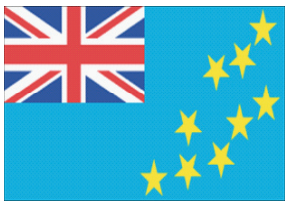
SITUATIONAL ANALYSIS OF SPECIALIST CLINICAL SERVICES - 2010



IN TUVALU

STRENGTHENING SPECIALISED CLINICAL SERVICES IN THE PACIFIC PROGRAM

An Australian Government, AusAID initiative

Implemented by the Fiji School of Medicine

Fiji School of Medicine
A Commitment to Excellence in Training and Education of Health Professionals

Australian Government
AusAID

SITUATIONAL ANALYSIS
OF
SPECIALISED CLINICAL SERVICES
IN
TUVALU
2010

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Strengthening Specialised Clinical Services Program,
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Acknowledgements

This situational analysis report of Tuvalu is a combined effort of the relevant stakeholders within the Ministry of Health and the government of Tuvalu forming part of a collaborative undertaking between the Ministry of Health in Tuvalu and the Fiji School of Medicine.

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The Data collection tool was reviewed by the consultants recruited to conduct thesituational analysis – Mrs. Debbie Sorensen, Dr Rosalina Saaga-Banuve, Dr GregoryDever; the SSCSIP Senior Clinical Advisors Mr. Eddie McCaig and Mr. Kiki Maoate; and the DaCT team – Dr Berlin Kafoa and Dr Silina Motufaga.

The Situational Analysis in Tuvalu was conducted by Dr Silina Motufaga with in-country support from Dr Stephen Homasi and report write up completed by Dr Silina Motufaga. The report was reviewed by the SSCSIP's Technical Advisory Group comprising ofProfessor Ian Rouse, Mr. Eddie McCaig, Mr. Kiki Maoate, Dr Gregory Dever, Lord DrViliami Tangi, Dr Ifereimi Waqanibete, Mrs Debbie Sorensen, and Mrs.PauliniSesevu(AusAID).The Situational Analysis and the publication of this report would have not been possiblewithout the funding support provided by the Australian Government, through the SSCSIP.

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Foreword

A core element of a functional health system is the ability to provide curative health services and the mainstay of these services at the community level is primary health care which is reflected in country national strategic plans. PICs in addition need their secondary and tertiary services to address more complex established or non-preventable conditions, support health care workers in the community, and meet community expectations of effective health care.

For an island country with a relatively small population such as Tuvalu, the capacity of its health workforce often restricts the range of specialized clinical services that can be provided. There is now a greater focus in enhancing its own capacity to deliver more of these specialized services with a greater level of coordination of assistance for specialized clinical care which ultimately supports a health care system that is responsive to the people's needs and expectations.

We are most grateful for the support of our development partners in assisting us in improving our capacity to deliver and support specialized clinical services and we emphasize the need to also take on a more active role in the planning, management and evaluation of specialist clinical services provided to our people.

We all agree that the capacity to deliver specialized clinical services differ between countries, and therefore regional initiatives to strengthen specialist clinical services need to be tailored to meet each country's specific needs and situation. For Tuvalu, this would be in the form of addressing its health capacity and needs towards the planning of any support and development to be realistic and countryspecific.

This report describes the current state of specialized clinical service planning, provision andmanagement in Tuvalu and provides a fundamental and useful planning tool and baseline information for the Ministry of Health, our development partners and regional stakeholders in our efforts to strengthen specialized clinical services in Tuvalu. In addition, this report will provide a snapshot of the gaps and challenges we have to overcome in order to achieve these efforts and provide us with a platform for better planning and forecast of specialised clinical services to Tuvalu in the next two decades.

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Minister/Secretary of Health

Ministry of Health

Tuvalu

Acronyms

APLS	Advanced Paediatric Life Support
AusAID	Australian government aid program
CPD	Continuing Professional Development
DaCT	Development and coordination team
EMST	Emergency Management of Severe Trauma
FPBS	Fiji Pharmaceutical Services & Biomedical Centre
FSMed	Fiji School of Medicine
ICU	Intensive Care Unit
M&E	Monitoring and evaluation
MBBS	Bachelor of Medicine Bachelor of Surgery
MMed	Masters in Medicine
MoH	Ministry of Health
MPH	Master in Public Health
NZAID	NZ Aid development
NZMTS	New Zealand Medical Treatment Scheme
PACTAM	Pacific Technical Assistance Mechanism
PGDip	Postgraduate Diploma
PH	Public health
PIC	Pacific Island Countries
PIP	Pacific Islands project
PMH	Princess Margaret hospital
RACS	Royal Australasian College of Surgeons
SSCSiP	Strengthening specialized clinical services in the Pacific
TMMT	Taiwan Medical Mobile team
TWG	Technical Working Group
UPNG	University of Papua New Guinea

Executive Summary

This report provides a snapshot of the current state of specialized clinical services planning,provision and management in Tuvalu. The situational analysis was conducted through discussionswith key individuals and the availability of Ministry of Health records and data system.

Like many small Pacific Island Countries (PICs), the range of general clinical services offered in Tuvalu is dependent on the skills and capabilities of the doctors currently working at the Princess Margaret hospital (PMH). The PMH since its renovation has been able to provide support services for basic medical clinical care for the major disciples of medicine, surgery, paediatric and obstetrics and gynaecology.

Allspecialized clinical service needs in Tuvalu are addressed throughvisiting clinical specialists and offshore referrals. In 2010, visiting specialized clinical teams toTuvalu were the teams from the Royal Australian College of Surgeons (RACS) and the TaiwanMobile Medical teams. The planning process for visiting clinical teams involves an end of the year meeting with the Minister of Health including a planner for specialized clinical service for the following year. This is then forwarded to the relevant specialized visiting teams.

The Ministry of Health provides support to these visiting teams in the form of accommodation, transport, tax exemptions and gifts for the visiting specialists. Given the high demand for their services, the visiting teams spend most of their time onservice delivery and little emphasis on any formal or pre-agreed capacity building activities for the local medical officers. This is usually in the form of lunch hour presentations and assistance in surgical procedures. There has not been an evaluation of the effectiveness of the services provided by the visiting team by the Ministry of Health.

For 2010, there were a total of 12 medical officers in Tuvalu of which 8 were locals and 4 were expatriates. Since then, there are 2 local medical officersundergoing postgraduate training abroad. Offshore referrals for specialized clinical care are coordinated by the Director of Health in collaboration with the referral committee and guided by the TMTS. The total number of offshore referrals for 2010 was 219 and they were mostly referred to Fiji.

This report will highlight and bring into detail the specialized clinical services that are provided in Tuvalu, the various challenges faced by Tuvalu Ministry of Health in addressing patient care and needs and the recommendations provided by health personnel.

1.0 Background and Rationale

A core element of a functional health system is the ability to provide curative health services. While community level primary care is the mainstay of these services (and is acknowledged as such in national health strategic plans in the Pacific), there is a parallel need for secondary and tertiary services to address more complex established or non-preventable conditions, support health care workers in the community and meet community expectations for effective health care. The isolation and relatively small populations of many Pacific Island countries and the capacity of their health workforce often restrict the range of specialized clinical services that they are able to provide. For more than two decades, gaps in these services have been filled by visiting individual specialists and teams (funded through government, donors and charitable organizations), and by off-shore referrals for treatment in countries able to provide a higher level of care.

While service delivery and quality are highly appreciated, Pacific Island countries have requested a greater focus on enhancing their own capacity to deliver more of these specialized services, and a greater level of coordination of assistance for specialized clinical care.

Strengthening of Specialized Clinical Services in the Pacific (SSCSiP) is a new AusAID-funded Program tasked with supporting Pacific Island countries to plan for, access, host and evaluate specialized clinical services; and strengthening local health worker skills, capacity and capability to meet clinical service needs. The underlying rationale for the program is to achieve better planning and improved local capacity to meet secondary and tertiary health needs in a way that is appropriately balanced against each country's primary and preventive care priorities.

The FSMed has been engaged by AusAID to implement the program, from June 2010 initially for 24 months; thereafter extension of the contract would be considered for a further 2-4 year period following an independent review of the Program's effectiveness and efficiency.

The program is currently implemented by the Development and Coordination Team (DaCT), based at the Fiji School of Medicine, which will work closely with all participating countries and specialized clinical service providers. The work of the DaCT team will be guided by the SSCSiP Working Group, the program Clinical Specialist Advisors, and the Pacific Island Ministries of Health.

2.0 Objectives

Given the diversity in clinical services capacity around the region, there will be no 'one size fits all' solution for the region's specialized clinical needs. To allow DaCT to better plan and fulfill its role in supporting and strengthening specialized clinical services in the Pacific, there is a need for country-specific baseline data to allow the Program to map the required needs of each country.

Specifically, this situational analysis aims to:

- Document how Tuvalu delivers general and specialized clinical services.
- Document how Tuvalu plans for, access and hosts specialist clinical teams.
- Document the contributions of each visiting specialist service provider towards
    - Provision of specialized clinical services to Tuvalu with visit reports, current and future plans and evaluation of visits
    - Training and capacity building of local staff,
- Map national capacity for specialized clinical services, and the current external support provided to address service needs.
- Document the process for referring patients requiring specialist clinical services offshore.

3. 0 Methodology

In March 2011, six consultants were recruited to conduct the situational analysis in all the 14 participating PICs assisted by their clinical directors. The data collection tools used for this exercise is attached as an Annex 6. The data collection for Tuvalu mainly involved

- Interviews and discussions with the Director of health and committees, nursing officials and various health personnel.
- Obtaining 2010 data, policies and guidelines relating to specialist clinical services

4.0 Results

4.1 The National Context

The country of Tuvalu is the fourth smallest country in the world by land mass and the smallest member of the United Nations by population. It is situated south of Kiribati and lies halfway between Australia and Hawaii. It consists of 5 coral atolls and 4 reef islands of which the highest point is no greater than 15feet (5 metres).

The estimated population in 2009 was said to have reached 11 093 with at least 50% of its population living in the capital of Funafuti. There is the one major hospital Princess Margaret hospital (PMH) which was built in 2003 by funding from the Japan government.

2008 was a year of health reform guided by the influx of new medical graduates, majority graduating from the Fiji School of Medicine in the late 1990s and early 2000s. The development of the Health Strategic Plan 2009-2019 (Annex 1)incorporated Tuvalu's vision and mission with their four main objectives

OUR VISION

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

OUR MISSION

1. Ensure legislative and budgetary support for efficient and effective health services for the people of Tuvalu.
2. Provide high quality and cost effective management of health services
3. Improve quality and cost effectiveness of curative medical services
4. Improve the health of the people of Tuvalu.

During this period, development of health infrastructure continued with a new health centre built at Vaitupu Island, at Niutao and Niu Island respectively and funding provided by the Japanese Grassroots projects. These new centres aimed at improving the delivery of health services to the outer islands with facilities for inpatient care.

4.2 General Clinical Services

The 50 bedded PMH offers basic routine medical, surgical, obstetrics and gynaecology (O&G) services with anaesthesia supporting the surgical procedures (see Table 1). The general ward houses both medical and surgical cases, then you have 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 services come under general medicine but have a separate ward for it. Support services include a modern facilitated laboratory and an x-ray department

4.3 Visiting Specialized Clinical Service Providers

4.3.1 Visits in 2010

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.

Table 1: Specialised clinical services delivered by visiting clinical teams in 2010

Clinical Services provided	No. of visits	Source/origin of assistance	Comments
Orthopaedics	1	RACS, TMMT	TMMT provides clinic services only. They don't performsurgical procedures. Visited PMH.
Interplast	0		All interplast cases have been completed and the services are provided for when there is a request for it.
Opthalmology	1	RACS, TMMT	For RACS, the services vary annually depending on the request by Tuvalu. Visited PMH
ENT	1	RACS, TMMT	
Dermatology	1	RACS, TMMT	
Urology	1	RACS, TMMT	
Paediatric surgery	0		Cases are usually referred or evacuated to Fiji or New Zealand
Neurology	0		
Neurosurgery	0		
Cardiology	1	RACS, TMMT	Clinic services only. No surgical procedures performed. Visited PMH
Diabetes medical team	1	RACS	A request by the Ministry of Health on an anuual basis. Visited PMH

(SOURCE: Ministry of Health, Tuvalu government)

The RACS makes one visit a year and provides all the services listed in table 1. The visiting Taiwan team,althoughcomprised of a team of experts, were not able to conduct any surgical procedures and concerns were raised as to the feasibility of the visits which is arranged by the Ministry of Foreign Affairs. All specialized services are offered at PMH and visiting teams also conduct clinics with patients pre-booked in for such visits. Patients who can afford to pay for consultations and treatment overseas usually arrange their own visits or are referred by the medical officers concerned.

4.3.2 Planning for visiting specialized clinical service providers

RACS through the Pacific Islands project, which is funded by AusAID, has been providing services since the early 1990s from infrequent visits to a routine annual visit as needed and scheduled together with the Ministry of Health (Annex 2). These specialized visits are planned in 31stDecember at the Annual review Meeting when the reports of the previous visits for the year are presented to the Minister of year. The type of medical services needed is then decided depending on case loads and patient needs. The committee includes the Director of Health, the medical officer in charge of medical services and of nursing services. With the endorsement of the Minister of Health, the dates of the visits are then negotiated with the visiting teams and this is rostered into the medical services work plan for the following year.

4.3.3 Government support for visiting Service Providers

The Ministry of Health provides support to these visiting teams through the form of transport and hosting an evening cocktail, lunch or dinner to the cost of $AUD600. Although accommodation and logistics is carried out by the Ministry, this is paid for by the visiting teams. Traditional gifts are also bought for the visiting specialists and their excess luggage to and from Tuvalu are taken care of by government with no taxation on goods and equipment.

4.3.4 Capacity c building

Continuing medical education is strongly encouraged with the few local medical officers in the Ministry and this occurs every Wednesday in the form of clinical presentations, mortality audits and/or journal clubs. Visits made by the specialised service providers are looked forward to by the medical officers when these lunch hour presentations are conducted. The visiting surgical teams allow training with local surgeons through assistance during operation procedures thus enhancing their skills in surgical techniques and procedures. This is considered adequate for the local doctors.

4.3.5 Reporting and monitoring

The monitoring of visits is conducted during the reporting period at the end of the year, 31st December. The RACS reports is looked at during this time and the medical officers voice their opinions on challenges faced during these team visits and lessons learnt.

4.4 Human Resources

4.4.1 Medical officers

There is no documented or registered definition of a specialist in Tuvalu. All medical officers are inducted into the government salary structure at a level above the USP graduates. Accomplishment of post graduate studies allows an extra increment exclusive of the normal increments accredited annually.

The total number of medical officers registered in Tuvalu in 2010 was 12, of whom 8 were local medicalofficers and 4 were Cuban national expatriates. All local medical officers are well under the age of 50 indicating a young task force of professionals within the Ministry of Health. The four Cuban nationals working in Tuvalu were recruited from Cuba under the agreement between the government of Tuvalu and the Cuba Medical program. *(source: MOH Annual report 2009)*

Table 2: Profile of local and expatriate Medical Officers working in Tuvalu

Name	Age	Sex	Ethnicity	Qualification(s)
Director of Health; Surgeon; STI & HIV MO	38	M	Tuvaluan	MBBS (Fiji); MMed (Aust); PGDip Surgery (Fiji)
Chief Medical Officer Public Health	39	F	Tuvaluan	MBBS (Fiji); MPH (UH, Hawaii)
Anaesthetist	40	F	Tuvaluan	MBBS (Fiji); PGDip Anaesthesia (Fiji)
Paediatric Medical Officer	34	F	Tuvaluan	MBBS (Fiji); PGDip Child Health (Fiji)
O&G Medical Officer	39	F	Tuvaluan	MBBS (Fiji); PGDip OBGyn (Fiji)
Physician			Cuban	MPH (Cuba)
OBGyn		M	Cuban	Masters in OBGyn (Cuba)
Paeds MO			Cuban	Masters in Paeds (Cuba)
Surgeon		M	Cuban	Masters in Surgery (Cuba)

(SOURCE: Ministry of Health, Tuvalu government)

4.4.2 Postgraduate training

There are currently 2 medical officers undergoing postgraduate training- the Master of Medicine in Anaesthesia at the FSMed and Masters program in Obstetrics and Gynaecology at UPNG.

Table 3: Local doctors undergoing specialist training in 2011

Name	Age	Sex	Training Institution	Speciality & Comments (completion dates)
OBGyn MO	38	M	UPNG	OBGyn - Masters program Year 1
Anaesthetist	29	M	FSMed	Anaesthesia - Masters program Year 2

(SOURCE: Ministry of Health, Tuvalu government)

4.4.3 Nursing

There are no documented criteria for specialized nurses in Tuvalu so they are informally recognized as those who have completed a postgraduate nursing training program such as midwifery etc. to date. There were 35 registered nurses in 2009, of which 37% (13) have completed postgraduate training in nursing as tabulated in table 4 below.

Table 4: Profile of nurses who underwent specialised traiing or attachment

Name of specialist nurse	Age > 50 years?	Gender (M/F)	Local or Expat?	Qualification
Staff nurse	50	F	Local	Anaesthesia nursing/ICU
Staff nurse	<40	F	Local	Paediatric nursing
Senior SN	<30	F	Local	ICU
Senior SN	<40	F	Local	Surgical nursing
Senior SN	<40	F	Local	Surgical nursing
Senior SN	<50	F	Local	Cert midwifery/nurse practitioner
Senior SN	<40	F	Local	Cert midwifery/nurse practitioner
Senior SN	<40	F	Local	Cert midwifery
Senior SN	<40	F	Local	Cert midwifery
Senior SN	<40	F	Local	Cert midwifery
Senior SN	<40	F	Local	Cert midwifery
SR	<40	F	Local	Cert midwifery/bachelor nursing
SR	<50	F	Local	Cert midwifery/bachelor nursing

(SOURCE: Ministry of Health, Tuvalu government)

In 2009 the Continuous Medical Education programme was supported with the appointment of a WHO/TUV Nurse Educator position at PMH with the purpose of providing in-countrytraining to Nursing Officers and facilitate the Pacific Open Learning Health Network inTuvalu. In the absence of a formal Nursing training facility, the Nurse Educator conducts training of nurses in-country allowing nurses and other health workers tostudy online and built their capacities without leaving their work places (MOH Annual report 2009).

4.4.4 Allied Health

Table 5: Allied staff providing support services in Tuvalu

Profession	Total number with formal qualification	Number of staff undergoing training in 2011	Number of qualified staff over the age of 50 years
Physiotherapist	1	0	0
Radiographers	2	0	0
Pharmacists	2	1	0
Biomedical engineer/technician	0 (PACTAM program provides assistance through visiting Biomed personnel		
Laboratory Technician	3	2	0
Anaesthetist Technicians	0	0	0
Occupational Therapist	0	0	0
Speech Therapist	0	0	0
Dieticians	2	0	0

(SOURCE: Ministry of Health, Tuvalu government)

Support for specialist clinical training and continuing professional development has been ongoing. The APLS team in 2010 trained 8 staff and certified them in the paediatric life support course. EMST alsoconducted a trauma course in Suva, Fiji of which a medical staff attended and was accredited.

The source of funding usually available to support training both in country and abroad is usually from AusAID, NZAID through NZMTS and the Tuvalu government.

4.4.5 Remuneration and incentives

Qualified health personal delivering specialized services in Tuvalu tend to hold more than one health discipline and position in their work place. For example, the Director of Health is also the medical officer in charge of STI & HIV and the surgeon specialist for the country. However salary structure is specified for one position only and so local doctors tend to be overworked and underpaid with their current salary. The salary scale for medical officers with an undergraduate MBBS begins at a government level 4 scale and increases with availability of senior positions, seniority and work experience. This salary scale is followed by all government staff.

MBBS graduates usually begin at a salary range of $AUD 15,000 and a local specialist surgeon would be getting $AUD 21000.00

Expatriates who are hired either by a funding agency or the Tuvalu government get at least an estimated salary package of $AUS 90,000 per annum such as the surgeon or anesthetist specialist which portrays the vast difference in salary although the workload is much the same.

Table 6: Salary package for local and expatriate staff

Clinical Position	Annual Salary (AUD$)
Consultant Specialist	$90,000
Specialist senior registrar	$21,090
Specialist registrar	$17,573
General medical officer	$15,817

(SOURCE: Ministry of Health, Tuvalu government)

The expatriate surgeon specialist gets free housing, relocation costs and paid leave. For the Cuban expatriates, they are provided with free utility, housing and transport in the form of a motorcycle

4.5 Medical equipment and drugs for specialised clinical services

Please refer to Annex 3 for current medical equipment asset register for Princess Margaret hospital.

Attached to this working document is the essential drug list for Tuvalu Ministry of Health (Annex 4). The common drugs that tend to stock out are the anti-hypertensive drugs and the oral hypoglycaemic drugs. There have been discussions with Ministry of Health, Fiji to procure these drugs from FPBS at Nabua.

4.6 Offshore referrals for Specialised Clinical services

4.6.1 The Tuvalu Medical Treatment Scheme (TMTS)

TheTMTS Policy addresses two referral systems.

- Medical referrals from the outer islands to the main referral hospital PMH-Outer Islands Medical Centres to PMH
- Medical referrals from PMH to medical facilities abroad and outsideof Tuvalu.

The TMTS Policy 2009 (Annex 5) was approved by Cabinet in June 2009 and guides theReferral Committee in its decisins on either the overseas referrals or the local ones.The Referral Committee is comprised of the Director of Health who is the chairperson, the Medical Superintendent who is the secretariat, all medical officers and the Matron. The committee meets every Friday to makedecisions on any referral requests both for overseas and local referrals as well. Once a casehas been approved by the Referral Committee, it is then endorsed by the Permanent Secretarywho will allocate financial resources from the TMTS budget to support the case. The Local Scheme is overseen by the Matron whilst the Overseas Scheme isoverseen by the Director of Health.Table 7 shows the areas of specialty where referrals are usually made to.

4.6.2 Referral centres and agents

Table 7: Referral countries for specialised clinical area

Country	Hospital/Medical Institution	Clinical Services provided
Fiji	Suva Private Hospital, CWMH, KFF	Surgical, Obstetrics and renal dialysis
New Zealand	Mercy Hospital, Starship, Middlemore	Cardiac, Burns
India	Escort Medical Institute	Cardiac Surgery

(SOURCE: Ministry of Health, Tuvalu government)

Assistance with referrals overseas isfunded through NZAID using the TMTS. Agents involved are Health Specialists Limited which is a New Zealand registered Limited Liability Company that provides health consultations and specializes in the provision of advice and support to health services, government organizations and health providers within the Pacific region (see table 11 below). Another agency that Tuvalu uses is Medican Services Company Limited NZ which facilitates medical treatment at specialized centres internationally.

Table 8: Agents assisting with overseas referral

Partner's or Agent's Name/Company	Contact Details
Health Specialists Limited Directors: Mr Kiki Maoate and Ms Debbie Sorensen	Level 1, 733 Great South Road, Otahuhu, Auckland, New Zealand PO Box 22-470,Otahuhu, Auckland, New Zealand
Medical Services Company Limited Managing Director Deepak Pratap Singh	P.O. Box 314 108 Orewa, Auckland 0947, New Zealand

(SOURCE: Ministry of Health, Tuvalu government)

4.6.3.Budget expenditure for offshore referrals

In 2010, the Ministry of Health allocated $AUD 1.5 million to the TMTS and NZAID through the NZMTS provided funding to the amount of $NZ 150,000. The latter is operated under a separate policy guideline from TMTS and differs from the TMTS Policy in that it has restrictions on age and chronic medical conditions with poor prognosis among other criteria.

The total health budget was $AUD 4,696,042 of which 30% ($AUD 1,417,913) was allocated to curative services. The total expenses incurred for patient referrals in 2010 amounted to $AUD 2.1 million which was 45% of the total health budget indicating an over expenditure of $AUD 600 000. This expenditure reflects the situation of specialised clinical service provision in Tuvalu, the limitations of the current medical services provided, the amount of money spent in referring cases abroad for curative and therapeutic purposes and what Tuvalu needs to look at in terms of health prevention awareness programs for preventable diseases such as diabetes, hypertension, the availability of medical human resources and the need to prioritize referred cases.

4.6.4. Cases referrals

There were a total of 70 patients referred and mainly to Fiji. Cases referred were as follows

1. Rheumatic heart disease for cardiac surgery
2. Renal Failure for renal dialysis
3. Fracture cases requiring ORIF
4. Eye cases for surgery (cataract surgery) - these cases are the one who missed out on the visiting teams
5. Obstetrics Emergency (usually previous C-section cases and when there is no Anaesthetist in country)
6. Breast Cancer for surgery and chemotherapy
7. Diabetic foot sepsis for amputation in the absence of an anesthetist
8. Renal calculi cases for surgery or lithotripsy treatment
9. Head injury cases for CT scan and surgery
10. Cardiac bypass

5.0 Discussions and Recommendations

5.1 Human resource and training needs

Given the small population of Tuvalu of 11, 093, thedoctor: population ratio of 1:924 may fare better than most PICs. However this ratio may vary depending on population migration and availability of graduate medical officers thus enforcing the need for a long term priority plan of specialized clinical care capacity in the health sector. This will need to address

a) The availability of manpower for undergraduate studies in medicine. The year 2010 had five medical students currently undertaking the MBBS course at FSMed.

b) Local support and effort to accessthe needed expatriate clinical specialists.

c) The many roles and work positions that the local medical officers hold and the need to compensatethese medical officers appropriately. This can be an incentive for medical officers to remain in country and decrease the attrition of the professional workforce abroad.

d) The possibility of a mentoring process with newly graduated and qualified post graduate and under graduate medical officers from their academic institutes or an established pacific network in the relevant disciplines. This will prevent doctors from getting burnt out especially if they are the only ones in their field of discipline and allow refresher attachments in major regional medical facilities. Locum attachments can be made thus providing the local medical officers to undergo continuing medical education in their related fields of work in these relevant institutes.

5.2 Effectiveness of specialized clinical services at country level

With the annual meetings and reports of visiting teams provided to the Minister of Health and referral committee, Tuvalu is able to plan on their needs for specialized clinical services for the following year and decide the type of services needed. However an evaluation of these visits and its effectiveness to patient outcome, health care services and support services has not been conducted.

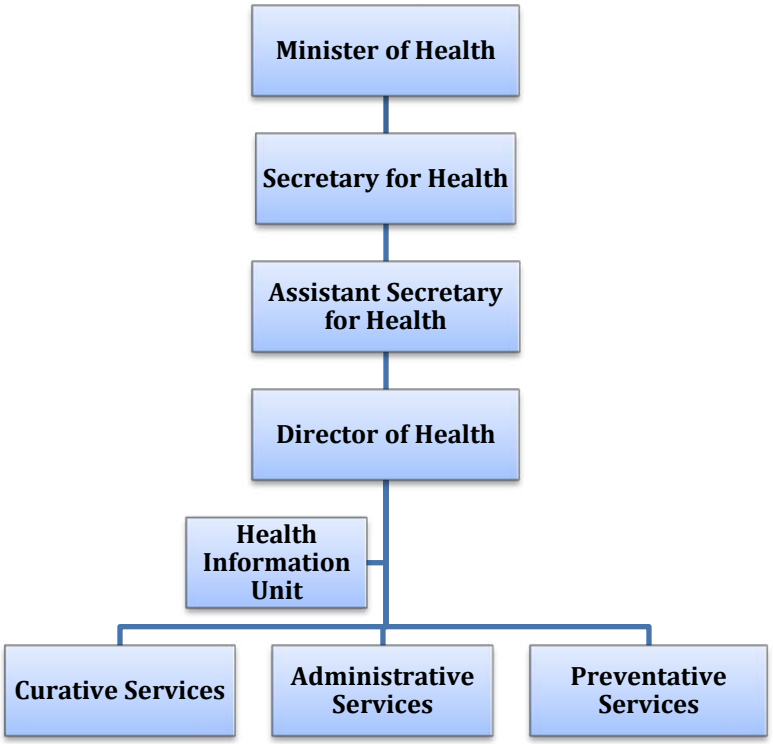
a) With an over budget to off shore referrals, an evaluation may need to be undertaken to address the feasibility of sending patients abroad as opposed to visiting teams providing similar services to Tuvalu. However the capacity of resources available in Tuvalu maybe a factor in this decision making. Knowing the majority of cases referred and the cause of illness can provide the Ministry with the type of awareness needed to address these cases as in the case of preventable and chronic diseases which lead to these acute complications. An evaluation and monitoring framework will be feasible to address this and decide the type of health program or service provision needed.

b) Biomedical services may also need to be addressed in terms of capacity that can be provided for human resources and equipment maintenance and on a regular basis. Sharing and coordination of resources with neighbouring PICs may be helpful in addressing these needs.

6.0 ANNEXES

Annex 1 Ministry of Health Organisational Structure

MINISTRY OF HEALTH ORGANISATION STRUCTURE



STRATEGIC HEALTH PLAN 2009-2019

MINISTRY OF HEALTH

TUVALU

Tuvalu Ministry of Health
Strategic Health plan 2009-2019

Foreword

It gives me great pleasure to present the Ministry of Health Strategic Plan 2009-2019.

Having endorsed the Pacific Plan which commits Tuvalu to improving health and governance, the Ministry of Health is motivated to ensure that the people of Tuvalu have access to the best healthcare possible, given the limited local resources. This plan maps out how the health sector will conduct its work and to ensure the health needs of the people of Tuvalu are met over the next ten years. It does so by outlining the specific strategies and actions that should be taken under the four main objectives;

1. Ensure legislative and budgetary support for efficient and effective health services for the people of Tuvalu
2. Provide high quality and cost effective management of health services
3. Improve the quality and cost effectiveness of curative medical services
4. Improve the health of the people of Tuvalu

In keeping to the aspirations of 'Te Kakeega II', this plan has a unique opportunity to provide an excellent primary health care-focussed health service, without neglecting the need to improve curative health services. In doing so, the Ministry of Health could provide an example of best Pacific small country health practice.

The plan is the product of extensive dialogue and collaboration between key health professionals within the Ministry of Health. The Ministry of Health, in turn, have been greatly assisted by WHO technical advisors and financial support from AusAID.

I would like to thank all those whose contribution has helped to develop this plan and wish those on the frontline of implementation success.

Tuvalu Mo Te Atua

Hon Iakoba Taeia Italeli
Minister of Health

Background

It is now eleven years since the last recorded meeting of Ministry of Health key stakeholders to discuss and agree on the MoH strategic direction. Having endorsed the Pacific Plan which commits Tuvalu to improving health and governance, the Tuvalu MoH is motivated to ensure that the people of Tuvalu have access to the best healthcare possible, given the limited local resources.

The Tuvalu health system has a unique opportunity to provide an excellent primary health care-focussed health service. With the addition of four doctors from Cuba, the recently-built Princess Margaret Hospital, strong senior leadership and new analytic equipment due to be installed, the Ministry of Health could provide an example of best Pacific small country health practice. However, there are several issues which require attention before the vision of the MoH can be achieved. By drawing attention to these it is not intended to diminish the excellent work being carried out in the clinical and public health areas.

1. **Strategic health plan**
   The MoH needs a strategic health plan which is actively supported and understood by all key stakeholders, and used to guide the annual Implementation plans in the MoH. The plan needs to be revised regularly to reflect changes in the internal and external environment, particularly with reference to emerging threats to health and changes to external sources of funds. The plan also needs to be informed by a set of policies on quality assurance, financial accountability, and asset and human resource management.

2. **Management**
   The leadership of the MoH shares a challenge common to health services managers everywhere, of clinicians carrying out leadership roles without the benefit of management skills, and non-clinicians in leadership roles without an understanding of clinical issues and the clinical culture. The acute shortage of middle-level management experience leads to extreme dependence on a few senior clinical managers. Linked to this is the lack of reserve human resources to call on in an emergency or to back up senior managers when they need to represent Tuvalu at one of many regional or donor meetings.

3. **Tuvalu Medical Treatment Scheme**
   A significant drain on GoT resources is occurring through the Tuvalu Medical Treatment Scheme. There have been and are

continuing a number of reviews of the Scheme, and the MoH is the key player in the management of the Scheme. Cost overruns in the TMTS threaten the ability of the MoH to maintain effective services.

4. **Models of Care**
   Currently the model of care for OI health services is based on the health centre being staffed by (1) an experienced Nurse Midwife, (2) a Registered Nurse with Diploma level training, (3) a nursing assistant, and (4) a Sanitation Officer. This is a suitable staffing establishment for such communities and the MoH is to be congratulated for achieving such a sustainable and appropriate service. This model and the MoH budget are therefore at extreme risk if the doctors now in training in overseas institutions are to be found positions in the OI when they complete their training. The MoH needs to urgently consider the implications of increasing the medical establishment and impact on the current model of care.

5. **Management information system**
   Effective management is dependent on accurate, timely and decision-friendly information. With this data, managers can identify priority needs and make optimal use of limited resources. Also importantly, donors are accountable to their stakeholders, particularly taxpayers in their own countries, and justification for funds can be more easily made with up-to-date data and reporting on expenditure of current funding.

6. **Coordination with donors, other Ministries and NGOs**
   Programs in Ministries such as Education, Home Affairs and the Environment all have implications for health. Donor-driven programs often do not make optimal use of local resources and instead result in additional work for already over-worked staff, and NGOs are a potential source of voluntary and committed community members to work on public health projects.

Tuvalu Ministry of Health
Strategic Health Plan 2009-2019

Our Vision
That all people of Tuvalu should 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 Objectives are to:
1. Ensure legislative and budgetary support for efficient and effective health services for the people of Tuvalu
2. Provide high quality and cost effective management of health services
3. Improve the quality and cost effectiveness of curative medical services
4. Improve the health of the people of Tuvalu

OUTCOMES	STRATEGIES	PERFORMANCE INDICATORS
1. Ensure legislative and budgetary support for efficient and effective health services for the people of Tuvalu		
Budget Institution 1: Headquarters		
1.1.Legislation to support MoH policies to ensure all Tuvaluans achieve the highest attainable standard of health	Provide policy advice to the GOT to ensure health legislation which assists the MoH to meet the health needs of the people of Tuvalu in an equitable and sustainable way; and to ensure that legislation from other Ministries takes into account the impact on health. Task group representing all MoH key functions to prepare draft	MoH policies in place to guide decision-making.

OUTCOMES	STRATEGIES	PERFORMANCE INDICATORS
	policies for wider consultation and endorsement by the GoT	
1.2 MoH Strategic plan, endorsed by key stakeholders and reviewed annually	Strategic plan to be ratified by MoH after involvement of all relevant stakeholders Strategic plan to be continuously updated, with formal sign-off by key stakeholders annually Strategic plan to include appropriate models of care for the Tuvalu health system, and corresponding health workforce plan	Use of Strategic plan in MoH decision-making Revisions to MoH Strategic plan reflecting changes to the internal and external environment, resources and health needs.
1.3 Two year rolling Implementation plan (one year detailed, second year draft) based on SP in conjunction with annual budgetary process - includes quantifiable output and outcome indicators to which funding is linked.	Task group representing all MoH functions to prepare Implementation plans Develop monitoring and evaluation framework to assess progress in achieving outcomes	Annual Implementation plans, developed by the MoH in concert with Finance and used to determine activities and allocation of resources Monitoring and evaluation enabling early identification of issues requiring corrective action.
1.4 A cost-effective system for referring essential cases for treatment in Fiji and New Zealand (tertiary care).	Review the operation and cost-effectiveness of the Tuvalu Medical Treatment Scheme. (TMTS) and NZMTS	Cost of the TMTS and NZMTS due to more appropriate referrals.
1.5 Improved Financial planning System	Establish financial planning system which provides projections and financing mechanisms which link outcomes to sustainable financing mechanisms	A financial management system which allows tracking of expenditure against health outcomes and activities
1.6 Sufficient and appropriately trained health workforce to meet the health needs of	Support the recommendations of the clinical managers for ensuring adequate supply of new staff (pre-service training) and up-	Number of suitable new staff

OUTCOMES	STRATEGIES	PERFORMANCE INDICATORS
the people of Tuvalu	skilling of existing staff (in-service training) in negotiations with other Ministries and donor organisations	Number of appropriate staff undertaking the right training
2. Provide high quality and cost effective management of health services		
Budget Institution 2: Health Administration		
2.1 Master plan for maintenance and refurbishment of MoH facilities, including PMH, OI clinics and Motufoua to ensure maximum useful life of health facilities	TA to develop Master plan for PMH in consultation with MoH managers, and advise on process for master planning for other facilities	Health Facilities Master plan
2.2 Adequate staffing to enable provision of health services to meet priority health needs	Prepare health workforce plan based on appropriate models of care and projected staffing to meet evolving health needs, in collaboration with PHRHA. Carry out job analysis and review job descriptions to reflect actual roles and tasks to meet community needs	Health workforce plan based on appropriate models of care used to determine education and training priorities for staff. Staffing of key positions
2.3 A motivated and productive health workforce	Developing appropriate and supportive supervision and structures Review salaries/working conditions of doctors and nurses to provide appropriate motivation for more local qualified staff to remain in Tuvalu. Strengthen Human Resource Development for Health, including MoH Training plan, in collaboration with PHRHA. Investigate appropriate Performance Management System	Medical staff retention rate Incident reports Community consultation feedback

OUTCOMES	STRATEGIES	PERFORMANCE INDICATORS
2.4 Improved Financial Management System	Establish Tuvalu National Health Account which provides timely and useful data which links outcomes to budgets	Data on costs available to the MoH to inform planning
3. Improve the quality and cost effectiveness of secondary health services		
Budget Institution 3: Curative		
3.1 Coordinated approach to supervision and planning of curative, primary and preventive activities to the OI	Establishing routine tours to the OI.	Integrated supervision visits, procurement and supply management
3.2 All health facilities equipped with fully functioning essential equipment, appropriate for level of service	Perform health technology assessment to identify essential medical equipment Purchase essential basic equipment and related accessories and provide human resources to support and underpin the delivery of basic essential healthcare, including laboratory, radiology and pharmacy services	Equipment identified by health technology assessment in place
3.3 Improved access to essential drugs, equipment and medical supplies.	Active participation in the proposed Regional Pharmaceutical Bulk Purchasing Scheme under the Pacific plan Develop policies and systems which ensure quality in: • Selection of essential drugs • Procurement and supply management • Rational drug use • Consumer protection	Number of stock outs Expired drugs Cost of essential drugs
3.4 Strong clinical Reproductive (Family and Children's) Health services at PMH and OI clinics	Review and strengthen the current clinical reproductive health services	Number of populated islands with appropriately skilled midwife access

OUTCOMES	STRATEGIES	PERFORMANCE INDICATORS
		Babies delivered in hospitals or health clinics
3.5 Strong specialised medical services	Extend the current specialist services, including cardiac and ophthalmologic, provided under Pacific Island Project, visiting teams and Taiwan.	Percentage of population with preventable blindness.
3.6 Alternative approaches to financing health services without compromising equity and access to the system.	Investigation of acceptability, feasibility and cost/benefit of alternative health-financing systems.	Options paper to MoH Secretary
Strengthened mental health services	Train staff in mental health care	Patients diagnosed and treated successfully.
4. Ensure equitable access to appropriate sustainable and quality primary, curative and preventive health services		
Budget Institution 4: Primary and Preventive Health Services		
4.1 Reduced burden of NCDs and road accidents	Implement National NCD Strategy Mobilise existing networks of NGOs (eg. TANGO) to advocate and deliver health promotion and education campaigns and build collaboration between Ministries to address risk factors for NCDs	Rates of smoking, alcohol consumption Changes in diet, physical activity.
4.2 Effective and integrated programs to combat spread of: • HIV/AIDS and other STIs • TB • Filariasis • Dengue fever • Immunizable diseases	Strengthen health education and awareness programs to address communicable diseases	Staff able to deliver prevention programs Community awareness of risk factors and knowledge of preventive behaviours

OUTCOMES	STRATEGIES	PERFORMANCE INDICATORS
4.3 Strong preventive Reproductive (Family and Children's) Health services at PMH and OI clinics	Review and strengthen the current family and children's health promotion services	Breastfeeding rates Rate of childhood illnesses Use of family planning methods
4.4 Effective Environmental Health program	Develop and implement Environmental Health policy and related legislation Strengthen programs in environmental health, including water quality and sanitation, vector control and food safety	Legislation which strengthens the protection of the health of Tuvaluans, and policies drafted and enacted Morbidity and mortality related to environmental factors
4.5 Strengthened Oral Health services	Develop a national oral health policy Strengthen oral health promotion	Rate of DFMT, particularly in school-aged children
4.6 Strong capacity of health system to deliver effective and efficient health promotion programs	Partnerships Staff skill development Incorporation of health promotion into clinical routines	Programs demonstrating effective intersectoral collaboration Staff with health promotion skills Percentage of clinical encounters which incorporate health promotion activity

Annex 3: Medical Equipment for Princess Margaret Hospital

ITEM	LOCATION	MODEL	SERIAL NO	COST	STATUS
PUMP, AIR, NEBULISER	GENERAL WARDS	VNU-6062	97025	$600.00	EXCELLENT
Air Compressor	ICU	AC35	1184	$5,000.00	EXCELLENT
Colposcope	ICU	CP82	87185685	$5,000.00	EXCELLENT
Defibrillator/monitor	ICU	FC-1760	34090257	$12,000.00	POOR
Defibrillator/monitor	ICU	9B	14277892	$9,000.00	GOOD
Defibrillator/monitor	ICU	9	14277918	$9,000.00	GOOD
Emergency Lights	ICU	Econolite	04902	$500.00	EXCELLENT
Emergency Lights	ICU	ECONOLITE	04903	$500.00	EXCELLENT
Humidifier	ICU	MR410	2001-41GJU11527	$2,500.00	GOOD
Lamp, Examination	ICU	DELUXE 270	-	$300.00	EXCELLENT
Monitor, Ecg, Spo2, Nibp	ICU	BSM-2301K	03686	$12,500.00	EXCELLENT
Monitor, Ecg, Spo2, Nibp	ICU	BSM-2301-K	03604	$12,500.00	EXCELLENT
PUMP, AIR, NEBULISER	ICU	305	1172179	$1,500.00	EXCELLENT
PUMP, AIR, NEBULISER	ICU	305	1172178	$1,500.00	EXCELLENT
Pump, Infusion, Syringe	ICU	TE-112	02090003	$2,500.00	EXCELLENT
Pump, Infusion, Syringe	ICU	TE-112	02080086	$2,500.00	EXCELLENT
PUMP, SUCTION	ICU	MSP-103B	91073945	$3,000.00	EXCELLENT
PUMP, SUCTION	ICU	MSP-103B	91073943	$3,000.00	EXCELLENT
PUMP, SUCTION	ICU	MSP-210	01029166	$1,500.00	EXCELLENT
PUMP, SUCTION	ICU	MSP-103B	91073936	$3,000.00	EXCELLENT
RECORDER, ELECTROCARDIOGRAPH	ICU	Gem	10257	$6,000.00	EXCELLENT
Sphygmomanometer, Bed Mounted	ICU	NIL	-	$600.00	POOR
Sphygmomanometer, Desk Mounted	ICU	2000	-	$600.00	EXCELLENT
Sphygmomanometer, Mobilie	ICU	NIL	179201	$600.00	EXCELLENT
Vaccine Fridge	ICU	MPR-1610H	21012108	$3,000.00	EXCELLENT
Ventilator, Intensive Care	ICU	ICU-60	363	$15,000.00	EXCELLENT
X-ray Viewing Box	ICU	CX4-21	-	$1,000.00	EXCELLENT
Analyser, Blood	LABORATORY	6706319	AB073977	$25,000.00	GOOD
BIOCHEMISTRY ANALYSER	LABORATORY	TRACE 20	7228/95	$25,000.00	EXCELLENT
CENTRIFUGE	LABORATORY	SEROFUGE 2	229114	$8,000.00	GOOD
CENTRIFUGE	LABORATORY	A	100-1	$4,000.00	SATISFACTORY
CENTRIFUGE	LABORATORY	244	24-1-477	$4,000.00	POOR
CENTRIFUGE	LABORATORY	CFC-301-010S	034197J	$5,000.00	SATISFACTORY
CENTRIFUGE	LABORATORY	01400.00	59.12.449	$4,000.00	SATISFACTORY
ELECTROLYTE ANALYSER	LABORATORY	988-3	2036	$26,600.00	EXCELLENT
GLUCOMETER	LABORATORY	2138964	8154741423	$400.00	POOR
GLUCOMETER	LABORATORY	2138964	8154207630	$400.00	GOOD
GLUCOMETER	LABORATORY	2138964	8154246907	$400.00	GOOD
HOTPLATE	LABORATORY	203A	-	$500.00	POOR
INCUBATOR, LABORATORY	LABORATORY	SIZE 3	N/A	$6,000.00	SATISFACTORY
INCUBATOR, TEST TUBE	LABORATORY	TRACE 21	1056/97	$2,000.00	EXCELLENT
INCUBATOR, WATERBATH	LABORATORY	BS	N/A	$3,000.00	SATISFACTORY
MICROSCOPE, LABORATORY	LABORATORY	CH4/ORF200	9E12225	$3,500.00	SATISFACTORY
MICROSCOPE, LABORATORY	LABORATORY	CHA	447046	$3,500.00	SATISFACTORY
MICROSCOPE, LABORATORY	LABORATORY	GS	-	$5,000.00	GOOD
MIXER	LABORATORY	NIL	NIL	$500.00	GOOD
PRINTER	LABORATORY	M51	1GRO300015	$2,500.00	EXCELLENT
Resuscitator	LABORATORY	RESUSCITATOR 3	517867	$1,000.00	SATISFACTORY
Safety Cabinet, Microbiological	LABORATORY	MSC 12	30107901	$5,000.00	EXCELLENT
SCALES, LABORATORY	LABORATORY	OB152	Y4ZA10AS	$2,500.00	SATISFACTORY
SHAKER, TEST TUBE	LABORATORY	86/01/336	86/01/336	$1,500.00	

SPECTROPHOTOMETER	LABORATORY	COL-400-750	7B1827A	$5,000.00	SATISFACTORY
SPECTROPHOTOMETER	LABORATORY	G1185	N/A	$5,000.00	SATISFACTORY
STERILISER, DRY HEAT	LABORATORY	25X	N/A	$5,000.00	POOR
STERILISER, DRY HEAT	LABORATORY	BS	N/A	$3,000.00	SATISFACTORY
Clothes Dryer	LAUNDRY	CD-45Y1T(HS)	000736	$1,000.00	EXCELLENT
Washing Machine	LAUNDRY	ASW-U100T	63000001	$1,000.00	EXCELLENT
Washing Machine	LAUNDRY	Enduro 702	64620870	$1,000.00	SATISFACTORY
Washing Machine, Twin Tub	LAUNDRY	SW-65P	51FF502525	$500.00	POOR
Ironing Machine	LINEN & SEWING RM	Wascator	-	$10,000.00	EXCELLENT
Sewing Machine	LINEN & SEWING RM	16S	840000384	$2,000.00	EXCELLENT
Sewing Machine	LINEN & SEWING RM	16S	840000770	$2,000.00	EXCELLENT
Monitor, Fetal Heart Rate	MCH	121	56345	$900.00	EXCELLENT
OXYGEN CONCENTRATOR	MEN'S WARD	590	0699A285922	$5,000.00	SATISFACTORY
Sanitizer, Pans And Bottles	MEN'S WARD	ES-01950M	-	$5,000.00	GOOD
Emergency Lights	NURSES STATION	Econolite	04969	$500.00	EXCELLENT
Emergency Lights	NURSES STATION	ECONOLITE	04951	$500.00	EXCELLENT
Monitor, Central Display	NURSES STATION	VL-931R	01-13127	$5,000.00	EXCELLENT
Monitor, Central Station	NURSES STATION	CNS-9300	00322	$20,000.00	EXCELLENT
Monitor, Ecg, Spo2, Nibp	NURSES STATION	BSM-2301K	036875	$12,500.00	EXCELLENT
Monitor, Nibp, Spo2	NURSES STATION	52000	9500221	$5,000.00	EXCELLENT
PUMP, AIR, NEBULISER	NURSES STATION	305	1172117	$1,500.00	EXCELLENT
Scales, Adult	NURSES STATION	TTM160K	-	$800.00	EXCELLENT
Vaccine Fridge	NURSES STATION	MPR-1610H	-	$3,000.00	EXCELLENT
X-ray Viewing Box	NURSES STATION	CX4-21	-	$1,000.00	EXCELLENT
Emergency Lights	OBSTETRIC WARD	Econolite	04965	$500.00	EXCELLENT
INFANT INCUBATOR	OBSTETRIC WARD	V2100G	1260670	$20,000.00	EXCELLENT
INFANT INCUBATOR	OBSTETRIC WARD	V-80TR	1282983	$15,000.00	EXCELLENT
INFANT INCUBATOR	OBSTETRIC WARD	CHS-930SCA	97112531	$13,000.00	GOOD
Lamp, Examination	OBSTETRIC WARD	Deluxe 270	002N216	$300.00	EXCELLENT
LAMP, PHOTOTHERAPY	OBSTETRIC WARD	PIT-220R	12X0016	$3,000.00	EXCELLENT
LAMP, PHOTOTHERAPY	OBSTETRIC WARD	NIL	NIL	$200.00	SATISFACTORY
Monitor, Fetal Heart Rate	OBSTETRIC WARD	121	57172	$900.00	EXCELLENT
MONITOR, ULTRASOUND, CTG	OBSTETRIC WARD	260	700480	$12,000.00	GOOD
Pump, Infusion, Syringe	OBSTETRIC WARD	TE-112	020880075	$2,500.00	EXCELLENT
Pump, Infusion, Syringe	OBSTETRIC WARD	TE-112	02080067	$2,500.00	EXCELLENT
PUMP, SUCTION	OBSTETRIC WARD	230	0195 00000073	$1,500.00	SATISFACTORY
RESUSCITATION UNIT, NEONATAL	OBSTETRIC WARD	9001W130E	98WE13000109	$20,000.00	GOOD
Sanitizer, Pans And Bottles	OBSTETRIC WARD	ES-01950M	-	$5,000.00	GOOD
Scales, Baby, Desktop	OBSTETRIC WARD	Baby Scale	-	$600.00	EXCELLENT
STERILISER, STEAM	OBSTETRIC WARD	EA 652	6402	$3,500.00	GOOD
Vaccine Fridge	OBSTETRIC WARD	MK074	92206338	$3,000.00	SATISFACTORY
GLUCOMETER	OPD	2138964	8154734777	$40.00	GOOD
Lamp, Examination	OPD	Deluxe 270	002N217	$300.00	EXCELLENT
Lamp, Examination	OPD	DELUXE 270	002N218	$300.00	EXCELLENT
Lamp, Examination	OPD	Deluxe 270	-	$300.00	EXCELLENT
Monitor, Ecg, Spo2, Nibp	OPD	BSM-2301K	03657	$12,500.00	EXCELLENT
Monitor, Fetal Heart Rate	OPD	121	56788	$900.00	EXCELLENT
Monitor, Video	OPD	AV-F29NX3	16604592	$1,000.00	EXCELLENT
PUMP, SUCTION	OPD	MSP-103B	91073942	$3,000.00	EXCELLENT
Recorder, Video	OPD	HR-J85MS	174P0218	$300.00	EXCELLENT
Scales, Adult	OPD	TTM160K	02111	$800.00	EXCELLENT
Scales, Baby, Desktop	OPD	Baby Scale	NIL	$600.00	EXCELLENT
Scanner, Ultrasound	OPD	SSA-320A	E2605994	$25,000.00	EXCELLENT
Sphygmomanometer, Desk Mounted	OPD	NIL	179200	$600.00	EXCELLENT
Sphygmomanometer, Desk Mounted	OPD	NIL	NIL	$600.00	SATISFACTORY

Sphygmomanometer, Desk Mounted	OPD	NIL	NIL	$600.00	SATISFACTORY
Spirometer	OPD	ST-95	67102003	$3,000.00	EXCELLENT
Vaccine Fridge	OPD	MPR-1610H	-	$3,000.00	EXCELLENT
X-ray Viewing Box	OPD	CX4-21	-	$1,000.00	EXCELLENT
X-ray Viewing Box	OPD	CX4-21	-	$1,000.00	EXCELLENT
X-ray Viewing Box	OPD	CX4-21	-	$1,000.00	EXCELLENT
X-ray Viewing Box	OPD	CX4-21	-	$1,000.00	EXCELLENT
X-ray Viewing Box	OPD	CX4-21	-	$1,000.00	EXCELLENT
X-ray Viewing Box	OPD	CX4-21	-	$1,000.00	EXCELLENT
ANAESTHETIC MACHINE	OPERATING THEATRE	Vigor 21DX	021900461	$20,000.00	EXCELLENT
ANAESTHETIC MACHINE	OPERATING THEATRE	100C	2296	$10,000.00	POOR
ANAESTHETIC MACHINE	OPERATING THEATRE	456	MP459098903	$15,000.00	GOOD
Anaesthetic Vapouriser	OPERATING THEATRE	H MK3	-	$5,000.00	EXCELLENT
Anaesthetic Vapouriser	OPERATING THEATRE	I Mk3	10199	$5,000.00	EXCELLENT
Electro Surgery	OPERATING THEATRE	FORCE 1C	Z3J3250C	$18,000.00	GOOD
Emergency Lights	OPERATING THEATRE	ECONOLITE	04905	$500.00	EXCELLENT
LIGHT OPERATING THEATRE	OPERATING THEATRE	35-71	8759-8663	$5,000.00	POOR
Monitor, Nibp, Spo2	OPERATING THEATRE	52000	980038	$5,000.00	EXCELLENT
Operating Theatre Light	OPERATING THEATRE	MM03	002U125	$1,000.00	EXCELLENT
OPERATING THEATRE LIGHT, MOBILE	OPERATING THEATRE	BML 480EL	1305	$3,000.00	SATISFACTORY
OPERATING THEATRE LIGHT, MOBILE	OPERATING THEATRE	BML 480EL	1304	$3,000.00	SATISFACTORY
PUMP, SUCTION	OPERATING THEATRE	SUC 84109	M030A1067	$2,500.00	EXCELLENT
PUMP, SUCTION	OPERATING THEATRE	MSP-103B	9107397	$3,000.00	EXCELLENT
Ventilator, Anaesthetic	OPERATING THEATRE	ARF900II	021608898	$10,000.00	EXCELLENT
VOLTAGE CONDITIONER/REGULATOR	OPERATING THEATRE	04-113-0012	9188	$1,000.00	GOOD
OXYGEN CONCENTRATOR	PHARMACY	590	0999A293179	$4,000.00	POOR
Photocopier	PHARMACY	7415	11YBO3544	$7,000.00	EXCELLENT
Transformer, Step Down, Isolated	PUBLIC HEALTH	FF500/4R	42200	$250.00	GOOD
Vaccine Fridge	PUBLIC HEALTH	TCW 1990	54818031	$3,000.00	GOOD
VOLTAGE CONDITIONER/REGULATOR	PUBLIC HEALTH	MVC	9711081	$1,000.00	GOOD
Pulse Oximeter	RECOVERY ROOM	7	40001074	$2,500.00	POOR
Autoclave	STERILE SUPPLY	HV-85	-	$15,000.00	EXCELLENT
Autoclave	STERILE SUPPLY	HV-85	-	$15,000.00	EXCELLENT
Autoclave, Benchtop	STERILE SUPPLY	HC2	-	$8,000.00	GOOD
STERILISER, STEAM	STERILE SUPPLY	UNKNOWN	90153	$40,000.00	POOR
STERILISER, STEAM	STERILE SUPPLY	HC-2	-	$5,000.00	SATISFACTORY
OXYGEN CONCENTRATOR	WOMEN'S WARD	COMPANION 492	1190F16711	$4,500.00	GOOD
PUMP, AIR, NEBULISER	WOMEN'S WARD	VITAL AIR	3779	$400.00	Poor
PUMP, SUCTION	WOMEN'S WARD	UNIVAC	-	$1,000.00	POOR
RECORDER, ELECTROCARDIOGRAPH	WOMEN'S WARD	AUTO RULER 12/1	LHTA010	$3,000.00	SATISFACTORY
Sanitizer, Pans And Bottles	WOMEN'S WARD	ES-01950M	-	$5,000.00	GOOD
STERILISER, STEAM	WOMEN'S WARD	EA 652	6473	$3,500.00	GOOD
TRANSFORMER, STEP-DOWN, ISOLATED	WOMEN'S WARD	D9	S9288	$500.00	SATISFACTORY
X-RAY UNIT	X-RAY	DGX-325R	94506	$80,000.00	GOOD

X-RAY, FILM PROCESSOR	X-RAY	SRX 101	10510416	$15,000.00	GOOD
X-RAY, MOBILE	X-RAY	RHM 2205	T2066	$55,000.00	GOOD
X-RAY, TABLE	X-RAY	UNKNOWN	-	$5,000.00	GOOD
X-RAY, WALL BUCKY	X-RAY	UNKNOWN	-	$10,000.00	GOOD

TUVALU MEDICAL TREATMENT SCHEME POLICY

MINISTRY OF HEALTH

TUVALU

TUVALU MEDICAL TREATMENT SCHEME POLICY 2009

ACKNOWLEDGEMENT

This revised version of the Tuvalu Medical Treatment Scheme Policy 2009 was endorsed by Cabinet in its meeting held on 2 May 2009 and its enforcement came into effect on the 1st June 2009. The revision includes revising of some of the clauses, deletion of parts which are no longer applicable and addition of a policy statement and policy goal to clearly identify its purpose.

Some revisions and additions reflect the outcome of consultations held nationwide. All islands welcomed the review and very supportive of the changes proposed by the consultation team which was headed by the Minister of Health, Hon. Iakoba T Italeli comprised of Mr Kakee P Kaitu (Permanent Secretary of Health), Dr Stephen Homasi (Director of Health), Dr Puakena Boreham (Medical Superintendent), Mr Iete Avanitele (Assistant Secretary of Health), Mr Amosa Taui (Deputy Director of Budget), Dr Nese Conway (Chief Public Health Officer), Dr Livan Rojas (Physician), Mr Tilaima Logomalie (Local Government Officer), Ms Mahu Tinapa (Minister's Personal Assistant) and Sr Filoiala Sakaio (Matron).

The review is part of the whole health sector reform conducted with funding assistance provided by AusAID and Technical advice and support by Mr Ozmat Azzam (Health Economist), Professor Alan Hodges (Health Economist) and Ms Melony Clark (Lawyer) in preparation of the revised policy.

The Ministry of Health would like to extend its gratitude and appreciations to the AusAID for providing funding assistance, the World Health Organization Office regional office in Suva, Fiji for the technical assistance, to all Leaders of each island and their people for their coorperation and contribution during the discussions, the task force, all staff of the Ministry and everyone who contributed to the successful completion of this policy and the whole reform.

Many thanks and Fakafetai lasi.

TABLE OF CONTENT

1. POLICY STATEMENT

1.1 The Tuvalu Medical Treatment Scheme Policy is established by resolution of Cabinet on funds appropriated each year by Parliament. It provides a framework for introducing and providing healthcare services that are not available at the Princess Margaret Hospital and medical centres on the outer-island to Citizens of Tuvalu and the way it is managed and financed. The Policy directly impacts accessibility and the types of health services provided, which have implications on the financial risk protection of Tuvalu citizens from high health costs.

2. POLICY GOAL

2.1 To ensure the effective and efficient management of the Government of Tuvalu's Medical Treatment Scheme so that it best serves the health interests of the people of Tuvalu within the resources available to government.

3. PURPOSE OF THE SCHEME

3.1 The purpose of the Scheme is to allow;

3.1.1 Tuvalu citizens living in Tuvalu to gain access to hospitals and other medical institutions in Fiji and other countries which are affordable and provide better medical services and treatments that are not available in the Princess Margaret Hospital (PMH), Funafuti; and,

3.1.2 Tuvalu citizens living on the outer-islands to gain access to better medical services available at the PMH and visiting medical teams from overseas. The cost of such investigations and (or) treatments shall be met under the Scheme;

4 ADMINISTRATION

4.1 The referral of patients for treatment abroad shall be under the sole and direct control of the Secretary of Health (hereafter referred to as "the Secretary"), who shall exercise that prerogative only upon a request from the Referral Committee and only for those patients who meet the criteria set out in this policy;

4.2 The referral of a patient from the outer-islands to Funafuti for treatment shall be under the sole and direct approval of the Director of Health having met the criterias in Annex 1; and

4.3 If an emergency medical evacuation is required, the Secretary shall decide on and approve when an aircraft or a boat charter is necessary and inform the Minister accordingly

5. THE REFERRAL COMMITTEE

5.1 The Referral Committee hereafter called "The Committee" for the purpose of this Policy is hereby established and shall comprise of:

- Director of Health (Chairperson);

- Medical Superintendent (Secretariat);
- All Medical Doctors; and,
- Matron.

5.2 The Committee shall meet weekly and request the referral of patients by the Secretary as required. The Committee may only request the referral of patients who, based on the best clinical analysis available to the Committee, meet the requirements of this policy.

5.3 The Director of Health shall decide and give approval for the referral of patients from the outer-islands to Funafuti after consultation with the nurse in-charge on the island.

5.4 In cases of emergency medical evacuations, the Director of health shall seek approval of the Secretary of Health who in turn will inform the Minister if:-

- a patient is to be evacuated for medical treatment overseas; and / or
- a patient is evacuated from the outer-islands to the PMH in Funafuti.

5.5 A patient shall only be referred for treatment at the PMH or to hospital or medical institutions overseas if funds under the scheme are available.

5.6 The Director of Health is responsible for initiating arrangements for the patient's referral with the hospital concerned overseas and the airline by providing the following information:

5.6.1 name of patient;
5.6.2 date of birth;
5.6.3 case history of the patient;
5.6.4 the type of medical care/management required;
5.6.5 patient's referral destination;
5.6.6 estimated period of medical treatment overseas;
5.6.7 expected time of departure from PMH and completion of treatment;
5.6.8 whether the patient requires an accompanying medical personnel; and
5.6.9 whether or not the patient requires an ambulance for transport from the airport to the hospital.

5.7 The Secretary of Health in facilitating the patient's referral shall:-

5.7.1 formally inform the Tuvalu High Commission (THC) in Fiji of the patient's referral;
5.7.2 provide the patient's medical report;
5.7.3 advice of which hospital the patient is to be referred to and in an event that an appointment have yet to be set, request the THC to set an appointment accordingly;
5.7.4 advise of how the patient and caretaker's allowances are paid; and
5.7.5 arrange for the payment of the daily subsistence allowance to the patient and caretaker.

5.8 The High Commissioner, on receipt of notification from the Secretary of Health and upon arrival of the patient in Fiji, shall be responsible for:

5.8.1 arranging patient's appointment with the doctor;
5.8.2. arranging appropriate accommodation;
5.8.3 meeting the patient on arrival;
5.8.4 providing patient's appropriate transport from airport to hospital or apartment;

5.8.5 responsible for the patient and caretaker's welfare
5.8.6 escort patient to his/her appointments with the doctor;
5.8.7 providing weekly progress report of patient's condition to the Secretary of Health and Director of Health;
5.8.8 verify medical bills and submit to the Secretary of Health for payment; and,
5.8.9 arrange for patient and caretaker's return airfare/sea fare after doctor's clearance has been given;

5.9 If a patient is referred to hospitals or medical institutions other than in Fiji, the Secretary of Health shall arrange patient's travel, accomodation and daily subsistence allowance. THC is required to assist with the arrangement of visas and other logistic arrangements required.

6. COST COVERED UNDER THE SCHEME

6.1 The Scheme shall arrange and provide costs for the following;

6.1.1 Patient's medical bills, accommodation, daily subsistence allowance, internal transportation costs, sea fares or airfares to and from overseas hospitals and medical institutions;

6.1.2 Caretaker's accommodation, daily subsistence allowance, internal transportation costs, sea fares or airfares to and from overseas hospitals and medical institutions; and,

6.1.3 Emergency medical evacuation to airlift patients to Fiji or a boat from the outer-islands to Funafuti.

7 WHO QUALIFIES FOR THE SCHEME

7.1 The Scheme is offered only to Tuvalu citizens who reside in Tuvalu, as long as the Referral Committee, is satisfied that the patient's condition is such that it:

7.1.1 Requires medical investigation and treatment overseas because such investigation and treatment is not available at PMH; and,

7.1.2 Requires medical investigation and treatment of a patient from the outer-island (Refer Annex 1)

7.2 A non-Tuvalu citizen working for the Tuvalu Government or other government affiliated bodies in Tuvalu and overseas is not entitled to be referred for overseas medical treatment under this Scheme. However, such patients can be offered medical care and must pay for the costs.

7.3 Any Tuvalu citizen residing in Tuvalu who has not been referred under the Scheme but seeks medical treatment overseas privately is not qualified for financial reimbursement under the Scheme.

7.4 A Tuvalu citizen who lives on the outer-islands and have not been approved as a referral patient but travels to Funafuti for medical treatment privately shall not be paid daily subsistence allowance unless the Director of Health confirms that the treatment undertaken is such that the patient should have been referred to Funafuti under the scheme.

7.5 A Tuvalu citizen who has obtained a permanent residency permit in any country other than Tuvalu and lived permanently outside Tuvalu is not entitled to any financial assistance under the Scheme unless such person has returned to Tuvalu to live permanently and have resided for at least one year.

8. APPEALS PROCESS

8.1 Any person who is not referred through the Scheme but who fits the requirements of this policy may appeal the decision of non-referral. The appeal must be made in writing to the Minster of Health and a copy sent to the Referral Committee and the Secretary of Health thirty [30] days from the day the decision was made. The Minister must consult with the Referral Committee on the appeal in question before making a decision. The Minister's decision in consultation with the Referral Committee is final.

8.2 A person who appeals a non-referral decision but does not fit the requirements of this Policy will not be considered by the Minister.

9. FINANCIAL ARRANGEMENTS

9.1 All financial matters pertaining to the referral of any Tuvalu citizen or other individual covered under the Scheme and its governing policy shall be the responsibility of the Secretary of Health, exercised in accordance with the Scheme's governing policy except where the policy falls short of any requirement that was unforeseen when the policy was formulated and implemented. Such unforeseen circumstances shall be the responsibility of the Secretary to resolve after consultation with the Minister. Any decision taken by the Secretary under such circumstances sets a precedent under the Scheme. This precedent shall form part of this policy, which sets the overall operating procedure that governs the Scheme.

9.2. A patient required to undergo medical review by PMH or an overseas Doctor, shall be approved by the Secretary subject to joint recommendation by the Referral Committee and the overseas Doctor concerned. All costs associated with this review shall be met under the scheme.

9.3 If, however, a caretaker (e.g. a mother of an infant patient or a young child) needs to accommodate in the hospital with the patient with all meals being provided for by the hospital shall be paid 50% of the daily subsistence allowance rate throughout the patient's hospitalization period. In the event that the hospital does not provide meals, such caretaker's allowance shall be paid in full until return to Tuvalu.

9.4 Below are the daily subsistence allowance rates to be paid to the patient and caretaker:

9.4.1 Fiji

[a]. Accommodation: Affordable accommodation to be arranged by the THC or if the patient and caretaker are accommodated by a relative, the relative shall be paid an accommodation rate of $20 Fijian dollars per day.

[b] Patient: F$14.50/day non-accountable meal allowance.

[c] Caretaker: F$14.50/day non-accountable meal allowance. This rate also applies to caretaker of patients funded under the New Zealand Medical Treatment Scheme.

9.4.2 New Zealand

[a] Accommodation: Suitable and affordable rental accommodation close to the hospital or medical facility. The Scheme shall cover rental fees of up to, but not exceeding, NZ$180/week. If the patient and caretaker are accommodated by a relative, the relative shall be paid $20 New Zealand dollars per day.

[b] Patient: NZ$14.50/day non-accountable meal allowance.

[c] Caretaker: NZ$14.50/day non-accountable meal allowance. This rate also applies to caretaker of patients funded under the New Zealand Medical Treatment Scheme.

9.4.3 Tuvalu & other Countries

[a] Rate payable for patient and caretaker's accommodation and daily subsistence allowance will be determined by the Secretary of Health. The calculation thereof will be based on the country where patient will be sent for medical treatment taking into account the country's cost of living; and,

[b] A patient referred from the outer-islands to Funafuti and a caretaker if accompanying them are entitled to a daily subsistence allowance rate of $10 each per day. Such allowance shall be ceased if a patient is hospitalized.

9.5 A PMH staff nurse or doctor who escorts a patient is entitle to the government's official daily subsistence allowance rate prescribed under the General Administrative Order (GAO).

9.6 All official bills received for air tickets, hospital costs, medical fees, hotel accommodation, rental charges, transit expenses, etc. must be verified and settled without undue delay. In the case of referrals to Fiji, THC is responsible for the verification of invoices and raising to the Secretary of Health, whereas with referral patients to New Zealand or elsewhere, invoices shall be raised directly to the Secretary of Health for payment.

9.6.1 The Secretary of Health or the Tuvalu High Commissioner in Suva shall ensure that a patient or a caretaker's transit allowance is paid prior departure from Funafuti or Suva; and,

9.6.2 In the event that transit allowance is not paid prior departure, the patient shall claim reimbursement including expenses such as departure tax under the scheme and upon, submission of original receipts or certified copies and other relevant documentation.

10. CARETAKERS/ACCOMPANYING HEALTH PROFESSIONAL

10.1 The decision on whether a patient is entitled to, or requires a caretaker and (or) an accompanying health professional shall be made by the Referral Committee based on the patient's health condition and the Committee shall advise the Secretary of Health for approval or otherwise.

10.2 An infant or a child of 13 years of age and under shall require a caretaker.

11. DECEASED REFERRAL PATIENTS

11.1 A patient who died overseas while undergoing medical treatment under the Scheme will be dealt with in accordance with this part of the policy.

11.2 The deceased patient, who was originally referred under the Scheme for overseas medical treatment, shall be considered the property of the Tuvalu Government.

11.3 The death of a patient under the Scheme while undergoing overseas treatment must be immediately reported to the Minister, who, after consultations with relatives of the patient, may decide to either;

11.3.1 Fly the deceased with the caretaker back to Funafuti with all travel expenses covered under the Scheme;

11.3.2 Arrange for the burial of the deceased in the country where the death occurred with all costs covered under the Scheme; or,

11.3.3 Arrange for the cremation of the deceased and the return of the ashes to the relatives in Tuvalu, with all costs covered under the Scheme.

11.4 In the event that the deceased's next of kin cannot make a decision as required under sub-section 11.3.1, 11.3.2 and 11.3.3, the onus is on the close relatives to decide on which option to take.

11.5 All additional expenses incurred in pursing matters detailed in this section may include but are not limited to:

11.5.1 The cost of purchasing or constructing a coffin;

11.5.2 Expenses covered under Sub-Section 11.3.1; and

11.5.3 Costs involved in transporting the deceased to the crematorium, cremation, purchasing of an ash urn, and any other unforeseen costs.

11.6 The scheme will cover costs of transporting the deceased and caretaker on the first available ship to the referring island, one week from the date of death.

DEFINITIONS

Cardiac Failure	The condition in which the heart is no longer capable of pumping a sufficient volume of blood to meet the body's needs for oxygen and nutrition.
Chronic illness	Illness lasting for a long time. A chronic disorder may be mild or severe but will usually involve some long term or permanent organic change in the body.
Congenital	Present at birth. A congenital disorder need not be hereditary, although many are. Conditions acquired during fetal life are congenital as are those acquired during the process of birth.
Patient	Person who has been approved by the Referral Committee and the Director of Health to undergo medical investigation and treatment.
Cremation	Disposal of bodies by burning.
Dialysis	Separation of substances in solution by using membranes through which only molecules below a particular size can pass. Dialysis is the basis of kidney machines,
Emergency	Any sudden crisis, calling for urgent intervention to avoid a serious outcome.
Prognosis	An informed medical guess as to the probable course and outcome of a disease. Prognosis is based on knowledge of the natural history of the disease and of any special factors in the case under consideration.
Renal Failure	The stage in kidney disease in which neither organ is capable of excreting body waste products fast enough to prevent their accumulation in the blood. Kidney Failure is inevitably fatal unless the affected person is treated with dialysis or has a kidney dialysis.
Transplantation	The grafting of donated organs or tissues into the body (Homograft). The movement of tissue from one site to another site in the same person (Autograft).
Reside Permanently	Reside in any country on a permanent residency permit.
Tuvalu Citizen	A citizen who resides permanently in Tuvalu excluding Tuvalu citizens with permanent resident permit elsewhere.

Annex 6: Situational Analysis Data collection Tool

SITUATIONAL ANALYSIS OF SPECIALIST CLINICAL SERVICES

In the Pacific

STRENGTHENING SPECIALISED CLINICAL SERVICES IN THE PACIFIC

NAME OF CONSULTANT:…….

COUNTRY VISITED: …….

DATE OF VISIT: ……..

NAME OF COUNTRY COUNTERPART: …….

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SECTION 1: VISITING SPECIALISED CLINICAL TEAMS

1.1 Describe the range of basic clinical services that can be offered routinely in-country in the table below

BASIC CLINICAL SERVICES	ROUTINELY OFFERED IN-COUNTRY?		BRIEFLY DESCRIBE THE RANGE OF SERVICES THAT CAN/CANNOT BE OFFERED IN-COUNTRY
	Yes	No	
MEDICINE			
SURGERY			
O&G			
PAEDIATRIC			
ANESTHESIA			
MENTAL HEALTH			

1.2 Indicate what specialized clinical services are routinely offered in-country in the table below

SPECIALISED CLINICAL SERVICES	ROUTINELY OFFERED IN-COUNTRY?		BRIEFLY DESCRIBE THE RANGE OF SERVICES THAT CAN/CANNOT BE OFFERED IN-COUNTRY
	YES	NO	
ORTHOPAEDICS			
INTERPLAST			
OPHTHALMOLOGY			
ENT			
DERMATOLOGY			
UROLOGY			
PAEDIATRIC SUGERY			
NEUROLOGY			
NEUROSURGERY			
CARDIOLOGY			

CARDIAC SURGERY			
DIALYSIS			
PROSTHETICS			

Comments:

1.3 Indicate what specialized clinical services were delivered by visiting specialised clinical teams in 2010:

SPECIALISED CLINICAL TEAM	**DID THIS TEAM VISIT YOUR COUNTRY IN 2010?**		**No. of visits in 2010**	**Venue where the specialized services were offered** *e.g. CWMH, Suva Private Hospital*	**SOURCE/ORIGIN OF ASSISTANCE e.g. Taiwan medical team, RACS**	**COMMENTS**
	YES	**NO**				
ORTHOPAEDICS						
INTERPLAST						
OPHTHALMOLOGY						
ENT						
DERMATOLOGY						
UROLOGY						
GASTROENTEROLOGY						
NEUROLOGY						
NEUROSURGERY						
PAEDIATRIC SUGERY						
PAEDIATRIC ENDOCRINOLOGY						
PAEDIATRIC ONCOLOGY						
MAXILOFACIAL SURGERY						
OPEN HEART CARDIAC						
CARDIOLOGY						
CARDIAC ANGIOGRAPHY						

COMMENTS:

……

……

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……

……

1.4 Any basic clinical services offered by visiting teams in 2010?

SPECIALISED CLINICAL TEAM	**DID THIS TEAM VISIT YOUR COUNTRY IN 2010?**		**No. of visits in 2010**	**Venue where the specialized services were offered** *e.g. CWMH, Suva Private Hospital*	**SOURCE/ORIGIN OF ASSISTANCE (e.g. Taiwan medical team, RACS)**	**COMMENTS**
MEDICINE						
SURGERY						
O&G						
PAEDIATRIC						
ANESTHESIA						
MENTAL HEALTH						

COMMENTS:

……

……

……

……

……

……

1.3 Briefly describe the level of participation of the host country in the planning process for visiting specialised clinical services. In your description state who usually decides the dates, the types of teams to visit each year etc.

1.6 Briefly describe the type and level of training, if any, provided by visiting specialist teams to local medical staff?

1.7 Can training of local health staff by visiting specialist teams be enhanced? YES/NO
If you answered YES, please explain:

1.8 Briefly describe the type and level of contribution/support your country provides to visiting specialist teams:

EXAMPLE	COMMENTS
In-country transport	
Accommodation	
Meals	
Consumables	
Liaison	
Formal hosting activities	
Customs clearance	

1.9 Does the Ministry of Health perform monitoring process of the services provided by the visiting specialist teams? YES / NO

If you answered YES, briefly explain the process:

SECTION 2: CAPACITY BUILDING OF LOCAL HEALTH STAFF FOR SPECIALISED CLINICAL SERVICES

2.1 Medical

2.1.1 Indicate the number of local doctors belonging to each category in the table below.

CATEGORY OF DOCTORS	NUMBERS	
	Local	**Expats**
Total number of registered doctors in 2010		
Total number of doctors registered as specialists in 2010		
Registered doctors who **have completed specialist training, and now working in the country**		
Registered doctors **now undergoing specialist training in 2011**		
Local doctors who **have completed specialist training, and now working abroad**		

2.1.2 What is the definition of a specialist in your country e.g. according to the Medical Act, job descriptions etc?

1.2 List down the names & profiles of doctors (locals & expatriates) currently working as registered clinical specialists in your home country in the table below:

NAME	AGE	SEX	ETHNICITY	QUALIFICATION(S)

2.1.3 For local doctors **now undergoing specialist training in 2011**, provide their details in the table below:

NAME	AGE	SEX	TRAINING INSTITUTION	SPECIALTY & Comments (completion dates)

2.2 Nursing

Provide information about nurses (local and expatriates) currently working in your country who have undergone any specialist clinical training or attachment: e.g. anesthetist nurse, eye nurse, ENT nurse etc, ICU nurse, cardiac nursing

Name of specialist nurse	Age > 50 years?	Gender (M/F)	Local or Expat?	Qualification

2.3 Allied Health

Provide information on allied health staff currently working in your country, who provide support services for specialized clinical services.

Profession	Total number with formal qualification	Number of staff undergoing training in 2011	Number of qualified staff over the age of 50 years
Physiotherapist			
Radiographers			
Pharmacists			
Biomedical engineer/technician			
Laboratory technician			
Anaesthetist technicians			
Occupational therapist			
Speech therapist			
Dieticians			

2.4 Support for specialist clinical training and continuing professional development

2.4.1 List any specialist clinical trainings and continuing professional development programs offered in-country (e.g. APLS, EMST, CcRISP).

2.4.2 List the source of funds usually available to support trainings (in-country & abroad) related to specialised clinical services? E.g. AusAid, NZAID, Taiwan etc

2.4.3 Renumeration and incentives

a) Provide information on the salary package and allowances for health personals qualified or capable of delivering specialised clinical services in your country in the table below.

CLINICAL POSITION	ANNUAL SALARY (specify currency)	ALLOWANCES
Consultant Specialist		
Specialist senior registrar		
Specialist registrar		
General medical officer		

NOTE: Provide reference documents to support the figures given

b) Specify the type of allowance given to specialists (e.g. monetary, car, fuel, free housing etc)

2.4.2 Provide any comments (if any) on how the salary package and allowances for health personals qualified or capable of delivering specialised clinical services in your country compares with other health and/or non-health professionals:

SECTION 3: MEDICAL EQUIPMENTS/INSTRUMENTS AND DRUGS FOR SPECIALISED CLINICAL SERVCIES

3.1 Provide an inventory of instruments/equipments required for delivery of specialized clinical services that are <u>available</u> in your country

---

3.2 This item seeks to identify if drugs required for delivery of specialized clinical services available in each of the PICs.

a) *Provide a copy of the national essential drug list or a similar document showing all the drugs approved for use in the country)*

b) Comment on drug stock outs and provide a list of drugs that usually run out.

SECTION 4: OVERSEAS REFERRALS FOR SPECIALISED CLINICAL SERVICES

4.1 Name the body/committee that is tasked with coordinating and approving all overseas referrals?

4.2 Is there a written policy or guideline governing all overseas referrals? YES / NO

If you answered NO, briefly describe the referral process below:

4.3 List the countries and hospitals where your country makes your referrals for specialized clinical care:

Country	Hospital / Medical Institution	Clinical Services provided

4.4 Name any partners or agents that assist you with your overseas referrals.

PARTNER'S OR AGENT'S NAME/COMPANY	CONTACT DETAILS

4.5 List the source of funds and budget provisions for overseas referrals in the table below:

SOURCE OF FUNDING	TOTAL BUDGET FOR OVERSEAS REFERRALS IN 2010	Amount spent in 2010
Ministry of Health recurrent budget		
NZAID		
TAIWAN		
US GOVERNMENT		
Others:		
Others:		
Others – specify:		

What is the total health budget in 2010?	
What is the clinical services budget in 2010?	
Government funds spent on overseas referrals in 2010 as % of total clinical services budget	
Government funds spent on overseas referral in 2010 as % of total health budget	

4.6 Provide the total number of referrals in 2010 that fit into any of the categories below:

Specialty	Number of referral in 2010
ORTHOPAEDICS	
INTERPLAST	
OPHTHALMOLOGY	
ENT	
DERMATOLOGY	
UROLOGY	
GASTROENTEROLOGY	
NEUROLOGY	
NEUROSURGERY	
PAEDIATRIC SUGERY	
PAEDIATRIC ENDOCRINOLOGY	
PAEDIATRIC ONCOLOGY	
MAXILOFACIAL SURGERY	

OPEN HEART CARDIAC	
CARDIOLOGY	
CARDIAC ANGIOGRAPHY	
MEDICINE	
SURGERY	
O&G	
PAEDIATRIC	
ANESTHESIA	

CHECK LIST:

- Get a copy of all planned visits for 2011 by specialized clinical teams □
- Get a copy of the overseas referral guideline □
- Get a copy of the national essential drug list