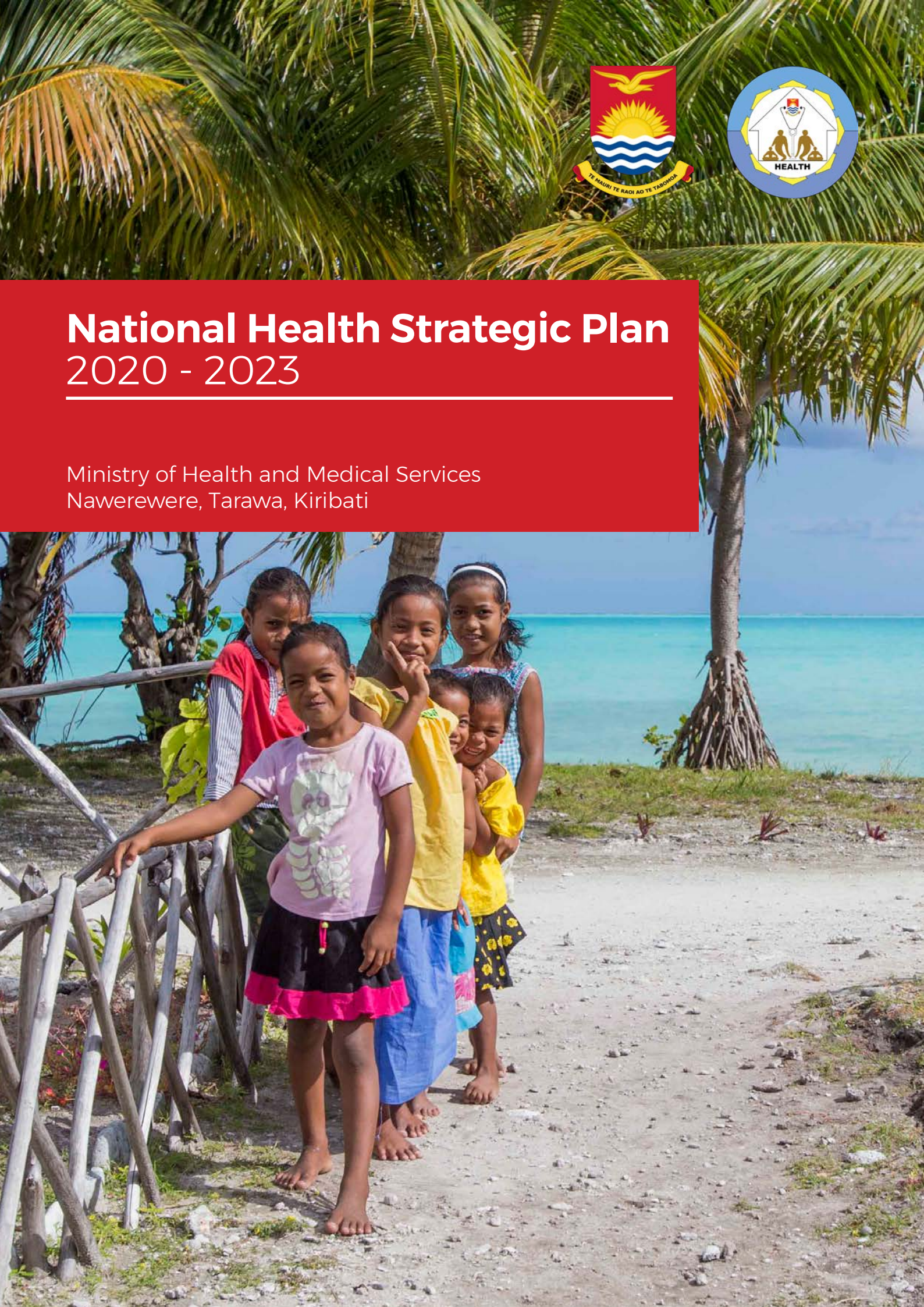

National Health Strategic Plan
2020 - 2023

Ministry of Health and Medical Services
Nawerewere, Tarawa, Kiribati

National Health Strategic Plan

2020 - 2023

Ministry of Health and Medical Services
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FOREWORD

Message from the Minister of Health and Medical Services

Hon. Dr Tinte Itinteang

Akea Tokin Te Tamaroa' Rikiraken Kiribati man te botanaomata ae e marurung raoi: A Healthy Population Supported by an Accessible, Equitable and Quality Health Care Services.

I am pleased to present to the nation the strategic direction of the health services for the years 2020 to 2023. The health strategy seeks to operationalise both Government's health objectives as outlined in the Kiribati 20-year Vision plan, the National Development Plan 2016-2019 and its commitments to Regional and Global initiatives and undertakings for population health.

Like the Kiribati Vision 20 targets, the health plan places a lot of emphasis on preventive health for improved personal health outcomes whilst supporting further improvements of a robust health system. Full implementation of strategies in the health plan will not be possible without the active involvement of our Development Partners, UN Organisations, Civil Organisations, Non-Government Organisation and local community groups. I wish to extend and express my sincere words of appreciation to all our partners and health staff for their contributions and continued commitment to health care and health services in the country.

Kam bati n rabwa.

EXECUTIVE SUMMARY

The National Health Strategic Plan (NHSP) was formulated through several consultation processes within the various departments of the Ministry and key stakeholders. The strategic plan has the noble vision of *''Akea Tokin Te Tamaroa' Rikiraken Kiribati man te botanaomata ae e marurung raoi:* A Healthy Population Supported by an Accessible, Equitable and Quality Health Care Services. The plan also has linked mission and vision commitments and undertakings to the main vision statement.

Standard functions, priority interventions and new development activities and programmes of the Ministry have been grouped under six Key Priority Areas (KPA) in the plan. The new health strategy is aligned to goal 7 of the National Development Plan 2016-2020 on 'Improve health and promote healthy lifestyles. Incorporation of the key NSDP targets and key activities are included in the SO of the health strategy. Prevailing health and health systems issues are identified as SO in this plan. Mortality and morbidity related to non-communicable diseases, maternal and child health and health system issues are given priority consideration in the plan. Indeed, ensuring a robust health system is required for and efficient health service. Health system issues such as governance through legislative reviews have been included in the strategic plan. Several health legislations have been identified as needing urgent reviews to accommodate and incorporate provisions that reflect the changing demand and requirements for an improved health system and health service. In addition, enforcement of regulation is a function not well addressed in the past national health plans. This health strategy attempts to improve regulation enforcement especially for environment, WASH and NCD risk factors, notably tobacco use.

The 6 health Key Priority Areas have 34 focus areas and 131 priority actions identified and are aligned more than 100 indicators. Some of the indicators are also selected as outcome indicators in the monitoring table. Needless to mentioned, standard measure for monitoring and evaluation are part of the strategic plan. Other monitoring frameworks such as Health Islands, SDG, KV20, NDP, Global Nutrition etc. are important and are linked to the health strategy. It is important that Annual Work Plans (AWP) linked to budgets are prepared for every year and that the Annual Reports are generated and completed in a timely fashion. As mentioned, each SOs have measurable targets, and these will be used in the final evaluation exercise. Through the management structure, reporting of the progress of objectives implementation including budget expenditure will be made quarterly to the senior executives and to the health partners in their scheduled annual meetings.

ACRONYMS

AWP	Annual Work Plan
A&E	Accident & Emergency
AH	Allied Health
ANC	Ante Natal Care/Clinic
ASRH	Adolescent, Sexual and Reproductive Health
BFHI	Baby Friendly Hospital Initiative
CBA	Child Bearing Age
CD	Communicable Disease
CPR	Contraceptive Prevalence Rate
CVA	Cardiovascular Accidents
DFAT	Department of Foreign Affairs and Trade (Australia)
DNS	Director of Nursing Services
DP	Development Partners
DPH	Director of Public Health
DHS	Director of Hospital Health Services/Demographic Health Survey
DOTS	Direct Observed Treatment Short Course
EHO	Environmental Health Officers
FCTC	Framework Convention on Tobacco Control
GBV	Gender Based Violence
GFATM	Global Fund AIDS, Tuberculosis and Malaria
GOPD	General Outpatient Department
GOK	Government of Kiribati
HIU	Health Information Unit
HIS	Health Information System
HPU	Health Promotion Unit
HSCC	Health Sector Coordinating Committee
IAPB	Internal Agency for the Prevention of Blindness
IMCI	Integrated management of childhood illness

IMR	Infant Mortality Rate
ISO	International Organisation for Standardisation
JAPR	Joint Annual Programme Review
KRA	Key Result Area
LIS	Laboratory Information System
MCH/FP	Maternal child health/Family Planning
MFAT	Ministry of Foreign Affairs and Trade (NZ)
MDG	Millennium Development Goals
MI	Myocardial Infarction
MMR	Maternal Mortality Ratio
MO	Medical officer
MVA	Motor Vehicle Accident
NCD	Non-Communicable Disease
NMR	Neonatal Mortality Rate
NHSP	National Health Strategic Plan
NDP	National Development Plan
PICT	Pacific Island Countries and Territories
POHLN	Pacific Open Health Learning Network
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SDG	Sustainable Development Goals
TCH	Tungaru Central Hospital
WASH	Water, Sanitation and Hygiene

OUR ORGANISATION PRINCIPLES

Our Vision

Akea Tokin Te Tamaroa' Rikiraken Kiribati man te botanaomata ae e marurung raoi: A Healthy Population Supported by an Accessible, Equitable and Quality Health Care Services.

Our Mission

To provide and deliver quality health care services through our hospitals and community-based health care facilities to all people of Kiribati.

Our Values

Respect
Acknowledging a person's dignity, integrity and rights with compassion, trust, privacy and confidentiality;

People Focused
Ensuring that the welfare of men and women, boys and girls remain our priority, guided by the human rights principles of empowerment, gender equality, non-discrimination, participation and accountability;

Equity
Promoting human rights principles and providing timely and equitable access to quality, affordable healthcare services for all people in Kiribati;

Quality
Striving for best practice and excellence in all aspects of our work. Client focused, delivering safe, responsive, sensitive, sustainable, well-resourced, evidence-based healthcare services provided by qualified and competent workforce;

Integrity
Maintaining professionalism, honesty, respect and confidentiality;

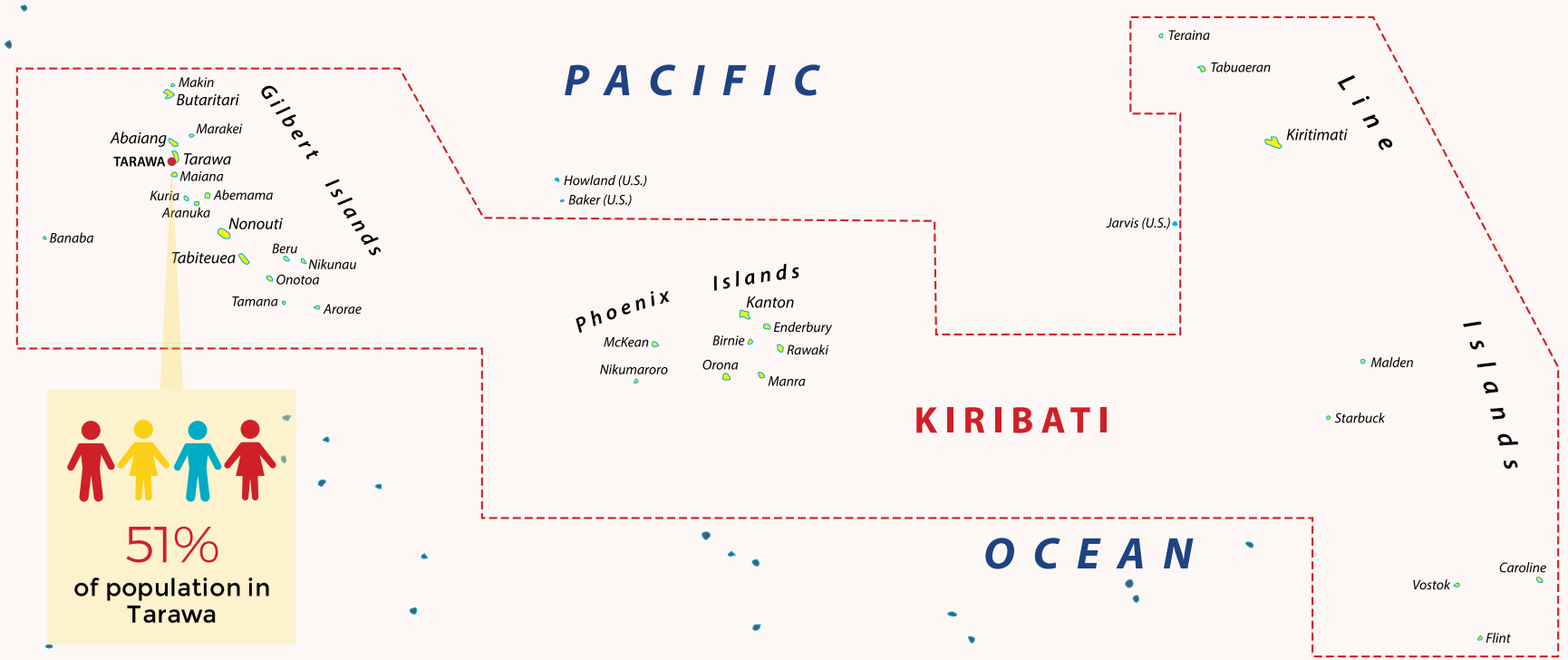
Accountability
Our health systems are transparent and reflect responsible governance and management, ensure gender equality, non-discrimination and the participation of men and women in decision making at all levels.

FRAMEWORK OF THE PLAN

Vision	Strategic Objectives
'Akea Tokin Te Tamaroa': A Healthy Population Supported by an Accessible, Equitable and Quality Health Care Services.	1. Reduce morbidity, mortality and disability related to non-communicable diseases and communicable diseases.
	2. Improve access to and utilization of quality Reproductive, Maternal, Newborn, Child and Adolescent Health, Health Promotion and High Impact Nutrition Intervention services.
	3. Improve the quality and range of hospital and allied health services.
	4. Improve the quality of nursing management, practice, and essential health services.
	5. Strengthen health protection and improve community empowerment to address enviroental health issues and health security including climate change, disaster risk management and outbreak control.
	6. Strengthen health system Leadership, Management, Governance and Accountability and health facility development.

Leading Department	Outcomes	Monitoring & Reporting
Communicable Diseases Non-communicable Diseases	Reduced mortality and incidence of preventable illness.	Monitoring Indicators in M&E Quarterly programme review Yearly programme review Four-year end of programme review
RMNCAH Health Promotion Nutrition Obstetric & Paediatric Nursing	Reduced mortality and morbidity of Reproductive, Maternal, Newborn Child and Adolescents and nutrition. Improved disability inclusive, and well-being of women, children, and adolescents.	
Clinical Care Referral/Outreach Oral Health Mental Health Allied Health	Responsive and appropriate clinical care services that meets the expectation of the population.	
Nursing Outer Island Health Services	Competent health workforce providing quality care	
Environmental Health Health Administration	Empowered communities supporting improved health outcomes at local and national levels.	
Heal Administration	Effective and supportive governance function that supports improved health services.	

SNAPSHOT OF OUR COUNTRY AND HEALTH



51%
of population in Tarawa

110,136
Total population (2015)

1.32%
Annual population growth rate

41%
aged 17 years and under

63.6 YRS male
68.6 YRS female
life expectancy*

33
Coral Islands and atolls

21
Inhabited Islands

811 KM³
Total land area

1,351,000 KM³
Ocean

* World Health Statistics, WHO, 2018

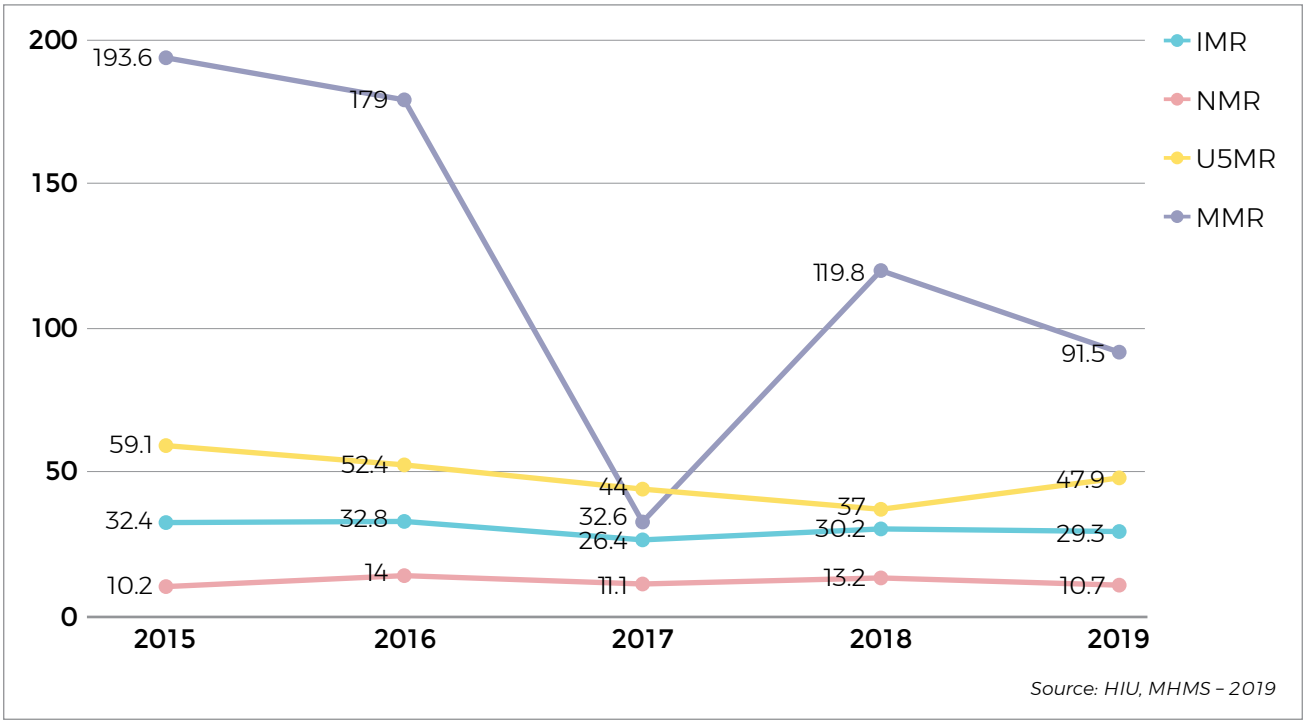
Mortality

6.5	13.2	30.2	37	4
Crude Death Rate*	Neonatal Mortality Rate (2018-2019 KSDIS)[1]	Infant Mortality Rate (2018-2019 KSDIS)	Under 5 Mortality Rate (2018-2019 KSDIS)	Maternal death (2019)

- Neonatal, infant, and under-five mortalities have been declining since the early 1990s. However, Kiribati was unable to achieve MDG targets and the rates are among the highest in the Pacific.
- Child mortality rates are significantly higher in remote outer islands among poorer households and among mothers with lower levels of education. Under 5 mortality rates for boys are higher than girls.[2]
- In 2019, 3 maternal deaths were recorded that resulted in Maternal Mortality Ratio of 91.5/100,000.

Mortality Trends

Key Mortality Indicators 2015-2019



Source: HIU, MHMS – 2019

1 HIS Service Delivery Statement 2018
2 Situation Analysis of Children in Kiribati. UNICEF, 2017

Disease Burden

Communicable Diseases

349 TB incidence (2018)[3]	136 Reported new leprosy cases (2019)[4]	21.8 Trachoma prevalence[5]	2,001 Diarrheal incidence (Monthly average (2019)[6]	618 Dysentery Incidence (Monthly average) (2019)[6]
750 Reported cases of STI -2018 (syphilis- 160, gonorrhoea – 4, Syndromic - 586)	63 Cumulative HIV cases*	HPV		

- Overcrowding in South Tarawa and poor water and sanitation across the country contributes to high burden of communicable diseases.
- Mortality from TB has steadily declined over the years; however, TB incidence is one of the highest in the region at 349 per 100,000 populations and there were 323 new and relapse cases in 2018.
- Kiribati is one of the three countries in the Pacific where leprosy remains as a public health problem with reported cases of 187 in 2017.
- Neglected Tropical Diseases such as trachoma, soil-transmitted helminthiases are common.
- Kiribati is experiencing a low-level of general HIV epidemic.
- Kiribati has successfully eliminated lymphatic filariasis which was validated by WHO in October 2019.
- Diarrheal diseases and dysentery are issues related with poor water quality, poor sanitary conditions and unhygienic behaviours among other things that have long been neglected even though it had caused deaths and is an occurring issue to children under the age of five years.

3 Kiribati Tuberculosis Profile. WHO 2018
4 WHO. Global Health Observatory data repository. 2019
5 Trachoma Mapping in Fiji, Solomon Island and Kiribati. International Agency for the Prevention of Blindness, 2013.
6 Kiribati Health Bulletin 2018

Noncommunicable Diseases

54% NCD related deaths (2019)[6]	28.4% Risk of premature death from NCDs (2018)[6]	4.2% Suicide mortality rate (2018)[6]	48.9% Who currently smoke tobacco (2016)[7]
98.4% Who eat less than 5 combined serves of fruits or vegetables on average per day (2016)[7]		11.6% Current alcohol drinkers (2016)[7]	35% Insufficient physical activity (2016)[7]

- NCDs are estimated to account for 54% of all deaths in Kiribati and the probability of dying from any cardiovascular, cancer, diabetes, and chronic respiratory diseases between 30 and 70 is 28.4%.
- As a risk factors for NCDs, tobacco use, unhealthy eating, alcohol consumption and physical inactivity in the adult population are the highest in the region.
- Mental illness, suicides, domestic violence, and injuries are growing health concerns and challenges to be addressed.
- Reproductive, Maternal, Newborn, Child, and Adolescent Health have been a priority area.
- Family planning uptake has stalled for years and remains as one of the lowest in the Pacific. Teenage pregnancy is slightly lower than the regional average. Although almost all births are attended by skilled health personnel, zero maternal mortality is yet to be achieved.
- Immunization coverage is high.
- Double burden of malnutrition and NCDs is a growing concern to be addressed.

7 NCD STEPS Survey 2016

Health Facilities

1 Referral Hospital	3 District Hospitals	37 Health Centres	74 Health Clinics	3 NGO Health Clinic
115 Government Health Facilities				

- Government is the sole provider of health services in Kiribati and services are free. There is no private health care sector.
- Tungaru Central Hospital is the national referral hospital equipped to provide specialist health care services. District hospital in the outer islands have limited services but MHMS is slowly expanding the range of care provided. Each outer island has one health centre with Medical Assistant and several health clinics with public health nurse depending on the population and isolation.
- Health centres and clinics in the outer islands have limited access to electricity, running water, sterilization and Infection Prevention and Control supplies.

RMNCAH

53.6% Met needs for family planning (2018-2019 KSDIS)	38% Anaemia in pregnant women*	91.9% Proportion of births attended by skilled health personnel (2018-2019 KSDIS)	15.2% Stunting in children 6-23 months (2018-2019 KSDIS)	79% Measles 2nd dose coverage (2016)	51% Adolescent birth rate (2018-2019 KSDIS)

Workforce

0.2	4.6	0.6
Physicians per 1000 population (2018)	Nurses and midwives per 1000 population (2018)	PH practitioners per 1000 population (2019)[8]

[1] Employment Register, 2019

59 doctors; 110,000 populations to understand the above figures (1:1800)
Nurse ratio (6:1800/1:286); 385 nurses divide by 110,000 pop

- Nurses make up the largest number of health workforce in Kiribati.
- Majority of the medical officers are general practitioners, but few specialize in anaesthetics, surgery, paediatrics, and obstetrics and gynaecology.
- The majority of the Public Health workforce learn on the job with only a small proportion having formal qualifications. This is due to the training priorities and is in a way a factor that needs consideration by the Ministry.

Health Financing (2016)[9]

12.11	196.85 USD	5.99%	3.108%	20%
Current Health Expenditure as % of GDP (2018)	Current Health Expenditure per capita (2018)	General government expenditure on health as a share of general government expenditure	Private expenditure on health as a share of current health expenditure (2017)	Current Health Expenditure for Overseas (15%) and Domestic (5%) transfer of patients[10]

- Kiribati Government has prioritized health and proportion of budget appropriation provided is high when compared to most Pacific Island countries. However, current health expenditure per capita is relatively low.
- Development Partners contribute significantly to health care and health service programme. In 2016, Development Partners contributed approximately one-fifth of current health expenditure which mostly supports non-payroll programme costs.

8 Kiribati Employment Provision, 2019
9 World Health Organization Global Health Expenditure database (accessed on 10 April 2020)
10 Kiribati Health Financing System Assessment (2018). World Bank.

Environmental Risks

66.9%[11]
Population using improved drinking water sources*

39.7%[12]
Population with improved sanitation*

- Kiribati has one of the least developed WASH sectors in the Pacific region. Improved water coverage stands at only 66.9% nationally and drops to a lower 51 % in rural areas. There is a need to verify this data and/or the definition of improved drinking water if it means water quality is safe or source is considered safe due to design, e.g., Improved wells, water catchment tanks and not considering the quality of the water from the source.
- Only 40 % of the population uses improved sanitation facilities. Further, the country has one of the largest rural–urban disparities in access to improved sanitation in the Pacific. It is reported that open defecation is still practiced by 36 % of the population*. Hence, population is vulnerable to water-borne disease outbreaks.
- There is a need to update indicators and/or confirm the definition of improved drinking water if it means water quality is safe or source is considered safe due to design, e.g., Improved wells, water catchment tanks and not considering the quality of the water from the source.

11 https://www.indexmundi.com/kiribati/sanitation_facility_access.html
12 GSHS, 2011

OUR ACHIEVEMENTS

2000

- Polio free declaration
- Accessible health care and active community outreach program
- PEN roll out to Outer islands

2015

- Second STEPS survey conducted
- Kiribati Internship Training Programme graduated first intern doctors

2016

- High initial immunisation coverage (DPT3 99%, measles 90%)
- Roll out of Package of Essential NCD services in PHC
- Rhematic Heart Disease screening formalised
- HOPE implemented at Nanikaai (South Tarawa) - JICA

Kiribati Minister of Health, Hon. Dr Tinte Itinteang, meeting with WHO Western Pacific Regional Director, Dr Takeshi Kasai at the 75th World Health Assembly in Geneva. Also at the meeting: Dr Mark Jacobs, Director of DPS and Dr Corinne Capuano Director of Programme Management from WPRO and from the Kiribati delegation Teanibuaka Tabunga and Maria Collins.

2017

- 66% of women delivered in a health facility
- 80% delivered with a skilled attendant
- Establishment of the NCD National Multi-Sectoral Committee

2018

- Social Indicator Survey conducted
- Successful introduction of CT scan
- Hospital master plan (TCH and Betio hospital)
- New Leprosy Preventive strategy (PEP - SDR MDT Plus) endorsed and implemented
- HOPE roll out to Outer islands
- Global Youth Tobacco Survey was conducted
- Pap smear screening capaign on South Tarawa
- Salt survey was conducted
- Completion of wolbachia mosquitoes release in Betio at 45% distribution

2019

- Mass measles and rubella vaccination campaign
- Elimination of Lymphatic Filariasis validated
- Nursing Cultural Framework
- Formulation of the RDP
- Increase number of doctors, specialist and nurses
- ENT clinic established Inauguration of nurses conference
- National Health Summit
- Completion of wolbachia mosquitoes releases in the areas from Bairiki to Naatari, Teaoraereke at 43% distrion
- Betio monitoring of wolbachia mosquitoes shows the distribution was at 75%

CHALLENGES AND ENABLERS OF SUCCESS

Challenges	Enablers	Success
Environment Remoteness and isolation make provision of services and medical supplies challenging.	**Governance and leadership** Through well-aligned legislation, policy, and plan, strong governance and leadership are needed to address complex and multisector challenges	Improved health and well-being of all the people in Kiribati
	Partnership MHMS will lead and contribute to partnership in health through multisector cooperation with development partners and civil society	
Climate Change and Disaster Risks Low-lying atolls are vulnerable to climate change, disaster, food and water security. There are growing threats of vector-borne, water-borne and food-borne diseases.	**Community Empowerment** Active participation and engagement of communities will help achieve better health outcomes and ensure sustainability	
	Health Workforce A well-trained and well-supported workforce will effectively identify, prevent, and deliver high quality prevention measures and health care	

Challenges	Enablers	Success
High Fertility Fast-growing population could hamper economic growth by putting pressure on limited resources. Overcrowding also increases the risk of various diseases.	**Health Financing** Adequate funding for health with transparent and accountable methods will enhance allocation of resources according to needs and priority	Improved health and well-being of all the people in Kiribati
Policy, Planning, and Coordination It is challenging to develop evidence-based policy, effective plans and coordinate various initiatives when financing and human resources are finite but demand for health services is growing.	**Health Service** Building and expanding healthcare services at primary health care level and improving quality of care will help achieve better health outcomes	
	Essential medicines, technologies and infrastructure Availability of quality and affordable medicines and technologies would be essential in effective diagnosis and treatment. Climate resilient health care facilities	
	Health information Timely availability of accurate and well-analysed health information and data that are easily interpreted for informed planning, decision-making and delivery of quality health care	

HEALTH AND GOVERNANCE

Laws, Regulation and Policies

MHMS is guided by legislations under its administration. Enforcement of legislation is undertaken by various mandated councils, boards and gazetted officers. There are ongoing revisions of health legislations and development of appropriate policies and plans to support delivery of improved health services.

Health Laws

1. Public Health Ordinance (1977)
2. Quarantine Ordinance (1977) (Bill ready to be enacted)
3. Nurses and Midwives Ordinance (1977)
4. Pharmacy and Poison Ordinance (1977)
5. Dangerous Drugs Ordinance (1977)
6. Mental Treatment Ordinance (1977)
7. Medical and Dental Practitioners Act (1981)
8. Medical Service Act (1996)
9. Food Safety Act (2006)
10. Food Safety Regulations and Standards (2014)
11. Tobacco Control Act (2006)
12. Medicines Act (2016)
13. Mental Health Act (under draft)
14. Medicine Act 2018
15. Infectious Disease Regulation 2021

Laws with Health Inclusion

1. National Disaster Act (1993)
2. Births, Deaths and Marriage Registration Act (2007)
3. Customs Act (2005)
4. Environment Act (2007)
5. Child, Young People and Family Welfare Act (2013)
6. Disaster Risk Management and Climate Change Act
7. Te Rau te Mwenga Act 2014
8. Occupation Health and Safety Act (2015)
9. Kava Act 2018
10. Traffic Act 2017
11. Excise Tax 2013
12. Liquor Act 1977

Health Policies and Plans

Health Policies and Plans	
• Draft Kiribati National Sanitation Policy 2010 • Draft National Environmental Health & Climate Change and Health Action Plan (2020 – 2023) • Draft Food and Nutrition Security 2015 • School Food Policy 2016 • Kiribati National Mental Health Policy 2016 - 2020 • Kiribati National Mental Health Policy 2016 – 2020 • School Food Policy 2016-2019 • Draft RMNCAH Strategic Framework 2018 – 2022 • Draft Kiribati Health SOP for SGBV Response • Draft O&G guideline • Draft YFHS guideline • Kiribati National Disability Policy and Action Plan 2018-2021 • National Eye Strategic Plan 2015-19 • MHMS Emergency Risk Communication Plan 2018 • National Blood Transfusion Policy • Kiribati Cervical Cancer Prevention Policy (in draft) • TCH Rehabilitation Services Strategic Plan 2019 – 2023 • Digital Health Roadmap 2018 • Draft Public Health Emergency Preparedness and Response Plan 2019 • Draft Role Delineation Policy • Kiribati Cardiovascular Risk Assessment and Management Guideline (Draft) • Laboratory Strategic Plan 2016-19	• Laboratory Policy • Equipment Donation Policy • National Oral Health Strategic Plan 2020-23 • Radiology Department Strategic Plan 2020-23 • Overseas Medical Referral Policy • National Service Fee Schedule • Infection Control Policy 2008 • TCH Rehabilitation Services Strategic Plan 2019 – 2023 • Health Infrastructure Master Plan • Health Workforce Strategic Plan 2019-2028 • Medical Workforce Plan 2019-2028 • Road Safety Strategy 2020 – 2025 • Draft NCD Strategic Plan 2020-2023 • Draft Alcohol and Other Drugs Policy 2020 - 2024 • Draft National Environmental Health and Climate Change and Health Action Plan 2020-2023 • Posting Policy (nursing) • HIV Policy • National Comprehensive Guideline on STI diagnosis, treatment and management • National Guideline on Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B and C • National Guideline on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection 2017 • National Guideline on HIV Testing Services Kiribati • National Strategic Plan for HIV and STI-2020-2025 (in draft) • Draft National Action Plan on Antimicrobial Resistance 2019

National Policies and Plans Linked to Health

Related Policies and Plans

1. Kiribati Vision 2016 – 2036
2. Kiribati National Disaster Risk Management Plan 2012
3. Draft Kiribati Integrated Environmental Policy 2013 with MELAD
4. National Climate Change and Health Action Plan 2011
5. Kiribati Integrated Environment Policy (KIEP) 2013
6. Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management (KJIP) 2014 - 2023
7. Kiribati National Biodiversity Strategies and Action Plan 2016 – 2020
8. Strategic Roadmap for Emergency Management (SREM) 2016-2036
9. Kiribati Climate Change Policy - 2018
10. Draft Kiribati National Tsunami Support Plan 2018
11. Draft Street Vendor Guidelines 2018
12. Island Council Plans
13. National Water Resource Policy
14. National Environmental Health and Climate Change and Health Action Plan (2020 -2023)

Figure 1. MHMS Head Quarters and Administration, Nawerewere, Tarawa

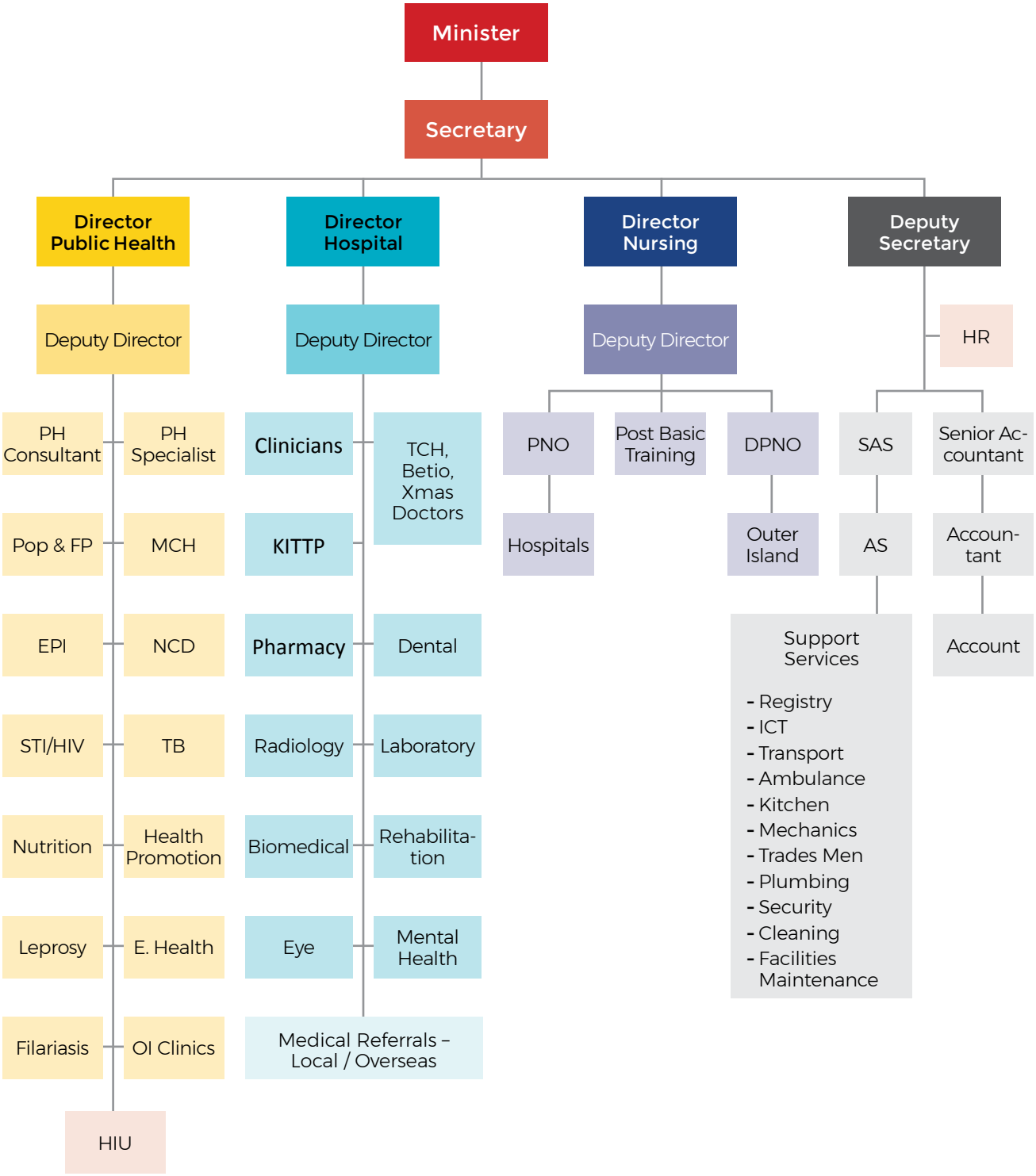
MINISTRY OF HEALTH AND MEDICAL SERVICES

1. Our key roles

- Health care service provision
- Health human resource training and development
- Statutory function and responsibilities
- Participatory contribution to national cross-cutting agendas such as climate change, aged/elderly, disabilities, gender-based violence
- Community empowerment and development

Figure 2 Tungaru Central Hospital Complex, Nawerewere, Tarawa

2. Organisational structure



NATIONAL HEALTH KEY PRIORITY AREAS AND ACTIONS

Key Priority Area 1

Reduce morbidity, mortality and disability related to non-communicable diseases and communicable diseases

Key Priority Area 2

Improve access to and utilization of quality reproductive, maternal, newborn, child and adolescent health, health promotion and high impact nutrition intervention services

Key Priority Area 3

Improve the quality and range of hospital and allied health services

Key Priority Area 4

Improve the quality of nursing management, practice and essential health services

Key Priority Area 5

Strengthen health protection and improve community empowerment to address environmental health issues and health security including climate change, disaster risk management and outbreak control

Key Priority Area 6

Strengthen health system Leadership, Management, Governance and Accountability and health facility development

Key Priority Area 1

Reduce morbidity, mortality and disability related to non-communicable diseases and communicable diseases

Leading Department: Communicable and Non-communicable diseases

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
1.1 Non-Communicable Diseases	1.1.1. Strengthen and support multi-sectoral actions for the prevention and control of NCDs - Strengthen and support initiatives to tackle and monitor diabetes and hypertension	Prevalence of current smoking (aged 18-69yrs) Female Male	Female: 30.6% Male: 58.2%	33.4 % (28.2%-38.6%)[7] 64.7% (54.6%-74.8%)[7]
		Percent increase in consumption of fruits and vegetables in adults on an average day (WHO recommended eating 400g or 5 portions of fruits and vegetables per day)	Decrease to 50% Increase to 35% Increase to 10% Increase to 5%	No servings = 73.3%[7] 1-2 servings = 22.1%[7] 3-4 servings = 3.0%[7] 5 or > = servings = 1.6%
		Percentage of pregnant women screened for tobacco and alcohol use and who receive counseling on how to reduce NCD risk factors for themselves and their baby	Screening and counseling being provided to at least 80% of pregnant women	Periodic reporting established by 2022
		Consumption of sugar sweetened beverages among adults and youth	Mean number of sugary drinks/ days < 2.5. <15 % drank carbonated soft drinks 1 or > times per day during the past 30 days.	Mean number of sugary drinks/days = 3.7 -Drank carbonated soft drinks 1 or > times per day during the past 30 days = 22.7%
		Percentage of adults and students who meet WHO recommendation for physical activity Male Female Students	M - 85% meet WHO recommendation F- 65% meet WHO recommendation Students -50% meet WHO recommendation	76.2% meet WHO recommendation -54.2 % meet WHO recommendation -26.8% students who were physically active for a total of at least 60 minutes per day on 5 or > days during the past seven days[12]
		Percentage of Alcohol-related road accidents	90	109 (2018)

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
1.1 Non-Communicable Diseases	1.1.2. Improve health system capacity for early detection and management of NCDs - Reviewing and implementing clinical guidelines for the screening and management of diabetes, cancer, COPD and CVDs and its complications (foot, eye, and oral care)	Number of diabetics screened and treated for diabetic retinopathy	10% increase from baseline of Diabetics have been screened at least once for retinopathy -90% of appropriate treatment	Diabetic cases screened -1,661 Number of treated cases 68
		Diabetes-related lower extremity amputation rate	10% reduction from Baseline	96 (number of amputation cases)
		Percentage of adults with diagnosed with diabetes who have their blood glucose under control.	10% increase in percentage of adults with diagnosed high blood pressure who have their blood pressure under control	Baseline to be established in 2020
		Percentage of adults diagnosed with High blood pressure who have their blood pressure under control	10% increase in percentage of adults with diagnosed high blood pressure who have their blood pressure under control	Baseline to be established 2021
		Percentage of population (age 30-69) with raised blood glucose, or on medication for raised blood glucose Female (age 30-44) Female (age 45-69) Male (age 30-44) Male (age 45-69)	(5% reduction) 15.7% 38.4% 12.7% 17.0%	16.5% 40.4% 13.4% 17.99%
		Percentage of adults with raised blood pressure (including those previously diagnosed) who were not on medication (age 18-69) Female Male Male (age 45-69)	90.6% 88.5% (5% reduction)	95.4%[7] 93.1%[7]
		Percentage of adults with raised blood pressure SBP ≥140 and/or DBP ≥ 90 mmHg, including those currently on medication for raised blood pressure (age 30-69) Female (age 30-44) Female (age 45-69) Male (age 30-44)	(5% reduction) 33.4% 52.3% 41.1% 34.7%	35.1%[7] 55.0%[7] 43.2%[7] 36.5%[7]
		Risk of premature death from target NCDS (probability of dying between the ages of 30 and 70 from the four main NCDs)	52% (2023)	56% (2017)
		Percentage of Women ever screened for cervical cancer	50% of women	16.7%[7] (Steps 2016)

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
1.1 Non-Communicable Diseases	- Ensure availability of Essential medicines for the management of NCDs at all level of health system	Availability of NCD EMs and supplies for managing CVD risk in all primary HCFs	90% availability of tracer EMs and supplies for CVD risk management in all HCFs	Percent of time tracer EMs and supplies for CVD risk management are not out of stock, based on Pharmacy monitoring
	1.1.3. Improve data for monitoring actions on NCD - Provide effective follow up care for high risk CVD patients	PHC providers report on key indicators for follow-up care, such as blood pressure and blood sugar levels, and use of NCD preventive healthcare services	NCD clinical management data dashboards exist for all health care coverage areas	Baseline to be established in 2021
		New data available to help measure trends in NCD cardiovascular risk (January & July)	10% improvement annually	Baseline to be established in 2021
1.2 Communicable Diseases Control	1.2.1. Improve Tuberculosis surveillance and diagnostic capabilities, treatment, care and follow up	TB case notification	< 353/100,000 434	353/00,000 (2017)409 (2019)
		TB treatment success rate	≥ 90	88.9% (2016) 92% (2019)
	1.2.2. Support and Roll out TB/DM Bi-directional Framework.	Proportion of Diabetic screened for TB	100%	NA (2018)
	1.2.3. Strengthen National Leprosy Control Program by integrating PEP – MDT Plus strategies.	Leprosy prevalence rate	< 4.8/10,000	15.1/10,000 (2018)
	1.2.4. Strengthen Hepatitis B screening, surveillance, management and follow up	Hepatitis B prevalence rate	< 15% adult prevalence	15% adult (2017)[13]

13 https://hepatitisbfree.org.au/current-projects/kiribati

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
1.2 Communicable Diseases Control	1.2.5. Strengthen STI, HIV and HPV screening, diagnostic, prevention and treatment capabilities and tract cancer screenings	Number of people newly infected with HIV per 1000 uninfected population.	2.0 %	1.5% (2016)
		Number of adults and children on antiretroviral therapy	100%	100% (2019)[16]
		% of adults and children receiving antiretroviral therapy who are virally suppressed.	100%	80% (2018)[16]
		Number of people infected with STI (syndromic/laboratory-confirmed) per 1000 uninfected population	20%	7%[14]
		Number of people infected with STI and received treatment(s) per 1000 uninfected population	100%	Syphilis: 1.7% (2017)[15] Gonorrhoea (4/4): 100% (2017)
		Number of ANC attendees tested for HIV and Syphilis proportionate to the number of births	100%	41.5%
		% of antenatal care attendees positive for HIV	100%	41.5%
		% of PAP smear	80% coverage on CBA	CBA coverage not determined
	1.2.6. Support ongoing passive surveillance and morbidity management of Filariasis	Filariasis incidence rate	0 new cases	Eliminated (2019)
	1.2.7. Strengthen Trachoma control and FE (Facial cleanliness and Environmental improvement).	Prevalence of Trachoma	< 5%	17.9%
	1.2.8. Support screening and management of soil transmitted helminth infections	Worm infestation incidence rate	Baseline determined	Unknown (2018)
	1.2.9. Conduct scabies baseline prevalence survey and introduce control measures towards elimination of the infection	Incidence/prevalence of scabies	Baseline determined	Unknown (2018)
	1.2.10. Strengthening and Support capacity of CDSRC – Communicable diseases surveillance & Response Committee	CD surveillance reporting	Quarterly reporting	ND (2018)

14 GLOBAL AIDS MONITORING REPORT – 2016 - Kiribati
15 Family Planning New Zealand (2016). Family Planning in South Tarawa, Kiribati; Usage and Barriers

Key Priority Area 2

Improve access to and utilization of quality reproductive, maternal, newborn, child and adolescent health , health promotion and high impact nutrition intervention services

Leading Department: RMNCAH, Health Promotion and Nutrition

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
2.1 RMNCAH (Leading Department on PH activities)	2.1.1. Strengthen Disability-inclusive Safe Motherhood (SM) programme initiatives including Adolescent Health and Gender based violence	Contraceptive Prevalence Rate	> 22.3%	22.3 (2016)[15]
		Unmet needs for FP	50% reduction	<20% unmet needs[16]
		Percentage of anaemia in women of reproductive age	50% reduction[17]	(15–49 years of age) with anaemia
		% of SDPs providing YFHS	>25 % SDPs	ND (2018)
		Proportion of disabilities population accessing health care services	>20% of targeted population	ND (2018)
		Adolescent Birth Rate 15-19 years	35/1000	51/1000[16]
		% of reported cases of SGBV seen and attended	100%	68% women aged 15-49 (2010)[18]
	2.1.2 Strengthening the quality of the first 1000 days through High Impact Child Health Interventions	Maternal mortality rate	< 32 MMR	32.6 (2017)[6]
		Neonatal mortality rate	< 11 NMR	11.1 (2017)[6]
		Infant mortality rate	< 26 IMR	26.4 (2017)[6]
		Under 5 mortality rate	30 U5MR[19]	44 (2017)[6]
		2nd dose Measles vaccine coverage by the nationally recommended age	> 92% measles 2nd dose	92.2% (2017)[6]
		% Exclusively breastfeeding first six months of life	> 66.4% Exclusive (see 2.3.2)	66.4 (2009)[20]
	2.1.3. Strengthen supply chain management	Reported Stock-Outs of essential supplies	Zero stock-outs of essential supplies	ND (2018)
	2.1.4. Strengthening support supervision and community engagement	% of the health facilities applied the protocols	100%	<100% (2018)
		% of the islands council involved with the health facilities		<100% (2018)
		Number of islands covered/ year		<100% (2018)

16 KSDIS 2018
17 WHO Global Nutrition Target
18 https://rrrt.spc.int/media/stories/2015/12/GBV
19 KV 20 Strategies and Health Indicators
20 data.unicef.org/topic/nutrition/infant-and-young-child-feeding

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
2.1 RMNCAH (Leading Department on PH activities)	**2.1.5. Strengthen interventions for Gender based violence and Sexual Violence (GBV and SV)**	Number of women aged 15-49 reporting GBV and SV	< 68% of women of target age group	68% women aged 15-49 (2010)[21]
	2.1.6. Strengthen interventions for Sexually Transmitted Infections and HIV/ AIDS including reproductive tract cancer screening	Number of ANC attendees tested for HIV and syphilis proportionate to the number of births. Percentage of antenatal care attendees positive for HIV and syphilis and who received treatment Number of PAP smear	100% 100% 80% coverage on CBA	41.5%[22] 100%[15] CBA coverage not determined
	2.1.7 Introduce HPV vaccine	HPV coverage	80% HPV coverage on target age group	Nil HPV coverage (2018)
2.2 Health Promotion	**2.2.1. Support health communication and education strategies for priority health issues including communicable diseases, NCDs and RMNCAH – Behavioural Change & Communication Strategy**	Communication Strategy – endorsed Number of behavioural change media communication produced Number of IECs printed and disseminated Number of publications of IEC materials Number of policies/guidelines development of healthy diet in Health promoting schools Number of awareness and health education	Communication Strategy in use 5 Media behavioral change used 10,000 IEC brochures distributed on key health issues including health security, GBV, disabilities etc. 3,000 IEC publication for institutions	Volume of health communication material not determined (2018)
	2.2.2. Identify, develop and support partnerships with schools and communities to promote and improve health using the Healthy Islands, Health Promoting Schools and Healthy Settings approaches	Number of health promoting schools Number of health promoting villages	20 designated health promoting schools (5/year) 20 designated health promoting villages (5/year)	Health promoting settings not determined (2018)
	2.2.3. Advise and support health promotion and health communication strategies on cross-cutting issues including Gender-Based Violence, climate change, health security and issues for older people and people with disabilities	Number GBV Communication Number Climate change IEC Number Older People and Disabilities IEC	GBV IEC Climate change/ Health security Disabilities IEC	To be determined

21 https://rrrt.spc.int/media/stories/2015/12/GBV
22 HIV/STI Strategic Plan: 2020-2025

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
2.2 Health Promotion	**2.2.4. Build capabilities in policy, planning and programme management**	Number of programme officers trained	4 (to be confirmed)	Not known
	2.2.5. Develop, print and disseminate IECs on key health priorities to improve communication and awareness.	Number IEC material produced	100% target achievement on IEC material production.	ND (2018)
	2.2.6. Strengthen and support actions to address tobacco, kouben, alcohol and kava consumption	% of tobacco free mwaneaba # of community outreach	50% tobacco free mwaneaba	< 50% (2018)
	2.2.7. Provide support to CDSRC outbreak response	# of radio messages # of outbreak specific IEC printed and disseminated	100% disease outbreaks covered with appropriate radio & IEC materials	ND
	2.2.8. Support health promotion and health communication strategies on cross cutting issues such as climate change, gender, disabilities, violence etc.	# of radio messages # of IEC specific materials printed and disseminated	3/weekly2,000 per subject	ND (2018)
2.3 Nutrition	**2.3.1. Address double burden of malnutrition and obesity through nutrition programmes targeting schools and communities (Support prevention of childhood obesity and all forms of malnutrition in children through nutrition programmes including school-based approaches)**	Number of Under 5 year olds with monitored BMI % malnourished children aged 0–5 yrs.	> 75% under 5 years with BMI monitored< 5% malnutrition	BMI monitoring ND (2018)5% malnutrition (2017)[6]
	2.3.2. Promote exclusive breastfeeding, proper infant feeding practices and strengthen Baby Friendly Hospital initiative	Percent for exclusive breastfeeding	>66.4 exclusive breastfeeding	66.4 (2009)[23]
		Re-award of BFHI designation for TGH	TGH re-assessed as BFHI	TGH awarded BFH by UNICEF (2013)

23 data.unicef.org/topic/nutrition/infant-and-young-child-feeding

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
2.3 Nutrition	2.3.3. Advocate and promote household food security and good nutrition through home/ school gardening and healthy food preparations	Number of homes/schools with home gardening production for consumption	50% of schools	ND (2018)
	2.3.4. Refresher and updated training to Health workers, FBOs & NGOs	Number of training Number of staff trained	60% of Health workers trained 30% FBOs & NGOs	ND (2019)

Key Priority Area 3

Improve the quality and range of hospital and allied health services

Leading Department: Hospital health service

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
3.1 Health workforce re-structure, human resource development & staff support	3.1.1. Achieve appropriate qualification targets to fill in skill gaps.	% of health care workers in each hospital with the desired qualification	All hospitals have >75% qualified skilled health care workers	Desired number of qualifications < 60%.
	3.1.2. Improve attachments/ Trainings opportunities (in-house & abroad)	Proportion of planned training opportunities that are attended by medical health professionals	> 70% of planned trainings are supported and attended	Not all Planned trainings are supported and attended
	3.1.3. Improve delivery and attendance of Continuos Professional Developments (CPDs) to health professionals.	Number of planned CPDs (by departments) that are delivered and attended by health professionals	>70% of all planned CPDs are delivered and attended	Inconsistent schedules of CPDs and unmonitored attendance of health professionals
	3.1.4. Provision of Incentives and Retention packages	Number of Proposed/Justified incentive packages are supported	> 70% Proposed and justified incentives are supported and implemented	Existing incentives need upgrading.
	3.1.5. Initiate and develop new posts and departmental re-structure to define responsibilites and service provision	Number of new posts and departmental re-structuring developed.	70% of proposed re-structuring and new posts are supported and implemented	Existing structures need redefining.
	3.1.6. Strengthen KITP to maintain sustainability and quality of the program	Increased number of competent doctors annually to practice.	At least 3 per year doctors are produced through KITP	Annual number of competent doctors varies with number of intakes
	3.1.7 Maintain recruitment of Expatriate Health Professionals to fill in skill gaps while local capacity is under training	% of specialized skill gaps that are filled	All hospitals to have core specialist coverage > 75%	Current specialist coverage is <60%

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
3.2 **Improve access to quality equipment**	**3.2.1. Upgrade equipment and diagnostic tools to acceptable, consistent and safe standards and expand essential equipment access to district hospitals.**	% of annual equipment list needs achieved	Achieve >80% of annual equipment list needs by all hospitals	< 60% of ideal equipment is available
	3.2.2. Develop maintenance & replacement programs	Establishment of overall maintenance plan by end of 2020 (preventative & ongoing).	Full Implementation of maintenance plans	Formal Preventive and Ongoing maintenance program not in place
	3.2.3. Develop efficient procurement & supply chain systems management	% of list of equipment for procurement that is acquired within < 3 months of purchase.	> 70% of equipment list procured that arrive within 3 months of purchase	> 6 months waiting time for most equipment order
3.3 **Develop new and maintain existing hospital infrastructure**	**3.3.1. Upgrade and expand Central and District hospital facilities**	% Renovation/refurbishment plans of critical facilities that are achieved.	>80% Renovation/ extension and refurbishment of critical facilities achieved.	Renovation and extension plans < 50% achieved
	3.3.2 Implementation of Master Plan for TCH, Betio and Kiritimati	Implementation of TCH Master plan Implementation of Betio and Kiritimati Hospital master plan	Master Plan implementation by 2023 Implementation Betio and Kiritimati master plan by 2021	Master plan has not moved Implementation has not moved.
	3.3.3 Initiate and develop infrastructure maintenance plan/policy	Infrastructure maintenance plan/policy developed	Infrastructure maintenance policy to be in implementation	No existing MHMS maintenance policy
3.4 **Strengthen and improve Health Information system**	**3.4.1. Strengthen and improve KHIS plus other robust health information systems (data collection, analysis, reporting, use) for all hospitals and allied health services.**	100% achievement of centralized health information database system in operation mode KHIS & PAC amalgamation	All hospitals to have operating standardized and centralized database system By 2023, amalgamation to have happened and in full operation	TCH and Betio only operating on KHIS and not consistently accessible KHIS and PAC systems currently inconsistent, not readily accessible and not merged.
	3.4.2 Develop national hospital patient identification (ID) system	% of returning patients with all old medical records available.	By 2023, 100% of patients seen at hospital have health ID	No existing standard/national health ID
	3.4.3 Improve hospital medical recording system	A robust medical recording system established	By end of 2021, medical recording system established	The existing medical recording system is not standardized

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
3.5 Increase access to E-Health resources & Communication tools	3.5.1. Improve access to online health resources through fast internet connectivity	Full and timely access to online health resources	All hospitals have established connectivity and consistent access.	Limited access to timely online resources.
	3.5.2. Improve communication access within hospitals and outer islands.	Full access to functional and effective radiocommunication, intercom and free networks	All hospitals have unlimited direct inter-communication	Inconsistent communication access.
	3.5.3 Improve access to communication equipment (desktops, tablets)	Number of facilities that have communication equipment.% of usage of communication equipment by facility	All identified facilities have access to communication equipmen >80% usage of communication equipment by facility	A number of essential facilities/ services do not have access to communication equipment
3.6 Improve Medical Supplies & Consumables	3.6.1. Strengthen procurement, supply and distribution & reporting systems(Upgrade standards, Consistent supplies)	% of facilities with stock-outsImproved stock availability	< 30% stock out on KEML	Frequent stockout currently
3.7 Improve Clinical Governance for Quality Care Improvement	3.7.1. Strengthen Clinical Governance committees: - Infection & Prevention Control - Mortality/ Incidents audits - Medicines & Therapeutic Committee - Complaints Centre/Quality Assurance committee - Equipment Committee - Medical council - Policies & Guidelines (by department) - Antimicrobial Resistance (AMR) committee - Health Radiation Safety - Hepatitis Committee - Mobile outreach medical team - National regulatory authority - National Trachoma Committee	6 monthly reporting of clinical governance bodies to DHS/ EMC - Policies and guidelines are reviewed and revised.	All Clinical Governance committees abide to timely reporting All policies and guidelines to have been reviewed and implemented	No established formal reporting mechanism in place. Outdated policies and guidelines

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
3.8 **Improve clinical health care and services**	**3.8.1. Deliver friendly customer services to patients**	Established Complaints & Incident reporting center pathway Customer service training to staff annually	Quarterly reporting from complaints centre to EMC - Twice-annually consistent customer service training	NO established mechanism for complaints reporting No regular customer service training.
	3.8.2. Improve the quality and delivery of health care services.	Reduced number of preventable mortalities	All hospitals to have reduced number of preventable deaths	10-20 Preventable deaths/year
	3.8.3. Strengthen intergrated mobile medical health services to outer islands.	Intergrated Medical mobile team outreach visits twice a year.	>60% coverage of all islands visited by integrated medical outreach service	Inconsistent integrated mobile outreach but individual departments outreach are happening.
	3.8.4. To strengthen proper local referral systems through SOPs review and upskilling of Nurses in outer islands.	Number of clinical capacity building trainings to Nurses in Outer islands conducted annually Status of Local referral SOPs Status of Treatment guidelines to Health clinics and Health centers Status of Local referral officer post for close monitoring of referral process	At least once a year nurses' clinical capacity building training is conducted by medical team Reviewed and Endorsed Local referral SOP by end 2021 > 70% of Updated identified treatment guidelines are provided to Health clinics and health centres by 2023 Local referral officer post initiated and processed	Currently Capacity building through Public health programs Local referral SOP not consistently adhered to and outdated Treatment guidelines are outdated No local referral officer post
	3.8.5. Provide efficient ongoing overseas patient referral as per Medical Advisory Committte referral policy.	All patients approved for referral to travel within 1 month after approval Number of reporting of referred patients updates by Referral officers	> 80% of approved cases should have attended treatment overseas Quarterly reporting to DHS of overseas progress	Waiting time for travel is > 2months for most cases. - Inconsistent reporting system of overseas referral to DHS level.

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
3.8 **Improve clinical health care and services**	**3.8.6 Explore medical privatization to expand specialist service provision3.8.7 Introduction of new range of clinical services (Early Intervention team, mammography, oncology and palliative, acute dialysis for reversible kidney injuries and other essential areas)**	Number of new clinical services introduced - Number of new clinical services introduced	Increased number of private medical services By 2023, > 5 new range of services introduced	1 medical private clinic. - Introduction of new services last 4 years: Hepatitis B Clinic, ENT clinic, Clinical pharmacist, Basic Echocardiography
	3.8.8 Improve and strengthen standards of clinical waste management	Hospital waste management procedures are in place	By 2021, implementation of standard hospital clinical waste management	No standardized hospital waste management protocols to hospital departments.

Key Priority Area 4

Improve the quality of nursing management, practice and essential health services

Leading Department: Nursing service

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
4.1 Strengthen nursing workforce structure and human resource development	4.1.1 Review, endorse and implement the nursing workforce priorities as outlined in Health Workforce Strategic Plan 2019-2028 and Medical Workforce Plan 2019-2028	Workforce plan endorsed Annual implementation report finalized and submitted	Health Workforce Strategic Plan and Medical Workforce Plan implemented by 2022	0% (2020)
	4.1.2 Provide specialized and management training for senior/relevant workforce (Nursing Practitioner, Midwifery, Public Health	Number of staff upgraded/ completed Specialized/ Postgraduate training Number of PHC Level Management trainings completed	5 professional staff complete Specialized/PG training by 2023 20 staff trained & complete management training per year	0 (2020) 0 (2020)
	4.1.3 Access Continuous Professional Development (CPD) programs to strengthen the capacity of the nursing workforce.	Number of CPDs training completed quarterly	60 nurses undergoing CPDs per year	0 (2020)
		Number of Midwives trained	60 Midwives undergoing CPDs per year	No record (2020)
		Number of MA-NP trained	25 MA-NP trained per year till the end of 2023	0 (2020)
		Number of senior nurses trained on Primary Health Care (PH)	15 senior nurses trained per year till the end of 2023	No record (2020)
		Number of nurses trained on Primary Health Care (PH)	30 Nurses trained on PHC per year (120 by end of 2023)	0 (2020)
		Number of new nurses got induction on PH program	150 New staff got an induction on PHC programs	No record (2020)

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
4.1 **Strengthen nursing workforce structure and human resource development**	**4.1.4. Work with the School of Nursing and Health to improve the nursing workforce.** **- Establish and maintain collaborative partnership between SONH & Nursing Directorate** **- Improve the quality of supervision of nurse trainees undergoing attachment in health facility** **- Review academic program that are implemented by the nursing school** **- Design or develop new nursing programs that aligned to the workforce demand of nursing service.**	Partnership agreement/TOR/ MOU signed with SONH with the School of Nursing Number of clinical preceptor briefings Number of academic programs reviewed Number of new Nursing Programs developed to meet the Nursing workforce demand Basic nursing training curriculum reviewed and developed to Advanced Nursing Dip in Nursing	0ne MOU Signed For team members to assess current practice now and to come up with a target 2 academic Programs reviewed per year No. of Nursing curriculum reviewed	No record (2020)
	4.1.5 Strengthen partnership between MHMS and MEHR/KIT SONH	New training modules for the nursing profession developed and reviewed (pre-posting preparation program)	A new (1) advanced Nursing curriculum developed and reviewed per year New Curriculum Reviewed and by 2022	No record (2020)
		Frequency to revise and Update MOU	Updated MOU by 2022(every two years)	No record (2020)
4.2 **Improve nursing competency and assessment framework (Relate to focus area 4.4)**	**4.2.1. Develop a Framework and tools or competency assessment and review and modify existing nursing competency assessment tool as required**	Assessment Framework and tools developed and used Assessment tools reviewed	At least 1 training module developed per year 90% functional tools assessed	No record (2020) 0 (2020)
	4.2.2 Management and leadership training accessed to enhance managerial and leadership competency.	Number of Nursing/ health staff enhanced their management and leadership skills	15 nursing officers/MA/ DPNO/PNO improve their M&L competency yearly	0 (2020)

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
4.2 **Improve nursing competency and assessment framework (Relate to focus area 4.4)**	**4.2.3 Finalize and implement Professional Development Recognition Programme (PDRP), which encompass professional development and competency-based assessment tools in connection with the cultural framework.**	PDRP endorsed/approved	One PDRP developed & endorsed	0 (2020)
	4.2.4 Support regular evaluation of competencies for nursing staff to strengthen professional conduct base on the nursing cultural framework – for hospital base nurses	% of nursing staff assessed	50% of nursing staff assessed across 12 islands	0 (2020)
	4.2.5. Support regular evaluation of competencies for nursing staff to strengthen professional conduct base on the nursing cultural framework – public health nurses	Percentage of public health nurses assessed	50% nursing staffs assessed against the national professional conduct across 12 islands	0 (2020)
	4.2.6. Provide adequate resources to deliver quality nursing services that is supported by a robust competency framework (RDP)	Percent of health facilities adequately resourced to deliver quality nursing services	80% undergo SS 80% undergo IST 90% for hospital facilities	70% (2018) No record (2020)
	4.2.7 Implement the National RDP and operationalize the Role Delineation Policy across all Islands/districts	Percentage of RDP implemented	25% of the RDP plan/ staffing/Service implemented per year	No record (2020)
	4.2.8 Auditing of referral cases from outer islands to identify knowledge and skill gaps and the need for staff development (linked with 3.8.4)	Number of audits conducted	One audit	0 (2020)

Focus Areas	Priority Actions	Key Indicators	2023 Targets	Baseline
4.3 **Foster nursing partnership and collaboration**	**4.3.1. Strengthen community health service delivery through establishment of secondary school clinics and missionary institutions**	Number of health clinics in boarding and faith base institutions strengthened	11 community health service providers/ community structure strengthened	3 (2020)
	4.3.2. Strengthen community participation and engagement through the development or revitalisation of community-based groups in health protection and improvements activities in their settings[1]	Number of village welfare groups established or strengthened per health facility Number of MOU's signed with the Civil Society Organisations and Institutions active in the Health sector.	85% Village Welfare Group strengthened per health facility 85% of villages with mother VWG 7 MOUs signed by year	0 (2020)
	4.3.3 Strengthen/ built new partnership with development partners	Number of MOUs signed with development partners	4 MOUs signed every year	0 (2020)
4.4. **Strengthen governance to improve quality of care for nursing services**	**4.4.1. Support review of the Medical Services Act (1996) and Nurses and Midwives Ordinance (1977) to reflect the development of regulations and standards of practice for nurses**	Medical Services Act (1996) reviewed.	Medical Services Act (1996) reviewed by 2022	1996 Legislation
		Nurses and Midwives Ordinance (1977) reviewed.	Nurses and Midwives Ordinance (1977) reviewed by end 2022	1977 Ordinance (NA)
		Number of nurses' competencies assessed annually	80% of nurses assessed annually	No record (2020)
	4.4.2. Strengthen Nursing Advisory committee[24] **(Committees and their TOR)**	6 monthly reporting of clinical governance bodies to DNS/ EMCPolicies and guidelines reviewed and revised.Number of meeting planned and conducted every Quarter	All Clinical Governance committees abide to timely reporting All policies/ guidelines reviewed, updated, and implemented	No established formal reporting mechanism in place Outdated policies and guidelines

24 Posting Committee, Quality Assurance and Quality Improvementcommitte, Nursing council, Policies & Guidelines, Mobidity and Mortality, IPC committee, Additional committees considered necessary by the Nursing Services.

Key Priority Area 5

Strengthen health protection and improve community empowerment to address environmental health issues and health security including climate change, disaster risk management and outbreak control

Leading Department: Environmental health

Focus Area	Priority Actions	Key Indicators	2023 Targets	Baseline
5.1 Public Health	5.1.1 Improve environmental health response to climate change and disaster risk management and provide support and contribute to the health sector response.	Health Governance framework for climate change and disaster risk management is established and active.	Health Climate Change and DRM coordinating committee established and active by 2023	No coordinating committee for CC and DRM in health
		Early warning systems (ews) for relevant extreme weather events and climate-sensitive diseases are established.	Established ews platform for extreme weather events and climate-sensitive diseases.	No platform for climate-sensitive diseases
		Health sector contingency plans for extreme weather events (including risk reduction, preparedness, and response) and a sustainable and functioning Emergency Operations Centre are developed	Public Health Emergency, Preparedness and Response Plan (PHERP) and its protocols and needed functions completed and implemented	Draft PHEPRP since 20PRP since 2019
	5.1.2. Strengthen disease surveillance and actions to prevent, prepare for, respond to, and control outbreaks and meet responsibilities under the International Health Regulations.	Improve achievement of IHR Core Capacity targets by 2023 (Surveillance, Preparedness, Response, Risk Communication; Human Resource Capacity; Laboratory; and Point of Entry)	90% achievement of the 76 IHR core capacities i. Surveillance, 90% ii. Preparedness, 90% iii. Response, 90% iv. Risk Communication 80% v. Human Resource Capacity; 80% vi. Laboratory; 95% vii. Point of Entry, 90%	Individual core capacities (2005) i. Surveillance – 70%[25] ii. Preparedness – 40%[33] iii. Response – 40%[33] iv. Risk Communication – 45%[33] v. Human Resource Capacity – 50%[33] vi. Laboratory – 90%[33] vii. Point of Entry – 80%[33]

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Focus Area	Priority Actions	Key Indicators	2023 Targets	Baseline
5.1 Public Health	5.1.3 Strengthen Water, Sanitation and Hygiene for All (WASH) actions to protect public health.	Proportions of populations in South Tarawa and in Outer Islands using an improved drinking water source	75% of population access and use water from improved water sources	66.9% access and use water from improved water sources (2017)
		Proportions of populations in South Tarawa and in Outer Islands using an improved sanitation facility	50% of population use improved sanitation facility	39.7% (2017)
	5.1.4 Improve and ensure safety of food through standards monitoring, safety and quality assurances at production, packaging, labelling, storage, distributions, sales and consumption	Achievement of the International Health Regulations Food Safety Core capacity indicator — Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination	90% achievement of Food Safety Safety Core Capacity	Food safety achievement in 2018 – 70%
	5.1.5. Strengthen actions and provide advice to protect public health from harmful waste (including health care waste) and pollution.	Environment monitoring Proportion of healthcare facilities with a basic functional healthcare waste management facility	Strengthened sea water testing for pollution in Tarawa and circulate reports 100% Healthcare facilities with functional healthcare waste management facility by 2022	Sea water pollution testing data not available 88% Healthcare facilities with functional healthcare waste management facility
	5.1.6 Support and strengthen surveillance, monitoring, response, and control for mosquito-borne and other vector-borne diseases, including community mobilisation, cost effective and scientifically proven interventions, and quarantine measures.	Reduced number of outbreaks of mosquito-borne diseases	Reduction in incidence of mosquito-borne disease	Major outbreak of mosquito-borne disease occurs every 4 years
		Increased distribution of Wolbachia mosquitoes in South Tarawa	75% distribution of wolbachia mosquitoes in South Tarawa	75% distribution in Betio 43% distribution in area Bairiki to Naatari 5% - 10% distribution in other areas of South Tarawa
	5.1.7 Strengthened health security programs on the Outer Islands.	Disasters resilient health facilities Increased number of outer islands visited for the monitoring of environmental determinant of health	60% of health facilities Visit 8 outer islands visited annually	10 outer islands At the most, 4 outer islands are visited and the current findings is that importers dump their expired cargoes in the islands

Focus Area	Priority Actions	Key Indicators	2023 Targets	Baseline
5.1 Public Health	5.1.8 Improve and strengthen legislations, regulations and policies governing mandated roles and functions and the enforcement for compliance of such frameworks	Reviewed and updated of Public Health framework Reviewed and updated of Food Safety Regulations Enactment of Quarantine Bill Staff trained to enforce and prosecute EH cases	Enacted Public Health Act Revised and endorsed Food Safety Regulation Quarantine Bill enacted EH court cases are prosecuted in a timely manner	Public Health Ordinance, 1977 is over 100 years old Available regulations have gaps identified Quarantine bill has been with OAG since 2019 Many EH cases are pending in court
	5.1.9 Improve and support community partnerships and engagement in all environmental health activities and interventions especially climate change and health, WASH, food safety and vector control.	Number of Village Health Committees established	50% Villages with Health Committees	Not Determined (2018)

Key Priority Area 6

Strengthen health system Leadership, Management, Governance and Accountability and health facility development

Leading Department: Health administration

Focus Area	Priority Actions	Key Indicators	2023 Targets	Baseline
6.1 Leadership, Governance and Policy	6.1.1. Support legislations, regulation and policy formulation, reviews and implementation	Legislation formulated and or reviewed	At least 3 (Mental Health, Nursing, Tobacco)	Nil (2019)
	6.1.2. Strengthen and support compliance and enforcement of health legislation, regulation and policies; Implementation and enforcement of legal framework	Regulations passed No of cases prosecuted;	At least 2 reviewed (Tobacco & Food Safety)	NA (2018)
	6.1.3. Strengthen capabilities for governance structures such as Boards, Councils and Committees	Boards and councils reactivated or formed and functional	At least 5 (Nursing, Medical Boards, Training, Research, Clinical Governance Committees)	2 (2019)
	6.1.4. Strengthen general administrative, management responsibilities and capacity of MHMS	Number of staff trained on evidence-based policy making, policy oversight and/or policy implementation	5 (Admin, Policy, Planning, Enforcements)	Nil (2019)
6.2 Health Financing	6.2.1. Strengthen financial control and monitoring of all health funding sources and expenditures	Quarterly and Annual financial reports	100% compliance	Not available (2018)
	6.2.2. Advocate for improved funding and budget allocation to MHMS and to public health programmes	Current Health Expenditure per capital	U$200.00	U$188.00 (2019)
	6.2.3 Advocate for improved funding to Development Partners for health projects	Percent donor funding to health services and programmes	25% of health budget	20% of budget (2016)

Focus Area	Priority Actions	Key Indicators	2023 Targets	Baseline
6.2 **Health Financing**	**6.2.4 Strengthen aid coordination and monitoring with Development Partners**	Coordinating Committee	Health Sector Committee fully function	2019
	6.2.5 Establish medical insurance scheme to cover I-Kiribati for private health cover	Establishment of medical insurance scheme	Functional insurance scheme introduced	ND (2018)
6.3 **Human Resources for Health**	**6.3.1. Strengthen human resource management capability for staff forecasting, engagement and training** **- Physician density & distribution** **- Drs, Nurse, medical assistance, and midwife density and distribution**	Human resource plan reviewed School visit and career talks undertaken More scholarship funding for medical students.	HRH Plan formulated by 2021 At least 50% medical undergraduates by 2022 onwards	Strategies (2018)
	6.3.2. Support internal structures for HR development such as Training Committee and mandated objectives such as: **- Appropriate qualification targets to fill in skill gaps** **- Attachments/ Trainings (in-house & abroad)** **- Attendance of Continuous Professional Developments & Updates** **- Incentives and Retention** **- Departmental re-structure**	Training Committee formalised and functional - Staff training and capacity building plan - Hospital attachment programme plan	Training Committee established by 2021 At least 75% of professional staff attended annual CPD per year	NA (2019) No data (2019)
	6.3.3. Through POLHN, develop and support upskilling programmes for existing unqualified staff such as assistant radiographers	Expansion of POLHNS program with training of assistant radiographers completed.	100% of Assistant Radiographers have qualification upgrade awarded / recognition	2 certified (2019)

Focus Area	Priority Actions	Key Indicators	2023 Targets	Baseline
6.4 Medical Statistics & HIS	6.4.1. Strengthen KHIS plus other robust health information system (data collection, analysis, reporting, use) for all clinical (including central and district hospitals) and allied health services.	KHIS & PAC (Kiribati Health Information System) (PAC is a software amalgamation)	100% of health information database centralised through KHIS & PAC	NA (2018)
	6.4.2. Strengthen MS1 data content through revisions and train staffs to adopt ICD 11	International Coding of Diseases ICD -11 deployment	Conformity to ICD coding updates	ICD 10 (2018)
	6.4.3. Centralise and improve data collection, analysis, sharing, dissemination for informed decision making	Centralized health information database	Achievement of centralised HI database	NA (2018)
	6.4.4 Strengthen Civil Registration and Vital Statistics and identify management (as in line with the international standard cording)	Audit of Civil Registration and Vital Statistics	Health targets of civil registration and vital statistics achieved	NA (2018)
	6.4.5 Improve hospital medical recording system	A robust medical recording system established	By end of 2021, medical recording system established	The existing medical recording system is not standardized
6.5 E-Health & Communication	6.5.1. Establishment of Unique Health Identifier for all patients to work with Civil Registration and Vital Statistics (National ID)	Each National ID should have a unique health identifier reference to an individual person	All patients to have their unique health identifiers	NA (2018)
	6.5.2. Review, revise and update legislation to protect patient safety, privacy, confidentiality and data protection	Legislation reviewed for patient information protection	Legislation reviewed for patient data protection	NA (2018)
	6.5.2. To develop PAC system for efficient communication between hospitals on patient management.	PAC system developed and functional.	PAC system installed and fully functional	NA (2018)

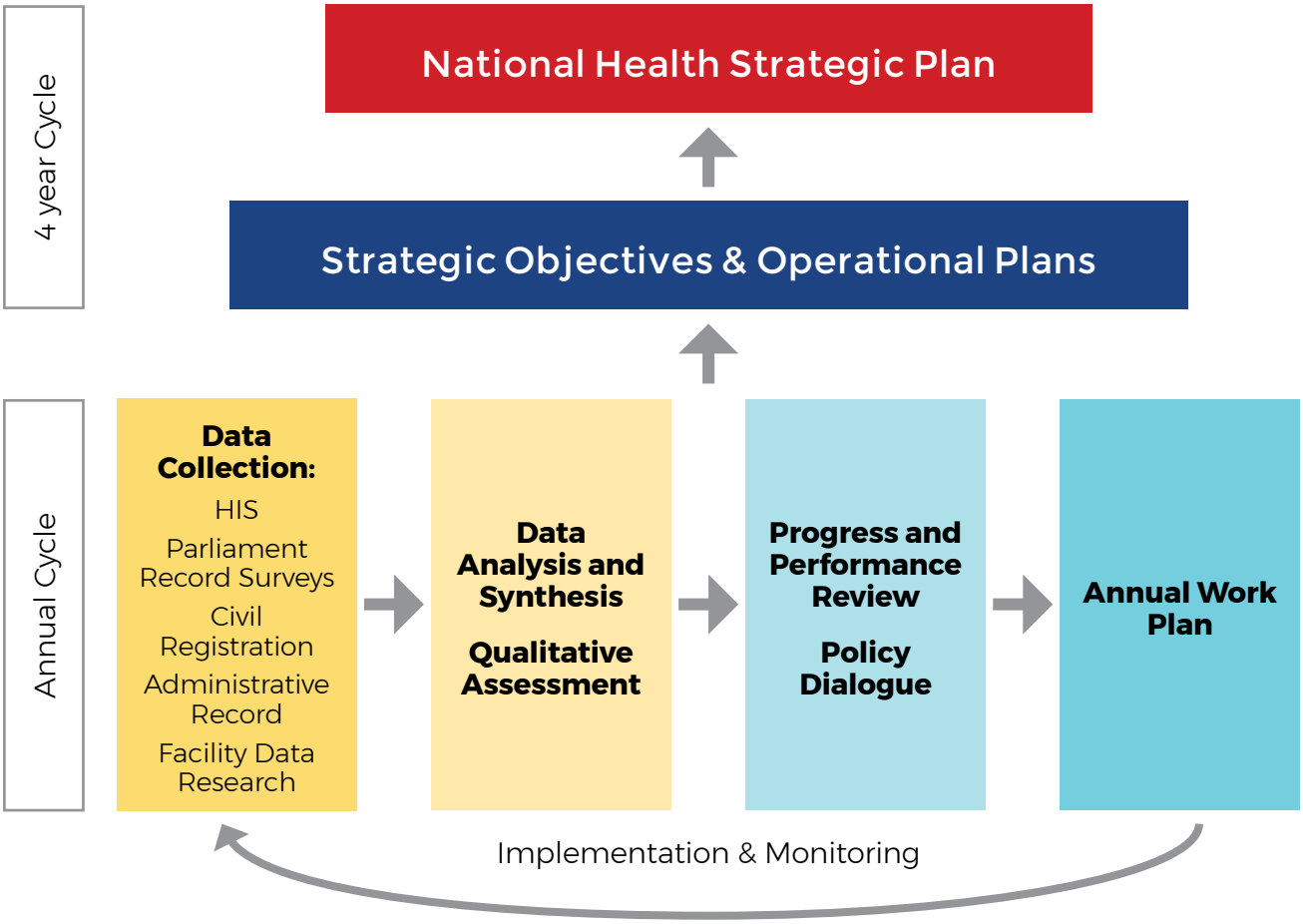
Focus Area	Priority Actions	Key Indicators	2023 Targets	Baseline
6.5 E-Health & Communication	6.5.3. To improve access to online health resources through fast internet services	Digital e health implantation	Digital e-health protocol developed and functional	Assessment (2018)
	6.5.4. Improve communication access within hospitals and outer islands using communication equipment	Internet access Number of facilities that have communication equipment % of usage of communication equipment by facility	100% of HF have internet access All identified facilities have access to communication equipment >80% usage of communication equipment by facility	NA (2018) A number of essential facilities/ services do not have access to communication equipment
	6.5.5. Implementation of digital eHealth roadmap	Digital eHealth incorporated	Digital eHealth target met	NA (2018)
6.6 Health Policy and Planning	6.6.1. Strengthen health planning and policy capability through appropriate staff establishment and engagement.	Policy and Planning Officer position establishment.	Policy and Planning officer established	Policy position vacant (2019)
	6.6.2. Strengthen existing policies reviews and publication.	Review of expired policies Collated and bounded health policies.	100% review of expired policies Policies printed and bounded	NA (2018) NA (2018)
6.7 Health Infrastructure and Assets	6.7.1. Establish Assets and Infrastructure Unit role and functions and update Asset Management Records	Assets & Infrastructure Unit established	Unit established with staff and defined function	Not established (2019)
	6.7.2. Support maintenance and renovation of existing hospitals and health facilities including health staff residences, in line with Hospital Master plan.	Updated infrastructure and equipment records	Infrastructure and Equipment logbooks updated	Assets records not well maintained (2019)
	6.7.3. Coordinate new construction and extension to existing health facilities and related support systems such as waste disposal to cater for expanding health services	Implementation of master plan for infrastructure construction and maintenance	Capital projects reported yearly	Capital projects reporting through budget (2019)
	6.7.4. Support to health facilities to become climate change resilient	HF certification for climate change resilience	100% of HF certified	Not determined (2018)

Focus Area	Priority Actions	Key Indicators	2023 Targets	Baseline
6.8 Support Services (Staff transport, Ambulance, Biomedical, Kitchen)	**6.8.1. Strengthen the commitments from Support Service staffs by ensuring they are appropriately trained and equipped.**	Effective ambulance services response time	< 30 minutes from emergency call	Not determined (2019)
	6.8.2. Ensure the equipment, ambulances and facilities are maintained and available to allow efficient service delivery and serve the need for patients	Training/capacity building for nurse aide, ambulance operators, drivers and mechanics officers.	2 replacement staff vehicles and new ambulances	Not determined (2019)
	6.8.3. Ambulances and transport vehicles for staffs are well maintained and efficiently run	Transport pool with functional vehicles	2 functional ambulance and 2 staff transport	Records not accessed (2018)
	6.8.4. Ambulance staff are trained and certified in first aid and emergency care as first point of contact	First Aid Certification	100% of first responders certified	Not determined (2019)
	6.8.5 Provide and maintain a healthy and well-balanced diet for patients	Improvement and timely provision of well-balanced diet for patients	100% adherence to healthy and hygienic meal preparations	Standards to be prescribed by Dietician (2020)
6.9 Health Research	**6.9.1. Establish and develop health research capabilities of the MHMS**	Health Research Centre	Health Research Officer appointed	NA (2018)
		Health research policy	Health research policy and protocol endorsed and operational	NA (2018)
	6.9.2. Facilitate service and evidence base research with partners.	Completed health research	NCD Mini STEPS survey FP/STI survey Mental Health / Suicide Safe motherhood Oral health WASH Scabies Helminths ...etc.	NA (2018)

MONITORING AND EVALUATION

MHMS Executive Management Committee will lead and monitor progress and performance (quarterly report will be presented during HSCC meeting).

Progress and Performance Review Mechanism



MHMS Progress and Performance Review Mechanism

Reviews are based on the evidence gathered through monitoring processes and require national institutional mechanisms involving multiple stakeholders. Existing country health-sector review processes are already in place in Kiribati. Health sector review forums are key entry point for assessing progress and performance and can influence priority-setting and resource allocation. Such reviews need to be systematically linked to actions in countries and provide the basis for mutual accountability.

Schedule of Reviews for NHSP

1. Annual Reviews – at the end of each calendar year
2. Mid-term Review – at the end of 2022
3. Final situation analysis and evaluation – at the end of 2023.

The review will draw on information obtained from the Health Information Unit and from individual health programme reviews and reports. The annual reviews are expected to feed into the Annual Operational or Action Plans formulation process for funding and resource allocation.

Identified National and Global Health Targets Related to Health Strategy

1. National Level Health Target: Kiribati Vision 2016-2036

The Kiribati Vision 2016-2036 (KV20) is a long-term development blueprint for Kiribati and covers the period 2016 to 2036. The vision of the KV20 is for Kiribati to become a wealthy, healthy and peaceful nation. There are four (4) pillars of KV20 and these include wealth and health, peace and security, infrastructure for development and governance. For the realization of its long-term goal, KV20 recognizes that good health is a pre-requisite to economic growth and poverty reduction.

Kiribati Vision 20 Strategies and Indicators for Health

Strategies	Performance Indicators	Target			
		2019	2023	2027	2036
Reducing the prevalence of common NCD	Adult mortality rate (30-69-year-old per 100,000 Population)	40%	35%	30%	25%
Reducing the fertility rate	Fertility rate	2.8	2.5	2.2	1.8
Reducing the child mortality Rate	Under 5 mortality rate (per 1,000)	45	30	20	10
Reducing the prevalence of communicable diseases	TB detection rate, leprosy detection rate	85%	90%	95%	100%
Improving the hospital and health Centre services	% of hospitals with 5 specialised services	50%	75%	100%	100%

2. Regional and Global Health Targets

Sustainable Development Goals – 2030

Health Targets in SDG

SDG	Target	Indicator
2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age.
		Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type.
3.1	By 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births	Maternal mortality ratio
		Proportion of births attended by skilled health personnel
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortalities to at least as low as 25 per 1,000 live births	Under-5 mortality rate
		Neonatal mortality rate
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations TB incidence per 1,000 population
		Malaria incidence per 1,000 population
3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease Suicide mortality rate
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol.

SDG	Target	Indicator
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents.	Death rate due to road traffic injuries
3.7	By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
		Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Coverage of essential health services. Indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	Mortality rate attributed to the household (indoor) and ambient (outdoor) air pollution. Mortality rate attributed to unsafe water, sanitation, and lack of hygiene. Mortality rate attributed to unintentional poisoning.

Key WASH Related SDG

WASH sector goal	SDG global target	SDG indicator
Achieving universal access to basic services	1.4 By 2030, ensure all men and women, the poor and vulnerable, have equal rights to economic resources, as well as access to basic services	1.4.1 Population living in households with access to basic services (including basic drinking water, sanitation and hygiene)
Progress towards safely managed services	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.1.1 Population using safely managed drinking water services. 6.2.1 Population using safely managed sanitation services, including a hand-washing facility with soap and water
Ending open defecation	6.2 By 2030, achieve access to adequate and equitable sanitationand hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerablesituations	

WHO Global Nutrition Target

	Target	Indicator
1.	By 2025, achieve a 40 per cent reduction in the number of children under 5 who are stunted	Prevalence of stunting (low height-for-age) in children under 5 years of age
2.	By 2025, achieve a 50 per cent reduction of anaemia in women of reproductive age	Percentage of women of reproductive age (15–49 years of age) with anaemia
3.	By 2025, achieve a 30 per cent reduction in low birthweight	Percentage of infants born with low birthweight (< 2,500 g)
4.	By 2025, ensure there is no increase in childhood overweight	Prevalence of overweight (high weight-for-height) in children under 5 years of age
5.	By 2025, increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent	Percentage of infants less than 6 months of age who are exclusively breastfed
6.	By 2025, reduce and maintain childhood wasting to less than 5 per cent	Prevalence of wasting (low weight-for-height) in children under 5 years of age

3. Our Health Indicators for NHSP 2020-2023

Key Priority Areas	Monitoring Indicators
1. Reduce morbidity, mortality and disability related to Non-Communicable Diseases and Communicable Diseases.	1. NCD mortality rate 2. Prevalence of diabetes and hypertension 3. Occasion of services for diabetes and hypertension 4. Death rate due to road traffic injuries 5. Number of diabetic related amputation 6. TB case notification 7. TB treatment success rate 8. Prevalence/number of leprosy cases 9. Hepatitis B prevalence rate 10. Number of people newly infected with HIV per 1000 uninfected population
2. Improve access to and utilization of quality reproductive, maternal, newborn, child and adolescent health, health promotion and high impact nutrition intervention services	11. Maternal mortality 12. Infant mortality 13. Under-five mortality 14. Measles immunisation under 1 year 15. Low birth weight (< 2500g) among newborns 16. Children under 5 years who are stunted 17. Exclusive breastfeeding rate in infants 18. Number of malnutrition cases 19. Adolescent birth rate (10-14yrs) 20. Teenage pregnancy (15-19yrs) 21. SDPs offer at least three contraceptive methods
3. Improve the quality and range of hospital and allied health services	22. Bed occupation rate 23. Increase qualified skilled healthcare workers 24. Control the number of preventable mortality
4. Improve the quality of nursing management, practice and essential health services	25. Number of Prescribed Midwifery, and specialised and refresher training conducted 26. Number of audits conducted for outer islands referrals 27. Number of nursing procedures revised and implemented

Key Priority Areas	Monitoring Indicators
5. Strengthen health protection and improve community empowerment to address environmental health issues and health security including climate change, disaster risk management and control of disease outbreak	28. Health Sector Coordinating committee for Climate Change and Disaster Risk Management in place and functional 29. Achievement of IHR core capacities 30. Strengthened legal frameworks, their enforcement and prosecution of cases 31. Proportion of population using improved drinking-water source 32. Proportion of population using improved sanitation facility 33. Number of community groups established and supporting health interventions
6. Strengthen health system Leadership, Management, Governance and Accountability and health facility development	34. Number of health workers trained 35. Number of clinics connected to the main hospital 36. Number of quarterly health and finance reports 37. Number of facilities and equipment upgraded 38. Number of policies implemented and reviewed

4. Data Sources for Monitoring and Evaluation

The use of existing data from all data sources is required to assess progress and performance of the NHSP. It is therefore essential to specify how data on all components of health systems will be generated, including inputs, processes, outputs, outcomes and impact. At least, for the Target Indicators the main data sources will include the following.

- **Civil registration and vital statistics systems.** The MHMS collects its own births and deaths statistics but the M&E component will include a statement on the use of vital statistics and on planned ways to improve the availability and quality of data on births, deaths and causes of death.
- **Population-based health surveys** with a focus on service coverage, equity and population health outcomes. The STEP Survey for NCD and Demographic Health Survey (DHS) are such population-based surveys frequently used in the Pacific and could provide important information outside of the national census. Kiribati last DHS was in 2018 and with the report eagerly awaited.
- **Facility generated data**, including routine facility information systems and health facility assessments and surveys. The Health Information Unit will have most statistics of facility generated data and this made through the MS1 reporting form.
- **Health programme generated data**, some programme areas maintain their own data from outreach programmes and special clinics or intervention activities. These data are more specific to interventions and should be included as data sources both for M&E and planning activities.
- **Administrative data sources** including Parliamentary briefs, financial resource flows and expenditures to all levels and includes annual reporting of expenditures by major programme.

5. Data Dissemination and Communication

The NHSP Supervisory Committee should determine from the M&E findings as to what specifics of the analytical outputs that will be produced as the basis for decision-making, programme management, financial disbursements and global reporting. The key outputs of the health information systems that serve the basis for national and global reporting are discussed below.

5.1 Health Sector Progress and Annual Performance Report

A health sector progress and performance report is the key input for NHSP annual reviews and is based on the analysis and synthesis work described in the previous section. This includes a systematic assessment of progress against specific objectives and goals in the national health strategy, as well as in disease-specific plans. The health sector progress and performance report brings together all data from the different sources, including the facility reporting system, household surveys, administrative data and research studies, to answer the key questions on progress and performance using the country's core indicators and health goals.

5.2 Annual Health Statistical Report

The Kiribati MHMS produces Health Bulletins yearly. This report presents a comprehensive analysis of all health data derived from MS1 reporting forms and some administrative and health facility reporting, including the most relevant data by island. The annual Health Bulletin report provides ample attention to data quality issues, including timeliness, completeness and accuracy of reporting, as well as to data adjustments and methods used, if applicable.

5.3 Policy Briefs

Policy briefs usually highlight actionable recommendations for decision-making in a 2–6 pages' format. This format is ideal in conveying specific evidence-based policy recommended. The supporting evidence is also highlighted. The typical format identifies a problem, proposes a solution and presents a compelling and feasible recommendation. Non-academic language is used and images, quotes, photographs, and bullets are recommended.

5.4 Colour Coding / Emoji

Colour coding is a strategy used to group data and suggest action. Most commonly the colours red, green and yellow are used to depict a traffic stop light. Specific numerical ranges are pre-determined for each colour and indicator, based on progress towards a programmatic target. This technique allows decision-makers to see at a glance if action is required around a specific indicator. There are similarities with this strategy and with the grading found in health report cards. Emoji are small digital image or icon used to express an idea or emotion. The use of emoji icons is now frequently used to relay emotions relating to strategies and activities outcomes.programme.

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Kam bati n rabwa.