



FIJI-WHO

Country Cooperation Strategy 2018–2022

OVERVIEW

Fiji comprises over 100 inhabited and 200 uninhabited islands covering over 18 000 square kilometres in the South Pacific Ocean. The population was 892 000 in 2015. Fiji's fourth constitution was signed into law in 2013. Fiji's head of state is the president who is appointed by Parliament. The president appoints the prime minister who is the head of government. As a member of Parliament, the prime minister keeps the president informed about matters relating to the governance of Fiji.

The majority of Fiji's revenues come from the forestry, minerals, fish, sugar cane and tourism industries. Major sources of foreign exchange include sugar exports and tourism. Tourism has been the leading economic activity, growing by 16.3% in 2010. Fiji is prone to cyclones and floods.

HEALTH AND DEVELOPMENT

The *National Strategic Health Plan 2016–2020* documents the policy priorities that the Ministry of Health and Medical Services has chosen to underpin its strategic direction for health care in Fiji over five years. To help people achieve full health, the Ministry provides quality preventive, curative and rehabilitative services through its health system. There is a drive towards “wellness”, which entails a more holistic approach to health than the mere reduction of disease or infirmity.

The Minister for Health and Medical Services has oversight of the Ministry, supported by an Assistant Minister for Health and Medical Services. A Permanent Secretary and two Deputy Secretaries for Public Health and Hospital Services provide oversight of operational functions.

The Ministry of Health and Medical Services is heavily reliant on general taxation for financing health care, although there are hospital fees and charges for services. These are gauged to avoid unfairly affecting disadvantaged groups. Many services are free of charge, including outreach and screening.

Health services are delivered through 98 nursing stations, 84 health centres, 17 subdivisional hospitals and three divisional hospitals. There are two specialty hospitals, namely Tamavua P. J. Twomey Hospital with TB, leprosy and medical rehabilitation units, and St Giles Hospital, which provides mental health services. A private hospital is also located in the capital city.

In 2015, the leading causes of death in Fiji were diabetes (19.7%), ischaemic diseases (16.6%) and hypertensive diseases (4.8%). The leading causes of morbidity were diseases of the circulatory system and respiratory system and certain infectious and parasitic diseases. Fiji's STEPS survey report showed that the prevalence of obesity was 42.0%, while prevalence of raised blood pressure was 29.3% and prevalence of raised blood glucose was 14.4%, among the adult population aged 18–64 years in 2011. Approximately 40% of tertiary health-care costs were attributed to the treatment of noncommunicable diseases (NCDs) in 2011, while 18.5% were attributed to the treatment of communicable diseases. The country also continues to experience avoidable illness and death from environment-related infectious diseases, including neglected tropical diseases (NTDs), although there have been significant improvements.

The World Health Organization (WHO), working with partners, will support the Government in pursuing its national strategic priorities. Each strategic activity is linked to at least one of the subregional focus areas that are detailed in the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

1. To achieve the priorities set in the new WHO *Global Health Sector Strategies on STI, HIV and Hepatitis*, to reduce tuberculosis (TB) and to control multidrug-resistant TB

- 1.1 Implement the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020* and ensure programmatic management of drug-resistant TB (PMDT).
- 1.2 Engage leaders and programme beneficiaries in the HIV response through identification of local champions and involvement of people living with HIV and key populations at higher risk in all stages of the programme, service delivery cycle, and monitoring and evaluation.
- 1.3 Achieve or maintain the elimination or eradication of NTDs.

2. To ensure that Fiji has achieved national indicators for all NCDs and for nutrition, in line with global targets

- 2.1 Ensure that excise tax accounts for 70% of the tobacco retail price as the recommended minimum, while increasing taxes on alcohol and targeted foods such as sugar-sweetened beverages.
- 2.2 Increase the use of policy approaches to control alcohol abuse, such as controlling advertising and regulating availability, along with appropriate awareness-raising programmes.
- 2.3 Monitor the status of NCDs through surveys such as STEPS and the Global School-based Student Health Survey (GSHS).
- 2.4 Strengthen NCD management in primary health care, using all Package of Essential Noncommunicable protocols, including monitoring of impact.
- 2.5 Increase efforts to improve diets through education and policy development, including controlling advertising to children and advertising of breast-milk substitutes, adopting settings-based policies, and implementing the *Salt, Sugar and Fat Reduction Strategy*.
- 2.6 Enhance food safety controls through legislative strengthening, capacity-building and improved monitoring and enforcement including for assessing food contamination.

3. To decrease the service provision gap for mental health, disability and rehabilitation and to prevent and respond to violence and injuries

- 3.1 Increase national capacity for recovery-oriented community-based mental health and social support services.
- 3.2 Promote mental health and the prevention of mental disorders, alcohol harm and suicide, reduce stigma and discrimination, and uphold human rights across the lifespan.
- 3.3 Develop national policies and action plans related to disability and violence and injury prevention.
- 3.4 Strengthen community-based rehabilitation as a development approach to improving access to services for people with disability.
- 3.5 Ensure the collection of relevant data as required under global reporting requirements in order to inform programme and policy decisions.

4. To build a robust health system, which ensures universal health coverage and resilience to climate change

- 4.1 Review and strengthen role delineation, and system and performance review across the health system, including sharing of best practices.

- 4.2 Review and plan national health plans, including through the use of national health accounts.
- 4.3 Develop generic standards, competencies and scope of practice for benchmarking of nursing specialization and medical internship, and support ongoing access to continuing career development, including through Pacific Open Learning Health Network.
- 4.4 Assist with improvements in health information systems in line with national indicators and the *Healthy Islands Monitoring Framework*, including improvements in the quality of data.
- 4.5 Strengthen governance and policies.
- 4.6 Develop and maintain climate change resilience, an adaptation plan and an early warning system.

5. To improve access to essential medicines and health technologies, including traditional and complementary medicines, and to contain antimicrobial resistance

- 5.1 Develop and review policies for medicines and health technologies including traditional medicines.
- 5.2 Strengthen procurement and supply of medicines and health technologies through assessment of inventory management systems, supply chain management training, and effective collaboration and information sharing with key programmes and stakeholders.
- 5.3 Improve the ability to detect and deal with substandard products through a regional quality assurance mechanism and strengthened pharmacovigilance system, allied with capacity-building.
- 5.4 Ensure the implementation and monitoring of the multisectoral national action plan on antimicrobial resistance, with sufficient resource mobilization for full implementation.

6. To ensure that Fiji is able to detect, assess and respond to its common epidemic-prone diseases, and have in place arrangements with regional response partners for early technical assistance and surge capacity in the event of a transnational threat or disaster

- 6.1 Develop and adapt technical guidelines and other knowledge products for the prevention and control of biological hazards and contribute to the Pacific Syndromic Surveillance System.
- 6.2 Ensure annual reporting on the implementation of International Health Regulations (2005).
- 6.3 Improve the capacity of the national public health laboratory to conduct core public health tests, and manage shipments to international reference laboratories for timely diagnosis and quality assurance.
- 6.4 Strengthen implementation of the *Pandemic Influenza Preparedness Framework* and support post-disaster early warning, alert and response systems.
- 6.5 Adapt and implement the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*, including enhanced capacity in humanitarian coordination and response within national health authorities.
- 6.6 Invigorate outbreak alert and emergency response exercises for communicable disease events.

7. To achieve improvements in maternal, newborn, child and adolescent health through a life-course approach and by strengthening the continuum of care, including a focus on achieving global and regional immunization goals

- 7.1 Sustain high immunization coverage and ensure continuing poliomyelitis-free status, and achieve and sustain measles and rubella elimination.
- 7.2 Improve prevention and management of rheumatic heart disease in line with the national strategy.
- 7.3 Deliver school health programmes and health promotion in all schools.
- 7.4 Eliminate mother-to-child transmission of HIV.
- 7.5 Expand the coverage of the Mother Safe Hospital Initiative.

NATIONAL HEALTH POLICY

The *National Strategic Health Plan 2016–2020* has two pillars:

1. preventive, curative and rehabilitative services; and
2. health systems strengthening.

The priority areas of the first pillar are NCDs, including nutrition, mental health and injuries; maternal, infant, child and adolescent health; and communicable diseases, environmental health and health emergency preparedness, response and resilience. Health systems strengthening focuses on: primary health care; a productive, motivated health workforce; evidence-based policy, planning, implementation and assessment; medical products; equipment and infrastructure; and sustainable financing of the health system. The overall mission is to empower people to take ownership of their health. The national health plan is regularly monitored through its indicators and targets, including assessment of underperforming areas and required remedial actions.

PARTNERS

In implementing this strategy, WHO and the Ministry of Health and Medical Services will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

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