Kiribati Health Sector Support Program

Aide Memoire: Joint World Bank/WHO Health Team Visit
23 September to 1 October 2015

1. A joint World Bank and World Health Organization (WHO) team[1] visited Kiribati during the period 23 September to 1 October 2015. The main purpose of the visit was to explore options for improving the quality and timeliness of health and finance information to enable more effective management of resources in the Ministry of Health and Medical Services (MHMS). This included assessing opportunities to integrate financial reporting with service delivery data so that MHMS can monitor and report on expenditure against objectives and activities. This will enable MHMS to increasingly take a more 'whole of sector' approach to the allocation, use and monitoring of all available resources (from both Government of Kiribati and external funding from donors and others). These activities were recommended in the recently completed Health Financing Note discussed and agreed during the July joint health partner mission.

2. The team thanks the Government, particularly the MHMS Deputy Secretary and staff from the Health Information Unit and Accounts Unit, Ministry of Finance and Economic Development (MFED) and development partners for the useful discussions that took place.

3. Mission activities were hampered by (i) a two day flight delay from Nadi to Tarawa due to bad weather, leaving little time for the team to overlap and work together to assess the compatibility between the health and financial information data sets maintained by the Health Information Unit and Accounts Unit respectively; and (ii) the absence of the Senior Accountant in MHMS.

4. As part of its efforts to improve the oversight of the sector, MHMS convened its inaugural National Health Forum on 25 and 26 September 2015.

Key Issues/Findings

A. Overview of Health Sector Performance (including National Health Forum)

5. As highlighted in the Kiribati Health Financing Note 2015, the generally poor health outcomes and increasing pressures on health services, make it urgent for MHMS to have a strong management focus on overall health system performance and how finite resources (money, people and supplies/infrastructure) are being allocated and used to achieve the desired outcomes. At present it is very difficult, if not impossible, to have an up-to-date evidence-based assessment of service delivery and related sector performance across the country, as there is no regular monthly/quarterly/bi-annual/annual health and finance information reports routinely provided to health service managers. This reflects in part the lack of demand for routine health service performance information from senior

[1] The team comprised Ms Nicola Richards WHO (17 to 24 September) and Robert Flanagan, World Bank Senior Public Financial Management Specialist (arrived two days late due to the flight delays because of bad weather: 23 September to 1 October). Nick Dutta, Health Information Specialist, was expected to join the mission from 21 to 24 September, but given flight delay he did not end up joining the mission in-country but has provided inputs to discussion and documents from the mission.

management within MHMS as well as from central agencies. Without stronger stewardship/governance/management functions within MHMS it will not be possible to improve overall sector performance and make the most of all available resources.

6. At the National Health Forum various Departments within MHMS presented for discussion a statement of their service delivery achievements for 2015 to date, the challenges and gaps encountered and their proposals for the way forward (a summary of achievements and challenges presented is at Appendix A). Some common challenges identified include lack of staff and resources, lack of maintenance, and problems with record keeping. The MHMS Deputy Secretary advised that the information presented would now be used to revisit the national Health Strategic Plan 2016-2019 (HSP) and the annual operating plans for implementing the HSP. MHMS will be able to build on the lessons from this Forum to improve collaboration and oversight of sector planning and performance assessment next year and beyond.

B. Budget Execution 2015

7. The original recurrent budget allocation for MHMS for 2015 was $16,911,939 (AUD). Parliament has allocated a further $100,000 to help fund the cost of water supply to the MHMS by the Public Utilities Board. Of the new total of $17,011,938, 66% ($11,152,855) has been spent or committed as at 24 September, with approximately 75% of the year elapsed. A further $4,394,154 was allocated to the Ministry for development projects, including $1,235,350 for referrals. In August, Parliament increased the allocation for referrals by a further $900,000. The total allocation for referrals now stands at $2,135,350.

8. The recurrent budget is distributed to line items across the fifteen cost centres. Of the 177 line item allocations, at least 70 (40%) are currently overspent, according to the database maintained by the Accounts Unit. The incidence of overspending may in fact be higher as the value of purchase orders is not recorded in the database (*MHMS Recurrent.accdb*) maintained by the Accounts Unit. Accounts staff advised that the purchase orders are recorded in a manual register, with the number entered in the database at the time the payment voucher is recorded. The overspent items will require virements from other line item allocations to rectify before the end of the financial year. It is understood that MHMS has been meeting with MFED to discuss these virements.

9. Discussions with the MHMS Accountant indicate that significant payment arrears are also accumulating for three items – water supply, electricity and transport of employees. Arrears for water currently stands at $453,000, electricity $122,000 and transport of employees $33,000. The allocation for water supply now stands at $185,000 (original $85,000). However, the Accountant advises that the requirement now is in fact over $700,000 per annum. A new collection system for

rainwater and new header tank and pump has been installed on TCH campus so the expectation is that water demand should be dramatically reduced. It is also understood that the Public Utilities Board is considering the installation of solar panels at TCH. This will act to reduce demand for supplied electricity. As at 24 September, $25,909 was on issue as imprest. The mission was not able to ascertain comparable figures for imprests on issue as at 24 September in the previous year.

C. Budget Preparation 2016

10. The national Health Strategic Plan 2016-2019 has been lodged with MFED. The MHMS budget submission for 2016 has been forwarded to MFED, based on a ceiling the same as the 2015 allocation. MHMS has not yet forwarded any proposals for new funding. As advised by the Deputy Secretary, MHMS management will now review the information presented at the National Health Forum to determine if any revisions to the HSP together with any new funding requests are required.

11. With the national election scheduled for December, MFED is preparing the budget now and will rely on the Constitutional supply arrangements until the in-coming Government has the opportunity to present the budget to Parliament in the new year. (Under Section 110, if the Appropriation Act has not been passed for the year, the Minister of Finance may authorise the issue of funds to carry on public services at a level not exceeding the previous year for up to four months.)

D. Assessment of the Health Information System

12. The WHO Health Information Systems (HIS) Rapid Assessment Tool was used to guide discussions with the current MHMS HIS Manager. The assessment highlighted significant gaps in the current system across all six HIS components:
    - There is no national HIS policy or committee to guide strategic direction
    - While legislation exists for vital statistics and notifiable diseases, it is not regarded as adequate
    - There are dedicated human resources and budget for HIS, however there are questions around the adequacy of the budget, and staff capacity in data analysis and use is limited, and lines of responsibility are lacking
    - Hardware, software and networking infrastructure are poor
    - There are no national strategies for the collection of core indicators across the health sector
    - Data storage, management and transmission are weak
    - Staff are not appropriately skilled to transform data into information
    - Information products are not being regularly produced, thus not used in routine decision-making (the last annual report was for 2011).

13. While aware of the HIS Strategy developed in 2012 with support of the Australian Institute of Health and Welfare, the HIS Manager acknowledged it had not been finalised and was not being used to guide decisions and investments in the system. The HIS mapping document from 2011 was reviewed and found to be mostly accurate. Minor changes have occurred to the two Japanese International Cooperation Agency (JICA)-supported databases (KHIS and MS-1[2]); however, the system as a whole has not changed. There are two new volunteers starting in 2016, another IT database engineer and also an epidemiologist. In addition, the Taiwan Medical Program is running a sophisticated database covering patient information at eight NCD clinics. Patient data has been entered for approximately 3,000 patients including history, family history, current medications, health issues, and screening for diabetes and hypertension. The program is in its final two years and would like to migrate the database to the Ministry; however, no formal agreements have been made yet due to limited capacity within the HIS Unit.

E. Challenges for integrating Health and Finance Datasets

14. As documented in the Health Financing Note, the current distribution and recording of budget and expenditure does not facilitate reporting against strategic objectives or annual operating plan activities. The HIS data are collected and recorded by health facility (hospital, health centre, clinic/dispensary). The recurrent costs are recorded differently with costs coded to the following fifteen cost centres: Administration, Support Services, Public Health, Curative, Mental Health, Laboratory, Radiology, Pharmacy, Physiotherapy, Medical Training, Dental Services, Nursing Services, Linnix Services, Southern Kiribati Hospital, and Betio Central Hospital. Opportunities exist to adopt broad rules of thumb for allocating costs to the HSP objectives and annual plan activities.

15. Nurse and medical assistant salaries (nearly 49% of total payroll) are all charged to Nursing Services, whether they are working at a clinic, health centre, hospital or administration. As a result, the Ministry's ledger does not record the actual costs of running each service delivery unit. Proxy measures will therefore be required to estimate the costs attributable to each of these service delivery units. The staff establishment register does not currently identify location for approved positions. It was also advised that the payroll system does not record location either. The Nursing Department is aware of where nurses and medical assistants are deployed. Inclusion of staffing data in the MS 1 data collection forms used for the various HIS databases should also be considered. If this information can be

[2] The Kiribati Health Information System (KHIS) is a hospital-based patient information system, used primarily at TCH in the medical records unit and medical ward. The Monthly Consolidated Statistics Report (MS-1) is completed by all other health facilities and hospitals apart from TCH, but the data from these are not being analysed or used.

collected readily (and cost effectively), it can provide a very useful means of allocating costs to MHMS activities.

16. It is acknowledged that both the MHMS and the Government more broadly are keen to integrate financial reporting and service delivery data. (MFED plans to introduce program budgeting by 2019.) However, the mission team believes it preferable that MHMS adopts a "first things first" approach. It is recommended that before proceeding to allocate MHMS costs to objectives and activities, the following issues need to be addressed:

    - Ensure the Ministry's ledger, as maintained in the current database, reflects more accurately the cost composition of MHMS. This requires a distribution of budget funds that reflects where costs are incurred within the current cost centre structure. (The preferred approach would be to move towards a more service-oriented cost centre structure but this may not be feasible in the short term. Such a restructure may also need to fit in with MFED's plans to introduce program budgeting by 2019.)
    - Ensure timely processing of virements and enforcement of budgetary control over allocations. If insufficient funds are allocated, then expenditure should not proceed until the necessary funds become available – bar extenuating circumstances. To be effective, this will require that purchase orders are recorded in the database when issued and that longer term better planning and budget processes are in place.
    - Ensure regular management oversight of budget allocations and expenditure through timely and accurate monthly financial reporting within MHMS.

17. Once these issues have been addressed, it should be then possible to employ a mapping process based on agreed indicators to attribute those costs to objectives and activities. Such mapped financial data could then be presented alongside service delivery measures collected through the HIS. Possible indicators might include: staff numbers at locations, outpatient statistics, inpatient statistics, outreach visits, along with other relevant HIS data reflecting key indicators for reproductive, maternal and child health services, NCDs and communicable diseases.

18. In summary, some specific tasks and processes for improved finance and health information (prerequisites) need to be in place for MHMS to have adequate oversight of health system performance. This will enable both MHMS and its development partners to move towards a 'whole-of sector' approach to the way resources are allocated, monitored for implementation and results, and reported on. These prerequisites, together with the action necessary to establish them, are set out below:

Prerequisite	Actions	Who
Short Term		

Prerequisite	Actions	Who
MHMS budget allocations/distributions reflect cost structure	Review current distribution of funds across line items and cost centres Process virements to ensure credible allocations reflecting priorities and costs	Finance Unit Senior MHMS management MFED
Vote Book database reflects accurate funds availability	Record all LPOs in Vote Book database when issued	Finance Unit
Timely, accurate financial reports available	Conduct quality assurance review of financial data at the end of each month • Close of month (ensure all outstanding transactions have been posted) • Review trial balance • Identify and correct any posting errors • Review aged receivables • Review outstanding LPOs • Review aged payables Produce and distribute monthly financial report Consult with senior management on what is most useful for them for decision making and go	Finance Unit, supported by short term technical assistance

Prerequisite	Actions	Who
	through proposed report as a tea.m	
Timely, accurate, comprehensive and consolidated health information	WHO and JICA support to improve HIS data (comprehensive, timely, accurate, relevant) Agree with MHMS management what a core set of management indicators should be for routine monthly reporting.	HIU, WHO, JICA Senior MHMS management
Responsive management review of these reports	Consult with senior management on what is most useful for them for decision making and go through proposed report as a team	Senior MHMS management, supported by short term technical assistance
Medium to Longer Term		
Selected Indicators/measures	Determine key objectives/ activities to present financial and non financial performance Agree on methodology for allocating costs to those key objectives/ activities	Senior MHMS management, supported by short term technical assistance
Reports that link key service delivery achievements with financial performance	Establish timetable and format for preparation of consolidated reports, including interim deadlines for both Finance Unit and Health Information Unit Produce reports	Finance Unit, HIU, supported by short term technical assistance

Prerequisite	Actions	Who
Financial transactions coded to programs/sub-programs	Introduce program budgeting	MHMS in conjunction with MFED. Technical assistance as required.

F. Next Steps

19. With a national election scheduled in Kiribati for December 2015, it is appreciated that any major decisions about health sector support arrangements will need to wait until the incoming Government arrangements are in place following the election. Nonetheless, more can be done now within MHMS to develop adequate oversight of health system performance. These specific tasks and processes are set out under 'short term' in the table above. Once these foundations are in place for improved finance and health information both MHMS and its development partners will be in a position to move towards a 'whole-of sector' approach to the way resources are allocated, monitored for implementation and results, and reported on. This will help to (i) reduce the fragmented approach to development in the health sector, and (ii) make more efficient and effective use of all the resources available (Government and external funds).

20. Most immediately, the Government of Kiribati (GoK)/MHMS will need to provide feedback on this Aide Memoire, particularly whether it would like to proceed with setting in place the prerequisites outlined in the table above. If agreed, the following steps are required:
    a) WHO and World Bank to work with HIS and Finance Unit staff respectively to complete draft terms of reference (ToRs) for additional technical assistance in finance and health information units
    b) GoK/MHMS to approve final ToRs
    c) WHO and World Bank to follow up on recruitment arrangements
    d) Agree date with GoK/MHMS for small joint mission in mid-late November to follow-up on progress with prerequisites noted above
    e) GoK/MHMS to advise on a tentative date for a broader joint mission in the first quarter of 2016, once the in-coming Government is in place and able to engage in discussions on health sector support arrangements with development partners. We suggest that a Health Sector Coordination Committee be held at that time to serve as a joint annual review of sector performance. This would focus on what was achieved in 2015 and what this means for further modification of the annual workplans in 2016 to meet the HSP priorities. If wanted by MHMS, development partners can assist MHMS with preparations for this meeting.

Kiribati National Health Forum 2015 Department	**Reported Achievements**					
Districts	Many new clinics to increase accessibility	All sites are staffed	Timely submission of MS1 Forms	Guidelines are in place	Equipment has been provided (radios, motorcycles, solar panels)	Communities are participating
Non Communicable Diseases	Outreach program to Government Ministries for check ups	Mental Health GAP training provided to medical staff	Outreach program commenced for community check ups	STEPS Survey 2015	Rollout of PEN program to seven clinics and two health facilities on outer islands	
Diabetes Control	New volunteer from JICA working with two staff members at the clinic	Involvement in STEPS Survey	Health Information System provided as part of Taiwan Medical Program	Consistent distribution of diabetic passports to diabetic and hypertension patients		
Infection Control (Ophthalmology)	Not reported					
Reproductive Health (Gynaecology, Family Planning)	Family planning – outer island outreach program, Nonouti, Butaritari	Healthy Family clinic in hospital	Family planning capacity building, RAMNCAH vehicle provided, Family planning guideline book produced	Youth peer training and network	1,388 contraceptive users Jan to May 2015	Ten family planning community awareness sessions in South Tarawa

Kiribati National Health Forum 2015 Department	**Reported Achievements**					
Gender Based Violence	Standard operating procedures introduced in Kiritimati and Southern Kiribati Hospitals	Ongoing training at Betio and Tungaru Central Hospitals	Community advocacy and awareness	Counselling and Training to health staff	Emergency pill now included for all clinics and hospitals	Funds provided for Healthy Families Clinic
Safe Motherhood	Emergency Obstetric and Neonatal Care training	Checklist for minimum of four quality of care visits for expectant mothers	Prevention of Parent to Child Transmission visits and clinics	Accreditation of Tungaru and Betio hospitals for MBFHI	Postnatal visits	Ongoing maternal and child health audit
Expanded Program for Immunisation	14,692 vaccinations administered (Jan to Jun 2015)	Kiribati was declared polio free in 2000 and has remained polio-free since	Endemic measles transmission interrupted in the Pacific Islands	In 2015, Kiribati introduced two new vaccines (IPV and rotavirus)		
Integrated Management of Childhood Illness	Emergency/Outpatient Triage	Cases are easily seen by Doctors or referred to Emergency/OPD or Paediatric clinic	Availability of drug supply (ordering through pharmacy)	One to one assessment- children are not mix with adults		
Continuity of Care and Mother Baby Friendly Hospital Initiative	Strengthening of COC/MBFHI integration in Public Health clinics	Increased number of COC/MBFHI cases identified/followed up	Transport provided for outreach, monitoring and evaluation and dissemination of COC/MBFHI forms			
Rheumatic Heart Disease	108 staff trained	Protocol finalised and in place	1,772 children screened	World Heart Day function conducted		

Kiribati National Health Forum 2015 Department	**Reported Achievements**					
KITP	Clinical rotation completed for seven interns	Short courses delivered	Transition plan in place			
KSON	Good support from MHMS and development partners	Integrated and contextualized diploma program	More accreditation opportunities	More resources - library, computers, staff		
TB Dots program (Directly Observed Treatments)	Strengthened active case findings	Established collaboration framework	100% DOT coverage South Tarawa and Betio	Kiribati still MDR-TB free	Provision of some new equipment (XpertMTB/RIF machine)	Treatment success rate remains above 85%
HIV	Accreditation	Inclusion of key messages on cell phone recharge cards	Provision of another Gene Xpert machine for viral loads and STI tests			
Leprosy	Outreach program implemented	Strong collaboration with WHO and PLF	Awareness campaign well-received			
Private	Additional equipment	Some maintenance completed				
Medical	Some new equipment (water dispenser, refrigerator, ceiling fans etc)					
Paediatric & NICU	Some new equipment	Renovated facility for isolation	Upgraded skills and training			

Kiribati National Health Forum 2015 Department	**Reported Achievements**					
Surgical	Majority of patient evaluations are positive	Many interns and doctors involved in ward rounds on Mondays, Wednesdays and Fridays	Refrigerator and wheel chair received last month			
Obstetrics and Antenatal Care	Reduced number of stillbirths and intra-uterine deaths	Regular case review meetings	Majority of ward staff are midwives	Regular Emergency Obstetric Care drills, handovers, teamwork, communication	Staff perseverance	
Tuberculosis Ward	Isolation ward for infection control	Rainwater availability for sanitation	Proper documentation	Staff cooperation	Some equipment available	
Emergency Department	Procurement of new equipment	Staff skills program, in house training, work attachments	Completion of minor renovations	Five additional staff		
Outpatients Department	Caseload report					
Operating Theatre	Qualified endoscopy nurse back from training	Visiting teams bringing new skills	Hard working and committed nurses	Successes despite inadequate instruments	Team work	
Te Meeria	Opening of a female dormitory	Staff training (three workshops this year)	Home visits	Overseas training		
Betio Hospital – General Ward	Two day workshop on the emergency primary trauma care for all Betio staff	Participation in Gender Based Violence workshop	One day workshop on paediatrics for all Betio staff			

Kiribati National Health Forum 2015 Department	**Reported Achievements**					
Betio Hospital – Maternity Ward	Seawall has been improved	Additional equipment provided (autoclave, photocopier)				
Administration (including Support and Cleaning Services)	Increase in MHMS establishment, recruitment, timely submission of requirements	File census and new file index, employment seekers database, improved office layout with clean storage	Votebook database, new permanent staff	Improved transportation for outreach, more ambulances, more ambulance operators	Cleaning and security outsourced, capacity training, creation of new Stores Officer position	
Nutrition	Production of a cookbook for under 5's	Increased number of children attending monthly clinics	Timely follow up of mothers by support group members	New volunteer assisting with initiatives		
Kitchen	Introduction of local produce	Improvements in patient meals	More space is now available			
Health Promotion	Tobacco free island outreach	Open defecation free island outreach	Posters and pamphlets and other promotional activities			
Environmental Health	Legislation developed - food safety, public health regulations	Review of Quarantine Ordinance in pipeline				
Health Information Unit	Mortality Reporting Tool completed	Communicable Disease Monthly Surveillance Report completed	Two electronic health record systems developed and maintained by JICA			

Kiribati National Health Forum 2015 Department	**Reported Achievements**					
Rehabilitation Services (TRS)	New facility completed in June	All required machines and equipment provided	Support to students studying overseas	Provision of a wheelchair service		
Dental	Phase 1 School Dental Program completed	National Tooth Brushing Day	Partnership with Colgate Palmolive	Continuing professional development and refresher training	Incorporation of oral health services in strategic plan	
Pharmacy	Not reported					
Medical Imaging	Not reported					
TCH Laboratory Services	Five clinical disciplines available	Water and marine food monitoring	Qualified staff, training	Strengthened surveillance of communicable diseases	External quality assessment program	Working tools and guidelines in place
TB Laboratory Services	Liquid culture introduced in 2012	Gene-Xpert machine acquired				
Biomedical Services	Not reported					
Nursing Services	Increased training opportunities	Increased number of midwives	Posting of skilled staff	Increase in nurse volunteers		
Eye Clinic	Increased number of eye nurses	Outer islands outreach program	Approved funding for eye clinic equipment			

Kiribati National Health Forum 2015 Department	**Reported Challenges**					
Districts	Lack of maintenance	Staff not replaced when on leave	Further training and guidelines required	Further community participation required		
Non Communicable Diseases	Shortage of funds	Unhealthy lifestyles	Poor soil for vegetation and scarcity of gardening tools	Overcrowding and lack of land	No specialised NCD Unit	
Diabetes Control	Poor referral system - collaboration between diabetic clinic and surgical and medical clinics is loosely structured	Staffing is insufficient	Patients still relying on traditional remedies	Unavailability of NCD doctor		
Infection Control (Ophthalmology)	Not reported					
Reproductive Health (Gynaecology, Family Planning)	Limited staff	Drug stockouts	Limited equipment	Poor data recording		
Gender Based Violence	No proper handover from the start	Long waiting times	Poor data collection and reporting	Lack of space	Staff turnover, no psychologist at Emergency Department	Funding delays
Safe Motherhood	High staff turnover	Competencies not achieved	Recording and reporting problems	Funding delays	Inadequate M&E	

Kiribati National Health Forum 2015 Department	**Reported Challenges**					
Expanded Program for Immunisation	Transport	Inadequate cold chain capacity	Shortage of staff	Inadequate funding		
Integrated Management of Childhood Illness	Minimal space	Lack of facilities	Need assistance from interns			
Continuity of Care and Mother Baby Friendly Hospital Initiative	Some forms are not sent because of lack of address details	Incomplete admission/discharge books	Certain clinics have poor or no follow up of COC/MBFHI cases			
Rheumatic Heart Disease	Manage database	Improve treatment compliance	Promote adequate supply of benza to clinics	Standardise patient care	Establish reporting system	Include RHD with NCD's
KITP	Better planning, collaboration and communication is required within the Ministry	More resources are required	Organisational structure requires amendment	KITP Review		
KSON	Low priority for MHMS, conflict of interests	Limited budget	Infrastructure issues	Workforce issues	Resource and equipment issues	Safety/security issues
TB Dots program	Sustainability	Staffing	Urbanisation and population pressures	Dis-proportionate diabetes burden on TB control		
HIV	Low rate of post-test counselling	No HIV policy or STI referral protocol	Poor data coordination			
Leprosy	Staff issues	Lack of skills	Lack of resources	Transport problems		

Kiribati National Health Forum 2015 Department	**Reported Challenges**					
Private	Ongoing maintenance issues	Lack of staff				
Medical	No water	Not clean	Lack of medicines	Poor storage	Water penetration	
Paediatric & NICU	Poor condition of facilities	Staff deficiencies				
Surgical	Lack of staff	Too many caretakers	Limited dressings	Too many patients	Lack of water and leaks	
Obstetrics and Antenatal Care	Lack of medicines and supplies	Lack of staff	Poor data availability	Patient queuing	Damage to facility	Limited/old fashion pamphlets
Tuberculosis Ward	Poor condition of facilities	Equipment	Maintenance issues			
Emergency Department	Lack of proper data management system	Lack of an effective and efficient admission and discharge system or protocol	Influx of non-emergency cases	Dealing with other non-core tasks	Recurring stockout of medical supplies, lack of or defective essential equipment, disappearance of tools and equipment	Lack of specialised skills and experience
Outpatients Department	Poor condition of facilities					
Operating Theatre	Lack of staff	Lack of training	Autoclave needed	Renovations required - theatres, plumbing	Facility needed for recovering patients	
Te Meeria	Poor infrastructure - male dormitory and dining room	High patient to staff ratio	Monitoring of staff for patient care	Clinical attachments	Shortage of drugs	

Kiribati National Health Forum 2015 Department	**Reported Challenges**					
Betio Hospital – General Ward	Poor ICT and other equipment	Poor transport	Shortage of staff (no specialists)	Problems with X ray, Laboratory	Security Fence	Caretakers
Betio Hospital – Maternity Ward	Gaps with equipment and security					
Administration (including Support and Cleaning Services)	Resource management, monitoring and time management	Lack of equipment, storage	Lack of staff, capacity constraints	High fuel consumption, scheduling for emergency responses, reliance on external service providers		
Nutrition	Limited staff	Limited funds	Lack of compliance with School Food policy	Idle nutrition committees and support groups		
Kitchen	Poor pest control	Poor storage facilities	Lack of transport	Lack of funds		
Health Promotion	Staff shortages	Lack of funds	Equipment problems			
Environmental Health	Workload too much for current staff	Staff attitude	Dependency on project funding	Formal training needed	Enforcement of regulations	Protocols still incomplete
Health Information Unit	Data quality	Lack of staff and skills	Poor equipment	Health data fragmentation		
Rehabilitation Services (TRS)	Ongoing clinical placements	Staff overloaded	New positions needed	New structure needed	Transport needed for outreach	Future decentralisation

Kiribati National Health Forum 2015 Department	**Reported Challenges**					
Dental	Financial sustainability	Lack of infrastructure	Lack of staff	Competing priorities	Poor data collection and recording	High burden of disease, low awareness, low patient compliance, occupational health issues
Pharmacy	Stockouts - impact across entire MHMS	Lack of supplier relationships, limited storage	Outdated Pharmacy and Poisons Ordinance	No response to reported issues by MHMS, lack of budget compliance	Lack of compliance to treatment guidelines, treatment guidelines outdated, poor recording	Suspected overuse of antibiotics
Medical Imaging	Not reported					
TCH Laboratory Services	Lack of resources	Human resources and training, compliance	Procurement issues	Improvement in database	Increasing demand for services	
TB Laboratory Services	Not reported					
Biomedical Services	Not reported					
Nursing Services	Separation of Nursing Act (currently part of Medical Act)	Analysis of data	Management vacancies	Implementation of developed competencies		
Eye Clinic	Lack of equipment including a laser machine, surgery sets, consumables	Lack of space	High workload because of insufficient staff			