



MINISTRY OF HEALTH

ANNUAL REPORT

2014

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STATEMENT FROM THE MINISTER

I am pleased to present the Ministry of Health's Annual Report for 2014. This year's publication contains reports on the Bureau of Hospital and Clinical Services, the newly established Bureau of Nursing, the Bureau of Public Health and the Administrative Services area. This Report contains the Ministry's achievements leading the health sector and its contribution to Republic's health development priorities.

The Ministry of Health is mandated by the Constitution to promote and protect the health of the nation. This report provides an overview of our work to the President, the National Congress, community partners and the general public. It also serves as a guideline on how we can work together to improve the health of the people of Palau.

The "Health of the Nation" is at a critical crossroad. There has been a dire increase in Non-Communicable Diseases and risk factors such as cancer, heart disease, obesity, diabetes and high blood pressure rates. This has resulted in more people suffering from chronic conditions, and has led to the unfortunate and unnecessary loss of life and suffering of families.

In an effort to reduce Palau's high mortality rates due to NCDs, we are focusing our resources and coordinating our efforts through the Office of the President, the Olbiil Era Kelulau (OEK) and relevant Ministries to combat this threat to the health of our nation.

For example, recent legislation passed by the OEK and signed into law by the President in 2014 raised taxes on all tobacco products and helped discourage our unhealthy addiction to tobacco. Furthermore, the President issued Executive Order 372, an initiative to promote health for Palau's youth, mandating the Ministry of Education and the Ministry of Health to work together to promote physical activity, health education, and good nutrition in our schools and our community. These are a few examples of how collaborating with our national leaders through policy and legislation can have a positive impact on health.

Health is not just only the responsibility of health care workers, the Ministry or our national leaders. We need the support of our families, schools, churches, women's groups, media, traditional leaders, community partners and the community as a whole to succeed. Each individual must also take personal responsibility for his or her own health.

This Ministry has a vision of healthy communities with access to comprehensive health care services. We must commit to change, to a greater focus on holistic care, to a strengthening of our systems, and to better integration of services, as well as continue developing respectful and effective partnerships with our staff, patients, community, and other partners so that all of us have the support and care we need for a healthy life.

As we look over the 2014 MOH Annual Report, let us learn from the challenges we have faced and the successes we have achieved in working together to protect Palau's most valuable resource, "The Health of the People."

Thank you. Respectfully submitted this 15th day of January, 2015,

Gregorio Ngirmang
Minister of Health

EXECUTIVE SUMMARY

INTRODUCTION

The Ministry of Health is committed to “healthy communities with access to high quality healthcare services”. The efforts undertaken by the Ministry and its staff during 2014 focused on providing comprehensive accessible healthcare services for our patients and community.

AUTHORITY

Two parts of the Constitution of the Republic of Palau address the government’s responsibility for health care services. The 23rd Amendment to Article VI requires positive government action to promote “health and social welfare of the citizens through the provision of free or subsidized health care” and the 24th Amendment requires provisions of “free preventive health care for every citizen as prescribed by law.”

The Ministry of Health is responsible for implementing action to meet these governmental mandates. According to PNC Title 2, Section 107, “The Ministry of Health shall be responsible for promoting and protecting the public health, providing clinical medical services to the public, operating and managing public medical facilities, and related matters.”

APPROACH

In 2013-14, the Ministry adopted strategic priorities and strategies for the next four years focused on five key areas:

1. Provide accessible and high quality patient centered hospital services.
2. Provide accessible and high quality primary and preventive services.
3. Ensure effective partnerships are developed and maintained.
4. Value our people and support their growth and development.
5. Ensure that our administrative and support services are accountable and sustainable.

These priorities are supported by annual operational plans for each of the Ministry’s bureau/area including the Hospital and Clinical Services, Nursing Services, Public Health, and Health Administration and Support Services. These plans detail how each bureau works in partnership to achieve our strategic priorities and deliver on our commitment to healthy communities with access to high quality healthcare services.

KEY ACHIEVEMENTS

The Ministry’s achievements are the result of efforts of hard working staff throughout the Ministry. No one person or group is responsible for our successes. And, none of the achievements would have been possible without the dedicated efforts of past Ministers. Every accomplishment is built on their foundation.

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The key achievements are linked to the areas in the Strategic Plan:

1. Provide accessible and high quality patient centered hospital services:
 - a. Reduced cost per case for off-island referrals, which ensured more patients could receive tertiary care off-island.
 - b. More than doubling specialized medical care for patients on-island through increased use of volunteer visiting physicians in more specialties than ever.
 - c. Fully staffed physician vacancies and improved nursing staff levels.
 - d. Installed EEG, rebuilt capacity to produce our own medical grade oxygen, and improved functioning of other medical equipment and machinery.
2. Provide accessible and high quality primary and preventive services.
 - a. Increased outreach screening and health education.
 - b. Improved surveillance and monitoring of diseases and risk factors.
3. Ensure effective partnerships are developed and maintained.
 - a. Strengthen participation and collaboration in NCD multi-sectorial partnership and other key partnerships.
 - b. Consolidated the two US grant funded emergency preparedness offices, Public Health Emergency Preparedness Program and the Hospital Preparedness Program, under one management.
4. Value our people and support their growth and development.
 - a. Reclassification of Nurses to recognize the complexity of the work that they do.
 - b. Employee reward and recognition program implemented successfully.
 - c. Up-skilling of staff through supporting their participation in formal educational programs, workplace training, and ongoing professional development.
5. Ensure that our administrative and support services are accountable and sustainable.
 - a. Improved procurement of pharmaceuticals.
 - b. Planned and began implementation of electronic medical records and use of health cloud.
 - c. Adopted a 4-year strategic plan and implemented operational plans that ensure staff remains focused on delivering high quality accessible care.

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CHALLENGES

During the past decade, there has been a shift in the types of illnesses, diseases and suffering seen in Palau. The disease and ill health commonly seen in developing countries (infection, infant and maternal mortality and malnutrition) has declined and there has been an increase in Non-Communicable Diseases (NCDs) and conditions such as cancer, heart disease, obesity, diabetes and high blood pressure.

This has resulted in more people living with chronic conditions, unnecessary loss of life and the separation and suffering of families. This change is occurring at a time when, both globally and locally, we have health worker shortages and spiralling health care costs. These changes to the type of illness and diseases that affect our community inevitably mean that we need to change the way our services operate. The prevention and treatment of chronic conditions is very different from the treatment of acute episodic illnesses and effective care requires greater collaboration between multidisciplinary teams of healthcare professionals, patients, their families and caregivers.

The impact of NCDs is demonstrated throughout this Report, such as in the hospital admissions and prescription usage found in the section on Hospital and Clinical Services and the epidemiology study on alcohol, tobacco and other drug use in the section on Health Administration and Support Services report. The latest activities related to preventive efforts are described in the tobacco and NCD programs information in the Public Health section. Every activity supporting each priority and strategy must be aligned to address this devastating impact on our community.

Looking forward to 2015, the challenges in delivering high quality accessible health care fall into these categories:

- Meaningful integration of preventive and treatment efforts through better communication and planning across historic divisions within the Ministry and through a multi-sector approach to planning and delivering services and educating the community on personal responsibility for a healthy life.
- Sufficient funding to maintain accessible high quality delivery of medical care in the face of rising pharmaceutical and medical supply costs and aging medical equipment, machinery and facilities.
- Aging workforce and lack of suitable and qualified health workers on-island to provide services now and in the future.
- Policies, systems and environmental initiatives that protect health.
- Quality Assurance and Quality Improvement initiatives.

The reports in each section below offer details about these challenges. For example, the Human Resources Office describes efforts to recruit qualified health care providers and improve current staff capabilities. And, our efforts to advance in technology through implementing an electronic medical records system are mentioned in the health information systems, pharmacy, medical records, and Public Health reports.

The efforts to improve communication and collaboration within the Ministry are less visible. The Ministry-wide Strategic Plan adopted in 2014 and a re-structuring of our organization to break down historic

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barriers to the coordination and health care delivery are necessary and critical steps in 2015.

But, the Ministry's continuous improvement efforts will not be enough, alone, to ensure improved health outcomes for the community as a whole. Given the serious and widespread consequences of non-communicable disease, improved health outcomes will be a reality only after each individual takes responsibility for his or her own health and appreciates health as one of his or her greatest assets. Each person accomplishes this by reducing or eliminating tobacco, alcohol and other drug use and complying with recommended treatment, including healthy eating, exercise and taking medications according to direction.

To create a greater appreciation of a person's health as one of his or her greatest assets, the Ministry is committed to:

- Create an environment that is conducive to making positive and healthy choices
- Assist individuals to actively participate in their own health promotion and maintenance
- Develop and maintain partnerships for augmenting efforts
- Making quality care accessible to persons who need restoration to health through
 - Development of health facilities including equipment and supplies
 - Development of referral and consultation systems
 - Building of skills and capacity of health providers
 - Efficient utilization of resources

Attachments to this Report serve as background information to promote a better understanding of our service delivery. The attachments include a list of grants received describing their purpose and amounts, the constitutional provisions and key statutes governing the Ministry's responsibilities, and two recent reports related to Ministry operations, the Medical Referral Program and Committee Report for 2014 and the Hospital Trust Fund Annual Report for 2014.

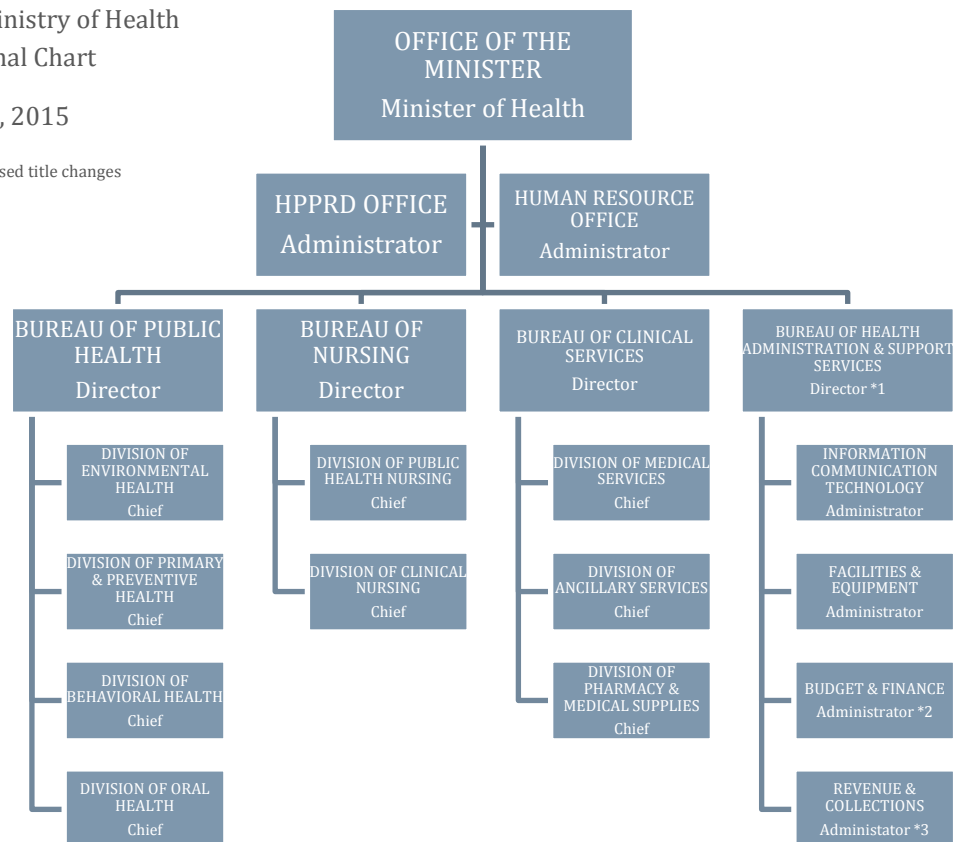
This Annual Report to the public, the President, and the Olbiil Era Kelulau presents the Ministry's key actions and results for 2014. It demonstrates the progress made on our responsibilities and the Ministry's commitment to effective public performance reporting, transparency, and accountability.

ORGANIZATIONAL CHART

Proposed Ministry of Health
Organizational Chart

January 14th, 2015

*1 *2 and *3 proposed title changes



Proposed Ministry of Health Organizational Chart January 2015.

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BUREAU OF HOSPITAL & CLINICAL SERVICES

The Bureau of Hospital and Clinical Services is responsible for the management and administration of the hospital and the provision of clinical services including all diagnostic and patient treatment services. The Bureau is organized into two main divisions, the Division of Medical Services and the Division of Ancillary Services.

DIVISION OF MEDICAL SERVICES

Inpatient Care

The Division of Medical Services provides appropriate inpatient and outpatient services including examination of patients, diagnosis, surgical, medical, pediatric, obstetrical, gynecological, hemodialysis, hyperbaric chamber, and emergency treatment.

The Belau National Hospital (BNH) is the only inpatient facility in Palau. It is organized into four wards; Obstetrics, Surgical, Medical, and Pediatric. The Behavioral Health Ward also offers inpatient treatment, but is managed separately, in coordination with the Behavioral Health outpatient services. Total admissions into the four wards and the three most common primary diagnoses for each patient are summarized below:

WARD	#ADMISSIONS	THREE MOST COMMON PRIMARY DIAGNOSIS
Obstetrics	361	Normal spontaneous vaginal deliveries Cesarean section deliveries Pregnancy complications
Surgical	806	Accidents Stab wounds Complications related to non-communicable disease
Medical	874	Pneumonia DM/hypertension related disease Bronchitis
Pediatric	331	Bronchiolitis Urinary tract infection/URI Acute gastro-enteritis

The average length of stay for a patient is 8 days and bed occupancy rate is 64%. In 2014 there were a little over 2,400 admissions to BNH and, on an average day, there are 48 patients in the Hospital.

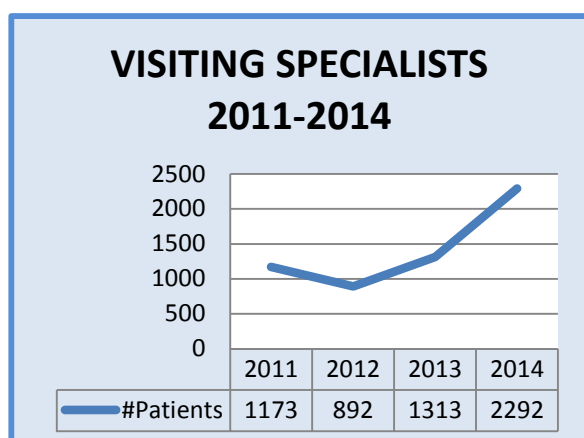
The doctors monitor the level of patient care and ensure that each patient receives an appropriate level of treatment, ranging from recommending an off-island referral to recommending the patient self-monitor their own progress. With full staffing of physicians (currently at 25 physicians) and the increased use of

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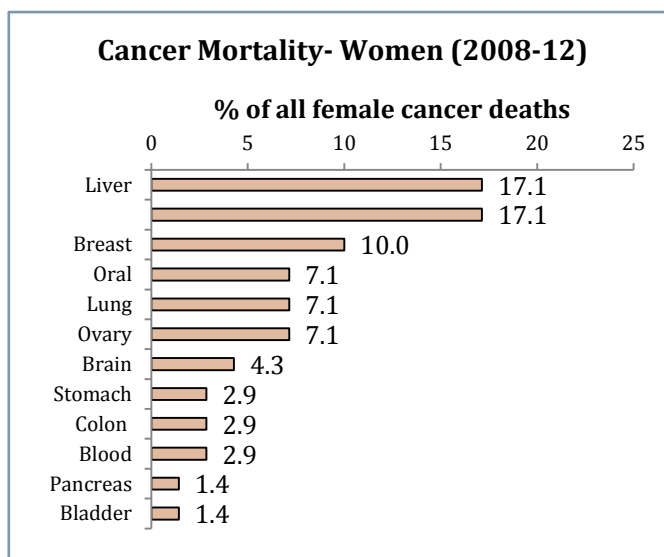
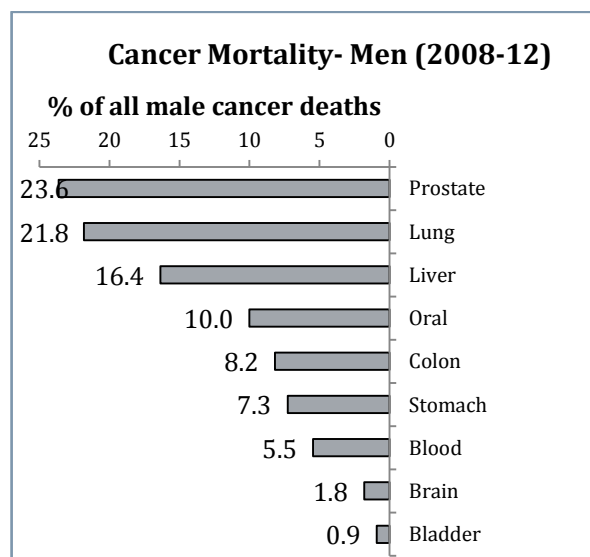
visiting volunteer specialists during the past year, our local capacity to deliver needed medical care has grown. The Ministry is optimistic that the increased availability of off-island care, the full level of staffing for physicians, and the increased access to volunteer specialists will continue to improve the overall quality of care available.

Visiting Specialists

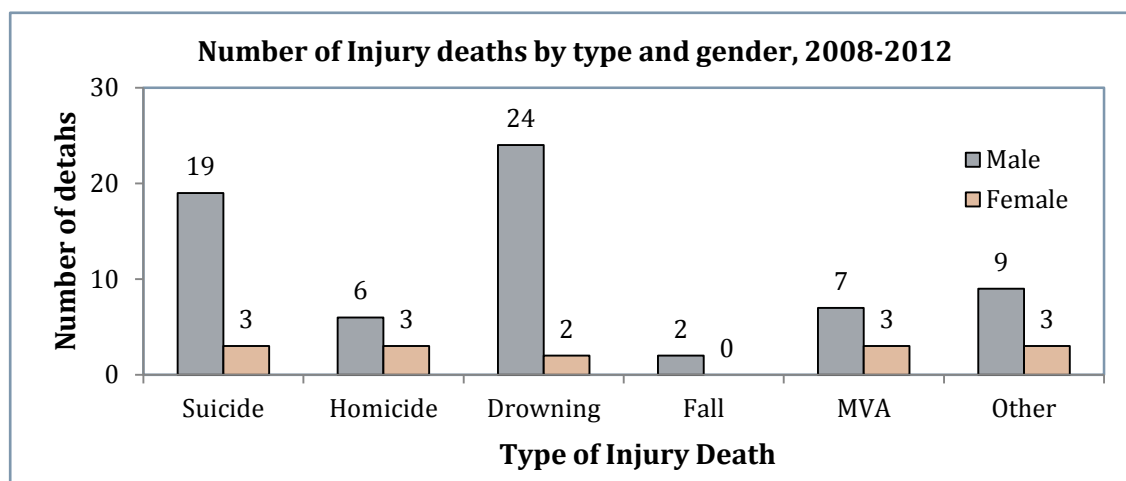
In 2014, visiting volunteer doctors offered services to the community in the following areas: pediatric cardiology, cardiology, audiology, pediatrics, dermatology, ear, nose and throat, ophthalmology, urology, orthopedics, nephrology and cardio-pulmonary.



This table shows the increase in number of patients seen by visiting volunteer specialists.



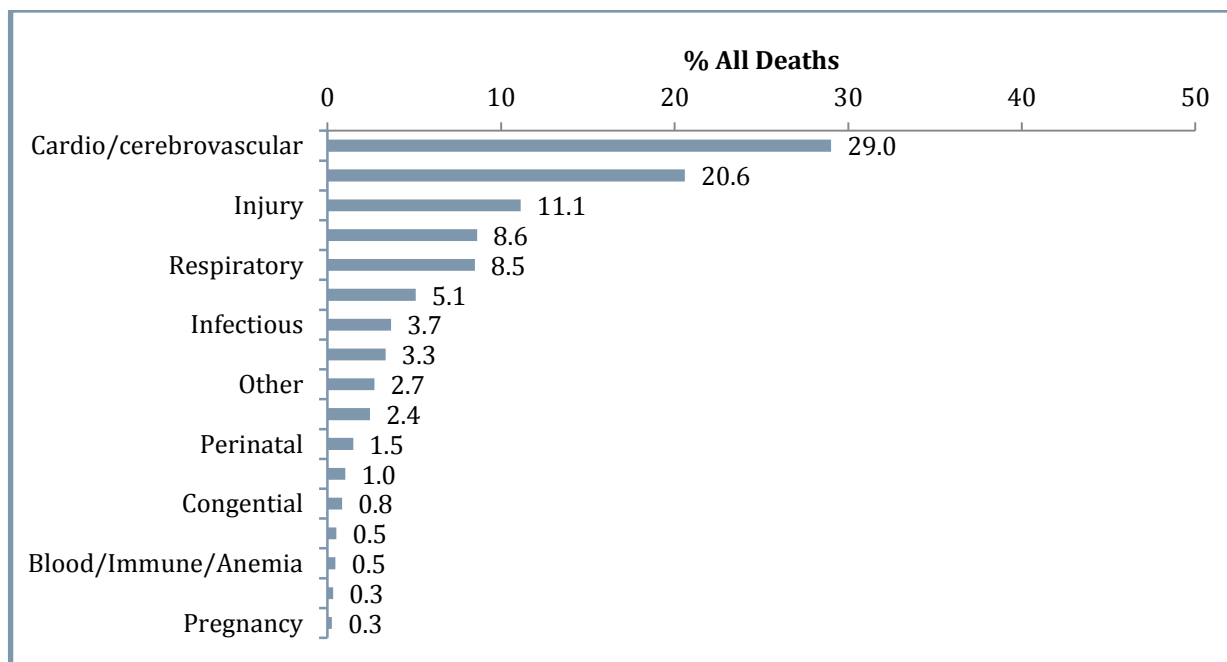
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- In 2013 there were 15159 emergency encounters at BNH
- In 2013 there were 2543 admissions into BNH
- In 2013 there were 229 live births and 192 deaths

Cause	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total	Percentage
Cardio/cerebrovascular	35	32	33	36	56	51	60	59	41	48	451	29.0
Cancer	21	27	34	31	27	37	40	36	38	29	320	20.6
Injury	20	11	21	17	23	22	11	13	17	18	173	11.1
Diabetes	12	15	9	8	15	7	11	19	19	19	134	8.6
Respiratory	8	8	11	14	14	15	16	13	15	18	132	8.5
Genitourinary	13	6	2	10	6	11	7	8	10	6	79	5.1
Infectious	7	10	2	9	4	5	7	4	6	3	57	3.7
Digestive	2	5	4	7	1	4	7	5	5	12	52	3.3
Other	3	8	7	4	5	6	2	0	7	0	42	2.7
Skin/muscle	2	3	3	3	0	6	7	6	6	2	38	2.4
Perinatal	1	6	3	2	1	1	5	1	3	0	23	1.5
Mental/behavioral	2	0	1	1	3	2	3	1	0	3	16	1.0
Congenital	3	1	4	0	1	2	1	0	1	0	13	0.8
Nervous system	0	0	0	0	0	0	1	1	5	1	8	0.5
Blood/Immune/Anemia	0	0	1	1	0	2	0	0	0	3	7	0.5
Endocrine	0	2	1	0	1	0	1	0	0	0	5	0.3
Pregnancy	0	0	1	0	0	0	1	2	0	0	4	0.3
Eye/ear	0	0	0	0	0	0	0	0	0	0	0	0.0
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Data for 2014 is still being compiled and verified. The anticipated publication date for detailed information about 2014 is early March 2015.

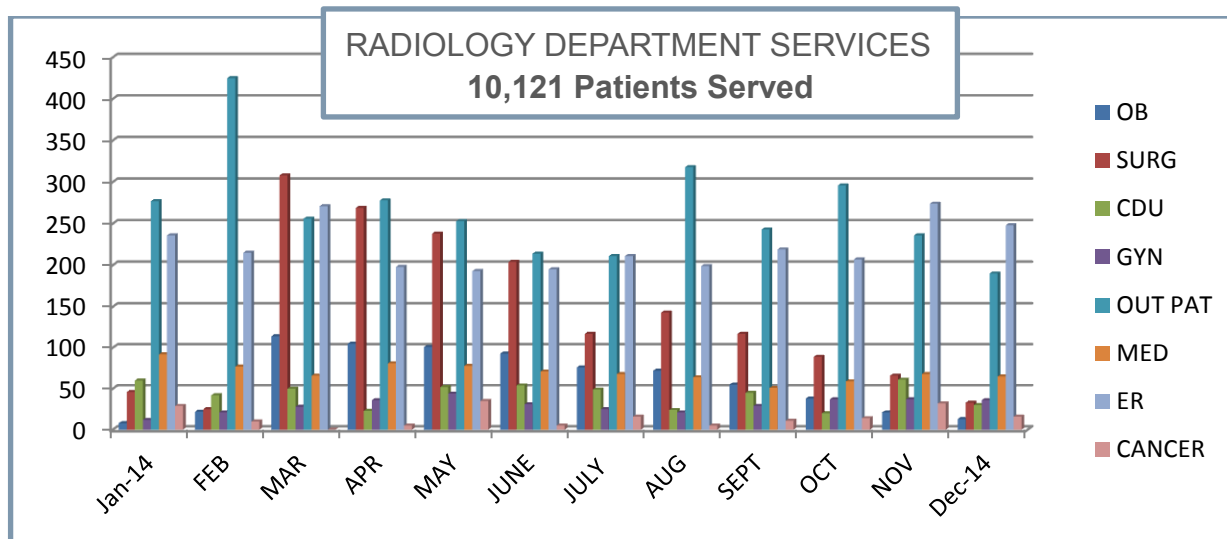
DIVISION OF ANCILLARY SERVICES

The Division of Ancillary Services ensures that adequate radiology, laboratory, rehabilitative and pharmacy services are provided. Pharmacy services have grown and are planned to be a separate division in the coming year.

Radiology

Radiology remains open 24/7 and provides medical imaging services like x-rays and CT scans for private medical clinics as well as for BNH and outpatient clinics. In addition to serving 10,121 patients in calendar year 2014, they also responded to 459 requests from private clinics (including seven requests from the Sea Bees) for medical imaging services.

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Laboratory

The laboratory remains open at all hours, including nights, weekend and holidays. It provides a wide range of medical testing services with the most common tests being on blood and urine, CBC, chemistry panel (blood sugar, sodium, potassium, BUN, and creatinine) and urine routine microscopy. In 2014, they completed 65,611 tests to provide services for 13,728 patient encounters.

Laboratory equipment must be carefully maintained and calibrated to ensure accurate results and some equipment, such as the safety hood used when handling dangerous chemical reagents and contagious samples, must be regularly certified for safe operation by the manufacturer. This is expensive as it requires a qualified expert to travel here to inspect and certify the equipment. The Laboratory is working in collaboration with PIHOA to reduce this expense by coordinating and sharing the costs of an expert with other laboratories in the Pacific region.

Rehabilitation/Physical Therapy

Rehabilitation, or physical therapy, provided services through 8,331 patient encounters this past year with only five staff. They assess each patient, participate in developing treatment plans, and monitor and report on each patient's progress, in addition to delivery physical therapy services.

Biomedical Services



Biomedical Services is responsible for maintaining all medical equipment within the Ministry. 2014 presented multiple challenges for this team. For example, in January the x-ray machine was flooded after the ceiling collapsed; in February new incubators donated by Japan were brought online and replacement anesthesia units were installed; in July an uninterruptable power supply was installed to reduce the harmful effects of uneven power to the CT scan and x-ray equipment; in September, the biomed staff took over the responsibility to operate and maintain the hyperbaric chamber and set up BNH's first electroencephalography (EEG) unit. During

the beginning of October, a power module for the CT scan was found to be damaged. The new uninterrupted power supply installed in July for both the x-ray and CT scan was supposed to prevent this kind of harm, caused by electrical conditions.

The Ministry re-established the capacity to produce medical grade oxygen at BNH. In recent years, industrial oxygen was purchased at a cost of about \$110,000 per year. With the repaired machinery and equipment, the Ministry now reliably produces its own supply and no longer needs to purchase oxygen.

Pharmacy Services

In 2014, the pharmacy began a multi-year effort to review and update the existing formulary and antibiotic guidelines and create other treatment-related guidelines to ensure best practices standards are explicitly adopted in the coming year. The Pharmacy and Therapeutic Committee is being revived to oversee practices. In addition a new electronic inventory management system is being implemented that will improve our capacity to manage procurement of pharmaceuticals, medical supplies and equipment. The pharmacy also completed its end of the year inventory and discarded all old inventories that were not suitable for use in treatment.

In the coming year the pharmacy will continue implementing the centralization of the procurement process for medical supplies and equipment, along with pharmaceuticals. New computers and additional staffing will be needed to complete this implementation.

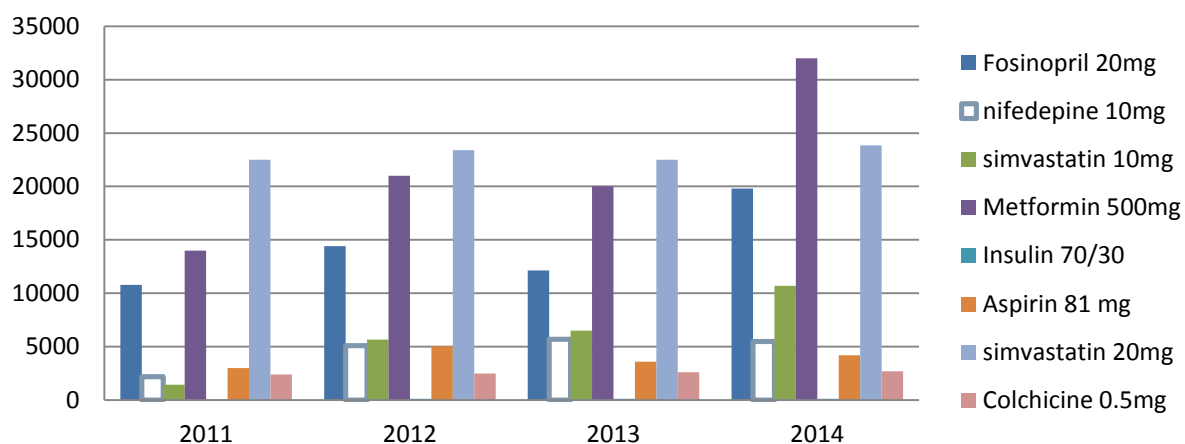
The trends for pharmaceutical usage are shown below, with separate charts showing comparisons from 2011 through 2014 for drugs used for non-communicable disease and antibiotics.

Purchasing and Procurement

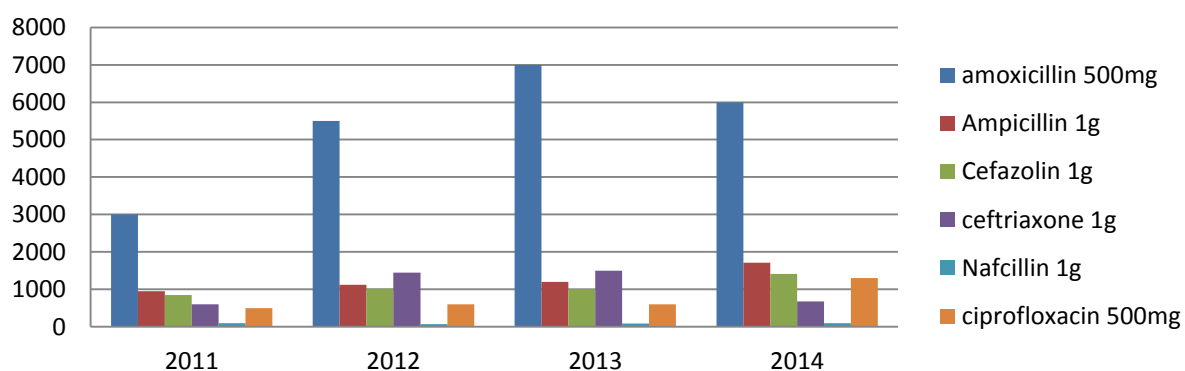
Purchasing and Procurement has been temporarily located with the Pharmacy to facilitate the expanded use of the pharmacy's software for tracking purchases. The Ministry continued to streamline and improve purchasing processes in 2014. A Committee was established to coordinate and plan purchasing and to improve the decision making process for large expenditures. A uniform electronic based system allowing tracking of vendors, services, supplies and other purchases is being implemented to improve the Ministry's capacity to monitor and plan for future needs.

The key challenges for 2015 will be to complete implementation of the centralized purchasing system and use the information that will be available to better monitor purchasing and plan for future needs.

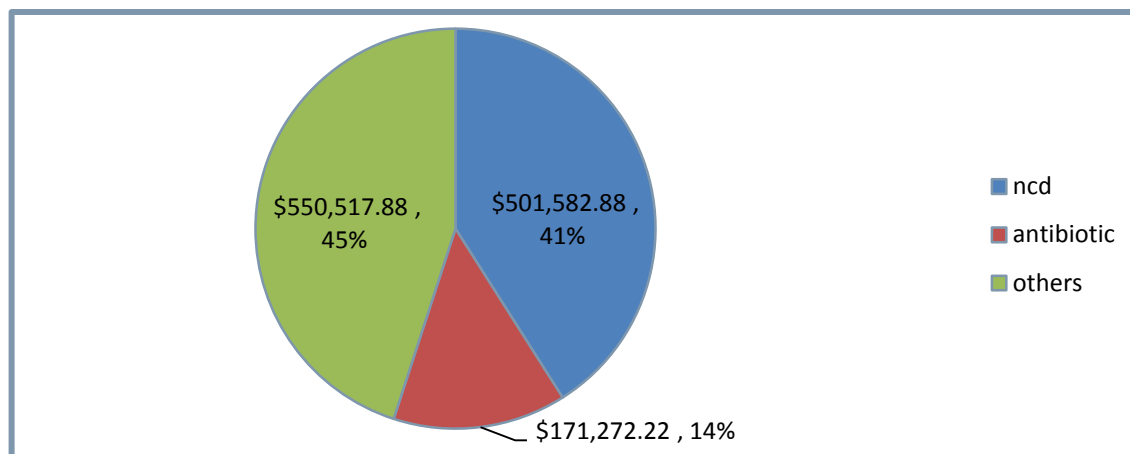
Usage comparison of NCD drugs



Usage comparison of Antibiotics



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85,000 prescriptions were filled in 2014, an average of 1,770 per week. The costs to the Ministry in each category were: NCD treatment drugs - \$501,583, antibiotics - \$171,272, and others - \$550,518.

Challenges

To improve delivery of health care to patients, part of the Ministry's four year strategic plan includes improving accessibility to a wider range of specialized services on island focusing on the areas of ophthalmology, oncology, nutrition, hyperbaric health and renal health. And, the quality of health care delivery will continue to improve with the reliance on best practices standards that are evidence based and with ongoing monitoring of service delivery through the QA/QI program. A key challenge now is to ensure funding is available for increasing local capacity for delivering quality medical care in all critical areas.

BUREAU OF NURSING

2014 has been the year of consolidation of the structure and function of the newly formed Bureau of Nursing. In 2014, the nursing team adopted a renewed mission statement that reflects the commitment of nurses to safeguarding the health of and the care for the people of the Nation, while also supporting the Ministry's vision.

The Bureau is focusing on three (3) broad objectives:

- Develop Clinical Governance Structures
- Improve Quality Care Systems
- Build Staff Capacity

Highlights

Objective 1: Clinical Governance Structures

New Bureau

The Bureau of Nursing is now a 'stand-alone' entity within the Ministry. It has a defined budget that applies exclusively to staff in its two divisions – Clinical Nursing and Public Health Nursing. In 2015, Nursing will have funds available for administrative support and for training and development.

Policies and Procedures

We have taken a methodical approach to the review and renewal of Nursing Policies and Procedures across the Divisions. Fifteen general bureau-wide policies have been developed and adopted and work is ongoing for divisional and unit based policies and procedures. All policies and procedures are based on international standards and best practice models.

Nursing Reclassification and Career Structure

Nursing positions were reclassified in early 2014 and implemented throughout the Bureau in April 2014, as endorsed by the President. The reclassification resulted in increased rates of pay for all nurses as well as the introduction of clearly defined career progression pathways that takes into account and rewards both the educational qualifications and years of experience of nurses in a formalized and structured way. These are widely recognized approaches to improving recruitment and retention of nurses in the sector.

Formalized leadership training and mentorship

Leadership training and mentorship has been introduced into the regular professional development of nurse managers in the Bureau. Three (3) senior nurse managers are currently participating in a year-long 'Leadership for Change Program' being run by the International Council of Nurses (ICN) in collaboration with PIHOA and leadership development projects with staff in their divisions are in progress.

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Objective 2: Quality Care Systems

The Bureau of Nursing Strategic Plan 2013-2016 remains active

Key strategies were linked to Management Action Plan (MAP), Performance Based Management System (PBMS) and Ministry of Health (MOH) Operational Plan

Strengthened linkages

Expanded working relationships with Pacific Island Health Officers Association (PIHOA) Quality Assurance/Quality Improvement (QA/QI) specialists (Mark Durand and Kris Qureshi), Shin Kong Hospital colleagues (Yachi, Vivi, Zing Hua Ling, Dr Ho, Dr Chen), and representatives of various regional World Health Association (WHO) and United Nations (UN) agencies.

Commenced Unit x Unit Quality Assurance review

Quality Assurance review focused on improving basic nursing care_service delivery. **Basic nursing care does not refer to simple care - but to consistent, vigilant, efficient and anticipatory nursing.** Ongoing review/updating of Unit level operational policies and procedures ensuring that they, where feasible, reflect best practice by international standards.

Audit of nurse professional registration completed

All nurses are currently registered in correct categories with the Health Professional Regulation Board.

Conducting ongoing nursing review/audits of care outcomes

This includes Mortality & Morbidity Review (MMR), surveillance, policy monitoring, chart audits.

Objective 3: Build Staff Capacity

Additional Staff needs

Thirty additional nurses are needed to meet the staffing requirements for providing the level of care needed in Palau. Eleven new nurses began work in October 2014 and an additional four vacancies will be filled when the next class graduates from Palau Community College (PCC). Support for filling the additional positions is a challenge for the coming year.

Introduction of a structured "Nurse Orientation Program"

Used for new staff and staff transferring between clinical areas.

Furthering education of staff

- Seventeen (17) Registered Nurses (RNs) remain active in the Fiji National University Bachelor of Public Health Nursing program. Two (2) RNs are on educational leave in Fiji: one (1) doing Diploma of Nursing (RN), one (1) completing Nurse Practitioner program.
- Chief Nurse – Clinical commenced Master of Health Services Management (AusAid funded)
- Five (5) senior nurses attended American Pacific Nurse Leaders Council (APNLC) in Hawaii in June 2014

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- Director attended the WHO Global Forum for Government Chief Nursing Officers & the WHO/International Council of Nursing (ICN)/International Congress of Midwives(ICM) Triad meetings in Geneva in May 2014.
- Senior Nursing team attended NCD Strategic Planning workshops with Annette David (WHO) at Palasia Hotel – March 2014
- Senior Nurses attended Pacific Island Preparedness & Emergency Response (PIPER) Summit at Palasia Hotel – June 2014
- Clinical Skill development also takes place with regular Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advance Life Support (PALS) and emergency preparedness training.
- Implementing a Plan for upgrading Licensed Practical Nurse (LPN->RN) Registered Nurse begins in collaboration with Palau Community College (PCC) in July 2015.

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BUREAU OF PUBLIC HEALTH

The Bureau of Public Health is responsible for the management of outpatient/public health programs and activities involving environmental health, primary healthcare and preventive health, oral health, behavioral health, social and spiritual health.

Programs are organized into four divisions, environmental health, primary and preventive services, environmental health, oral health and several cross cutting programs.

DIVISION OF BEHAVIORAL HEALTH

Community Guidance Center and Substance Abuse Treatment Unit

The Community Guidance Center provides community based treatment and recovery services for all of the people in Palau. Services include recovery oriented individual, family, and group services based on U.S. standards of care. Types of services include: Substance Withdrawal Addictions Treatment Program, Driving Under the Influence (DUI) education; Anger Management; Lifeskills; Psychosocial Services; Tobacco Cessation; and Forensic. Support services available include Alcoholics Anonymous, Al-Anon, 12-Step, and faith based oriented supports.

Community Mental Health Services

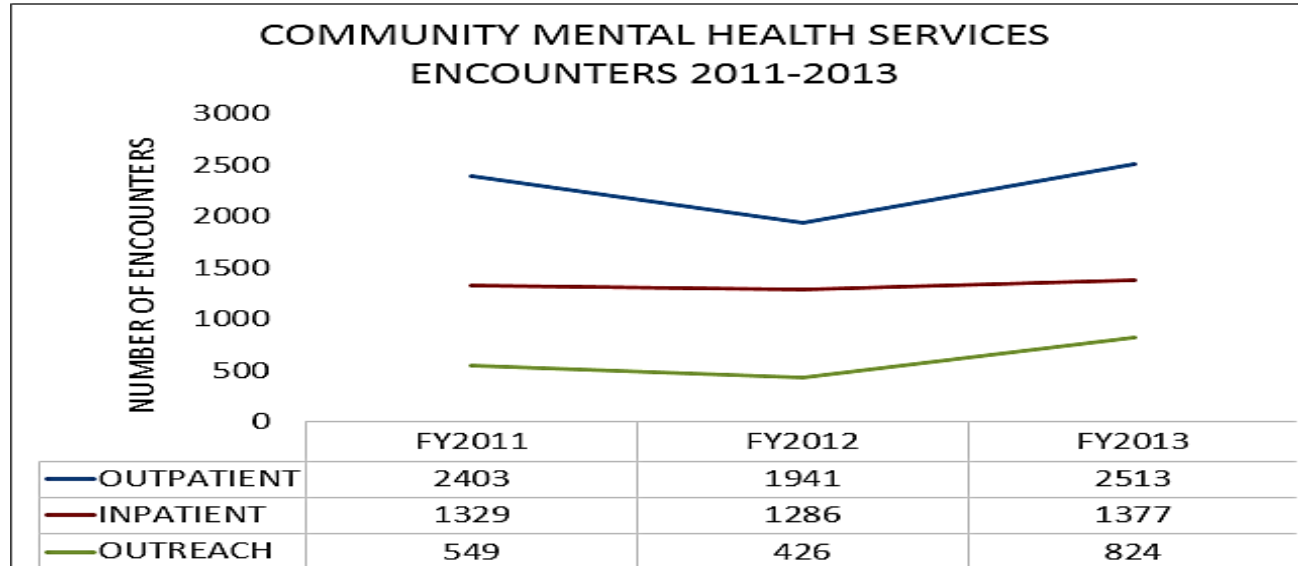
Community based mental health services made available through an acute care 8-bed inpatient ward, outpatient, homes, schools, jail, community dispensaries, and outlying communities. Types of services available include screening, evaluations, specialty psychiatric care, counseling, therapy, social work, forensic case management, daily observed therapy, medication management, recovery oriented care, self-care education, health promotion, parental training, school teachers training, crisis counseling, debriefing, and family/group therapy.

2013 Status Report and Performance Indicators

PROGRAM	SERVED	PERCENTAGE
Life Skills	16	17%
SWAT	22	23.40%
DUI	2	2.10%
ANGER	13	13.80%
Tobacco Cessation	4	4.25%
12 Step Recovery Support	37	39.30%
TOTAL CLIENTS SERVICED	94	

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Encounters by year



Tobacco Use and Prevention Program

Provision of prevention programming that enables key evidenced based strategies and activities that have impact the onset of Alcohol, Tobacco, Other Drugs (ATOD) addiction and mental disorders, preventing addictive disorders, violence & injuries, as well as promote overall health and wellness in the community.

Social and Spiritual Health Services

The office provides social and case management services in collaboration with faith-based organizations and other community partners.

Behavioral Health Division Highlights

- BH Division awarded funding from the Health Resources and Services Administration (HRSA) for Workforce Development.
- Completion of Consumer Satisfaction Survey – currently used to improve division services.
- Launched Partnership for Success Initiatives with partners.
- Various Staff development and training in clinical addiction counseling and substance abuse prevention, case management and counseling, motivational interviewing and counseling, SBIRT Treatment Model.
- 2014 World No Tobacco Day activities and health promotion initiatives conducted.
- Red Ribbon Months activities conducted to raise awareness against drunk driving.
- Outreach activities in communities and schools on substance abuse prevention and mental health.
- Coordinate with other PH programs in streamlining and enhancing provisions of services.

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- Employee Wellness Program – coordination with other programs to build and enhance activities and programs supporting employee wellness.
- Epidemiological Community Profile on substance use completed to provide essential data for informed decision making.

Recommendations

- Increase the number of psychiatrists, psychologists, and social workers on local funding to sustain and balance the workloads among providers.
- Sustainable development of a full psychosocial rehabilitation program and community based rehabilitation.
- Policy recommendation for comprehensive alcohol legislation to control access and abuse of alcohol by the general populations leading to breakdown of social values and increased violence and delinquencies.

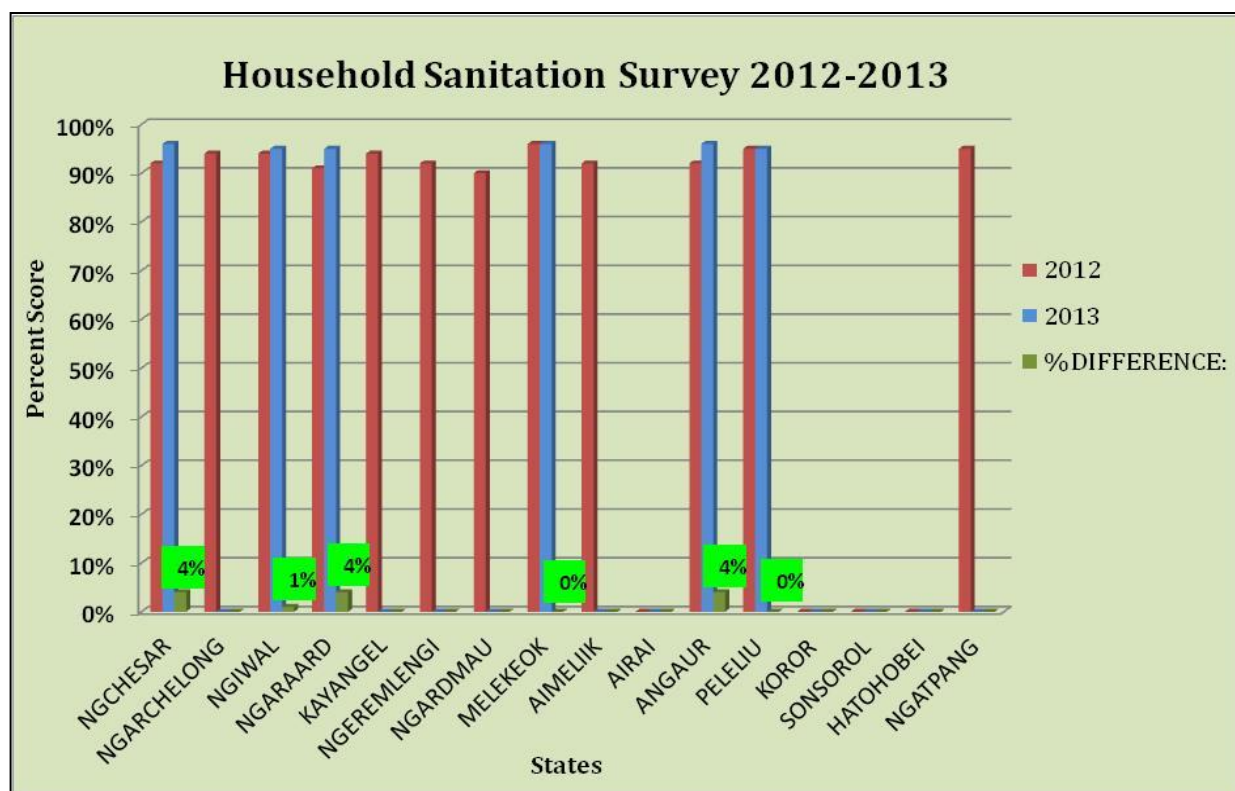
DIVISION OF ENVIRONMENTAL HEALTH

The Division of Environmental Health is responsible to the public for providing leadership in the creation of healthy settings through the following core services:

- Ensure healthy community environments through routine household inspections and remediation
- Provide guidance on pollution and hazard control
- Consumer protection through inspection of service establishments
- Ensure food safety to reduce the incidence and prevalence of food borne disease through ensuring food safety by issuing food permits to food establishments, providing periodic food sample analysis and maintaining capacity to investigate, report and follow-up on food borne outbreaks.
- Ensure water quality
- Work with communities to reduce vectors and vector borne diseases
- Provide leadership in international health quarantine
- Maintain capacity to respond to emerging issues, emergencies and disasters
- Maintain and enhance capacity to proactively provide disease surveillance services such as identifying disease outbreaks, clusters and emerging threats.

Community Health Program

The Division of Environmental Health's Community Health Program is responsible to the public for providing leadership in the creation of healthy settings through the household inspection activities to enhance protection of the public through prevention and control of health risks. The activities include responses to complaints, referrals and follow-ups of households with sanitation scores below 90%.



Consumer Protection Program

The Division of Environmental Health's Consumer Protection Program is responsible to the public for providing leadership in the creation of healthy settings through the following core public health services of consumer related establishments as follows (Massage Parlor, Beauty Salon, Retail/Warehouse, Swimming Pool, Spa, Jacuzzi, Sauna, and Child & Elderly Day Care Centers).

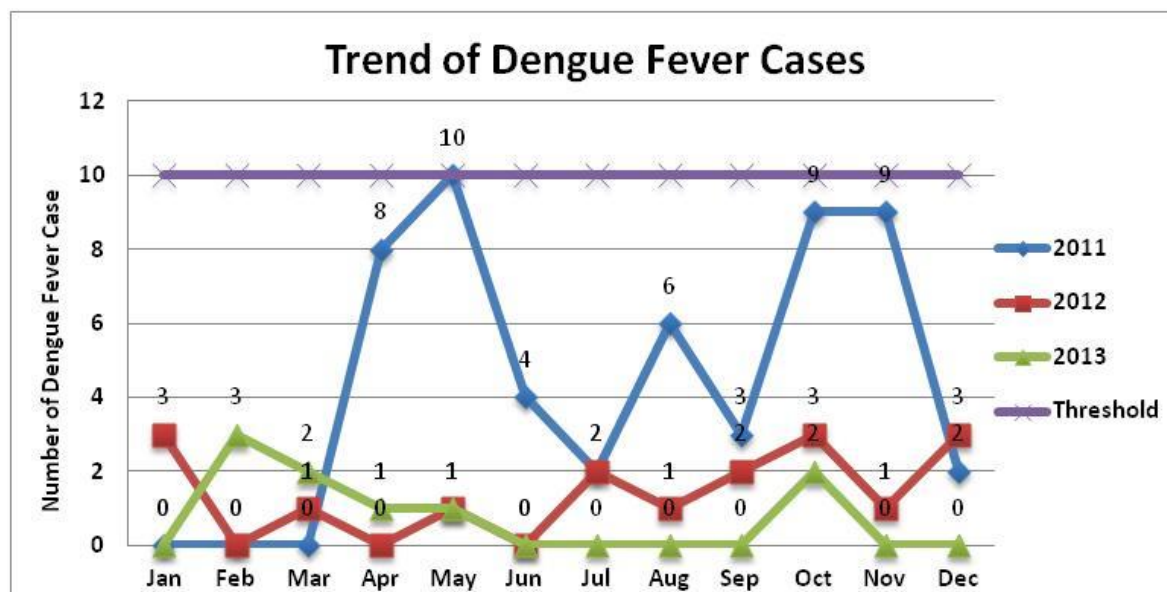


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Vector Control and Prevention Program

The Vector Control and Prevention Program is responsible for Mosquito Survey; Vector-borne Disease Surveillance; Sea-Vessel Inspection & Deratting Intervention; Border Vector Surveillance & Control; Mosquito surveillance & monitoring of MWWT Ponds (Sewer Ponds); Vector Complaints, Request & Referral Response

Cases investigated in 2013



Emerging Issues & Special Environmental Investigations Program

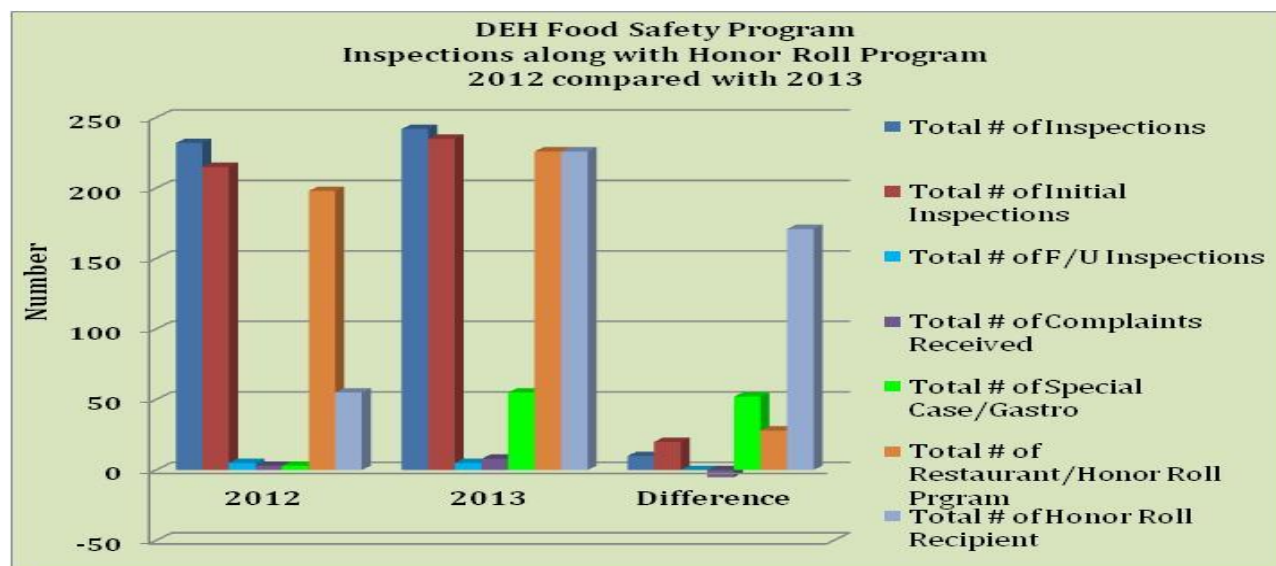
The Division of Environmental Health's Emerging Issue and Special Environmental Investigations Program is responsible for providing in-depth and holistic assessments for special and/or referral cases from other health and non-health sectors for management in the creation of healthy settings.

Food Safety Program

The Division of Environmental Health's Food Safety Program is responsible to the public for providing leadership in the creation of healthy settings through the following core services:

- Consumer protection through inspection of food service establishments
- Ensure food safety to reduce the incidence and prevalence of food borne disease through ensuring food safety by issuing food permits to food establishments, providing periodic food sample analysis and maintaining capacity to investigate, report and follow-up on food borne outbreaks.

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FOOD SAFETY PROGRAM

January to December	2012	2013	Difference
Total # of Inspections	232	242	10
Total # of Initial Inspections	215	235	20
Total # of F/U Inspections	5	5	0
Total # of Complaints Received	3	8	5
Total # of Special Case/Gastro	3	55	52
Total # of Restaurant/Honor Roll Program	198	226	28
Total # of Honor Roll Recipient	55	103	48

Environmental Health Division Highlights

- Household inspections in all 16 states
- Aligned plans with Division of Environmental Health Strategic Action Plan (DEHSAP) 2014 and continue program activities to address complaints which affect community consumers.
- Continue Mosquito Sentinel Sites Survey in Ngerkebesang Hamlet and monitor Wastewater Treatment Ponds along with other Sentinel Sites in Malakal.
- Continue inspections for Piggeries as well as individual Households.
- Continue Project activities for Solid Waste Management.
- Continue audit for all DEH Program services and identify opportunities for improvements.

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- Another DEH milestone for 2014 was its ability to have staff members participate in relevant trainings and workshops to increase their knowledge base and improve their skills.
- Strengthen Environmental Health Information System (EHIS) to assure that it is responsive to each of the programs within DEH.

Recommendations

- In order to carry out these core business processes, the Division of Environmental Health needs adequate resources, including proper infrastructure, sufficient human and fiscal resources and a responsive health information system.
- Based on National Environmental Health Action Plan 2009-2015 under Environmental Health Administration section, more focus on strategic action 1.4 "Complete legislative and policy review and ensure that adequate legal frame work and authority exist for all environmental health services and programs."
- Continue seeking legal and consultancy assistance in development of existing regulations and its required modifications, including but not limited to, the costing out of services towards service sustainability.
- Continue seeking professional development and capacity building programs for DEH staff as the previous year.
- To seek resources and assistance in developing and increasing the capacity of the Food Microbiology Laboratory towards sustainability, in case grant awards cease
- Seek resources to recruit additional staffing

DIVISION OF ORAL HEALTH

This Division of Oral Health provides services through clinically based dentistry and through outreach to the community, along with preventive and education and oral health promotion programs.

Community Based Dentistry: Outreach Programs

School Dental Program

- Provide annual exams, oral health education, dental sealants, dental restorations and dental extractions
- Distribute tooth brushes & tooth pastes to include fluoride applications
- Provide referrals by appointments (BNH)

CHC Dental Program (Expand oral health care to outlying areas)

- Provide exams, preventive, restorative, removable dentures, extractions and emergency care
- Expand and improve oral health preventive programs in the community health centers and adjacent communities and schools
- Integrate with existing primary care programs serving populations surrounding the existing community centers.

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MCHC Public Health (ECC Prevention Program)

- Improve oral health awareness of pregnant women & new mothers
- Prenatal 0-5 yrs. Well Child
- Provide oral exams and dental consultations for all pregnant women as part of prenatal care
- Provide fluoride supplements & Varnish applications for all children as part of Well Child Care.
- Expand dental preventive & restorative care to Head Start children

Elementary Schools (Public & Private)

- Target Grade: 1st, 3rd, 5th, & 7th
- By Consent Only
- Main Challenge: (1)
- Only 1 fully operational portable unit and 1 old unit constantly needing repair.
- The division needs 3 additional portable units to meet the above 95% set target.
- Highlight: All schools received tooth brushes & tooth pastes.

2012 (target grade=1128 Screened=934)

NO	Performance Measures	Benchmark/Target	2012	2013	2014
1	Increase proportion of elementary school children receiving needed dental sealants to 95%	Target 95%	75% N=569/762	76% N=403/529	77% N=464/602
2	Increase proportion of elementary school children receiving needed dental fillings to 95%		71% N=551/773	21% N=128/614	58% N=346/593
3	Improve dentist to population ratio to 1:3000 by 2018 in order to provide a more timely and comprehensive services.	1:3000 in 2018	1:4000 N=5	1:5000 N=4	1:6000 N=3

Community Health Centers (CHC): Outreach Program

- Twice a month scheduled dentist visit
- Encounters fluctuate each year but there is a growing numbers compared to previous years.
- Denture cases and extractions are the main dental care delivered.
- Challenge is to get 1 portable dental unit to expand dental care to include fillings and cleanings.

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*Ngerchelongs(NCHC), Ngeremlengui (WCHC) & Melkeok (EHC) *Total Enc. 382*

CHC	# Encounters Dentures	Extractions	Exams/Consult	Drs.
NCHC	137	36	73	28
WCHC	147	27	86	34
EHC	98	20	71	07
				Taima
				Nakano
				Santos

Clinically Based Dentistry Care

Delivery of Care

of Encounters 6233 # Patients 3020

Category	Count	%Percentage	Description
Diagnostics	5313	85%	Exams, x-rays e.t.c.,
Prosthetics	1686	27%	Removable & Fixed Dentures
Prescriptions	1398	22%	Medications
Oral Surgeries	1262	20%	Pull out teeth
Restorations	1134	18%	Fillings
Preventions	546	9%	Dental educ., Fluoride, Consult, e.t.c.,
Periodontics	131	2%	Dental Cleaning / Gum Disease
Endodontics	214	3%	Root Canal Therapy/Remove Nerves
Others	18		Referrals

- 6233 encounters recorded for the 3020 dental patients in 2014, a slight increase to that of 2013. This is a clear indication that there is still a respectable flow of patients.
- The figure above shows wide variety of dental services by categories.

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- Excluding diagnostics and prescriptions prosthetics accounts to 27% of the total visits, restorative 18%, oral surgery 20%, preventive 09%, periodontics 2% and endodontics only 3%.

Division of Oral Health Highlights

- Outreach services in schools providing preventive dentistry to school age children.
- Provisions of services expanded into CHC's.
- US Army Dental Mission in November 2014.
- 10 Dental Assistants completed dental hygienist training.
- This school year, emphasis in preventive measures resulted in a dramatic decrease in dental restoration from that of last year is observed.
- Oral health education, distribution of toothpastes, tooth brushes and pits and fissure sealants were the main means of preventive measures practiced.
- Partnered with other PH programs and provided health education and promotion messages in community settings.
- Oral Health Education to all target grades was achieved together with FHU school screening program.
- Career mentoring promoting future dental students.

Challenges

- In 2014 shows only 3 dentists and zero nurse. Patients received this year are more than patients seen last year.
- Therefore, each dentist is required to see more numbers of patients as shown in this table. Standard of delivery of care is jeopardized by too many patients and less dentists.
- All 6 dental equipment need to be repaired
- 2 possible new dental units may be donated next year

Recommendations

- Recruit additional staff to expand and increase provisions of services for both preventive and curative dentistry.
- Procure needed equipment and supplies to meet demands and needs of community.
- Improve data collection systems and reporting
- Staff Development and Training opportunities for staff.

DIVISION OF PRIMARY AND PREVENTIVE HEALTH

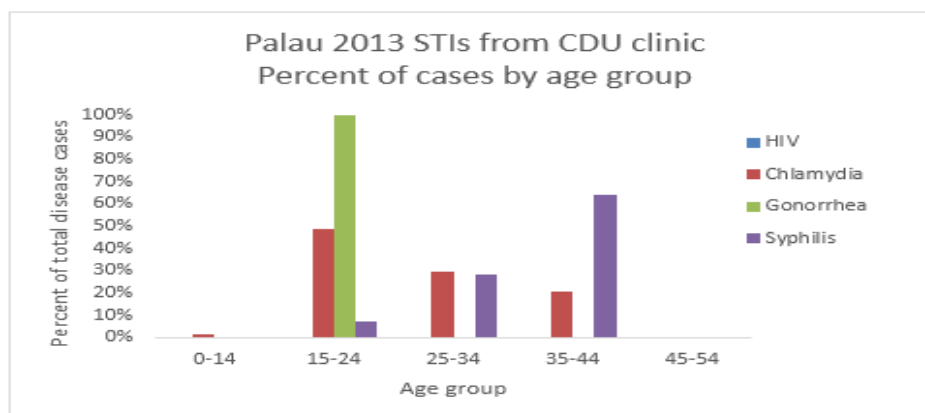
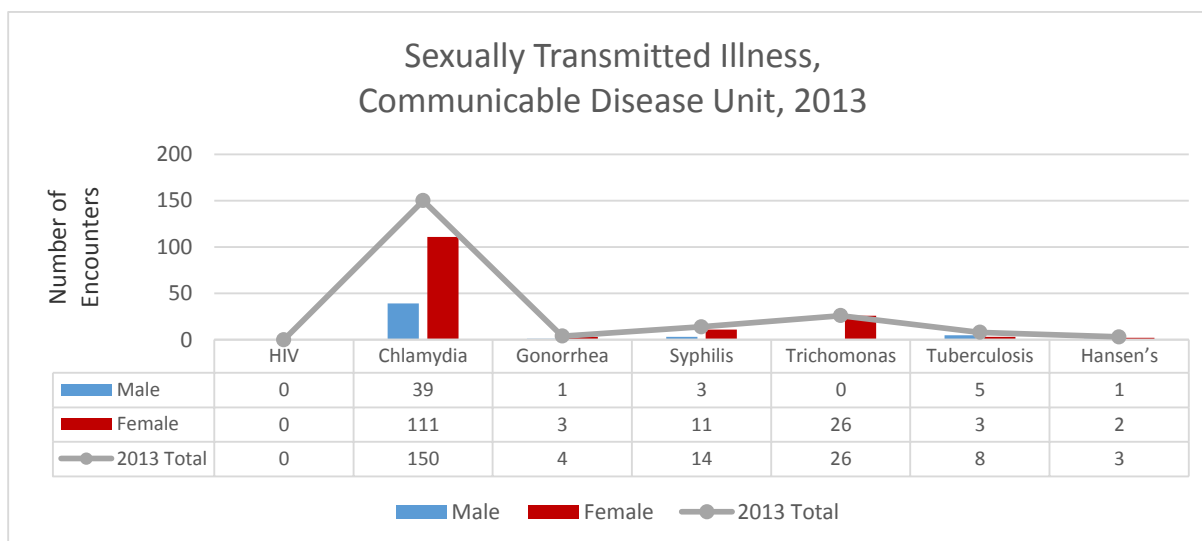
Communicable Disease Unit

The Communicable Diseases Unit (CDU) is tasked with responsibility of prevention, Control, and Elimination of infectious diseases. Diseases include Tuberculosis, Hansen's, Viral Hepatitis, Sexually Transmitted Infections including HIV and AIDS, and other infectious diseases.

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CDU cases

Type	0-14	15-24	25-34	35-44	45-54	55-64	65+	Total
HIV	0	0	0	0	0	0	0	0
Chlamydia	2	73	44	31	0	0	0	150
Gonorrhea	0	4	0	0	0	0	0	4
Syphilis	0	1	4	9	0	0	0	14
Trichomonas	0	9	4	13	0	0	0	26
Tuberculosis	0	0	2	1	0	2	3	8
Hansen's	2	1	0	0	0	0	0	3



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CDU Highlights

- Primary Prevention: Immunization for school Children and Adults, Community Education and Early identification of infections such as screening services, (occupational health) and outreach, Individual and group level education for increased awareness and risk reduction.
- Secondary Prevention: Treatments and Contact Investigation for all suspect and confirmed infectious disease.
- Tertiary Care: Care and support for individuals living with infectious disease especially those with debilitating and stigmatizing consequences.
- With funding from Health Center for Disease Control the Program was able to procure and launch two GeneXpert. Both GeneXpert were strategically placed in MOH main laboratory and CHC based laboratory and have greatly enhanced the capacity for the Programs to test for Chlamydia, gonorrhea, and TB testing locally.
- With funding from Center for Disease Control the CDU Programs has successfully launched STI EpiAnywhere, a web-based database system used to capture data on Hansen's disease & Sexually Transmitted Infections/Diseases for reporting and serve to enhance the collection, utilization, sharing and reporting of information.
- Site visits with CDC counterpart to discuss the New Integrated Funding Opportunity Announcement and Assessment of HIV Care/ART Program conducted by Dr. Alan Garvez from SPC.
- Successfully implementation of testing initiatives thru the implementation of the Halloween & Thanksgiving bash and World Aids Day activities held in conjunction with the Employee Appreciation Day for the National Government. In both activities testing for STDs and HIV were provided.
- In terms of initiatives for TB, the Program launched TB-DM Screening Project in April 2013 focusing on screening of tuberculosis in people with diabetes for early detection and prevention of the disease in this high risk population. TB Program also achieved an A2 rating in grant performance (Global Fund TB Project)-Meeting Expectations at 91%.
- Introduction of new PHASAG member, Mr. Telei Marsil representing the community. PHASAG is an acronym for Palau HIV/AIDS & STI Advisory Group.
- CDU clinic site accredited by SPC for HIV voluntary and confidential counseling.

Recommendations

- The Program faced significant delay in processing personnel actions. Management to ensure that there's a transition mechanism/process in place to eliminate delays in implementation during turn over periods.
- The Program continued to face delay with ordering of commodities needed for screening services. The Program is recommending revisiting the ordering process and to adjust ordering to include surges in utilization of supplies. Appropriate department need to also revisit the consolidated financing strategy for medical supplies taking into account availability of funds and expiration of funds so that federal funds are maximized in a timely manner thus avoiding multiple orders outside being placed just to compensate for low inventory levels.

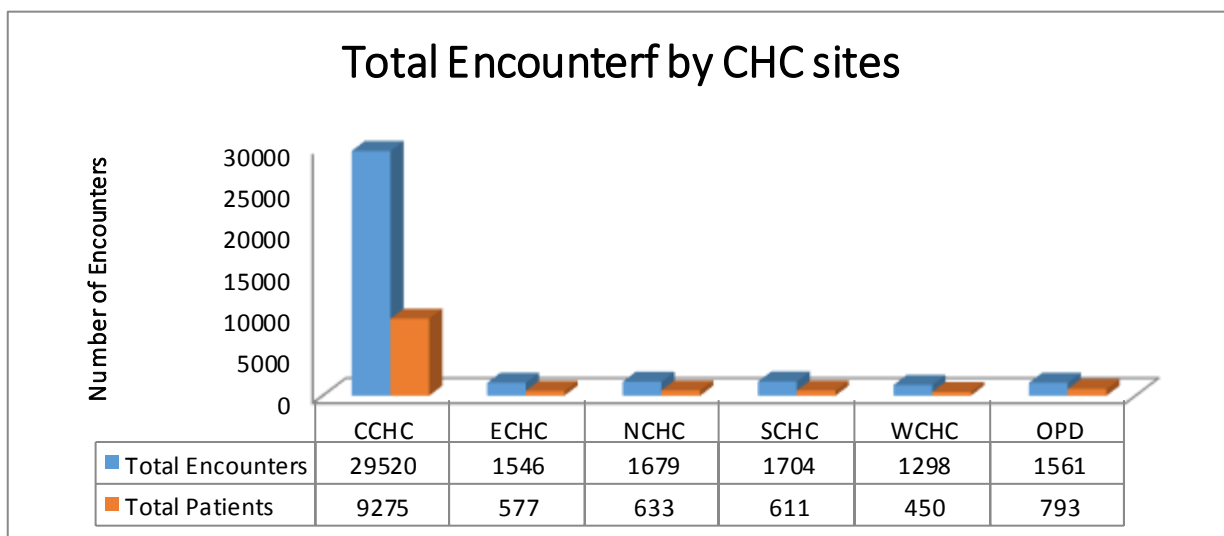
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- Quality Assurance continues to be an issue in the area of documentation, recording and posting of test results in the charts. Encounters forms are not filled on time and are not submitted to Data & Stats Office in a timely manner. Program is recommending that providers (doctor, nurse, etc.) to document everything in charts on a timely manner and that encounters be forwarded to Data & Stats Office following the established standard not later than 4pm daily. This will ensure timeliness for reporting. Program stand ready to assist whether it is training program or another initiative implemented to improve this process.

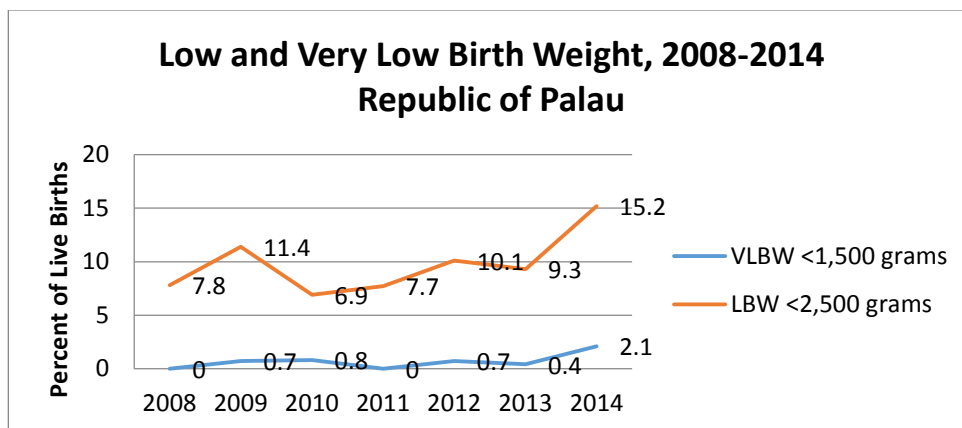
Community Health Centers

The Palau Community Health Centers (CHC) aim to improve the health status of the patients in the Republic of Palau by assuring affordable delivery of quality health care services, provide equitable access to the health care services, and securing effective and productive health care service providers.

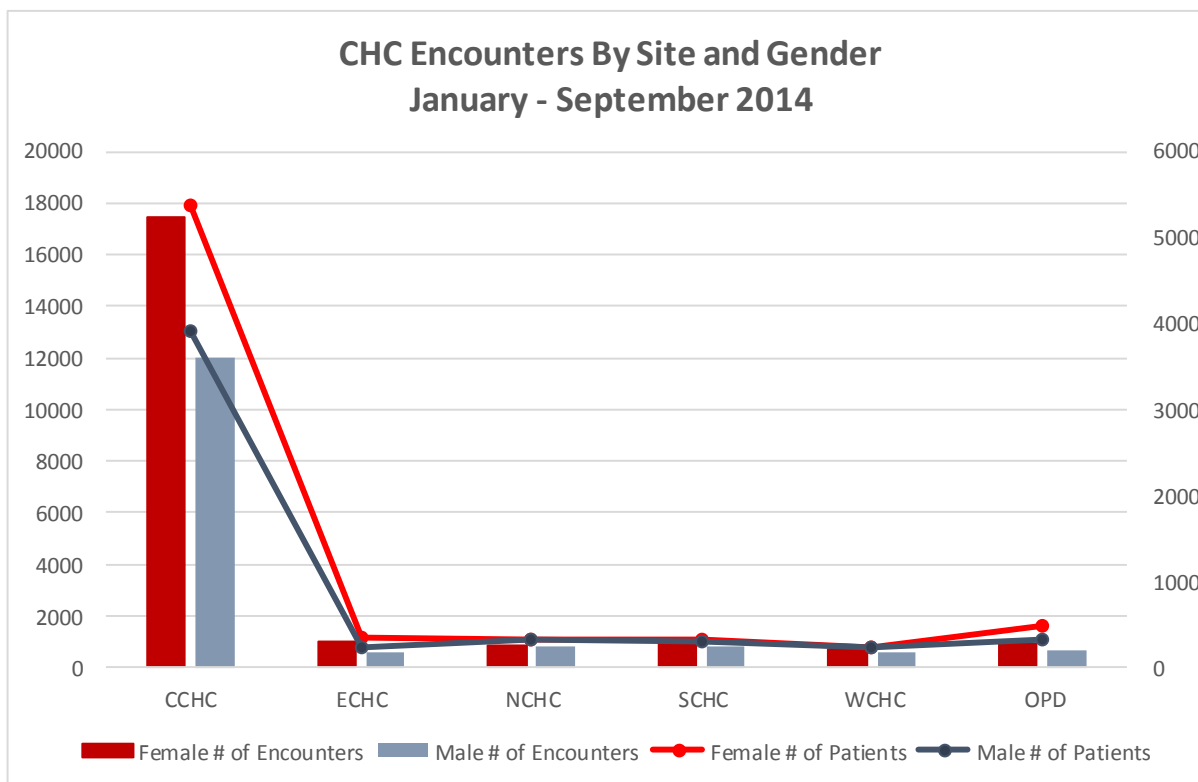
2014 CHC Encounters by Site (January –September)



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CHC Monitors health indicators pertaining to immunization, diabetes, low birth weight, oral health and other primary and preventive health indicators.



CHC Highlights

- Monthly community outreach to all 16 states.
- Coordination of services with other PH programs.

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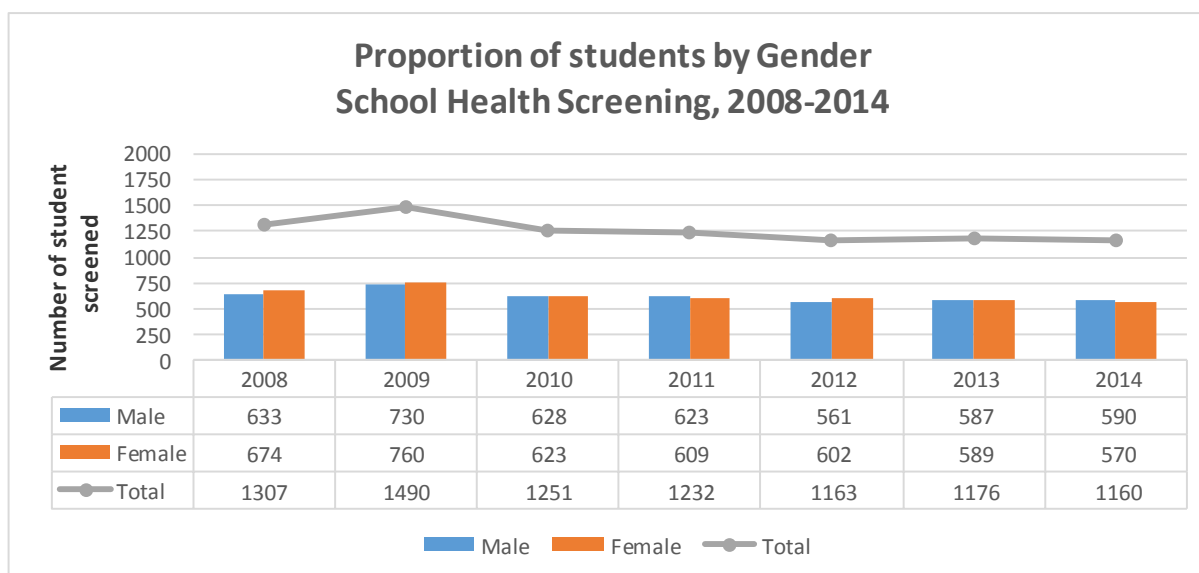
- Expand community outreach through the other 9 health centers.
- Updated CHC policy and procedures.
- QA/QI activities in place.

Family Health Unit

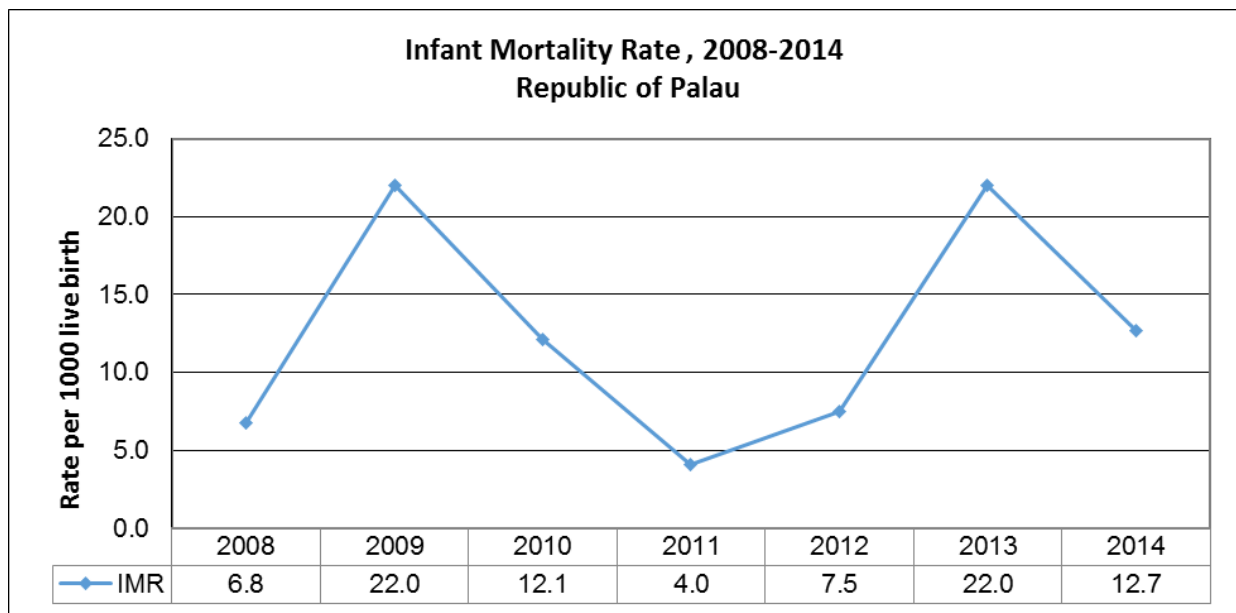
The mission of Family Health Unit is to improve the health of families through provision of quality and comprehensive public health and medical services. The focus of the unit is to assure that children, families and communities are provided with comprehensive and coordinated health care that are accessible.

The unit has six major sections with programs covering a broad array of service areas including Prenatal and Post Natal Services; Infant Services (Universal Newborn Hearing Screening and Genetic Screening and intervention); Children with Special Health Care Needs Services (High Risk Clinic); Wellness Services for Children; Adolescent Health Services; Gender and Reproductive Health Services. Included in these vertical programs, the Unit also delivers public, community, family and individual based-intervention. The unit collaborates with other public health programs and community partners to develop and support systems and programs that address specific health and safety issues of its population.

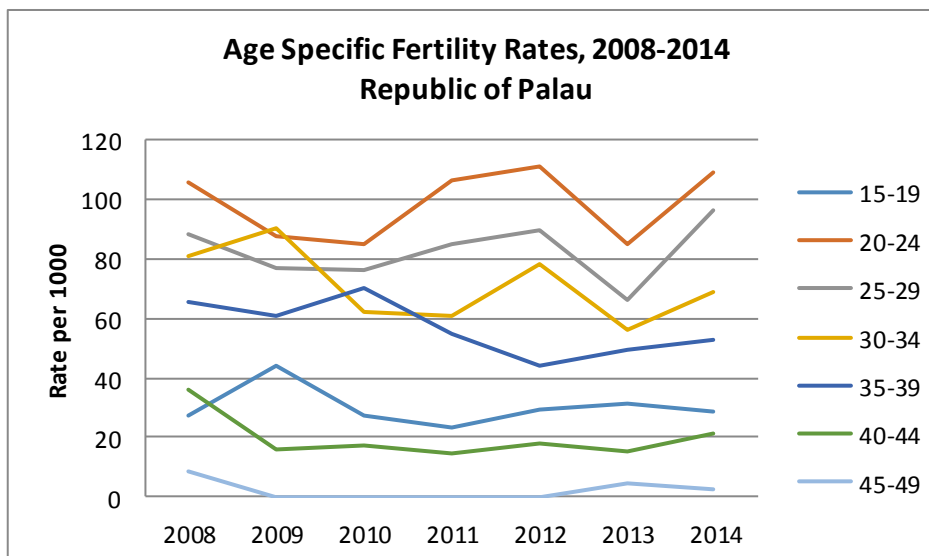
Family Health unit reports on the health status of men and women of reproductive age group, including the health statuses of mothers, infants, children, adolescents and children and youth with special health care needs. Specific indicators that are being monitored on an annual basis includes: BMI for children, adolescents and pregnant mothers, fertility rates, IMR, MMR, preterm birth, breastfeeding rates, etc.

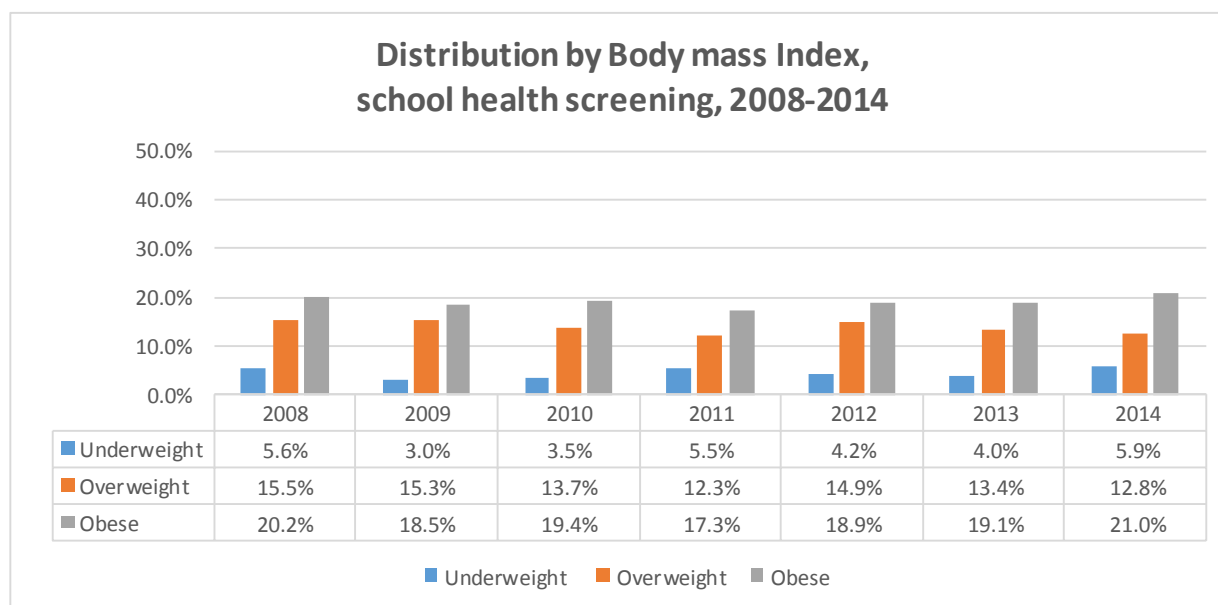


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FHU monitors maternal and child health indicators pertaining to the MCH population. Indicators for men and women of reproductive age group, newborn, infants, children, adolescents, and children with special needs.





FHU Highlights

- Annual School Health Screening and Intervention
- School Health Education Outreach to all schools providing health education on various health topics.
- Early Childhood Comprehensive System Community (ECCS) Engagement
- Annual Health and PE Teacher's Trainings
- School Parental Trainings
- "Womb to Two" published (ECCS project)

Recommendations

- Strengthen Children with Special Needs services, case referral and early intervention
- Strengthen intervention component of School Screening
- Develop and implement Fetal, Infant, Maternal Morbidity, and Mortality Review (FIMMMR) process.
- Develop QA and Quality Improvement Initiatives for all programs under Family Health Unit
- Human resource development plan for key staff in FHU

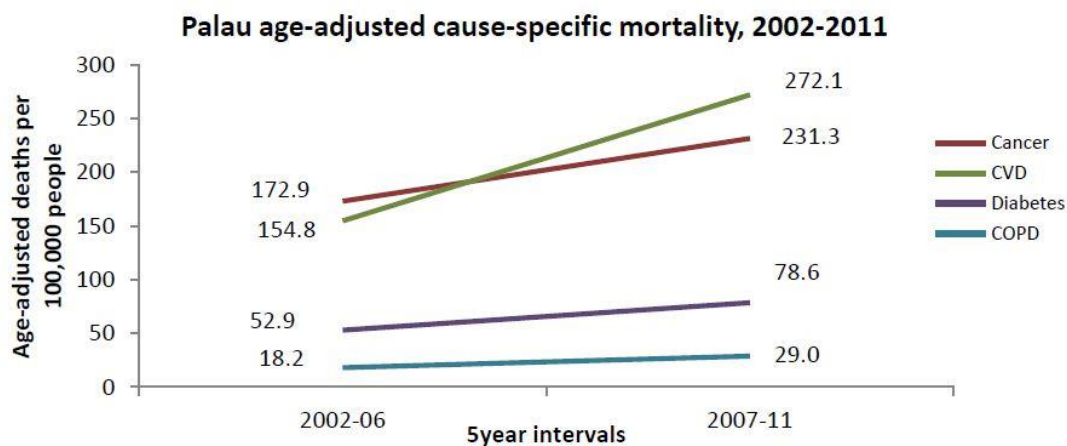
Non-Communicable Disease Unit

The Non-Communicable Disease Unit under the Division of Primary and Preventive Health Services, Bureau of Public Health Services, Ministry of Health promotes and supports healthy lifestyle initiatives and reduce the risks of non-communicable diseases. The NCD Unit coordinates and/or supports services including breast and cervical cancer screening, diagnostics and referrals, other NCD related screening including obesity, diabetes, hypertension, cardio-vascular risk, tobacco and alcohol use. Furthermore, certain

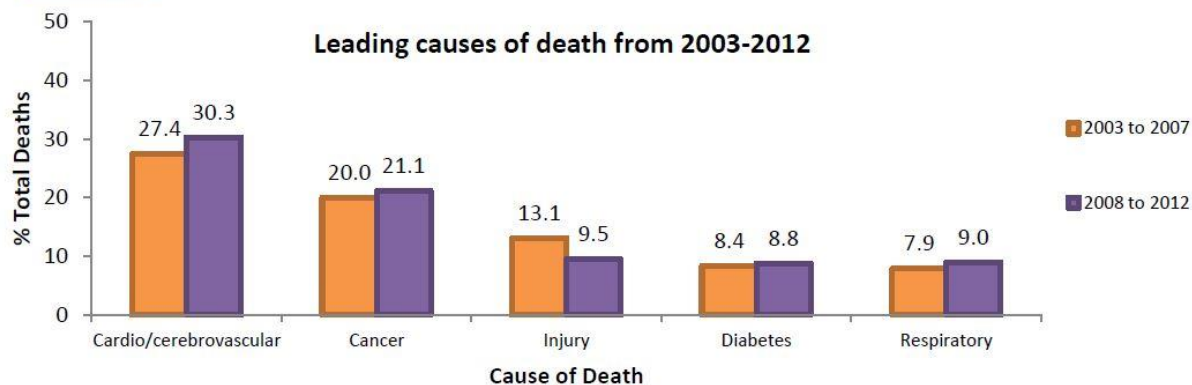
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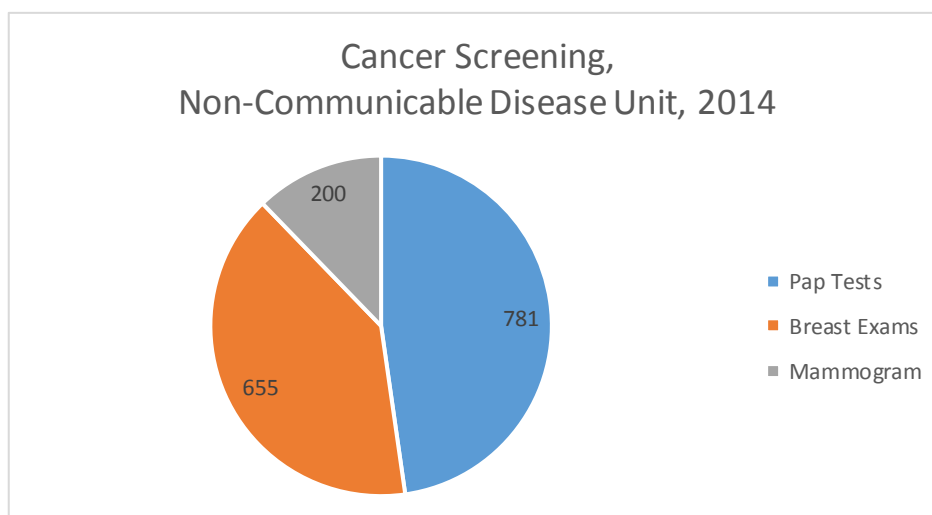
objectives within the programs managed by the Unit supports other secondary and tertiary prevention efforts (i.e., cancer survivorship).

Non-Communicable Disease



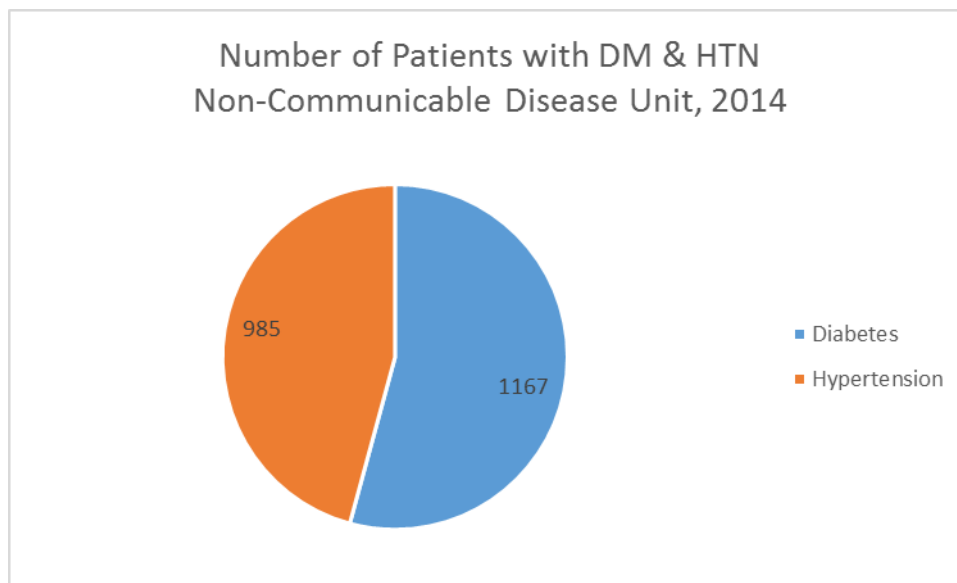
Mortality





NCDs Morbidity and Risk Factors

- Overall proportion of current smokers among adults in Palau 25-64 years old is 16.6%
- Overall, 60.5% of adults 25-64 years old in Palau currently chew betel nut; 86.1% add tobacco to their betel nut chew
- 37.2% were current alcohol users, defined as consumption of alcohol in the past 30 days; younger age group showing higher percentage as current drinkers at 45.6%; levels of risk can be further defined by identifying how often consumers binge drink, described as 4 units or more in women and 5 or more in men, per day. The prevalence is considerably higher in men 43.5% compared to women 16.6%
- Overall 92% of the respondents do not meet the recommended 5 servings of fruit and vegetables in a typical day.
- Overall, 45.6% of the population reported that they undertook no work-related physical activity; 54.2% (95% CI 48.8-59.6) reported that they had undertaken no transport-related physical activity; 51.9% reported that they had no recreation-related physical activity
- 77% of the population is overweight or obese
- Overall 43.8% of adults were found during the survey to have raised blood pressure
- Overall 36.5% of adults aged 25-64 years had raised blood glucose or were on medication for diabetes
- Overall 25.8% of people age 25-64 had total cholesterol levels above the recommended level



NCD Unit Highlights

- Increased breast and cervical cancer screening.
- Consolidation of NCD plans, evaluation of Unit and revision of position description and organizational structure to better meet community needs efficiently as well as to ensure sustainability.
- Increased community outreach and health education.
- Finalized National NCD Prevention and Control Strategic Plan of Action 2015-2020.
- Nutrition guidelines completed.

Recommendations

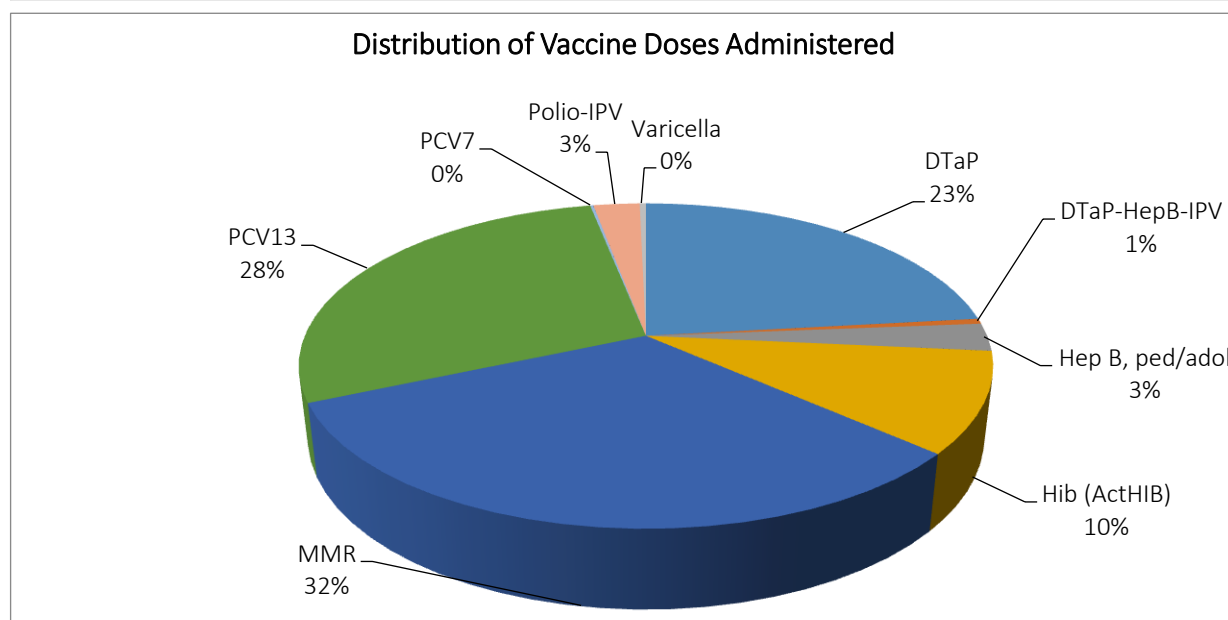
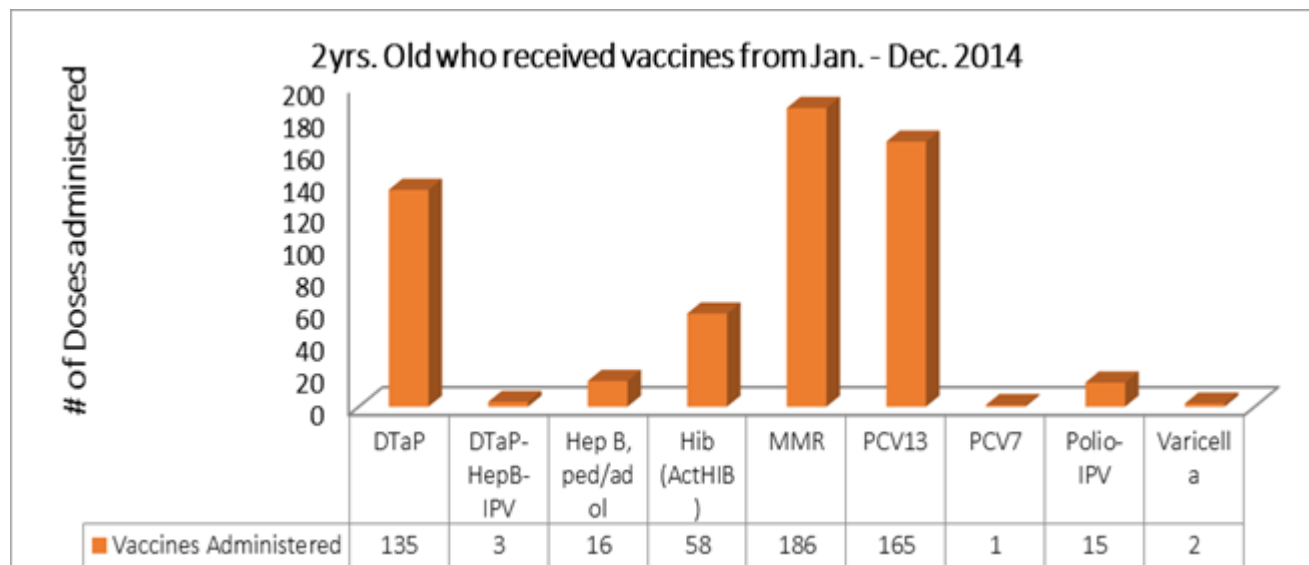
- Need to develop a sustainable NCD screening and intervention “program”.
- Develop and/or enhance NCD case management.
- Develop localized resource materials for effective education and social marketing.

Immunization Program

The Immunization Program receives federal funding to support its effort in planning, developing and maintaining standards, policies, protocols and procedures that help attain high immunization coverage level, low incidence of vaccine preventable diseases, and to improve the ability to respond to public health threats.

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January 1, 2014 – December 31, 2014



Immunization Program Highlights

- Use of data loggers for cold chain maintenance in main depot, vaccine runs and clinics.
- WEBIZ upgrade to latest version
- Mass vaccination initiative deployed in November 2014
- Immunization outreach increased.

Recommendations

- Increase childhood vaccination coverage.
- Increase HPV coverage.
- Immunization schedule revision.
- Training for users regarding WEBIZ upgrade.

PUBLIC HEALTH CROSS CUTTING PROGRAMS

Public Health Data and Medical Information Unit

The Services provided by the Public Health Data and Medical Information Unit includes the encoding of encounter forms from all public health clinics; handling of data entry of encounters into the Public Health Information System (PHIS) encounter registry. Handling data entry for other program specific database such as immunization registry (WebIZ), Family Planning database, and Reportable Disease Surveillance System (RDSS); work with the Epidemiology Unit to ensure that data is valid, clean, and ready for dissemination.

Public Health Data and Medical Information Unit Highlights

- Re-establishment of a Public Health Database Committee to address data issues.
- Establishment of a data committee to review encounter registry dataset for accuracy, validity, and overall data collection and handling processes.
- Quarterly extraction of dataset for cleaning and processing.
- Review of Encounter Data collection forms towards updating and modification of the collection form.

Recommendations

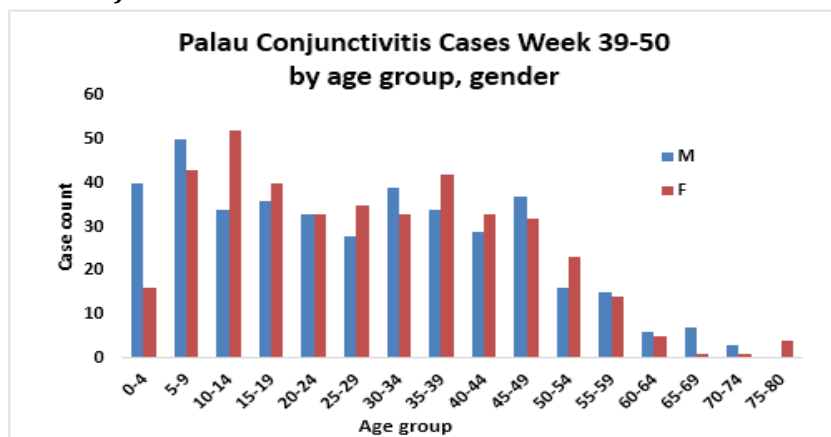
- Streamline Encounter Form handling by incorporating/implementing new and improved procedures by utilizing data logs and improved communication with service providers and program managers
- Develop Data Policies and Procedures for all data related

Epidemiology Unit

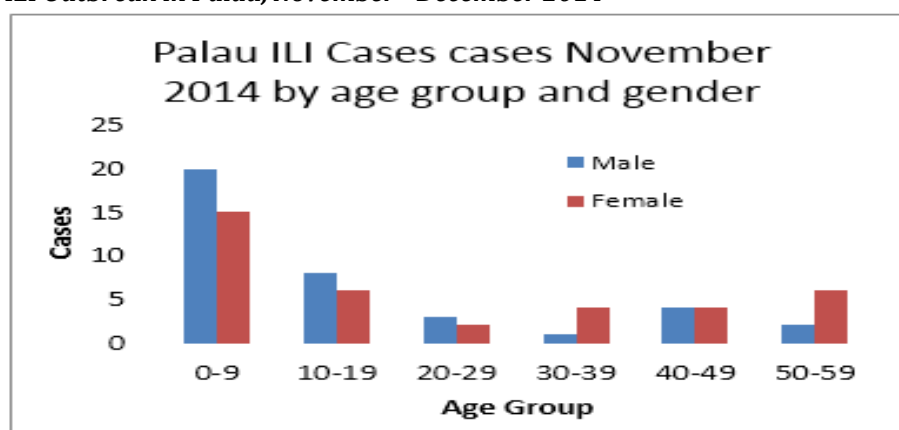
The Epidemiology Unit is responsible to collect, analyze, and distribute health related information in efforts to understand, control and prevent health problems in Palau.

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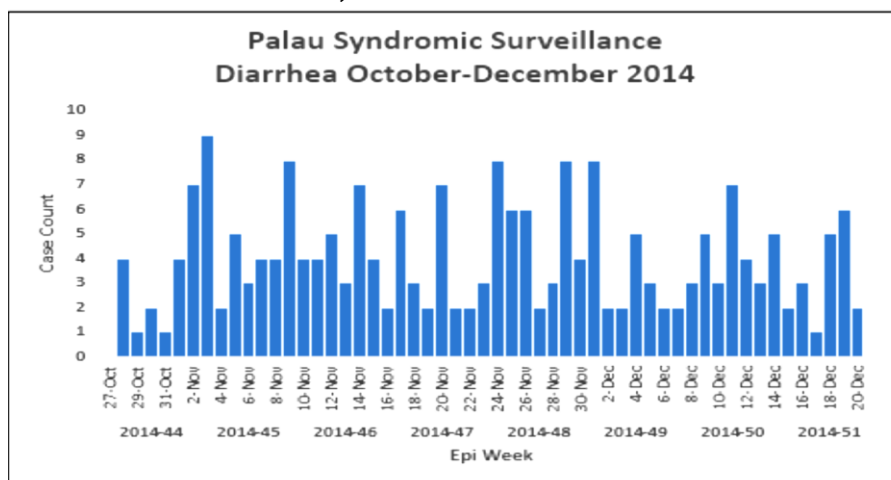
2014 Conjunctivitis Outbreak



ILI Outbreak in Palau, November - December 2014



Diarrhea Outbreak in Palau, 2014



Epidemiology Unit Highlights

- Response to Typhoon Haiyan - The epidemiology unit supported the recovery response to Typhoon Haiyan by participating in the Incident Command System's Planning Team and preparing reports.

Recommendations

- Expand PH Epidemiology Unit role in Public Health by restructuring the relationship between the Unit and other sections of PH.
- Increase the number of Epidemiology staff.
- Move towards using automated systems for syndromic surveillance data.

Food Handling Certification

The Food Handling Certification Program aims to assist consumers in protecting their health and safety by reducing risks and hazards in food products/service establishments and to reduce incidence and prevalence of food-borne disease within the Republic of Palau.

Food Handling Unit Highlights

- Improved compliance of food handling and certification guidelines by food establishments and handlers in comparison to previous years.

Recommendations

- Recommend that the Food Safety Program participate in the process of citation with Division of Environmental Health to address the EH Regulation violators.
- Ensure that the following symptoms are reported to management so that any need for medical examination or possible exclusion from food handling can be considered:
 - Jaundice
 - Sore throat with fever
 - Diarrhea and vomiting
 - Visibly infected skin lesions (e.g. boils, cuts)
 - Discharges from the ear
 - Fever
- Recommend equipping a facility for this program to meet the needs of food handlers training, including class area for students and sufficient space to prepare permits.

Community Advocacy Program

The Community Advocacy Program (CAP) provides health education, promotion and social marketing services for various Ministry of Health (MOH) programs and departments through staffing comprised of various positions, including health educators and social marketers.

CAP Highlights

- Complete social marketing/health communication work plans with public health programs and divisions.

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- Compile and publish the new Baby Guide for Palau Early Childhood Comprehensive System.
- Design and publish the Palau Health Eating and Active Living Guidelines with the Non-Communicable Disease Unit.
- CAP was also able to launch the Ministry of Health's first newsletter, compiling and publishing the newsletter within the MOH and to the community.
- CAP was also able to provide instruction for students in Risk Communication as part of the Emergency Health component of the Community and Public Health Program offered at the Palau Community College during the Spring 2014 semester.
- CAP was also able to assist in the training and certification of MOH health care providers and other community members in Basic Life Support/CPR.

Recommendations

- Strengthen collaboration between public health programs, health care coalition and community partners to improve effectiveness of health promotion and health messaging.

Public Health Administration

The Public Health Administration Office is responsible for the following:

- To coordinate all programs and activities for the Public Health Administration and the Office of the Director of Public Health;
- To plan, develop, organize, provide leadership and control for all administrative functions as required by administrative regulations;
- To demonstrate interpersonal skills to be able to maintain a collaborative effort towards accomplishing the MOH vision, mission, and public health values;
- To coordinate support services for the Public Health building including but not limited to facility maintenance and housekeeping;
- To assist the Director of Public Health on making sure all programs' planned activities as set out in the annual work plan are accomplished;

Recommendations

- More support for the Bureau to be a healthy work environment.
- Improve PH calendar of events.
- More human resource trainings and activities for administrative professionals.
- Customer Service and Leadership trainings for all Public Health professionals.
- Monitoring & Evaluation for all divisions and/or programs.
- More support for strengthening all activities and projects for the bureau.

HEALTH ADMINISTRATION & SUPPORT SERVICES

This area is not organized as a bureau at this time. The offices within this area provide a variety of support and administrative services for all Ministry programs. This area currently includes the Human Resources, Health Policy, Review and Design Office, Emergency Preparedness, Quality Assurance, Finance, Revenue and Collections, the Facilities and Equipment Division, and Health Information Systems. All administrators report directly to the Minister.

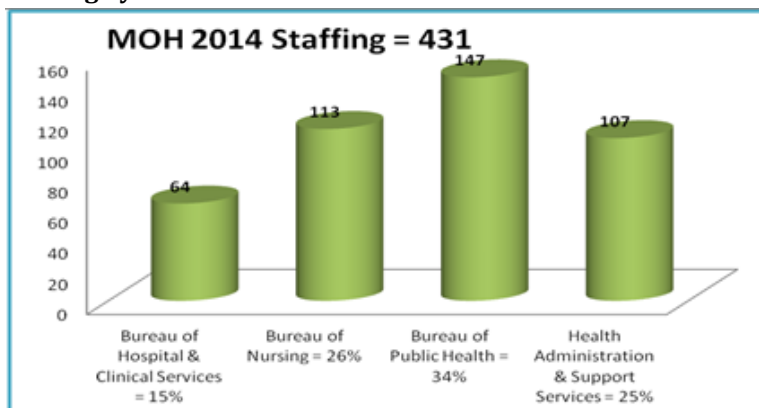
HUMAN RESOURCES & DEVELOPMENT

The purpose of the Human Resources & Development is to assist the Ministry to attract, recruit, develop, and retain a qualified and motivated work force in order to provide effective health care services for the people in Palau.

In 2014, the Ministry of Health employed over 430 people, which makes it one of the largest Ministries within the Government of Palau. In line with Title 33, which states that preference shall be given to qualified citizens of the Republic in making appointments and promotions to government services, the vast majority of MOH staff 364, (or 85.5%) are Palauan. The remaining 62 employees (14.5%) are non-Palauan, and this group come from a variety ethnic back grounds. The expatriate staff are largely employed on fixed term contracts to fill a skills shortage and as such, 89% of the expatriate staff have a bachelor's degree or higher qualification.

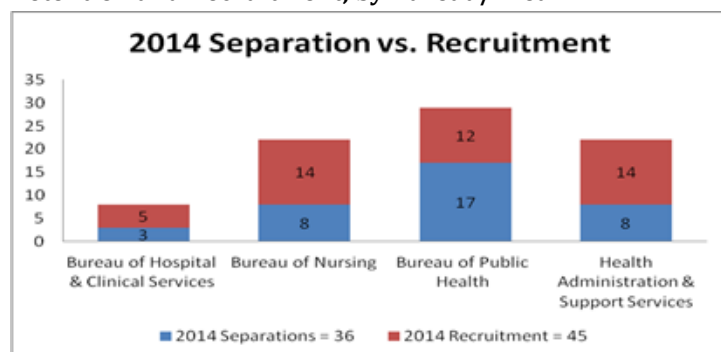
Staffing and Service Delivery Patterns

Staffing by Bureau



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Retention and Recruitment, by Bureau/Area



Hospital and Clinical Services Staffing

At the time of writing, there are 25 Physicians and 1 medical officer working at the MOH, 11 (42%) of these staff are Palauan. All Physicians hold a medical degree (or equivalent), and have undertaken post graduate training and development as per the requirements of the licensure by the Palau Board of Health Professions. Many of the medical staff may also hold additional post graduate qualifications and are registered to practice here and overseas.

Within Ancillary Services there are 38 staff working across 5 areas (Pharmacy, Laboratory, Physical Therapy, Radiology and Biomedical Engineering). Seventy nine percent (79%) of the staff employed in ancillary services are Palauan.

Bureau of Nursing Staffing

Nurses are the largest professional group within the Ministry of Health with nursing level rising to 111 nurses and 3 patient care assistants in 2014. This year, 8 nurses left the Ministry and 14 were recruited. A total of 20 nursing staff have Bachelor's degree, 33 hold an Associate degree in Nursing, and the remaining are Licensed Practical Nurses. Current and planned training for existing staff and changing recruitment practices will see the number of degree qualified staff rise in 2015 and beyond, as training and qualifications level of nursing staff is directly related to improved patient outcomes.

Bureau of Public Health Staffing

The BPH employs the majority of MOH staff. They bring with them a diverse range of qualifications, skills and competencies which enable them to perform their various roles. Roles within the Bureau include environmental health and sanitation technicians and specialists, epidemiologists, program managers, administrators, coordinators, social workers, community health workers, case managers, social marketers, administrative personnel, health educators, counselors, facilities and housekeeping workers, computer programmers and systems administrators, data entry & analysis staff, medical records clerks and ICD coders.

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Health Administration and Support Services Staffing

Ministry of Health also has approximately 107 support services staff with roles such as logistics, health policy, planning, preparedness, development, budget and finance, human resources, health information services, facilities management and maintenance, laundry services, food and nutrition services, supplies and procurement, etc. The smooth running of these services is an essential component of any healthcare system.

Human Resources & Development Highlights

- The development of clearly defined career ladder & transparent classification framework for all nursing staff which encourages up skilling and advanced qualifications.
- The reclassification of all nursing positions which resulted in a moderate pay increase across the board.
- Development and update of position descriptions for all ancillary service, oral health and non-communicable disease team.
- The development and documentation of the HRD operational goals which align with the MOH Strategic Plan 2014-2018.
- The development, approval and implementation of key HRD policies and procedures including :
 - Accident, Incident and Hazard and Near Miss Reporting (AIHNM)
 - Attendance at Overseas Conference/Training and Knowledge Sharing
 - Betel Nut and Tobacco
 - Children in the Workplace
 - Discrimination, Harassment and Bullying
 - Essential Knowledge and Skill and Training
 - Fellowships, Scholarships, and Study Grants
 - Grievance
 - Performance Review and Planning
 - Probationary Period
 - Progressive Disciplinary
 - Reward & Recognition
 - Separation of Employment
 - Social Media
 - Whistleblower

During 2014, the in-house training and education and medical library facilities were amalgamated into the Professional Development Center (PDC). In addition to providing library services, during the year, 84 training sessions were held in the PDC, and the librarian took on an expanded role and assisted 90 staff with the licensing procedures, and supported 11 students on medical rotation. Additionally, she developed a number of data base for licensing renewals and overseas conference and training attendance.

Challenges

- Globally there is an increasing shortage of appropriately qualified health workers and unless there is an increase in the number of Palauans studying for and entering health careers, the Ministry will increasingly need to rely on overseas workers to fill health care and other specialized positions.

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- The salaries offered to health care professionals do not reflect the skills and qualifications needed or the demands of the role.
- Bureaucratic and hierarchal personnel procedures need to be reviewed and streamlined.
- Identifying and securing sustainable and adequate funding for HR department.

The Ministry proposes to address these challenges in the coming year with the following actions:

- Develop a health worker job evaluation and pay classification scheme that will assist the Ministry to attract and retain appropriately qualified staff.
- Embed essential knowledge and skills training throughout the Ministry.
- Work closely with the Bureau of Public Service Systems to improve the Ministry's HR systems and process, including the introduction of an electronic signature process.
- Work with the Bureau of Nursing to increase nurse staffing levels by 10-15 %.

HEALTH PLANNING, PREPAREDNESS, POLICY & RESEARCH

This office is responsible for developing policy that advances both broader and specific health goals through legislation, regulations, policies and directives. The office currently houses Emergency Health, the Institutional Review Board, and Quality Assurance.

Emergency Health Program

The Emergency Health Program (PHEP/HPP) is responsible for coordinating emergency health preparedness activities including extensive planning, social marketing/public awareness campaigns, exercises and drills, education and training, and partnerships, both within the Ministry of Health and in the community, with key partners to ensure an effective and coordinated response to any health threat.

Emergency Health Program Highlights

- Systems improvement through development, upgrades and linkages: MOH Website re-activation; MOH Newsletter –PULSE published; Medical Supplies & Procurement Databases; PHEP Training Tracking and Expenditure data base; Assessment report for Emergency System for Advanced Registration of Volunteer Health Professional (ESAR-VHP); Medical Supply System upgrade and training.
- Hospital Preparedness and Public Health Emergency Preparedness Cooperative Agreement (Grants) helped fund needed positions: Infectious Nurse, Emergency Medical Director, ESAR-VHP Assistant; Video Production Assistant.
- Helped ensure sufficient level of medical equipment, tools and supplies by procuring specialized hospital equipment.
- Enhanced capacity building of Palau's medical professionals and partners toward improved healthcare services by providing training opportunities to 182 participants: (Advanced Cardiac Life Support (BLS) and Pediatric Advanced Life Support Providers and Basic Life Support Trainings medical staff and partners; Incident Command System Courses to ten critical medical emergency responders (MoH Tier 4 Staff); Response, Initiate, Notify, Give-Support (R.I.N.G) training to

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emergency health partners (60 employees representing airport police, airport safety, ARFF, AFIS, Quarantine, Immigration, National Aviation, Customs and Airport custodial staff); Surveillance of Influenza-like Illness (1-Epidemiologist); Emergency Preparedness Conferences addressing Ebola.

- Interim Organization Chart for Health Preparedness, Planning, Policy and Research (HPPPR) Office approved.
- Expanded community involvement by strengthening youth groups' emergency readiness through training of 40 youths from Ngerbeched hamlet in Koror State.
- Expanded regional partnership by accessing UNICEF assistance for medical emergency supplies worth about \$10,000, in our preparedness and possible recovery efforts and activities for Typhoon Hagupit.
- Supported partners in the following conferences: Integrated Medicine in Palau Conference; Ministry of Justice's Strategic Planning Workshop and 3rd Western Pacific Islands Association of Fire Chiefs Annual Conference; Mechesil Belau's Conference; Developing Palau's National Climate Change Policy Framework and Action Plan; CHC Quality Assurance Workshop.

Challenges

- Threat of Ebola Virus Disease (EVD): Funding support to build local healthcare capacity to monitor persons for symptoms of EVD; ensure protection of healthcare providers; collect/test specimen; and access treatment for affected patients.
- Future plans include securing source of funding and development of functions for new Office of HPPPR, combining Health Preparedness, Research and Development, Emergency Health and Emergency Medical Services for Children programs, and capacity building through opportunities for outside assistance such as WHO Ebola Training in Palau and Supplemental Emergency Preparedness Funding from the US Government to help develop and implement monitoring of travels in and out of Palau.

INSTITUTIONAL REVIEW BOARD

Palau Institutional Review Board (IRB) has the authority to approve, require modifications in, or disapprove all research activities using human as subjects within its jurisdiction as specified by both the federal regulations and local institutional policy.

Institutional Review Board Highlights

- 11 ongoing research with 9 applications approved in 2014 with 2 pending applications.

Challenges

- Unfunded and understaffed.

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QUALITY ASSURANCE/QUALITY IMPROVEMENT

Quality Assurance/Quality Improvement Office that works toward achieving MOH professional excellence with best practices for quality health care services for the people by monitoring, evaluating the work performance and services and responding to public inputs.

Quality Assurance/Quality Improvement Highlights

- Coordinated with relevant Ministry of Health departments to execute 48 hospital policies.
- Reviewed, responded and monitored 45 Accident, Incident, Hazard and Near Miss (AIHNM) reports to prevent future accidents and to ensure a safe environment for staff, visitors and patients at the Ministry.
- QA/QI List of approved policies & procedures excluding HR policies (Jan-Dec. 2014):
 - Emergency Code Blue
 - Ebola Virus Disease (EVD)
 - Nursing Ethical Practice
 - Nurse Scheduling & Staffing Practices
 - Nurse Shift Exchange
 - Dress Code
 - Nursing Infection Control
 - Nursing Documentation
 - Acceptable Medical Abbreviation
 - Verbal & Telephone Orders
 - Volunteer Nurse
 - Student Nurse
 - Narcotic Medication Storage & Control
 - Policy on Policies/Procedures
 - Forms Policy
 - Medical Referral Program
 - Media Relations Policy
 - Use of Medical Records to Prepare Medical Summary
 - Procurement Committee Operations
 - Collection of Accounts Receivables
 - Reimbursement of Private Physicians Providing Care at BNH
 - Patient Feedback and Comment

Challenges

- Unfunded and understaffed.

HEALTH INFORMATION SYSTEMS

The Ministry's Health IT department is responsible for maintaining all computing and electronic transmission hardware and all software; this includes servers, individual workstations, and telephone and

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internet systems. The HIS database has been the main database that has been used by the hospital and most of the Public Health offices to maintain the patient's health information.

In mid-February of 2014, the Taiwanese government together with Show Chwan Health Care system and their partners, began work on the project that was signed into agreement on October 11, 2013, for the amount of \$584,509.00 that was created to deliver to the Ministry of Health the beginning of an electronic health records information system which was to eventually take over the current database system as well as some equipment. The modules received are the Outpatient Module, Lab module, Doctor's module, and Appointments module. To make this system fully functional, the Ministry still needs to purchase additional modules, as well as more computer workstations, printers. Specialized training will be needed for staff to fully implement the new system. The cost is estimated at \$280,000.

One of the highlights of the Ministry of Health's IT department occurred in mid-December 2014, where all the IT professionals throughout the Ministry were merged to create the Information, Communications and Technology (ICT) center. The ICT center will result in a comprehensive database for patient information and ensure the integrity of the data.

The ICT center is upgrading and adopting new technology in quality control, distribution and administration of data. As part of the technology upgrade, surveillance cameras are being installed throughout the facility. They will be fully operational by February 2015. The use of security cameras will allow our security officers to better monitor activities throughout the facility without increasing the number of security staff. In addition, the Ministry is evaluating its purchasing of internet access through separate providers for Public Health and for the Hospital and Administration building to considering integrating services in order to improve capacity and lower cost.

REVENUE & COLLECTIONS

The Revenue and Collections Office is responsible for all billing and collections for medical services and oversees the Medical Records Department and the Medical Referral Program to better coordinate overlapping responsibilities.

Revenue & Collection Highlights

In 2013 and 2014, the Billing and Collection Office updated its collections policies and procedures and expanded efforts to collect past due accounts. Efforts are also underway to improve reporting and accountability for uncollected debt and to enhance the data systems. One area of increased effort is collection of medical debt from funeral collections. In 2013, payments totaling \$197,824 were received. In 2014, payments of \$334,546 were made on these accounts.

The Ministry also negotiated an increased level of reimbursement for inpatient care from the Healthcare Fund (HCF). The Healthcare Financing Act, 41 PNC §901ff, was enacted in 2010 and BNH and outpatient clinics began receiving reimbursements from the Healthcare Fund created by this Act in April 2011. Reimbursements from the National Health Insurance (NHI) cover about 80% of the costs of off-island referrals and about 36% of the costs of in-patient care at BNH, excluding personnel costs. General revenue

covers all personnel costs for delivery inpatient care. Patients may use their Medical Savings Accounts (MSAs) to pay for their share of any of these medical costs. This funding helped to cover the gap between what local revenue and patient payments cover and the full cost of delivering medical care.

Challenges

The challenges for 2015 are substantial. The current fee schedule in the regulations has not been updated for over a decade and no longer bears any relationship to the current costs of delivering medical care. The Ministry has completed a costing study for inpatient and related services and is in the process of engaging health cost accounting and actuarial experts to complete the costing study of outpatient services. With reliable and current information on the actual costs of delivering each service, the Ministry will propose a comprehensive update to the current fee schedule. This will result in better budgeting and coverage of costs by grants and will support a fairer realistic reimbursement level from both private insurance and the national Health Care Fund (HCF).

There is a substantial gap between what it costs to deliver health care and what is collected from HCF, grants, insurance, and private individuals. Local revenue covers this gap. The burden of covering the increasing costs of delivering health care must be shared by each of these groups. The Ministry will actively negotiate with HCF to increase the levels of reimbursement and will request increased budget allocations, but the Ministry must also continue to improve its collection efforts from individuals.

Medical Records

Medical Records is currently part of the Revenue and Collections Office and is responsible for the maintenance, safeguarding and availability of patient records while ensuring access by health care providers to promote quality patient care. The staff are responsible for seeing that the patient's right to privacy and the confidentiality of the information stored within the medical record is maintained at all times. The major functions of the medical record department include the admission and discharge procedures, retrieval of medical records for patient care and authorized use, completion of monthly and annual statistics, coding diseases of patients discharged or having died, filing medical records, and preparing birth and death certificates.

The department consists of seven staffs, one medical record manager and six medical record technicians working three shifts: day, evening and night. Operations hours are 24 hours a day, 7 days a week. There is no allocated budget strictly for use by Medical Records.

Medical Records Highlights

- Improved processing of birth and death certificates to be completed in a timely manner with fewer errors.
- Revised policies and procedures on the processing of birth and death certificates
- Reviewed patient records and pulled out records that have been inactive for more than 20 years and made space for newer records.
- Began using an open purchase order process for forms so quality, standardized forms can be utilized in the patients' charts as well as cutting down on costs.

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Challenges

- There is a need for more space to house all patient records. Currently there is one container utilized for death patient records and it is also running out of room.
- Deficiency in office supplies and equipment to sustain patient chart maintenance and operations. A need for a functional photocopier machine, upgrading of computers, etc.

Recommendations

- Work with the Clerk of Court regarding policies guiding vital records to ensure alignment with WHO standardized processing of birth and death certificates.
- Policies to be drafted regarding patient record retention and deactivation.
- Propose a plan for “out-processing” for foreign workers leaving Palau after their contract is finished so their medical records can be pulled out from the active patient records section and more space is created for new records.
- Prepare for a transition to electronic health records even if it is only partial. This will alleviate the space issue as well as lighten costs associated with maintaining a paper based medical record system.

Medical Referral Program

The Medical Referral Program is currently housed with the Revenue and Finance Office. The Palau Medical Referral Program manages the process for referring patients who require medical treatment off-island. The Medical Referral Committee, made up of physicians, makes this treatment decision based on applying statutory factors found in 34 PNC Section 333.

The Medical Referral Program and Medical Referral Committee published its annual report in December 2014. A copy of the complete report is attached.

OFF-ISLAND REFERRALS 2011-2014 PHILIPPINES

Year	# of Referrals	Total Cost	Average Cost/Case
2011	62	\$512,091	\$8,260
2012	105	\$1,083,860	\$10,322
2013	70	\$1,419,115	\$20,273
2014	56	\$526,405	\$9,400

TOTALS 293 \$3,541,471

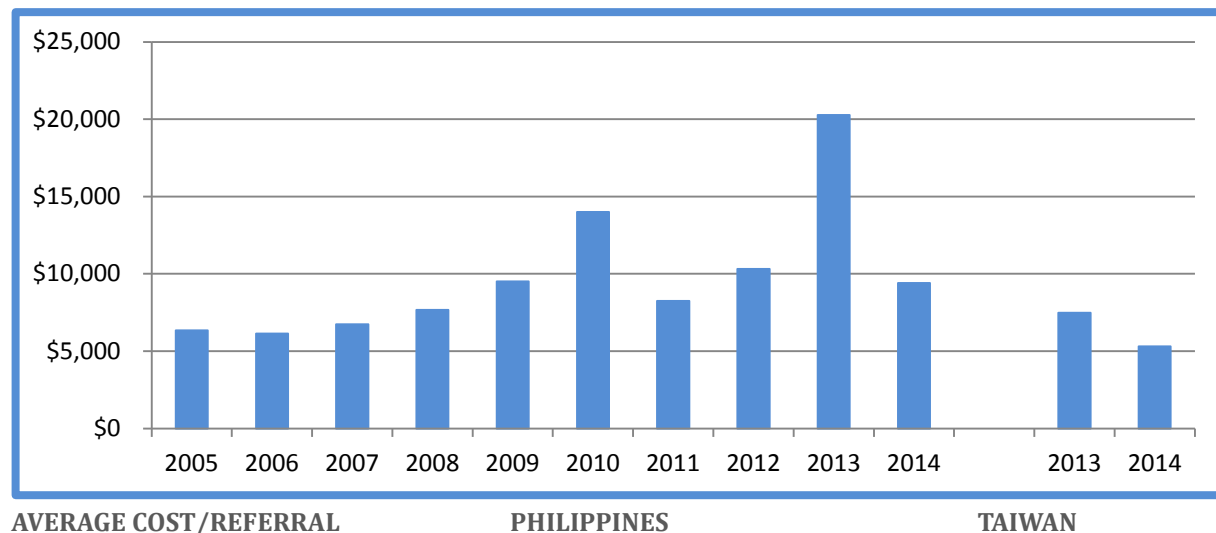
OFF-ISLAND REFERRALS 2013-2014 TAIWAN

Year	# of Referrals	Total Cost	Average Cost/ Case
2013	69	\$515,902	\$7,477
2014	121	\$642,774	\$5,312

TOTALS 190 \$1,158,676

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During the three and one-half years since NHI became available to reimburse the Ministry for off-island care, April 2011 through November 2014, 483 referrals have been made. A little over \$3.281 million has been spent on off-island care during this time, with an average cost of about \$6,793 per referral.



DIVISION OF FACILITIES AND MAINTENANCE

This Division is responsible to ensure that the overall environments of all facilities that provide MOH services are conducive to patient care and delivery of services to the community. The services within this Division are housekeeping, janitorial, custodial, laundry, yard keeping, landscaping, security and maintenance of the building, machines and equipment. The services are critical in ensuring a safe, clean and welcoming environment and that patient care is not compromised from shortages, lack of cleanliness, or non-functioning machines and equipment or from issues affecting building safety and security. Staff work 24/7 to deliver these critical services.

The kitchen and cafeteria are currently part of this Division, as well. They are responsible for preparing and serving nutritious meals following dietary instructions by the physicians for each inpatient at BNH, and also offer breakfast and lunch to employees, patient attendants and visitors.

Division of Facilities and Maintenance Highlights

- Three security staff completed law enforcement officer training and are now deputized for the purpose of enforcing parking restrictions and maintaining order within the Ministry grounds.
- The hyperbaric chamber, Behavioral Health Summer House, emergency room security booth, and EEG area of the Laboratory were renovated.
- The CT scan and x-ray equipment are now supported by two uninterruptable power supply units to reduce loss of this critical capacity in the Radiology Department to serve patients.

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- Maintained cleanliness inside and outside of the building including scrubbing, buffing, waxing and water blasting. The grounds and facilities are clean and free of litter. The roofs were cleared of debris, leaks have been repaired and drainage is no longer blocked. The hospital parking lot and driveways were cleaned and re-surfaced.
- The cooling system was inspected and the cleaning, repairs and replacement of worn and broken parts is 80% complete.
- The water and plumbing systems have been inspected and are monitored regularly; the water treatment pump switches were replaced and additional repairs are planned.
- Laundry facilities were updated with repairs to the commercial dryer and purchase of two other dryers and one washer.

Challenges

The Ministry faces extensive challenges with its facilities, machinery and equipment. Much of the machinery and equipment is over twenty years old and requires constant repair. But, often they are so out of date that parts are no longer manufactured so rebuilt machinery and equipment replacement and parts must often be used. The Hospital building has an independent water system with its own filtration and purification process to ensure safe water for patient use, but it is over twenty years old. The ventilators used during surgery and for both inpatient and outpatient care use compressed air and oxygen supplies from an oxygen plant here at the Hospital building. Unfortunately, four of the five ventilators failed in early 2013 due to moisture in the compressed air and only an emergency procurement of a refurbished ventilator identical to current equipment ensured no patient was endangered. Also, the electrical system is strained to its maximum capacity and the transformer is leaking oil. A new transformer is being procured and PPUC is working closely with the Ministry to facilitate purchase and installation, as well as offering use of their back-up systems to ensure patient care is not compromised.

For 2015, the Ministry plans to institute a comprehensive, coordinated facilities, machinery and equipment improvement plan, partner with the US Civic Action Team to establish a maintenance shop facility, relocate the Ministry incinerators, complete replacement of the transformer, update the air conditioning system at BNH, and repair the water delivery system.

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FINANCIAL SUMMARY

Budget and Expenditures Report Fiscal Year 2013-14

Summary as of September 30, 2014:

Budget Appropriation (RPPL 9-15)	(8,753,500.00)	
Total Expenditures		7,856,604.88
Total Encumbrances		678,567.65
Total Remaining Balance as of 9/30/2014	(218,327.47)*	

(*Balance is subject to adjustments based on final audit report)

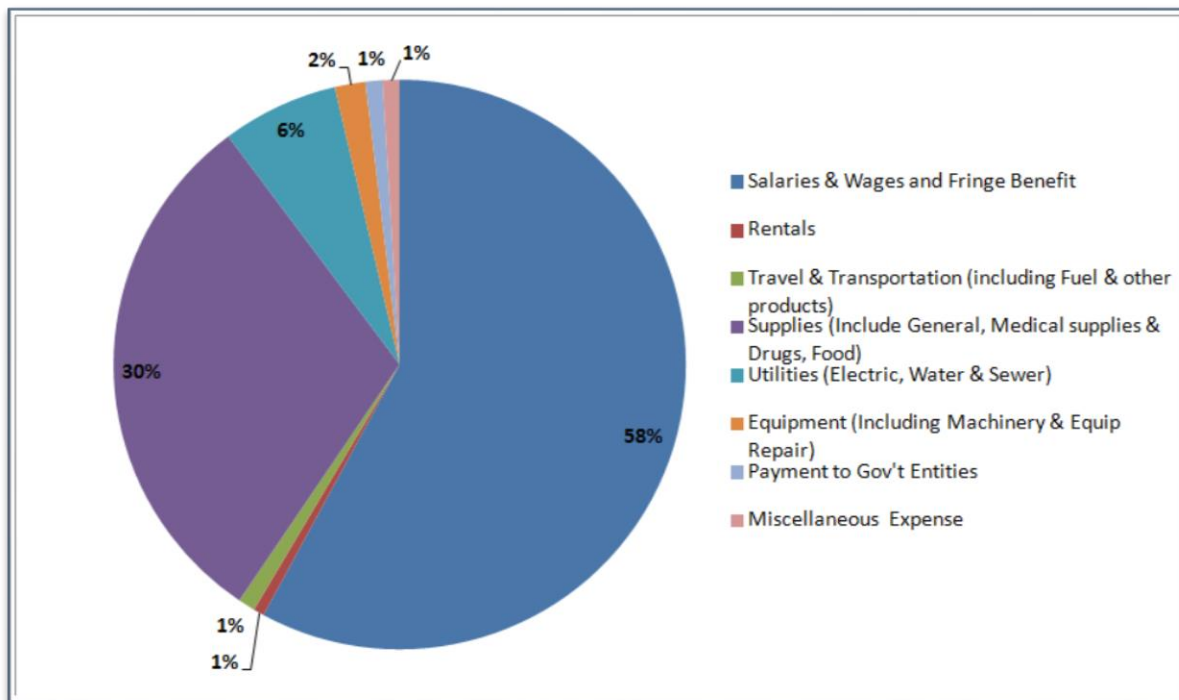
Detail Budget & Expenditures

Org #	Org. Description	Budget	Expenditures	Encumbrances	Balance
1500	MINISTER OF HEALTH	(58,000.00)	52,327.00	-	(5,673.00)
1502	HOSP OXYGEN & AC SYS IMPR	-	40,000.00	-	40,000.00
1510	HEALTH CARE ADMINIST	(2,627,500.00)	2,799,200.33	86,427.11	258,127.44
1511	SHEETS PILLOWS & CASES	(10,000.00)	-	9,722.90	(277.10)
1512	HOSP EQUIPMENT MAINTENANCE	(25,000.00)	8,465.67	16,004.82	(529.51)
1521	MANILA MEDICAL REF OFFICE	(110,000.00)	102,444.53	0.01	(7,555.46)
1522	HAWAII MEDICAL REF OFFICE	(125,000.00)	105,758.25	-	(19,241.75)
1523	TAIPEI MEDICAL REFER OFF	(100,000.00)	81,833.49	805.40	(17,361.11)
1530	PUBLIC HEALTH ADMIN	(105,120.00)	131,825.72	14,392.23	41,097.95
1531	DIV OF SANITATION	(308,000.00)	260,364.63	-	(47,635.37)
1532	DIV OF BEHAVIORAL HEALTH	(75,000.00)	78,007.27	0.01	3,007.28
1533	DIV OF DENTAL HEALTH	(304,000.00)	263,142.93	-	(40,857.07)
1534	DIV PRIMARY & PREV HEALTH	(285,880.00)	230,758.25	-	(55,121.75)
1540	CLINICAL SERV ADMIN	(316,500.00)	35,988.72	-	(280,511.28)
1541	DIV OF MEDICAL SERVICES	(939,000.00)	907,328.75	-	(31,671.25)
1542	DIV OF ANCILLARY SERVICES	(479,000.00)	471,771.19	-	(7,228.81)

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1543	PUBLIC HEALTH NURSING	(320,000.00)	386,949.88	-	66,949.88
1544	CLINICAL SERV NURSING	(1,373,000.00)	1,299,533.02	-	(73,466.98)
1545	VICTIMS OF CRIMINAL ABUSE	(31,500.00)	29,821.44	-	(1,678.56)
1546	ELECTROENCEPHALOGRAPHY TR	(10,000.00)	4,256.24	4,025.18	(1,718.58)
1550	Medical Supplies & Drugs	(600,000.00)	423,869.11	176,100.65	(30.24)
1551	Hemodialysis	(515,000.00)	142,958.46	371,089.34	(952.20)
1552	Hyperbaric Chamber	(36,000.00)	-	-	(36,000.00)
GRAND TOTAL		(8,753,500.00)	7,856,604.88	678,567.65	(218,327.47)

EXPENDITURES F72013-14



ATTACHMENTS

- Ministry of Health Strategic Plan 2014-2018
- Ministry of Health Grants
- Applicable Constitutional Provisions and Statutes
- Medical Referral Program and Committee Annual Report December 2014
- Hospital Trust Fund Annual Report January 2015

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