



**Republic of Palau**  
**Ministry of Health**

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**State of the Ministry of Health**  
**FY 2009-FY 2010**

This is a brief summary of the State of the Ministry of Health 2009-2010. Attached are detail draft reports of the Ministry of Health Annual Report 2009-2010 and a copy of 2008-2009 MOH Annual Report for detail information, if desired for the State of the Republic Address (SORA).

FY09-FY10 was the 2<sup>nd</sup> year of 4 year thematic management of the Ministry of Health shown below starting with internal transformation, community transformation, model transformation and assessment transformation.

<b>Transformation Theme</b>	<b>FY Period</b>	<b>Description</b>
<b>MOH Transformation</b>	08-09	<b>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.</b>
<b>Community Transformation</b>	09-10	<b>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.</b>
<b>Model Transformation</b>	10-11	<b>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.</b>
<b>Assessment Transformation</b>	11-12	<b>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.</b>

1. **Planning in Health:** The Bureau of Public Health adopted its plan (2008-2013 which is being implemented but the Bureau of Hospital and Clinical Services for the first time in Palau's history drafted, adopted and approved its plan which was done without using off island consultant, just like the Public Health Plan. This plan is being implemented. These two plans lead to the 6 strategic directions for the Ministry of Health 2009-2013 and provide the road map for program implementation such as the "Chew Free Zone Policy" in MOH which is one of the eight thematic priorities of the Bureau of Public Health. The main challenge is a society wide adoption of the MOH plans to the overall national planning process. Clearly the process of planning, plan implementation and evaluation must be a central core process of our national government.
2. **Minimum Essential (Inventory) Program.** The purpose is to maximize the returns of the limited resources that we have to run health care services. In 2009-10, the Pharmacy and Medical Supply Offices fully implemented this program. This has led to a constant supply of the essential drugs, medical supplies and other hygiene amenities. MOH then began to work on the essential equipments and personnel that will match our health indicators and priorities. There has been a net cost savings even in the midst of increasing cost of medical commodities and the NIS ("non in stock") has been minimized to below 5%. The minimum essential pharmaceutical program has led to net cost savings. There was an increase of about 4,000 prescriptions filled in 09-10 compared to 08-09, however, there was a net cost savings of about \$28,000. (See enclosed Pharmacy Report). The main challenge is the understanding and adoption of the ideals of minimum essential program as management tool for the rest of the ministries so that we can truly prioritize national needs.
3. **The College of Health (Ministry of Health Education and Training Program).** The adoption of this program to train our current staff, to work with the community at large, to partner with Ministry of Education in their health and science education development and linking with institutions of higher learning such as Palau Community College have led to tangible results. For example; The Associate Degree program in Public Health at PCC is nearing its presentation to the leadership of the PCC. Dr. Adelbai was one of only 6 residents to be accepted at Cebu Medical University Center to do her specialty in internal medicine; many MOH employees have attended training at the Ministry of Health Education and Training Center in various topics within in Health. The main challenges include alignment of human resources for health activities into a coherent roadmap into the future.
4. **Health Services:**
  - a. Hospital Services: Obtained a new 15 slice CAT scan, 10 new hemodialysis machines, new x-ray machines with the assistance from Republic of China. Hospital also obtained new laboratory machines with assistance from Japan. The main challenge is limited financial support for: 1. appropriate staff support. 2. Moving beyond the essentials to added functional services.
  - b. MOH Facilities and Equipments: Currently working on essential equipment list for the Ministry of Health both for clinical and administrative side of health. Challenge: Some of the critical equipment need redundancy (hemodialysis water pumps) and some need maintenance such as overhauling the back-up generator. The hospital needs funding to address the maintenance issues including some major structural problems.

- c. Public Health Services: Palau continues to see high level of sexually transmitted illnesses such as Chlamydia and syphilis. Even though HIV rate is low, the high level of sexually transmitted illnesses is of great concern. Palau also continues to have high rates of non-communicable disease which also presents the biggest threat to the Palau's economic development and these is shown by the number of NCD related prescription drugs. The biggest challenge in this area is strengthening health protection (healthy policies) to work with the efforts of the Ministry of Health in health promotion. Example is the adoption of healthy setting (Chew Free Zone) as a strategy of health protection.

5. **Local Initiatives:**

- a. Palau adopted a new model of management in health based on the wider definition of environment called the Integrated Environmental Approach to Wellness. Similar model is being advocated for in the US with the health reform called the "medical home". Challenge is changing the mindset of the current workforce, community and the leaders that this management tool can also be applicable to other sector including the private sector.

6. **Regional Initiatives:**

- a. PIHOA: Palau has taken the lead on the advocacy of NCD as crisis in our region and the rest of the Pacific. This has been adopted by PIHOA in their declaration of the "state of health emergency on NCD". It has been endorsed by the Micronesian Chief Executive Summit, Micronesian Presidents Summit, Micronesian Traditional Leaders Conference and the Association of the Pacific Legislatures. It has been advocated for a pan Pacific Statement, the Nadi Statement (February 2011). This is being discussed at WPRO in Korea and globally in Moscow in April 2011 and then to New York at the General Assembly in September 2011. The challenge is translating to our local community where health policies are put in place as health protection strategy concurrently with health promotion.

SK 15, March 2011