

SDG 3 – Good health and Wellbeing

TARGETS	INDICATORS
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio
	3.1.2 Proportion of births attended by skilled health personnel
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate
	3.2.2 Neonatal mortality rate
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
	3.3.2 Tuberculosis incidence per 1,000 population
	3.3.3 Malaria incidence per 1,000 population
	3.3.4 Hepatitis B incidence per 100,000 population
	3.3.5 Number of people requiring interventions against neglected tropical diseases
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
	3.4.2 Suicide mortality rate
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 Death rate due to road traffic injuries
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern method
	3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)

	3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution
	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
	3.9.3 Mortality rate attributed to unintentional poisoning
3.A Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.A.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older
3.B Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.B.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis
	3.B.2 Total net official development assistance to medical research and basic health sectors
3.C Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.C.1 Health worker density and distribution
3.D Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.D.1 International Health Regulations (IHR) capacity and health emergency preparedness

SDG 3 in the Fiji National Development Plan

- Over the next 20 years, there will be an increased focus on tertiary healthcare and the improvement of overall medical service delivery in Fiji.
- The free medicine scheme will continue helping to assist low-income households. This programme provides medicine free of charge for all Fijians earning less than \$20,000 per year.
- There will also be efforts to ensure specialised care in Fiji is improved so that Fijians do not need to pay high medical bills overseas. It will also help to position Fiji as the health hub of the South Pacific.

Definitions

What is maternal mortality rate?

The Maternal mortality rate is the death of a woman while pregnant due to causes related to or aggravated by the pregnancy. The maternal mortality rate is measured as the number of deaths of pregnant women per 100,000 live births.

In 2015 Fiji's maternal mortality rate stood at 39.2/100,000.

Maternal mortality rates of other countries:

Sierra Leone – 1360 (2015) HIGHEST

Mexico – 38 (2015)

China – 27 (2015)

USA – 14 (2015)

UK – 9 (2015)

Greece – 3 (2015) LOWEST

SOURCE: <https://www.who.int/healthinfo/statistics/indmaternalmortality/en/>

<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2223rank.html>

What is infant mortality rate?

The infant mortality rate is the number of deaths under one year of age occurring among the live births in an area during a year, per 1,000 live births occurring among the population of the same area during the same year.

In 2018, Fiji's infant mortality rate stood at 22, putting it slightly above the average for Pacific small island states with a rate of 20.

Infant Mortality rates of other countries:

Finland – 1 (2018) LOWEST

UK – 4 (2018)

USA – 6 (2018)

China – 7 (2018)

Mexico – 11 (2018)

Central African Republic – 85 (2018) HIGHEST

SOURCE: <https://stats.oecd.org/glossary/detail.asp?ID=1347>

https://data.worldbank.org/indicator/SP.DYN.IMRT.IN?most_recent_value_desc=false

READING:

https://www.who.int/healthinfo/indicators/2015/chi_2015_27_mortality_infant.pdf?ua=1

What are Non-Communicable Diseases?

Non-communicable diseases, often referred to as NCDs are a group of chronic diseases that are not communicable meaning they cannot be passed from person to person. They often have a long duration and are the result of genetic, physiological, environmental and behavioural factors. NCDs include: cardiovascular diseases, cancer, chronic respiratory diseases and diabetes.

NCDs disproportionately affect people in low and middle-income countries where more than three quarters (32 million) of global NCD deaths occur. These diseases are often associated with older age groups with most deaths due to NCDs occurring between the ages of 30 and 69 years of age.

SOURCE: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

READING: https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_1

Fijian National Development Plan Target 3.1.6 – Health and Medical Services

The government aims to provide “access to quality health facilities necessary for good health, and to health care services, including reproductive health care”.

Maternal and Infant Mortality Rates have declined.

- Under 5 mortality rates have decreased from 18.0/1000 live births in 2015 to 13.2 in 2018

Major investments have been made in:

- Upgrading hospitals and health centres
- Providing decentralised health services so they are more easily accessible to all members of the population
- Improving the doctor-to-patient ratio
- Supplying essential drugs

In the next 5 years:

- Hospitals will continue to be upgraded
- New health centres will be created and all will have a full time doctor
- A National Kidney Research and Treatment Centre will be created

Plans for improvement include:

- Greater education about family planning
- A multi-sectoral approach looking at better health education, supply of fruit and vegetables, and awareness around this issue in order to reduce the number of deaths due to NCDs
- Partnerships with the private sector, NGOs and development partners
- Earlier detection for communicable diseases such as HIV and tuberculosis



Figure 1: Korolevu Health care centre



Figure 2: Colonial War Memorial Hospital in Suva

Fiji National Development Plan Target 3.1.4 – Food and Nutrition Security

The government aims to create a situation where “every Fijian has access to adequate food of acceptable quality and nutritional value”

- Access to adequate food is a constitutional right in Fiji.
- The development of agriculture and fisheries is critical in order to supply access to nutritious food.
- Over the next 5 years the government will ensure increased food production and find ways to limit the effects natural hazards have on agriculture and fisheries.
- Large commercial agriculture and fisheries will be supported to achieve economies of scale.
- The adoption of mechanization will help to improve production efficiency.
- The government will conduct more research to improve farm productivity.
- The consumption of locally produced fresh food will be encouraged and it will be ensured that these products are easily available.
- Focus will be placed on expanding the supply of traditional food such as Cassava as they are sustainable in the local climate.
- Strategies will be promoted in order to mitigate the effects of climate change on the food sector.
- It is recognized that some products will need to continue being imported in order to meet food requirements.



Figure 1: Cassava farming

FURTHER INFORMATION

National Kidney Research and Treatment Centre

- The centre will set the benchmark for the enhancement of kidney health services in the Pacific.
- The centre will address kidney health generally and also provide long term dialysis treatment.
- The Centre will act as a national hub for kidney services but will also support other units through monthly outreach programs.
- Financial assistance will be provided for those with lower incomes so that they can access dialysis.

READING:

<https://fijivillage.com/news/-Health-Ministry-states-that-the-National-Kidney-Research-and-Treatment-Centre-establishment-well-underway-9sk5r2>

<https://fijisun.com.fj/2017/07/02/dr-krishnan-ecstatic-over-kidney-centre-appointment-more-help/>

SDG 3 in numbers

68.2% - premature mortality in Fiji due to NCDs (2015)

30.6% - mortality attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease (2016)

11 – neonatal mortality rate (2018)

34 – maternal mortality rate in Fiji (2017)

54 – Tuberculosis incidence (per 100,000 population) (2018)

6.6 : 10,000 – Ratio of skilled doctors per 10,000 of the population. (2015)

11.0 % - Proportion of government expenditure on health (2015)

SDG 3 in the Fiji 2019 Review

In order to achieve the targets laid out in Sustainable Development Goal 3, Fiji will be focusing on maternal and child health, increasing immunizations, integrated management of childhood illnesses and improvements in reproductive health.

Governance and Service Delivery

- Fiji's health care is provided through nursing stations, health centres, sub-division hospitals, divisional hospitals and specialized hospitals.
- The spread of healthcare services to smaller health care centres has improved accessibility to health care particularly for the rural populations.

Maternal and Child Health

- Progress has been made with the maternal mortality rate decreasing from 59.47 per 100,000 births in 2012 to 35.6 in 2017.
- There has been a slight increase in infant mortality rate from 15.9 per 1,000 births in 2012 to 16.4 in 2017.

Non-Communicable and Communicable diseases

- Fiji is experiencing premature deaths from non-communicable diseases such as heart disease and diabetes.
- Poor nutrition has contributed to the increase in deaths from NCDs and therefore preventative measures such as advocacy of healthy eating and physical activity are being implemented.
- The free infant immunization schedule has helped to decrease incidents of infectious diseases such as Hepatitis B which has reduced from 37.41 per 100,000 population in 2014 to 12.5 in 2017. However, some diseases are showing resistance to these immunizations and therefore more research needs to be done in this area.
- Suicide is also an issue in Fiji and therefore efforts are being undertaken in the healthcare sector and schools to focus on the promotion of mental health.