



**MINISTRY OF HEALTH
& MEDICAL SERVICES**

STRATEGIC PLAN

2020-2025





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Message from the Minister



I present to you the Ministry's Strategic Plan 2020-2025, that outlines our new strategic priorities and sets the direction for the Ministry for the next 5 years. It reflects the higher level of determination and drive that I had envisioned. It clearly demonstrates our pathway to achieving Universal Health Coverage by ensuring that we reach the unreachable. I would like to ensure that every individual in this nation has equitable and accessible health services and no one is left behind.

The plan is closely aligned to the National Development Plan (NDP) that emphasises inclusive socio-economic development to improve the social well-being of all Fijians, with no one being left behind. The NDP vision of a high quality health system, where medical services are raised to international standards is also reflected in this Strategic Plan.

The development of this new Strategic Plan has provided us the opportunity to formulate strategies to re-orient services, with a greater focus on providing services closer to people's homes and improving services for our young population. This Strategic Plan, therefore, has a more in-depth focus on the delivery of services with clear outcomes outlined for decentralisation of services. 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 by ensuring better linkage between clinical and preventive services. We also aim to improve our efficiency by early action, and therefore reduce serious cases seen at hospitals. Our aim is to improve the overall service experience of our patients. We will do this by providing clinical services in a standardised manner across the country.

Overall, we are seeking ways to expand the availability of care in communities, and innovative ways of doing this for people living in hard-to-reach locations. We will strengthen the collaborative approach between stakeholders to better use resources and information in order to build a more resilient health system. In the event of a disaster, we will continue to enhance disaster preparedness and management, including making sure Fiji's Emergency Medical Assistance Team (FEMAT) is ready for deployment.

I take this opportunity to thank all our partners and stakeholders for supporting us over the years and look forward to working together in implementing this plan. I also thank all the staff and encourage us to continue to put in greater care, compassion and commitment into our work to achieve the outcomes in this plan.

A handwritten signature in blue ink, appearing to read 'Ifereimi Waqainabete'. The signature is written over a dotted line.

Hon. Dr. Ifereimi Waqainabete
Minister for Health and Medical Services

Foreword from the Permanent Secretary



This Strategic Plan sets the strategic direction for the next five years (2020-2025), based on a one system approach. We aim to use this approach to progress towards achieving Universal Health Coverage with a focus on quality health care which is necessary for good health. This will assist us in progressing towards our vision of a healthy population.

The integrated approach to service delivery, strengthening of patient services and continuum of care is reflected in our three core strategic priorities. We will focus on the health and well-being of all Fijians, and we will work closely with other sectors to combat the social determinants that affect people's lives.

We aim to reform public health services to provide a more population-based approach for disease prevention and addressing the health impacts of climate crisis. This integrated approach to public health is further defined, with a focus on expanding the availability of promotive, protective and preventive care across all islands.

We value our patients' experience and we will work on further strengthening patient services and the continuum of care at all our facilities. There is an ongoing focus on increasing access to quality, safe and patient-centered clinical services.

To further reinforce and strengthen our service delivery, we realise the importance of strong health systems that underpin our public health and clinical services. Health systems strengthening is also a key strategic priority area and we will be focusing on efficient and effective management of the health system.

The strategic priorities are all 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.

This Strategic Plan will provide the reference framework for operational planning and implementation across the Ministry. The implementation of this plan will be through a clear monitoring, evaluation and learning plan that will have clear, actionable items and key performance indicators.

We acknowledge the contribution and support of our partners, including government ministries, private sector providers, development partners, non-government and civil society organisations. We look forward to using this strategic plan as a platform for further collaboration across the health sector.

A handwritten signature in black ink that reads "Bernadette Welch".

Bernadette Welch PSM
Permanent Secretary

1 Overview

1.1 Strategic intent

The Ministry of Health and Medical Services (MHMS) is responsible for managing Fiji’s overall health care system. We aim to provide a **one-system approach** to the three core Strategic Priorities. We want to achieve universal health coverage (UHC) by providing the quality health care necessary for good health. Through an integrated approach to public health and by strengthening the continuum of care for patients, we will improve the health and well-being of all Fijians and combat the social determinants that affect people’s lives, especially the lives of the most vulnerable and marginalised.

Figure 1: Overview of our strategy



1.2 Plan in a page

Table 1: Strategic Plan summary

Strategic Priority	Outcome
<p>Strategic Priority 1: Reform public health services to provide a population-based approach for diseases and the climate crisis</p>	1.1. Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups
	1.2. Improve the physical and mental well-being of all citizens, with particular emphasis on women, children and young people through prevention measures
	1.3. Safeguard against environmental threats and public health emergencies
	1.4. Strengthen population-wide resilience to the climate crisis
<p>Strategic Priority 2: Increase access to quality, safe and patient-focused clinical services</p>	2.1. Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups
	2.2. Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population
	2.3. Continuously improve patient safety, and the quality and value of services
<p>Strategic Priority 3: Drive efficient and effective management of the health system</p>	3.1. Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued
	3.2. Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment
	3.3. Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable
	3.4. Ensure infrastructure is maintained to match service needs
	3.5. Harness digital technologies to facilitate better health care for our patients
	3.6. Continue to strengthen planning and governance throughout the MHMS
	3.7. Widen our collaboration with partners for a more efficient, innovative and higher-quality health system

1.3 Why a new strategy?

The MHMS is a complex system of people, locations and systems. The five-year Strategic Plan provides guidance, which will be translated into an annual operating plan (AOP) every year, and cascade into business plans for key units of the ministry and every health worker's individual work plan. The Strategic Plan will measure and monitor the outcomes we achieve based on key performance indicators, which are described in this document. We want to ensure our strategy:



Reflects our progress and outlines key priorities to shape the future of health care, using the knowledge and experience of our health workers, international standards and the direction set by our leadership under the Minister and Permanent Secretary.



Reflects the current situation in Fiji and aligns with the whole-of-government approach to planning.



Better links to the actual work done by our health workforce and partnerships, and services we want to achieve



Is simpler and more useable – it is a document to provide our divisions, departments and health facilities with direction in their own planning processes.



Engages our staff and partners in the process of developing the plan to create ownership, as the plan is for all health workers.

1.4 Design approach

Designing the document was a 12-month process, led by the Planning and Policy Development Division, in four key phases.

- **Phase 1 – Governance:** We established a national steering committee to provide regular guidance, advise and lead the process, chaired by the Permanent Secretary and managed by the Planning and Policy Development Division. The Steering Committee membership covered public health, clinical services and health systems senior management. Guest specialists were invited to specific meetings and subcommittees were also set up to discuss special topics.
- **Phase 2 – Discovery:** We conducted a situational analysis and risk assessment, using primary and secondary data to create a detailed analysis of the health sector. We reviewed 145 publicly available documents to develop a detailed situational analysis of health in Fiji.
- **Phase 3 – Consultations:** We consulted widely across all divisions – including hospitals, health centres and divisional staff – representing public health, clinical services, support services and corporate staff. We ran participatory workshops to share information, build consensus and gain feedback. We visited divisional offices, subdivisions, hospitals, health centres, nursing stations and communities. We spoke to 157 staff in total and provided updates through a bespoke newsletter. The approach incorporated inputs from a wide cross-section of departments and activities. We ensured our process was harmonised with the whole-of-government approach to planning.
- **Phase 4 – Synthesis and design:** We synthesised the information to then take to the Minister and Permanent Secretary to review and provide overall direction. This ensured that we took a dual strategic and people-centred approach to the plan, where the Minister and Permanent Secretary have led the conceptual design and prioritisation.

2 The wider context impacting the health of Fijians

2.1 Overarching framework

‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’

World Health Organization definition of health

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.

Our 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.

The UN Sustainable Development Goals

In 2015, more than 190 world leaders committed to the 17 UN Sustainable Development Goals (SDGs). 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.¹ 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.²

Declarations

The MHMS in 2015 reiterated its commitment to the Healthy Islands vision,³ signing the Yanuca Island Declaration on health in Pacific island countries and territories. The Healthy Islands concept involves continuously identifying and resolving priority issues related to health, development and well-being by advocating for them, and facilitating and enabling them to be addressed in partnerships among communities, organisations and agencies at local, national and regional levels.

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.’⁴ 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.⁵

‘Universal health coverage means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship’

World Health Organization definition of UHC

At the 2019 World Health Assembly, as a member of the WHO Executive Board, Fiji co-sponsored three draft resolutions on patient safety and quality, elimination of cervical cancer and antibiotic and antimicrobial resistance (AMR).⁶

National plans and policies

The National Development Plan (NDP) outlines a 20-year development plan (2017-36) that emphasises inclusive socio-economic development to improve the social well-being of all Fijians, with no one being left behind ‘regardless of geographical location, gender, ethnicity, physical and intellectual capability and social and economic status’.⁷ 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.

‘In the next 20 years, medical services will be raised to international standards with a major focus on tertiary health care and overall medical service delivery.’

National Development Plan – Transforming Fiji

2.2 The global context

Global trends

- 1. The number of older people is increasing** – People are living and requiring health care for longer. Average global life expectancy is 71.4 years (73.8 years for women, 69.1 years for men).⁸
- 2. Non-communicable diseases are a huge burden** – Chronic diseases kill 41 million people each year, equivalent to 71 per cent of all deaths globally.⁹ The burden of mental health issues is substantial, with suicide the second-leading cause of death among young people aged 15-29 years after road injury.¹⁰
- 3. Communicable Diseases including Epidemics** – There has been an increasing emphasis on communicable diseases due to emerging infectious diseases and a predominance of viral illnesses.¹¹ Lower respiratory infections are the most common cause of death due to communicable diseases with around 3.0 million deaths worldwide in 2016.¹² There have been outbreaks of leptospirosis, typhoid and dengue in Fiji; however, there have been geographical variations in the number of case reported.¹³ There is greater risk of AMR, now considered a ‘global health crisis’.¹⁴ In our global society, public health emergencies can affect anyone, so we need to ensure a health system that can prevent, monitor, detect and respond to public health emergencies, linked with efforts to achieve UHC.¹⁵
- 4. Ensuring universal health coverage is fundamental** – UHC is the foundation to achieving SDG 3: Ensure healthy lives and promote well-being for all at all ages.¹⁶
- 5. A systems-level approach to health is key** – This is a key driver to improving health care and providing UHC. WHO’s six building blocks in health systems strengthening provide the core

Unfortunately, our region is known as a 'hot spot' for overuse or misuse of antimicrobial medicines such as antibiotics and also the emergence of the bacteria or bug that has a resistance to those

functions in improving health outcomes: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership/governance. This includes using technology and innovation for improving health outcomes.

6. **There is a renewed emphasis on the health workforce** – This relates in particular to empowering nurses. WHO has designated 2020 as the Year of the Nurse and Midwife. There are around 24 million nurses worldwide, accounting for about half the global professional health workforce.¹⁷
7. **The climate crisis is affecting health** – It will continue to affect the social and environmental determinants of health: clean air, safe drinking water, sufficient food and secure shelter. Globally, the number of weather-related natural disasters has more than tripled since the 1960s.¹⁸
8. **Gender and disability gaps negatively affect individuals** – Gaps include negative cultural and social practices, and gender-based violence. To rectify this situation, the well-being of women, children, adolescents and people living with disabilities is at the centre of health care and achieving the SDGs.¹⁹

3 The Fijian context

In this chapter we cover the current status and emerging themes across our population, the services we deliver and the systems we support.

Table 2: Summary of the Fiji context

Population health	Services	Systems
<ul style="list-style-type: none"> • Population trends • Non-communicable diseases • Communicable diseases and environmental health • Climate crisis 	<ul style="list-style-type: none"> • Integrated health services • Patient care, safety and customer service 	<ul style="list-style-type: none"> • Health workforce • Supply chain, procurement and equipment • Financial processes • Infrastructure • Digitalisation • Planning and governance • Partnerships and collaboration

3.1 Population health

We know people are living longer in Fiji: average life expectancy in Fiji rose from 65.5 years in 1990 to 70.4 years in 2017. However, we have a young population: 54 per cent of people in 2017 were under 30 years old. 14.3 per cent of people experience disabilities. The population is also rapidly becoming more urban, especially in the Greater Suva area, increasing demand for services.²⁰

Figure 2: Population summary of Fiji



Source: 2017 Population and Housing Census, Fiji Bureau of Statistics (2018)

3.1.1 Non-communicable diseases

NCDs have been responsible for over 70 per cent of premature deaths for a decade, with the most recent estimate being 78 per cent.²¹ The majority of these deaths were recorded in groups aged between 45 and 59 years.²² Cardiovascular diseases, cancers, diabetes and chronic respiratory diseases are the main contributors to the deaths, and are often linked to other health problems.

‘Ultimately, the most viable option for combating NCDs is continuing to focus efforts on prevention and primary healthcare.’

Breast cancer and cervical cancer are the leading cancers of women and girls in Fiji.²³ Rates of violence against women and girls are high across the country. The NDP includes a commitment to address physical and sexual violence against women and children.²⁴

Mental health is an area where additional support is needed throughout the health system for children, adolescents and adults. As an indication of the burden, suicide rates in adults increased from 29 people in 2015 to 61 people in 2017 across all age groups.²⁵ We have seen improvement in combatting tobacco use, where the percentage of the adults who smoke tobacco daily decreased from 17.5 per cent to 16.6 per cent.²⁶

Improved systematic screening of NCDs is being piloted.²⁷ Rheumatic heart disease screening is conducted during school health team visits. Evidence from school visits shows an increasing trend in obesity in our younger generations.²⁸

3.1.2 Communicable diseases and environmental health

We have a renewed emphasis on decreasing communicable diseases (CDs), in particular, dengue, typhoid and leptospirosis. Fiji has made significant improvements in the capability of its health systems to deal with infectious diseases, and also with community health promotion and messaging on CDs.²⁹ Acute respiratory infections are reported as the most common CDs through the National Notifiable Disease Surveillance System. Tuberculosis cases have risen steadily over the past 20 years, apart from 2016, when Cyclone Winston disrupted services and the number of cases reported fell.³⁰ From 2010 to 2016 there were 50-70 new cases of HIV per year. As of February 2017, Fiji had a cumulative total of 747 confirmed HIV cases.³¹

Major outbreaks in recent years have included dengue in 2013-14 and meningococcal C, which was new to Fiji in 2018. Measles outbreak was declared in November 2019, there were 28 cases in total and all cases were from the Central Division. The aim was to vaccinate at least 95% of people in the target group and more than 300,000 people in the target group were immunised against measles. The outbreak was brought to an end through massive response effort by the Ministry.

Overall statistics show good levels of access to water and sanitation. Around 96 per cent of Fiji’s population have access to improved drinking water sources, with the unserved 4 per cent living in rural areas.³² Some 87 per cent of the population have access to improved sanitation facilities. The data have not been updated for several years and expansion of peri-urban areas may not show up in countrywide access figures. Rural communities do not have adequate access to water and sanitation facilities, which require targeted interventions.³³

Rapid urbanisation is leading to increased demand for services, especially in the Greater Suva area. Of particular concern from the perspective of environmental risks and human rights are urban sprawl, inadequate sewage collection and treatment infrastructure, and poor solid waste management. Inadequate sanitation facilities and poor waste management threaten human and ecosystem health by contaminating soil, food, air, fresh water and the ocean. There are roughly 200 informal settlements in Fiji, home to around 15 per cent of the population.³⁴

Through the National Antimicrobial Resistance Committee, we have also been working on an inter-agency strategic response plan for antibiotic resistance and AMR.³⁵

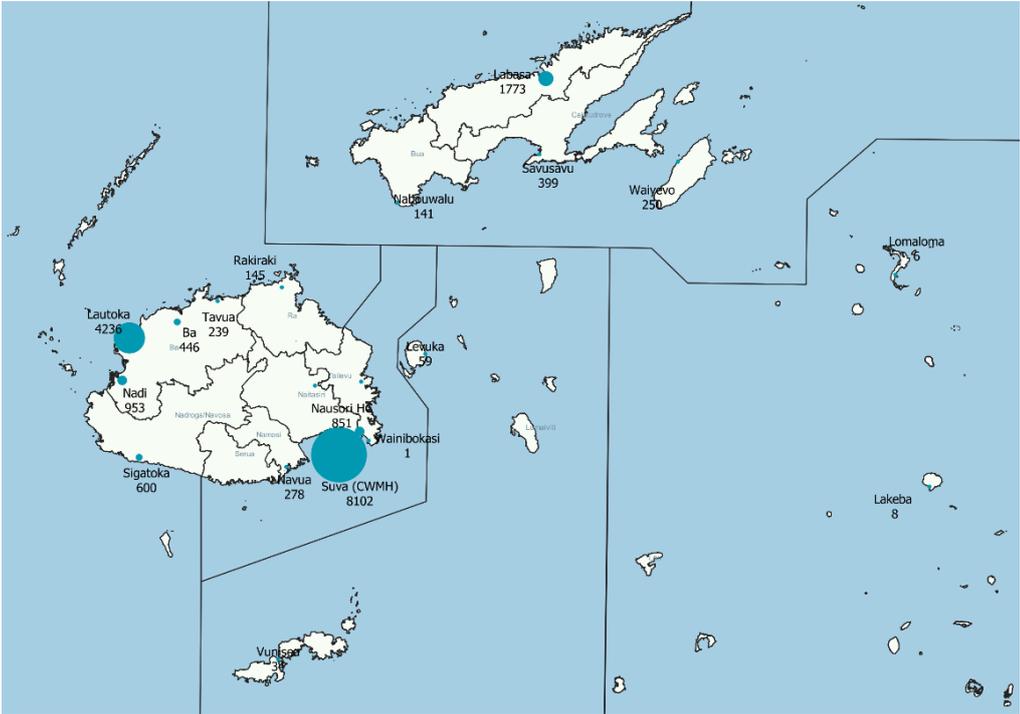
3.1.3 Reproductive, maternal, neonatal, newborn child health and adolescent health

Reproductive health care is enshrined in the Fiji Constitution and the Reproductive Health Policy for Fiji. Antenatal care visits are high, but rates of exclusive breast feeding have remained relatively static in recent years.³⁶

Fiji closely monitors maternal, infant and under-five mortality rates to ensure they remain low. These rates have nearly halved since 1992 and have stayed at similar levels for the past eight years. With sexually transmitted infections (STIs) rising by 33 per cent between 2013 and 2017,³⁷ focusing on sexual and reproductive health continues to be important.

Currently in Fiji, 87 per cent of all deliveries occur in six facilities: Colonial War Memorial (CWM), Lautoka, Labasa, Nadi, Sigatoka hospitals and Nausori Maternity Unit.³⁸ Maternal admissions make up between a quarter and a third of all hospitalisations.³⁹ Fiji has a Strengthening Maternal Services at Sub Divisional Facilities Plan in place, bringing quality maternal health services closer to the community by implementing a plan for safe decentralisation of maternity care to sub-divisional hospitals.⁴⁰ The Maternal and Newborn Safe Hospital Initiative (MNSHI) audit has shown improvements in the standard of our maternal and newborn services in our hospitals.

Figure 3: Map of Fiji showing number of births (2017)



Source: MHMS data

Vaccination rates have remained high, but below expected targets: the NDP target for 2017-18 was 90 per cent, with the final 2021 target being 95 per cent.⁴¹

The Fiji Adolescent Health Situational Analysis states Fijian adolescents experience an excess burden of poor health, which has not improved substantially over time. CDs, under- and over-nutrition, and poor sexual and reproductive health are common health needs for Fijian adolescents. Violence and unintentional injuries are important causes of preventable morbidity and mortality, particularly for males. There is also a very large burden of NCDs, including chronic physical illnesses and mental disorders. Health risk behaviours, including substance abuse, physical inactivity and sexual health risk, were found to be common. These outcomes and risks relate to the disadvantage that many Fijian adolescents experience across the social determinants of health.⁴²

3.1.4 Climate crisis

The risk of climate shocks and environmental disasters is very evident in Fiji. In February 2016, Cyclone Winston – a category 5 cyclone and the most devastating tropical cyclone on record in the southern hemisphere – affected more than 350,000 people in Fiji (40 per cent of the population).⁴³ Smaller, more frequent events also affect specific populations.

Since then, Fiji has continued to prepare for climate-related emergencies locally and regionally, including through Fiji's Emergency Medical Assistance Team (FEMAT), which is the first team in the Pacific Islands to be certified by WHO for international deployment.

3.2 Services

3.2.1 Integrated health services

A three-tiered structure provides our integrated services at primary, secondary and tertiary levels, and includes government, private and traditional care providers.⁴⁴ 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.⁴⁵ Clinical services across the primary and secondary health care sectors absorb the majority of the health budget.

‘Universal health coverage is about reaching the unreached for equitable health services.’
*Minister for Health and Medical Services
Dr Ifereimi Waqainabete*

Decentralisation has been a major focus, shifting general outpatient services to subdivisional health centres and bringing services closer to densely populated areas.⁴⁶ 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).⁴⁷

‘The decentralisation of services has meant that our specialists have been able to go to certain areas...The vessel ‘Veivueti’ is helping the Ministry to provide extensive health care services in the maritime areas.’
*Minister for Health and Medical Services
Dr Ifereimi Waqainabete*

Recently, we 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.⁴⁸ They will also help combat the current trend of breast cancer patients seeking health advice late.⁴⁹ 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.⁵⁰ 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.⁵¹ 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.⁵²

3.2.2 Patient care, safety and customer service

Beyond UHC, we 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.

Figure 4: The diversity of our customers



3.3 Health systems

3.3.1 Health workforce

The largest component of health expenditure is the 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. A significant proportion of the ministry's existing workforce is nearing retirement and a large group of employees are still in the formative stages of their development.

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. We have also commissioned key planning documents – the Strategic Workforce Plan and the Role Delineation Plan – which will be completed in 2020.

Innovation

Northern Division has started piloting a post-graduate scheme. Subdivisional medical officers undertake a Master's in Public Health remotely, under the guidance of the University of Melbourne, using data from a civil society organisation based in Labasa. The staff undertake the Master's degree course while they are working.

3.3.2 Supply chain, procurement and 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.

There is a need for digitalization of the supply chain to enable usage based quantification. Overall a comprehensive supply chain reform is required to address key issues to enable the health system to respond adequately to service delivery needs.

3.3.3 Financial processes

The Fijian population is able to access services for free or at very low cost. We know that in Fiji our services are pro-poor⁵³ and generally equitable.⁵⁴ Out-of-pocket expenditure was estimated at 21 per cent of overall health expenditure.⁵⁵ 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.⁵⁶

We have divided our financial system into 12 cost centres. We have opportunities to improve financial efficiencies by improving spending on health services targeted at the bottom 40 per cent of earners.⁵⁷

3.3.4 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.⁵⁸

3.3.5 Digitalisation

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.

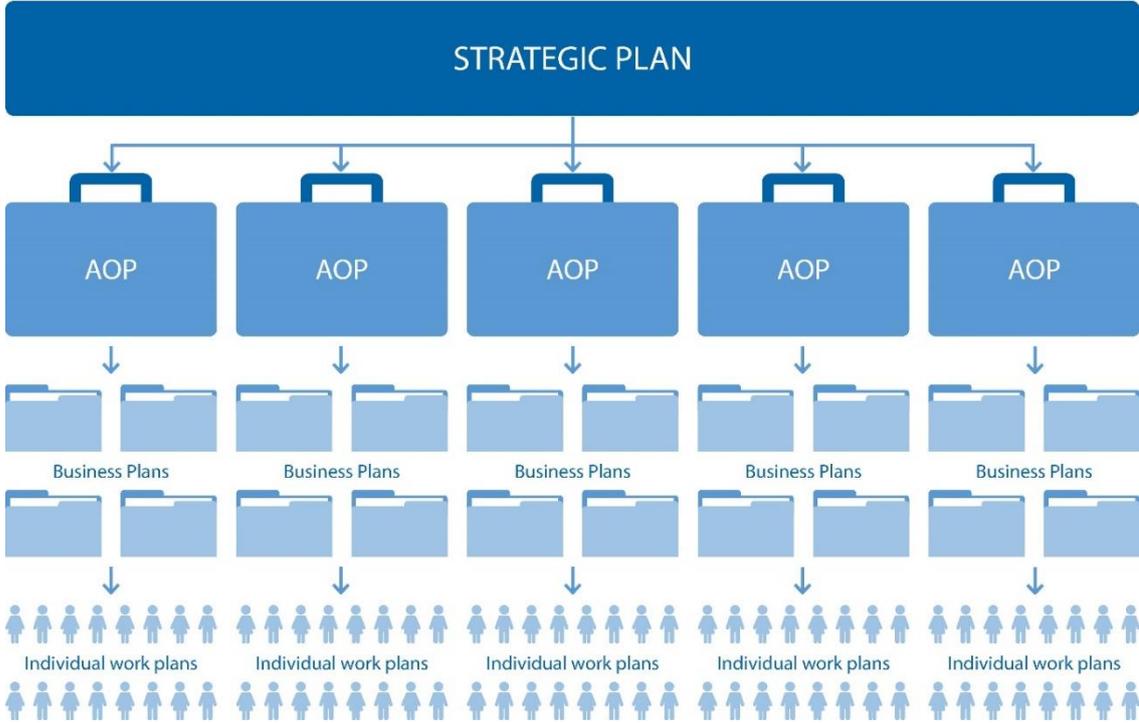
Within the MHMS, we have made significant progress in compiling, analysing and applying evidence to guide strategic and operational planning and management of health services. Health information systems provide much of the information required to guide clinical and management decision-making. However, the information systems in place need modernising. The health information system has recently been reviewed, with recommendations ready for implementation. There have been pilots of digital health solutions to support patient care and information systems, but no holistic approach to digital health.

Key information systems include:

- The Patient Information System (PATISplus), an online system accessed through the Govnet intranet, which has expanded to divisional and subdivisional hospitals and some health centres, and has increased its number of apps to include ones for birth, rheumatic heart disease and a dentistry register.
- Consolidated Monthly Return Information, used to collect service use data from health facilities, which are particularly important in nursing stations and health centres.
- The Human Resource Information System is being rolled out across eight ministries following its success in the MHMS.
- The FPBS inventory management system, which supports supply chain information.
- The National Notifiable Disease Surveillance System, which focuses on priority CDs.⁵⁹

3.3.6 Planning and governance

Figure 5: The planning process



Our Strategic Plan is a rolling five year plan and implemented through Annual Operational Plans (AOP). The AOP translates the Strategic Plan into outputs and activities that we commit to achieving. Business plans outline activities of the AOP for each functional unit, including the 12 cost centres, budgeting our cost for the fiscal year. Key plans being developed for release in 2020 are the Central Services Plan and Role Delineation Plan, which set service planning needs.

Health policies are developed and reviewed to clearly outline the ministry’s policy position on key areas. These policies have had an impact on health care delivery in health facilities as well as preventive services. Over the past five years, policies have been developed to address developments in preventive programs, more efficient delivery of identified services and to address administrative challenges.

We publish a National Health Accounts (NHA) report for each fiscal year in collaboration with WHO. The NHA report assists in evidence-based planning and is a reference document for understanding expenditure flows in Fiji’s health system. It details information on out-of-pocket spending, providing critical information for financial protection and UHC.

3.3.7 Partnerships and collaboration

Civil society organisations (CSOs) provide additional complementary services in hard-to-reach areas and specialised services. They include psychosocial and mental health support, and water, sanitation and hygiene (WASH) outreach conducted in communities and schools, and NCD screening services.

In Fiji, private companies are active in the health sector, with over 100 general practitioners (GPs). Employers also offer private health insurance through 4 key insurance companies. We have a large number of different stakeholders including communities, CSOs, religious institutions, research institutes, donors, UN agencies and other external stakeholders, all of which represent an opportunity for collaboration to improve the health and well-being of Fijians. Boards of Visitors also support hospitals. We are also looking into ways of expanding the reach and type of health services in rural areas.

Cross-government partnerships have been a critical part of our ministry's work. Successes have included government coordination for wellness (e.g. across our ministry, the Ministry of Education and the Ministry of Youth and Sports) and increased our engagement with the private sector, working with food manufacturers to reduce salt. We have also led cross-government partnerships on AMR, including the development of an AMR Action Plan.

Development partners account for a small proportion of total health expenditures in Fiji. However, their financial and technical support often has important strategic value. The initiatives supported by development partners are designed in collaboration with key Fiji-based counterparts, whether in our ministry or the private sector, to ensure they respond to the local context and population needs.

Specific areas of support are often strategically identified to fill critical gaps that may have inadequate domestic funding or to provide additional technical expertise. In some cases, support from development partners has been ad hoc, duplicative and/or disjointed from initiatives being implemented by the MHMS and other health sector stakeholders. To minimise the impact of these situations, we have an important role to play in clearly communicating national priorities, providing updates on our efforts and progress, and coordinating support between relevant partners and stakeholders.

4 2020-25 strategic direction

Figure 6: One-system approach



‘I would like to ensure that every individual in this nation has equitable and accessible health services, where no one is left behind – therefore interacting with staff and the people provides that platform to work towards accomplishing the desired goal.’

Minister for Health and Medical Services, Dr Ifereimi Waqainabete

Table 3: Explaining the Strategic Priorities

Strategic Priority	What is it about?
<p>Strategic Priority 1: Reform public health services to provide a population-based approach for diseases and the climate crisis</p>	<p>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.⁶⁰ Core to this is ensuring we seek ways to expand the availability of promotive, protective and preventive care across all islands.</p>
<p>Strategic Priority 2: Increase access to quality, safe and patient-focused clinical services</p>	<p>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.</p>
<p>Strategic Priority 3: Drive efficient and effective management of the health system</p>	<p>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.</p>

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 illnesses, and informal settlements. The ultimate goal is UHC.

Figure 7: The three Strategic Priorities



4.1 Strategic Priority 1 – Reform public health services to provide a population-based approach for diseases and the climate crisis

The outcomes related to this priority are:

- 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.

4.1.1 Outcome 1.1 – Reduce CD and 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 co-morbidities 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.

Wellness Fiji, an approach enshrined in the National Wellness Policy for Fiji, advocates a holistic, population-based approach to well-being that covers mental health, nutrition, physical activity and oral health. By promoting an integrated approach to public health, we shift away from a disease-focused approach.

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. Through multidisciplinary teams, we need to cover the seven key cohorts (pregnancy, infant, toddler, child, adolescent, adult and senior citizen) and seven settings (villages, settlements, schools, workplaces, towns/cities, sports and faith-based organisations). This is also linked to our preventive measures in section 4.1.2.

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.

We will also initiate targeted interventions to reduce long-term conditions and public health threats. Priorities will be decided on annually in collaboration across our ministry, other line ministries and our partners.

By the end of 2025 we want to have achieved the following:

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

4.1.2 Outcome 1.2 – Improve the physical and mental wellbeing 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.⁶¹

By the end of 2025 we want to have achieved the following:

2. Reduced the number of inpatients presenting symptoms of CDs and NCDs, especially women, children and young people.
3. Reduced the obesity rate in school children monitored during school visits.

4.1.3 Outcome 1.3 – 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.

By the end of 2025 we want to have achieved the following:

4. Strengthened the IHR capacity of the health system (human resources, surveillance, laboratory and response).
5. Upgraded the Centre for Disease Control from a Level 2 to a Level 3 facility, as part of strengthening the IHR response.

4.1.4 Outcome 1.4 – Strengthen population-wide resilience to the climate crisis

Fiji has already strengthened its capacity to deal with diseases and the climate crisis, which we will continue to build on. The threat of the climate crisis is real and we will focus on locations most at risk, such as those areas prone to flooding or environmental shocks. This outcome links with sections 4.1.1 and 4.1.4.

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 we want to have achieved the following:

6. Increased the number of health facilities that meet minimum standards for health emergency and disaster preparedness.
7. 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

4.2 Strategic Priority 2 – Increase access to quality, safe and patient-focused clinical services

The outcomes related to this priority are:

- 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.

'We want to continue to bring services closer to our people'

*Minister for Health and Medical Services
Dr Ifereimi Waqainabete*

4.2.1 Outcome 2.1 – 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 in section 4.1.2.

By the end of 2025 we want to have achieved the following:

- 8. Improved access to services for women, children, young people and vulnerable groups.
- 9. Found solutions that reduce the risk of maternal, neonatal, perinatal, infant and child deaths, leading to improved quality of service and reduced mortality rates.

4.2.2 Outcome 2.2 – 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.

Underpinned by good health systems, it is imperative we provide high-quality clinical services to our patients, including: inpatient and outpatient services, oncology, accident and emergency, surgery, oral health, eye care, physiotherapy, mental health, dermatology, paediatrics, and obstetrics and gynaecology services. These services are supported by the very important functions of radiology, pathology, nutrition, pharmacy, laboratory, and cleaning and security services. It is of paramount importance that these clinical and support services work well together as part of the one system approach.

Strengthening our clinical management of priority NCDs for better health outcomes through the Package of Essential NCDs model is an area of clinical support that will be continued. This is linked to supporting those with NCD-related mobility and visual impairments, especially older people.

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.

By ensuring improved outreach in collaboration with nursing stations, health centres and community health workers (CHWs), and support to families and individuals in the community (in particular women who often are the primary caregivers), we also aim to reduce the burden on our hospitals.

Our main focus is to prevent morbidity and mortality by providing access to high-quality services. However, preventive services may not stop injuries, disabilities or life-threatening conditions. We will ensure rehabilitative services are decentralised, so fewer patients need to travel to Suva. This will improve the experience of people living with disabilities accessing our services.

Innovation

In 2018, a public-private partnership was announced between Health Care Fiji and the Fijian Government for Lautoka and Ba hospitals to strengthen services in Western Division. This is a pioneering partnership for the future.

The project will not only significantly improve access to specialist services available in the country, but will also reduce the cost of patient referrals overseas.

By the end of 2025 we want to have achieved the following:

10. 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.
11. Provided a more integrated service for rehabilitative care across the different levels of the health system and strengthened services for children and the elderly.

4.2.3 Outcome 2.3 – 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. This will be supported by the Role Delineation Plan and linked to supporting the health workforce (see section 4.3.1).

We know that improving clinical services will also increase productivity and the effectiveness of our health system. 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.

By the end of 2025 we want to have achieved the following:

12. 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.

4.3 Strategic Priority 3 – Drive efficient and effective management of the health system

The outcomes related to this priority are:

- 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.

4.3.1 Outcome 3.1 – Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued

Our vision is to ensure the skills of the health workforce reach internationally accepted levels. If we are to increase Fiji’s access to services, we must also increase the number of staff and specialists employed – either directly or through partnerships with universities. In particular, there is a shortfall of nurses and midwives.

To help alleviate the shortfall, we will implement a strong set of policies and plans, including implementing the new MHMS Strategic Workforce Plan to identify and monitor needs and supporting the Role Delineation Plan. Diversity in the workforce is important, which must include working on policies that enable gender equality in the workforce and help support people living with disabilities to enter our workforce.

‘We must bring back care, compassion and commitment into our work’

*Minister for Health and Medical Services
Dr Ifereimi Waqainabete*

We will focus on attracting, selecting, retaining and empowering the right people to create a diverse, inclusive and engaged workforce. This includes designing attraction and recruitment strategies, rapidly deploying staff, monitoring staff satisfaction and ensuring regular analysis of the health workforce.

We will provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce. We will do this by developing competency-based frameworks and supporting strengthening leadership, management and supervision.

By the end of 2025 we want to have achieved the following:

13. Increased where required, the number of skilled doctors, nurses, midwives, allied health workers and psychiatrist providing health care services either directly or indirectly through the MHMS.
14. Improved overall performance ratings of all staff employed by us, measured through individual staff work plans.

4.3.2 Outcome 3.2 – Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment

The availability of commodities and equipment is a critical component of the functionality of the health system. Our vision is to have the right commodities and equipment available to match workforce and service needs.

We will assess and reform our business processes to ensure that FPBS remains efficient and relevant. We will start this by reviewing the end-to-end supply chain, and developing and implementing a reform plan (as stated in the NDP). We will focus on improving processes for supply chain management, warehousing and procurement, aiming to deliver commodities more efficiently to health facilities. We will also implement quality control processes for all medical supplies. To ensure that health workers have the equipment they need, we will coordinate regular updates of equipment procurement and maintenance plans.

By the end of 2025 we want to have achieved the following:

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

4.3.3 Outcome 3.3 – Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable

Our aim is to ensure strengthened business processes across cost centres, which will improve financial controls, processes and expenditure to ensure the best use of taxpayers’ money. This strengthening should ensure that access to services for free or at very low cost continues.

As mentioned in the NDP, we will develop a health financing strategy and continue with our annual National Health Accounts (NHA) production. As part of our commitment to UHC, we will continue to monitor out-of-pocket expenditure. We will support cost centres to improve their financial controls and processes and establish contracting models for services based on improving the quality of those services.

As part of a push to drive a more efficient health system, including cost efficiencies and reducing duplication of services, we will explore different contracting models where cost benefit studies show efficiencies for direct and support services. The effectiveness of current models will need further research, including contracting out models to CSOs and public-private partnerships.

By the end of 2025 we want to have achieved the following:

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

4.3.4 Outcome 3.4 – Ensure infrastructure is maintained to match service needs

Suitable and appropriate facilities are required to support health and well-being across Fiji, particularly as the focus shifts from hospital-centric services to strengthening the continuum of care, so more services are located closer to people’s homes and communities.

‘The use of digital technologies offers new opportunities to improve people’s health’
WHO chief scientist

We will aim to manage and maintain our assets and facilities better, based on needs and endorsed plans We will update standards for equipment and infrastructure to match the new approach, developing national standards for all types of health facilities.

We want to ensure improved clinical spaces, implementing affordable aesthetic solutions and making better use of space, all supporting an improved patient experience. We must ensure that our workplaces are safe for staff, and accessible to all patients, especially those with disabilities.

By the end of 2025 we want to have achieved the following:

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

4.3.5 Outcome 3.5 – Harness digital technologies to facilitate better health care for our patients

Digital technologies support UHC by providing concrete opportunities to tackle health system challenges, and thereby offer the potential to enhance the coverage and quality of health practices and services.⁶²

We will develop and implement a digital health strategy and digitalisation plan to cover our long-term plan, using information system review findings. In the medium term, we will pilot evidence based innovative technologies to improve health care efficiencies and health outcomes. We will align with the whole-of-government digitalFIJI program. The future focus will be on improving our health information and electronic medical records system, supply chain information, review and fortification of patient

information (improving its use), exploring access to technology to improve productivity and exploring telemedicine solutions that do not compromise quality of services especially for remote islands.

We will also improve access to and completeness of patient information (including specialist information). Patients should be able to access their health information and gain more control of their own health, all of which needs to be built into an appropriate digitalisation plan.

We will ensure that training and support in the use of information systems exists at all levels, as any systems improvements will be matched by improved competencies in our workforce in using those systems (e.g. coders).

By the end of 2025 we want to have achieved the following:

18. Increased access to detailed electronic patient information for staff and patients across the country.

4.3.6 Outcome 3.6 – Continue to strengthen planning and governance throughout the MHMS

A supportive planning and governance structure is a key requirement to support decision-making and implementation of various plans and policies across our ministry. The structure helps set our future direction and ensures interconnectedness across our organisation. This interconnectedness is based on management decision-making processes, across all levels: national, divisional, health facility and community. Our vision is to continue strengthening this throughout our organisation.

During the next five years we will review and update our plans and policies in light of this Strategic Plan. We will ensure that adequate and appropriate plans and policies are in place.

We will ensure improved governance structures across the MHMS and improved use of information for management decision-making through an effective monitoring, evaluation and learning system. We will also explore establishing a Global Health Coordination Unit and a Program Implementation Board to improve coordination, teamwork and governance.

By the end of 2025 we want to have achieved the following:

19. Established functional governance structures at all national, divisional and health facility levels that are linked through a standardised planning process.

4.3.7 Outcome 3.7 – Widen our collaboration with partners for a more efficient, innovative and higher-quality health system

To tackle the social determinants of health, strengthen the prevention of NCDs and CDs, improve service reach and access, and push forward our research and innovation, we must promote health systems as everyone's business i.e. government ministries, communities, civil society, universities, citizens and the private sector.

We want to enhance relationships with our partners and pursue 'whole-of-government' and 'whole-of-society' approaches for national policy and legislative interventions to address risk factors for poor health outcomes. We need to reduce the fragmentation of services and foster greater trust and collaboration among our partners.

We will focus on ensuring better collaboration with other government departments on key health-related and SDG issues, including the Ministry of Education, Ministry of Women, Children and Poverty Alleviation, Ministry of Agriculture, Ministry of Rural Development, Ministry of Youth and Sports, and Police Force, to name a few. We will coordinate best buys for improving well-being and lifestyles including tobacco use, physical exercise, salt intake and alcohol consumption.⁶³ Other key topics include the climate crisis, AMR, WASH in communities, reducing sexual and gender-based violence, and improving services for people with disabilities.

Externally, we will collaborate with communities, religious institutions, CSOs, research institutes, donors, UN agencies and other external stakeholders. We will also continue to work with our Boards of Visitors at hospitals. Core to collaboration will be either extending the reach of our services or providing specialist inputs that complement our capacity and capabilities.

By the end of 2025 we want to have achieved the following:

20. 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.
21. Established partnerships, including contracting with external stakeholders that lead to evidence-based contributions to health outcomes.

5 Acronyms

AMR	Antibiotic and antimicrobial resistance
CSO	Civil society organisation
CD	Communicable disease
CHW	Community health worker
CWM	Colonial War Memorial
FPBS	Fiji Pharmaceutical and Biomedical Services
GP	General practitioner
IHRs	International health regulations
KII	Key informant interview
MHMS	Ministry of Health and Medical Services
NCD	Non-communicable disease
NDP	National Development Plan
PEN	Package of Essential NCD Interventions
SDG	Sustainable Development Goal
SOPD	Special Outpatient Department
STI	Sexually transmitted infection
WHO	World Health Organization

6 References

- ¹ SDGs 1, 5, 6, 7, 8, 11, 16, 17; see: <https://vizhub.healthdata.org/sdg/>
- ² WHO (2018) *World health statistics 2018 – Monitoring Health for the Sustainable Development Goals*
- ³ The commitments state: ‘where children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride; and the ocean which sustains us is protected’; MHMS, SPC and WHO (2015) Yanuca Island Declaration on health in Pacific island countries and territories
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- ⁵ Walraven, G. (2019) The 2018 Astana Declaration on Primary Health Care: Is it useful?, *Journal of Global Health*, 9(1), 010313. doi:10.7189/jogh.09.010313
- ⁶ MHMS (2019) Presentation by Minister to Senior Management Team
- ⁷ MoE (2017) *National Development Plan 5-year and 20-year Plan*
- ⁸ www.who.int/features/factfiles/global_burden/en/
- ⁹ www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
- ¹⁰ www.who.int/news-room/detail/09-09-2019-suicide-one-person-dies-every-40-seconds
- ¹¹ MHMS (2019) KIIIs
- ¹² <https://www.who.int/en/news-room/fact-sheets/detail/the-top-10-causes-of-death>
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- ¹⁴ www.ncbi.nlm.nih.gov/pmc/articles/PMC5927746/
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- ²⁰ Fiji Bureau of Statistics (2018) *2017 Population and Housing Census*
- ²¹ MHMS (2018) *Health Status Report 2017*
- ²² Ibid.
- ²³ The highest cancer incidence for women was breast cancer, 41%; cervical cancer was 32%; source: MHMS (2018) *Health Status Report 2017*
- ²⁴ MoE (2017) *National Development Plan 5-year and 20-year Plan*
- ²⁵ MHMS (2018) *Health Status Report 2017*
- ²⁶ MHMS (2014) Non-communicable Diseases Strategic Plan 2015-19
- ²⁷ MHMS (2019) KIIIs
- ²⁸ MHMS (2018) *Health Status Report 2017*; data show the obesity level in 2013 as 5.1 % (3,079/59,892) and 2017 as 8.7% (11,376/130,618).
- ²⁹ MHMS (2019) KIIIs
- ³⁰ MHMS (2018) *Health Status Report 2017*
- ³¹ Ibid.
- ³² WHO (2016) *Global Analysis and Assessment of Sanitation and Drinking Water*, https://reliefweb.int/sites/reliefweb.int/files/resources/PR%20Global%20launch_Fiji%20appeal%204%20March%202016_Geneva_0.pdf
- ³³ MHMS (2019) KIIIs with communities and health staff
- ³⁴ OHCHR (2018) *Statement of United Nations Special Rapporteur David R. Boyd on the conclusion of his mission to Fiji*, www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=23964&LangID=E
- ³⁵ MHMS (2019) KIIIs
- ³⁶ Exclusive breastfeeding rate: MHMS (2018) *Health Status Report 2017* (62.9%) and MHMS (2017) *Health Status Report 2016* (65.3%)
- ³⁷ MHMS (2018) *Health Status Report 2017*; total STIs: 1,694 in 2013; in 2,265 in 2017.
- ³⁸ MHMS annual data received for 2017
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- ⁴³ UNOCHA (2016) *Press Release, After Cyclone Winston: Fiji Humanitarian Appeal*, https://reliefweb.int/sites/reliefweb.int/files/resources/PR%20Global%20launch_Fiji%20appeal%204%20March%202016_Geneva_0.pdf
- ⁴⁴ MoE (2019) *Voluntary National Review – Fiji’s Progress in the Implementation of the Sustainable Development Goals*
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- ⁴⁷ MHMS (2019) KIIs and community focus groups
- ⁴⁸ The list is from WHO (2010) *Package of Essential Noncommunicable Disease Interventions for Primary Health Care. Currently in Fiji*. The PEN rollout has covered cardiovascular diseases and diabetes mellitus. Chronic respiratory diseases and cancers have yet to be included under the PEN Fiji model of care.
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- ⁵¹ WHO (2017) *Rehabilitation 2030: A Call to Action*
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- ⁵⁷ World Bank (2017) *Systematic Country Diagnostic*
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- ⁵⁹ MHMS (2019) KIIs
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- ⁶² WHO (2019) *WHO Guideline: Recommendation on digital interventions for health systems strengthening*
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