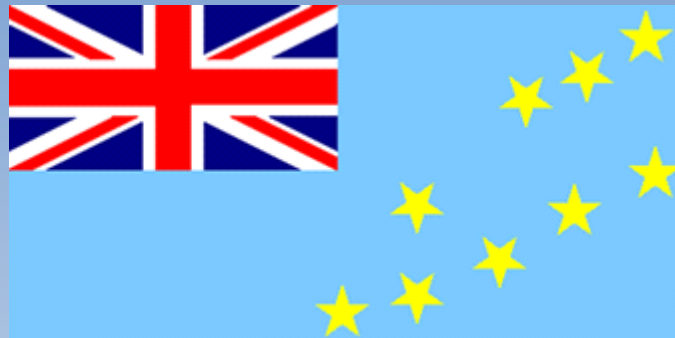




Health Reform Strategy 2016-2019

Ministry of Health



GOVERNMENT OF TUVALU

Tuvalu Health Reform Strategy 2016-2019

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I. Statement of the Minister for Health



Honorable Safini Tulaga Manuella

I am pleased to affirm the WHO definition of health as that 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' and that prioritisation of resources for preventive health is the most feasible and cost effective option for the attainment of a reasonable level of health in our population. The Government's TKK3 Development Plan sets out a clear and encompassing direction on health for the population of Tuvalu. It is therefore pleasing for me to present this National Health Reform Strategy as the primary and overarching plan for health service delivery and health care in the next 4 years.

The strategic health plan contains an agenda on health reform apart from the standard target and strategies on health care services. Indeed, since taking office in 2015, I have been interested in pursuing an agenda on reform that objectively aims to further enhance the performance in the health care sector. As could be identified in the plan, our reform is on management. That is, strengthen management capability in facilitating health care service delivery as the primary objective and focus of the reform. In the duration of the plan, we will target and strengthen the Ministry's management capability in several areas namely, legal counseling, health policy and planning, health information technology, human resource and health financing. Indeed as the reform agenda is able to better support the administrative and management function of the Ministry, at least an outcome of a more effective and efficient clinical care that could result in improved patient management and cost saving in overseas medical referrals would eventuate. On the latter, having around 30 % of total annual health budget committed to overseas medical referral and treatment of patients is unsustainable and will continue to compromise funding initiatives to preventive health programmes. I sincerely hope that during the implementing cycle of this plan, some major cost savings will eventuate through improved local clinical service and better overseas treatment arrangements.

Separately, better health service management will ensure that at least the Ministry of Health will achieve the right number and skill mix of trained workforce, improved accessibility of health care, improved range of locally based clinical service, improved infrastructure and a cost efficient overseas referral system. Accessibility of primary care ropes in the role of the new Cuban trained doctors the Ministry will gladly welcome in 2017. These doctors will play a key function in strengthening community based health service in the all islands, large population areas including outer islands.

Legislation is an important component of governance and in the reform strategic plan the Ministry of Health will seek to ensure that identified legislations and regulations are either revised or enacted to support health care interventions and health service delivery. As in any institution, caring for the welfare and development of the workforce are important considerations to management. I am happy to share that the NHRS has activity targets on staff structure and employment conditions for consideration in the next four years. Indeed, staff advancement and development are important as they relate directly to staff job satisfaction, staff performance and staff retention outcomes.

The impacts of climate change on health of the people in Tuvalu is extremely of importance wherein the Ministry of Health will certainly adopt the "Universal Health Coverage" and "Health in All Policies" as

approaches to harmonise and strengthen climate change resilience through Women's Children's and Adolescent Health.

To conclude, I am pleased to present the National Health Reform Strategy 2016-2019 and invite all citizens and stakeholders, both domestic and international, to contribute and participate in the fulfilment of its targets. Indeed it is only through collaborative partnership that we can attain a high level and standard of health for all Tuvaluans.

Fakafetai lahi

II. Foreword – Permanent Secretary of Health



Mr. Isaia Ta'ape

The overall objective of Government in the health service is reflected and outlined in the Vision of the reform strategies and plan and which stated 'That all people of Tuvalu will enjoy the highest attainable standard of health, regardless of race, religion, political belief, economic or social condition.

Addressing this Vision, the National Health Reform Strategies outlines the Ministry of Health strategies for health care and health services to all people in Tuvalu for the years 2016 - 2019. The national health reform strategy has been formulated to meet the aspiration of the health objectives of the TKK III 2016-2026 whilst noting the various international and regional health commitment of such as the Millennium Development Goals (MDG).

During the process of the NHRS formulation, I have urged my management team to have a plan that is simple to understand, has clear and concise strategies and aligned to existing service structures of the Ministry of Health, for ease of implementation. The new NHRS has six Key Results Area (KRA) with the KRA on the reform agenda place early in the document for emphasis. The KRA are Health Reform Agenda, Preventive / Primary Health Care, Curative / Hospital Service, Clinical Support Service, Administration & Management and Health Partners.

In-line with the Hon Minister's target of reducing costs related to overseas medical treatment, the NHRS will be looking at innovated strategies and intervention reduce overseas referral, overseas diagnostic referrals and inter-island referrals. As a strategic plan, our NHRS 2016-2019 does not spell out activities detail under each KRA but rather, identifies what we intend to carry out within the duration of the plan. Details of activities will be tabled annually under the Annual Operational Plan hence the AOP is a 'must to formulate' document at the beginning of every calendar year and which should also aligned to available resources. Similarly, compilation of the Annual Reports of the Ministry is important and should be completed within 3 months of the New Year for the passing year. The Annual Report compilation also forms an avenue for evaluation of stated yearly activities.

I would like to encourage all stakeholders especially HODs and staff to take ownership of the National Health Reform Strategy and to operationalized its various strategic objectives. Needless to mentioned, working together we can achieve the set goals and targets of the plan and herald in an improved health service function in the country.

Fakafetai lasi

III. Acknowledgement – Director of Health



Dr Nese Conway

The noble Mission statement of the Ministry of Health states we will strive 'To ensure the highest attainable standard of health for all people of Tuvalu'. We strongly uphold our Mission intension as we strive to adhere to and practice our Values of professionalism, accountability responsiveness, caring and integrity.

Against ongoing challenges, I am proud of the current achievement of the Ministry in relation to key health indicators including the MDG targets. I am encouraged by some health indicators achieved and reported for 2011-2014. In relation to the MDG targets, our IMR for 2014 is 7.8/000 but we recorded one maternal death which is a grave concern. We must seek to address causes and factors related to maternal deaths so that we can eliminate incidents in the future. On the morbidity front, NCD still remain a major challenge for management and control. The NHRS proposes institutional strengthening for NCD control and I hope with such emphasis, our disease control efforts would be better coordinated and implemented.

The NHRS 2016-2019 proposes several partnerships with the community and stakeholders in focus areas such as Family Planning, Adolescent Sexual Health, Blood Safety and Disabilities. The contributions and role of local NGOs such as TuFHA, Tuvalu Red Cross and Fusilofa are recognised. I sincerely hope that such partnership will continue to be strengthened to support the health agendas and the work of the Ministry of Health in the country.

Our development partners and governments of New Zealand, Australia, Japan and Republic of China are recognised and acknowledged for their support in health infrastructure, patient tertiary care, health programme and health service delivery are greatly appreciated. The UN family of WHO, UNICEF and UNFPA are commended for their ongoing health programme support in the country. The contribution of WHO in the formulation of this National Health Reform Strategy is specially recognised.

My best wishes to all staff and partners in their work and commitment to improving health to all the people of Tuvalu.

Fakafetai lasi

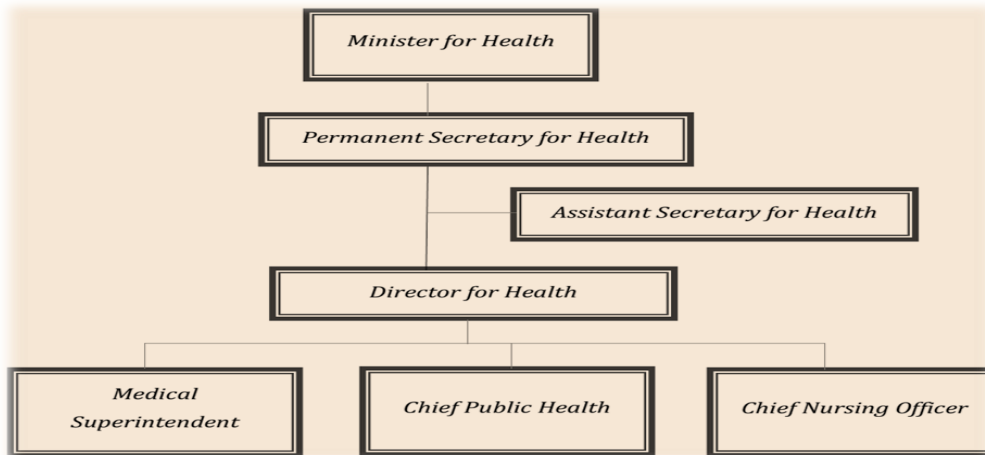
IV. Acronyms

| | |
|--------|--|
| ANC | Ante Natal Care |
| AOP | Annual Operational Plan |
| BFHI | Baby Friendly Hospital Initiative |
| CT | Computerised Tomography |
| DFAT | Department of Foreign Affairs and Trade |
| DOH | Department of Health |
| DHS | Demographic Health Survey |
| EH | Environmental Health |
| GoT | Government of Tuvalu |
| GFATM | Global Fund for Aids Tuberculosis and Malaria |
| HOD | Head of Department |
| HRH | Human Resource for Health |
| IMR | Infant Mortality Rate |
| IT | Information Technology |
| KRA | Key Result Area |
| KPI | Key Performance Indicator |
| MOH | Ministry of Health |
| MDG | Millennium Development Goal |
| NCD | Non Communicable Disease |
| NNM | Nanumea |
| NHRS | National Health Reform Strategy |
| NGO | Non-Government Organisation |
| NZMTS | New Zealand Medical Treatment Scheme |
| O&G | Obstetrics and Gynaecology |
| OHS | Occupational Health and Safety |
| PIRCCM | Pacific Island Regional Country Coordinating Multi-country |
| PMH | Princess Margaret Hospital |
| PH | Public Health |
| TB | Tuberculosis |
| TMTS | Tuvalu Medical Treatment Scheme |
| TuFHA | Tuvalu Family Health Association |
| TKK | Te Kakeega |
| TRCS | Tuvalu Red Cross Society |
| VTP | Vaitupu |
| VMT | Visiting Medical Team |
| WASH | Water and Sanitation Hygiene |
| WHO | World Health Organisation |

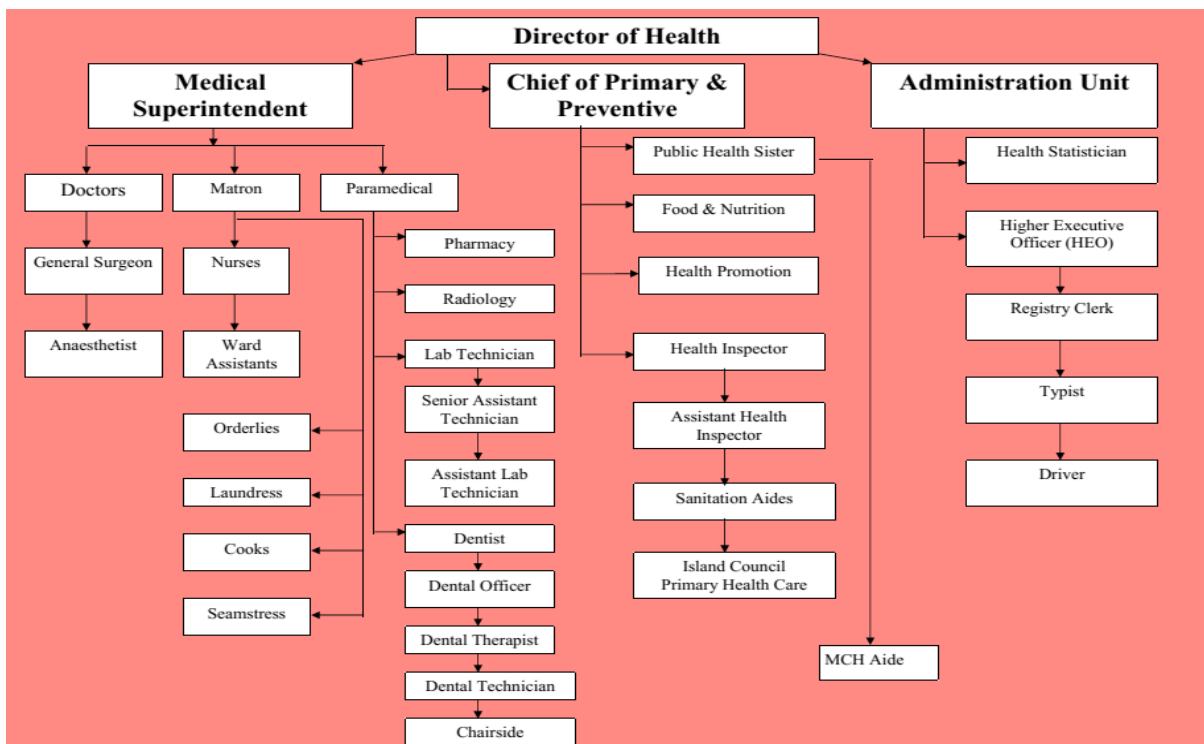
Section A: Introduction to Health Services

A1. Organization Structure

a. Senior Executives



b. Health Service Organogram



A2. Health Related Laws, Policies and Strategies

The following legislations are either under the direct supervision of the Minister for Health and Ministry of Health or partly administered by the Ministry.

a. Health Related Laws

- Death and Fire Inquiries Act – Cap 13
- Statistics Act – Cap 15
- Census Act – Cap 16
- Births, Deaths and Marriage Registrations Act, 1978 – Cap 27
- Medical and Dental Practitioners Act, 1978 – Cap 30
- Nurses and Midwives Act, 1978 – Cap 31
- Dangerous Drugs Act, 1978 – Cap 32
- Pharmacy and Poisons Act, 1978 – Cap 33
- Quarantine Act, 1978 – Cap 34
- Public Health Act, 1978 – Cap 35
- Pure Food Act, 1978 – Cap 38
- Mental Treatment Act – Cap 37
- Water supply Act – Cap 40
- Dogs Act – Cap 46
- Alcoholic Drinks Act – Cap 69
- Immigrations Act – Cap 77

b. Policies & Strategies

- Overseas Medical Referral Policy (2009)
- National Medicine Policy
- Sexual and Reproductive Health Policy and Strategy 2014-2018
- Tuvalu Immunization Handbook 2nd Edition, 2015
- Tuvalu National Strategic Plan for Non Communicable Diseases 2011-2015
- National Medicine Policy
- National Equipment Policy
- Laboratory Policy (draft)
- TuFHA Strategic Plan 2013-2015
- Tuvalu Red Cross Strategic Plan 2015-2019
- Fusialofa Strategic Plan 2013-2015
- National Donation Policy
- National Infection Control Guidelines

A3. Health Service Guiding Principles

Our Vision

That all people of Tuvalu will enjoy the highest attainable standard of health, regardless of race, religion, political belief, economic or social condition.

Our Mission

To ensure the highest attainable standard of health for all people of Tuvalu

Our Values

Professional

- Professional in character and mannerism in all matters, ensuring quality and equitable health services

Accountable

- Accountable to the people, leaders and stakeholders for the management of all resources in the deliverance of health care and services

Responsiveness

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

Caring

- Display real caring attitude to all patients in all areas of service

Integrity

- Committing ourselves to a high level of integrity and ethical standards in all that we do.

A4. Situation Analysis

Health Service

Tuvalu has one hospital, the Princess Margaret Hospital (PMH), located on the main island of Funafuti. The PMH provides primary and secondary care services for patients from Funafuti and those referred from the outer rural islands. In the outer islands there are clinics manned by nurses who provide primary care and preventive services. Patients needing clinical care that cannot be offered at the PMH, are referred to bigger overseas hospitals through the Tuvalu Medical Treatment Scheme. Health services are all provided by the public service as there is no private sector.

The 50 bedded PMH offers basic routine medical, surgical, obstetrics and gynaecology (O&G) services with anaesthesia supporting the surgical procedures. The general ward houses both medical and surgical cases aside from the O&G ward and the 4 bedded paediatric ward. There are neither qualified paediatricians nor psychiatrists in Tuvalu so patients are seen by the local medical officers. Paediatric service is under general medicine. Support services include a modern facilitated laboratory and an x-ray department. Specialized clinical services are provided by visiting teams such as the RACS and the Taiwan medical team. All the Interplast cases for Tuvalu have been completed so this service is provided on a need basis when requested by Tuvalu Ministry of Health.

Morbidity and Mortality

Life expectancy at birth for Tuvaluans is 61.7 years for males and 65.1 years for females (World Health Organisation, 2011). The leading causes of morbidity and mortality remain non-communicable diseases, with the majority of deaths caused by cardiac diseases. Other common causes of mortality include diabetes mellitus, hypertension and cancers (all types). In 2014, acute respiratory infections dominated the outpatient morbidity data.

Child health indicators have improved over the last two decades. The under-five mortality dropped from 68.7 per 1000 live births in 1991 to 11.5 in 2014. The number of under-five deaths in 2014 was three. The infant mortality rate also dropped from 57.3 per 1000 live births in 1992, to 7.8 in 2014. These figures and levels are similar and comparable to developed economies mortality rates for infant and under 5 mortalities. However, in relation to maternal mortality, the country recorded one maternal death in 2014. This number translates to a MMR of 392 for that year and is of great concern to management.

NCD still remain a major challenge for management and control. The current diabetes prevalence rate is estimated at 14.5 for 2013. Overweight and obesity are common as with other NCD risk factors such as smoking and alcohol abuse. The 2015 WHO STEPS Survey will identify and clarify NCD status in the country.

Accounting for around 30 % of annual expenditure, overseas referral and treatment of cases continues to be major challenges for the health service as high curative health services do compromise funding to preventive health programmes. Furthermore, overseas diagnostic and laboratory costs are also increasing. The internal referral of patients from outer islands is also a growing concern since costs involved continued to increase and now approaching half a million dollars as in 2014. It is anticipated that with improved staffing in the outer islands, referral of patients will progressively decrease. Separately, improved local clinical care is expected to reduce the need for overseas medical referrals.

Health Workforce

In relation of the health workforce, a total of 134 established positions in the various cadres were approved by PSC. Of the total, 131 positions were filled which includes 10 doctors and 44 nurses and which shows a ratio of 5 health workers per 1,000 population. The health workforce per population rate meets and exceeds the WHO minimum threshold (2.28 per 1,000 populations). Needless to mention, meeting the Millennium Development Goals will require additional measures of health workforce sufficiency and efficiency.

Health Workforce by Population Ratio – 2014

| Health Worker | Total | HW/1000 population, (10,830 Mid-Year 2013) |
|---------------------------------------|-------|---|
| Medical Officers (Total) | 10 | 0.92 |
| Registered Nurses (Total) | 41 | 3.78 |
| Dentists / Oral Health Workers | 5 | 0.46 |
| Pharmacists | 3 | 0.28 |
| Medical Lab Technicians | 2 | 0.18 |
| Radiographers | 2 | 0.18 |
| Physiotherapists | 2 | 0.18 |
| Dietician/Nutrition | 1 | 0.09 |
| Environmental Health Officers | 1 | 0.09 |
| Health Promotion Officers | 2 | 0.18 |
| Health Managers / Administrators | 10 | 0.92 |
| Domestic and Ancillary support staffs | 26 | 2.40 |

Health finance

Revenues

A strategy in the NHRS is on revenue generation. Currently the revenue for the Ministry of Health is from the medical examination fees for seamen and other employment contracts and quarantine charges. In 2015 it is anticipated that revenues from these services will be \$15,000, a decrease of \$9,000 over the 2014 Budget estimates. Towards the end of the NHRS, it is anticipated that the revenue ceiling will be revised upwards with additional fees collected from hospital service charges.

| Program | 2015 Revenue Estimates | | | | | |
|--------------------------|------------------------|----------------|------------------|----------------|---------------|---------------|
| | 2013 Actual | 2014 Budget | 2014 Forecast | 2015 Budget | 2016 Proj | 2017 Proj |
| Headquarters | - | - | - | - | - | - |
| Health Administration | - | - | - | - | - | - |
| Curative | 7,863 | 21,000 | 9,242 | 11,000 | 11,000 | 11,000 |
| Primary and Preventative | 2,526 | 3,000 | 1,050 | 4,000 | 4,000 | 4,000 |
| Total Revenue | 10,389 | 24,000 | 10,292 | 15,000 | 15,000 | 15,000 |

Health Budget Expenditure Estimate

The following table outlines the expenditure estimates for the years 2015 – 2017. The projected budget for 2016 is used in the NHRS as basis for estimation of funding provision and allocation by programme and activities.

2015 Tuvalu Health Budget Estimate

| 2015 Expenditure Estimates | | | | | | | |
|----------------------------|-----------|------------------|------------------|------------------|------------------|------------------|------------------|
| Program | Type | 2013 Actual | 2014 Budget | 2014 Forecast | 2015 Budget | 2016 Proj | 2017 Proj |
| Headquarters | Recurrent | 2,476,076 | 2,107,961 | 2,561,313 | 2,130,080 | 2,210,184 | 2,281,471 |
| | SDE | - | 50,000 | 12,500 | - | - | - |
| | | 2,476,076 | 2,157,961 | 2,573,813 | 2,130,080 | 2,210,184 | 2,281,471 |
| Health Administration | Recurrent | 337,033 | 408,245 | 344,673 | 456,618 | 472,393 | 486,677 |
| | SDE | - | - | - | - | - | - |
| | | 337,033 | 408,245 | 344,673 | 456,618 | 472,393 | 486,677 |
| Curative | Recurrent | 1,977,681 | 2,222,238 | 2,358,773 | 2,700,515 | 2,777,970 | 2,850,597 |
| | SDE | - | - | - | 340,000 | - | - |
| | | 1,977,681 | 2,222,238 | 2,358,773 | 3,040,515 | 2,777,970 | 2,850,597 |
| Primary and Preventative | Recurrent | 498,553 | 682,142 | 522,388 | 565,506 | 578,649 | 591,556 |
| | SDE | - | - | - | - | - | - |
| | | 498,553 | 682,142 | 522,388 | 565,506 | 578,649 | 591,556 |
| Total Appropriations | | 5,289,343 | 5,470,586 | 5,799,647 | 6,192,720 | 6,039,195 | 6,210,300 |
| External Budget | | 1,094,465 | 1,269,465 | | 1,269,465 | 1,269,465 | |
| Total Expenditure | | 6,383,808 | 6,740,051 | 5,799,647 | 7,462,185 | 7,308,660 | 6,210,300 |

Source: Planning and Budget Department, Tuvalu Ministry of Finance and Economic Development; 2014

Extra budgetary Sources for Health

| Ministry | Activity | Project | TKII: Strategic Priority | Donor | 2015 Budget | 2016 Proj | 2015 Funding Status* |
|----------|----------|----------------------------------|-----------------------------|-------------|------------------|------------------|----------------------|
| Health | H 1 | NZMTS | Social Development - Health | NZAID | 150,000 | 150,000 | A |
| Health | H1 | WHO | Social Development - Health | WHO | 124,000 | 124,000 | A |
| Health | H2 | Outer Island Facilities Upgrade | Social Development - Health | JAPAN | 200,000 | 200,000 | A |
| Health | H2 | UNFPA (RH) | Social Development - Health | UNFPA | 150,000 | 150,000 | A |
| Health | H1 | GF TB | Social Development - Health | GLOBAL FUND | 123,900 | 123,900 | A |
| Health | H3 | GF HIV | Social Development - Health | GLOBAL FUND | 116,565 | 116,565 | A |
| Health | H2 | Cuban doctors | Social Development - Health | CUBA | 200,000 | 200,000 | A |
| Health | H2 | Australian Visiting Medical Team | Social Development - Health | DFAT | 100,000 | 100,000 | A |
| Health | H2 | ROC Visiting Medical Team | Social Development - Health | ROC | 100,000 | 100,000 | A |
| Health | H3 | Immunization Programs | Social Development - Health | UNICEF | 5,000 | 5,000 | A |
| | | | | | 1,269,465 | 1,269,465 | |

Source: Planning and Budget Department, Tuvalu Ministry of Finance and Economic Development; 2014
Extra budgetary sources for health services are mostly managed directly by the partners and funding requested are channelled through established processes and mechanisms.

A5. Situation GAP Analysis

• Health Planning & Policy

Capability for health and strategic planning remains a challenge within the current workforce. Strengthening capacity in this area could at least see that strategic objectives outlined in the various health and programme plans could be operationalised through Annual Operation Plans and Unit Plans and aligned to available resources. Furthermore, timely Annual Report compilations can provide and be an analytic tool towards the prioritisation and later implementation of strategic objectives.

• Specialised Clinical Service

Tuvalu health service will continue to depend on expatriate specialised doctors for some years to come. The new Cuba medical graduates is a welcome injection to the health workforce and these graduates

are potential candidates for future specialisation training. However, the development and training of identified Nurses in some specialised clinical service would be worth exploring for immediate - long term benefit.

- **Health Infrastructure**

Repair and maintenance of the health infrastructure is an ongoing challenge for Government. There is a need to review and improve on space allocation for services such as Paediatrics, Pharmacy, Radiology, Health Promotion and Physiotherapy. The NHRS proposes to improve identified infrastructure and noted the contribution of JICA for the construction of new health centres for Vaitupu and Nanumea.

- **Disease Control - NCD**

Diabetes is the main contributor to morbidity and mortality in the country. The NCD status in the country will be further clarified following the NCD Mini Step Survey undertaken in 2015. Institutional capability to control NCD is wanting along with patients' apathy to improving personal health. The NHRS is planning to strengthen NCD management capability and it is anticipated that better patient care and follow up will eventuate. Communicable diseases such as TB and Leprosy remain a focus for the GFATM support.

- **Community Based Follow Up and Care**

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

- **Health information**

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

- **Health Promotion and Health Communication**

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

A6. Consultation Process

In June, 2015 the Ministry of Health conducted a 2 day retreat and consultation meeting on the health reform strategy. The major objective of the retreat was to allow every health sector within the ministry and NGOs to present their activities and health programs, the challenges in their internal work environments and intended reforms to improving health services. The proposed activities and health programs were included as part of the 4 Year Government Roadmap 2015-19, the new National Sustainable Development Plan 2016-26 and the Strategic Reform Strategies (SRS) 2016-19. At the completion of the retreat all sectors agreed with specific recommendations to be used as general overviews of what each sector intends to undertake in the next four year term of the current government.

Soon after the MoH's Retreat, the management team which consists of senior staffs from the ministry headquarter, Director of Health (DoH) and all the Heads of Departments (HoDs) of health sectors carried out another round of consultations to prioritise the implementing strategies. In relation to health activities for the Four Year Government Roadmap 2015-19, the management team had agreed that the unaccomplished health activities in 2013 and 2014 AOP are to be included as part of the new government roadmap 2015-19. In addition to those incomplete health activities, the ministry will also include all the health activities from the SRS to be part of the "4 Yr Government Roadmap 2015-19" simply because of Ministry of Finance commitment to supporting the implementation process.

The National Health Reform Strategy (NHRS 2016-19) is an integral component of the health sector reform process and provides a mechanism to assist the Ministry of Health achieve more effective and efficient work performance. The process has the benefit of establishing widespread ownership and commitment throughout the organisation the resultant strategic planning process. Also, they had been advised that the MoH's NHRS 2016-19 document was to become their primary management performance tool and it should become a 'living' document reviewed on a regular basis.

The MoH's SRS 2015-19 document is closely linked to and should be consistent with the Tuvalu National Sustainable Development Plans (TKKII, TKKIII, Government Four Year Roadmap and other regional health plans) which had been prioritised by the ministry to be funded under the ministry's annual program budget as well as external budgets (XBs) which is funded directly by development partners to the Ministry of Health. The prioritised activities highlighted in the ministry annual budget should be also consistent and aligned with strategic objectives in the MoH's SRS 2015-19 document. The MoH's SRS2015-19 document was meant to ease the implementation of reform initiatives and enhance MoH achieve its strategic targets that are in line with: the 4 Year Government Roadmap 2015-19; TKK II and TKK III and other regional Strategic Health Plans like the National NCD Strategic Plan 2009-2015, National Health Public Policies and etc.

The Implementation Plan (i.e. 4Yr Government Roadmap) should be reviewed by all health sectors annually. Some of the strategic targets are ongoing but some can be achieved within this fiscal year. The major role of the MoH management team is to: monitor and control the performance of each health sector's strategic targets; ensure that there is an allocation from the budget to finance all strategic targets mentioned in the SRS 2015-19 documents.

As part of the consultation process, key components of the national health reform strategies was presented and discussed at the National Development Summit for Te Kakeega III in November, 2015. The health strategy attracted favourable review and support from summit participant especially political leaders.

Section B: Health Reform Strategies

Key Result Area 1: Health Reform Agenda

Strategic Objective

To strengthen administrative and management capability of the Ministry of Health to effectively support strategies and commitments towards the further improvement of health service delivery and preventive health particularly at the clinical and primary care levels

Existing Department / Programme Specific Plans and Policies

1. National Strategic Health Plan 2009-2019

Priority Targets by 2019

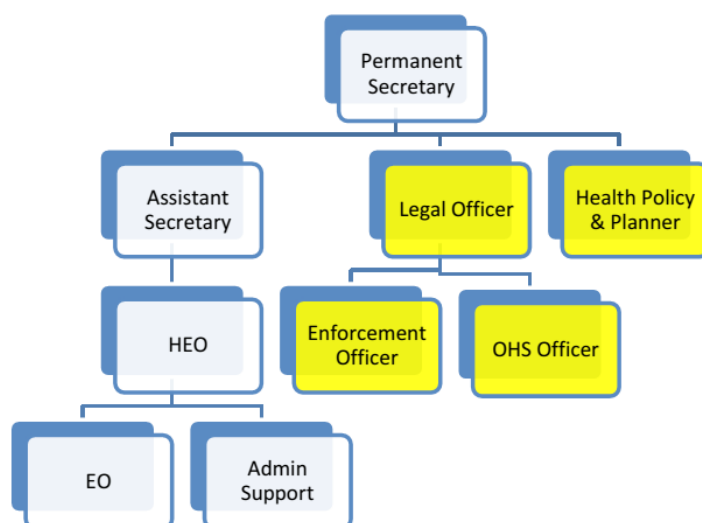
1. Health policy and planner recruited and in service to manage policy, planning and infrastructure
2. Occupation Health and Safety (OHS) Unit established with qualified local officer in service to manage all OHS requirements
3. Legal Unit established with staff in office to manage all legislative and regulations requirements
4. Nurse Volunteer Scheme for Community Health Nurses negotiated, established and managed
5. IT Unit, Health Information and Communication Units established and managed
6. Taxation for tobacco products and sugary /fizzy drinks introduced and managed
7. Enforcement Unit for health legislation established, managed and operational

What we will do

Governance / Management

- Advocate for the establishment of an Occupation Health and Safety (OHS) Unit
- Advocate for the establishment of a Legal Unit for health related legislation and regulations
- Advocate for the establishment of a Health Policy & Health Planning Unit to support all policy and planning requirements.
- Advocate for the establishment of an Enforcement Unit for health regulation enforcement.
- Explore sources, resources and recruit OHS Officer, Legal Officer, IT Programmer (localised); IT Hardware (localised), Chief Statistics Officer, Health Policy & Planner and Enforcement Officer.
- Explore the opportunity to employ retired nurses under Volunteer Scheme with Fiji's PSC
- Advocate and support introduction or review of taxation on alcohol and tobacco for health promotion and protection.
- Advocate for the introduction of taxation on sugary fizzy drinks for health protection.

Proposed Revised Structure at Head Quarters Level



The staff positions in yellow shade represent the proposed new establishment under the reform process. The positions are aligned according to their primary role and function apart from their line of accountability.

Key Result Area 2: Preventive and Primary Care Services

Strategic Objective

To strengthen and improve community preventive and health care services under the principles and concepts of primary health care, universal health coverage and healthy islands

Existing Department / Programme Specific Plans and Policies

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

1. Sexual and Reproductive Health Policy and Strategy 2016-2018
2. Tuvalu Immunization Handbook 2nd Edition, 2015
3. Tuvalu National Strategic Plan for Non Communicable Diseases 2011-2015

Priority Targets by 2019

1. Coverage for all EPI antigen to be >95%
2. Coverage for Pap smear screening is 100% for women over 35 years
3. Family planning coverage improved to 50% for modern methods
4. 2015 WHO STEPS survey published and used for planning interventions
5. Improve Information, Education and Communication (IEC) material production capability and distribution
6. Public Health (PH) laboratory established and operational
7. Water testing of E.Coli in all household twice a year
8. Up to 60% exclusive breastfeeding rate
9. Achieve TB coverage for TSR > 90%
10. PH Act revised to accommodate Quarantine duties of Environmental Officers
11. NCD Strategic Plan formulated, operationalized from the NCD Unit
12. Improve physical activity levels amongst population by 25%
13. Improve proportion of population consuming at least 3 or more servings of fruits and vegetables per day on most days of the week by 15%
14. Reduce current tobacco smoking rates by 10%
15. Reduce binge drinking prevalence by 50%
16. Reduce Diabetes incidence by 10%
17. Reduce HTN prevalence by 10%
18. Reduce obesity rate by 5%
19. Review report on the impact of climate change on public health

What we will do

Health education and promotion

1. Process recruitment of an Assistant Health Promotion Officer for support IEC and media production
2. Support community based research and complete WHO STEPS survey for NCD
3. Improve health education and promotion including the procurement of appropriate unit equipment

Environmental health

1. Support staff and organisational restructure the EH unit including the creation of staff positions for Sanitation Aides for Niulakita and Motufoua Secondary School (MSS)
2. Revise Public Health Act to accommodate the after hour work role of Quarantine Health Officers (4pm-8am)
3. Conduct regular and schedule refresher trainings for Sanitation Aides
4. Acquire and install an Incinerator for proper disposal of expired foods products
5. Establish a Public Health Laboratory with appropriate equipment.
6. Secure a Technical Assistant from available sources to assist in environment health work
7. Support Zoning of areas on Fongafale to ease sanitation inspection

Nutrition and Dietetics

1. Process the recruitment and engagement of a Nutritionist for PMH
2. Support and strengthen breast feeding practices including the Baby Friendly Hospital Initiative (BFHI)
3. Promote local greens/vegetables to change eating styles of Tuvaluans
4. Advocate for organisational restructure for improved nutritional staffing and services
5. Support infrastructure improvements such as the procurement of proper dining tables and benches at PMH

TB Control

1. Support infrastructure improvements for counselling services for TB cases
2. Develop TB Guidelines under the Global Fund
3. Revive TB Committee to raise PIRMCCM/TCCM
4. Restructure Health Committees - TB Committee

HIV and STI Control

1. Support infrastructure improvements for counselling services for HIV cases
2. Finalise the proposed HIV Legislation
3. Restructure Tuvalu National AIDS Committee (Tuna) composition

Public Health

1. Engage in discussion with other government agencies and stakeholders on addressing climate change issues in the country
2. Undertake a review on the impacts of climate change to public health

Key Result Area 3: Curative and Hospital Health Services

Strategic Objective

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

Existing Department / Programme Specific Plans and Policies

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

1. PEN – NCD Control

Service Area 1: Primary and Secondary patient care services

Service Area 2: Tertiary care and referral services

Service Area 1: Primary and Secondary patient care services

Priority Targets by 2019

1. Reduced GOPD patient waiting time to ½ hour from current estimated time of 2 hours
2. Patient Triaging System established and fully operational
3. Community Health Nurses recruited and working under the Volunteer Nursing Scheme
4. Nursing Competency Standard completed and operational
5. Volunteer Nurses (Community Health) engaged and in service
6. Endoscopy service (lower & upper) introduced and offered
7. Cystoscopy service introduced and offered
8. Orthopaedic procedure of plate and screws introduced
9. Amputation number reduced by 50%
10. Reduce caesarean rate by 50% of current level (13.5%)
11. Achieve zero maternal mortality
12. Complete basic oral health training for 50% of outer island nurses
13. A 35% reduction in prevalence of dental caries
14. Achieve a 30% reduction in outer island dental referrals
15. Nurse Anaesthetist trained and in service
16. Construction of mini-hospitals in NNM and VTP completed

What we will do

Medical

1. OPD – ensure smooth flow of service through TRIAGING system based on severity of medical conditions
2. Support incentives as motivator for Medical Officers (MOs) to perform their technical roles
3. Renovate Paediatric Ward for in-patient requirements
4. Renovate of On Call Room
5. Construction of Mini-Hospitals in NNM and VTP

Surgery

1. Maintain and strengthen current services in general surgery.
2. Introduce additional surgical capabilities for endoscopy and cystoscopy
3. Strengthen orthopaedic capability for fracture management such as plate and screw intervention
4. Support human resource development for surgery

Obstetrics

1. Maintain and strengthen current services in obstetrics and gynaecology
2. Improve ANC capacity and capabilities with skills training and in-service training for all staff particularly Midwives.

Nursing

1. Support recruitment and engagement of nurses.
2. Strengthen on-going nursing training scholarships at pre-service and in-service.
3. Strengthen Community Nursing through the services of Nurses engaged under a Volunteer Scheme with Fiji.
4. Strengthen Nursing Standards competency.
5. Re-organise and restructure nurse workforce.
6. Train 2 Nurses to become qualified Nurse Anaesthetists

Dental

1. Support engagement and recruitment of dentists from the Pacific or from other countries such as India
2. Conduct basic oral health service training for Outer Island Nurses
3. Support the establishment of Dental Therapists (nurses) positions on each island for basic oral health services
4. Support development of an appropriate staff structure including adequate clinic infrastructure

Service Area 2: Tertiary care and referral services

Priority Target by 2019

1. 30% reduction in both case number and costs for overseas medical referral and treatment from current level (2015).
2. Increase visitation of medical specialist to PMH from current number (2015).
3. Outer Island specialist medical team visit initiated and supported.
4. Feasibility assessment of commercial pharmacy service, renal dialysis service and diagnostic CT scan service completed.

What we will do

Overseas Medical Treatment and Referral

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

Visiting Medical Teams

1. Explore opportunities to increase and diversify locally based specialist clinical services so as to reduce overseas patient referrals
2. Coordinate partner agencies and governments offers for specialist visits and services in the various clinical fields
3. Support and facilitate scheduled visits and work of specialist including the local skill training of key health staff

Future Clinical Service Expansion

1. Conduct a feasibility study on kidney dialysis service in Tuvalu
2. Conduct a feasibility study on improved diagnostic / imaging service in Tuvalu especially CT scan
3. Explore possible establishment of commercial arm of Pharmaceutical services from PMH.

Key Result Area 4: Clinical Care Support services

Strategic Objective

Ensure quality, timely and accessible patient care support services in therapeutics, diagnostic and rehabilitative services that support and meet clinical service requirements.

Existing Department / Programme Specific Plans and Policies

1. National Medicine Policy
2. National Equipment Policy
3. Therapeutic Guideline
4. National Essential Medicine List
5. Laboratory Policy (draft)

Priority Targets by 2019

Laboratory

1. Achieve a 50% reduction of laboratory sample referral overseas
2. Specialised training for 50% of staff in identified laboratory service departments

Radiology

3. Portable X-ray service introduced and fully functional
4. Specialised training of 50% of staff in identified radiology service departments
5. Feasibility study in the CT scan services completed

Pharmacy

5. Reduce the average number of drugs prescribed per encounter
6. Increase by 50% the number of drugs prescribed by generics
7. Reduce by 20% the number of antibiotics prescribed
8. Increase by 80% the drugs prescribed from the National Essential Medicine List
9. Increase the consultation time with patient to an average of 4 minutes per encounter
10. Increase by 80% of drugs actually dispersed
11. Increase to an ideal 100% drugs adequately labelled by or per encounter
12. Increase by 30% patient knowledge of correct dosages and drug information
13. National Central Medical Stores will maintain 100% availability of medicines and consumables
14. Feasibility on commercial service of the Pharmacy completed

Physiotherapy

14. Rehabilitation unit functional and providing services

Biomedical

15. Master Plan for Medical and Dental Equipment formulated
16. Oxygen plant completed and in operation

What we will do

Laboratory

1. Acquire cancer testing capability and services to improved access and reduced overseas referrals
2. Progress Laboratory Policy consultation with stakeholders
3. Support staff and organisational restructure

Radiology

1. Advocate for proper dark room chemical waste disposal
2. Advocate for a staff and salary restructure
3. Support infrastructure refurbishment for better office space allocation
4. Secure and offer portable X-ray services for an improved patient care
5. Undertake CT service feasibility study and analysis

Pharmacy

1. Finalise the Health Professionals Bill, Tuvalu Pharmacy Therapeutic Products Bill, and the National Medicine Policy
2. Improve office computer supply and internet connectivity for Outer Islands nurses to ensure proper management and monitoring of medical supplies
3. Secure additional warehouse and space for proper storage of drugs/medical equipment/consumables
4. Undertake a feasibility study on the possibility of a commercial pharmacy service

Physiotherapy

1. Support relocation of the Physiotherapy office to the Old MPH
2. Advocate for revised salary and staff restructure for the department
3. Develop a rehabilitation centre for improved patient care
4. Procure physiotherapy equipment and assistive device relevant to the service

Biomedical

1. Develop a medical equipment inventory
2. Construction of Oxygen Plan

Key Result Area 5: Health Administration and Management

Strategic Objectives

Provide administrative and management support to the Ministry of Health in meeting its goals on at least policy and planning, human resource, legal aid, clinical care, public health, infrastructure and medical equipment needs.

Existing Department / Programme Specific Plans, Policies & Strategies

1. Tuvalu Medical Treatment Scheme
- Service Area 1: Administration, Policy and Planning
- Service Area 2: Human Resource
- Service Area 3: Infrastructure
- Service Area 4: Equipment
- Service Area 5: Communication & Networking

Priority Target by 2019

1. Human Resource Plan formulated and operationalized
2. Annual Operation Plan (AOP) formulated for every year beginning in 2016
3. HF Radio communication network to all health facilities established and operational
4. Ministry of Health Web site developed and in use

What we will do;

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

Administration, Policy and Planning

- Formulate Human Resource for Health (HRH) Plan
- Upgrade Tuvalu Nurse Standard
- Review of remunerations of doctors, nurses, paramedics and Public Health Staffs
- Develop a result based financial accounting system at PMH
- Facilitate Annual Operational Planning (AOP) of the Ministry
- Outsource support services at PMH through contract basis
- Ensure the Government to adopt building codes to assist People with Disability
- Review of key Health Acts
- Draft OHS (Occupational health and safety) Bill and formulate OHS Policy
- Finalise the review of the Reproductive Health Policy
- Reform Tuvalu CCM by including Kapolei and Islands' communities leaders
- Reform NCD committee by including Kapolei and Islands' communities leaders
- Endorse Health Promotion and Educational Policy; and National Equipment Policy
- Endorse the following bills; Health Professionals, Pharmacy and Therapeutic Products, Public Health; and; Food Safety Regulations, Tobacco Control Regulations

Human Resource

- Recruit specialists in the Princess Margaret Hospital (PMH)
- Establish and post one General Practitioner on each Island
- Establish and recruit Biomedical Technician
- Establish and recruit NCD Officer
- Establish and recruit WASH Officer
- Allocate specialized training for General Practitioners
- Train 2 Nurses to become qualified Nurse Anaesthetists
- Allocate training for Nurse Practitioners to upgrade their clinical skills
- Support on-going training of Midwives
- Provide First Aid Training for Public Servants

Medical Equipment

- Formulate Master Plan for Medical and Dental Equipment
- Equipment management of identification, procurement, servicing and disposal medical equipment requirements
- Facilitate procurement of equipment for the Physiotherapy Rehab Centre
- Facilitate procurement of Laboratory Cancer Test equipment
- Facilitate procurement of Radiology portable X-ray

Infrastructure

- Provide housing for Cuban and other trained medical graduates and specialists
- Refurbishment of outer Islands clinics
- Major renovation of PMH and develop PMH Master Maintenance Plan
- Relocate the Isolation Unit from the PMH
- Refurbish the new paediatrics wards
- Construct proper garage to house the ambulance and PMH vehicles
- Construct a proper place for staff tea-breaks, tea room
- Upgrade the PMH morgue
- Upgrade PMH surroundings with proper landscaping
- Construct PMH fence
- Construct Private Wards within PMH
- Improve water quality and toilet facilities of each island rural clinic
- Construct Pharmacy storage room
- Construct Public Health Mini-lab
- Construct the Rehab Centre for Physiotherapy

Communication and Networking

- Provide HF Radio Communication network to outer islands' and mini-hospitals
- Set up software database for MoH headquarters
- Develop MoH website

Key Result Area 6: Health Partners

Strategic Objective

Foster a mutually beneficial and effective partnership that supports the health mandates of each partner and the health interest of the population.

Existing Department / Programme Specific Plans & Strategies

1. TuFHA Strategic Plan 2013-2015
2. Tuvalu Red Cross Strategic Plan 2015-2019
3. Fusialofa Strategic Plan 2013-2015

Priority Targets by 2019

1. TuFHA Youth Centre construction completed and in use
2. Increase registered voluntary blood donor by 25% from current 2015 level
3. All people with disability have mobility access to health facilities

What we will do

TuFHA

1. Funds to construct TuFHA Youth Centre
2. HR sharing with MOH egg TuFHA nurse going on leave, at least a PMH nurse to come and work for TuFHA until the TuFHA nurse resumes duty
3. Facilities sharing with Mohr
4. Comprehensive sexuality education (family life education -UNFPA)

Tuvalu Red Cross Society (TRCS)

1. Strengthen cooperation between Laboratory and TRCS via improved fast communication for voluntary blood donor recruitment;
2. Ensure any relevant government circulars is distributed to NGOs;
3. FIRST AID training for public service staffs;
4. Promote the 'BIGGEST WEIGHT LOSING PROGRAMME' to address NCDs.

Fusialofa

1. Include Fusialofa on all public policy making;
2. Consider the provision of assistive devices for Fusialofa cases
3. Ensure accessibility of Persons With Disabilities (PWDs) during the renovation of PMH e.g. ramps, toilets.

Section C Management of Reform Strategies

C1. Implementing Structure and Planning process

Achievement of the targets of the NHRS 2016-2019 will be at least dependent on resource allocation, staff availability and implementation capacity. The Key Result Areas and the accompanying strategies and activities are aligned to the organisational structure of the Ministry. Under each organisation structure, a senior executive officer is responsible for the supervision and management of the division / department / unit. Implementation of the key result area will follow and be guided by Annual Operational / Implementation Plan.

| Key Result Area | Organisation Structure / Programme Unit | Lead Officer Responsible |
|------------------------------|---|-----------------------------|
| Health Reform Agenda | All Departments | PS / APS / DoH / Chief PH |
| Preventive / Primary Care | Public Health | Chief (PH)/ Programme Staff |
| Curative / Hospital Services | Hospital / Medical Service | DoH / HOD |
| Clinical Support Services | Hospital / Medical Service | DoH / HOD |
| Administration/Management | HQ / Health Management | PS / APS |
| Health Partners | NGO | OIC |

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

Planning Process



C2. Financing and Cost Implications of Reform Strategies

Public expenditure on health has been increasing over the past four years. Compared to other Pacific Island countries, Tuvalu has one of the highest health expenditure as percentage of GDP and per capita spending on health. Similar to most Pacific Islands, funding allocated to health care and services come from the government's annual budget appropriation for health and from international partner agencies. The health sector receives the second highest share (next to Education) of the total government budget each year. In 2015, the Ministry of health budget made up 14% of the total government budget, whilst the Ministry of Education received 20.1%.

These tables provide Managers and HOD an indication of possible sources of funding from established contributors for the implementation of the strategic objectives. The exact amount and breakdown of funding could only be projected at the time of the plan formulation.

Many of the intended health activities highlighted in the NHRS 2015-2019 are also included in the Government Four Year Roadmap 2015-19. Only few health activities are not included in the accelerated roadmap because these activities will be funded from external budgets funded by development partners. One of the main reasons of incorporating many of these intended health activities into the government roadmap is due to the need of the ministry to expedite the implementation of each activity according to the proposed timeline. Activities which fall outside of the current government roadmap would be proposed to be funded by regional and international organisations directly or indirectly.

One way of financing these activities is to execute the reform of the whole ministry to improve its health services in order to create substantial savings from the TMTS allocation. The employment of specialists to serve and provide secondary and tertiary treatments in hospitals in the Pacific region is one of the key strategies supported in the report on the review of NZAID's medical Treatment Scheme to the Pacific Island Countries back in 2004. The employment of key specialists at PMH is certainly one way to reduce the number of referrals to overseas and also save substantial budget to be used on other important health developments highlighted in the NHRS 2016-19.

Another long term way to create savings is to have major focus on preventative and primary health care services. This is an area that needs health promotion and health protection as well as recognising the need for multi-sectoral and multi-disciplinary approaches to health. This initiative involves 3 major areas of works:

- Preparation for life: improving health services in family planning, safe birthing, antenatal care, immunisation programs, programmes to reduce infectious diseases and healthy lifestyles in childhood and adolescence;
- Protection of life: improving nutrition, reducing the incidence of infectious diseases such as TB and HIV/STI, advocate to reduce the incidence of Non-Communicable Diseases, protection from hazardous environments, preventing disabilities and developing rehabilitation programmes;
- Quality of life in later year: developing equitable, accessible and affordable health services, despite disabilities or chronic illness and trying to ensure physical and social environments which enable quality of life.

Visiting Medical Specialists (VMS) not only saved money but also provided opportunities for training and capacity building for doctors and also other health professionals. This enables greater linkages to be made with primary health care to raise awareness of preventative and early intervention measures to reduce the incidence of conditions requiring advanced treatment (e.g. heart disease resulting from rheumatic fever).

In the long-term, effort to build the capacity of PMH to meet its secondary and tertiary health care needs is an important aspect of saving financial resources in the future. One of the ministry long-term strategic targets is to upgrade the capacity of local General Practitioners to do specialised medical training at FNU in Fiji. So far, two of our local doctors are on training at FNU in Fiji doing their Master programmes in Internal Medicine and Obstetrics and Gynaecology. Both doctors will complete their specialised training in 2017 and in early 2018, they will join the workforce at PMH. The government needs to adopt a staff retention policy for local medical specialists because the ministry definitely needs them to assist in reducing the cost of implementing TMTS policy.

Long-term financing strategies to support many of these health activities depend very much on the ministry's intention to build up its medical specialist unit in order to save millions of dollars from the referral scheme. The ministry aims that by the end of 2019, the total spending on TMTS would be reduced by 30%. This intended financing strategy however, would only work effectively on the assumption that primary health care and preventative systems should promote health protection and high living standards for the people in all levels of the communities.

Another option for financing medical services in Tuvalu is by introducing a special health taxation system levy from unhealthy foods, drinks and tobacco which are sold at supermarkets and shops. This option has been included in the NHRS for consideration. The revenues collected from these taxes should be invested into the Tuvalu Health Trust Fund. In order to initiate this revenue collection, the Public Health Unit should introduce this levy into the Public Health Act with financial mechanisms on how to collect this special health tax. The list of unhealthy foods, drinks, tobaccos and other items should be clearly stipulated in the Act of Parliament.

Cost Avenue for Health Reform Strategies

These tables provide Directors and Managers an indication of possible sources of funding from established contributors for the implementation of the strategic objectives. The exact amount and breakdown of funding could only be projected at the time of the plan formulation. External partner contribution to health services is also reflected and aligned to the KRA - by nature and intent of funding.

The Tuvalu Government budget for 2016 is that reflected and projected in the 2015 budget appropriation. The funding gap for KRA 1 is currently forecasted at the formulation of the NHSP in November, 2015. However, the new budget 2016 may allocate funding to address certain activities outline under the KRA. Moreover, the budget estimate for 2016 could be viewed as the baseline for funding commitment for duration of the NHRS.

Key Result Areas and Known Funding / Source

| Key Result Area | Activities / Commitment Areas | 2016 Cost / Source |
|--|--|--|
| 1. Health Reform Agenda | <ul style="list-style-type: none"> • Governance / Management | Funding Gap |
| 2. Preventive & Primary Care Services | <ul style="list-style-type: none"> • Health Promotion • Environmental Health • Nutrition and Dietetics • TB Control • HIV / STI <u>Total</u> | \$124,000 (WHO) \$91,304 \$124,933 \$123,000 (GF) GF - \$116,565 (GF) GoT - \$578,649 |
| 3. Curative / Hospital Service | <ul style="list-style-type: none"> • Medicine • Surgery • Obstetrics • Nursing • Dental • TMTS • VMT <u>Total</u> | \$154,405 \$150,000 (NZMT) GoT - \$2,777,970 |
| 4. Clinical Care Support Services | <ul style="list-style-type: none"> • Laboratory • Radiology • Pharmacy • Physiotherapy • Biomedical | \$168,464 \$53,057 \$589,926 \$22,746 \$43,653 |

| Key Result Area | Activities / Commitment Areas | 2016 Cost / Source |
|--|-------------------------------------|-----------------------|
| 5. Health Administration and Management | • Administration, Policy & Planning | \$750,000 |
| | • Human Resource | |
| | • Medical Equipment | |
| | • Infrastructure | \$200,000 (JICA) |
| | • Communication / Networking | |
| | • TMTS | \$1,912,040 |
| | • VMT | \$200,000 (DFAT, ROC) |
| | <u>Total</u> | \$2,608,084 |
| 6. Health Partners | • TuFHA | \$150,000 (UNFPA) |
| | • TRCS | |
| | • Fusialofa | |

C3. Financial GAP Analysis

Forecasted funding gap in the NHRS relate to activities outlined under KRA 1 and KRA 3. These are new service areas and activities and will warrant funding consideration in the duration or in the reform plan cycle. Most of the funding requirement will be towards the cost of human resource / staff engagement apart from those related to function / operational costs of the newly established units

KRA 1

- OHS officer engagement and operational costs
- Legal Officer engagement and operational costs
- Health Policy & Health Planner officer
- Environmental Health Officer for Enforcement Unit engagement and operational costs
- Nurses costs under Volunteer Scheme with Fiji's PSC
- Consultant costs for review of taxation on alcohol and tobacco, health promotion and health protection

KRA 3

- Consultant cost for feasibility study on dialysis service
- Consultant cost for an improved diagnostic / imaging service in Tuvalu especially CT scan
- Consultant cost for feasibility study on a commercial arm of Pharmaceutical services from PMH.

The funding gap is proposed to be met with resources both from the Government and from Development Partners during the 4 years of the NHRS.

C4. Monitoring and Evaluation

A. Monitoring

1. Weekly / Fortnightly Review

- All staffs (PS, DoH, HoDs) at the strategic level are fully responsible to carryout weekly assessment pertaining to the progress of implementing health activities by each health sector. A written summary of the evaluation matrix will be compiled and submitted to the office of the PS fortnightly.
- The Total Quality Management (TQM) Committee (PS, DoH and HoDs) shall meet on quarterly basis to ensure that health standards are being observed strictly in all health delivery services.
- Monthly meeting will be hosted by the Minister of Health and PS as a follow-up to update on new activities that need to be initiated.
- Expected outcomes or key performance indicators (KPI) should be met accordingly to their respec-

five benchmarks.

- An independent evaluator is needed to compile a separate annual assessment report that should be tabled to the first parliament session of every following year.

2. Operational Plan

- Annual Operational plan formulation is in itself, a process of monitoring of Strategic Plan stages of implementation. The annual process is a good review and planning process on the Strategic Plan.
- The process of AOP planning should commence in October every year and be completed in January the following year after Government finalises budgetary approval processes.

3. Annual Reports

- The Annual Report compilation of the Ministry is a monitoring tool for the Strategic Plan as it reports on the yearly achievements and challenges of the health services. Health indicators for the key target areas will be included in the annual report.
- Ideally, Annual Reports should be compiled and presented to Cabinet within 3 months of the New-Year. Unless dictated by Law, this time frame is proposed for consideration.

B. Evaluation

1. Surveys

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

2. Demographic Health Survey

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

3. End of Strategy Evaluation

- At the end of the reform strategy in 2019, there would be an evaluation exercise carried out to assess the performance and achievements of the strategy and to plan for further intervention directions.

Selected Targets for Monitoring & Evaluation

| Indicators | Baseline 2014 | Targets 2019 | Data Source |
|--|----------------|--------------|-------------|
| Infant mortality (number) rate / 1000 Live births | 7.8 | 7 | MOH |
| Maternal mortality (number) ratio / 100,000 Live births | 392 | 0 | MOH |
| Teenage Births (%) | 5 | 5 | MOH |
| Measles Vaccine Coverage | 98 | 100 | Survey |
| Under 5 yr Mortality Rate | 11 | 8 | MOH |
| Contraceptive prevalence rate | 36 | 50 | MOH |
| Infants exclusively breastfed for the first 6 months of life (%) | 40% (est) | 60% | Survey |
| TB prevalence in population (per 100 000) | 327 | 200 | MOH |
| Cervical cancer screening: women 20-64 years (%) | N/A | 100% | MOH |
| Diabetes prevalence | 14.5 | 12.5 | Survey |
| HTN prevalence (10% reduction) | 2015 STEP Rate | | Survey |
| Obesity prevalence (5% reduction) | 2015 STEP Rate | | Survey |

Section D: Annexes

Annex 1. List of Requested and New Human Resources

| 2016-2017 | | | | |
|------------------------------------|--------------|---------------|--------------------------|--|
| Position | Level | Number | Location | Area of Work |
| Environmental Health | L5/6 | 1 | PH/Funafuti | OHS, Food Safety, Tobacco Control |
| Health Planner | L5 | 1 | HQ | Health Planning – AOP, SP Monitoring & Evaluation Project Management |
| Assistant Health Promotion Officer | L6 | 1 | PH/Funafuti | Health Communication – media, IEC material production |
| Dental Therapist | L6/5 | 2 | VTP NNM | Clinical dentistry School health |
| Health Statistics Officer | L6 | 1 | HQ / PMH | Health statistics; collection, analysis and distribution |
| Legal Officer | L3 | 1 | HQ | Health Legislation formulation and revision, Enforcement, Prosecution |
| Sanitation Officer | L6 | 2 | Niulakita Motufoua SS | Sanitation, Water, Waste management |
| Nursing Officers | L6/5 | 7 | PMH MCH | Wards MCH Clinic |
| Total | 16 | | | |
| 2018-2019 | | | | |
| Position | Level | Number | Location | Area of Work |
| Medical Officers | L3 | 6 | PMH, PH, Islands | Community health, clinical care, public health |
| Total | 6 | | | |

Four Year Government Roadmap 2015-19 Matrix
Targeting “Vulnerability as Enemy number One” of the Nation

| Ref # | Activity | Description | Timeline | Status | Challenges | Budget | | Possible Development Assistance | Ministries |
|-------|---|--|-------------|---|--|---|---|--|-------------------------------------|
| | | | | | | Budget Committed | Financing Gap | | |
| 1.1 | Formulate Human Resource for Health (HRH) Plan | HR Plan is due to complete in October | End of 2015 | SSCSiP is finalising it. MoH received the first draft from SSCSiP | TA from SSCSiP is also doing other regional tasks so finalisation of the HR plan might take longer | SSCSiP met the cost | NA | SSCSiP provides TA to draft the HR Plan | MoH SSCSiP |
| 1.2 | Recruit specialists in the Princess Margaret Hospital (PMH) | Recruit specialists: internal medicine, paediatrics, O&G, cardiologist, anaesthetics, Psychiatrist, Urologist, Ophthalmologist, Orthopaedics, ENT, | 2015-2019 | As of to-date only 3 medical specialists had shown their interest (OBGYN, Anaesthetist, and Internal Medicine). All of them will be coming at different time before the end of this year. One is coming in September, the other in Oct and the 3 rd specialist in Dec. Arrangement for their travel plans have been done and bookings need to be secured. MoH management is still scouting for the other two medical specialists to be part of the team. | Unavailability of housing on Funafuti is really a hassle. | \$340,000 had budgeted in 2015 to meet remuneration for only 3 medical specialists. | MoH provides free of charge health care and clinical services and no accounting systems to enable MOH forecast its spending | MoH will work together with SSCSiP to ensure core medical specialists are available at PMH . MoH will seek the assistance of India to provide specialists | MoH M o H , MFATEL |
| 1.3 | Allocate specialized training for General Practitioners | Allocate training to GP to do specialised training at FNU based on the HR plan | 2016-2019 | 2 doctors currently undertaking post-graduated programmes at FNU, O&G and Internal Medicine | Retaining of local medical specialists is difficult | FJ\$300K | NA | NZAid Public/open or DFAT public/open scholarships | MoH DoH |
| 1.4 | Train 2 Nurses to become qualified anaesthetists | MoH needs more nurses to be qualified to do secondary and tertiary medical services | 2016-2019 | MoH will arrange placement with FNU for special training for nurses | Availability of this training depends on FNU academic requirements | FJ\$200K | NA | NZAid public/open and DFAT public/open scholarships | Tuvalu Inservice scholarships |

| Ref # | Activity | Description | Timeline | Status | Challenges | Budget | | Possible Development Assistance | Ministries |
|-------|---|--|-----------|--|--|---------------------------------------|---------------|--|-----------------------------|
| | | | | | | Budget Committed | Financing Gap | | |
| 1.5 | Allocate training for Nurse Practitioners to upgrade their clinical skills and ongoing training of midwives | MoH aims to improve clinical services on each island by having sufficient qualified staff | 2016-2019 | Allocate annual in-service training scholarships for senior nurses to train at FNU | Availability of this training depends on FNU | FJ\$100k | NA | DFAT and NZaid open/public scholarships | In-service training and MoH |
| 1.6 | Restructure staff on each island clinic and post one General Practitioner on each Island | Restructure staff on each clinic and the provision of basic medical and dental equipment Post 1 GP on each Island | 2016-2019 | Employ one nurse practitioner on each island. New posting, the Environment Officer to oversee and manage resilience and adaptation health programs. 8 medical students graduated from Cuba, these students will undertake intern training in Kiribati and in 2017 MoH will post them to outer islands | Increase of the health workforce will inflate MoH budget | none | none | The next NAPA project will pick-up some of these health programs | MEYS MoH |
| 1.6.1 | Implement health sectors' staff restructure | This is the major issue that was discussed to restructure the staff under each health sector | 2016-2019 | Need to add 15 new posts into the establishment register 2016. | This activity starts in 2016 | Depends on the approval of the budget | \$120k | Na | MoH MFED |
| 1.7 | Upgrade Tuvalu Nurse Standard | To maintain the quality of nursing standards in the delivery of nursing services and to allocate a nurse trainer to provide continuous professional developments to the nurses, assistant nurses and nurse aides | 2016-2019 | Currently refresher training for nurses are conducted annually. There is a need to have a nurse trainer to provide regular trainings and monitor the competencies and ensure that procedures are professionally practised | No nurse trainer | Lack of financial support | \$30k/yr | Na | MoH |

| Ref # | Activity | Description | Timeline | Status | Challenges | Budget | | Possible Development Assistance | Ministries |
|-------|---|--|-----------|---|---|--|--|--|----------------------|
| | | | | | | Budget Committed | Financing Gap | | |
| 1.8 | Provide housing for Cuban trained medical graduates and specialists | Acquire a piece of leased land to construct homes for doctors | 2016-2019 | Need approval from Lands Department for construction of drs' lodges | Lack of land on Funafuti | \$250k | na | na | MoH |
| 1.9 | Review of remunerations of doctors, nurses, paramedics and Public Health Staffs | This is a TKKII requirement to review doctors and nurses salaries | 2015-2016 | Need TA to review salary of medical staff | Hard to find TA to execute this task | \$50k | na | na | MoH |
| 1.10 | Provide First Aid Training for Public Servants | Need to have a first aid officer in each ministry to save lives an accident happens | 2016-2019 | Tuvalu Red Cross Society (TRCS) to work with MoH on this initiative | Training cannot be conducted during work hours | \$10k | na | na | MoH TRCS |
| 2.1 | Construction of outer Islands clinics | Nanumaga under TC Pam funds, Nukulaelae GoJ, Nukufetau GoT. | 2016-2019 | Nanumaga Kaupule is renting a private home to run daily clinical services. MHARD needs to speed up the construction of outer islands, clinics | Lack of co-ordination | \$200k was allocated for Nanumea and Nukufetau clinics | \$200k already transferred to TMTS votes | Each Kaupule and MHARD to discuss how this project can be progressed | MHARD MoH MPUI |
| 2.2 | Construction of Mini-Hospitals in NNM and VTP | These mini-hospitals will be constructed on NNM and VTP. Designing of the 2 m- hospitals are underway | 2016-2019 | Need project sites survey on the two islands | No identified donor to fund this project | \$2millions | na | na | MoH |
| 2.3 | Major renovation of PMH and develop PMH Master Maintenance Plan | JICA will visit Tuvalu in October to do Technical Feasibility Study for the renovation of PMH This plan would help MoH in estimating maintenance cost for the annual budget | 2015-2017 | JICA technical feasibility team already carried out in Nov this year | Implementation time might take longer than March 2016 | \$1.2m | na | Contractor will do the renovation | MoH JICA |

| Ref # | Activity | Description | Timeline | Status | Challenges | Budget | | Possible Development Assistance | Ministries |
|-------|---|---|----------------|--|--|------------------|---------------|---------------------------------|---|
| | | | | | | Budget Committed | Financing Gap | | |
| 2.3.1 | Develop a result based financial accounting system at PMH | This is one of the initiatives of the TKKII. MoH had sought the assistance of Chun Shang Medical University Hospital (CSMUH) to design a financial system to be used at PMH | 2 0 1 5 - 2019 | CSMUH had approached but still no update regarding our request to develop a accounting system at PMH | No commitment from partner | \$50k | na | na | MoH CSMUH |
| 2.3.2 | Relocate the Isolation Unit from the PMH | Construction of the new Isolation unit away from the PMH | 2017-2019 | Need government lands to construct the isolation unit | Lack of lands on Funafuti | \$150k | na | na | MoH MNR |
| 2.3.3 | Renovate the new paediatrics wards | This new Ped. ward was completed in 2014 and was used as men ward when men ward was under maintenance | 2016-2017 | PWD to work with Director of Health on required activities needed at the paed. | Lack of commitments from both sides | \$20k | na | na | DoH PWD |
| 2.3.4 | Relocate some staffs to use office spaces at the old PMH wing | Lack of office spaces to deliver better medical services to the public | 2015-2016 | Renovation of PMH will be in March so relocation of staff to old PMH wing should happen in Dec 2015 and Jan 2016 | Lack of office for government department which are currently occupied the premises | \$10k | na | na | MoH All current occupiers at Old PMH |
| 2.3.5 | Construct proper garage to house the ambulance and PMH vehicles | There is no proper garage to house PMH vehicles to do small repairs and maintenance | 2016 | Work might start in 2016 | No funding yet | \$15k | na | na | MoH contractor |
| 2.3.6 | Construct a proper place for staff tea-breaks, tea room | Upgrade the extension near PMH kitchen to be used as tea room for staff | 2016-2017 | This work will carry out in 2016 | No budget allocation | \$15k | na | na | MoH Private Contractor |

| Ref # | Activity | Description | Timeline | Status | Challenges | Budget | | Possible Development Assistance | Ministries |
|--------|---|---|-----------|---|---|------------------|---------------|---------------------------------|---------------------------|
| | | | | | | Budget Committed | Financing Gap | | |
| 2.3.7 | Upgrade the PMH morgue | Reefer donated by Trans Shipping Company needs to be shifted from the wharf to PMH | 2015-2016 | JICA will do this work during the major renovation | Work will be in March 2016 | \$55k | na | na | MoH JICA |
| 2.3.8 | Make PMH surroundings more proper landscaping | PMH surroundings need proper landscaping | 2016-2019 | Need handyman to get someone to do landscaping at PMH | Lack of supervision of staff | \$200 | na | na | MoH |
| 2.3.9 | Construct PMH fence | A fence will be constructed around PMH complex to improve security PMH facilities | 2015-2016 | PMH needs proper fence to avoid intruders from misusing facility in the hospitals | No budget this year 2015 | \$110k | na | na | MoH Private contractor |
| 2.3.10 | Construct Private Wards | One of the old wards will be used to for construction 5 private wards | 2016-2019 | Better facility for VIP and overseas and those who can afford the services | No allocation this year 2015 | \$150k | na | na | MoH PWD Contractor |
| 2.3.11 | Outsource support services at PMH through contract basis | Contracting of support services at PMH to private sector | 2017-2019 | Cleaning will be outsource to improve cleanliness at PMH all times | Current employees might lose their works | \$20k | na | na | MoH |
| 2.3.12 | Construct the rehab Centre and Procure equipment for the Rehab Centre | Need a list from the Physio Department on what equipment to be procured | 2015-2016 | This rehab centre will be constructed near PMH | No commitment from PMH management to move this task quickly | \$60k | na | na | MoH PWD contractor |
| 2.3.13 | Formulate Master Plan for Medical and Dental Equipment | This is one of incomplete tasks from the TKKII. MoH will work with the Biomed to complete this Plan | 2015-2016 | Need Biomed and Handyman to work on Master plan and register record | No qualified Biomed to work on this task | \$30k | na | na | MoH |
| 2.4 | Strengthening communication between Lab and TRCS | Need proper coordination of this blood donor program | 2016-2017 | Strengthening the two departments to work together | Lack of supervision and cooperation | na | na | na | MoH TRCS |

| Ref # | Activity | Description | Timeline | Status | Challenges | Budget | | Possible Development Assistance | Ministries |
|-------|--|---|-----------|--|--|------------------|---------------|---------------------------------|-------------------|
| | | | | | | Budget Committed | Financing Gap | | |
| 2.5 | Construction of Oxygen Plant | Designs have completed – procurement of building materials | 2015-2016 | Fund of this plant had been vired to TMTS Need to allocate for 2016 | Lack of commitments from technical sides | \$150k | na | na | MoH PWD |
| 2.6 | Ensure the Government to adopt building codes to assist People with Disability | MOH should now push the Government to adopt building codes to assist People with Disability | 2015-2019 | Need to push cabinet for department responsible for building code to cooperate with Fusi Alofa needs | Lack of co-operation between Fusi Alofa and other government departments | na | na | na | Fusi Alofa PWD |
| 2.7 | Improve water quality and toilet facilities of each island rural clinic | Strengthen Public Health unit to deal with water quality control | 2016-2019 | Recruitment of more personnel to work under the public health unit will happen in 2016 | Lack of staff at Public Health unit | \$200k | na | na | MoH |
| 2.8 | Construct Youth Play Centre under TuFHA | Encourage youths to engage to sports to avoid criminal acts | 2016-2019 | Building of the centre may possible if funding is provided by government of donor | No funds yet | \$150k | na | na | TuFHA |
| 2.9 | Construct Pharmacy storage room | Need better place to keep pharmaceutical products | 2016-2019 | The current storage is no longer fit to keep our pharmaceutical products | JICA will not include in its renovation project | \$150k | na | na | MoH PWD |
| 3.0 | Construct Public Health Mini-lab | This mini-lab will ne used by public health unit | 2016-2019 | Preparation works on the ways | No funding this year | \$50k | na | na | MoH PWD |

| Ref # | Activity | Description | Timeline | Status | Challenges | Budget | | Possible Development Assistance | Ministries |
|-------|--|--|-----------|--|---|------------------|---------------|---------------------------------|--------------------|
| | | | | | | Budget Committed | Financing Gap | | |
| 3.1 | Restructure MoH Structure, considering establishment of MoH legal unit, IT Statistics unit, Bio-medical unit, Occupational health and safety (OHS) Unit, NCD unit, WASH unit and the Quality Management Committee (ad hoc) | <p>All health sectors have to undergo a major reform to improve health care services</p> <p>MoH needs a solicitor to expedite the processing of drafting health bills and regulations as may need by the minister from time to time</p> <p>Improve water quality and security on each island. Provide proper toilet facilities on each island</p> <p>Need to set-up a database at MoH headquarter and recruit local IT officers to look after IT network</p> | 2016-2019 | Structural reforms will carry out each year till 2019 and it will start in 2016 | Reform might be prolonged and all depend on the approval of cabinet | na | na | na | MoH MFED |
| 3.2 | Review of key Health Acts | Reviewing of some of the old health acts are undergoing | 2015-2017 | Old Health legislations need to be reviewed and need a lawyer at MOH to do it | Review underway but very slow | na | na | na | MoH |
| 3.3 | Draft OHS (Occupational health and safety) bill and formulate OHS Policy | Seek AG office to assist drafting the bill | 2015-2016 | Need to encourage Commissioner of Labour to draft the OHS for the safety of civil servants | No OHS | na | na | na | MFATTEL |
| 3.4 | Review of National NCD Strategic Plan 2009-2015 | This NCD Strategic Plan ends in 2015, new NCD plan needs to complete and approve by cabinet | 2015-2016 | DOH and Public Health Unit to review this NCD Policy | Lack of coordination and commitment to move the review quickly | \$20k | na | na | Public Health Unit |

| Ref # | Activity | Description | Timeline | Status | Challenges | Budget | | Possible Development Assistance | Ministries |
|-------|---|--|-------------|---|---|------------------|---------------|---------------------------------|--------------------------------------|
| | | | | | | Budget Committed | Financing Gap | | |
| 3.5 | Finalise the review of the Reproductive Health Policy | This policy is due to complete in October 2015 | End of 2015 | Works almost completed | Need TuFHA and DoH to finalise the doc with UNFPA | na | na | na | DoH TuFHA UNFPA |
| 3.6 | Reform Tuvalu CCM by including Kapule and Islands' communities leaders | Reform Tuvalu CCM by including Kapule and Islands' communities leaders | 2016 | Current national committee is ineffective. Need to trim down the number to include 1 civil society, 2 reps from MOH, 1 from media | Not active so need to reform the committee | \$10k | na | na | MoH |
| 3.7 | Reform NCD committee by including Kapule and Islands' communities leaders | Reform NCD committee to include Is communities leaders and Kaupule | 2016 | MOH needs to work on this task with Public Health Until | Lack of coordination | \$10k | na | na | MoH Public Health Unti |
| 3.8 | Endorse Health Promotion and Educational Policy | Submission needs to be made to MOH asap | 2016 | MOH has never receive this policy | Lack of coordination and commitment | na | na | na | MoH |
| 3.9 | Endorse the following bills; Health Professionals, Pharmacy and Therapeutic Products, Public Health; and; National Equipment Policy; Food Safety Regulations, Tobacco Control Regulations | These bills will be tabled in the next available parliament in Dec | 2015-2018 | Bills need to submit to cab and AG office before it they go to Clerk of Parliament | Review was done in 2010 for some of these bills which took too long | na | na | na | MoH Cabinet Parliament |
| 4.1 | Set up software database for MoH headquarters | This database is set-up at MOH headquarter | 2016-2017 | Need TA to set-up or carry out assessment prior to setting up | No TA | \$60k | na | na | MoH Private contractor |
| 4.2 | Update PMH and outer islands clinics' inventories | Bio Technician and Pharmacist to work on this task | 2016 | Deploy staff to do this task in 2016 | No commitment from PMH to update these data | \$4k | na | na | PMH staff |

| Ref # | Activity | Description | Timeline | Status | Challenges | Budget | | Possible Development Assistance | Ministries |
|-------|---|--|-----------|---|--|------------------|---------------|---------------------------------|-------------------|
| | | | | | | Budget Committed | Financing Gap | | |
| 4.3 | Provide HF Radio Communication network to outer islands' and mini-hospitals | Need to procure RHF radio to back communication with outer island clinics | 2016-2017 | MOH already work in getting the price from Fiji | Setting up this communication needs license from TTC | \$30k | na | na | MOH TTC |
| 4.4 | Recruit software programmer | This part of the reform to employ a and IT software | 2016 | Recruitment may happen in 2016 | No budget allocation | \$20K | na | na | MOH MFED |
| 4.5 | Develop MoH website | This website will be used by MOH to upload all useful information about health promotion | 2016 | Need TA to develop this website | No budget allocation | \$20k | na | na | MOH contractor |

Sample of AOP Layout

| Key Issues | Baseline | Strategies | Output/Target | Lead Agency | Support Agency |
|---|--|--|--|--|---|
| Build mini-hospitals on VTP and NMEA plus mortuary facilities | Minimise referrals from outer island to PMH by 50% | Design to be made by PWD or offshore contractors Budget to be submitted in 2016 for 2017FY Employ doctors and paramedics and support services staff | Reduce outer islands' referrals by 50% Reduce budget for outer islands' referrals by 50% in 2017 | MOH PWD Kaupule of VTP and NNM | JICA India Government WHO UNFPA |
| NCD campaigning targeting to reduce diabetes prevalence | In 2013, diabetes prevalence of 14.5% was estimated for Tuvalu. | Develop new NDC Strategic Plan 2016-2020 Reform Public Health Unit Review of Food Safety Act Review of Public Health Act Review of No Tobacco Act Strengthening Educational Health Promotion unit | Reduce diabetes prevalence to 5% Reduce NCD referral cases by 50% NDC campaign regularly monitor | MOH | WHO UNFPA SPC UNICEF UNDP |
| Doctor to work on each island | This initiative is possible to be implemented when Cuban graduates completed their intern in 2017 | Initiate intern program for Cuban graduates Deploy general practitioners and midwives to outer islands | Minimum referrals to PMH Lifestyle and health-care services improved by 80% | MOH Kaupule MHARD MEYS | SCSSIP WHO |
| Evacuation aircraft | Need to have a feasibility study on a possibility of operating an evacuation aircraft, chopper or amphibian aircraft | TA to carry out the feasibility study If the initiative proves feasible then proposal follows | Emergency evacuation improved Cost of evacuation reduced | MOH MFED | WB NZ |
| PMH Fence | Fence will cease intruders from abusing PMH facilities and hence keep maintenance cost down | Design to be made by PWD Budget to be covered under SDE Tender the project to private sector | Cost of PMH maintenance reduced PMH facilities would last longer | MOH PWD MFED | MFED via SDE |

| Key Issues | Baseline | Strategies | Output/Target | Lead Agency | Support Agency |
|--|--|--|--|----------------------------------|---|
| TuFHA Youth Play Centre | The play centre would provide better healthy and wealthy lifestyles for youth | Design completed; Proposal to be submitted for funding | Youths would live in a social and economic lifestyles that is healthy and wealthy | MOH TuFHA MFED | JICA UNICEF UNFPA |
| PMH New Wing | The current PMH facility is already too small to carry out proper medical services such as paramedic and clinical services | Design to be developed; Consultation with a donor interested to build this new complex Submit proposal to Planning unit for possible donor | Clinical and Public health services improved Clinical and health staff would provide better health services to the public | MOH MFED PWD | JICA India Gov |
| Restructure Health sectors (HR and Remunerations) | Review of doctors, Nurses and paramedic salaries | TA to carry out the review of salary of health staff The review report to be submitted to cabinet for consideration | Brain drain would not affect the healthcare services in Tuvalu | MOH MFED Personnel | WHO SSCSiP |
| Construction of Private wards at PMH | This provide privacy to patients and also provides satisfactory to those who can afford pay services | Design to be developed Renovating old wing for this initiative Budget preparation | Patients Privacy at PMH improved | MOH MFED PWD | JICA India Gov |
| Retention Policy for Health Professionals | This policy is needed to retain our local health specialists from leaving the country | TA from SSCSiP to develop the policy Table the policy to cabinet for approval | Need this policy in 2016 prior to completion of local specialists in 2017 | MOH | SSCSiP WHO SPC |
| Upgrading of the Paediatric Ward to meet the standards | The new paediatric ward needs to be renovated to meet the necessary requirements | See PWD assistance in the renovation Seek budget assistance via SDE Submission to be made in 2016 budget | Paediatric ward improved and met the necessary requirements | MOH | MFED vis SDE |
| Development of the Health database to help the management to make good decisions | This initiative will improve decision making at the strategic level | Seek TA to develop the health database for the HQ | Decision making process improved Staffs at the strategic level would be able to make sound decisions quickly | MOH | Computer private company; SSCSiP |
| Construction of a Rehabilitation Centre at PMH | This rehab centre will use by the physio to carry out rehabilitation programs for patients | Procurement of materials Tender the contract to private sector | Rehab cases will be treated by the physio-therapist | MOH PWD | WHO PWD |

| Key Issues | Baseline | Strategies | Output/Target | Lead Agency | Support Agency |
|--|---|---|---|--------------------|--|
| Development of the bridging and internship program in Tuvalu | The bridging and internship program for Cuban graduates started in October with the bridging course and clinical internship to be carried out in Kiribati and Public Health block in Tuvalu | SSCSiP had already draft this program and need to be submitted to cabinet for approval | Improved clinical experiences | MOH MEYS | SSCSiP WHO |
| Maintenance of PMH annually | This is an ongoing maintenance program on annual basis | PMH to draft the maintenance plan | Improved health services at PMH Public exposed to better health facilities | MOH PWD | MFED (recurrent budget) |
| Recruitment of medical specialists | Due to the high pay rate of health specialists in the regional market, MOH has proposed to increase the package for specialist at a more competitive rate that can attract the specialists to work at PMH | Submit the proposed budget for 2016 Recruit the specialists using the SSCSiP network | TMTS referral cost would be decreased by 90 percent per annual | MOH MFED | SSCSiP WHO Fortis Healthcare Ltd Indian Gov |
| Construction of the Bulk Storage Facility | The current facility that is now being used is no longer suitable to store drugs and consumables | Design needs to be developed by PWD Submit proposal to MFED Tender the project to contractor | PMH would have proper storage facility | MOH PWD MFED | JICA Indian Gov |
| Construction of an Isolation Facility | The isolation at PMH needs to be relocated to a distant place from PMH | Design needs from PWD; Proposal and necessary documents to be submitted to MFED Procurement of materials by contractor Secure contract with the contractor | Patients admitted at PMH secured from infection by airborne diseases | MOH PWD | JICA |
| Construction of proper mortuary facility at PMH | The current mortuary at PMH cannot be used as a mortuary, PMH needs proper mortuary facility | This project to be discussed by JICA and MOH to come under the major renovation of the PMH by JICA this year | Mortuary facility at PMH improved and easily accessible to Public | MOH PWD | JICA |
| Ambulances to Nanumea and Vaitupu mini-hospitals | The 2 mini-hospitals needs proper transportation facility for evacuation of the patient | Proposal already discussed and agreed by the South Korean Gov but there is a need to follow up with MFATTEL | Better transportation facility for mini hospitals on the 2 islands | MOH MFATTEL | South Korea Gov |

| Key Issues | Baseline | Strategies | Output/Target | Lead Agency | Support Agency |
|---|--|---|--|----------------|---|
| Development of Tele-medicine network to support post-treatment and review | This facility will be needed at PMH for reviewing of patients during diagnosis and post-treatment | Indian government already committed to fund equipment for setting up tele-med in Tuvalu and one of the hospitals in India; Follow-up discussion with Fortis had been executed for equipment and communication setup with Fortis Escort | Post treatment would be possible to be done locally as well as diagnosis Local practitioners would improve their medical skills and also able to learn from diagnostic analysis | MOH | Indian Government Fortis Healthcare Ltd Chung Shan Medical University Hospital (CSMUH) |
| Dialysis Centre in Tuvalu | Dialysis is done in Fiji by Kidney Foundation of Fiji (KFF) but cost is a major concern due to the increase of renal cases | Need TA to design the dialysis centre on Funafuti Proposal for a dialysis needs cabinet approval Secure budget from development partners Procurement of materials | Renal cases would be able to be dialysed locally on Funafuti Reduction in dialysis cost under TMTS | MOH PWD | JICA Indian Govt. |

**PROPOSED MINISTRY OF HEALTH ORGANISATION CHART
(proposal after retreat workshop)**

