

The Work of the Ministry of Health 2009-2010

FY 2009-2010 is the second year of a four year transformation management plan that was initiated in the year 2008-2009. FY 2008-2009 was the Ministry of Health Transformation in which a comprehensive overhauling and alignment of internal Ministry of Health systems took place and most were documented in the Work of the Ministry of Health 2008-2009. The year 2009-2010 is the Community Transformation year in which the Ministry of Health worked to mobilize community opinions toward health management and healthy decisions. The third year, 2010-2011 will be Model Transformation year where the model of health, model of workforce development and model of management will be translated and implemented. FY 2011-2012 will be Evaluation Transformation year where formal assessment of the investment and efforts is made to measure its effectiveness or in-effectiveness. See the Table 1 below.

Transformation Theme	FY Period	Description
MOH Transformation	08-09	MOH transformation is an internal management process to align systems, streamline processes and establish minimum standards within the whole MOH to assure measured cost effectiveness and outcomes. This is through the Minimum Inventory Project (Pharmaceuticals, Medical Supplies, Equipment/Facilities and Personnel), Internal Planning Process. MOH Transformation will be on-going through the 4 years.
Community Transformation	09-10	Community transformation is an outreach by the MOH that will take its vision and bring it to the community and stakeholders so that they can become true advocates for health. Meeting with all the Community Advisory Groups, OEK and other identified stakeholders.
Model Transformation	10-11	The adoption and implementation of the Integrated Environmental Approach to Wellness is movement away from the classical biomedical model . It is environmentally based that will allow stronger advocacy on health promotion and health protection as well as disease prevention.
Assessment Transformation	11-12	Assessment of effectiveness, application of resources, expediency of the process with an ultimate review of systems and clinical outcome to see if changes (hopefully positive) has taken place to our population indicators. This will be done through quality assurance, internal research and publication under the Office of Health Planning and Development.

Table 1: Annual Management Theme of the Ministry of Health

Ministry of Health Strategic Directions

The six strategic directions adopted in FY08-09 are the core issues used to implement the vision and the mission statements of the Ministry of Health. The details of this implementation are found within the strategic plans and the reports of the two bureaus and the various supportive services later in this report.

Strategy 1: Alignment within MOH to achieve the best performance based on the current limited resources.

Alignment of the services progressed steadily with completion of the strategic plan for the Bureau of the Hospital and Clinical Services to augment the previously completed and now being implemented strategic plan for the Bureau of Public Health. A lot of effort was put on trying to complete and implement standard of operations and standards of procedures within the Ministry of Health which led to documented cost savings. However, the savings realized were absorbed by the increased cost of commodities, increasing demands for services especially in the high cost areas such as hemodialysis and admissions. The effect of this savings absorption and the limited local budget allocation in lieu of increasing cost of providing health care services in the Republic severely curtailed many needed maintenance activities both for facilities and equipments.

Strategy 2: Balance between a purely a bio-medical and an integrated environmental model to achieve better medical and health outcomes.

The translation of the Integrated Environmental Approach to Wellness model continued to develop with plans for its implementation in FY2010-2011. The integration of primary health care and healthy setting which is being advocated by the WHO and supported strongly by Palau provides a process on which this new model of health care provision can be implemented. The tools and process has been worked on by workings groups.

Strategy 3: Re-distribute the investment in health to treat disease but also protect health.

The Republic of Palau continues to struggle in making appropriate investment in health. Currently the majority of funding that support disease prevention and health promotion comes from the US federal grants even when preventive health is a fundamental right (Article IV of the Constitution) of Palauans citizens. The bulk of local budget allocation is spent on the curative and treatment side of health and this trend will continue unless the advice of the Ministry of Health takes hold of the national psyche to change this scheme. To increase investment on disease prevention, health protection and health promotion, the community (clans, families and individual) must actively make decisions to invest on health such as eliminating tobacco use, reduce alcohol use, increase physical activities and improve dietary choices to healthier foods. The mis-match between what we know and what we do is a product of good health promotion (reduce demand) and poor health protection (reduce supply). Health protection includes healthy legislation and policies such as tobacco control, breast feeding, car seats for children, food content taxation, healthy setting policies and so on which in many cases are not within the domain of the Ministry of Health.

Strategy 4: Holding ALL within the Ministry of Health equally responsible for achievement of better clinical and health outcomes.

The Ministry of Health Education and Training Center (aka College of Health) continued to develop with formal assignment of a full time coordinator, Ms. Dorcus Ngiruchelbad and an implementation committee. The College of Health has four coordinating mechanism: internal, community, Ministry of Education and external. Internal: The center located by the Surgical Ward was completed with a public health extension located at the Public Health Office Building. Connectivity to the community health centers was also completed so that providers at the periphery can equally participate in the courses. Community: All the community training and education will be registered under the College of Health. Ministry Education: The plan to start a health and science academy at Palau High School in school year FY11-12 is a start in building the pipeline of health workers in the future. The College of Health provides a good opportunity for health teacher's training. External: A working committee continued to work with PCC and MOE in planning future activities including a health science center at PCC. A relationship with Cebu Medical Center culminated in commencement of Dr. Adelbai's formal residency and plan for laboratory and radiology training to commence in 2011. The creation of an associate degree in public health at PCC is an example of these activities with institutions of higher education.

Strategy 5: Decisions in health be data and researched based.

The Office of Health Planning and Development began the formal organization and Ms. Berrymoon Watson moved from Family Health Unit to serve as the administrator of the Office while actively involved with research and the Institutional Review Board. The Office of Quality Assurance was assigned to Ms. Patricia Maech to coordinate quality assurance planning and implementation. Quality Assurance Committee was also formed to assist in the implementation of all quality assurance programs and projects. This office will be instrumental in development of a culture of decision making based on data obtained through research and quality assurance. And this will be critical in FY 2011-2012, the year of Assessment Transformation.

Strategy 6: Managing partners by identifying the priorities of health in the Palau through the process of planning, plan implementation and evaluation.

The completion of the strategic planning for the Ministry of Health, the two bureaus and divisions provide a mechanism where Palau's health priorities are addressed more effectively with our external and internal partners. For the first time the health plan was done by us (meaning people living in Palau) rather than consultants who are paid to do it on our behalf. Thus there is a greater sense of ownership and that these plans are by us and for us.

Major Facility Projects for the Ministry of Health

The following major projects are discussed within this report for planning purposes. Financial constraint is a barrier to these projects even though they all merit discussions if we are going to prioritize our needs in lieu of social and economic developments.

1. **Project Uphill:** New Hospital that would address: Belau National Hospital is located at the sea level, connected by one cause way and utilities are within that one causeway which lends it vulnerable (studied by US CDC) to the elements especially with climate change and extreme weather conditions. The “spread out” plan of the facilities, while good for tourism, is inefficient for hospital in terms of cost effectiveness including utilities, personnel, services and even safety. The project will cost between 30-40 M U\$ and the MOH will continue to seek resources to accomplish this project.
2. **Project Repair:** While planning to build a new hospital, the current Belau National Hospital is in dire need of repairs and maintenance. The structure needs a formal assessment to evaluate its integrity. The roof has been assessed and would require 3.5 M U\$ to repair. The logistics on how that would happen when the facility is still being used for services is a challenge. Critically needed equipments such as electric generators, water pumps, medical air compressors, ventilators, incubators and other medical equipments needs a backup system to assure continued services. Managing medical services within the Ministry of Health require that ALL equipments work properly at ALL times. Since moving to BNH from the Mc-Donald Memorial Hospital, the lack of proper maintenance (not only a problem with management but also funding). There are signs of structural damage that must be evaluated to see if it is repairable or not. We need to build at least one level of redundancy of all equipments to include generators, compressors, water pumps, incinerators and other critical (life supporting equipment). The minimum essential equipment program is indentifying these critical equipments.
3. **Public Health Center:** A public health center located in Babeldaob to serve as a center of population health, mental health, infectious disease management, quarantine, animal health (as it relates of human health) is greatly needed to move these services out of the urban area of Koror. A 10-15 bed mini-hospital will also serve as a safety net for capacity surge in Palau, especially in case of emergencies. Population health (primordial, community, primary and preventive health) is not best provided in the proximity to acute care facilities. For example, many in the community refer to the Ministry of Health as “Ospitar” and forgetting that public health is a big component of the Ministry. There are several population control programs which are part of public health and better addressed away from an urban setting and some are listed above. A small hospital will serve the people of Babeladaob that may not need to come all the way to Koror. That will make the capacity in Babeldaob to 16 (including CHCs) and expandable to 30 in case of surge requirements.
4. **Life Center:** A health promotion and protection center to deal with social determinants of chronic illnesses and will have Nutrition Center, Physical Activities Promotion, RENG Center for Substance Use and Dependency, Community Learning Center. Non Communicable (Chronic Illnesses or lifestyle

related diseases) are the cause of the top reasons for admissions to the hospital, off island referral, cause of disability and death in Palau. A majority of them are preventable. The use of tobacco, abuse of alcohol, inactivity and poor nutrition are the cause of these diseases. Health promotion alone can't achieve the prevention of diseases caused by these social determinants. It requires health protection activities that will promote health settings for healthier choices to be made easier choices. The Life Center should be supported by taxation based on the content of food that causes these illnesses such as nicotine, ethanol, fat, sodium, glucose and monosodium glutamate and others.