

# Fiji Ministry of Health & Medical Services Strategic Plan 2020-25

## Key Aims

The strategy document states that the *‘conditions in which people are born, grow, live, work and age affect their health and well-being, both positively and negatively. The MHMS is working to improve access to quality preventive, curative, rehabilitative and palliative services that help individuals, and the population overall, underpinned by a strong health system.’*

The strategy primarily focuses on the health sector, working with external stakeholders and other ministries to ensure that health and well-being improve in all aspects of people’s lives. This section describes the wider global context, the current context in Fiji and key opportunities that drive the strategy.

## UN SDG’s

The main one to focus on health is SDG 3: Ensure healthy lives and promote well-being for all at all ages. At least eight other goals are also concerned with health issues. More than 50 SDG indicators have been agreed on internationally to measure health outcomes, and related determinants of health or health service provision. Health-related indicators cover seven areas: reproductive, maternal, newborn and child health; infectious diseases; non-communicable diseases (NCDs) and mental health; injuries and violence; UHC and health systems; environmental risks; and health risks and disease outbreaks.

## Declarations

The strategy documents highlights that in 2015 the Ministry of Health & Medical Services reiterated its commitment to the Healthy Islands vision, signing the Yanuca Island Declaration on health in Pacific island countries and territories. Fiji is also a signatory to the Astana Declaration, which affirms a ‘commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind.’ It commits signatories to prioritising disease prevention and health promotion, and aims to meet all people’s health needs across the course of their lives through comprehensive preventive, promotive, curative and rehabilitative services and palliative care. The new declaration recognises the increasing importance of NCDs, including mental health issues, injuries and the health impacts of climate change.

## Fiji National Development Plan

The NDP vision is for a high-quality health system, where medical services will be raised to international standards. According to the NDP, investments will be made to reduce patient waiting time; improve hospital services; increase the number of beds; improve ambulance services; and raise the doctor-to-patient ratio to one doctor per 1,000 people. The government will continue with its free medicine scheme to assist low-income households. The NDP is complemented by Fiji’s National Gender Policy and Rights of Persons with Disabilities Act 2018. The National Gender Policy promotes gender equality, including improved male health-seeking behaviour. The Rights of a Person with Disabilities Act states that people with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.

## Integrated Health Services

A three-tiered structure provides the Ministry's integrated services at primary, secondary and tertiary levels, and includes government, private and traditional care providers. Primary health care is well established, with major improvements in secondary health care. Substantial investments have been made in building and upgrading hospitals, health centres and nursing stations. However, these services face increased pressures, particularly at the three main divisional hospitals. Clinical services across the primary and secondary health care sectors absorb the majority of the health budget.

Decentralisation has been a major focus, shifting general outpatient services to subdivisinal health centres and bringing services closer to densely populated areas. More services are also being decentralised and operated through special outpatient departments (SOPDs) and general outpatient department functions. An important feature of the improved continuum of care has been the multidisciplinary teams conducting outreach in communities, in collaboration with community health workers (CHWs).

Recently, the Ministry began rolling out WHO's Package of Essential NCD Interventions (PEN) in primary health care-level SOPDs. These tools will enable early detection and management of cardiovascular diseases, diabetes, chronic respiratory diseases and cancers to prevent life-threatening complications. They will also help combat the current trend of breast cancer patients seeking health advice late.

The intervention aims to help reduce the number of people dying prematurely from NCDs, which has been growing steadily. Rehabilitative and palliative services are a fundamental part of providing UHC, and it is important to provide them for both adults and children. Increasing access is a critical part of improving UHC. The most recent census in 2017 found one in seven people had a disability.

NCD-related disability is increasing, particularly in terms of amputations and strokes. Rehabilitative services are an investment in human capital, contributing to the health, and economic and social development of the country and people. Rehabilitative services provided in the workplace, including in hospitals, must be managed properly. As detailed in the NDP, Fiji in 2010 signed the International Convention on the Rights of Persons with Disabilities and the right to basic services for people with disabilities is enshrined in the constitution. The National Rehabilitation Hospital in Tamavua, specialises in the rehabilitation of adults with spinal injuries, traumatic injuries, amputations and other serious health conditions.

## Patient Care & Support

Beyond Universal Health Coverage, the Ministry of Health & Medical Services have been prioritising improving patient rights and customer satisfaction, including through the 2017 launch of the '157' complaints hotline. The vast majority of complaints are about long waiting times, hence we are piloting queue management systems to help reduce waiting times. We have implemented a new patient satisfaction survey to provide us with feedback on how patients feel. We have also drafted the Patient Charter, which covers patients' rights and responsibilities.

## Health Workforce

In Fiji, as elsewhere, there is a shortage of skilled professionals. Fiji has made progress in recruiting more skilled health professionals to work in the sector. There are skills shortages in specific cadres and specialisations.

The MHMS is already taking an active approach in this regard, through in-house, external and overseas training, and award programs to support professional development across a range of clinical and non-clinical areas. They have also commissioned key planning documents – the Strategic Workforce Plan and the Role Delineation Plan – which will be completed in 2020.

### Procurement & Equipment

Fiji has a small population, which limits its buying power for commodities and consumables, and items ranging from day-to-day medicines, to prosthetics and specialist equipment. The NDP's key strategy is to reform supply chain management and ensure high-quality medicinal products are rationally used. Fiji Pharmaceutical and Biomedical Services (FPBS) leads the ministry's procurement, supply chain and inspection processes. FPBS is currently, directly supplying facilities, there are space issues at FPBS as all bulk storage is being centralised at FPBS. Distribution of supplies is partially outsourced with scope for further efficiencies. Equipment levels vary across the health system. There is also a need to better align management of consumables with medicines at all hospitals.

### Cost of Health

The Fijian population is able to access services for free or at very low cost. We know that in Fiji our services are pro-poor and generally equitable. Out-of-pocket expenditure was estimated at 21 per cent of overall health expenditure. To help low- and middle-income Fijians, the Free Medicine Policy has had great success in ensuring the poorest households can reclaim the costs of medicines purchased. Public spending on health has increased to 3.1 per cent of Fiji's GDP. Around 43 per cent of government health spending between 2011 and 2015 was on hospital services.

### Health Infrastructure

CWM hospital is building a new maternity wing that will modernise maternal health services and increase bed numbers. We have built new health facilities such as Nakasi and Makoi; and Waimaro, which was rebuilt after being destroyed by Cyclone Winston. We have also started subsidising dialysis in Labasa, with centres to be established in Suva and Nadi.

### Digitalisation of Health Services

While digital health is not a miracle cure for systems, finding ways of using new and emerging technologies to improve health care is key to achieving UHC. We are part of the government-wide digitalFIJI program, enabling services available online and through mobile applications, in which we are collaborating on birth registration.

# Strategic Goals - By 2025

Table 3: Explaining the Strategic Priorities

Strategic Priority	What is it about?
<b>Strategic Priority 1:</b> Reform public health services to provide a population-based approach for diseases and the climate crisis	An integrated approach to public health. Here we define public health as preventing disease, prolonging life and promoting health through the organised efforts of society. <sup>60</sup> Core to this is ensuring we seek ways to expand the availability of promotive, protective and preventive care across all islands.
<b>Strategic Priority 2:</b> Increase access to quality, safe and patient-focused clinical services	Strengthening patient services and the continuum of care. 'Patient services' covers the primary- and secondary-care approach to serving people, in terms of the curative, rehabilitative and palliative health services they need.
<b>Strategic Priority 3:</b> Drive efficient and effective management of the health system	Strong systems underpin our public health and clinical services. We will continue to cover WHO's health systems building blocks and want to expand the area of focus to include partnerships. We will seek innovation and evidence to improve our efficiency and effectiveness.

The priorities are inextricably linked along the continuum of care. The driver of the strategy will be supporting individuals, communities and islands across Fiji that are more vulnerable than others. These include more isolated islands, disease hotspots, locations affected by the climate crisis, people living with disabilities or chronic illness, and informal settlements. The ultimate goal is UHC.

Figure 7: The three Strategic Priorities



## Strategic Priority 1 - Reform Public Health Services to provide a population based approach for diseases and the climate crisis

### Aims:

- Reduce CD and NCD disease prevalence, especially for vulnerable groups.
- Improve the physical and mental well-being of all citizens with particular emphasis on women, children and young people through prevention measures.
- Safeguard against environmental threats and public health emergencies.
- Strengthen population-wide resilience to the climate crisis.

### 1) Reduce CD & NCD Prevalence, especially for Vulnerable Groups

Reducing the burden of both CDs and NCDs is key to the Strategic Plan, focusing on preventive action from community to hospital levels. A more integrated approach to CDs – including neglected tropical diseases – and NCDs is needed, to help case detection, screening and diagnosis of morbidities and comorbidities before they become long-term conditions. We want to see a dramatic reduction in cases of CDs – particularly dengue, typhoid and leptospirosis – and to start controlling our burden of NCDs.

We will focus on decreasing lifestyle risk factors, and improving health-seeking behaviour among the population, including improving the health-seeking behaviour of men. There is a particular focus on the need to improve awareness and identification of prostate cancer.

We will seek ways to expand the availability of promotive, protective and preventive care in communities, and innovative ways of doing this for people living in hard-to-reach locations; for example, through telehealth, specialist mobile clinics, CHWs, expanding outreach and exploring value-added links with CSOs and other development partners.

Strengthening our surveillance, case detection and diagnosis for CDs and NCDs, across all levels of the health system from community to hospital will be a core aspect of this outcome. We want to explore ways we can track children from birth to adulthood. In doing so, we aim to improve our efficiency by early action, and therefore reduce serious cases seen at hospitals.

### Outcome - By 2025

Shown evidence that Fiji has reduced CD and NCD burdens, and is working towards eliminating leptospirosis, typhoid and dengue.

#### **2) Improve the physical and mental well-being of all citizens with particular emphasis on women, children and young people through prevention measures.**

We want to invest in our next generation, by providing a holistic approach to starting preventive measures early in people's lives. We need to integrate well-being support into every contact with women, pregnant mothers and children as they grow. This is particularly important for our young population. Emphasis will be placed on integrating mental health, nutrition, physical activity and oral health into reproductive, maternal, newborn, child and adolescent health.

We will continue to improve maternal and neonatal health services, including our antenatal and postnatal care services, using these contacts for health risk assessments of physical and mental well-being. Overall we will continue to focus on integrating mental health services within primary health care through the Mental Health Gap (mhGAP) Action Program to improve detection, clinical management and referral with particular emphasis on specialist population that includes, mothers, children and adolescents.

We have a robust and effective immunisation program. We will continue to improve our immunisation services and high coverage rates, using them as opportunities to screen for NCDs. Emphasis on early antenatal care bookings will also improve early detection of complications. We will continue to promote breastfeeding and better nutrition for children.

We will also ensure improved prevention, detection and diagnosis of childhood illnesses, including strengthening Integrated Management of Childhood Illnesses. For adolescents we will better support mental health, sexual and reproductive health education and prevention of substance abuse. We must also continue to increase our human papillomavirus (HPV) immunisation and improve our detection, screening and early diagnosis of cervical and breast cancers.

### Outcomes - By 2025

Reduced the number of inpatients presenting symptoms of CDs and NCDs, especially women, children and young people.

Reduced the obesity rate in school children monitored during school visits.

### **3) Safeguard against environmental threats and public health emergencies.**

Improving environmental health and reducing the risks of public health emergencies aim to reduce the burden of CDs. This falls under our responsibilities to enforce international health regulations (IHRs) and the Public Health Act for Fiji. IHRs exist to prevent, protect against, control and provide a public health response to the spread of diseases. They apply to any disease, irrespective of origin or source.

We will provide support to protect against environmental and human-made hazards, including improving WASH in communities. We will review and enforce the Public Health Act and Food Safety Act. We will also strengthen preparedness and resilience to public health emergencies.

#### **Outcomes - By 2025**

Strengthened the IHR capacity of the health system (human resources, surveillance, laboratory and response).

Upgraded the Centre for Disease Control from a Level 2 to a Level 3 facility, as part of strengthening the IHR response.

### **4) Strengthen population-wide resilience to the climate crisis.**

We will therefore review, identify and monitor areas and populations that are vulnerable to climate crisis risks. We will raise awareness about climate change effects and health responses among the public and key stakeholders. To ensure a more resilient health system, we will strengthen the collaborative approach between stakeholders to better use resources and information. In the event of a disaster, we will continue to enhance disaster preparedness and management, including making sure FEMAT is ready for deployment.

By the end of 2025

#### **Outcomes - By 2025**

Increased the number of health facilities that meet minimum standards for health emergency and disaster preparedness.

FEMAT's role strengthened as part of the overall response to outbreaks and disasters as well as deployment for outreach services, including a range of medical and emergency services.

## **Strategic Priority 2 - Reform Public Health Services to provide a population based approach for diseases and the climate crisis**

#### **Aims:**

- Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups.
- Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population.



- Continuously improve patient safety, and the quality and value of services.

**1) Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups.**

We know that maternal, neonatal, perinatal and child health outcomes are important measures for a strong health system, and we need to continually focus on decreasing mortality rates. The continuous, critical audit of our services will be an important part of evaluating and implementing improvements (including the MNHSI and perinatal audit tools). There is a need to provide services closer to people's homes and to improve services for our young population, both in schools and at health facilities.

We will therefore continue to decentralise maternal health services to subdivisional hospitals to provide quality maternal health services closer to the community. We will continue to provide and strengthen our sexual and reproductive health services throughout the country, including family planning services. Because of our predominantly young population, we will also look at increasing access to youth-friendly services in health facilities. This includes, STIs, mental health and substance abuse treatment, especially for those aged 15-24 years. For children aged 13-17 years, we will focus on improving our integrated clinical services in schools, which will also link to our preventive and promotional areas.

**Outcomes - By 2025**

Improved access to services for women, children, young people and vulnerable groups.

Found solutions that reduce the risk of maternal, neonatal, perinatal, infant and child deaths, leading to improved quality of service and reduced mortality

**2) Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population.**

The decentralisation of specific services to divisions, will assist us in achieving our aim of reduction in complications, as our people will be able to access services more efficiently. We will prioritise strengthening current services, and by ensuring better linkage between clinical and preventive services we aim to reduce the time needed for patients to be admitted.

We will ensure an efficient and effective referral system from the community to hospital levels. We will also work on ways to improve use of operating theatres in divisional and subdivisional hospitals. Our outreach services for routine clinical services, rehabilitative services and supporting care in the community for long-term care are also very important in supporting clinical services and bringing services closer to communities and people's homes. We will continue to use FEMAT to provide surgical outreach. Civil society organisations (CSOs) and health service providers are important stakeholders in extending and complimenting our services.

**Outcomes - By 2025**

Reduced the length of stays for inpatient treatment, especially for women and children, by providing a more integrated service from the community level upwards, which will also reduce the risk of complications.

Provided a more integrated service for rehabilitative care across the different levels of the health system and strengthened services for children and the elderly.

### **3) Continuously improve patient safety, and the quality and value of services.**

Our aim is to improve the overall experience of our customers. We will do this by providing clinical services in a standardised manner across the country, including improving clinical governance, competencies of staff, clinical practice guidance and auditing.

We will therefore also focus on improving patient safety by reducing harm and reducing variations in availability and quality of care. We will engage patients and their families as informed partners in health care, starting by rolling out the draft Patient Charter. Our approach will also improve quality and value by focusing on decreasing wastage.

#### **Outcomes - By 2025**

Improved access to standardised treatment services including timely diagnosis, treatment, and efficient referral. This will reduce readmission rates and improve the use of operating theatres.

## **Strategic Priority 3 - Drive efficient & effective management of the Healthcare system**

#### **Aims:**

- Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued.
- Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment.
- Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable.
- Ensure infrastructure is maintained to match service needs.
- Harness digital technologies to facilitate better health care for our patients.
- Continue to strengthen planning and governance throughout the MHMS.
- Widen our collaboration with partners for a more efficient, innovative and higher-quality health system.

#### **Outcomes - By 2025**

Increased where required, the number of skilled doctors, nurses, midwives, allied health workers and psychiatrists providing health care services either directly or indirectly through the MHMS.

Improved overall performance ratings of all staff employed by us, measured through individual staff work plans.

Reduced stockouts of essential medicines and commodities across nursing stations, health centres, and sub divisional and divisional hospitals, and established a system to measure stockouts.

Improved budget execution, financial performance, management and greater efficiency.

Maintained a level of infrastructure at health facilities at all levels based on standards or endorsed plans.



Increased access to detailed electronic patient information for staff and patients across the country.  
Established functional governance structures at all national, divisional and health facility levels that are linked through a standardised planning process.

Implemented cross-government strategic action plans for priority health issues, in particular: well-being and lifestyles (NCDs), the climate crisis, reduced sexual and gender-based violence, and improved access to services for people with disabilities.

Established partnerships, including contracting with external stakeholders that lead to evidence-based contributions to health outcomes.

**More Information** – [Fiji MOHMS Strategic Plan 2020-2025](#)