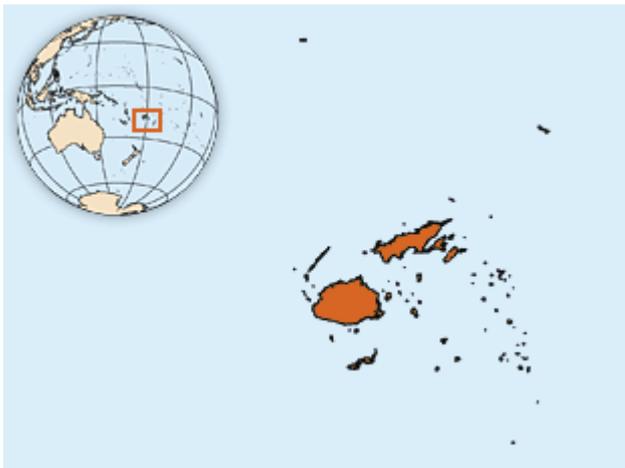


## Fiji



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	Upper-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (1)	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	99
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	69.9 (Both sexes) 73.1 (Female) 67.0 (Male)
Population (in thousands) total (2015)	892.1
% Population under 15 (2015)	28.7
% Population over 60 (2015)	9.3
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2009)	30.7
Literacy rate among adults aged >= 15 years (%) (1)	
Gender Inequality Index rank (2014)	87
Human Development Index rank (2014)	90
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	4.49
Private expenditure on health as a percentage of total expenditure on health (2014)	34.19
General government expenditure on health as a percentage of total government expenditure (2014)	9.25
Physicians density (per 1000 population) (2015)	0.837
Nursing and midwifery personnel density (per 1000 population) (2015)	2.938
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2016)	8.8 [6.6-11.7]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	22.0 [18.4-26.3]
Maternal mortality ratio (per 100 000 live births) (2015)	30 [23 - 41]
Births attended by skilled health personnel (%) (2013)	98.8
<b>Public health and environment</b>	
Population using safely managed sanitation services (%) (1)	
Population using safely managed drinking water services (%) (1)	

Sources of data:  
Global Health Observatory May 2017  
<http://apps.who.int/gho/data/node.cco>

### HEALTH SITUATION

Fiji comprises over 100 inhabited and 200 uninhabited islands with a population of approximately 892,000. In 2015, the leading causes of death in Fiji were diabetes, ischaemic diseases and hypertensive diseases. The leading causes of morbidity were diseases of the circulatory and respiratory systems and certain infectious and parasitic diseases. Fiji's STEPwise approach to noncommunicable disease (NCD) surveillance survey (2011) 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. Approximately 40% of tertiary health-care costs were attributed to the treatment of NCDs in 2011, while 18.5% was 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.

### HEALTH POLICIES AND SYSTEMS

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 some services. Health services are delivered through 98 nursing stations, 84 health centres, 17 subdivisional hospitals and three divisional hospitals.

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. The plan has two key 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.

### COOPERATION FOR HEALTH

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.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)

### Strategic Priorities

#### STRATEGIC PRIORITY 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

#### STRATEGIC PRIORITY 2:

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

#### STRATEGIC PRIORITY 3:

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

#### STRATEGIC PRIORITY 4:

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

#### STRATEGIC PRIORITY 5:

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

#### STRATEGIC PRIORITY 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

#### STRATEGIC PRIORITY 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