annual visits to outer islands</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist clinical services provided to health centres and Outer Island hospitals</li> </ul>	Medical Superintendent and Physician Specialist – Medical Ward
1.2.2 To strengthen partnerships with overseas visiting specialist teams in providing required clinical specialized services	<ul style="list-style-type: none"> <li>• At least three visiting teams per year</li> </ul>	<ul style="list-style-type: none"> <li>• Visiting specialist teams providing required services</li> </ul>	Medical Superintendent and Physician Specialist – Medical Ward
1.2.3 To improve, strengthen and sustain clinical management of patients	<ul style="list-style-type: none"> <li>• Availability of the Standardised Evidence Based Clinical Guidelines</li> <li>• Carrying out of at least 1 Audit or Research per year in Tonga</li> <li>• Reduction of Mortality Rate per division by 5%</li> <li>• Reduction of Admission Rates by 5%</li> <li>• Reduction of Readmission rate &lt;5%</li> <li>• Reduction of the average duration of admission in the hospital by 5%</li> <li>• Improved Patient Satisfaction by surveys</li> <li>• Improves Health Care Satisfaction and Understanding by Surveys</li> </ul>	<ul style="list-style-type: none"> <li>• To support, strengthen and sustain the current services provided at the Diabetic Centre for NCDs</li> <li>• Evidence Based Standardised Clinical Guidelines are in place and used appropriately</li> <li>• Writing Research Proposals or Audits in Tonga</li> <li>• Publishing Researches or Audits done in Tonga</li> </ul>	Medical Superintendent and Physician Specialist – Medical Ward

### 1.3 Dental Health Services

<b>Goal:</b> To provide the best attainable Oral/Dental Health Services for Tonga so that people would actively participate and make Tonga an orally/dentally healthy country.			
<b>Strategies</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible Person</b>
1.3.1 To strengthen primary and secondary care to secondary school pupils, adolescents and adult	<ul style="list-style-type: none"> <li>• Full coverage to all secondary schools.</li> <li>• Find out the DMFT for 12-18 years old school pupils.</li> <li>• Essential oral/dental care are provided in all stations.</li> </ul>	<ul style="list-style-type: none"> <li>• To cover all secondary schools in Tonga.</li> <li>• Presence of oral health worker (OHW) to all stations.</li> </ul>	Medical Superintendent and Chief Dental Officer
1.3.2 To provide oral/dental services to people with a disability and inmates	<ul style="list-style-type: none"> <li>• Number of school/ people seen and treated.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement visit to the special school/ institutions</li> </ul>	Medical Superintendent and Chief Dental Officer
1.3.3 To increase/ Strengthen Outreach Services	<ul style="list-style-type: none"> <li>• Population has easy access and coverage.</li> <li>• Number of patients seen and treated.</li> </ul>	<ul style="list-style-type: none"> <li>• To establish one or two oral/ dental clinics in Tongatapu.</li> <li>• Provide oral services to the surrounding outer islands in Ha'apai and Vava'u.</li> </ul>	Medical Superintendent and Chief Dental Officer
1.3.4 To increase specialist visits to outer islands	<ul style="list-style-type: none"> <li>• At least one visits yearly.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide treatment to people who needs this service (eg. Denture, oral surgery etc)</li> </ul>	Medical Superintendent and Chief Dental Officer

#### 1.4 Mental Health and Disability Services

<b>Goal:</b> To provide the best attainable mental health services and psychiatric care to patients by increasing mental health service delivery by 25% to psychiatric patients and people with mental health problems in Tonga			
<b>Strategies</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible Person</b>
1.4.1 Strengthen mental health educational programmes	<ul style="list-style-type: none"> <li>• Number of mental health educational programmes implemented</li> <li>• Number of schools incorporating mental health into their curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• To design and implement mental health educational programmes and public awareness campaigns</li> <li>• To incorporate mental health issues into the educational curriculum for primary and high school students by 2020</li> </ul>	Medical Superintendent and Psychiatric Specialist
1.4.2 Mental Health team to visit	<ul style="list-style-type: none"> <li>• At least one visit per year to</li> </ul>	<ul style="list-style-type: none"> <li>• To implement a visiting plan and</li> </ul>	Medical Superintendent and

the outer island districts (Vava'u and Ha'apai)	<p>Vava'u and Ha'apai</p> <ul style="list-style-type: none"> <li>• Number of staffs/ patients seen on these visits</li> </ul>	patient management plan ( an on-going process)	Psychiatric Specialist
1.4.3 To re-introduce the components of mental health into primary health care	<ul style="list-style-type: none"> <li>• Number of health centres established with incorporated new components of mental health</li> <li>• Number of patients seen/ treated in the community</li> <li>• Number of individuals trained in the mhGAP Intervention Guide.</li> <li>• Number of Kava-Tonga clubs involved</li> </ul>	<ul style="list-style-type: none"> <li>• To adapt the Facilitator's Manual for Training Community Health Workers as the basis for training health workers in primary health care before December 2016</li> <li>• To continue training on the Mental Health GAP module with relevant stakeholders in the MOH, other government ministries and NGOs by July 2015.</li> <li>• To implement the gradual shifting process of Institutional Based Rehabilitation (IBR) to Community Based Rehabilitation (CBR) by July 2015.</li> <li>• To introduce "Fiefia project" before December 2020</li> </ul>	Medical Superintendent and Psychiatric Specialist
1.4.4 Strengthen support (workshop, capacity building, public awareness, quality assistive devices & technologies, disability benefit and employment) for persons with disability	<ul style="list-style-type: none"> <li>• Number of NGOs and stakeholders involved in the networking</li> <li>• Number of NGOs and stakeholders who receive support for disability.</li> <li>• Number of relevant components of the Action Plan for Tonga National Policy on Disability Inclusive Development are implemented.</li> <li>• A special vehicle for persons with disabilities is procured and</li> </ul>	<ul style="list-style-type: none"> <li>• To implement support for disability through networking with NGOs as well as other stakeholders within the government such as the Ministry of Internal Affairs, Ministry of Education and Training and Ministry of Labour and Commerce and the Ministry of Health.</li> <li>• A special vehicle for the continuing transport of persons with disabilities to be procured by December 2016.</li> <li>• To continue strengthening and to complete of the current work on</li> </ul>	Medical Superintendent and Psychiatric Specialist

	utilized by the Ministry of Health. <ul style="list-style-type: none"> <li>• The Disability Welfare Scheme (DWS) is established and functional.</li> </ul>	the DWS in partnerships with Ministry of Finance and Planning, Ministry of Internal Affairs, Retirement Fund Board, NATA, Department of Statistics and relevant stakeholders before July 2015	
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### 1.5 Public Health Services

**Goal:** Public Health coverage and effectiveness is maximized to support and empower individuals, family and communities to achieve their full health potential.

Strategies	KPI	Target	Responsible Person
1.5.1 Increase the efficiency and effectiveness of Public Health service delivery	<ul style="list-style-type: none"> <li>• Public Health mechanism for co-ordinating public health action established</li> <li>• % Public Health activities delivered through co-ordinated work plans and budgets</li> <li>• Public Health M&amp;E report documents</li> <li>• Evidence based planning/ design documents for all activities</li> <li>• % Public Health activities delivered in partnership</li> <li>• Equitable change to health related knowledge, attitudes and behaviours</li> <li>• Multi-year capacity development documents</li> <li>• % of capacity development plan activities budgeted and implemented</li> <li>• Community Health Centre (CHC) organisational structure</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health activities within the MOH are well co-ordinated</li> <li>• Public Health funding is harmonized through consolidated work plans and budgets</li> <li>• Work plans are imbedded in design documents that include M&amp;E frameworks</li> <li>• Public Health action is prioritised through evidence based design</li> <li>• Public Health works in partnership to deliver evidence based programs</li> <li>• Public Health activities are inclusive of all Tongan residents regardless of location, age, gender, ethnicity or ability</li> <li>• Public Health staff have the capacity to develop and implement effective programs</li> </ul>	Chief Medical Officer Public Health and Senior Medical Officer Public Health

	<ul style="list-style-type: none"> <li>and management process review documents</li> <li>• % CHC organisational and management review recommended actions implemented</li> <li>• Consolidated CHC work plans, budgets and reports</li> <li>• Referral mechanisms review document</li> <li>• % of recommended actions for strengthening patient referral implemented</li> </ul>	<ul style="list-style-type: none"> <li>• CHCs have clear, efficient organizational and management structures</li> <li>• CHCs plan, budget and report as a unit</li> <li>• Referral of patients between CHCs and Hospital services is effective</li> </ul>	
1.5.2 Identify and deliver the package of essential community health care services appropriate for Tonga (inclusive of the Package of Essential Non-Communicable Disease – PEN)	<ul style="list-style-type: none"> <li>• % essential package activities included in CHC work plans and budgets</li> <li>• # essential package indicators imbedded in CHC M&amp;E framework</li> <li>• % of target population covered by essential package interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and cost the package of essential community health services appropriate to Tonga</li> <li>• Adequate resources are available to support the inclusive delivery of the package of essential community health interventions</li> </ul>	Chief Medical Officer Public Health and Senior Medical Officer Public Health
1.5.3 Public Health has sufficient resources and effective processes to prepare and respond to disease outbreak	<ul style="list-style-type: none"> <li>• Revised guideline document</li> <li>• Public health work plans and budgets</li> </ul>	<ul style="list-style-type: none"> <li>• The standard operating procedure guidelines for preventing and responding to disease outbreak are up to date</li> <li>• Standard operating procedure guideline actions are imbedded into public health work plans and budgets</li> </ul>	Chief Medical Officer Public Health and Senior Medical Officer Public Health

### 1.6 Clinical Support Services

**Goal:** To provide the best attainable clinical support health care services to all people in Tonga by contributing to reduce Children and Adult



morbidity and mortality			
Strategies	KPI	Target	Responsible Person
1.6.1 To ensure that clinical support services are accessible to all	<ul style="list-style-type: none"> <li>Annual /Biannual island visit to the outer islands of Vava'u/ Ha'apai and 'Eua either by local team or overseas visiting teams</li> </ul>	<ul style="list-style-type: none"> <li>To improve and/or implement expert eye care services locally as appropriate and possible</li> <li>To conduct regular visits to the outer islands</li> </ul>	Medical Superintendent Supervising Eye Care Practitioner
1.6.2 Strengthen referral systems on NCD testing in clinics and remote island nursing stations	<ul style="list-style-type: none"> <li>All nursing stations and clinics to follow-up diabetes patient using HbA1c by 2020</li> </ul>	<ul style="list-style-type: none"> <li>75% of clinics and remote Island Nursing Station to have HbA1C (POC) analyzer by 2016</li> </ul>	Medical Superintendent and Medical Officer Special grade
1.6.3 To improve, strengthen and sustain high quality Diagnostic & Therapeutic Radiological Service in Tonga	<ul style="list-style-type: none"> <li>Establishment of radiology services in outer Islands</li> <li>Availability of Radiology Service in Ha'apai</li> </ul>	<ul style="list-style-type: none"> <li>Expansion of services in Vava'u +/- other outer islands to include Ultrasound as well as installation of CR so that images are interpreted in a timely manner.</li> </ul>	Medical Superintendent and Radiologist Specialist

### 1.7 Non-Clinical Support Services

<b>Goal:</b> To provide the best attainable non clinical support health care services to all people in Tonga by contributing to reduce Children and Adult morbidity and mortality			
Strategies	KPI	Target	Responsible Person
1.7.1 To improve the quality of Administrative support services in terms of human resource planning and management; financial management; procurement; transport system; corporate services	<ul style="list-style-type: none"> <li>Revise all processes by June 2016</li> <li>Approved timeline met</li> </ul>	<ul style="list-style-type: none"> <li>To revise and document all the administrative processes</li> <li>To set a realistic timeline for each process</li> <li>To strengthen local capacity in all areas</li> </ul>	Principal Health Administrator
1.7.2 To improve the quality of customer services internally and externally	<ul style="list-style-type: none"> <li>Improved customer satisfaction by 5% annually</li> <li>Less public complaints on customer services</li> <li>Prompt intervention on issues</li> </ul>	<ul style="list-style-type: none"> <li>Revise the customer's questionnaires and introduce customer feedback box in all reception areas</li> <li>Monthly analysis with relevant</li> </ul>	Principal Health Administrator

	raised	<p>interventions</p> <ul style="list-style-type: none"> <li>• Customer Task Committee Terms of Reference approved and enforced</li> <li>• Established Customer Satisfaction baseline by December 2015</li> </ul>	
1.7.3 To improve the quality of the transport system in supporting service delivery	<ul style="list-style-type: none"> <li>• Number of vehicles replaced</li> <li>• Preventive maintenance program introduced</li> <li>• Customer satisfaction improved</li> </ul>	<ul style="list-style-type: none"> <li>• Replace the aged vehicles including the vehicles at Niu'eiki/ Niuafu'ou/ Vaiola</li> <li>• Establish radio network at Vaiola and Ngu hospitals</li> <li>• Improve the management and maintenance of the transport system</li> </ul>	Principal Health Administrator
1.7.4 To carry on an ongoing high standard of ground keeping for Hospital compound	<ul style="list-style-type: none"> <li>• Monthly report of inspection by Hospital Office of contractor's performance.</li> </ul>	<ul style="list-style-type: none"> <li>• To clean, mowing, cutting grass at Vaiola Hospital two times per month</li> </ul>	Medical Superintendent and Senior Hospital Administrator
1.7.5 To ensure handling of Cleaners contractors to provide services up to standard	<ul style="list-style-type: none"> <li>• Monthly inspection of cleaning contractors by Hospital Office</li> </ul>	<ul style="list-style-type: none"> <li>• To maintain and improved the cleaning services at Vaiola Hospital and respective areas</li> </ul>	Medical Superintendent and Senior Hospital Administrator
1.7.6 To improve nutrition and dietetics Services in Vaiola Hospital	<ul style="list-style-type: none"> <li>• Establishment of the Catering Manual</li> <li>• Less complaints from the wards regarding late submission of meals</li> <li>• Less complaints from patients regarding food handing hygiene status and food taste</li> </ul>	<ul style="list-style-type: none"> <li>• To improve nutrition status of all inpatients in Vaiola Hospital according to approved standard and procedures</li> </ul>	Medical Superintendent and Senior Hospital Administrator
1.7.7 To upgrade catering facilities	<ul style="list-style-type: none"> <li>• Complete the kitchen's relocation</li> <li>• Less % of loss and broken kitchen's equipment</li> <li>• Monthly inspection</li> </ul>	<ul style="list-style-type: none"> <li>• Relocating the kitchen site to a more hygienic and civilised kitchen area</li> <li>• To ensure the kitchen facilities are clean and safe according to standards and procedures</li> </ul>	Medical Superintendent and Senior Hospital Administrator
1.7.8 To ensure that laundry capacity can cater for the	<ul style="list-style-type: none"> <li>• Provide adequate amounts of linen and gowns</li> </ul>	<ul style="list-style-type: none"> <li>• To improve equipment and renew laundry facility (either</li> </ul>	Medical Superintendent and Senior Hospital Administrator

hospital need		relocation or renovation the current one)	
1.7.9 To ensure that sewing needs of all health facilities are provided to standard	<ul style="list-style-type: none"> <li>• Improve service quality</li> </ul>	<ul style="list-style-type: none"> <li>• To cater for all sewing needs in difference areas – linen, uniform, curtain, gowns, rapper etc in a timely manner and as required</li> <li>• Required equipment in place and renovation of location</li> </ul>	Medical Superintendent and Senior Hospital Administrator
1.7.10 To ensure that the security services provided to hospital premises is up to standard and maintained at all times	<ul style="list-style-type: none"> <li>• Monthly inspection of performance by Hospital Office</li> </ul>	<ul style="list-style-type: none"> <li>• People comply with hospital security policy by strict supervision by security officers</li> <li>• Provide security services in a highly professional manner</li> <li>• To provide in-service training by Hospital Administrator and Infection Control Nurses</li> </ul>	Medical Superintendent and Senior Hospital Administrator

## KRA 2: HEALTH WORKFORCE

**Goal:** To provide the best attainable human resource and workforce systems that can serve the best attainable quality health care services

Strategies	KPI	Target	Responsible Person
2.1.1 To conduct a regular workforce analysis study to establish the number of staff required in the Ministry of Health and to provide the range and quality of services required, and implemented endorsed recommendations	<ul style="list-style-type: none"> <li>• Activity completion report</li> <li>• Staff in post compared to recommended staffing</li> <li>• Improvement on workforce ratio by 2020: Medical Officer from 5.6 to 10 per 10,000 population. Nurses from 38.8 to 40 per 10,000</li> <li>• Staff retention maintained at 2%</li> </ul>	<ul style="list-style-type: none"> <li>• Study to be completed by December 2016</li> <li>• Annual review of staff profiles</li> <li>• Annual stock take of skills</li> <li>• Annual project of staff category</li> <li>• Endorsed recommendations to be implemented by July 2016</li> </ul>	Principal Health Administrator and Senior Health Administrator
2.1.2 To strengthen the recruitment process per existing policy and procedure	<ul style="list-style-type: none"> <li>• Timeline met</li> <li>• Recruitment timeline met</li> <li>• Regular MOH Staff promotion meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen the capacity in complying with standing processes and procedures</li> <li>• Set a standard timeline for each process</li> <li>• Revive the MOH Staff</li> </ul>	Principal Health Administrator and Senior Health Administrator

		Promotion Board for approval of all required recruitments	
2.1.3 Strengthen the Ministry's capacity to effectively implement and enforce the Performance Management System (PMS)	<ul style="list-style-type: none"> <li>• Complete by March 2015</li> <li>• By March 2015 and to cover more than 90% of Divisional and Sectional Heads</li> <li>• By end of September 2015</li> </ul>	<ul style="list-style-type: none"> <li>• Complete all the outstanding PMS templates</li> <li>• Conduct internal training to strengthen the local capacity in the assessment and monitoring of the PMS</li> <li>• Conduct an annual review of the JD/PMS Template/ rewarding</li> </ul>	Principal Health Administrator and Senior Health Administrator
2.1.4 In conjunction with other relevant departments, review and enforce the bond requirements of returning scholars.	<ul style="list-style-type: none"> <li>• Number of scholars returning</li> </ul>	<ul style="list-style-type: none"> <li>• Number of scholars fulfilling the bond requirements increased by 50% in 2014</li> </ul>	Principal Health Administrator and Senior Health Administrator
2.1.5 Develop and submit a proposal to Public Service Commission recommending appropriate remuneration for staff on maximum increment.	<ul style="list-style-type: none"> <li>• Proposal submitted</li> </ul>	<ul style="list-style-type: none"> <li>• Proposal developed and submitted by December 2015</li> </ul>	Principal Health Administrator and Senior Health Administrator
2.1.6 Develop and implement an internal policy for rewarding outstanding performance and achievements.	<ul style="list-style-type: none"> <li>• Number of staff rewarded for outstanding performance and achievements</li> </ul>	<ul style="list-style-type: none"> <li>• By December 2015</li> </ul>	Principal Health Administrator and Principal Health Planning Officer
2.1.7 To effectively upgrade and coordinate all local training programs on clinical and non-clinical topics, to meet the National Standard of Accreditation	<ul style="list-style-type: none"> <li>• June 2015</li> <li>• December 2015</li> <li>• Biannual review and accreditation</li> </ul>	<ul style="list-style-type: none"> <li>• Stock take/ Review and upgrade all the curriculums</li> <li>• Documented, submitted and approved</li> <li>• Regularly review to meet and to effectively accredit National and Regional training (institution) programs</li> </ul>	Principal Health Administrator and Principal Health Planning Officer

2.1.8 To effectively implement the approved National Human Resource Strategic Workforce Plan	<ul style="list-style-type: none"> <li>Plan approved and enforced by July 2015</li> <li>Annually reviewed in December each year</li> </ul>	<ul style="list-style-type: none"> <li>Amend and finalize by March 2015</li> <li>Conduct relevant costing and to be in place by July 2015</li> </ul>	Principal Health Administrator and Senior Health Administrator
2.1.9 Job rotation plan developed and implemented for all relevant staff	<ul style="list-style-type: none"> <li>Job rotation plan held by each Head of Department and managers in charge of the outer island districts</li> <li>Postings reflect plan</li> </ul>	<ul style="list-style-type: none"> <li>Job rotation plan in place by July 2015</li> </ul>	Principal Health Administrator and Senior Health Administrator
2.1.10 Career paths identified for all categories of staff	<ul style="list-style-type: none"> <li>Career paths held by Human Resource Department</li> </ul>	<ul style="list-style-type: none"> <li>Career paths in place by December 2016</li> </ul>	Principal Health Administrator and Senior Health Administrator
2.1.11 Fully implement the computerized Human Resource Management Information System (HRMIS) to assist workforce planning and resource allocation	<ul style="list-style-type: none"> <li>% of staff profiles held</li> <li>Strategic Human Resource plan endorsed by the National Health Development Committee</li> </ul>	<ul style="list-style-type: none"> <li>Staff profiles developed for all staff by June 2016</li> <li>Strategic Human Resource plan developed by December 2015</li> </ul>	Principal Health Administrator and Senior Health Administrator
2.1.12 Develop and implement a staff satisfaction survey and conduct exit interviews throughout the Ministry of Health.	<ul style="list-style-type: none"> <li>Baseline data obtained</li> <li>Survey conducted annually</li> <li>Number of exit interviews conducted</li> </ul>	<ul style="list-style-type: none"> <li>Survey developed and baseline data obtained by December 2015</li> <li>Survey conducted annually by end of September each year</li> <li>Endorsed strategies implemented within 6 months of completing survey</li> <li>Exit interviews conducted on all staff leaving the Ministry</li> </ul>	Principal Health Administrator and Senior Health Administrator
2.1.13 To strengthen clinical capacity building and development	<ul style="list-style-type: none"> <li>Increase the number of Imaging Technologists to 15 by 2020 and maintain at this to allow for planned expansion of services</li> <li>1 Pharmacist graduate every year</li> </ul>	<ul style="list-style-type: none"> <li>Radiology to have 3 Radiologist by 2020</li> <li>Adequate number of graduate pharmacist as prescribed by law</li> <li>Increase number of this type</li> </ul>	Senior Health Administrator and Medical Superintendent

	<ul style="list-style-type: none"> <li>Four new posts created for a dental receptionist, computer operator, electrician and administrator.</li> </ul>	of human resource development, for DCA 2017 and dental therapist by 2020	
2.1.14 On the Job capacity building and development of all non-clinical staff	<ul style="list-style-type: none"> <li>All staff of the Non clinical services must have more than 40 training hours per year</li> </ul>	<ul style="list-style-type: none"> <li>All staff of Non clinical services to attend generic training (customer service, staff and resources management) and infection control training per year</li> </ul>	Senior Health Administrator and Medical Superintendent
2.1.15 Research Capacity Building/ Training Needs for Ministry of Health Staff	<ul style="list-style-type: none"> <li>Training sessions on conducting Research, Ethics, Ethical approval processes, using evidence for practice, translating knowledge into policy for Ministry of Health staff implemented.</li> </ul>	<ul style="list-style-type: none"> <li>To have adequately trained staff within the Research Section on Research and Ethics fundamental basics.</li> <li>To incorporate a Research-based course into the Queen Salote School of Nursing curriculum.</li> </ul>	Principal Health Planning Officer and Research Officer

### KRA 3: INFRASTRUCTURE, MEDICAL PRODUCTS AND TECHNOLOGY

<b>Goal:</b> To provide the best attainable Infrastructure, Medical Products and Technology that is needed to deliver the entire minimum required health care services in Tonga			
Strategies	KPIs	Targets	Responsible Person
3.1.1 To ensure that the facility and equipment requirements for minimum essential health care services particularly the Outer Islands are met	<ul style="list-style-type: none"> <li>Basic infrastructure and asset maintenance register and budget established</li> <li>100% of register activities delivered on time</li> </ul>	<ul style="list-style-type: none"> <li>Ensure continuous supply of basic equipment to Outer Islands</li> <li>Ensure that basic infrastructure and assets are maintained effectively</li> </ul>	Asset Manager and Mechanical Supervisor

3.1.2 To establish a secure facility in Ngu, Ha'apai, Vava'u and Niu'ui hospitals for violent (dangerous) psychiatric patients	<ul style="list-style-type: none"> <li>Establishment of secure facilities in Ngu, Ha'apai, Vava'u and Niu'ui hospitals completed</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of secure facilities by December 2016</li> </ul>	Medical Superintendent and Psychiatric Specialist
3.1.3 To broaden the treatment <u>armamentarium</u> for psychiatric patients such as atypical anti-psychotic medications, other psychotropic medications and equipment	<ul style="list-style-type: none"> <li>Number/ type of new medications introduced</li> <li>Number of patients treated</li> <li>Number of patients responded to the new medications</li> <li>Number of equipment procured and utilized by the Psychiatric unit</li> </ul>	<ul style="list-style-type: none"> <li>To increase the number of atypical anti-psychotic medications and psychotropic medications available (an on-going process).</li> <li>To procure other essential treatment equipment such as Electric Convulsive Therapy, straight jackets and 4-point/ 6-point mattresses, etc. for patients' management by December 2015</li> </ul>	Principal Pharmacist and Psychiatric Specialist
3.1.4 To upgrade and maintain current Ophthalmology equipment	<ul style="list-style-type: none"> <li>Have at least 1 up-to-standard slit lamp</li> </ul>	<ul style="list-style-type: none"> <li>To at least upgrade the slit lamps</li> </ul>	Medical Superintendent and Supervisor Eye Care Practitioner
3.1.5 To improve radiology equipment	<ul style="list-style-type: none"> <li>New Digital Fluoroscopy Machine received by 2016</li> </ul>	<ul style="list-style-type: none"> <li>Ensure Service Contract for equipment are procured together with the equipment purchased</li> </ul>	Medical Superintendent and Radiologist Specialist
3.1.6 Availability of NCD testing tools in all laboratories (Vaiola and outer island labs)	<ul style="list-style-type: none"> <li>Basic chemistry NCD testing available in all laboratories by 2016</li> <li>75% reduction in specimen referral from outer island laboratory to Vaiola Hospital by 2020</li> </ul>	<ul style="list-style-type: none"> <li>Basic chemistry and hematology analyzers to 'Eua and Ha'apai laboratories by 2016</li> </ul>	Principal Health Administrator and Medical Officer Special Grade - Laboratory

3.1.7 Improve laboratory infrastructure	<ul style="list-style-type: none"> <li>• Separate bio-safety spaces/ rooms allocated and renovated for Ha'apai and Vavau by 2016 and Eua by 2017</li> <li>• Provision for separate and permanent cut up room for Vaiola Hospital by 2017</li> </ul>	<ul style="list-style-type: none"> <li>• Vavau and Ha'apai Laboratories to be upgraded with bio-safety rooms 2016 and minor renovation of Eua 2017</li> <li>• Further upgrade for Vaiola Hospital Histology cutup room 2017</li> </ul>	Principal Health Administrator and Medical Officer Special Grade - Laboratory
3.1.8 To improve pharmaceutical storage facilities	<ul style="list-style-type: none"> <li>• Established and receiving of new walk in refrigerator by 2017</li> <li>• All hospitals and health centres in Outer islands fully equipped with proper and safe pharmaceutical storage facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Replacement of walk-in refrigerator at Vaiola motu'a</li> <li>• Upgrade storage facilities in the outer-islands</li> </ul>	Principal Health Administrator and Principal Pharmacist
3.1.9 To improve ENT services through provision of ENT biomedical equipment	<ul style="list-style-type: none"> <li>• ENT Operating Microscope received by 2017</li> <li>• Flexible Endoscope received by 2017</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure Service Contract for equipment are procured together with the equipment purchased by 2017</li> </ul>	Principal Health Administrator and Chief Medical Officer Clinical
3.1.10 New vehicle for Pharmacy section acquired for easy distribution and transportation of pharmaceutical services	<ul style="list-style-type: none"> <li>• Foreign donors donating new vehicle for Pharmacy section</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure safe distribution and transportation of pharmaceutical services</li> </ul>	Principal Health Administrator and Principal Pharmacist



<p>3.1.11 Media and communication is used efficiently and effectively to deliver health communication to the whole population</p>	<ul style="list-style-type: none"> <li>• Quitline established</li> <li>• Equitable change to health related knowledge, attitudes and behaviours</li> <li>• Feasibility assessment documents</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of a Quitline</li> <li>• Development of innovative, low cost solutions for providing health information and resources to outer islands</li> <li>• Feasibility assessment of m-health (mobile) and e-health options conducted</li> </ul>	<p>Chief Medical Officer Public Health and Supervisor Health Promotion Officer</p>
<p>3.1.12 Public Health has sufficient resources and assets to deliver essential services to all of Tonga</p>	<ul style="list-style-type: none"> <li>• Renovation/building complete</li> <li>• % of Public Health work plans and budgets that have outreach costs imbedded</li> <li>• # activities delayed due to resource restraints</li> <li>• % reduction in Occupational Health and Safety incidences</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of Public Health renovation and establishment of a new Public Health building</li> <li>• Sufficient transport (vehicle, boat) and fuel for enforcement and outreach activities</li> <li>• Sufficient, maintained computers, printers, software (including virus protection) and internet access</li> <li>• Sufficient Occupational Health and Safety equipment</li> </ul>	<p>Principal Health Administrator and Chief Medical Officer Public Health</p>
<p>3.1.13 Ensure Asset Registry of the Ministry is available electronically and linked to the Budget Preparation</p>	<ul style="list-style-type: none"> <li>• All capital equipment is valued by the end of February 2015 by the Asset Manager</li> </ul>	<ul style="list-style-type: none"> <li>• Capital Equipment of the Ministry is identified and maintained and replaced according to depreciation rate</li> </ul>	<p>Asset Manager and Senior Computer Programmer</p>
<p>3.1.14 Effective use of the Asset Registry for replacement of Equipment</p>	<ul style="list-style-type: none"> <li>• Timely update of the Asset Registry</li> <li>• Increase the budget for the replacement/ maintenance of the equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly update the Asset Registry</li> <li>• Improve the maintenance budget allocation</li> </ul>	<p>Asset Manager and Mechanical Supervisor</p>

3.1.15 Maintenances Plan for all Facilities, medical equipment and buildings and fixed assets in place	<ul style="list-style-type: none"> <li>• 100% monthly meeting conducted by facilities and equipment</li> </ul>	<ul style="list-style-type: none"> <li>• By the end February, 2016</li> </ul>	Principal Health Planning Officer and Mechanical Supervisor
3.1.16 Sustain operational cost of all nonclinical services EXCEPT for purchasing of new equipment or new facilities	<ul style="list-style-type: none"> <li>• Not exceeding 5% increase from the previous year's budget</li> </ul>	<ul style="list-style-type: none"> <li>• All non- clinical services budget provided in the beginning of the FY</li> </ul>	Principal Health Administrator and Senior Health Accountant
3.1.17 To Establishment of fully furnished Cancer Center within Vaiola Hospital	<ul style="list-style-type: none"> <li>• Fully furnished Cancer Centre established with all necessary office utilities and equipment by July 2016</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of fully furnished Cancer Center within Vaiola Hospital</li> </ul>	Principal Health Planning Officer, Chief Medical Officer-Clinical, Medical Superintendent
3.1.18 Ascertain funding to complete infrastructural development of the: <ul style="list-style-type: none"> <li>• Public Health Building (Vaiola Hospital)</li> <li>• Tu'akifalelei Hospital (Niuatoputapu)</li> <li>• Relocation of Niu'ui Hospital (Ha'apai)</li> <li>• Mental Health Halfway House</li> </ul>	<ul style="list-style-type: none"> <li>• Project Implementation Plan developed and Funding Support obtained</li> </ul>	<ul style="list-style-type: none"> <li>• By December 2018</li> <li>• By December 2016</li> <li>• By December 2015</li> <li>• By December 2016</li> </ul>	Principal Health Planning Officer and Supervisor Health Project Officer
3.1.19 To upgrade, repair and undertake preventative maintenance of oral/dental equipment in Vaiola and the outer island clinics	<ul style="list-style-type: none"> <li>• To have twice yearly visit to Vava'u, Ha'apai and 'Eua and to NTT and NFO yearly.</li> </ul>	<ul style="list-style-type: none"> <li>• All equipment and assets of the Division (and for the "new hospital in NTT and Ha'apai) in in good repair</li> </ul>	Asset Manager, Mechanical Supervisor and Chief Dental Officer
3.1.20 Availability or constant supply of medical supplies to all oral clinics	<ul style="list-style-type: none"> <li>• Regular supply to oral clinics for the curative care.</li> </ul>	<ul style="list-style-type: none"> <li>• Basic supplies essential for Vaiola and outer oral clinics</li> </ul>	Principal Health Administrator, Principal Pharmacist, Principal Health Planning Officer

3.1.21 Availability of a portable dental unit to conduct curative treatments when on island tour	<ul style="list-style-type: none"> <li>• Expanded effective curative care/ treatments</li> </ul>	<ul style="list-style-type: none"> <li>• Outer Islands around TBU ('Atataa and 'Euaiki) also Ha'apai for Mu'omu'a and Lulunga</li> </ul>	Principal Health Administrator, Medical Superintendent and Chief Dental Officer
3.1.22 To regularly upgrade and implement a preventative maintenance plan for all the ministry capital assets including equipment and furniture	<ul style="list-style-type: none"> <li>• Updated assets Report submitted on the due date</li> <li>• Preventive Maintenance Program approved and implemented by July 2015</li> </ul>	<ul style="list-style-type: none"> <li>• Regular updates of the asset registry using an effective software for replacement and maintenance</li> <li>• Maintenance budget to be made available based on the total value of the Ministry's assets</li> </ul>	Medical Superintendent, Principal Health Planning Officer and Asset Manager

#### KRA 4: LEADERSHIP AND GOVERNANCE

<b>Goal:</b> To provide efficient and effective Leadership and Governance System that would produce and deliver the best attainable health care services to the people of Tonga			
<b>Strategies</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible Person</b>
4.1.1 Review the appropriateness of the Ministry's organization structure to deliver its functions in a more efficient and effective service delivery	<ul style="list-style-type: none"> <li>• Completion report of the Ministry's organizational structure review</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive Organizational structure that can deliver the best efficient and effective health care services in Tonga by 2016</li> </ul>	National Health Development Committee
4.1.2 Define minimum essential/expanded health care services at all health care facilities (Hospitals, Super Health Centers and Health Centers) and a nationwide model of care	<ul style="list-style-type: none"> <li>• Completion report on the National Minimum/expanded essential health care services for the Tonga</li> </ul>	<ul style="list-style-type: none"> <li>• Agreed minimum essential/expanded health care services for the public by June 2016</li> </ul>	National Health Development Committee
4.1.3 Continuously examine that health care services are affordable, accessible, maintain good quality of care and address the special need of vulnerable population groups (risk protection, social inclusion)	<ul style="list-style-type: none"> <li>• ?Review Exemption Mechanism</li> <li>• ?Monitor Service utilization</li> <li>• ?Establish a Mode of care for vulnerable population group</li> </ul>	<ul style="list-style-type: none"> <li>• Enforce Exemption Mechanism on Hospital Charges by 2017</li> <li>• Complete monitoring of services utilization by 2016</li> <li>• Establish a mode of care for the population group with special health needs</li> </ul>	National Health Development Committee
4.1.4 Undertake a review of existing services through analysis and research and expand services to ensure basic health requirements are met	<ul style="list-style-type: none"> <li>• Activity completion report</li> <li>• % of recommendations that are based on Best practice</li> <li>• % of services provided compared to services required</li> </ul>	<ul style="list-style-type: none"> <li>• Review to be completed by June 2018</li> <li>• Recommendations to be based on Best Practice</li> <li>• Endorsed recommendations to be implemented by July 2018</li> </ul>	National Health Development Committee
4.1.5 Strengthen risk management capability of all clinical sections.	<ul style="list-style-type: none"> <li>• % of AMPs including a section specifically for identification of risks and how they will be managed</li> </ul>	<ul style="list-style-type: none"> <li>• All sections to identify, analyse and evaluate all risks relevant to their specific section and develop risk management</li> </ul>	National Health Development Committee

	<ul style="list-style-type: none"> <li>• % of feasible risk management strategies supported by the MOH</li> </ul>	<p>strategies by June 2016</p> <ul style="list-style-type: none"> <li>• At least 80% of feasible risk management strategies are supported by the MOH per annum</li> </ul>	
4.1.6 Develop and Introduce Tonga Hospital Accreditation Standards	<ul style="list-style-type: none"> <li>• Proportion of Tonga Hospital Accreditation Standards fully introduced</li> </ul>	<ul style="list-style-type: none"> <li>• By December 2016</li> </ul>	National Health Development Committee
4.1.7 Reduce waiting times at the Outpatient Department	<ul style="list-style-type: none"> <li>• Baseline data obtained</li> <li>• % of people attended to within the recommended benchmark waiting time in place.</li> <li>• % increase in use of health centres and clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain baseline data by March 2016</li> <li>• Achieve current benchmark waiting times by December 2017</li> <li>• Increase the use of community health centres clinics by 50% by July 2019</li> </ul>	National Health Development Committee
4.1.8 Strengthen the level of customer service provided to the public	<ul style="list-style-type: none"> <li>• &gt;60% good customer satisfaction at all health care services</li> </ul>	<ul style="list-style-type: none"> <li>• Customer Service Questionnaire developed and implemented by December 2015</li> </ul>	National Health Development Committee
4.1.9 Build a stronger coalition with other Government ministries and NGOs as well as the Development Partners	<ul style="list-style-type: none"> <li>• Number of health partners who support NHSP and health care service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Established a formal mechanism and framework for a stronger coalition with other working partners by 2017</li> </ul>	National Health Development Committee
4.1.10 Create a stronger working relationship mechanism with the Private Health Providers	<ul style="list-style-type: none"> <li>• Referral System from Private Health Providers to Government owned Health Facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Partnership mechanism with Private Health Providers by December 2017</li> </ul>	National Health Development Committee
4.1.11 Disaster management plan to be developed for the outer island districts and practiced on a biannual basis	<ul style="list-style-type: none"> <li>• Disaster Management Plan endorsed by the NHDC</li> <li>• Activity Report tabled before the NHDC on a quarterly basis</li> <li>• % of recommendations implemented by due date</li> </ul>	<ul style="list-style-type: none"> <li>• Practice carried out and activity report completed on a quarterly basis with effect from March 2016</li> <li>• Endorsed recommendations implemented by the agreed date</li> </ul>	National Health Development Committee

4.1.12 Harmonize our working relationship with development partners	<ul style="list-style-type: none"> <li>• Condition met</li> </ul>	<ul style="list-style-type: none"> <li>• Development of relevant MOU/MOA and honour the local commitments</li> <li>• Strictly comply with terms and conditions of the agreement between the parties involved</li> </ul>	National Health Development Committee
4.1.13 To strengthen the principles of good leadership and governance at all areas of service delivery	<ul style="list-style-type: none"> <li>• Line of communication followed</li> <li>• Customer satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• All processes to follow the organizational line of communication</li> <li>• Program managers to behave as role models at all times</li> </ul>	National Health Development Committee

#### **KRA 5: INFORMATION, RESEARCH, POLICY AND PLANNING**

<b>Goal:</b> To provide the best attainable policy and planning services that is guided by credible information and research to ensure the cost effectiveness of health care services in relation to health needs and problems of Tonga			
<b>Strategies</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible Person</b>
5.1.1 Introduce Health Information system and Research Approach which will define health problems, risk factors now and into the future which will guide policy decisions and future planning	<ul style="list-style-type: none"> <li>• Number of research projects undertaken on yearly basis and used for policy decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence based policy decision and planning</li> </ul>	Principal Health Planning Officer and Principal Health Administrator
5.1.2 Pursue a national health Policy Review to guide national health policy development and improvements	<ul style="list-style-type: none"> <li>• Proportion of all Health related Policies reviewed</li> <li>• Proportion of identified new/existing policies to be reviewed/improved</li> </ul>	<ul style="list-style-type: none"> <li>• All policies reviewed by December 2016</li> <li>• The need for new polices to be developed and/or improved be identified by December 2016</li> <li>• New Policies developed and/or improved trialled and implemented by December 2019</li> </ul>	Principal Health Planning Officer and Principal Health Administrator
5.1.3 Strengthen Health Planning and Evaluation Capacity and Practise of the Health System	<ul style="list-style-type: none"> <li>• Proportion of official and special plans and evaluation are completed in a timely</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive Health System Planning and Monitoring tools are in place with appropriate health</li> </ul>	Principal Health Planning Officer and Principal Health Administrator

	<p>manner and to prescribed standards</p> <ul style="list-style-type: none"> <li>• Proportion of health evaluation outcomes that are successfully adopted and implemented.</li> </ul>	Planning and Evaluation capacity	
5.1.4 Develop standard operating procedures (SOPs) within and in partnership with other sections in the Ministry of Health	<ul style="list-style-type: none"> <li>• Completion of the SOPs development process by 2020</li> <li>• Whether the SOPs are being adhered to</li> </ul>	<ul style="list-style-type: none"> <li>• To identify resources for the development of the SOPs by December 2016</li> <li>• To initiate the development of the SOPs to be completed by 2020</li> <li>• To implement SOPs through referrals or effective inter-sections communication (an on-going process) by 2020</li> </ul>	Principal Health Planning Officer, Principal Health Administrator and Medical Superintendent
5.1.5 Develop and introduce SOPs for the Division	<ul style="list-style-type: none"> <li>• Introduce to all oral/dental clinics throughout</li> </ul>	<ul style="list-style-type: none"> <li>• By 2018</li> </ul>	Principal Health Planning Officer, Principal Health Administrator and Medical Superintendent
5.1.6 Standard Treatment Guidelines to be reviewed and implementation fully completed	<ul style="list-style-type: none"> <li>• Activity report completed by due date</li> <li>• % increase in the utilization of health centres by the public</li> <li>• % reduction in inappropriate use of antibiotic</li> <li>• % increase in terminal cases that have access to palliative care</li> </ul>	<ul style="list-style-type: none"> <li>• Review to be completed by June 2016</li> <li>• Reviewed Standard Treatment Guidelines to be fully implemented by June 2017</li> </ul>	Principal Health Planning Officer, Principal Health Administrator and Medical Superintendent
5.1.7 To Develop a set of standards for Sterilization	<ul style="list-style-type: none"> <li>• Successful implementation of protocol for Sterilization</li> </ul>	<ul style="list-style-type: none"> <li>• Revised sterilization protocol set by Infection Control by June 2016</li> </ul>	Principal Health Planning Officer and Medical Superintendent
5.1.8 To ensure Preventive Maintenance Programme is in place	<ul style="list-style-type: none"> <li>• Computerize program in place</li> <li>• Consistent supply of water and electricity</li> </ul>	<ul style="list-style-type: none"> <li>• To be responsible for all maintenance request from Hospital, Health centres, clinics and Outer Islands</li> </ul>	Mechanical Supervisor and Senior Computer Programmer

		<ul style="list-style-type: none"> <li>To secure spare parts especially for medical equipment</li> </ul>	
5.1.9 Review and make adjustments to the Medical and Dental Practices Act 2001	<ul style="list-style-type: none"> <li>All clinics (government and private) to have standards for professional workers and minimum standards requirements of their clinic</li> </ul>	<ul style="list-style-type: none"> <li>By 2020</li> </ul>	Principal Health Planning Officer
5.1.10 To develop Occupational health and Safety Policy for the staff of the Ministry of Health	<ul style="list-style-type: none"> <li>Occupational Health and Safety plan in place and followed</li> </ul>	<ul style="list-style-type: none"> <li>Development and Endorsement of Occupational Health and Safety Plan by December 2016</li> </ul>	Principal Health Planning Officer and Principal Health Administrator
5.1.11 To improve the Ministry's Audit compliance (Audit, finance, performance and environment) against relevant standard legal framework policy and procedures	<ul style="list-style-type: none"> <li>Ministry's Audit is in line with legal framework policy and procedures</li> </ul>	<ul style="list-style-type: none"> <li>Ministry's Audit is well established by 2016</li> </ul>	Principal Health Administrator and Senior Health Accountant
5.1.12 To amend the legal framework for registration of Medical/ Dental and Health Officers (with relevant regulation) to address the current development including the registration of Associate Intern Medical Officers and to regulate the code of practice and others in order to maintain service delivery at reasonable levels	<ul style="list-style-type: none"> <li>Policy approved June 2015</li> <li>Draft amendments approved by the Parliament by December 2015</li> </ul>	<ul style="list-style-type: none"> <li>Develop policy direction for Cabinet approval</li> <li>Liaison with Crown Law Department on the amendment and the necessary arrangements for the amendments</li> <li>Draft the amendment and process for approval within the system</li> </ul>	Principal Health Administrator and Medical Superintendent
5.1.13 To develop a legal framework for the registration of Allied Health Workers including regulation for the implementation of the framework	<ul style="list-style-type: none"> <li>Policy direction approved</li> <li>Approved legal framework</li> <li>Proclamation of the approved Act</li> </ul>	<ul style="list-style-type: none"> <li>Conduct a research and literature review on the matter</li> <li>Policy direction paper developed and approved</li> <li>Legal framework prepared and approved</li> </ul>	Principal Health Planning Officer and Principal Health Administrator
5.1.14 Conduct Research on Cancer	<ul style="list-style-type: none"> <li>A number of cancer-related studies conducted in Tonga to assist with evidence-based practice and decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>To conduct some research studies on Cancer in Tonga, to update knowledge, data and to assist in Cancer Control Efforts</li> </ul>	Principal Health Planning Officer and Research Officer



<p>5.1.15 Development of a Tonga National Cancer Control Strategic Plan.</p>	<ul style="list-style-type: none"> <li>• Development, endorsement and implementation of a comprehensive Cancer Control Strategic Plan.</li> </ul>	<ul style="list-style-type: none"> <li>• A Cancer Control Strategic Plan is developed and implemented (Details of the Cancer Control Plan will outline ways of reducing cancer incidence using cancer data available).</li> <li>• Strengthen linkages between the Cancer Control Strategic Plan with other Strategic Plans (NCD, National Corporate Plan) and with existing health services provided.</li> </ul>	<p>Principal Health Planning Officer and Research Officer and Medical Superintendent</p>
<p>5.1.16 Establishment of a Population-based Cancer Registry</p>	<ul style="list-style-type: none"> <li>• Cancer data collection system from identified cancer sources firmly established and implemented smoothly.</li> <li>• Establish cancer registries or cancer focal points in each of the Outer Islands to collect cancer cases and data from Niua / Vava'u / Ha'apai / 'Eua.</li> <li>• To establish a Population-based Cancer Registry in Vaiola Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• To establish a regular, systematic system of collecting cancer data/cases from all relevant cancer sources.</li> <li>• To establish point of contacts or registries in the Outer Islands to collect cancer-related data from the Outer Islands that are not picked up in Tongatapu.</li> <li>• To establish a Population-based Cancer Registry in Vaiola Hospital.</li> </ul>	<p>Principal Health Planning Officer and Research Officer</p>

## KRA 6: HEALTH FINANCE

**Goal:** To improve financial support for efficient implementation of health services in Tonga

Strategies	KPI	Target	Responsible Person
6.1.1 To increase Ministry of Health budget allocation	<ul style="list-style-type: none"> <li>Percentage increase in public and donor funding secured annually</li> </ul>	<ul style="list-style-type: none"> <li>Increase public and donor funding sources and amount</li> <li>Increase equity, accessibility and affordability</li> </ul>	Principal Health Administrator and Senior Health Accountant
6.1.2 To improve the allocation and prioritization of funds	<ul style="list-style-type: none"> <li>No service interruption due to shortage of funds</li> <li>Regular supply and availability of medicinal drugs for the public at an acceptable up-to-date standard level</li> </ul>	<ul style="list-style-type: none"> <li>To reduce inefficiencies in services due to shortage of funds</li> <li>To ensure availability of pharmaceutical supplies to all hospitals and health centres</li> </ul>	Principal Health Administrator and Senior Health Accountant
6.1.3 To strengthen the capacity of the Ministry to effectively enforce the procurement regulation 2010	<ul style="list-style-type: none"> <li>Reviewed completed December 2015</li> <li>??July 2016</li> <li>Number of training courses undertaken</li> </ul>	<ul style="list-style-type: none"> <li>Revise and document the existing procurement process</li> <li>Review and realign the task allocation</li> <li>Continue the capacity building through local and oversea attachment and training</li> </ul>	Principal Health Administrator and Asset Manager
6.1.4 To improve the financial management information system (FMIS)	<ul style="list-style-type: none"> <li>To have 10 users by 2020</li> <li>Timely production of monthly financial report to HOD/HOS</li> <li>Revised process available by December 2015</li> <li>Reduction of pilling up invoices for payment by 100%</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of Sun System users/ Access</li> <li>Improve the production financial management report</li> <li>Upgrade the payment process</li> <li>Strengthen staff capacity</li> <li>Improve capacity on FIMS on annual budget analysis; formulation and forecast;</li> </ul>	Principal Health Administrator and Principal Health Planning Officer

		expenditure control; procurement management; Revenue management; development/ grant management; asset and project management	
6.1.5 To strengthen the procurement capacity of the Ministry in enforcing the Government Procurement Regulation 2010	<ul style="list-style-type: none"> <li>• Updated procurement plan available by July every year</li> <li>• Number of training courses undertaken</li> <li>• Maintain stock level at 3 to 6 months</li> <li>• Biweekly meeting with relevant counterparts and monthly meeting with procurement Team</li> </ul>	<ul style="list-style-type: none"> <li>• Production of revised annual procurement plan</li> <li>• Attachment/ formal training of the Procurement Team</li> <li>• Effective Inventory system in place</li> <li>• Effective working relationship between the procurement team and the program managers</li> </ul>	Principal Health Administrator and Asset Manager
6.1.6 To improve the efficiencies in utilization of allocated funds	<ul style="list-style-type: none"> <li>• Achieving targeted activities within approved budget</li> </ul>	<ul style="list-style-type: none"> <li>• To make each department accountable to their approved budget allocation</li> <li>• To reduce unnecessary expenses</li> </ul>	Principal Health Administrator and Senior Health Accountant
6.1.7 To improve revenue collection	<ul style="list-style-type: none"> <li>• Percentage increase in revenue collected per annum</li> <li>• Being able to fund increasing number of patients with NCDs</li> </ul>	<ul style="list-style-type: none"> <li>• To use revised user fee schedule</li> <li>• To earmark a proportion of the tax from unhealthy food</li> </ul>	Principal Health Administrator and Senior Health Accountant
6.1.8 Secure funding to strengthen primary oral health care activities and oral disability/ rehabilitation services	<ul style="list-style-type: none"> <li>• Full coverage in Tonga (Tongatapu and outer islands)</li> <li>• Maintain the DMFT &lt;7 for 6 years old and DMFT 2 for 12 yrs old.</li> <li>• Team in Vaiola can visit/ travel to each outer island yearly.</li> </ul>	<ul style="list-style-type: none"> <li>• To cover all school age pupils (kindergartens and primary schools) throughout the kingdom.</li> <li>• To improve/ maintain Oral health promotion- tooth brushing, protection- fluoride</li> </ul>	Principal Health Administrator and Principal Health Planning Officer

		<p>mouth rinses and prevention-pits and fissures sealants.</p> <ul style="list-style-type: none"> <li>• People with oral disability that needs rehabilitation care (dentures services)</li> </ul>	
6.1.9 Adequate financing of Cancer Control Efforts outlined in the Cancer Control Strategic Plan.	<ul style="list-style-type: none"> <li>• More than 60% of Cancer Control efforts outlined in the Cancer Control Strategic Plan amply financed.</li> </ul>	<ul style="list-style-type: none"> <li>• To receive adequate assistance and funds for Cancer Control efforts outlined in the Cancer Control Strategic Plan.</li> </ul>	Principal Health Administrator and Principal Health Planning Officer
6.1.10 Improve the annual financial allocation to meet the health needs	<ul style="list-style-type: none"> <li>• Incremental increase the GDP spend on Health to 4.5% by 2019.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that all priority health needs are included in the AMP (Including the Impact of unmet needs)</li> <li>• Strengthen linkages of the AMP to Corporate plan</li> <li>• Improve the Financial Information System</li> </ul>	Principal Health Administrator and Senior Health Accountant
6.1.11 Research endeavors by the Research Section adequately funded and financed.	<ul style="list-style-type: none"> <li>• Research/Evaluation studies and endeavors spearheaded by the Research Section funded and implemented.</li> <li>• The Research-based courses in Queen Salote School of Nursing are adequately financed and utilities available to promote research of student nurses.</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Research/Evaluation studies to be conducted by the Research Section for the Ministry of Health after identifying Research priorities funded by interested and relevant donors.</li> <li>• Research-based courses conducted in the Queen Salote School of Nursing adequately financed to provide utilities and equipment to aid the research conducted by the student nurses to be published and sponsored.</li> </ul>	Principal Health Administrator and Principal Health Planning Officer

## 7 Gaps Analysis:

### 7.1 Background

The Ministry's NHSP 2015-2020 provides the estimated budget for both recurrent and development. The total budget request is shared between the major sources of funds based on how they support the national health priorities.

#### Health Priorities with supporting strategies, 2015/16-2019/2020

No.	Key Result Areas	Strategies	2015/16	2016/17	2017/18	2018/19	2019/2020
<b>KRA 1:</b>	<b>SERVICE DELIVERY</b>	31	8	5	6	6	5
1.1	Maternal and Child Health Services	3					
1.2	Adolescence and Adult Health Services	3					
1.3	Dental Health Services	4					
1.4	Mental Health and Disability Services	4					
1.5	Public Health Services	3					
1.6	Clinical Support Services	3					
1.7	Non-Clinical Support Services	11					
<b>KRA 2:</b>	<b>HEALTH WORKFORCE</b>	15	13	0	0	0	2
<b>KRA 3:</b>	<b>INFRASTRUCTURE, MEDICAL PRODUCTS AND TECHNOLOGY</b>	22	12	5	1	1	3
<b>KRA 4:</b>	<b>LEADERSHIP AND GOVERNANCE</b>	13	6	1	3	2	2
<b>KRA 5:</b>	<b>INFORMATION, RESEARCH, POLICY AND PLANNING</b>	16	6	3	2	2	3
<b>KRA 6:</b>	<b>HEALTHCARE FINANCE</b>	11	5	4	1	1	0
	<b>Total</b>	108	50	18	13	12	15

There are 108 strategies that needed to support each priority area in order to achieve the desired mission, vision and organizational outcome of the Ministry in the next five financial years. The above strategies include 10 strategies that are carried forward from the previous Corporate Plan.

### 7.2 Method

#### 15.2.1 Planning and Budgeting preparation

As part of the National Health Planning and Budgeting exercise, heads of divisions and sections were consulted and trained on how to prepare the AMP from the NHSP and translate this into annual activities with appropriate costing. They were familiarized with the roles that is played by our

development partners and how to access those resources through their AMP and budgeting.

Each division was responsible for formulating their budget that would enable health care service delivery (defined by number of sub-outputs) in accordance to their mandates, health needs and their contribution towards the Ministry's NHSP.

### Total Budget request, 2015/16

Progr.	input	%	Sub-outputs
1	\$ 6,719,262.94	15%	119
2	\$ 3,061,366.00	7%	46
3	\$ 17,264,545.00	39%	6
4	\$ 1,602,518.77	4%	49
5	\$ 14,213,466.00	32%	46
6	\$ 919,680.95	2%	38
<b>Total</b>	<b>\$ 43,780,839.67</b>	<b>100%</b>	<b>304</b>
	<b>100%</b>		

The Ministry requests a total of TOP\$ 43,780,839.67 to support a total of 304 sub-outputs to serve the health needs of Tonga in the financial year 2015/16. A total of 71% of the estimated budget shared between programme number 3 (Medical Services) and 5 (Nursing) who provide critical technical services at the frontline.

### 15.2.2 Collation of Ministry's budget and prioritization

The budget team reviewed the budget submissions from each division, prioritized based on health priorities, verified the accuracy of division's estimates, examined a balanced share of financial costs between each financier and then translated this into the budget template.

### Total Health Budget by sources of funds, 2015/16

Progr.	Recurrent	WHO	DFAT	UNFPA	Others	Overall
1	\$ 6,089,102.00	\$ 225,599.76	\$ 404,561.19			\$ 6,719,262.94
2	\$ 2,849,728.00	\$ 149,638.00	\$ 46,000.00		\$ 16,000.00	\$ 3,061,366.00
3	\$ 13,410,471.00	\$ 1,414,115.34	\$ 2,326,678.78	\$ 43,279.89	\$ 70,000.00	\$ 17,264,545.00
4	\$ 1,554,326.00	\$ 48,192.77				\$ 1,602,518.77
5	\$ 9,725,497.00	\$ 1,310,348.00	\$ 3,079,830.00	\$ 97,791.00		\$ 14,213,466.00
6	\$ 694,710.00	\$ 162,119.95	\$ 62,851.00			\$ 919,680.95
<b>Grand Total</b>	<b>\$ 34,323,834.00</b>	<b>\$ 3,310,013.81</b>	<b>\$ 5,919,920.97</b>	<b>\$ 141,070.89</b>	<b>\$ 86,000.00</b>	<b>\$ 43,780,839.67</b>
	78%	8%	14%	0.3%	0.2%	100%

The total budget request for government funds accounted to 78% of the total health estimated budget for the 2015/16 year, 8% is anticipated to be requested from WHO, 14% from DFAT, 0.3% from UNFPA and 0.2% from other sources that have not been identified.

This budget increase from the last financial year is driven by the following;

### 7.2.1.1 Human Resource

- There were 114 approved posts that were not included in the current financial year but were submitted in our requested budget.
- New appointments ( 8 Returning Scholars, 30 New post),
- Upgrade of 41 posts
- 6% COLA
- 2016 student nurses new intake

### 7.2.1.2 Maintenance of Hospital Building (DCA Agreement)

- There are key maintenance that is urgently needed for Vaiola and the rest of the Outer island hospitals in Tonga. DFAT has funded the renovation and refurbishment of all the Health Centres in Tongatapu and Ha'apai in this financial year.

### 7.2.1.3 Medical Drugs and Supplies

There is a significant budget increase for medical drugs and supplies to prevent a similar situation of stock outs that occurred in this financial year, as well as to cope with the continual epidemics that arise during the year. The burden of NCDs requires larger volumes of expensive medical drugs and supplies to mitigate the negative impact of NCDs.

### 7.2.1.4 Proposed Recurrent Budget Detail using Chart of Accounts

The Ministry's budget details unpacked the Ministry's budget proposal for 2015/16 to show where the distribution of requested budget over the budget programme/outputs as well as the sub-programme.

#### Distribution of Requested Recurrent Budget for 2015/16 by Chart of Account

PG/Outputs	PG Desc	SP	SP Desc	AC	AC Desc	Requested Estimates 2015/2016
1	Pule, Fokotu'utu'u mo e Pule'i Fakangaue. (Leadership & Policy Advice)	01	'Ofisi 'o e Minisita (Office of the Minister)	1	Minister's office expense	\$ 219,136
		02	'Ofisi 'o e Talekita (Office of the Director)	1	Director's office expense	\$ 1,260,771
		03	Pule'i Fakangaue (Corporate Services)	1	Administrative Services	\$ 1,771,114
				2	Human Resources	\$ 688,809

PG/Outputs	PG Desc	SP	SP Desc	AC	AC Desc	Requested Estimates 2015/2016
				3	Financial Management (including Accounts, NHA, and Transport)	\$ 1,960,954
				4	Legal Services	\$ 30,127
				5	Procurement	\$ 22,000
2	Fale'i Ki he Mo'ui Faka'ehi'ehi (Preventative Health Care)	01	Ngaahi Ngaue ki he Malu'i 'o e Mo'ui (Preventative Health Services)	1	Administer Preventative Care Services	\$ 311,364
				2	Communicable Disease Prevention and Control (including TB and HIV)	\$ 151,720
				3	Non- communicable Disease control	\$ 10,500
				4	Health Promotion	\$ 200,533
		02	Tokanga'i 'a e Mo'ui 'o e 'Atakai (Environmental Health Care)	1	Public Health Inspection and Water supply	\$ 972,095
				2	Sanitation Services (including public convenience and garbage removal)	\$ 224,981
		03	Ngaahi Ngaue ki hono Tokanga'i 'o e mo'ui 'a e Kolo (Community Health Services)	1	Health Centres Services	\$ 639,711
3	Tokangaekina 'o e Mo'ui Fakafaito'o (Curative Health Care)	01	Ngaahi Ngaue ki he Tokangaekina e Mo'ui Fakafaito'o (Curative Health Services)	1	Administer Curative Health Care Services	\$ 949,411
				2	Medical referral Scheme	\$ 1,232,000
				3	Visiting Team	\$ 160,000
		02	Ngaahi Ngaue ki he Tokangaekina 'a e Ngaue Fakafaito'o mo e Mo'ui 'o e Sino (Medical and Surgical Care)	0	Infection Control Services	\$ 875,000
				1	Medical Services	\$ 740,415
				2	Medical Ward	\$ 451,744
				3	Surgical Ward	\$ 54,087
				4	Obstetrics & Gynaecology Ward	\$ 755,385
				5	Paediatrics Ward	\$ 110,253
				6	Anaesthetic & ICU Services	\$ 195,549
				7	Operating Theatre Services	\$ 57,832
				8	Mental Health Care Services	\$ 286,960
				9	Isolation Ward	\$ -
		03	Tafa'aki ki he Tokangaekina 'o e Talatala mo e Mahaki Fakavavevave (Outpatient & Casualty Services)	0	Pharmaceutical Services Management (including procurements, production, storage of drugs, and distribution, dispensing of drugs and supplies)	\$ 4,322,243
				1	Casualty	\$ 197,602
				2	Special Clinic	\$ 2,700
				3	Ophthalmological Services	\$ 144,403
				4	ENT Services	\$ 54,087
				5	Laboratory Services (including blood transfusion programme)	\$ 1,351,505
				6	X-Ray & Ultrasound Services	\$ 442,739
				7	Diabetics Ward	\$ 1,952



PG/Outputs	PG Desc	SP	SP Desc	AC	AC Desc	Requested Estimates 2015/2016
				8	Physiotherapy Services	\$ 40,078
				9	CSSD	\$ 101,837
		04	Ngaahi Ngaue Kiliniki (Clinical Support Services)	1	Hospital Maintenance Services	\$ 157,683
				2	Catering Services	\$ 768,919
				3	Domestic Services	\$ 616,577
				4	Laundry Services	\$ 179,337
				5	Seamstress	\$ 1,000
				6	Security Services	\$ 120,000
4	Ngaahi Ngaue ki he Nifo (Dental Services)	01	Ngaahi Ngaue ki he Tokangaekina 'o e Nifo (Dental Care Services)	1	Dental Public Health	\$ 1,167,505
				2	Dental Curative Health	\$ 278,174
5	Ngaahi Ngaue Fakaneesi (Nursing Services)	01	Tokangaekina 'o e Ngaahi Ngaue Fakaneesi (Nursing Care services)	1	Operation (CNO expenses & support services)	\$ 9,617,490
				2	Training (Queen Salote School of Nursing)	\$ 13,500
				3	Reproductive Health Services	\$ 123,000
				4	NCD Nurse	\$ 4,000
6	Ngaahi Ngaue ki he Palani mo e Tanaki Fakamatala (Health Planning & Information Services)	01	Ngaahi Fakamatala ki he Mo'ui lelei mo e Palani (Health Information and Planning)	1	Health Planning & Information Services (including medical records)	\$ 361,704
				2	Information Technology	\$ 123,234
				3	Health project Planning	\$ 151,482
				4	Research	\$ 7,000
<b>Grand Total</b>						<b>\$ 34,682,202</b>

The above table shows the distribution of proposed budget for 2015/16 in accordance with the Chart of Account structure.

The table below provides detailed explanation of the rationale of the proposed budget increase for each programme and sub-programme and how it relates to specific strategies, outputs and sub-outputs of our NHSP 2015-2020.

The variance column shows how much increase/decrease from the current financial year. The next two columns explain how these funds would contribute towards each strategy and sub-output in the NHSP 2015-2020.

## Detailed rationale of the proposed recurrent budget increase

	Minister's office expense	\$37,340	<ul style="list-style-type: none"> <li>• Provide efficient and effective Leadership and Governance system</li> <li>• Delivery of best attainable health care services to the people of Tonga</li> </ul>	<ul style="list-style-type: none"> <li>• There is a variance of \$37,340 for this particular Account as this vote includes the Benefits of the MOH.</li> <li>• The Benefits includes the allowances and Overseas travel expenses that will assist the Minister of Health in achieving its Outputs for the Ministry.</li> </ul>
1.	Director's office expense	\$244,500	<ul style="list-style-type: none"> <li>• Provide efficient and effective Leadership and Governance system</li> <li>• Delivery of best attainable health care services to the people of Tonga</li> </ul>	<ul style="list-style-type: none"> <li>• The significant increase in variance for this Account by \$244,500 is a result of the inclusion of two major items of expenses which are the cost of labour wages and the expenses of the maintenance of the Vaiola Hospital building.</li> <li>• It is essential that this budget account is increased so as to ensure the on-going operation of quality service delivery to the public.</li> </ul>
2.	Administrative services	\$165,741	<ul style="list-style-type: none"> <li>• Improvement in quality of Administrative support services</li> <li>• Improvement in quality of customer services internally and externally</li> </ul>	<ul style="list-style-type: none"> <li>• The variance of \$165,741 is a result of the increase in cost for the major administrative services and includes the expenses for Utilities; water, electricity, Telecom and internet expenses.</li> <li>• With an increase in budget, this will ensure the efficient provision of all administrative services.</li> </ul>
3.	Human resources	\$222,233	<ul style="list-style-type: none"> <li>• Reduction in staff cost by 2%</li> <li>• Sustain highly skilled health workforce in Tonga</li> <li>• Efficient human resource services delivered for staffs of the Ministry</li> <li>• Exit rate &lt;2%</li> <li>• Better coordination of local training provided by the Ministry</li> <li>• Increase staff productivity,</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 10 Outputs produced in the AMP 2015/2016 for Human Resource.</li> <li>• The reason for the significant amount of \$222,233 in variance is a result of the inclusion of Staff Cost and includes in-service training and workshops on capacity building for the staff the Ministry of Health</li> <li>• With regards to the NHSP 2015-2020, the KRA 2: Health Workforce contains Strategies</li> </ul>

			<p>enhance staff's morale and commitment</p> <ul style="list-style-type: none"> <li>• Positive working environment in place</li> <li>• Good communication through well planned Ministry's commitment meetings</li> </ul>	<p>on all areas of human resource services of the MOH.</p>
<b>4.</b>	Financial Management (including Accounts, National Health Accounts (NHA), and Transport)	\$912,366	<ul style="list-style-type: none"> <li>• Improve efficiency in revenue collection within MOH</li> <li>• Adequate funds available throughout the financial year</li> <li>• Reduction in outstanding invoices</li> <li>• Minimal overpayment</li> <li>• Ongoing production and availability of NHA report</li> <li>• Skilled and experienced staff employed</li> <li>• Medical fees and Charges reviewed and updated</li> <li>• Spending on health and burden of disease trends is benchmarked with other Pacific Islands</li> <li>• Transport protocol in place</li> <li>• Transport Fuel</li> <li>• Implementation of maintenance plan</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 18 Outputs produced in the AMP 2015/2016 for Financial Management.</li> <li>• The substantial difference in variance of \$912,366 is a result of the inclusion of the cost for majority of the daily paid wages including Outer Islands, the Transport Fuel, and Maintenance of the Ministry's vehicles and also the Maintenance of the Outer Island MOH buildings.</li> <li>• There is a direct link between the Financial Management to the NHSP 2015-2020 KRA 6: HealthCare Finance which contains strategies on all areas of financial management of the Ministry of Health.</li> </ul>
<b>5.</b>	Legal Services	\$30,127	<ul style="list-style-type: none"> <li>• Policy paper developed and approved on the registration of Allied Health Worker</li> <li>• Policy direction developed and approved with relevant draft amendments approved on the Medical and Dental Health Practice Act</li> <li>• Draft amendments and regulation on the Nurses act approved</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 5 Outputs produced in the AMP 2015/2016 for Legal Framework Services.</li> <li>• The variance of \$30,127 is accounts for the expenses for all legal services operations such as the registration of health practitioners and Office supplies.</li> </ul>

6.	Administrative Preventative Care Services	\$76,595	<ul style="list-style-type: none"> <li>• Staff trained with appropriate skills to provide better service</li> <li>• Updated skills of staff in the Outer Islands</li> <li>• Efficient services provided with availability to Technical equipment</li> <li>• Increase budget allocation for Overtime for Public Health Division and Outreach preventative care services to Outer Islands</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 4 Outputs produced in the AMP 2015/2016 for Administrative Preventative Services.</li> <li>• The increase in variance by \$76,595 is a result of the inclusion of three major expenses for this particular Account which are Staff Cost including overtime and Domestic travel.</li> <li>• The Outputs of the AMP 2015/2016 also has a direct link to the NHSP 2015-2020 under the KRA 1: Service Delivery/ 1.5 Public Health.</li> <li>• The importance of financing the Outputs for Administrative Preventative Care services is vital so as to strengthen and improve the capacity of preventative care services in managing the Public Health division.</li> </ul>
7.	Non-communicable Diseases Control and Health Promotion	\$21,146	<ul style="list-style-type: none"> <li>• Proficient skilled staff and sufficient resources</li> <li>• Increase supply of local low cost healthy lifestyle activities to community through churches (and ?NGOs)</li> <li>• Improved healthy eating habits of school children</li> <li>• Increased number of health promoting workplaces</li> <li>• High quality IEC materials developed and disseminated</li> <li>• Mass media campaign on tobacco use implemented</li> <li>• Cessation services established and implemented</li> <li>• Enforcement and compliance activities strengthened</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 15 Outputs produced in the AMP 2015/2016, each output is equally important for financial support and is directly linked to the NHSP 2015-2020 in achieving the public health goal of empowering communities to achieve their full health potential.</li> <li>• The variance of \$21,146 is a result of the inclusion of expenses for Staff Cost (Salary, Overtime and Gov't contribution), Broadcasting and Fuel, in this particular account for the Public Health Division.</li> </ul>
8.	Public Health Inspection and Water Supply	\$46,108	<ul style="list-style-type: none"> <li>• Staff trained with appropriate environmental health skills</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 10 Outputs in the AMP 2015/2016. This account has a direct link supported by</li> </ul>

			<ul style="list-style-type: none"> <li>• Increase level of people involved in all environmental activities and reduction in number of communicable disease</li> <li>• Oversee all occupational health and safety at all workplaces</li> <li>• Improvement in the quality of drinking water of the communities</li> <li>• Consumers purchase better quality, non-expired food items</li> <li>• Staff are protected from the clinical wastes</li> <li>• Regular environmental health inspections conducted to eliminate breeding sites</li> </ul>	<p>the NHSP 2015-2020 KRA 1: Service Delivery/ 1.5 Public Health.</p> <ul style="list-style-type: none"> <li>• The variance of \$46,108 is a result of the inclusion of expenses for Staff Cost, Domestic Travel and Transport Fuel.</li> <li>• Public health inspections regularly conducted are essential in order to reduce outbreak of water-borne and vector-borne diseases such as Typhoid, Dengue and Chikungunya.</li> </ul>
9.	Administer Curative Health Care Services	\$217,804	<ul style="list-style-type: none"> <li>• Improve overall performance and decrease workload</li> <li>• Efficient communication through timely provision of adequate hospital forms</li> <li>• More than 90% improvement in Service Delivery</li> <li>• Efficient staff reshuffling from main Island to Outer Islands</li> <li>• Performance management and appraisal implemented</li> <li>• Improve management of clinical and non-clinical staff</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 7 Outputs produced in the AMP for the Hospital Administrator.</li> <li>• The significant increase in variance of \$217,804 is a result of the inclusion of expenses for Staff Cost including the Overtime of Medical Officers and Domestic Travel expenses.</li> <li>• There is a direct link to the NHSP 2015-2020 as the Hospital Administrator plays an essential role in KRA 1: Service Delivery and management of Hospital matters.</li> </ul>
10.	Medical referral scheme	\$799,000	<ul style="list-style-type: none"> <li>• Provision of efficient medical referral services to the public</li> </ul>	<ul style="list-style-type: none"> <li>• The substantial variance of \$799,000 is a result of the inclusion of all referral services including internal medical referral, Oversees medical treatment and Domestic Travel expenses.</li> <li>• This particular item has a direct link to the NHSP 2015-2020 in ensuring the best attainable healthcare service is delivered to</li> </ul>

				the public.
11.	Visiting team	\$160,000	<ul style="list-style-type: none"> <li>• Deliver best quality clinical services for the health benefits of the public</li> </ul>	<ul style="list-style-type: none"> <li>• This is a New Initiative started for this new financial year, which will account for the expenses of the Open Heart Visiting Teams.</li> <li>• This particular item has a direct link to the NHSP 2015-2020 in ensuring the best attainable healthcare service is delivered to the public.</li> </ul>
12.	Infection Control Services	\$805,000	<ul style="list-style-type: none"> <li>• Staff, patients and visitors are protected from hospital acquired (nosocomial) infections</li> <li>• Better infection practices from increased awareness of the important of good infection control in the hospital</li> <li>• Number of staff trained in proper infection control protocol</li> <li>• Decrease in number of nosocomial infections reported</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 4 Outputs produced in the AMP 2015/2016.</li> <li>• The substantial variance of \$805,000 is a result of costing for Technical Supplies expenses such as hand soaps, hand sanitizers, gloves and paper towels.</li> <li>• Each Output is essential in the management of medical risks and occupational health and safety of staff, patients and visitors to reduce occurrence of hospital acquired infections such as <i>Staphylococcus aureus</i>.</li> <li>• The Outputs are directly linked to the NHSP 2015-2020 KRA 3: Infrastructure, Medical Products and Technology and KRA 5: Information, Research, Policy and Planning, under the strategies on Risk management and Occupational Health and Safety.</li> </ul>
13.	Medical Services	\$34,035	<ul style="list-style-type: none"> <li>• Staff trained with specialized medical skills</li> <li>• Clinical protocols in place</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 4 Outputs produced in the AMP 2015/2016.</li> <li>• The significant variance of \$34,035 is a result of Staff Cost expenses itself of the Medical Superintendent of Vaiola Hospital.</li> </ul>
14.	Surgical Ward	\$54,087	<ul style="list-style-type: none"> <li>• Staff trained with specialized medical skills</li> <li>• Clinical protocols in place</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 5 Outputs produced in the AMP 2015/2016.</li> <li>• The significant variance of \$54,087 is a result of Staff Cost expenses alone.</li> </ul>
15.	Paediatrics Ward	\$1,000	<ul style="list-style-type: none"> <li>• Clinical protocols in place</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 4 Outputs produced in the AMP</li> </ul>

				2015/2016. <ul style="list-style-type: none"> <li>• The variance of \$1,000 is accounted to Printing and Stationary expenses for the Paediatric ward.</li> </ul>
16.	Operating Theatre Services	\$3,023	<ul style="list-style-type: none"> <li>• Clinical protocols in place</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 3 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$3,023 is accounted for expenses on Office Supplies and Technical Supplies for the Operating Theatre unit.</li> </ul>
17.	Mental Health Care Services	\$13,440	<ul style="list-style-type: none"> <li>• Improve human resources in the section through creation of 10 new posts</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 10 Outputs produced in the AMP 2015/2016.</li> </ul> <p>The variance of \$13,440 is accounted for Staff Cost expenses alone for the Mental health and Disability section.</p>
18.	Pharmaceutical Services Management (including procurements, production, storage of drugs, distribution, dispensing of drugs and supplies)	\$1,337,153	<ul style="list-style-type: none"> <li>• Strengthen Staff development and commitment through training</li> <li>• 90% of essential Medicinal Drugs and standard supplies are available all the time</li> <li>• Inventory control improved and storage conditions improved</li> <li>• Registration of medicinal drugs, pharmacies, inspections and media awareness as well as inter-ministerial collaboration</li> <li>• Medicinal drugs and medical supplies are used appropriately according to surveys</li> <li>• Ensure smooth running of the section</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 9 Outputs produced in the AMP 2015/2016.</li> <li>• The substantial variance of \$1,337,153 is a result of costing for the essential Medical drugs supplies, Staff Cost, Freight (transporting drugs to Outer Islands), Technical Supplies, Maintenance of computer systems, and Printing and Stationary expenses.</li> <li>• The Outputs are directly linked to the NHSP 2015-2020 KRA 3: Infrastructure, Medical Products and Technology and is also linked to all the KRAs of the Strategic Plan.</li> <li>• Thus, it is vital that the substantial variance amount is financially supported so as to prevent events of out of stock of medical supplies in Tonga</li> </ul>
19.	Special Clinic	\$1,700	<ul style="list-style-type: none"> <li>• Clinical protocols in place</li> </ul>	<ul style="list-style-type: none"> <li>• The variance of \$1,700 is a result of expenses for Office Supplies including printing and Stationary expenses for the Special Clinic unit.</li> </ul>
20.	Ophthalmological	\$11,480	<ul style="list-style-type: none"> <li>• Staff trained with specialized</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 5 Outputs produced in the AMP</li> </ul>

	Services		<p>Ophthalmology knowledge and skills</p> <ul style="list-style-type: none"> <li>• Specialized clinical services provided to health centres and Outer Islands</li> <li>• Visiting specialist teams providing required eye care services</li> </ul>	<p>2015/2016.</p> <ul style="list-style-type: none"> <li>• The variance of \$11,480 is accounted for expenses on Staff Cost including overtime and Domestic Travel to outer Island for eye care services.</li> </ul>
<b>21.</b>	Laboratory Services	\$289,791	<ul style="list-style-type: none"> <li>• Quality of services provided consistent with accepted Laboratory Standards</li> <li>• Laboratory services always available in Outer Islands</li> <li>• Equipment procured and available for usage in Laboratory section and Maintenance plan implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 4 Outputs produced in the AMP 2015/2016.</li> <li>• The significant variance of \$289,791 is a result of all expenses of Laboratory Cost, Medical Supplies and Technical Supplies for the Laboratory section.</li> </ul>
<b>22.</b>	X-Ray and Ultrasound Services	\$53,326	<ul style="list-style-type: none"> <li>• Staff trained with radiological knowledge and skills</li> <li>• Equipment procured and available for usage in Radiology section and maintenance plan implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 4 Outputs produced in the AMP 2015/2016.</li> <li>• The significant variance of \$53,326 is accounted for expenses on Staff Cost and Technical equipment expenses for the Radiology department.</li> </ul>
<b>23.</b>	Diabetics Services	\$952	<ul style="list-style-type: none"> <li>• Clinical protocols in place</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 5 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$952 is accounted for expenses on Printing and Stationary expenses.</li> </ul>
<b>24.</b>	Physiotherapy Services	\$5,000	<ul style="list-style-type: none"> <li>• Quality of Inpatient and Outpatient care improved</li> <li>• Adequate staffing level and Trained skilful staff</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 3 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$5,000 is accounted for expenses on Office Supplies and Technical Supplies for the Physiotherapy section.</li> </ul>
<b>25.</b>	CSSD	\$49,297	<ul style="list-style-type: none"> <li>• Effective service delivery and provide best quality sterile services</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 3 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$49,297 is accounted for expenses on Staff Cost alone for the Central</li> </ul>



				Sterile Supply Department.
<b>26.</b>	Hospital Maintenance Services	\$18,840	<ul style="list-style-type: none"> <li>• Proactive Maintenance Services for the Ministry of Health</li> <li>• Computerize Maintenance program</li> <li>• Standardize equipment and facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 4 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$18,840 is accounted for expenses on Staff Cost, hospital maintenance and Technical Supplies for Vaiola Hospital.</li> </ul>
<b>27.</b>	Catering Services	\$189,097	<ul style="list-style-type: none"> <li>• Improve catering food stock and technical equipment recording to deliver better quality service at low cost</li> <li>• Availability of healthy meals specifically for patients including patients with special needs</li> <li>• Improve working confidence and interest among staffs to deliver effective performance and good customer service</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 6 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$189,097 is accounted for expenses on Ration supply for patients, Staff Cost and Technical equipment.</li> </ul>
<b>28.</b>	Domestic Services	\$2,232	<ul style="list-style-type: none"> <li>• Provision of domestic needs and supplies for Vaiola Hospital in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 3 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$2,232 is accounted for expenses on Technical Supplies for the Domestic Unit.</li> </ul>
<b>29.</b>	Laundry Services	\$68,230	<ul style="list-style-type: none"> <li>• Efficient and effective provision of clean linen to the hospital and health centres.</li> <li>• Efficient washing of hospital linen to the standard through capacity building</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 4 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$68,230 is accounted for expenses on Staff Cost and Technical Supplies.</li> </ul>
<b>30.</b>	Seamstress	\$500	<ul style="list-style-type: none"> <li>• Respond effectively to sewing needs of the hospitals, Nurses, Outer Islands, Health centres and Clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 3 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$500 is accounted for expenses on Technical Supplies for efficient seamstress services</li> </ul>
<b>31.</b>	Security Services	\$90,000	<ul style="list-style-type: none"> <li>• Safe hospital environment</li> <li>• Higher Standard of security</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 3 Outputs produced in the AMP 2015/2016.</li> </ul>

			<p>services operating at Vaiola Hospital</p> <ul style="list-style-type: none"> <li>• Good customer satisfaction for security services</li> </ul>	<ul style="list-style-type: none"> <li>• The variance of \$90,000 is accounted for expenses on Staff Cost and Technical Supplies.</li> </ul>
<b>32.</b>	Operation (CNO expenses & support services)	\$607,777	<ul style="list-style-type: none"> <li>• Improve nursing care in Tonga</li> <li>• Improved efficiency and quality of nursing practice</li> <li>• Improve collaboration and teamwork with hospitals in the Outer Islands</li> <li>• Improve nursing care in the 5 hospitals in the Outer Islands</li> <li>• Improve communication with hospitals in the Outer Islands</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 27 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$607,777 is a result of the expenses for Staff Cost, Overtime and Domestic Travels.</li> <li>• This particular Account includes all Clinical Services provided by the Clinical Nurses for the efficient and effective healthcare service delivery in Tonga.</li> </ul>
<b>33.</b>	Training (Queen Salote School of Nursing)	\$4,000	<ul style="list-style-type: none"> <li>• Improved appropriate resources for teaching and demonstrating nursing knowledge and skills</li> <li>• Increase Office Supplies and Stationary</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 7 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$4,000 is accounted for expenses on Office Supplies and Technical Supplies for the School of nursing.</li> </ul>
<b>34.</b>	Reproductive Health Services	\$31,000	<ul style="list-style-type: none"> <li>• High Immunization coverage for pregnant mothers</li> <li>• Provision of equipment, vaccines and supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 7 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$31,000 is accounted for expenses on Medical Drug Supplies and Freight.</li> </ul>
<b>35.</b>	NCD Nurse	\$4,000	<ul style="list-style-type: none"> <li>• Availability of the education materials for people with NCDs as a source of information</li> <li>• Training programs for people with NCDs is in place, aligned to the training materials developed</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 14 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$4,000 is accounted for expenses on Broadcasting and Office Supplies.</li> </ul>
<b>36.</b>	Health Planning & Information Services (including medical records)	\$101,561	<ul style="list-style-type: none"> <li>• Technical capacity of Staff</li> <li>• Technical equipment and supplies</li> <li>• Staff trained and improved staff services</li> <li>• Planning processes documented</li> <li>• Quarterly and Annual Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 16 Outputs produced in the AMP 2015/2016.</li> <li>• The substantial variance of \$101,561 is accounted for expenses on Staff Cost, Technical Supplies and especially the expenses on the Maintenance of all</li> </ul>

			<p>compiled</p> <ul style="list-style-type: none"> <li>• Efficient and effective delivery of medical records services</li> <li>• Quality data on hospital activity are regularly updated and reported to assist in health planning and decision making</li> </ul>	Computer Systems of the Ministry of Health.
<b>37.</b>	Information Technology	\$9,423	<ul style="list-style-type: none"> <li>• Obtain relevant IT staffing and ICT skills technically and in ICT specializations</li> <li>• Obtain relevant and appropriate ICT services to improve health services and effectively deliver health care.</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 6 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$9,423 is accounted for expenses on Technical Supplies and Office Supplies for the Information Technology section.</li> </ul>
<b>38.</b>	Health Projects Planning	\$4,027	<ul style="list-style-type: none"> <li>• Efficient and effective plan and skilled staff</li> <li>• Efficient and effective project planning</li> <li>• Efficient and effective training schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 6 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$4,027 is accounted for expenses on Office Supplies and Technical Supplies for the Health Project section.</li> </ul>
<b>39.</b>	Research	\$6,500	<ul style="list-style-type: none"> <li>• Establishment of a regular, systematic system of collecting cancer data/cases from all relevant cancer sources</li> <li>• To establish a Population-based Cancer Registry in Vaiola Hospital</li> <li>• The identification of priority Health Research Needs of Vaiola Hospital</li> <li>• Quality Research/Evaluation studies to be conducted by the Research section for the Ministry of Health</li> </ul>	<ul style="list-style-type: none"> <li>• Total of 8 Outputs produced in the AMP 2015/2016.</li> <li>• The variance of \$6,500 is accounted for expenses on Office Supplies and Technical Supplies for the Research section.</li> </ul>
	<b>TOTAL</b>	<b>\$6,516,777</b>	The substantial amount in Total variance is requested for an increase in recurrent budget for the Ministry of Health by \$6,516,777 pa'anga for the costing of essential expenses primarily the Staff Costing (Overtime, Salary and Government contribution), Medical drugs Supplies, Technical Supplies, Maintenance of	

			Equipment and facilities, Domestic Travel, Office Supplies, Fuel and Government contribution.
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When the recurrent budget exercise is complete, the Ministry will revisit the same process in preparing the DFAT funded activities. The WHO and UNFPA budget are on-going programmes and they work on 2 and 5 years budget commitment on key health priorities.

### 7.3 Recurrent Budget Gaps

In the scenario where the Ministry's budget is cut in accordance with the budget ceiling TOP\$27,431,500, it can only cover 6 budget items and left 48 budget items unfunded.

#### Budget Items can be covered by Budget ceiling 2015/16

No.	Description	Requested Budget 2015/16
1	Salary	\$19,360,098.00
2	Medical Drugs	\$2,100,000.00
3	Government Contribution	\$1,942,662.00
4	Medical Supplies	\$1,529,000.00
5	Electricity	\$1,062,000.00
6	Maint. Office Building	\$1,047,000.00
	<b>Total</b>	<b>\$27,040,760.00</b>

In view of the unfunded budget items that might/might not be covered, it is highly unlikely that the Ministry can operate to deliver its core function with only 6 items out of the 54 budget items.

#### Budget items cannot be covered by Budget ceiling 2015/16 scenario

No.	Description	Requested Budget 2015/16
1	Overtime	\$ 1,000,000.00
2	Technical Supplies	\$ 911,690.00
3	Wages	\$ 660,552.00
4	Overseas Medical Treatment	\$ 550,000.00
5	Security Services	\$ 534,000.00
6	Water	\$ 491,417.00
7	Rations & Patient's Diets	\$ 475,000.00
8	Office Supplies	\$ 367,744.00
9	Telecommunication Charges	\$ 280,000.00
10	Printing & Stationery	\$ 247,532.00
11	Domestic Travel	\$ 198,503.00
12	Fuel	\$ 185,000.00
13	Maint. Of Computer System	\$ 160,000.00
14	Manit. Vehicles	\$ 160,000.00
15	Laboratory Cost	\$ 120,000.00
16	Medical Waste Disposal	\$ 103,000.00
17	Technical Equipment	\$ 94,997.00
18	Email & Internet	\$ 94,000.00
19	Internal Medical Referral	\$ 78,000.00
20	Location Allowance	\$ 62,400.00
21	Overseas Travel	\$ 60,000.00

No.	Description	Requested Budget 2015/16
22	Uniform	\$ 60,000.00
23	Training	\$ 39,180.00
24	Broadcasting	\$ 36,000.00
25	Hospitality	\$ 31,000.00
26	Maint of Compound	\$ 30,720.00
27	Licenses	\$ 30,000.00
28	Acting Allowance	\$ 30,000.00
29	Laundry Services	\$ 28,000.00
30	Maint Of Office Equipment	\$ 27,000.00
31	CEO/Minister's Benefits	\$ 18,000.00
32	Recruitment Cost	\$ 16,839.00
33	Freight	\$ 16,000.00
34	Subscription	\$ 15,000.00
35	Land Compensation	\$ 15,000.00
36	LPG Supplies	\$ 10,000.00
37	Books	\$ 10,000.00
38	Rental	\$ 10,000.00
39	Maint. Specialist Equipment	\$ 10,000.00
40	Meeting Fees	\$ 9,000.00
41	Maint Computer System	\$ 4,000.00
42	Subsides	\$ 2,000.00
43	Graduation Expenses	\$ 1,500.00
44	New Vehicles	
45	New Computer	
46	New Equipment	
47	New Building & Plant	
48	Contract Labour	
	<b>Total</b>	<b>\$ 7,283,074.00</b>

#### 7.4 Gap Analysis Summary

The gap from the budget ceiling recommended by the Ministry of Finance and National Planning and the cost of the planned activities that the Ministry is required to deliver to meet the minimum services to address the health needs is not only explainable but justifiable.

The key factors (Human resources, Maintenance of Building (DCA) and Medical Drugs and Supplies) that drive this recurrent budget increased leave very minimal opportunity to reduce the Ministry's budget increase for the next financial year 2015/16.

It is anticipated that this Recurrent Budget proposal would minimize supplementary budget increases during the year, shortage of drugs and medical supplies but most importantly is to enable the Ministry to implement

the health plans in accordance with the requirement of the TSDFI to achieve better quality of life.

Additionally, Tonga was part of the Pacific Islands Forum Leaders that invested political capital by explicitly declaring the “Pacific is in an NCD Crisis” as part of the 42nd Pacific Islands Forum communiqué of September 2011. Health, Finance and Economic, and Trade Ministers from the Pacific (2013 and 2014) have similarly confirmed there is an NCD crisis and the importance of urgently addressing NCDs by scaling up financial commitment towards the Health System.

Pacific Island governments have signed up to the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 including its headline goal of achieving a relative reduction of 25 per cent in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases by 2025 (WHO, 2013d).

The World Bank Study in 2012 advises the Minister of Finance and National Planning as well as the Minister of Health on the following;

- **NCDs are an important health challenge in the Pacific.** They are already the leading cause of death in twelve Pacific Island Countries, frequently accounting for 70% of all deaths and often occurring at rates twice that of all communicable, maternal, perinatal and nutritional conditions combined. Life expectancy in Tonga has fallen as a result of NCDs. Cardiovascular disease is the leading cause of death in the Pacific. NCDs such as diabetes and stroke can also cause chronic ill health and disability as well as death. The Pacific now has some of the highest rates of diabetes in the world.
- **Existing risk factors suggest that NCDs will be a major health challenge for the Pacific in coming years.** Each of the 10 countries in the Pacific for which data is available have 60% or more of the adult population overweight, and in six countries more than 75% are overweight. Obesity often occurs at young ages: nearly one in four boys and one in five girls in Tonga are obese. Other risk factors are also significant including tobacco, diet, and physical inactivity. Only around 5% of adult females, and around 10% of adult males, were free of any NCD risk factor. Most Pacific countries have young populations: the median in Samoa, Tonga and Vanuatu is 21 years of age. As those populations age, NCDs can be expected to increase. This is especially so given the existing level of risk factors laid down in younger life in parts of the Pacific, sometimes summarised as Smoking, Nutrition, Alcohol and Physical inactivity (“SNAP”).
- **NCDs also impose important financial and economic costs especially to Governments in the Pacific which fund most health care.** The estimated average total cost of dialysis for patients with diabetes related kidney failure to the Government of Samoa was \$ 38,686 per

patient per year in 2010/11: more than twelve times the Gross National Income of Samoa. A newly diagnosed Type 2 patient in Vanuatu costs the government a minimum of \$347 per year, more than twice the total per capita government expenditure on health. Cost to government more than doubles to \$831 per year if the patient has to move to an insulin regime.

The Ministry's proposed recurrent budget is estimated at 4% of the GDP which is highly recommended to be at least 4.5% or as high as 5%. Out of all the national, regional and global reviews on the health challenges in the Pacific including Tonga, it is very certain that NCDs is no longer a threat but it is the primary source real crisis. It is also confirmed that the risk factors for NCDs, and the increased prevalence of NCDs, will not fix themselves automatically. While the problem of NCDs is preventable, it will take strong sustained political and financial commitment for at least a decade to halt and start to reverse the trends of risk factors, morbidity and mortality. **By doing that, then we have a hope of achieving better quality of life as stipulated in the TSDFI.**

## 8 Monitoring and Evaluation

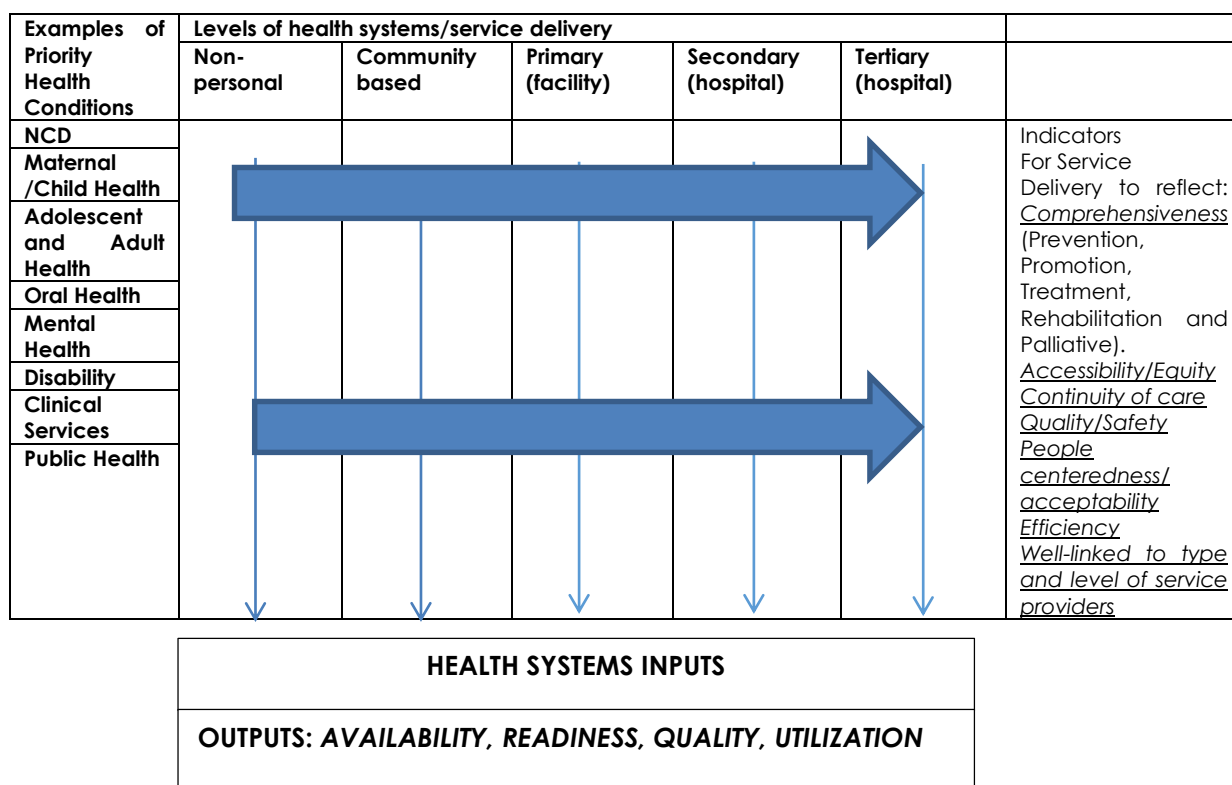
These are the recommended key indicators under the framework of Health System Strengthening to support the organizational outcome namely Tonga Universal Health Coverage.

No.	Indicator	Reference Point	Poor	Better
1	Total health expenditure (THE) per capita at exchange rate	500	40	500
2	General government health expenditure on health as % of GDP	5	1	5
9	Average availability of 14 selected essential medicines (public)	95	10	95
10	Median price ratio for tracer medicines	3	17.5	1
12	TB treatment success rate (% of cases)	85	70	95
16	Antenatal care coverage (1+ visit) (% of pregnant women)	100	25	100
16	Antenatal care coverage (4+ visit) (% of pregnant women)	100	25	100
17	Skilled attendance at birth (% of live births)*	100	25	100
18	DPT3 immunization coverage** (% of infants 12-23 months)	100	50	100
19	Contraceptive prevalence (% of women 15-49 years)	70	30	80
20	Children <5 years with ARI symptoms taken to a health facility (%)	70	30	100



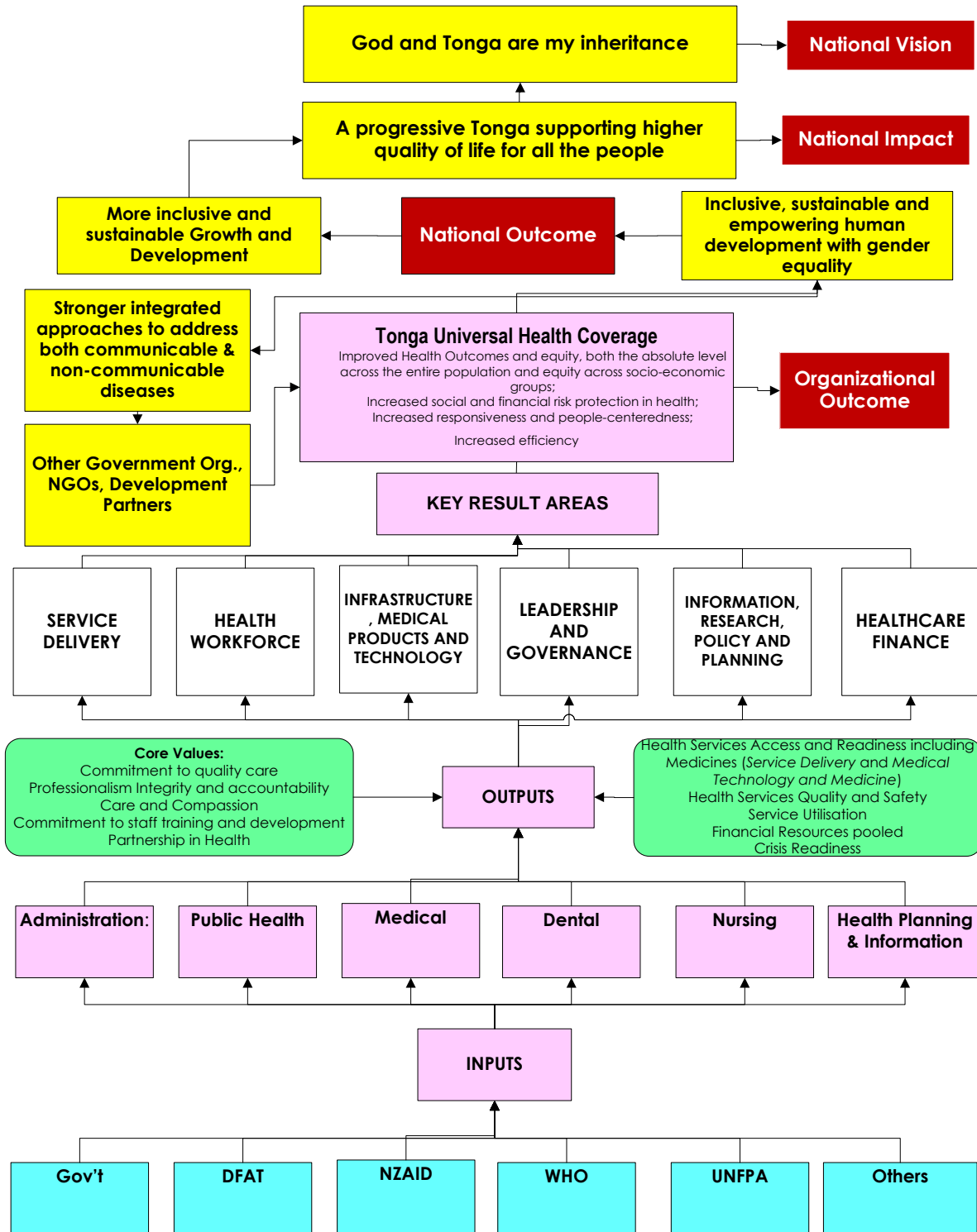
No.	Indicator	Reference Point	Poor	Better
21	Children <5 years with diarrhoea receiving ORT (%)	70	30	100
22	Vitamin A supplementation among children <5 years (%)	70	0	100
23	Children <5 years sleeping under ITN (%)	90	0	90
24	ARV coverage among people with advanced HIV infection (%)	80	20	80
26	TB case detection rate (% of estimated cases)	80	30	100
27	Cervical cancer screening: women 20-64 years (%)	70	0	70
28	Tobacco use: adults aged 15+ (%) (male)	0	60	0
28	Tobacco use: adults aged 15+ (%) (female)	0	60	0
29	Prevalence of raised BP among adults aged ≥25 years (%) (male)	17	50	10
29	Prevalence of raised BP among adults aged ≥25 years (%) (female)	17	50	10
30	Alcohol consumption among ≥15 years (litres of pure alcohol/person/year)	0	10	0
31	Overweight adults aged 20+ (BMI≥25) (%) (male)	10	60	10
31	Overweight adults aged 20+ (BMI≥25) (%) (female)	10	60	10
32	Population using improved drinking-water sources (%)	100	30	100
33	Population using improved sanitation facilities (%)	100	30	100
34	Children aged <5 years who are stunted (%)	5	50	5
35	Low birth weight among newborns (%)	5	25	5
36	Infants exclusively breastfed for the first 6 months of life (%)	80	15	80
37	Condom use in adults 15-49 with more than 1 sexual partner (%)	70	40	70
38	Life expectancy at birth (years) (male)	80	60	80
38	Life expectancy at birth (years) (female)	80	60	80
39	Under 5 mortality rate per 1000 live births	5	65	5
40	Maternal mortality ratio per 100 000 live births	11	200	10
42	TB prevalence in population (per 100 000)	19	500	20
43	HIV prevalence among 15-49 years old (%)	0	1	0
45	Adolescent fertility rate for women 15-19 years (per 1000)	10	100	10
46	Out-of-pocket as % of total health expenditure (THE)	20	60	20

## A framework for measuring and monitoring the coverage of health services:



**Non-personal health services** are applied to population and communities and deals with socio-economic and environmental determinants of health. Community Health Services are not usually based at health facilities.

## 9 Appendices



## 10 References