



15 MINISTRY OF HEALTH

Corporate Plan & Budget

2016/17 – 2018/19



5th May, 2016

Table of Contents

List of Abbreviations	1
Foreword from the Minister	2
Message from the CEO	3
1. Ministry of Health Overview	4
1.1. Stakeholders	4
1.2. Mandate	5
1.3. TSDF Impacts and Outcomes Supported by Health Outputs	6
1.4. Ministry of Health Total Budget	7
1.4.1. Reasons for Major Changes in Budget Allocations	7
1.4.2. Asset Management	9
1.5. Organization Structure	10
1.5.1. Total Ministry of Health Staff by Key Category	11
2. Programs and Sub-Programs	12
2.1. Total Payments in the Recurrent Budgets (Cash and In-kind)	12
2.2. Program 1: Leadership and Policy Advice	13
2.3. Program 2: Preventative Health Care	14
2.4. Program 3: Curative Health Care	16
2.5. Program 4: Dental Services	19
2.6. Program 5: Nursing Services	20
2.7. Program 6: Health Planning & Information Services	22
3. Summary of Ministry of Health Planned Major Reforms in Support of Performance Improvement	24
Annex 1: Health Regulations	25
Annex 2: Indicators	26
Annex 3: Charter of Account	27

List of Abbreviations

CP&B	Corporate Plan and Budget
FY	Financial Year
KPI	Key Performance Indicator
MDA	Ministries, Departments and Agencies
NIIP	National Infrastructure Investment Plan
TSDF	Tonga Sustainable Development Framework
MFNP	Ministry Finance and National Planning

Foreword from the Minister



I am indeed honored to have been called to continue to serve the Ministry of Health - in the role of Minister - and to be now entrusted with and accountable for the greater duties and responsibilities of the office - following more than two decades of public service in and from the peripherals with its critical resources scarcity, right through to the office of Medical Superintendent.

This Government starts with a new Tonga Strategic Development Framework (TSDFII) for the Government and the Health System for the period 2015-2020. It emphasizes the concepts of *inclusivity* and *progressiveness* in the entire key components of national development including the social sector and the Ministry of Health.

The National Health Strategic Plan (NHSP) has been positioned to ensure it makes optimal positive contributions towards achievement of the TSDFII. It draws upon the Global health development frameworks and goals formulated, proved and agreed upon by member countries of the World Health Organization (WHO) as well as the United Nations. At the same time it is carefully customized based on our own context, health needs, equity, accessibility, social inclusion and the affordability of the Government and household to name a few.

Nevertheless, there are health needs and challenges believed to be closely associated with key factors such as population growth, unhealthy behavior, climate changes and social determinants - that are beyond the health system direct influence. These have introduced health challenges that were rarely seen in the last two decades such as frequent occurrence of communicable disease epidemics. It is also noteworthy that the Government, development partners and the health system has been fighting NCDs for about four decades now.

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

It is widely accepted that the road to universal health coverage would start from the realization that health is not a luxury. It is a basic right of every citizen and resident in Tonga. It is also a function of partnership between the Governments, Non-Government Organizations (NGOs), Development Partners and the public at large – a partnership with potential to pave the pathway to achievement of our vision and fulfilment of our mission for the public.

Hon. Dr. Saia Ma‘u Piukala
Minister for Health

Message from the CEO



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

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

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

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

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

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

Dr. Siale 'Akau'ola
Chief Executive Officer of Health

1. Ministry of Health Overview

1.1. Stakeholders

The Organizational outcome of the Ministry of Health's (MOH) Corporate Plan 2015/2020 is **Universal Health Coverage**. This involves **improving accessibility and equity; responsiveness to the health needs of the people at all levels; social and financial risk protection and improving the efficiency of service delivery** with the expectation of achieving “**better health outcomes.**”

Non-communicable Diseases (NCDs) is an important international and development health issue, and the Ministry of Health is at the forefront of handling and having to deal with the impacts of these debilitating diseases. Ninety-nine point nine (99.9%) per centum of Tongan adults aged 25-64 are at moderate to high risk of developing a NCD and it is commonly occurring at younger ages¹The implications of NCDs are not only physically life-threatening but economically damaging as well. In 2003, the average 14.7 day stay for diabetes cost on average \$TOP 2,306², which then rose to \$TOP 4,129 in 2012³ A developing country like Tonga thus needs to work together with all devoted stakeholders to tackle NCD effectively.

The Corporate Plan (CP) acknowledges the significant roles played by the stakeholders in their collective efforts towards designing a common platform whereby the Government, Ministry and Development Partners collaboratively attempt to tackle significant and pressing development agendas in a cost-effective and transparent manner. This partnership is evidently featured in Strategy 4.1.9 under the Key Result Area 4: Leadership and Governance, which highlights the importance of strengthening working relations across different levels from Government Ministries, Development Partners to Non-Governmental Organizations including Churches, Private Sector organizations and the Public at large.

The structure of the MOH Budget (charter of accounts) provides programs, subprograms and activities which value and reflect the significant contributions made by the stakeholders in meeting the mandate of the Ministry to the public and the Kingdom as a whole, as required by the Tonga Strategic Development Framework (TSDF): “**Improved Health Care and Delivery Systems.**”

In this CP, the core value of “**Partnership in Health**” is embedded as a fundamental asset that will drive and strengthen the strategic direction of the Ministry. The MOH wishes to extend its utmost sincere heartfelt appreciation and gratitude to all stakeholders' and potential stakeholders who have invested their time and resources to keep the Ministry moving forward. The aid and assistance so generously given irrespective of size or shape - is valued beyond words. The Ministry hopes, with humility and much optimism, that these good working relationships take root, grow and flourish in the years to come.

¹ Asia Pacific Observatory on Health Systems and Policies (2015). The Kingdom of Tonga Health System Review http://www.wpro.who.int/asia_pacific_observatory/hits/series/tonga_health_systems_review.pdf

² Doran C. (2003). Economic Impact of NCDs on hospital resources in Tonga, Vanuatu and Kiribati.

³ World Bank (2013) The Economic Costs of Non-Communicable Diseases in the Pacific Islands. A Rapid Stockade of the situation in Samoa, Tonga and Vanuatu.

1.2.Mandate

Table 1: Grid Table of MOH Stakeholders and their Relationships

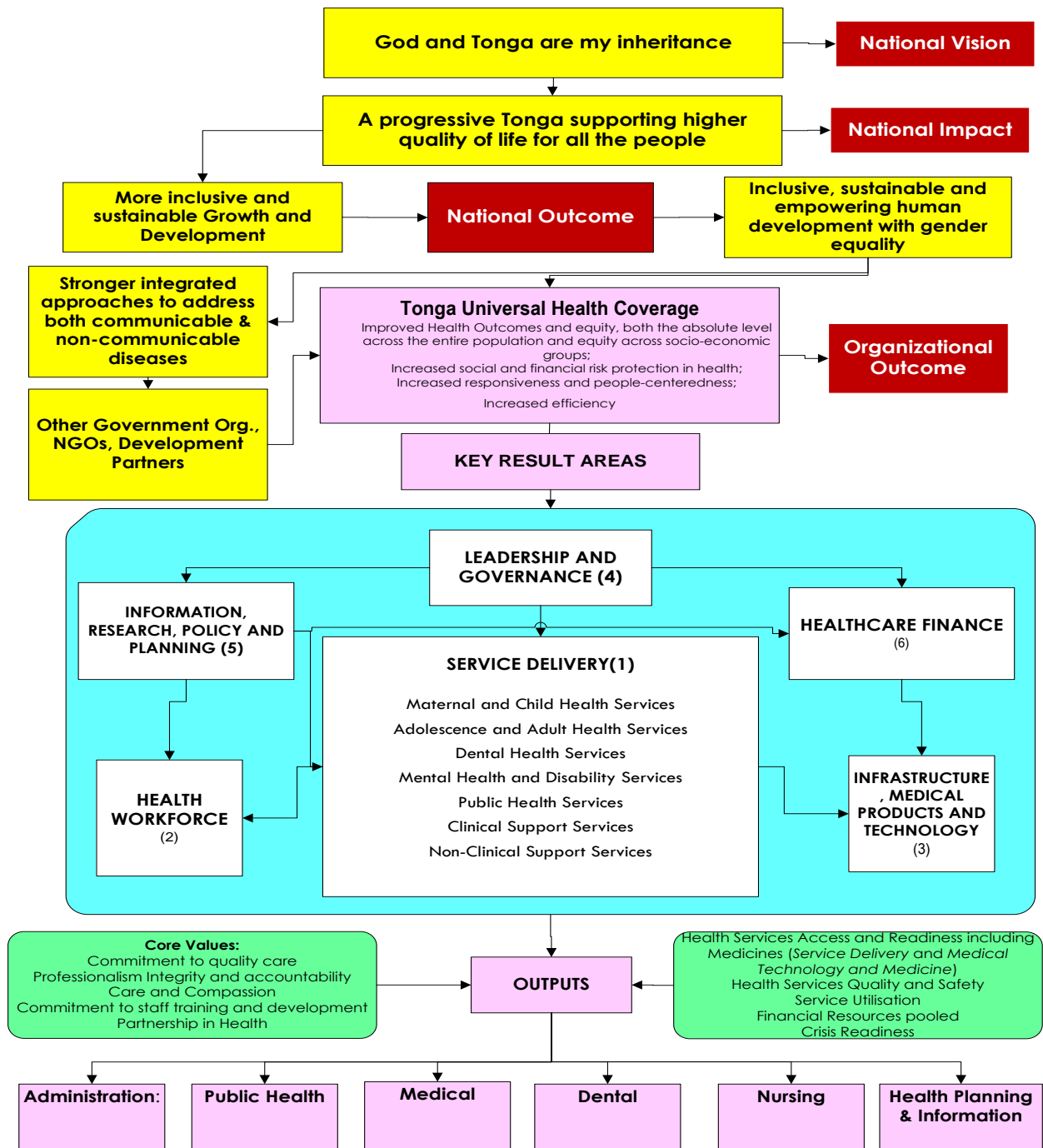
Stakeholder	Customer of MOH	Supplier to MOH	Partner with MOH	Oversight of MOH
Cabinet	X	X	X	
LA	X	X	X	
MDAs	X	X	X	X
Public Enterprises	X	X	X	X
Private Businesses	X	X	X	X
NSA, CSO, Churches	X	X	X	X
General Public	X	X	X	X
Development Partners	X	X	X	

The core function of the MOH is to deliver preventative and curative health services for the people of Tonga. The expectation and contribution of the Stakeholders are prescribed in the core business of the Ministry including:

- Provision of health services for the Kingdom of Tonga;
- Provision of policy advice to the Minister of Health;
- Negotiation, management and monitoring of funds allocated both recurrent and development funds
- Administration of health legislation
- Collection, management and dissemination of health information.

In implementing its services and activities the Ministry is governed by legal frameworks and regulations, Refer to Annex 1.

1.3.TSDF Impacts and Outcomes Supported by Health Outputs



1.4. Ministry of Health Total Budget

To deliver the six (6) programs and thirteen (13) sub-programs of the Ministry and to implement 334 activities, the budget required by MOH is shown in Table 2 below. The table provides information on key items of expenditure.

Table 2: Ministry of Health Total Budget by Recurrent and Development and Key Payment (Cash and In-kind) in millions

Budget (\$m)	Past spending performance				Corporate Plan & Budget		
	FY 2014/15		FY 2015/16		FY 2016/17	FY 2017/18	FY 2018/19
	Original Budget	Provisional Outcome	Original Budget	Provisional Outcome	Budget	Projection	Projection
Total Budget							
Established and Unestablished staff	20.04	20.90	22.94	22.44	24.77	24.67	25.06
Ministry Operational Costs	11.05	12.06	14.03	15.05	14.29	16.63	16.65
Assets	2.12	2.11	2.06	2.13	2.43	2.34	2.95
Total Ministry Expenditure	33.21	35.07	39.03	39.62	41.49	43.64	44.66
Recurrent Budget							
Established and Unestablished staff	19.04	19.9	21.94	21.44	23.77	23.67	24.06
Ministry Operational Costs	7.05	8.06	8.20	9.22	8.79	11.13	11.15
Assets	0.12	0.11	0.06	0.13	0.03	0.14	0.65
Total Ministry Expenditure	26.21	28.07	30.20	30.79	32.59	34.94	35.86
Development Budget							
Established and Unestablished staff	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Ministry Operational Costs	4.00	4.00	5.83	5.83	5.50	5.50	5.50
Assets	2.00	2.00	2.00	2.00	2.10	2.20	2.30
Total Ministry Expenditure	7.00	7.00	8.83	8.83	8.60	8.70	8.80

1.4.1. Reasons for Major Changes in Budget Allocations

The Total budget for the Ministry is \$32.59 million. Of this total, 73% (\$23.77 million) is allocated for staff salary, which increases the salary expenses from the current financial year by \$2.39 million based on the following reasons:

1. Staff Cost

1.1. 5% COLA (\$0.9 million) and returning scholars (\$0.9million)

Of the Ministry's \$2.39 million increase in its staff costs budget, 77% is to cater for the 5% COLA for the existing staff, 11 new MBBS scholars and 30 student nurses and others. This is part of the Ministry's response to improve staff ratio and allocation to isolated stations (Universal Health Coverage).

1.2. 23% of the \$2.39 million of the cost is allocated to Staff Promotion

Even though there is no budget allocated from the recurrent to fund Continuous Professional Development (CPD), the Ministry is committed to strengthen the CPD opportunities for Health professionals with the assistance from the donors. Investment in this areas is essential which aligns with TSDF II and objective 4.2, "To improve education and training, thus providing life-long learning." Without CPD our Health Professional's ability to provide quality care and meet the changing health care needs to the community will be severely hampered.

2. Procurement of Medical Supplies

The Ministry experienced shortage of drugs and medical supplies due to the impact of NCD and consumption tax, which contributed to the proposed increase (\$0.408 million).

3. Maintenance of Buildings and Compound

The total estimated value of the Ministry's Building is around \$103 million pa'anga.

The Ministry's maintenance budget is \$1.11 million, which is an increase of \$0.11 million from the 2015/16 budget. 13% of the Ministry's operation budget has been allocated to the maintenance of buildings, which focuses on the urgent repair and maintenance only. The Ministry is looking at increasing its maintenance budget in the next 3 years to cater for the needs to cover the value of depreciation of the asset, to ensure that the Ministry is able to deliver quality services to the patients throughout the Kingdom.

4. Extension of New Service and Development

Table 3: Buildings

NO.	PROJECT NAME	DONOR	STATUS	Estimated Cost
1	Niuatoputapu Hospital	European Union	Committed	2.3 million TOP
2	Haapai Hospital	ADB	Committed	1.9 million TOP
3	Vava'u Hospital, Removal of Asbestos roof	GOT/World Bank	Committed	1.449000 million TOP
4	Renovation of Old Vaiola Hospital building (Dental Wing)	DFAT	Proposed	196,000 TOP
5	Mental Health Facility, Hu'atolitoli Prison	GOT	Design	\$285,310 TOP
6	Extension of CT Scanner Facilities	China Aid	Committed	\$101,000 TOP
7	Relocation of Laundry Facilities	GOT	Committed	Approx. \$150,000 TOP

Table 4: Equipment

No.	Item	Donor	Status	Estimated FY
1.	Purchasing of New Laundry Equipment	Hospital Board	Committed	16/17-17/18
2.	Purchasing of a new Autoclave [CSSD] for Vaiola Hospital and Niu'ui Hospital	Recurrent or Donor	Proposed	16/17-17-18
3.	New Anaesthetic Machine for Operating Theatre	Recurrent or Donor	Proposed	16/17-17/18

1.4.2. Asset Management

Table 5: Total Assets under the Management of the MOH through the Life of the Corporate Plan 2015- 2020 (\$ million)

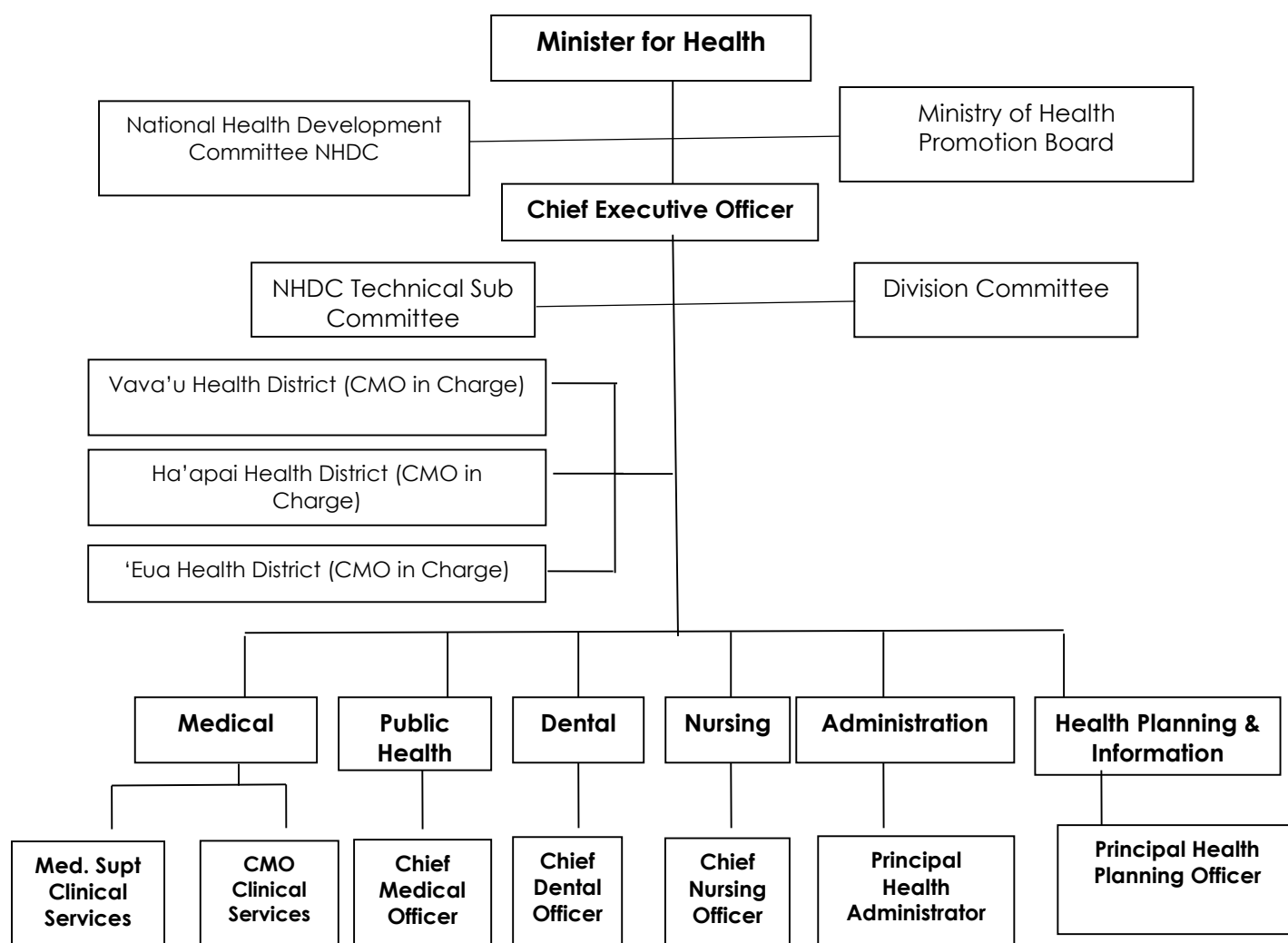
Year	Existing Asset stock(value in TOP)	New Investments (value in TOP)			O&M/replacement required		Covered in recurrent budget(% of O&M Needed)
		Gov't	Donor	Total	% of asset value	Total Budget needs	
Next FY 16/17	109	3.8	7.5	11.3	0.1	10.9	1.3
Year 2 FY17/18	121	2.7	1.3	8.1	0.1	12	
Year 3 FY18/19	124	0.7	0.3	5.3	0.1	12.4	
Year 4 FY19/20	125						

Notes:

1. Existing Asset Stocks are currently estimates and will take into accounts major projects and new non-financial assets budgeted for by the Ministry for FY2016/17 as shown on Table 4 above.

2. The new estimation are based upon estimated acquisitions of new non-financial assets in each year takes into account some of the major projects projected for by the Ministry for the next 3 years.

1.5. Organization Structure



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

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

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

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

1.5.1. Total Ministry of Health Staff by Key Category

Table 6: Total Ministry of Health Staff by Key Category

Category	Past spending performance				Corporate Plan & Budget		
	FY 2014/15		FY 2015/16		FY 2016/17	FY 2017/18	FY 2018/19
	Original Budget	Provisional Outcome	Original Budget	Provisional Outcome	Budget	Projection	Projection
Executive Staff (levels 0 to 2)	2	2	2	2	2	2	2
Professional Staff (Levels 3 to 9)	153	148	203	203	221	228	229
Other Staff (Levels 9A to 14A)	736	727	795	795	811	817	818
Total Established Staff	891	877	1,000	1,000	1,034	1,047	1,049
Unestablished Staff	72	72	48	48	54	60	61
Total Staff (Established & Unestablished)	963	949	1,048	1,048	1,088	1,107	1,110
Total Recurrent Ministry Costs (\$ millions)	26.21	28.07	30.20	30.80	32.60	34.94	35.28
Staff per TOP 100,000	3.67	3.38	3.47	3.40	3.34	3.17	3.15

2. Programs and Sub-Programs

2.1. Total Payments in the Recurrent Budgets (Cash and In-kind)

Table 7: Ministry of Health Total Recurrent Expenditures by Programs and subprograms (\$ millions)

Category	Past spending performance				Corporate Plan & Budget		
	FY 2014/15		FY 2015/16		FY 2016/17	FY 2017/18	FY 2018/19
	Original Budget	Provisional Outcome	Original Budget	Provisional Outcome	Budget	Projection	Projection
1.01 Office of the Minister	0.16	0.16	0.21	0.21	0.16	0.21	0.21
1.02 - Office of the CEO	1.07	0.99	0.98	1.22	0.15	0.23	0.23
1.03 - Corporate Services	2.44	3.41	3.12	3.27	3.78	4.91	4.91
1. Total Expenditure Leadership & Policy Advice	3.67	4.56	4.31	4.70	4.09	5.34	5.34
2.01 - Preventative Health Services	0.74	0.74	0.67	0.70	0.69	0.77	0.77
2.02 - Environmental Health Care	1.11	1.11	1.19	1.23	1.28	1.34	1.34
2.03 - Community Health Services	0.68	0.68	0.64	0.70	0.59	0.62	0.62
2. Total Expenditure Preventative Health Care	2.54	2.54	2.50	2.64	2.56	2.74	2.73
3.01 - Curative Health Services	0.87	0.80	1.72	2.10	2.03	2.21	2.21
3.02 - Medical and Surgical Care	1.89	1.84	2.58	2.16	2.79	2.63	2.62
3.03 - Outpatient and Casualty Services	5.18	6.25	5.74	6.45	6.16	7.32	7.25
3.04 - Clinical and Support Services	1.90	1.91	1.67	1.63	1.98	2.08	2.07
3. Total Expenditure Curative Health Care	9.84	10.80	11.71	12.34	12.96	14.24	14.16
4.01 - Dental Care Services	1.27	1.27	1.46	1.36	1.51	1.58	1.58
4. Total Expenditure Dental Services	1.27	1.27	1.46	1.36	1.51	1.58	1.58
5.01 - Nursing Care Services	8.43	8.43	9.69	9.24	10.75	10.40	10.83
5. Total Expenditure Nursing Services	8.43	8.43	9.69	9.24	10.75	10.40	10.83
6.01 - Health Information and Planning	0.47	0.47	0.54	0.52	0.73	0.65	0.65
6. Total Expenditure Health Information and Planning Services	0.47	0.47	0.54	0.52	0.73	0.65	0.65
Total Ministry Expenditures	26.21	28.06	30.21	30.79	32.60	34.95	35.29

2.2. Program 1: Leadership and Policy Advice

Division:

Leadership and Policy Advice

Subprograms Responsible:

Office of the Minister, Office of the CEO, Administrative Division (Human Resources section, Accounts section, National Health Accounts section, Legal Services and procurement section and Transport section)

Major Customers:

The Cabinet is the essential stakeholder for Program 1, and through cabinet, all other stakeholders including PSC. The fundamental customers of Program 1 are the staff of MOH, as the provision of Leadership services is critical for efficient standards of service delivery.

Program Results:

Delivery of internal outputs for each division of the ministry with policy advice and management directions, assisting staff to be more efficient and effective in their performance and service delivery as well as the provision of Standard Operating Procedures for the management of health facilities and hospitals in Tonga.

Results are discussed in detail in the main corporate plan and listed in the analysis below.

Key performance indicators:

The KPI for MOH at the program level include the standards for budget templates, timeliness and quality of outputs will be used to provide quarterly reporting of program 1 performance. See Annex 2. KPIs at the sub-program and output levels are provided in the main corporate plan.

1. Leadership and Policy Advice

Table 8: Summary of Program 1

Category	Past spending performance				Corporate Plan & Budget		
	FY 2014/15		FY 2015/16		FY 2016/17	FY 2017/18	FY 2018/19
	Original Budget	Provisional Outcome	Original Budget	Provisional Outcome	Budget	Projection	Projection
Executive Staff (levels 0 to 2)	2	2	2	2	2	2	2
Professional Staff (Levels 3 to 9)	8	8	21	21	22	23	23
Other Staff (Levels 9A to 14A)	48	48	57	57	50	50	50
Total Established Staff	58	58	80	80	74	75	75
Unestablished Staff	18	18	6	6	11	11	11
Total Staff (Established & Unestablished)	76	76	86	86	85	86	86
Total Recurrent Ministry Costs (\$ millions)	3.66	4.56	4.31	4.70	4.09	5.34	5.34
Output: Produce Annual Budget, Develop new Health Laws, Regulate current Health Laws, To implement Leadership corporate decisions, Recruitment of New Staff, Produce National Health Account (NHA) Reports, produce National Health Workforce Plans.							

Change in Program 1 from last Corporate Plan and Budget

Change from last CP & B (colour the appropriate cell)	Ongoing	Minor Change	Major Change	New

2.3. Program 2: Preventative Health Care

Division:

Public Health Division

Subprograms Responsible:

Communicable Health Section, Health Promotion Section, Environmental Health Section and Community Health Section.

Major Customers:

The major immediate customers and individuals benefitting from Program 2 is the general public (both patient and non-patient) and other relevant stakeholders related to NCD, Communicable Disease, Community Health and Environmental Health.

Preventative Health services are catered towards healthy and unhealthy people alike aiming at preventing the development of diseases while promoting good health of the general public. This program covers people suffering from NCDs and Communicable Diseases like STIs (Sexually Transmitted Infections), Tuberculosis and HIV/AIDS etc. Key relevant customers include people at risk of NCDs like smokers, inactive people and people with little to low fruit and vegetable intake which the STEPS (2014) ⁴ survey identified that among individuals in Tonga aged 25-64 years old, 29.3% were smokers and 73.1% of the population consumed less than the prescribed five combined servings of fruit and vegetables per day.

Environmental Health Care also caters to the general public dealing with the state of the environment people of Tonga live in and interact with, focusing on people at risk of environmental-borne diseases including for example, Zika, Dengue, Waste-related diseases and Water sanitation.

Community Health Services deal with patients who use the facilities and services provided at the seven Health Centres in Tongatapu and the other Health Centres scattered in the outer islands.

Program results:

Result: Improve Health Status of the people of Tonga, as a result of understanding the impact of healthy lifestyles.

Preventative Health Services play a critical role in the fight against NCD. According to the latest MOH Annual Report 2011/2012 (*is this the latest that has been prepared / submitted. Approved (by Parliament?) and available???*) NCDs accounted for four of the top five causes of death responsible for mortalities related to Diseases of the Circulatory System (CVD), Neoplasms (Cancer), Respiratory System Diseases and Endocrine Nutritional Diseases (MoH, 2013)⁵. Preventative Health Services focus on providing preventative healthcare services as to not only prevent the development of diseases and its consequences but *also to facilitate and support* the promotion and maintenance of good health. These services include providing health promotion activities to the public such as physical activity programs, healthy eating advice and anti-tobacco services to name but a few. In addition, the services provided include council (did you mean 'counselling;?'), awareness programs (TV and Radio), regional and international collaborations on eradicating diseases and handling outbreaks of communicable diseases like the recent epidemic of the Zika virus and other diseases like Tuberculosis and Dengue Fever.

Environmental Health Care focuses on maintaining healthy environments that promote healthy lifestyles and overall good health and well-being. The services provided include inspection of people's houses to ensure that it is clean and safe with proper waste management. In addition, the safety of the water supply is inspected as to ensure acceptable quality and safe water is available to the general public. The Environmental Health Section is also instrumental in the outbreak of infectious diseases as they

⁴ MOH & WHO (2014) Kingdom of Tonga NCD Risk Factors STEPS REPORT 2014. Tonga. Suva, Fiji.

⁵ MoH (2013). Report of the Minister of Health for the financial year 2011/2012

identify and destroy areas that provide breeding grounds for mosquitoes while examining shopping outlets, ensuring that the goods and products sold to the public are acceptable and suitable for consumption. Community Health Services provide health services in a community setting, which include education and promotion of healthy lifestyles meanwhile engaging the community in their own health development. Some services provided in the hospital are also provided in the Health Centre as to offer easy access to geographically isolated and distant communities.

Key performance indicators

In accordance to the Indicators attached (Annex 2) Program 2 will be weighed against Indicators Number: 12, 24, 28, 30, 31, 32, 33, 42 and 43.

To measure the extent of the activities and progress of the Preventative Health Care, Program 2 should not be limited to the Indicators attached but should include some Indicators /Activities /Objectives provided in conjunction with the MoH Annual and Quarterly Reports for Public Health. This is to take into account that there are many activities conducted related to Public Health / Preventative Health Care that is not covered in the Indicators attached.

Summary of Program 2 Budget, Staff, Projects and Outputs

Table 9: Summary of Program 2

Category	Past spending performance				Corporate Plan & Budget		
	FY 2014/15		FY 2015/16		FY 2016/17	FY 2017/18	FY 2018/19
	Original Budget	Provisional Outcome	Original Budget	Provisional Outcome	Budget	Projection	Projection
Executive Staff (levels 0 to 2)	0	0	0	0	0	0	0
Professional Staff (Levels 3 to 9)	16	16	21	21	23	23	23
Other Staff (Levels 9A to 14A)	86	86	57	57	76	76	76
Total Established Staff	102	102	78	78	99	99	99
Unestablished Staff	4	4	2	2	3	3	3
Total Staff (Established & Unestablished)	106	106	80	80	102	102	102
Total Recurrent Ministry Costs (\$ millions)	2.53	2.54	2.50	2.64	2.56	2.74	2.73
Output:							
Number of Health Surveys, Immunizations program conducted, Community Sanitation Inspection programs, Community Health Education programs, Community Healthy Lifestyle/Eating programs							

Change in Program 2 from last Corporate Plan and Budget

Change from last CP & B (colour the appropriate cell)	Ongoing	Minor Change	Major Change	New

2.4.Program 3: Curative Health Care

Division:

Curative Health Care

Subprograms:

1. Curative Health Services
 - i. Administer Curative Healthcare Services
 - ii. Medical Referral Scheme
 - iii. Visiting Team
2. Medical and Surgical Care
 - 0 Infection Control Services
 - i. Medical Services
 - ii. Medical ward
 - iii. Surgical ward
 - iv. Obstetric and Gynaecology ward
 - v. Paediatric ward
 - vi. Anaesthetic and ICU services
 - vii. Operating Theatre services
 - viii. Isolation ward
3. Outpatient and Casualty Services
 0. Pharmaceutical services management (including procurement, production, storage of drugs, and distribution, dispensing of drugs and supplies)
 - i. Casualty
 - ii. Special Clinic
 - iii. Ophthalmological services
 - iv. ENT services
 - v. Laboratory services including Blood Transfusion programs
 - vi. X-Ray and Ultrasound services
 - vii. Diabetic ward
 - viii. Physiotherapy services
 - ix. CSSD
4. Clinical Support Services
 - i. Hospital maintenance services
 - ii. Catering services
 - iii. Domestic services
 - iv. Laundry services
 - v. Seamstress

Major Customers:

The Medical and Surgical Care Sub-Program covers the key clinical health care services provided at Vaiola Hospital. These services are catered to all patients admitted to Vaiola Hospital for medical treatment, management, consultation and care. The Surgical Ward caters for patients presented with surgical-related conditions in need of major surgery, surgical treatment and procedures. The Surgical Ward also handles cases referred from other wards. The Medical Ward is responsible for all patients in need of internal medicine and primary care which include long-term condition patients with uncontrollable Diabetes, Hypertension, Cancer and Stroke. Obstetrics & Gynaecology focuses on patients presenting with gynaecological problems primarily pregnant mothers and women in general. Paediatrics is responsible for providing health care services for children aged 0 -14 years of age including premature babies, while Mental Health handles psychiatric cases suffering with mental illnesses.

The Outpatient and Casualty Services Sub-Program covers the Clinical Support Services provided at Vaiola Hospital. The major customers benefitting from these services are the Healthcare Practitioners and Professionals using the diagnostic services (Radiology and Pathology services) and sterilization services. In addition, the patients admitted / referred to Vaiola Hospital for specialized treatment, management, consultation and care for specific conditions like Diabetes, Eye-related problems, medical conditions affecting the Ears, Nose and Throat to patients in need of Physiotherapy for recovery.

Program results:

Result: *Improvement in Clinical care of patients*

The Key Wards within Vaiola Hospital handle many of the specialized medical treatments and procedures which require technical skills to operate and utilize. These services help treat people and facilitate recovery from medical conditions. The services and procedures provided in each area is different and specific. To ensure that the hospital setting is safe, sanitized and clean Infection Control measures are in place throughout Vaiola to help ensure that a conducive and safe environment is maintained continuously.

- The Surgical Ward provides major and minor surgery and operations like abdominal surgeries, orthopaedic operations, hernias, amputation, urology, exploratory surgeries and excisions. All of these services are supplemented by Anaesthesia and ICU services.
- The Medical Ward provides treatment, palliative and diagnostic services for patients in need of long-term medical care like cancer, stroke and hypertensive patients.
- Obstetrics & Gynaecology is responsible for the delivery of new-born infants through their midwifery services, pap smears, consultations and diagnosis of gynaecological conditions.
- Paediatrics provide healthcare services for children who suffer from different conditions like Acute Respiratory Infections, Leukaemia, Cardiovascular Diseases and Infectious diseases. The Paediatrics Ward also provides care for premature infants in their Special Care Nursery.
- The Mental Health Section provides healthcare and management services which include therapy, medication, raising awareness and consultations for psychiatric patients.
- The Isolation Ward quarantines patients with highly infectious diseases to prevent further contamination and the spread of the disease while undergoing regular treatment for full recovery.

The Outpatient and Casualty Services Sub-Program provide services that assist the Medical and Surgical Care Sub-Programs. These services are more specialized in handling specific cases and have customized functions and facilities. The list below outlines some of the basic general services provided.

- The Outpatient and Emergency Ward provides emergency immediate care, treatment and referral of emergency cases admitted to Vaiola, while the Outpatient section handles general cases of conditions that are triaged and consulted with accordingly – usually minor cases.
- The Pharmacy provides the procuring of medical supplies and drugs, responsible for storage, distribution and monitoring of medical drugs which accounts to 44% of the Ministry's operational budget.
- Pharmacy provides the pharmaceutical medication and drugs for the treatment of patients.
- The Radiology Section has X-Ray services, Fluoroscopy (Special X-Rays), and Ultrasound Services, CT (Computerized Topography) and Mammography services.
- Pathology has various diagnostic services to identify the medical condition of a patient so that treatment can be effected. In addition. Pathology facilitates blood bank donors and provides Haematological, Histopathological and Biochemistry services to Medical Professionals and patients.
- Physiotherapy is responsible for providing appropriate physiotherapeutic treatment for both inpatients and outpatients patients.
- Ophthalmological Services are catered for patients with eye problems. Services include checking eye infections, cataracts and prescribing eye-glasses.

- The Diabetes Ward is specialized for patients suffering from Diabetes and CVD and in need of assistance with treatment, follow-up management and consultations. The Diabetes Ward also conducts community visits to NCD patients.
- The ENT clinic provides specialized care and treatment for patients with conditions affecting the Ears, Nose and Throat.
- The CSSD provides sterilization services for all the equipment, tools and utilities used for medical treatment and management like scalpels, needles etc.

Key performance indicators:

In accordance to the Indicators attached (Annex 2) Program 3 will be weighed against Indicators Number: 9, 16, 17, 24, 27, 34, 35, 39 and 40.

To measure the extent of the activities and progress of the Curative Health Care, Program 3 should not be limited to the Indicators attached but should include some Indicators /Activities/ Objectives provided in conjunction with the MoH Annual and Quarterly Reports for the Medical Division (Clinical Services). This is to take into account that there are many activities conducted related to the Medical Division / Clinical Services and Support Services that is not covered in the Indicators attached.

Summary of Program 3 Budget, Staff, Projects and Outputs

Table 10: Summary of Program 3

Category	Past spending performance				Corporate Plan & Budget		
	FY 2014/15		FY 2015/16		FY 2016/17	FY 2017/18	FY 2018/19
	Original Budget	Provisional Outcome	Original Budget	Provisional Outcome	Budget	Projection	Projection
Executive Staff (levels 0 to 2)	0	0	0	0	0	0	0
Professional Staff (Levels 3 to 9)	77	77	100	100	111	117	118
Other Staff (Levels 9A to 14A)	152	152	191	191	178	184	185
Total Established Staff	229	229	291	291	289	295	296
Unestablished Staff	40	40	32	32	32	38	39
Total Staff (Established & Unestablished)	269	269	323	323	321	327	328
Total Recurrent Ministry Costs (\$ millions)	9.84	10.80	11.71	12.34	12.96	14.24	14.16
<p>Output: Conduct medical / surgical patient consultation, conduct outpatient specialty clinic, distribution of drugs, conduct surgery, conduct blood transfusion and testing, conduct different radiology practices, contract non-clinical services such as domestic services, security and ground keeping.</p>							

Change in Program 3 from last Corporate Plan and Budget

Change from last CP & B (colour the appropriate cell)	Ongoing	Minor Change	Major Change	New
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2.5. Program 4: Dental Services

Division:

Dental Services

Subprograms:

1. Dental Care Services
 - i. Dental Public Health
 - ii. Dental Curative Health

Major Customers:

The major customers for the Dental Public Health section are the students at all Kindergarten, Primary and Secondary schools and people who have presented themselves to health centres for treatment and care. The Dental public health services has been decentralised into the health centres for accessibility of the community people to dental health preventative and curative services.

The major customers for the Dental Curative section are the general public and general patients for dental check-ups, orthodontic services, endodontic services, Oral and Maxillofacial Surgery as well as people who have presented themselves to the hospital dental clinic for treatment and care.

Program results:

Result: *“Safe and Quality Dental Services to the people of Tonga”*

The activities provided by program 4 will result in the national coverage of oral health education and curative services to the general public including the Outer Island populations. The dental services will result in the promotion of good oral health and the reduction in the prevalence of untreated dental caries and existing dental restorations in teeth.

Key performance indicators:

The KPI for the provision of Dental services are the Quarterly Reports for Dental Health Division and the Annual Reports which in line provides the extensive of services provided and activities of the Dental health division.

Summary of Program 4 Budget, Staff, Projects and Outputs

Table 11: Summary of Program 4

Category	Past spending performance				Corporate Plan & Budget		
	FY 2014/15		FY 2015/16		FY 2016/17	FY 2017/18	FY 2018/19
	Original Budget	Provisional Outcome	Original Budget	Provisional Outcome	Budget	Projection	Projection
Executive Staff (levels 0 to 2)	0	0	0	0	0	0	0
Professional Staff (Levels 3 to 9)	14	9	15	15	16	16	16
Other Staff (Levels 9A to 14A)	29	30	31	31	28	28	28
Total Established Staff	43	39	46	46	44	44	44
Unestablished Staff	4	4	2	2	2	2	2
Total Staff (Established & Unestablished)	47	47	48	48	46	46	46
Total Recurrent Ministry Costs (\$ millions)	1.27	1.27	1.46	1.36	1.51	1.58	1.58
Output:							
Number of dental clinical/surgical services conducted, number of dental health programs conducted, number of dental school visit programs							

Change in Program 4 from last Corporate Plan and Budget

Change from last CP & B (colour the appropriate cell)	Ongoing	Minor Change	Major Change	New
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2.6. Program 5: Nursing Services

Division

Nursing services

Subprograms:

1. Nursing Care Services
 - i. Operation (CNO expenses and support services)
 - ii. Training (Queen Salote School of Nursing)
 - iii. Reproductive Health Services
 - iv. NCD Nurse

Major Customers:

The major immediate customers and individuals benefitting from Program 5 is the general public (patient and non-patients alike) and other relevant stakeholders related to Nursing, Nursing development, NCD and Reproductive Health (Child and Maternal Health).

Reproductive Health caters to infants, children, youth, mothers, pregnant women, families/couples in need of family planning who may present themselves to the Health Centres for treatment, advice or care within the community setting. NCD nurses are more focused on patients suffering from the complications of NCD while Clinical Nursing is catered to patients admitted to the Vaiola hospital for treatment and care for various diseases. In terms of the Queen Sālote School of Nursing, the major customers are the student nurses being trained to become registered nurses at Vaiola Hospital in addition to the staff of the Nursing School for delivering educational services.

Program results

Result: *“Improve Quality and Safe Nursing practices”*

For Program 5, it is expected that there will be the delivery of a range of services across different disciplines of nursing.

To supervise, regulate and monitor the huge number of nursing staff for the whole of Tonga, administrative actions and activities must be in place to help manage the operations and outcomes of the nursing profession. These activities include the Review of the, 2001 Supervisory updates and meetings, capacity building activities, administer evaluations and outer-island site visits.

Reproductive Health services include Immunization of infants and children, which is always maintained at a very high percentage of over 95% covering all of Tonga⁶. Other Reproductive Health services provided include antenatal and postnatal healthcare services, family planning education / advice, the provision and distribution of contraceptives and recording vital statistics like live births, community deaths, stillbirths, abortions, death in children etc.

The Training Program (Queen Sālote School of Nursing (QSSN) is to cater for the regular intake of nursing students to help alleviate the shortage in nursing staff in the near future. The services provided include the delivery of the TNQAB approved curriculum for the Diploma in Nursing at QSSN which takes a total of 3 years. Nursing staff are allocated to teach and deliver the curriculum through a variety of both theoretical and practical means for Year 1, 2 and 3 nursing students.

The NCD Nurses provide healthcare services to combat the rising burden of NCD patients, which include home-visits to NCD patients supplemented with consultations / advisement / education and more specifically dressing patients with amputations as a result of Diabetes.

⁶ MoH (2013). Report of the Minister of Health for the financial year 2011/2012

Key performance indicators

In accordance to the Indicators attached (Annex 2) Program 5 will be weighed against Indicators Number: 16, 17, 18, 19, 20, 21, 22, 23, 29, 34, 35, 36, 37, 40, and 45.

To measure the extent of the activities and progress of the Nursing Services (Program 5) should not be limited to the Indicators attached but should include some Indicators /Activities /Objectives provided in conjunction with the MoH Annual and Quarterly Reports for Nursing. This is to take into account that there are many activities conducted related to Nursing Care that is not covered in the Indicators attached.

Summary of Program 5 Budget, Staff, Projects and Outputs

Table 12: Summary of Program 5

Category	Past spending performance				Corporate Plan & Budget		
	FY 2014/15		FY 2015/16		FY 2016/17	FY 2017/18	FY 2018/19
	Original Budget	Provisional Outcome	Original Budget	Provisional Outcome	Budget	Projection	Projection
Executive Staff (levels 0 to 2)	0	0	0	0	0	0	0
Professional Staff (Levels 3 to 9)	31	31	36	36	35	35	35
Other Staff (Levels 9A to 14A)	398	388	436	436	459	460	460
Total Established Staff	429	419	472	472	494	495	495
Unestablished Staff	0	0	1	1	1	0	0
Total Staff (Established & Unestablished)	429	419	473	473	495	495	495
Total Recurrent Ministry Costs (\$ millions)	8.43	8.43	9.69	9.24	10.75	10.40	10.83
<p>Output : Number of clinical nursing services, NCD services, Reproductive health services, Number of students graduated from Queen Salote School of Nursing. Nursing Laws regulated and Nursing policies produced.</p>							

Change in Program 5 from last Corporate Plan and Budget

Change from last CP & B (colour the appropriate cell)	Ongoing	Minor Change	Major Change	New
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2.7. Program 6: Health Planning & Information Services

Division:

Health Planning and Information services

Subprograms:

1. Health Information and Planning

- i. Health Planning and Information services (including Medical Records)
- ii. Information Technology
- iii. Health Project Planning
- iv. Research

Major Customers:

The immediate customers for program 6 are the staff of MOH with provision of ITC and planning support to all the Ministry's sections. The customers also include the Development Partners with Financial support to the Ministry including the Australian Government, NZ Government, WHO, UNFPA, UNDP, World Bank and ADB.

The major customers for the Information and medical records section are the Information systems, Pacific surveillance network systems and Ministry of Justice. The Health Information System is managed by the local staff. The system however requires a budget for its regular maintenance including the networking of all health facilities for accessibility to data software and retrieving of data for useful information.

Program results:

Result: *“Improved health planning, hence, a Robust and effective health decision making for the Ministry of Health.”*

For program 6, it is expected that we will deliver high level outputs to managing health data, facilitate the development of planning documents including corporate plans, and provision of IT support to the health staff.

Key performance indicators

The KPI for the provision of Health Information and Planning (HPI) services are the Quarterly Reports for HPI division and the Annual Reports which in line provides the extensive of services provided and activities of the Dental health division.

Summary of Program 6 Budget, Staff, Projects and Outputs

Table 13: Summary of Program 6

Category	Past spending performance				Corporate Plan & Budget		
	FY 2014/15		FY 2015/16		FY 2016/17	FY 2017/18	FY 2018/19
	Original Budget	Provisional Outcome	Original Budget	Provisional Outcome	Budget	Projection	Projection
Executive Staff (levels 0 to 2)	0	0	0	0	0	0	0
Professional Staff (Levels 3 to 9)	7	7	10	10	14	14	14
Other Staff (Levels 9A to 14A)	23	23	23	23	20	20	20
Total Established Staff	30	30	33	33	34	34	34
Unestablished Staff	6	6	5	5	5	5	5
Total Staff (Established & Unestablished)	36	36	38	38	39	39	39
Total Recurrent Ministry Costs (\$ millions)	0.47	0.47	0.54	0.52	0.73	0.65	0.65
Output: Number of corporate plans updated and produced, accurate and timely health data produced and available to be used by the Ministry, Number of Research conducted, Number of projects identified and implemented, accurate and timely Quarterly reports and Annual Reports.							

Change in Program 6 from last Corporate Plan and Budget

Change from last CP & B (colour the appropriate cell)	Ongoing	Minor Change	Major Change	New
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3. Summary of Ministry of Health Planned Major Reforms in Support of Performance Improvement

The implementation and sustainability of the corporate plan will be determined by the level of financial support of the Government to deliver quality health care services to the people of Tonga. This involves **improving accessibility and equity; responsiveness to the health needs of the people at all levels; social and financial risk protection and improving the efficiency of service delivery** with the expectation of achieving “**better health outcomes.**” The organisational outcome for Universal Health Coverage will require a number of key improvement processes during the life of the corporate plan. These will include:

Health System Strengthening and Universal Health Coverage

The Ministry will continue to ensure the universal coverage of health services to all parts of the country and the effectiveness and efficiency of services provided. The improved service delivery will require an adequate number of qualified staff and medical resources for the delivery of universal health coverage. The benchmarking to international standards of operating procedures and quality controls regulations is an essential component for the improvement of Service delivery in the ministry.

The capacity of the Ministry to gather the health needs of the population will be improved through human resource management and planning of returning scholars and future potential capacity building of staff. The improvement in management of staff will enhance performance systems and maintain retention rate.

Improved Corporate Planning with Budget Control Measures

The National Health Strategic Plan 2015-2020 will be enhanced with the budget system in place, and will be further reviewed to help improve the efficiency and effectiveness of the Health System. This will be monitored by the MOFNP to ensure sustainability of budget control measures for stronger monitoring frameworks as aligned to the Tonga Strategic Development Framework II.

Annex 1: Health Regulations

1. Therapeutic Goods Act 2001 (Amendment act 2004);
2. Pharmacy Act 2001 (Amendment Act 2004);
3. Nurses Act 2001 (Amendment Act 2004 & 20014);
4. Medical and Dental Practice Act 2001 (Amendment 2004);
5. Health Practitioners Act 2001 (Amendment 2004);
6. Mental Health Act 2001 (Amendment 2004);
7. Tobacco Act 2000 (Amendment Act 2008);
8. Drug and Poison Act 2008 (Amendment 2008);
9. Health Services Act 1991 (Amendment Act 2010);
10. Health Promotion Foundation Act 2007 (Amendment Act 2010);
11. Public Health Act 2008 (Amendment 2012);
12. Health Services (Fees and Charges) (Amendment), Regulations 2008;
13. Therapeutic Goods Regulations 2011; and
14. Pharmacy Regulations 2010

Annex 2: Indicators

No.	Indicator	Reference Point	Poor	Better
1	Total health expenditure (THE) per capita at exchange rate	500	40	500
2	General government health expenditure on health as % of GDP	5	1	5
9	Average availability of 14 selected essential medicines (public)	95	10	95
10	Median price ratio for tracer medicines	3	17.5	1
12	TB treatment success rate (% of cases)	85	70	95
16	Antenatal care coverage (1+ visit) (% of pregnant women)	100	25	100
16	Antenatal care coverage (4+ visit) (% of pregnant women)	100	25	100
17	Skilled attendance at birth (% of live births)*	100	25	100
18	DPT3 immunization coverage** (% of infants 12-23 months)	100	50	100
19	Contraceptive prevalence (% of women 15-49 years)	70	30	80
20	Children <5 years with ARI symptoms taken to a health facility (%)	70	30	100
21	Children <5 years with diarrhoea receiving ORT (%)	70	30	100
22	Vitamin A supplementation among children <5 years (%)	70	0	100
23	Children <5 years sleeping under ITN (%)	90	0	90
24	ARV coverage among people with advanced HIV infection (%)	80	20	80
26	TB case detection rate (% of estimated cases)	80	30	100
27	Cervical cancer screening: women 20-64 years (%)	70	0	70
28	Tobacco use: adults aged 15+ (%) (male)	0	60	0
28	Tobacco use: adults aged 15+ (%) (female)	0	60	0
29	Prevalence of raised BP among adults aged ≥25 years (%) (male)	17	50	10
29	Prevalence of raised BP among adults aged ≥25 years (%) (female)	17	50	10
30	Alcohol consumption among ≥15 years (litres of pure alcohol/person/year)	0	10	0
31	Overweight adults aged 20+ (BMI≥25) (%) (male)	10	60	10
31	Overweight adults aged 20+ (BMI≥25) (%) (female)	10	60	10
32	Population using improved drinking-water sources (%)	100	30	100
33	Population using improved sanitation facilities (%)	100	30	100
34	Children aged <5 years who are stunted (%)	5	50	5
35	Low birth weight among newborns (%)	5	25	5
36	Infants exclusively breastfed for the first 6 months of life (%)	80	15	80
37	Condom use in adults 15-49 with more than 1 sexual partner (%)	70	40	70
38	Life expectancy at birth (years) (male)	80	60	80
38	Life expectancy at birth (years) (female)	80	60	80
39	Under 5 mortality rate per 1000 live births	5	65	5
40	Maternal mortality ratio per 100 000 live births	11	200	10
42	TB prevalence in population (per 100 000)	19	500	20
43	HIV prevalence among 15-49 years old (%)	0	1	0
45	Adolescent fertility rate for women 15-19 years (per 1000)	10	100	10
46	Out-of-pocket as % of total health expenditure (THE)	20	60	20

Annex 3: Charter of Account

Ministry Budget Structure

PG	PG Desc	SP	SP Desc	AC	AC Desc		
1	Pule, Fokotu'utu'u mo e Pule'i Fakangaue. (Leadership & Policy Advice)	01	'Ofisi 'o e Minisita (Office of the Minister)	1	Minister's office expense		
		02	'Ofisi 'o e Talekita (Office of the Director)	1	Director's office expense		
		03	Pule'i Fakangaue (Corporate Services)	1	Administrative Services		
				2	Human Resources		
				3	Financial Management (including Accounts, NHA, and Transport)		
				4	Legal Services		
				5	Procurement		
		2	Fale'I Ki he Mo'ui Faka'ehi'ehi (Preventative Health Care)	01	Ngaahi Ngaue ki he Malu'i 'o e Mo'ui (Preventative Health Services)	1	Administer Preventative Care Services
						2	Communicable Disease Prevention and Control (including TB and HIV)
3	Non- communicable Disease control						
4	Health Promotion						
02	Tokanga'i 'a e Mo'ui 'o e 'Atakai (Environmental Health Care)			1	Public Health Inspection and Water supply		
				2	Sanitation Services (including public convenience and garbage removal)		
03	Ngaahi Ngaue ki hono Tokanga'i 'o e mo'ui 'a e Kolo (Community Health Services)			1	Health Centres Services		
3	Tokangaekina 'o e Mo'ui Fakafaito'o (Curative Health Care)			01	Ngaahi Ngaue ki he Tokangaekina e Mo'ui Fakafaito'o (Curative Health Services)	1	Administer Curative Health Care Services
						2	Medical referral Scheme

			3	Visiting Team	
			0	Infection Control Services	
			1	Medical Services	
			2	Medical Ward	
			3	Surgical Ward	
		02 Ngaahi Ngaue ki he Tokangaekina 'a e Ngaue Fakafaito'o mo e Mo'ui 'o e Sino (Medical and Surgical Care)	4	Obstetrics & Gynaecology Ward	
			5	Paediatrics Ward	
			6	Anaesthetic & ICU Services	
			7	Operating Theatre Services	
			8	Mental Health Care Services	
			9	Isolation Ward	
			03 Tafa'aki ki he Tokangaekina 'o e Talatala mo e Mahaki Fakavavevave (Outpatient & Casualty Services)	0	Pharmaceutical Services Management (including procurements, production, storage of drugs, and distribution, dispensing of drugs and supplies)
				1	Casualty
				2	Special Clinic
		3		Ophthalmological Services	
		4		ENT Services	
		5		Laboratory Services (including blood transfusion programme)	
		6		X-Ray & Ultrasound Services	
		7		Diabetics Ward	
		8		Physiotherapy Services	
		9		CSSD	
		04	1	Hospital Maintenance Services	

			Ngaahi Ngaue Kiliniki (Clinical Support Services)	2	Catering Services
				3	Domestic Services
				4	Laundry Services
				5	Seamstress
				6	Security Services
4	Ngaahi Ngaue ki he Nifo (Dental Services)	01	Ngaahi Ngaue ki he Tokangaekina 'o e Nifo (Dental Care Services)	1	Dental Public Health
				2	Dental Curative Health Operation (CNO expenses & support services)
5	Ngaahi Ngaue Fakaneesi (Nursing Services)	01	Tokangaekina 'o e Ngaahi Ngaue Fakaneesi (Nursing Care services)	2	Training (Queen Salote School of Nursing)
				3	Reproductive Health Services
				4	NCD Nurse
6	Ngaahi Ngaue ki he Palani mo e Tanaki Fakamatala (Health Planning & Information Services)	01	Ngaahi Fakamatala ki he Mo'ui lelei mo e Palani (Health Information and Planning)	1	Health Planning & Information Services (including medical records)
				2	Information Technology
				3	Health project Planning
				4	Research