PUBLIC HEALTH PRIORITIES FOR FIJI
Problems & Solutions

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WHAT IS PUBLIC HEALTH

Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.

(WHO, 2015)
PUBLIC HEALTH FUNCTIONS

• To assess and monitor health of communities and populations at risk

• To formulate public policies

• To assure that all populations have access to appropriate and cost-effective care
CURRENT HEALTH STATUS - PACIFIC

Areas that are challenging:

- MDG’s not met
- Life expectancy deteriorated
- NCD’s most common cause of death
- Prevalence of risk factors are amongst the highest in the world
- HIV/AIDS remain a risk
- STI’s still a problem

Healthy Islands – Healthy People (SPC) 2013-2022
Figure 1. Leading Causes of Mortality in Pacific Island Countries and Territories (PICTs)

- Noncommunicable disease – 75.4%
- Communicable disease – 14.3%
- Injury, poisoning, accidents – 5.2%
- Other – 5.2%

Source: WHO Country Health Information Profiles (2011)
FIJI’S CURRENT HEALTH STATUS

Life Expectancy

- Till 1990 ↑ but static afterwards (Fiji Islands Health System Review, 2011)
- ↓ from 72.9 years (2000) to 67.8 years in 2005 (MOH 2005)
- 16% Fiji’s population lives beyond 50 and 8% beyond 60 years (Sharma 2010)
- Reason for decrease - Premature deaths from NCD’s (GBD, 2012)

NCD Step survey (Cornelius et al, 2002).

- 1/3 of all deaths and ½ of deaths in the 40-59 age group were due to circulatory diseases.
- Incidence of DM type 2 – 500 cases/year
Comparison of Prevalence of NCD’s in age 25-64 in 2002, 2011 and in VSHC
Prevalence of NCD risk factors in age 25-64

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>2002</th>
<th>2011</th>
<th>Viseisei</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>17.5</td>
<td>16.6</td>
<td>18</td>
</tr>
<tr>
<td>1/&lt;1 Serving of Fruits</td>
<td>65</td>
<td>85</td>
<td>94</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>21.6</td>
<td>30.6</td>
<td>30.8</td>
</tr>
</tbody>
</table>

NCD Step survey).
REPRODUCTIVE HEALTH

- Contraceptive prevalence rate has been stagnant at around 35%-45%.
- Births to teenage pregnancies have led to 10% of all births.
- Prevalence of HIV < 0.1% relative to the high STI rates in Fiji which is a contributing factor to infertility.
- Abortion is not legal in Fiji but we still see cases of unsafe abortion indicating the lack of contraceptive use.
- Cervical Cancer has been the most common cancer in Fiji over the past decade
  - approximately 109 new cases/year
  - estimated incidence of 51.3 per 100,000.

(MOH – Reproductive Health Policy, 2011)
MDG 4 & MDG 5

(Fiji Islands Health System Review, 2011)
MOH (2009) reported that children continue to suffer high rates of respiratory infections and diarrheal diseases.

Re-emergence of CD’s like typhoid, dengue and leptospirosis outbreaks remains a problem.

(Fiji Islands Health System Review, 2011)
The major public health concerns for Fiji are:

- NCDs and their risk factors
- Emerging and re-emerging communicable diseases
- Maternal, adolescent and child health
- Environmental health and hygiene

_Fiji Islands Health System Review, (2011)  

_IN A NUTSHELL......._
PROBLEMS/ CHALLENGES WE FACE

Problem

Lack of Funding/ Health finance

- Between 2.6-4.1% of GDP to MOH
- Mostly focus on curative medicine than preventive services (4.6-13% over the last 10 years)

Asia Pacific Observatory On Health System And Policies, 2014

Solution:

- Sufficient funding for PHC activities by the government
  ‘Prevention is cheaper than Cure’ IS NOT TRUE anymore
- Requesting funds from developing partners in advance

Note: Data for 1997 were not available and were estimated. Source: MOH 1994; 1996; 1998; 1999; 2000
PROBLEMS/ CHALLENGES WE FACE

Problem

Lack Human Resources/ training
• Political disruption in the country saw many health workers leaving the country for greener pastures.
• Majority of health expenditure goes towards human resources therefore expensive. (53% of total health expenditure)

Solution:
• FSM and FSN can make changes to the current curriculum.
• Implement health education programs/courses
• Curriculum developed to train nurses, CHW/ VHW on a regular basis and monitoring their progress.
PROBLEMS/ CHALLENGES WE FACE

Problem

Limited capacity to analyze & interpret data/for research

- No proper training to read and write papers
- Poor use of available data to gauge the current health status of Fiji

Solution:

- Training doctors/health workers in research work from earlier on.
- Increase use of available data (STEPS, diabetes records, PATIS etc.) to evaluate current health standards to reform health policies and gauge the existing ones
- Strengthen health information systems (HIS)
PROBLEMS/ CHALLENGES WE FACE

Problem

Viewing PHC as ‘ RURAL HEALTH’

• Urban population of 53% which will continue to increase
• Our focus has been rural areas to create awareness

Solution:

• Need a new approach to re-direct/distribute our focus to urban centers as well rural in regards to preventive medicine
PROBLEMS/ CHALLENGES WE FACE

Problem

Individuals Mindset/ Attitude

• Health means medication and hospitals
• Curative medicine

Solution:

• Educate and create awareness that health begins at home
• Change perspective that communities, families, individuals control their own health
Problems/ Challenges We Face

Problem

Health promotion is becoming ‘Passive’

‘give them the message and then hopefully they’ll do it … and we wait and wait’.

Solution:

• Involving people from their own villages, communities will create a more personalized platform

• Continuous monitoring
“It will not be possible to reach the health indicators & health-related MDGs unless there is a return to the values, principles and approaches of PHC. Countries at the same level of economic development are compared, those where health care is organized around the tenets of primary health care produce a higher level of health for the same investment. As part of a preventive approach, primary health care is people-centred, regards prevention as important as cure, and tackles the root causes of ill health’.

DRY MARGARET CHAN
LANCET, 2009,
THANK YOU 😊
REFERENCES

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- HEALTHY ISLANDS – HEALTHY PEOPLE, SPC Public Health Division Strategy (2013–2022)
- Sharma, N. (2010). Opening address by Neil Sharma, the Minister for Health, at the 2010 Fiji Health Symposium, Suva
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