HEALTH STATUS REPORT

2017

Message from the Director Health Information, Research and Analysis (DHIRA)

"Sound and reliable information is the foundation of decision-making across all health system building blocks, and is essential for health system policy development and implementation, governance and regulation, health research, human resources development, health education and training, service delivery and financing." (WHO)

The availability of health information is critical in allowing us to ask, and to answer, the right questions about health care in Fiji. It is for this reason, that the Health Information Unit (HIU) produces the Health Status Report previously called the Annual Report which reflects health care performance from the data received from various health facilities across the country.

This information is inclusive of health information systems such as the Consolidated Monthly Routine Information Systems (CMRIS) which encompasses the Public Health and Information Systems (PHIS), Patient Information Systems (PATISplus), Non communicable diseases data (Cancer & Diabetes), Hospital Admission and Discharge data, Communicable diseases data (NNDSS) and Mortality statistics and all other providers of health statistics.

HIU collects data on the 15th of the following month of the end of quarter from the health sector and other relevant sectors, analyses the data and ensures their overall quality, relevance and timeliness, and converts data into information for health-related decision-making. This rich dataset needs to be disseminated and communicated to all the health facilities and private practitioners for measuring and improving health outcomes. It also paves the way for use of reliable information as evidence for monitoring and evaluation that leads to effective and efficient planning, policy formulation, preventative interventions and clinical improvements.

It is vital that the data providers take note of the recommendations and compliance issues in order to contribute and obtain quality information that will have better statistical analysis for improved decision making at various levels of the health system. The selection of current indicators in this report is based on available information and importance to various sections requirements.

This report is an annual compilation of health performance including disease trends, key health indicator status such as sustainable development goals, mortality rates and national roadmap indicators on health.

We are acquiescent to new ideas and improvements on this revised structure and look forward towards hearing more from the users on the use of health information for measuring and improving health outcomes.

I would like convey my sincere gratitude to all involved in the process for their diligent and consistent effort in ensuring this report is made available to us. My hearty thanks also to my hardworking team of enthusiastic, vibrant and motivated individuals.

Mr Shivnay Naidu
Director Health Information, Research and Analysis
Ministry of Health and Medical Services
Suva, Fiji.

Table of Content

Acronyms

A&E	Accident and Emergency
ACBA	Australian Coding Benchmark Audit
ACP	Annual Corporate Plan
ALOS	Average Length of Stay
ANC	Ante Natal Coverage
CBA	Child Bearing Age
CD	Communicable Diseases
CDC	Centre for Disease Control
CMRIS	Consolidated Monthly Return Information
CWMH	Colonial War Memorial Hospital
FCCD	Fiji Centre of Communicable Disease
FPBS	Fiji Pharmaceutical and Biomedical Services
GOF	Government of Fiji
GOPD	General Outpatient Department
HBV	Hepatitis B Virus
HC	Health Centre
HIU	Health Information Unit
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
HPV	Human Papillomavirus
HQ	Headquarters
HRP	Health Research Portal
ICT	Information Communication Technology
IMCI	Integrated Management of Childhood Illnesses
KPI	Key Performance Indicator
LIMS	Laboratory Information System
MCDC	Medical Cause of Death Certificate
MDG	Millennium Development Goals
MHMS	Ministry of Health and Medical Services
NCD	Non Communicable Diseases
NIMS	National Iron and Micronutrient Supplementation
NNDSS	National Notifiable Disease Surveillance System
PATIS	Patient Information System
PHIS	Public Health Information System
PSHMS	Permanent Secretary for Health and Medical Services
RDSSED	Road for Democracy, Sustainable Socio-Economic Development
RDQA	Routine Quality Data Assessment
RHD	Rheumatic Heart Disease
SDG	Sustainable Development Goal
SOPD	Special Outpatient Department
SP	Strategic Plan
STI	Sexually Transmitted Infections
TB	Tuberculosis
TT	Tetanus Toxoid
WHO	World Health Organization

Ministry of Health and Medical Services Overview

The Ministry of Health and Medical Services of the Republic of Fiji acknowledges that it is the fundamental right of every citizen of the nation, irrespective of ethnicity, gender, creed, or socioeconomic status to have access to a national health system providing quality health care which is accessible, affordable, efficient and one that has a strengthened partnership with communities to improve the quality of life.

Ministry of Health and Medical Services Priorities

The Ministry of Health and Medical Services Strategic Plan 2016 - 2020 articulates two Strategic Pillars:

Strategic Pillar 1: Preventive, curative, and rehabilitative health services

1. Non-communicable diseases, including nutrition, mental health and injuries
2. Maternal, infant, child and adolescent health
3. Communicable diseases, environmental health and health emergency preparedness, response and resilience

Strategic Pillar 2: Health systems strengthening

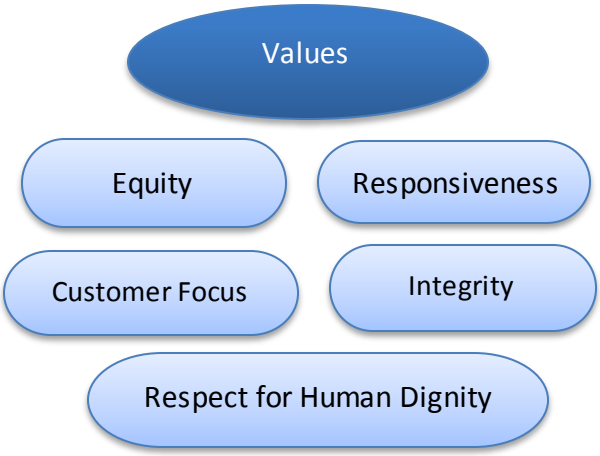
4. Expanded primary health care, with an emphasis on providing a continuum of care and improved quality and safety
5. Productive, motivated health workforce with a focus on patient rights and customer satisfaction
6. Evidence-based policy, planning, implementation and assessment
7. Medicinal products, equipment and infrastructure
8. Sustainable financing of the health system

Guiding Principles

A healthy population

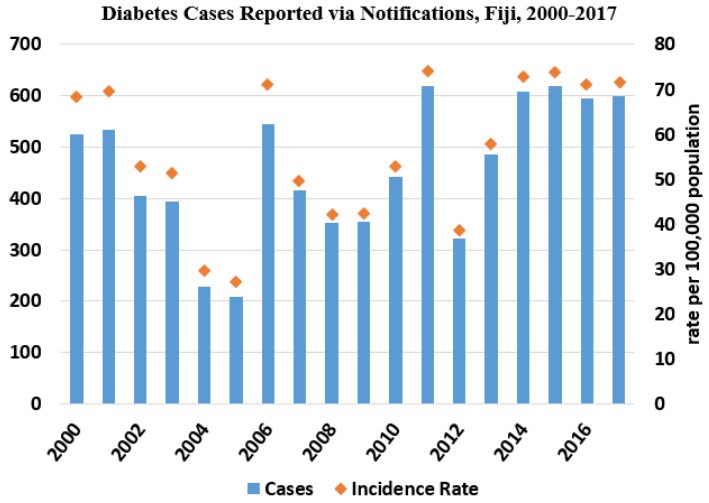
To empower people to take ownership of their health

To assist people to achieve their full health potential by providing quality preventative, curative and rehabilitative services through a caring sustainable health care system.



Priority 1: Non Communicable Diseases [NCD], including Nutrition, Mental Health and Injuries

Non Communicable Diseases

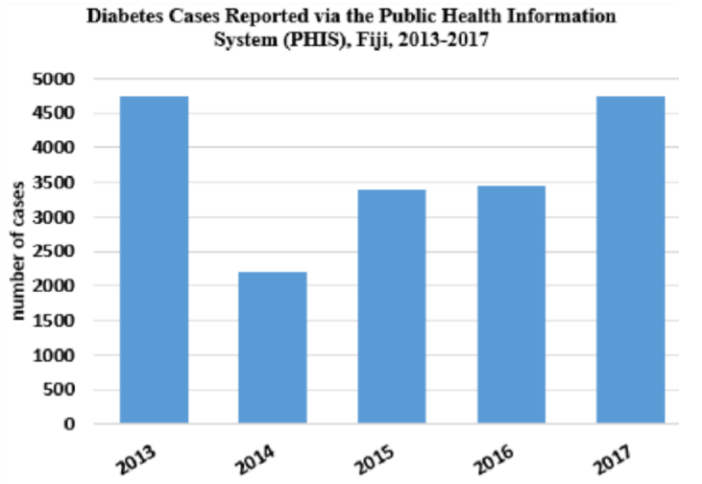


Source: Diabetes Notification

The Diabetes notification database collates any new notification of diabetes from all facilities i.e. information on diabetes incidence. However, there is only about 19% of the cases reported through the PHIS are captured in this system. The Diabetes Registry, a new addition to the Health Information System (HIS), was started in 2017 to provide an indication of the prevalence of diabetes in Fiji, and monitor changes in rates. In 2017, the diabetes prevalence in Fijiwas 4532 per 100,000 population (n= 38,289 cases).

Diabetes Cases Reported via the Public Health Information System (PHIS), Fiji, 2013-2017.

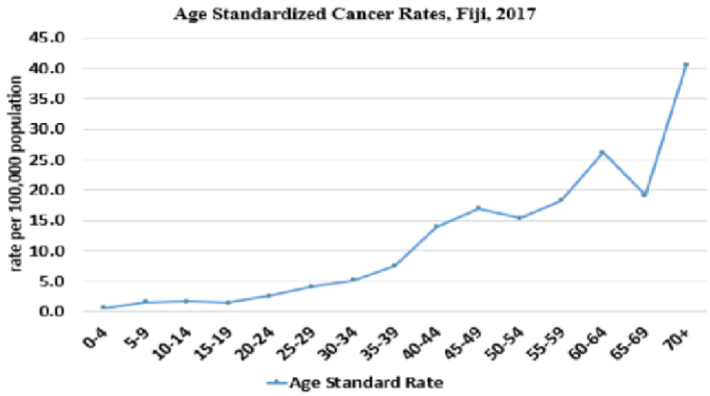
New, medically confirmed, cases of diabetes in Fiji are reported monthly by Health Centres and Nursing stations as total counts to the Public Health Information Systems (PHIS).



Source: CMRIS Online (PHIS)

The graph above shows the diabetes cases reported from the PHIS where by the cases is only reported from the Nursing Stations and Health Centres.

Age Specific Cancer Cases, Fiji, 2017

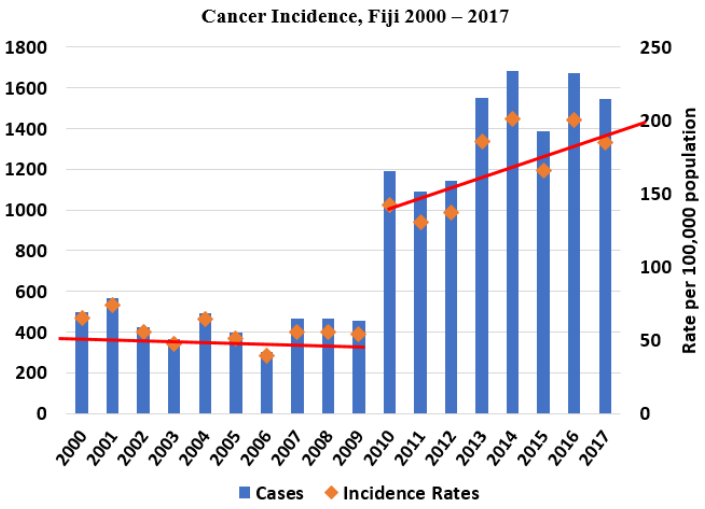


Source: Cancer Registry 2017

Cancer cases are reported to the Cancer Registry, and independent notification sources include: hospital admissions (from 2010), cancer deaths and pathology notifications. The rate of cancer cases continues to increase from age 40 and throughout the older age groups.

Crude Incidence Rate for Cancer in 2017 was 185 per 100,000 population (n=1544) population and the age standardized rate was 179 per 100,000 population. The common cancer in the younger age groups is leukaemia (n=17). The reported figures may be subject to change as reports continue to be received in 2018.

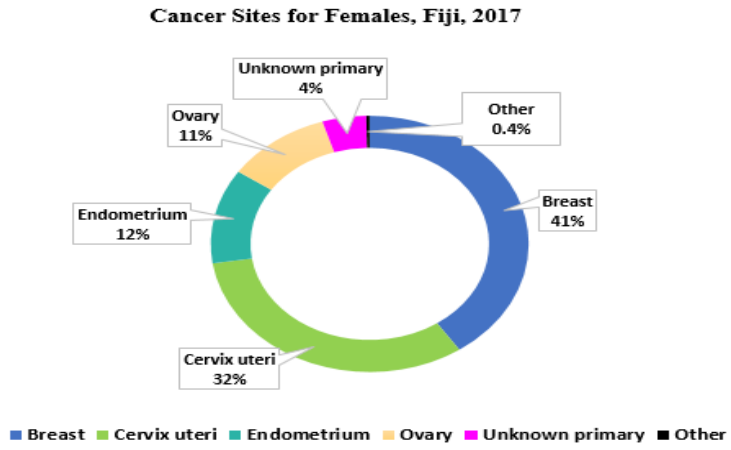
Cancer Cases from 2000 – 2017



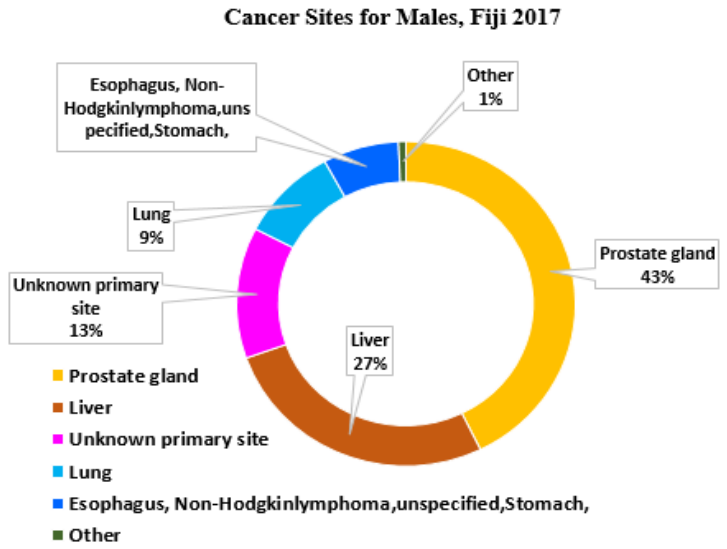
Source: Cancer Registry 2017

There is noticeable increase in cancer incidence rates from 2010 largely because the capture of new cases includes other sources such as histology, hospital admissions reports and cancer deaths. Cancers clinically diagnosed in 2017, maybe registered in the following year due to the time taken to process the pathology report. The Cancer Registry in April 2017 reported a cumulative total of 15,696 cases after sources. In 2017, an estimated 1544 people diagnosed with cancer in Fiji, and an estimated 800 people reportedly died from cancer. The Fijian Cancer Registry was started in early 1990's.

Top 5 Leading Cancer Sites by Sex and Proportion distributions, Fiji.



Source: Cancer Registry 2017



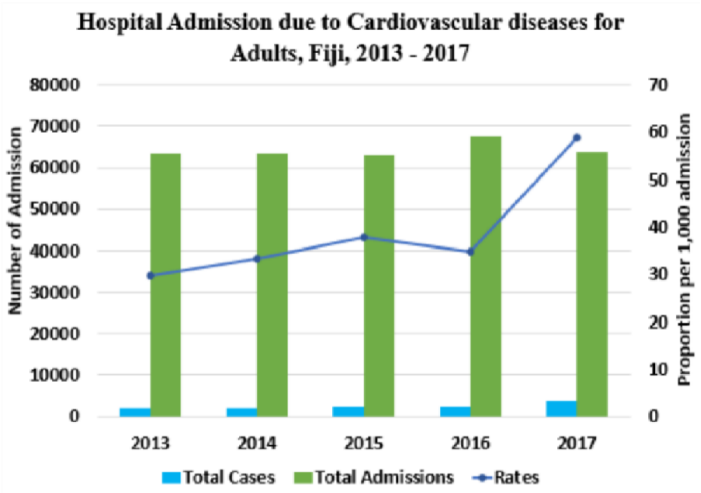
Source: Cancer Registry 2017

The leading causes of cancer in females are cancer of the breast (41%) and cervix uteri (32%), while prostate gland (43%) and liver cancers (27%) are highest in males.

Non-Communicable Diseases: Cardiovascular

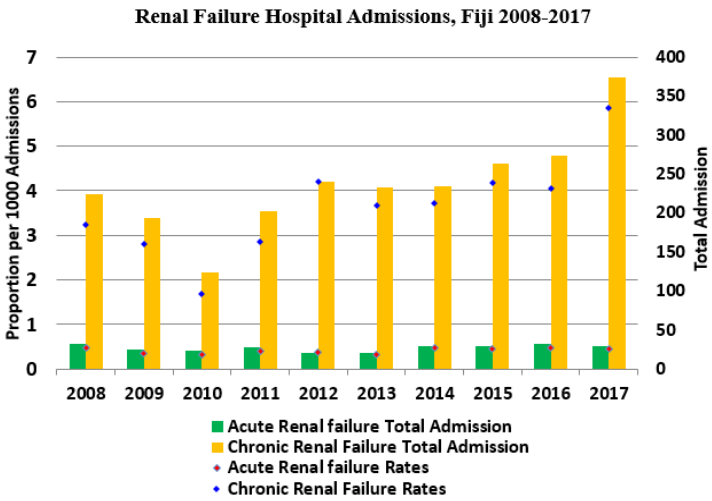
The hospital admission data for cardiovascular related admissions, acute and chronic renal failure and the respiratory diseases hospital admissions are reported from Divisional and Subdivisional hospitals and does not include data from specialized hospitals (St Giles Hospital and Fiji Military Hospital). The Mental Health Hospital admissions include reported data from divisional hospitals, sub-divisional hospitals and the St Giles Hospital.

Cardiac Related Cases 2013–2017



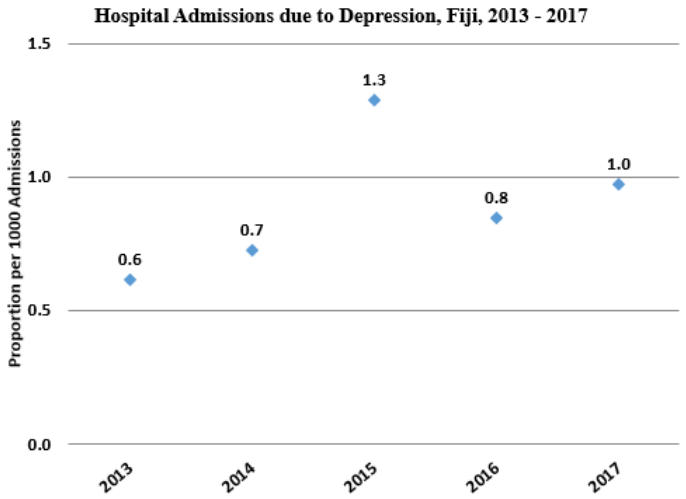
Source: PATISplus & HDD (Clinical Performance Management Report)

The trend of cardiac related hospital admissions in adults (20 years - over 75 years) fluctuates in the 5 year period (2013 - 2017). The ICD 10AM codes used to extract cardiovascular admissions are I05 - I52.8. There is an increase in the proportion of total admissions for cardiovascular disease for 2017 from 35 to 59 per 1000 admissions. The increase in cardiovascular disease is due to improved diagnostics, referrals, and cardiovascular interventions e.g. angiograms.



Source: PATISplus & HDD (Clinical Performance Management Report)

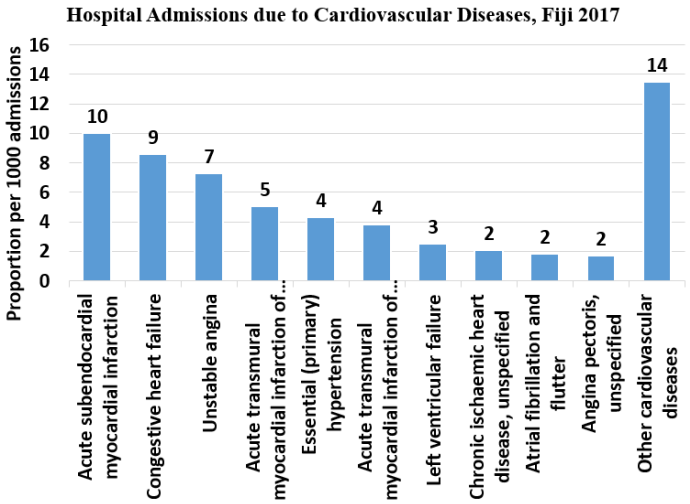
There has been a steady annual increase in chronic renal failure admissions as compared with acute renal failure since 2010. Acute renal failure includes acute renal impairment, acute renal failure with tubular, cortical and medullary necrosis, other acute renal failure and acute renal failure unspecified using ICD 10AM codes N17 – N17.9. Chronic renal failure includes chronic uraemia, end stage renal disease, other chronic renal failure, chronic renal failure unspecified and chronic renal impairment using ICD10 AM codes N18 – N18.91.



Source: PATISplus & HDD (Clinical Performance Management Report)

The trend shows fluctuations in admissions due to Depression from 2013 - 2017 and with a major increase in 2015. The codes used for depression are F32 – F33.9. The hospital admission for Depression include mild, moderate, severe and other recurrent depressive disorders.

Leading 10 Cardiovascular Disease Conditions 2017

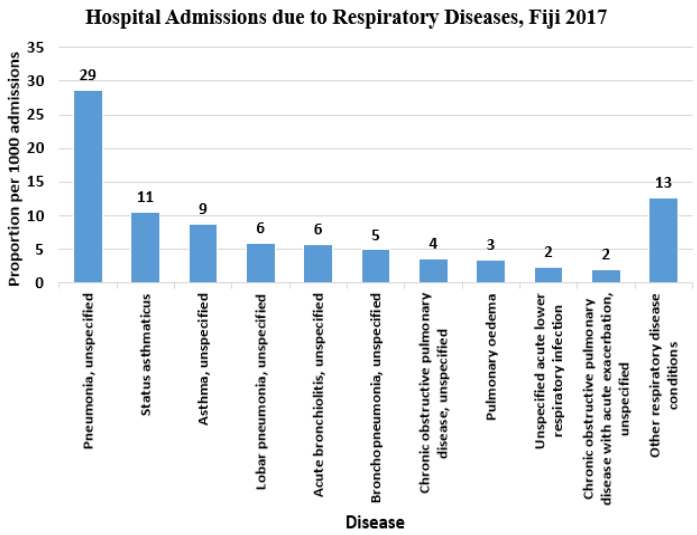


Source: PATISplus & HDD (Clinical Performance Management Report)

The leading cause of hospital admissions for cardiovascular diseases (CVD) is acute sub endocardial myocardial infarction. The ICD 10AM codes used to extract CVD admissions are I05 - I52.8. Other cardiovascular admissions include acute Myocardial

infarction, unspecified, Rheumatic heart disease, unspecified, Supraventricular tachycardia, Heart failure, unspecified, acute transmural myocardial infarction of other sites, Endocarditis, valve unspecified, Atherosclerotic heart disease, of native coronary artery and etc.

Leading 10 Respiratory Disease Conditions 2017



Source: PATISplus & HDD (Clinical Performance Management Report)

The leading cause of hospital admissions for respiratory diseases in adults is Pneumonia with Status Asthmaticus as the second leading cause of admission to Hospital. Chronic obstructive pulmonary disease with acute exacerbation is the tenth leading cause of hospital admission for respiratory diseases. Other respiratory diseases include acute tonsillitis, unspecified, Pleural effusion, not elsewhere classified, acute upper respiratory infection, unspecified, Bronchiectasis, Acute pharyngitis, unspecified, Acute obstructive laryngitis [croup], Pneumonitis due to food and vomit and etc.

Priority 2: Maternal, Infant, Child and Adolescent Health

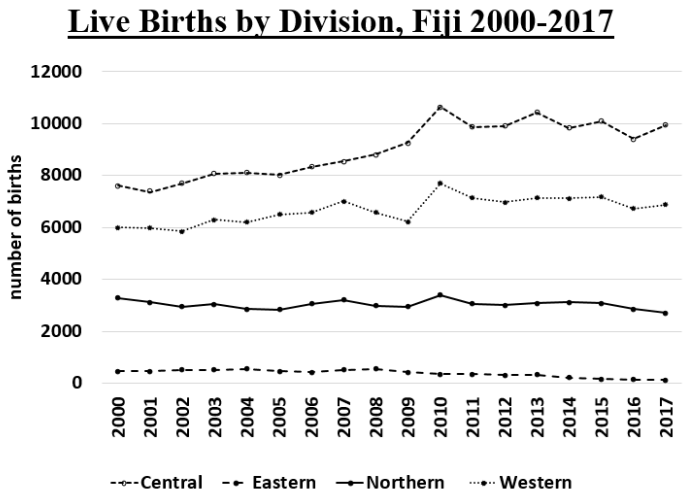
Vital and Health Statistics [1]

MCH Indicator	Rates
Total Live birth –	(n)19,646
Crude birth rate	21.9 per 1000 population
Crude death rate	7.9 per 1000 population
Rate of Natural Increase	1.5
Infant Mortality Rate	16.4 per 1000 live births
Perinatal Mortality Rate	13.6 per 1000 total births
Neonatal Mortality Rate	9.3 per 1000 live births
Post neonatal mortality rate	7.2 per 1000 live births
Under 5 mortality rate	20.8 per 1000 live births
Maternal Mortality Rate	35.6 per 100,000 live births
General Fertility Rate	91.5
Family planning protection rate	44.9 per 1000 CBA(15-49) population

Source: CMRISonline & PATISplus

The vital statistics and demographic data in Fiji is reported from all the public health facilities in 2017.

Live Births



Source: CMRISonline

The Central Division has continued to record the highest number of births throughout the period 2000 to 2017. Since 2010, the number of live births per

[1] The live births related rates is calculated as per 1,000 live births and mortality related rates used per 100,000 population

year per Division has been relatively stable, with only minor fluctuations, at approximately:

- 10,000 per year in the Central Division
- 7,000 per year in the Western Division
- 3,000 per year in the Northern Division
- 500 or less per year in the Eastern Division.

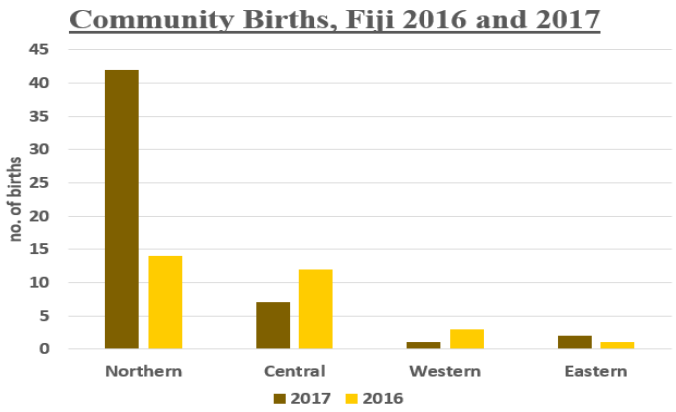
The relative number of births per Division reflect the population size and structure.

Childbirth mode of delivery, Fiji 2014 -2017

Mode of Delivery	2014	2015	2016	2017
Normal Vaginal Delivery	17263	17371	16009	15628
Emergency Caesarean Section	2082	1973	2226	2408
Elective Caesarean Section	216	822	650	570
Forceps	176	121	67	49
Breech	166	158	113	107
Ventouse	163	137	143	107
Other	18	1	4	16

Source: CMRISonline

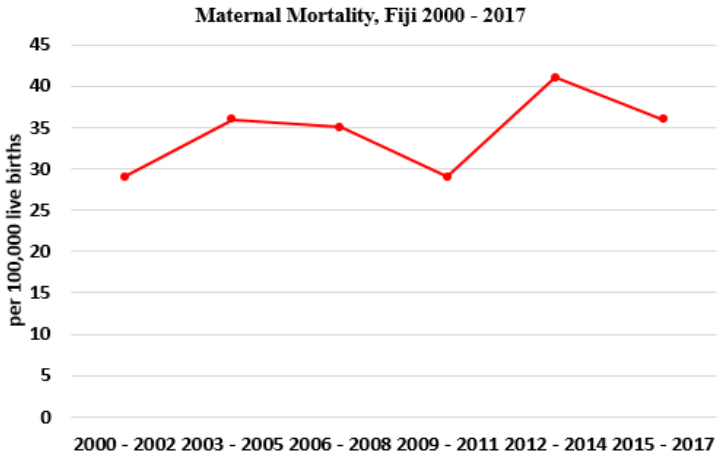
Normal vaginal delivery was the most common mode of delivery followed by Emergency and Elective Caesarean Section (CS) from 2014 – 2017. There is notable increase in reported Emergency CS with a corresponding reduction in Elective CS, Forceps, and Breech and ventouse methods of delivery.



Source: CMRISonline

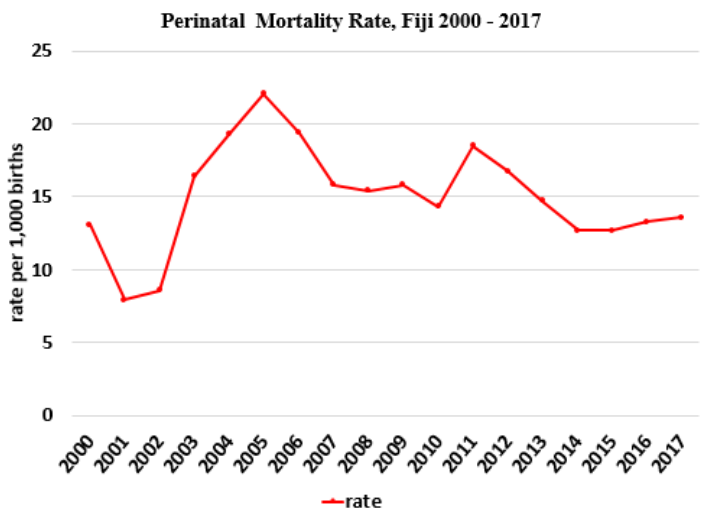
The number of births outside of a hospital setting is greatest in the northern division than any other division for both years. The collection for this data began in 2016 with the establishment of the PHIS Narrative Summary. The Northern Division (n= 47) recorded the highest number of community births followed by the Central Division (n=7) and the Eastern Division (n=4) and the least in the Western Division (n=1).

Maternal, Perinatal, Infant and Stillbirth Mortality



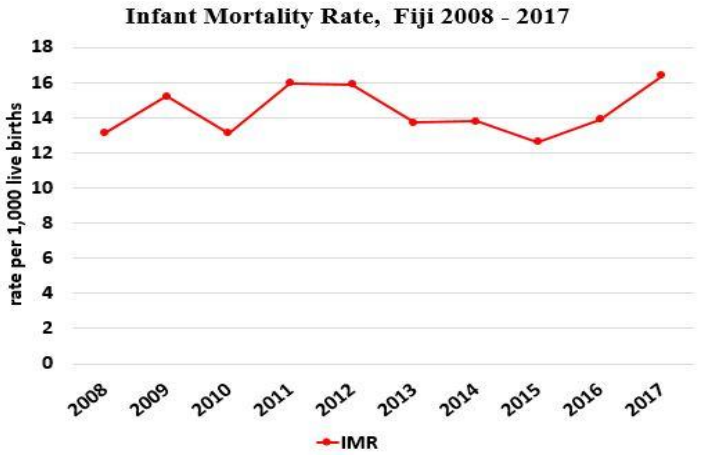
Source: PATISplus

The 3 year average for maternal mortality rate (ratio) reveal annual variations or annual differences in indirect and direct maternal deaths. In 2017, there were 7 maternal deaths from either complications during the pregnancy or child birth



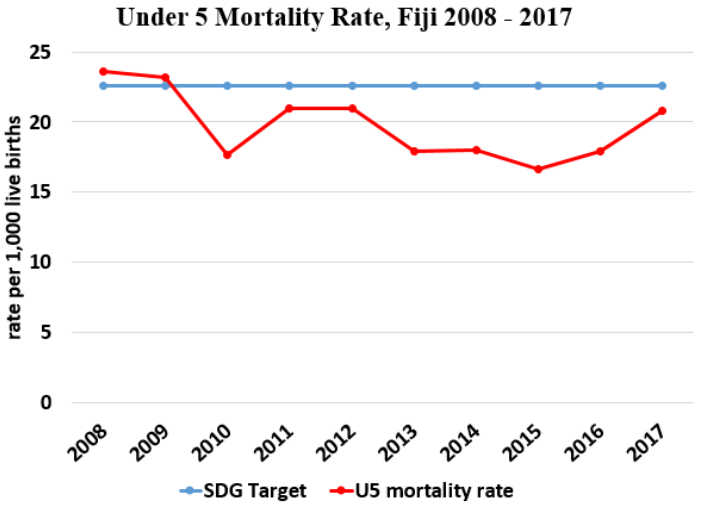
Source: PATISplus

The perinatal mortality rate recorded 13.6 per 1,000 births in 2017 compared to 13.3 in 2016. The variability in these may be due to the lower number of births reported, definitions around fetal loses, fetal deaths, reporting of these cases.



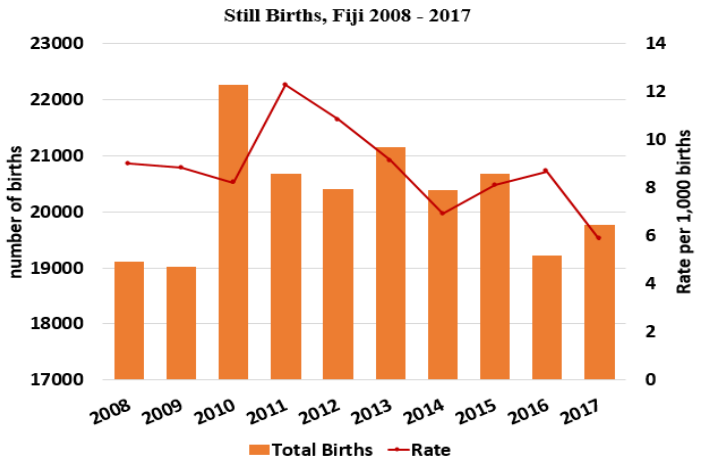
Source: PATISplus

The Infant Mortality Rate (IMR) is an important indicator of the overall health of a society. The IMR in 2017 was 16 deaths per 1,000 live births.



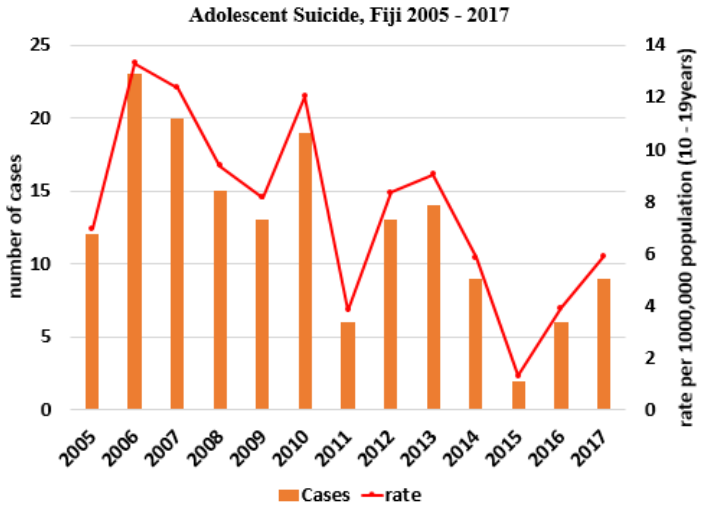
Source: PATISplus

The Under 5 Mortality rate in 2017 was 20.8 per 1,000 live births which is below the SDG target.



Source: PATISplus and CMRIS Online

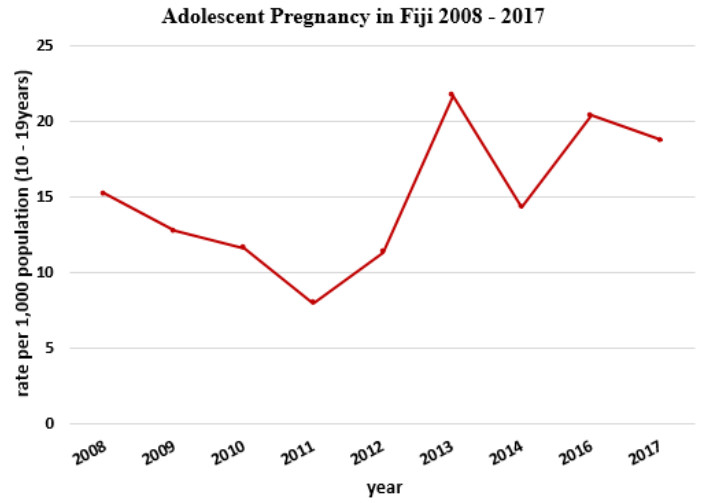
Stillbirths (SB)) are defined as the birth of a baby who is born without any signs of life at or after 24 weeks of pregnancy. SBs do not include intrauterine death and intrapartum death.



Source: PATISplus

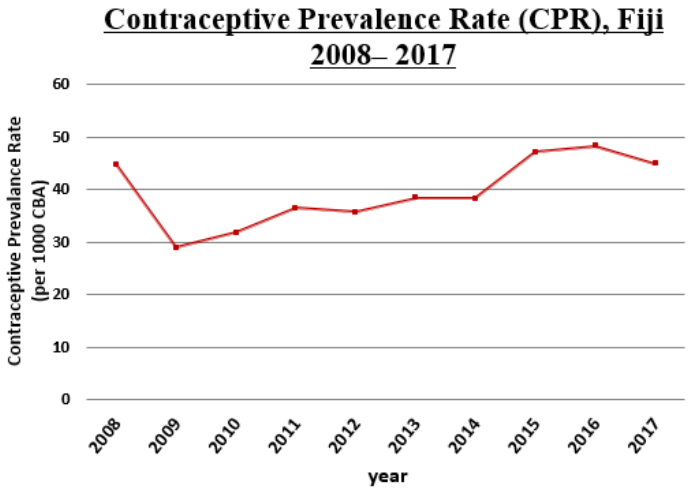
The variability in rates demonstrated above is due to the classification of intent, which is often absent in most MCDCs.

Teenage Pregnancy and Contraceptive Prevalence Rate



Source: CMRISonline

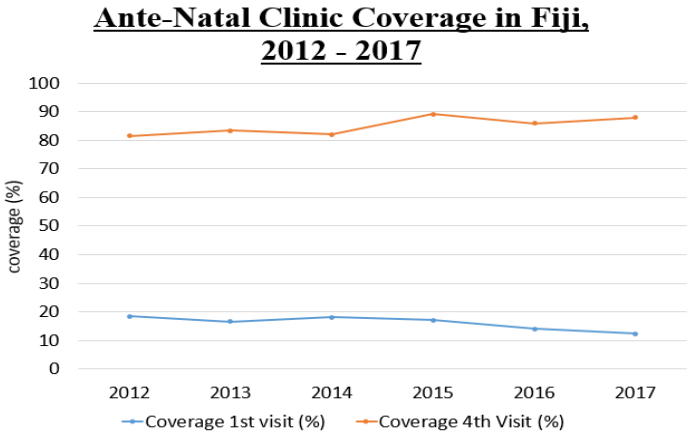
Adolescent pregnancy rates per 1,000 is determined from the adolescent age group of 10 – 19 years. In 2015, the multiple antenatal visits was counted as pregnancies. However, in 2016 & 2017 the rate has stabilized at 19 per 1,000 population.



Source: CMRIS Online

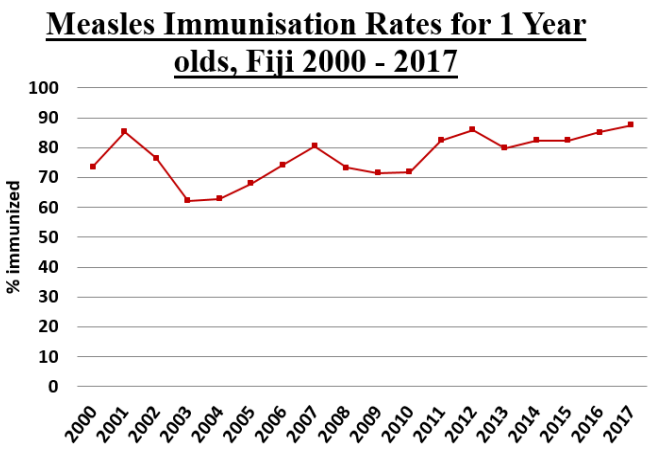
There is an increasing trend in the rates of contraceptive use from 30 per 1000 women of child bearing age (CBA) in 2009, to around 48 per 1000 women of CBA in 2016. However, this appears to have dropped off slightly in 2017 to around 45 per 1000 women on CBA. (CBA = women of child bearing age, 15 – 49 years old).

Ante Natal and Immunization Coverage



Source: CMRISonline

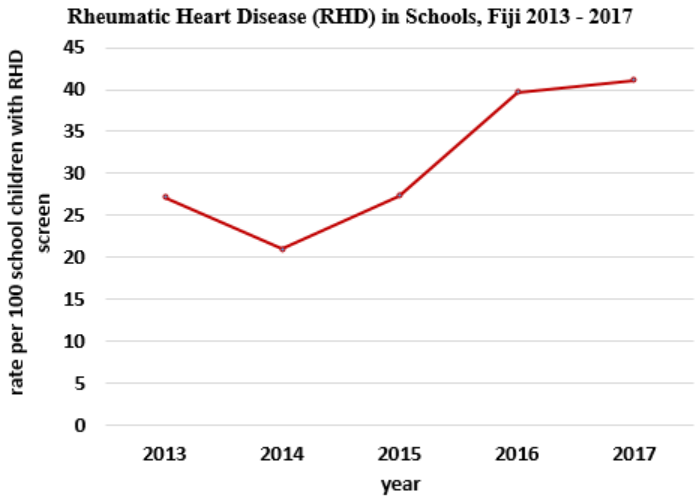
The 1st Antenatal Clinic (ANC) visit is a measure of the % of pregnancies where the first ANC visit occurs in the first trimester. Annually since 2012, there is a higher coverage for women who undertook four or more ANC visits (4th visit) during pregnancy then their first antenatal booking visit.



Source: CMRIS Online

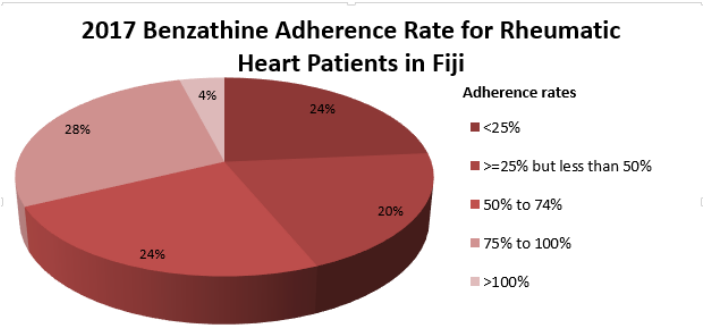
Optimal rates for measles immunization rate (>85%) has been achieved for years. The administration MR1 coverage is much less than that identified in the National Immunization coverage survey, 2013.

School Health Report



Source: CMRISonline

The Rheumatic Heart Disease (RHD) screening is conducted during school health team visits. Screening in schools for the condition has increased since the inception of coordinated programs for RHD in 2009. The total number of children screened for RHD is used as the numerator and the denominator is the total children seen at school. The total children seen is equivalent to the school total roll 130,618 in primary school from Year 1 to Year 8. The school roll was provided by the Ministry of Education.



Adherence rates	# of patients
<25%	363
>=25% but less than 50%	310
50% to 74%	372
75% to 100%	433
>100%	62
	1540

Source: Rheumatic Fever Information System

Out of 1,540 active patients in 2017 (i.e. those who received at least one injection during the year);

- 363 pts (or 24%) received less than 25% of their secondary prophylaxis;
- 310 pts (or 20%) received between 25% and 49% of their secondary prophylaxis;
- 372 pts (or 24%) received 50 to 74% of their secondary prophylaxis;
- 433 pts (or 28%) received 75 to 100% of their secondary prophylaxis;
- 62 pts (or 4%) received more than 100% of secondary prophylaxis;

Obesity in School Children, Fiji 2013 – 2017

Year	Number of Children Seen	Obesity	% Obesity
2013	59892	3079	5.1
2014	116809	6827	5.8
2015	121448	9548	7.9
2016	115928	10187	8.8
2017	130618	11376	8.7

Source: CMRISonline

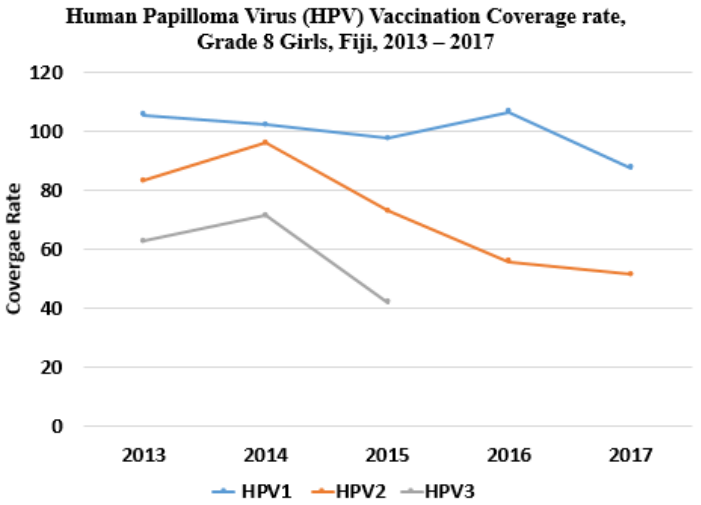
The table above shows the number of children with Obesity during school health visits. The increase in percentage of children with obesity is associated with an increase in number of children examined during school visits. The total school roll in primary school from Year 1 to Year 8 is provided by the Ministry of Education.

Top 3 Condition for Children Seen During School Visit, Fiji, 2013 – 2017

Conditions	2013	2014	2015	2016	2017
Dental Caries Crowding Plaque	11250(29)	18570(25)	19015(24)	16493(22)	18862(23)
Dirty Nails	7496(19)	18561(25)	19406(24)	18993(25)	20934(25)
Under Weight	7487(19)	11470(15)	14154(18)	14344(19)	13330(16)
other condition	13215(33)	25414(34)	27733(35)	26054(34)	29619(36)
Total	39448(100)	74015(100)	80308(100)	75884(100)	82745(100)

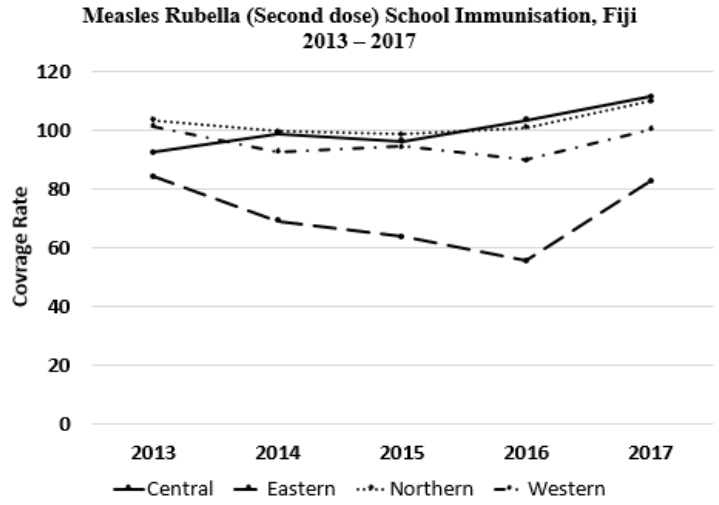
Source: CMRISonline

The most common reported conditions for school health visits were dental caries dirty nails and underweight.



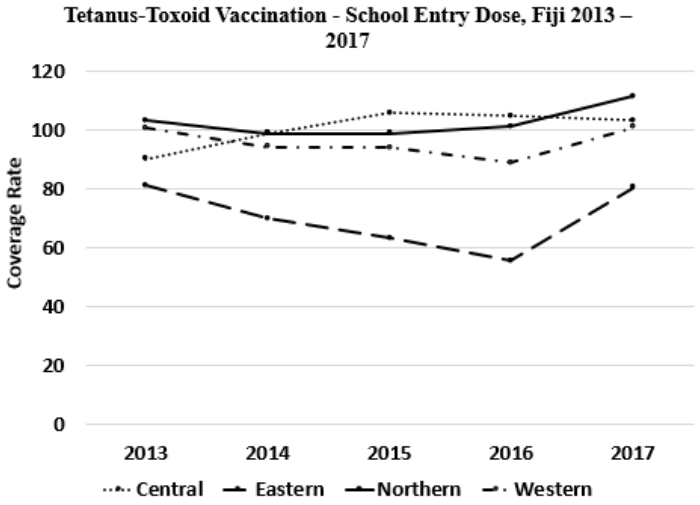
Source: CMRISonline

Human papillomavirus (HPV) is administered to year 8 girls in schools. The coverage of the first dose of HPV remain high, at over 100& until 2016, but there has been a steady decline in the coverage of the second dose since the high point in coverage is around 95% in 2014 to nearly 50% in 2017.



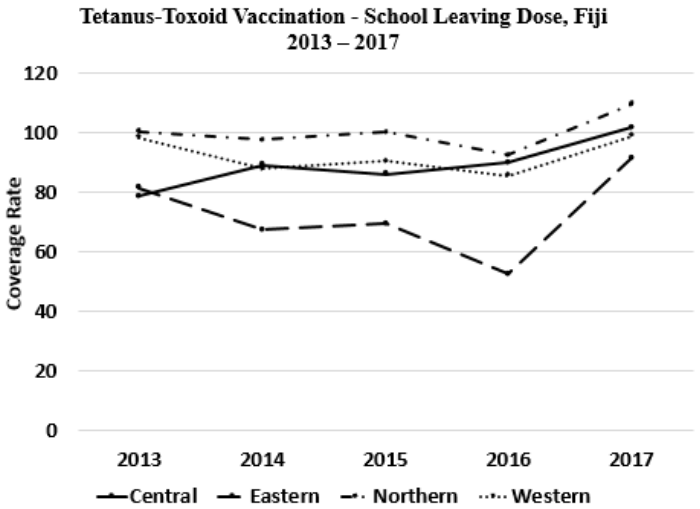
Source: CMRISonline

The school Measles Rubella 2 (MR2) immunization is given to year 1/ school entry children. The annual immunization coverage rates for the second dose of Measles Rubella vaccine for the Central, Northern and Western Divisions varied between 90 and 100% from 2013 to 2017, with all 3 Divisions reporting at least 100% coverage in 2017. The Eastern Division, however, had less than 60% coverage in 2016 but improved to just over 80% in 2017.



Source: CMRISonline

The school entry Tetanus-Toxoid (TT) immunization is given to grade 1/school entry children as part of the school health immunization program. The TT coverage rates for Central, Northern and Western varied between 90 and 100% from 2013 to 2017, with all 3 Divisions reporting at least 100% coverage in 2017. The Eastern Division, however, had less than 60% coverage in 2016 but improved to just over 80% in 2017.



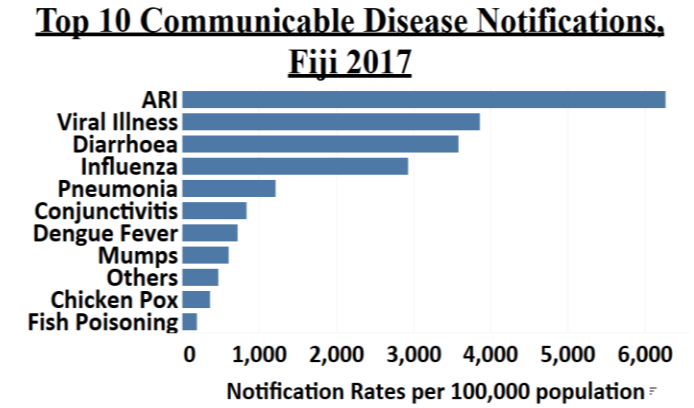
Source: CMRISonline

The school leaving TT immunization is given to grade 6/school leaving. The numerator used to calculate the coverage is the number of grade 6/school leaving children immunised with TT and the denominator is the grade 6 school enrolment. The coverage rates for the Tetanus-typhoid vaccine school leaving dose, delivered as part of the school immunisation program, for the Central, Northern and Western Divisions fluctuated between 80 and 100% from 2013 to 2017, with all 3 Divisions reporting at least 100% coverage in 2017. The Eastern Division, however, had less than 55% coverage in 2016 but improved this too nearly 90% in 2017.

Priority 3: – Communicable Diseases [CD]

National Notifiable Disease Surveillance System in Fiji, 2017.

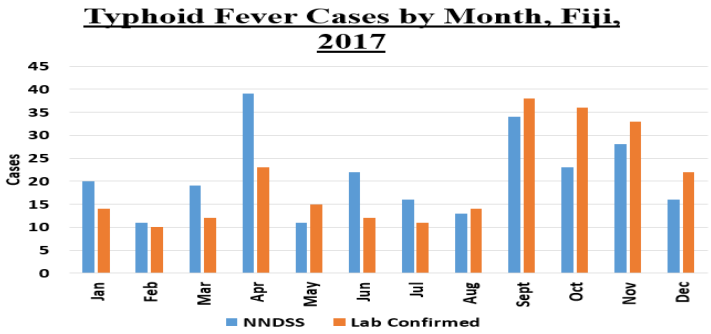
Mataika House is the Centre for Disease Control Laboratory for the Fiji Ministry of Health and Medical Services. NNDSS is the National Notifiable Disease Surveillance System.



Source: National Notifiable Disease Surveillance System, Fiji.

The predominance of ARI, Viral Illness, Diarrhoea, Influenza and Pneumonia is noted in 2017. The General Practitioners (GP's) reports are also included. Other conditions frequently reported are Gonorrhoea, Syphilis, Leptospirosis, Pulmonary TB, Typhoid Fever, Trachoma Candidiasis, Meningitis and Hepatitis. Major limitations are that most lab based data are not reported and there is incomplete data from the private sector. Reporting from isolated stations is often delayed or late in submission. The time lags caused by late submission affect analysis and compilation of the report.

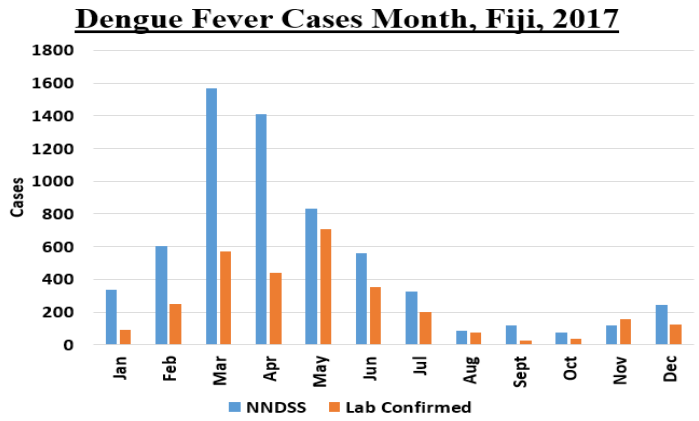
Typhoid Fever Cases by Month, Fiji, 2017



Source: Laboratory confirmed Data from Mataika House and National Notifiable Diseases System, Fiji.

There are more reported cases through NNDSS than laboratory confirmed cases from January to July 2017. The increase in laboratory confirmed cases compared to NNDSS in the following months to December reflect increased tests undertaken is driven by an outbreak that occurred in the Northern Division during the latter months of the year.

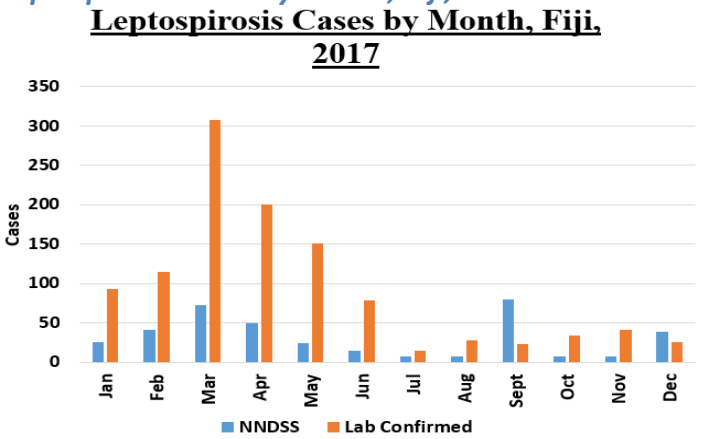
Dengue Fever Cases by Month, Fiji, 2017



Source: Laboratory confirmed Data from Mataika House and National Notifiable Disease Surveillance System, Fiji.

Dengue fever cases reported by NNDSS is highest in the first half of the year peaking in March, with outbreaks of dengue fever in the Western and Central divisions.

Leptospirosis Cases by Month, Fiji, 2017

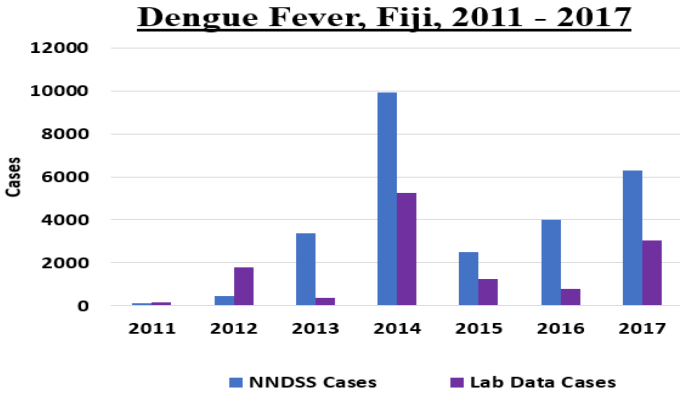


Source: Laboratory confirmed Data from Mataika House and National Notifiable Disease Surveillance System, Fiji.

Reporting of leptospirosis cases by NNDSS is lower than laboratory confirmed cases and peaks in March and September. The higher peak of laboratory confirmed cases of Leptospirosis is similar to that for notified dengue fever, non-specific clinical signs and

symptoms that the two diseases may be mistakenly identified in clinical presentations.

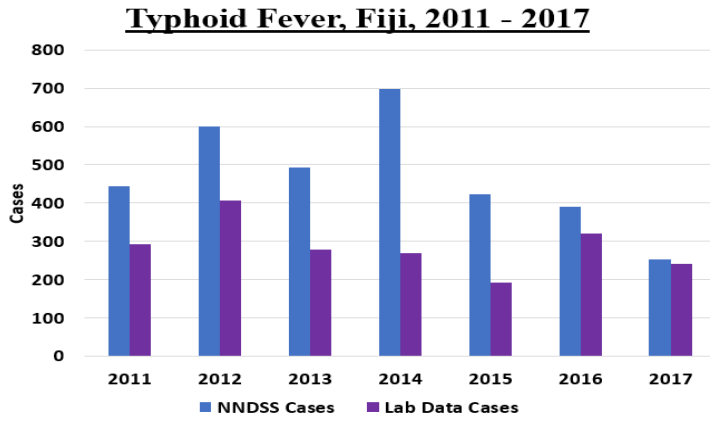
Dengue Fever, Fiji, 2011-2017



Source: Laboratory confirmed Data from Mataika House and National Notifiable Disease Surveillance System, Fiji

A major outbreak of dengue fever occurred nationwide in 2014[2]. Similarly in early 2017, there was a surge in dengue fever cases reported through NNDSS. Notifiable diseases reporting for dengue fever is based on the clinical diagnosis at Public facilities and a few private health facilities. Laboratory reported cases are received from FCCD. The annual increase in reported dengue fever cases reflect improved reporting and data collection through NNDSS and by laboratories.

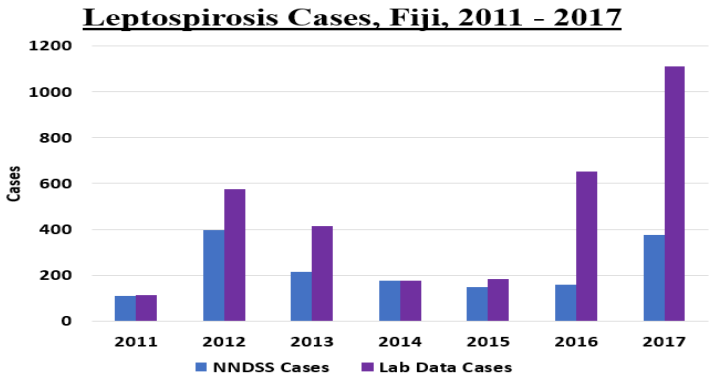
Typhoid Fever, Fiji, 2011–2017



Source: Laboratory confirmed Data from Mataika House and National Notifiable Disease Surveillance System, Fiji.

In the last 6 years, the number of Typhoid fever cases reported through NNDSS is higher compared to laboratory confirmed data. NNDSS is based on the clinically diagnosed cases from government health facilities and some private practitioners while laboratory confirmatory test results for Typhoid fever are conducted at divisional laboratories.

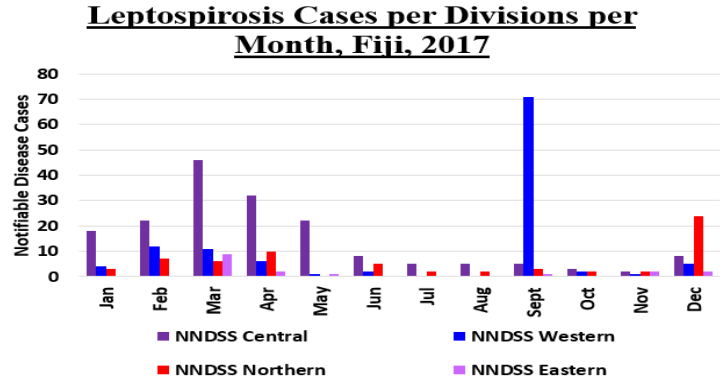
Leptospirosis Cases, Fiji, 2011-2017



Source: Laboratory confirmed Data from Mataika House and National Notifiable Disease Surveillance System, Fiji.

In contrast, there are more reported laboratory leptospirosis as compared to that reported by NNDSS, with marked differences in 2016 and 2017. Furthermore, laboratory confirmation for leptospirosis is conducted at FCCD and it is not uncommon for the laboratory to run a series of tests for leptospirosis, dengue fever and other diseases on each blood sample it receives.

Leptospirosis Cases per Division per Month, Fiji, 2017



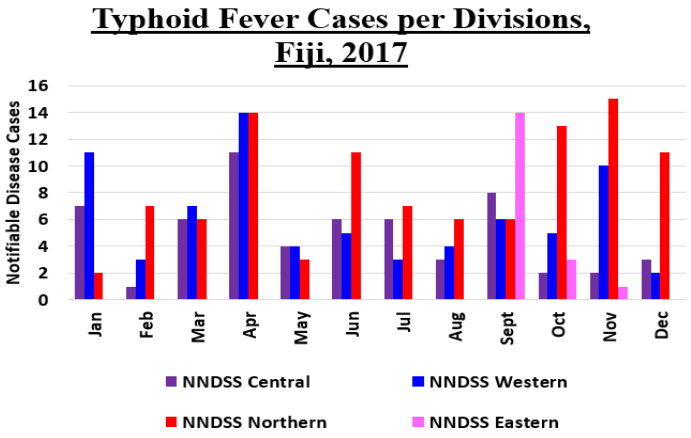
Source: Laboratory confirmed Data from Mataika House and National Notifiable Disease Surveillance System, Fiji.

In 2017, the highest number of cases of leptospirosis reported through NNDSS was in the Western division

[2] http://www.health.gov.fj

in September. In December, NNDSS reports for leptospirosis was highest in the Northern division while from January to July, the Central division had the higher reported cases.

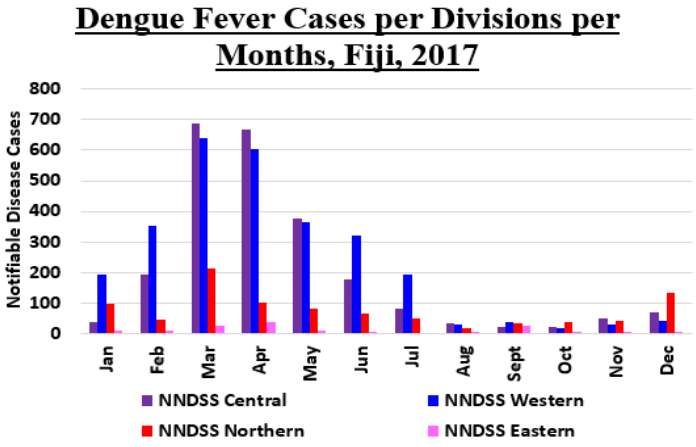
Typhoid Fever Cases per Division per Month, Fiji, 2017



Source: Laboratory confirmed Data from Mataika House and National Notifiable Disease Surveillance System, Fiji.

The Northern division has highest case numbers of Typhoid fever (n=101), reported through NNDSS, followed by other divisions. There was an outbreak of Typhoid fever in Northern division in 2017.

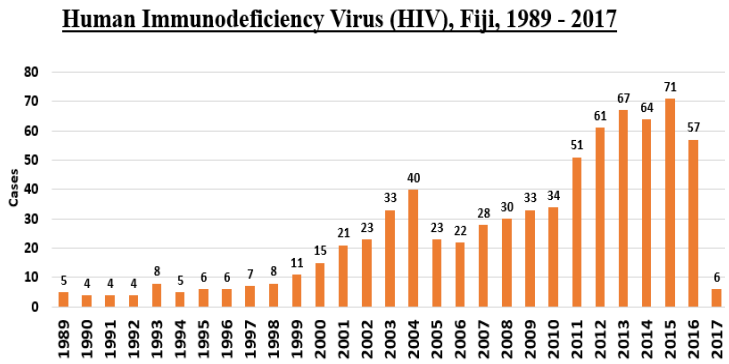
Dengue Fever Cases per Division per Month, Fiji, 2017



Source: Laboratory confirmed Data from Mataika House and National Notifiable Disease Surveillance System, Fiji.

Dengue fever case reported through NNDSS were consistently high in the Western division as compared to other divisions. The high NNDSS reports by the Western and Central divisions occurred in the first half of the year.

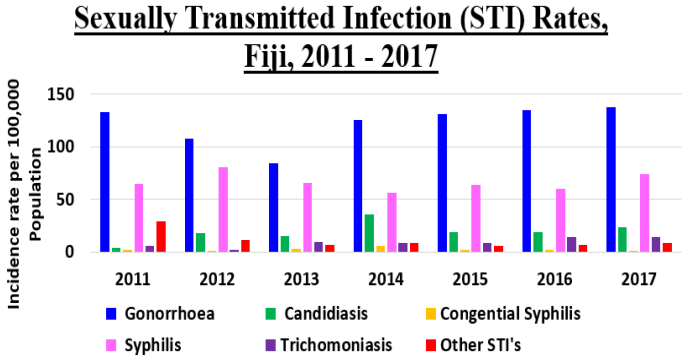
Human Immunodeficiency Virus (HIV), Fiji, 1989 - 2017



Source: HIV Report

HIV trends shows three peaks of sequential increase; 2000 – 2004; 2005 – 2013; 2014 – 2015. These variations reflect case capture and changes in policy in diagnosis and access to services. The 201 data currently capture the first 2 months of the new calendar year. The reporting of HIV is from divisional HUB centres to the laboratory at FCCD and then to the family health unit, where the data is collated and reported to the National HIV/ AIDS board. As of February 2017, Fiji has a cumulative total of 747 HIV confirmed cases.

Sexually Transmitted Infection (STI) Rates, Fiji, 2000 – 2017

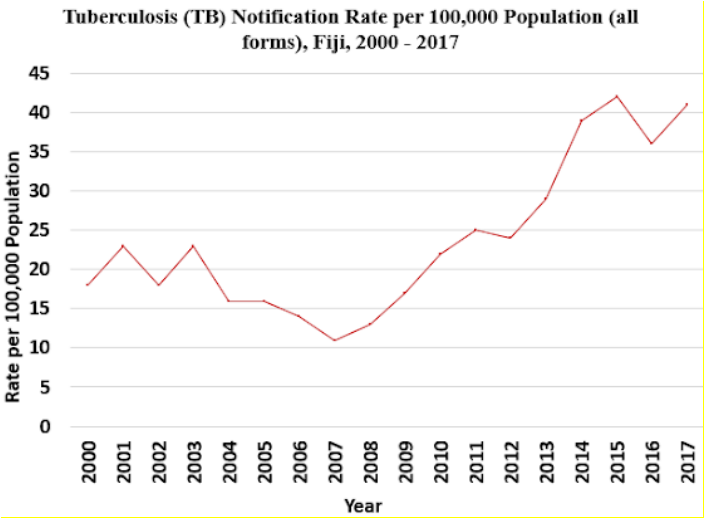


Source: National Notifiable Disease Surveillance System, Fiji.

The major other conditions of Sexual Transmitted Infections are Chlamydia, Genital Herpes, Herpes

Zoster, Lymph granuloma Inguinal, Ophthalmia Neonatorum, PID, Soft Chancre and Venereal Warts.

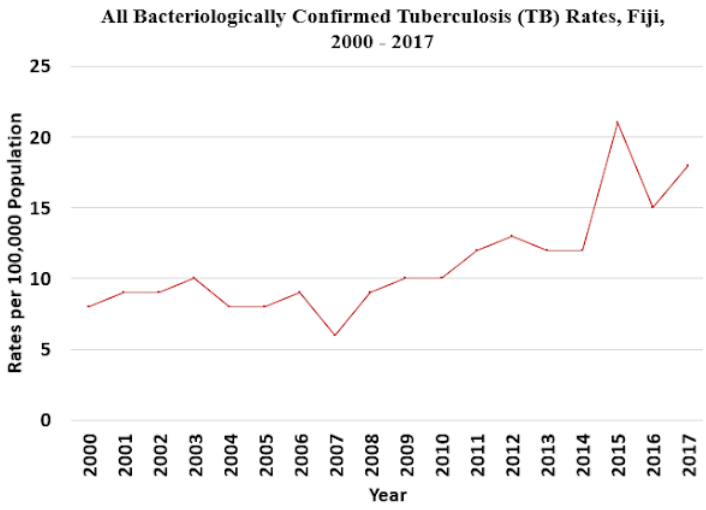
TB Cases in Fiji



Source: Fiji TB Surveillance Report, 2017

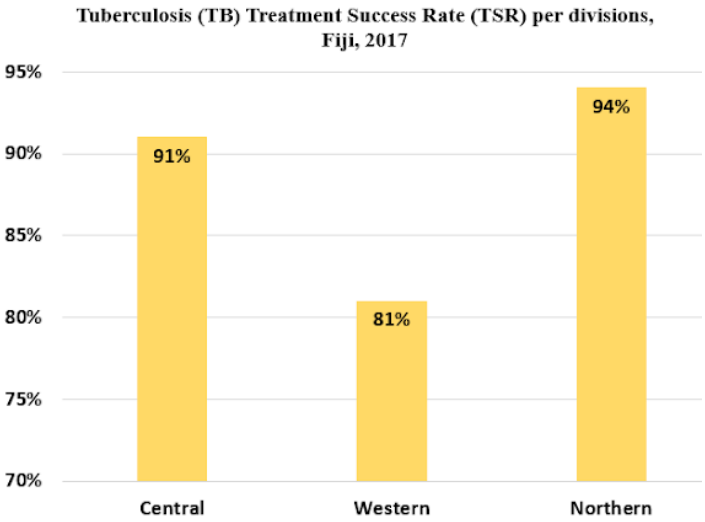
In 2017, 358 cases of new and relapsed TB were notified to the National TB program. Additional, 8 TB cases were retracted after lost to follow up (n=4) and after failing treatment (n=3) during the same period. This represented as increase of 46 cases. The case notification rate for TB (all forms) was 41 per 100,000 population (2016, 34 per 100,000 population) with a case detection rate of 68%.

The treatment success rate (TSR) fell in 2016 to 36 per 100,000 population following Tropical Cyclone Winston. IN 2017, notification rate improved to that of 2015 levels. TB case finding is affected following natural disasters and resource allocation.



Source: Fiji TB Surveillance Report, 2017

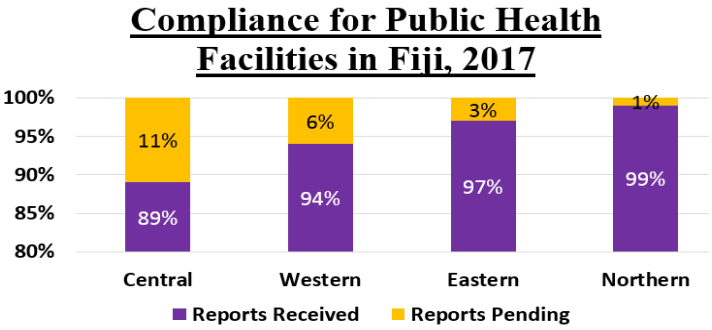
During the reporting period, the notification rate for all bacteriologically confirmed TB cases was 18/100,000 population, an increase from 15/100,000. A sharp decline in 2016 confirmed rate from the 21/100,000 population notified the previous year reflects the impact of Tropical Cyclone Winston (Category 5 cyclone) on services.



Source: Fiji TB Surveillance Report, 2017

The 3 divisions recorded varying TSRs for the 2017 (all forms of TB0. The Northern division recorded a TSR of 94% (47/50), the Central Eastern division 91% (146/161) and the Western division 81% (69/85). The Western division has been operating without TB ward since 2015 due to major refurbishments undertaken at the Divisional hospital at Lautoka.

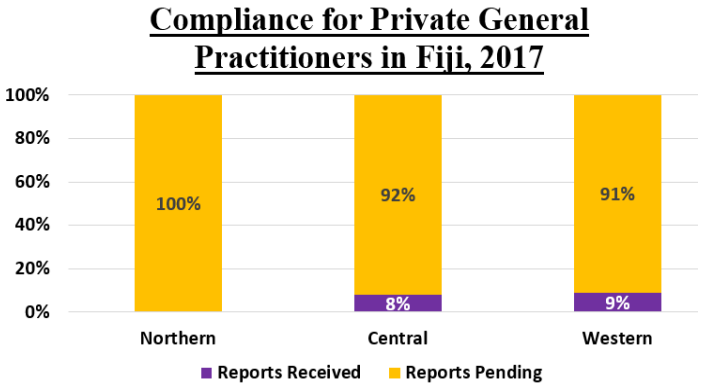
Compliance Report for National Notifiable Disease Surveillance System



Source: National Notifiable Disease Surveillance System, Fiji.

Compliance reporting for NNDSS varied between the divisions. The Northern division achieved the highest compliance rating (99%), followed by Eastern division

(97%), Western division (94%) and Central division (89%). Similar compliance rates to NNDSS reporting are also reflected by the few general practitioners that provide a report.



Source: National Notifiable Disease Surveillance System, Fiji.

However, in 2017, 12 General practitioners from the Western division, 7 General practitioners from the Central division and 1 General practitioners from the Northern division, out of 103 registers General practitioners in Fiji submitted NNDSS reports in 2017.

Priority 4: Expanded Primary Health Care – Hospital Report

Morbidity is a measure of the number of hospital admissions for each disease group or specific disease description.

Hospital Utilization Metrics, Fiji, 2017

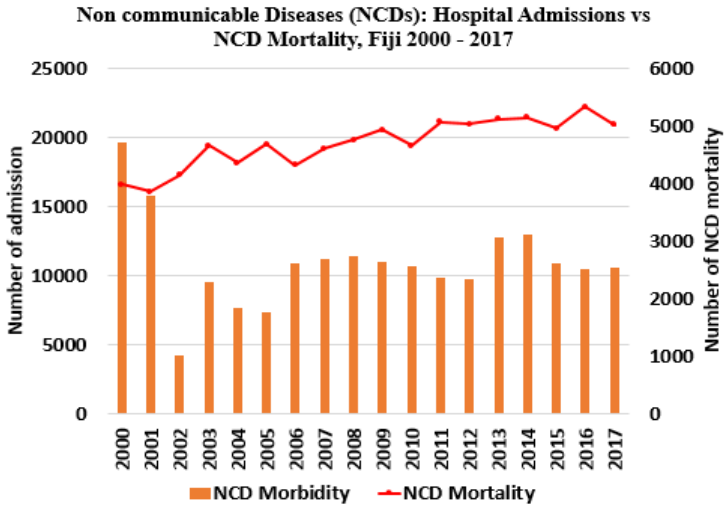
Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	Average Length of Stay
CWM Hospital	145,394	481	25,401	24,745	135,255	77%	371	5.5
Navua Hospital	9,924	22	1,045	842	4,156	52%	11	4.9
Vunidawa Hospital	9,616	24	399	319	867	10%	2	2.7
Korovou Hospital	6,384	16	707	551	1,648	28%	5	3.0
Nausori Hospital	1,379	17	2,331	2,049	2,540	41%	7	1.2
Wainibokasi Hospital	8,806	12	935	935	2,775	63%	8	3.0
Central Division Sub-total	**171,579**	**572**	**30,818**	**29,441**	**147,241**	**71%**	**403**	**5.0**
Lautoka Hospital	155,067	305	16,288	16,258	83,824	75%	230	5.2
Nadi Hospital	58,087	75	3,166	2,656	8,479	31%	23	3.2
Sigatoka Hospital	61,938	66	3,450	2,846	12,326	51%	34	4.3
Ba Mission Hospital	29,277	50	3,828	3,322	8,891	49%	24	2.7
Tavua Hospital	25,952	29	905	731	2,767	26%	8	3.8
Rakiraki Hospital	32,077	30	1,414	1,177	3,690	34%	10	3.1
Western Division Sub-total	**362,398**	**555**	**29,051**	**26,990**	**119,977**	**59%**	**329**	**4.4**
Labasa Hospital	152,171	182	10,495	9,089	38,831	58%	106	4.3
Savusavu Hospital	41,896	56	2,281	1,865	8,051	39%	22	4.3
Waiyevo Hospital	17,512	33	1,358	1,067	3,211	27%	9	3.0
Nabouwalu Hospital	10,626	26	858	712	1,264	13%	3	1.8
Northern Sub-total	**222,205**	**297**	**14,992**	**12,733**	**51,357**	**47%**	**141**	**3.4**
Levuka Hospital	11,457	40	482	404	1,218	8%	3	3.0
Vunisea Hospital	6,976	22	363	218	1,037	13%	3	4.8
Lakeba Hospital	3,384	12	224	220	889	20%	2	4.0
Lomaloma Hospital	7,223	16	142	133	566	10%	2	4.3
Matuku	1,222	5	45	42	105	6%	0.3	2.5
Rotuma Hospital	4,599	14	52	44	148	3%	0.4	3.4
Eastern Division Sub-total	**34,861**	**109**	**1,308**	**1,061**	**3,963**	**10%**	**11**	**3.7**
TOTAL (Divisional)	**791,043**	**1,533**	**76,169**	**70,225**	**322,538**	**58%**	**884**	**4.6**
Institution	**Number of Outpatient**	**Number of Beds**	**Total Admission**	**Total Discharge**	**Total Patient Days**	**Occupancy Rate**	**Daily Bed State**	**Average Length of Stay**
St Giles Hospital	9,078	100	575	444	24,370	67%	67	54.9
Tamavua/Twomey Hospital	26,035	91	327	317	16,038	48%	44	50.6
Military Hospital	n/a	9	n/a	n/a	n/a	0%	0	0
Naiserelagi Maternity	175	7	160	157	168	7%	0.5	1.1
Specialized Hospital Sub-total	**35,288**	**207**	**1,062**	**918**	**40,576**	**54%**	**111**	**44.2**
GRAND TOTAL	**826,331**	**1,740**	**77,231**	**71,143**	**363,114**	**57%**	**995**	**5.1**

Source: PATISplus & Hospital Monthly Returns

Hospital Utilization 2017

The overall average length of stay is 5.1 days. The St Giles Hospital and Tamavua/Twomey Hospital have the longest average length of stay as the patients with mental and TB patients have longer Inpatient days. The Grand Occupancy rate at 57% reporting is very low because patients discharged are not in the system (admission are more than the number of discharge). Occupancy rate is calculated from the number of beds occupied by inpatients in divisional and Sub divisional Hospitals.

NCD Morbidity & Mortality



Source: PATISplus

The number of cases for NCD admissions are variable to some degree. However, some consistencies in admission has occurred from 2006. The increase number of admission for NCDs related cases may have an effect on the health service delivery commensurate to recurring costs. NCD mortality also represents a significant burden on the people with frequency of premature mortality shortening the general live expectancy.

Causes of Death by ICD 10 Chapter, Fiji, 2017

#	Codes	Description	Total Cases	(%)
1	I00-I99	Diseases of the circulatory system	2398	34.6
2	E00-E90	Endocrine, nutritional and metabolic diseases	1334	19.3
3	C00-D48	Neoplasms	833	12.0
4	V01-Y98	External causes of morbidity and mortality	410	5.9
5	A00-B99	Certain infectious and parasitic diseases	356	5.1
6	J00-J99	Diseases of the respiratory system	341	4.9
7	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	210	3.0
8	P00-P96	Certain conditions originating in the perinatal period	178	2.6
9	K00-K93	Diseases of the digestive system	177	2.6
10	N00-N99	Diseases of the genitourinary system	173	2.5
11	G00-G99, L00-L99, Q00-Q99, D50-D89, M00-M99, F00-F99, H00-H59, H60-H95, O00-O99	Other diseases	517	7.5
	Grand Total		**6927**	**100**

Source: PATISplus

The highest cause of morality are NCD related cases which made up the 72% of top ten causes of mortality.

Top Ten Causes of Morbidity by Disease Cause Group 2017

Morbidity is a measure of the number of hospital admissions for each disease group or specific disease description. The top 10 morbidity admissions includes divisional and sub divisional hospital excluding the specialized hospital St Giles hospital and Fiji military hospital.

The hospital utilization metrics includes divisional, sub divisional and specialised (St Giles and Fiji Military hospital) hospital. The hospital utilization metrics has more admission than in the total admission in the top 10 causes of admissions. The Top 10 causes of morbidity table below includes only divisional and sub divisional hospital and not the specialized hospital. A

major reason for less admissions in the table below as compared to the hospital utilization metrics is due to the backlog of uncoded folders at divisional hospitals.

No.	Disease Cause Group	Total Admissions	Proportionate Morbidity (%)
1	Diseases of the Respiratory System	5671	8.9
2	Certain Infectious & Parasitic Diseases	5603	8.8
3	Diseases of the circulatory system	5188	8.1
4	Injury, Poisoning & Certain Other Consequences of External Causes	4589	7.2
5	Diseases of the digestive system	3433	5.4
6	Diseases of the genitourinary system	3091	4.8
7	Diseases of the skin and subcutaneous tissue	2776	4.3
8	Endocrine, nutritional and metabolic diseases	2180	3.4
9	Neoplasms	2148	3.4
10	Certain conditions originating in the perinatal period	1818	2.8
11	Other Diseases	27387	42.9
	Grand Total	**63884**	**100.0**

Source: PATISplus & HDD (Clinical Performance Management Report)

Diseases of the respiratory system is the leading cause of admissions by disease cause group, while the 10th leading cause of admission is certain conditions originating in the perinatal period and the same was observed in 2016 .

Top Ten Causes of Morbidity by Disease List 2017

No.	Disease Classification	Total Admissions	Proportionate Morbidity (%)
1	Pneumonia, unspecified	1832	2.9
2	Viral infection, unspecified	1410	2.2
3	Diarrhoea and gastroenteritis of presumed infectious origin	1027	1.6
4	Sepsis, unspecified	995	1.6
5	Type 2 diabetes mellitus with foot ulcer due to multiple causes	884	1.4
6	Dengue fever [classical dengue]	695	1.1
7	Status asthmaticus	677	1.1
8	Acute subendocardial myocardial infarction	642	1.0
9	Cellulitis of lower limb	599	0.9
10	Stroke, not specified as haemorrhage or infarction	565	0.9
11	Other Diseases	54558	85.4
	Grand Total	**63884**	**100.0**

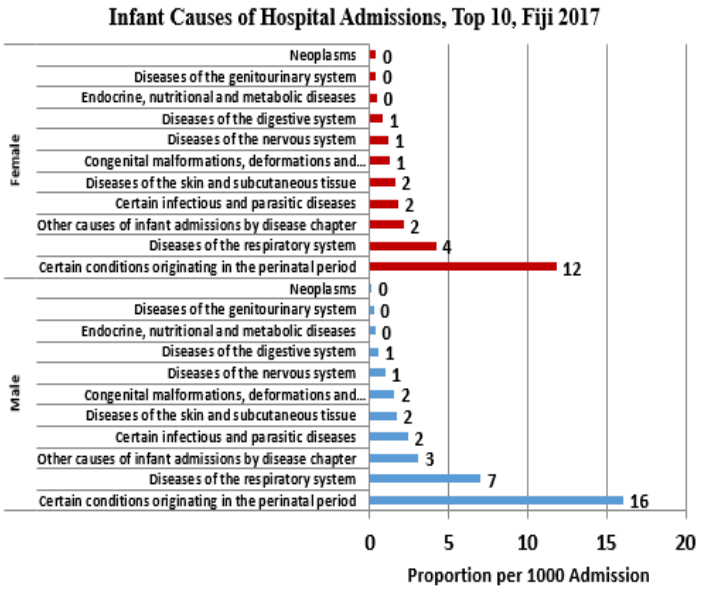
Source: PATISplus & HDD (Clinical Performance Management Report)

Pneumonia is the leading cause of admission by disease and the 10th leading cause is Stroke, not specified as haemorrhage or infarction.

Top 10 Causes of Morbidity by Sex and Age Group 2017

The graphs below describes the Top 10 Causes of Morbidity by sex for Infants (less than 1 year age groups), Toddler (1 – 4 yrs age groups), Child (5 – 14 yrs age group), Teenagers (15 – 19 yrs age group) and Adults (20+ age groups).

Infant: Under 1

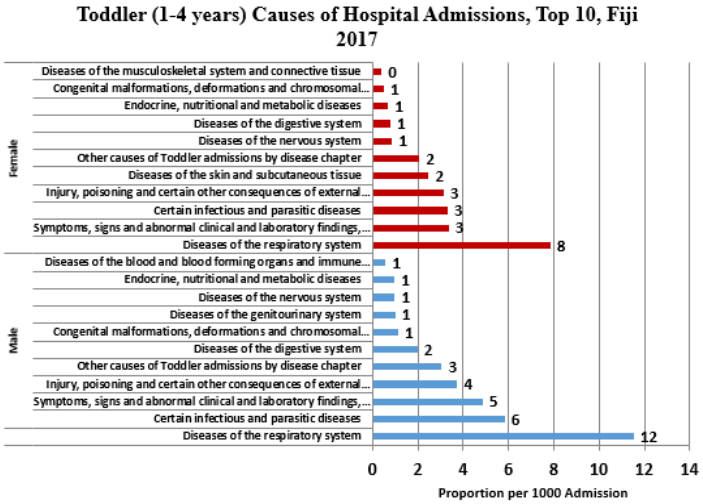


Source: PATISplus & HDD (Clinical Performance Management Report)

The four most common cause of admissions in male and female infants aged less than 1 year age group are certain conditions originating in the perinatal

period, diseases of the respiratory system, other causes of infant admission by disease chapter ad certain infectious and parasitic diseases.

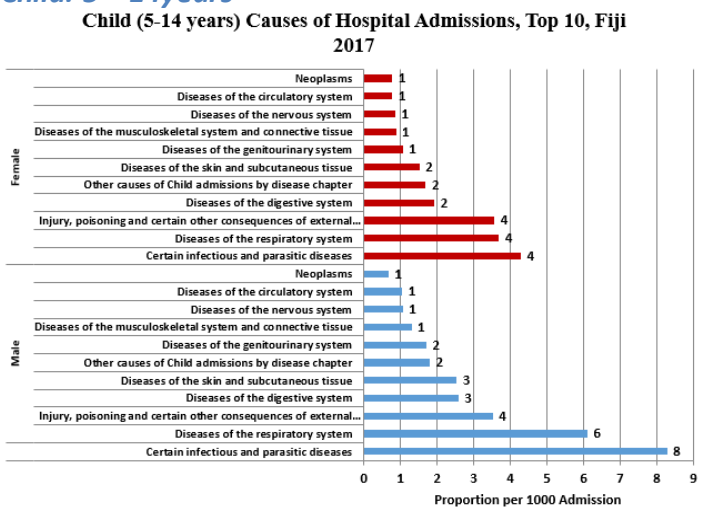
Toddler: 1 – 4years



Source: PATISplus & HDD (Clinical Performance Management Report)

The four most common cause of admission in males and females for Toddler aged 1 – 4 years age group are diseases of the respiratory system, infectious and parasitic diseases, symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified and Injury, poisoning and certain other consequences of external causes.

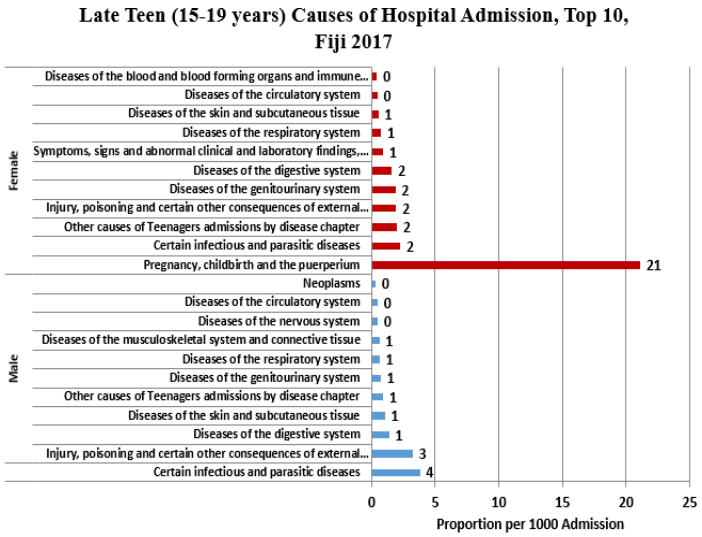
Child: 5 – 14years



Source: PATISplus & HDD (Clinical Performance Management Report)

Females for the child category aged 5 – 14 years age group are certain infectious and parasitic diseases, diseases of the respiratory system, injury, poisoning and certain other consequences of external causes and diseases of the digestive system.

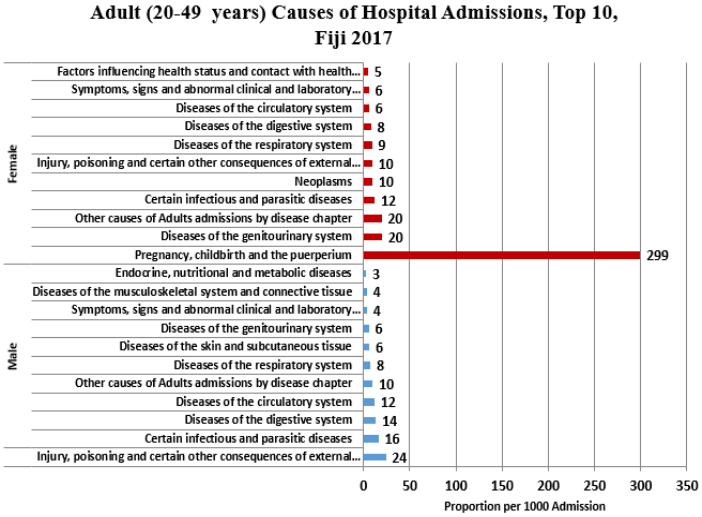
Teenager: 15 – 19years



Source: PATISplus & HDD (Clinical Performance Management Report)

The 4 most common cause of admissions in males and females for the late teens aged 15-19 years age group are certain infectious and parasitic diseases, injury, poisoning and certain other consequences of external causes, diseases of the digestive system and diseases of the skin and subcutaneous tissue.

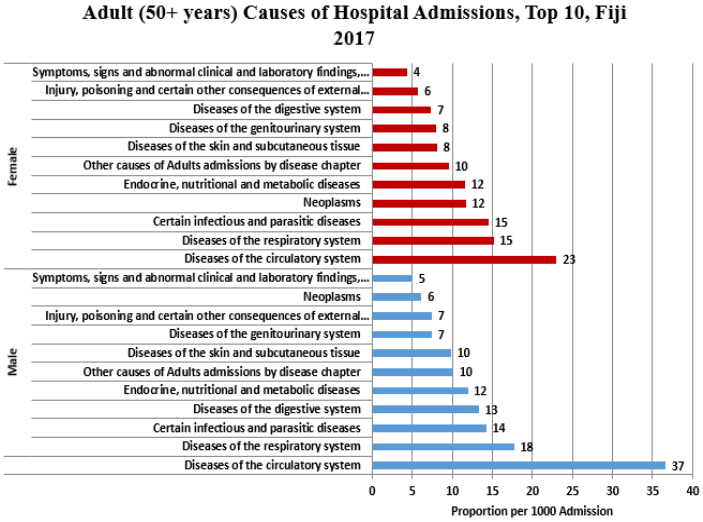
Adult: 20 - 49 years



Source: PATISplus & HDD (Clinical Performance Management Report)

The 4 most common cause of admissions in males and females for Adult 20-49 years age group are injury, poisoning and certain other consequences of external causes, Diseases of the genitourinary system, certain infectious and parasitic diseases and diseases of the digestive system.

Adult 50+ years

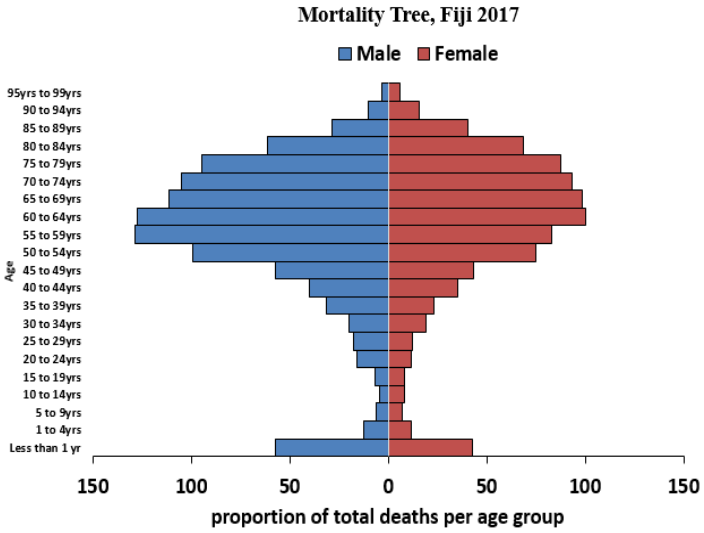


Source: PATISplus & HDD (Clinical Performance Management Report)

The 4 most common cause of admissions in males and females for the 50+ age group are diseases of the circulatory system, diseases of the respiratory system, certain infectious and parasitic diseases and diseases of the digestive system.

Priority 6: Evidence Based Policy, Planning, Implementation and Assessment

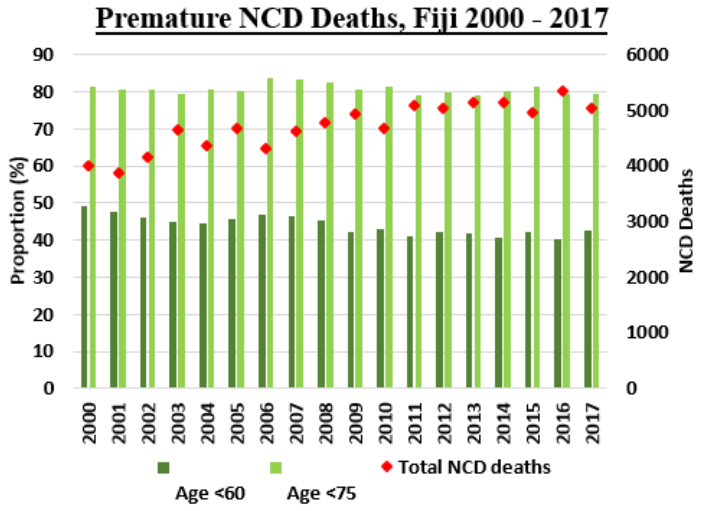
Mortality Tree 2017



Source: PATISplus

More males are dying earlier than females. The mortality rates between males and females demonstrate that males have a peak between 50-74 years and females have a peak between 50 – 79 years. Most males are dying earlier than females.

Premature rate due to NCD



Source: PATISplus

The population projection for 2017 from FBOS was used to calculate this rate. Majority of these deaths are recorded in the age groups between 45-59 years. In the 55-59 age group, 177.8 per 10,000 males died prematurely compared to 112.7 per 10,000 females in this reporting period.

Source: PATISplus

2017 Central Division Mortality Data

Source: PATISplus

2017 Western Division Mortality Data 2017

Source: PATISplus

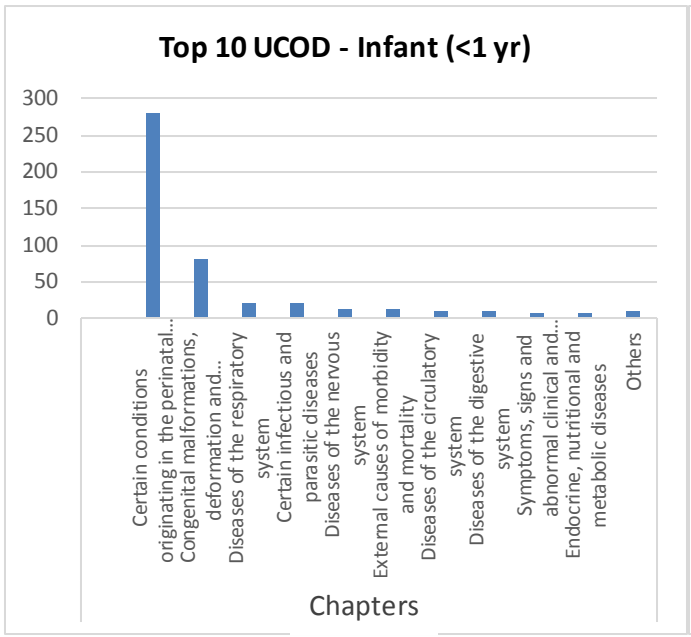
2017 Northern Division Mortality Data 2017

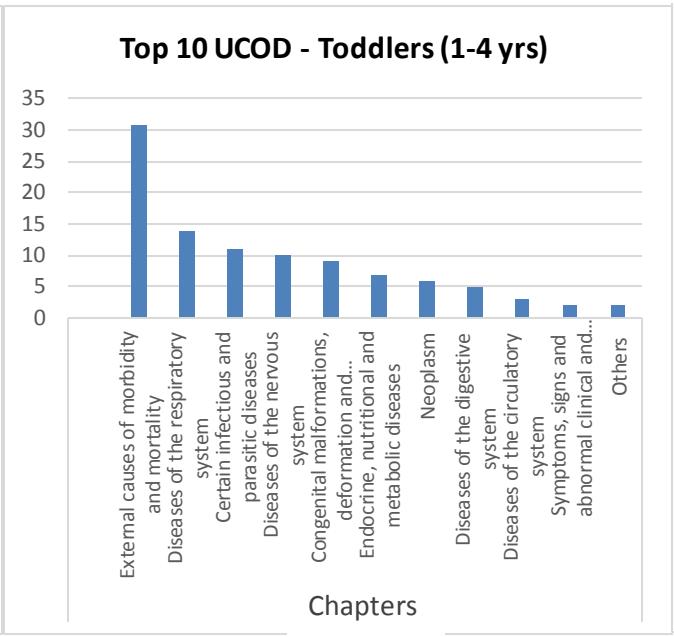
Source: PATISplus

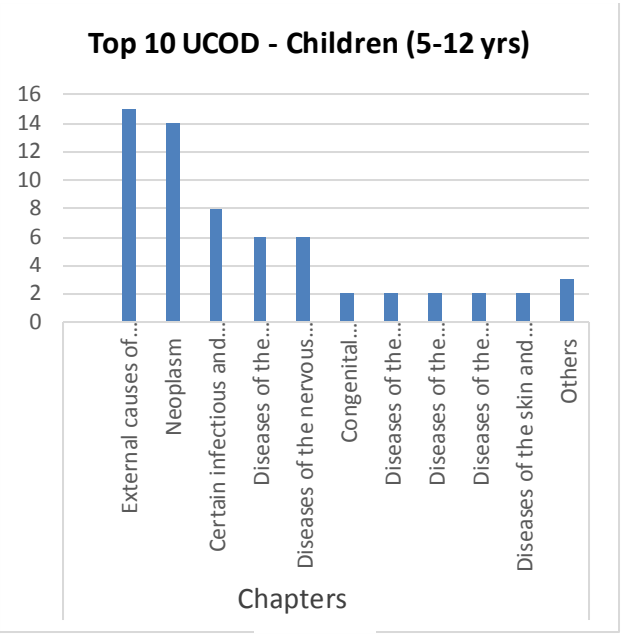
2017 Eastern Division Mortality Data 2017

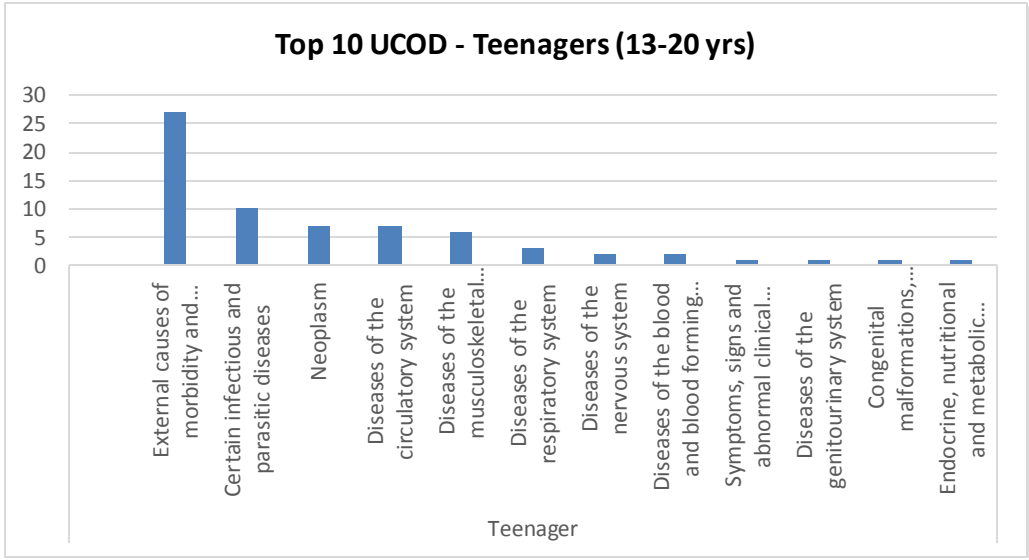
Source: PATISplus

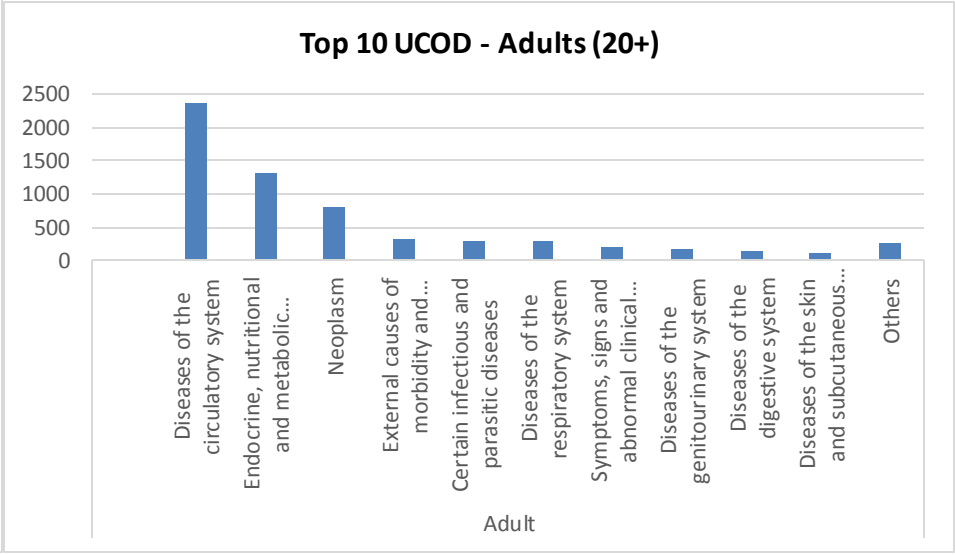
TOP 10 CAUSE OF DEATH BY CHAPTER FOR DIFFERENT AGE GROUPS IN FIJI, 2017







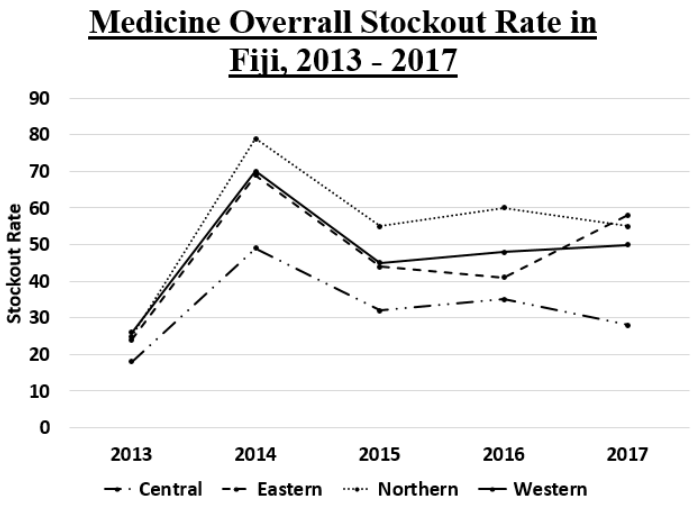




Source: PATISplus

Priority 7: Medicinal Products, Equipment and Infrastructure

Medicine stock out rate



Source: CMRISonline

The above table shows the percentage of Medicine Stock Out at the medical area level by divisions in the last 4 years. A stock out rate is the count of the number of months that drug was out of stock is divided by the number of months in the reporting period. Health centre and nursing station will record any medicines/drugs that were out-of-stock at their facility for 1 week or more over the past month. The Eastern division (r= 58%) recorded the highest stock out rate in 2017, followed by the Northern division (r= 55%), western division (r= 50%) and the least was recorded in the Central division (r= 28%).

Key Medicine Stock-outs in Nursing Centres/Health Centres, Fiji, 2013-2017

	Nursing Centres & HC						Health Centres					
Year	Vaccines (%)	Contraceptives (%)	Amoxycillin Elixir (%)	Paracetamol Elixir (%)	Paracetamol Tabs (%)	ORS (%)	Amoxycillin Caps (%)	Flucloxacillin (%)	Sol Insulin (%)	Ranitidin Tabs (%)	Metformin Tabs (%)	Glipizide Tabs (%)
2013	22	44	30	28	17	35	22	28	9	23	14	12
2014	16	17	19	31	12	40	13	14	6	17	7	8
2015	13	9	16	13	8	13	8	22	4	12	5	7
2016	17	9	13	13	12	14	9	26	9	16	9	20
2017	16	14	14	18	13	24	7	20	10	12	10	15

Source: CMRISonline

The above table shows the Key Medicine Stock out in Nursing Stations and Health Centres.

Annex

Government Health Facilities

Health Facility	Central	Western	Northern	Eastern	Total
Specialized Hospitals/ National Referral	2	0	0	0	2
Divisional Hospital	1	1	1	0	3
Sub divisional Hospital [level 1]	0	3	1	0	4
Sub divisional Hospital [level 2]	4	2	2	5	13
Health Centre [level A]	7	4	1	0	12
Health Centre [level B]	2	4	3	1	10
Health Centre [level C]	12	20	16	14	62
Nursing Stations	21	25	21	31	98
Maternity/ Private Hospital	1	1	0	0	2
Total	**50**	**60**	**45**	**51**	**206**

Govnet Access Health Facilities

Central Sub-Division	**Govnet**	**PATIS**
1. Suva	Yes	Yes
2. Raiwaqa	Yes	Yes
3. Samabula	Yes	Yes
4. Nuffield Clinic	Yes	Yes
5. Valelevu	Yes	Yes
6. Lami	Yes	Yes
6.1 Naboro	No	No
7. Makoi	Yes	Yes
8. Oxfam Clinic	No	No
9. Wainibokasi	Yes	Yes
10.Nausori Health Centre	Yes	Yes
11. Mokani Health Centre	Yes	Yes
Eastern Sub-Division		
Bureta Health Centre	No	No
Daviqele Health Centre	No	No
Deqa Health Centre	No	No
Koro Health Centre	No	No
Lakeba Health Centre	No	No
Laselevu Health Centre	No	No
Moala Health Centre	No	No
Qarani Health Centre	No	No
Western Sub-Division		
Lautoka/Yasawa Health Center	Yes	Yes
Namaka Health Center	Yes	Yes
Kamikamica	Yes	Yes
Punjas	Yes	Yes
Natabua	Yes	Yes
Ba Health Centre	Yes	Yes
Balevuto Health Centre	No	No
Bukuya Health Centre	No	No
Nadarivatu Health Centre	No	No
Nadi Health Centre	Yes	Yes
Nailaga Health Centre		No
Namarai Health Centre	No	No
Nanukuloa Health Centre	No	No
Nasau Health Centre	No	No

Other sites

Facility	**Govnet**	**PATIS**
1. STI Hub Suva	Yes	Yes
2. STI Hub Labasa	Yes	Yes
3. STI Hub Lautoka	Yes	Yes
4. Diabetic Hub Suva	Yes	Yes
5. Diabetic Hub Labasa	No	No
6. Diabetic Hub Lautoka	No	No
7. Divisional Office West	Yes	Yes
8. Divisional Office North	Yes	Yes
9. Divisional Office Cent/East	Yes	Yes
10. HQ	Yes	Yes
11. Mataika	Yes	Yes
12. FPBS	Yes	Yes

Rakiraki Health Centre	Yes	Yes
Tavua Health Centre	Yes	Yes
Vatukarasa Health Centre	No	No
Vatukoula Health Centre	NA	NA
Northern Sub-Division		
Nasea	Yes	Yes
Seaqaqa	Yes	Yes
Waiyevo	Yes	Yes
Dreketi Health Centre	No	No
Savusavu Health Centre	Yes	Yes
Macuata Health Centre	Yes	Yes
Korotasere Health Centre	No	No
Lagi Health Centre	No	No
Lekutu Health Centre	No	No
Nabouwalu Health Centre	Yes	Yes
Naduri Health Centre	No	No
Nakorovatu Health Centre	No	No
Natewa Health Centre	No	No
Qamea Health Centre	No	No
Rabi Health Centre	No	No
Saqani Health Centre	No	No
Savusavu Health Centre	Yes	Yes
Tukavesi Health Centre	No	No
Vuna Health Centre	No	No
Wainikoro Health Centre	No	No
Wainunu Health Centre	No	No

Sustainable Development Goals (Health Related Indicators) Report

Goal	Description	Indicator	Target Year: 2030	Fiji Value
Goal 3 	Ensure healthy lives and promote well-being for all at all ages	3.1.1 Maternal mortality ratio	reduce MMR to less than 70 per 100,000 live births	35.6 per 100,000 live births
		3.1.2 Proportion of births attended by skilled health personnel		99.92 per 10,000 total births
		3.2.1 Under-five mortality rate (deaths per 1,000 live births)	reduce under-5 mortality to at least as low as 25 per 1,000 live births	20.8 per 1,000 live births
		3.2.2 Neonatal mortality rate (deaths per 1,000 live births)	reduce neonatal mortality to at least as low as 12 per 1,000 live births	9.3 per 1,000 live births
		3.3.1 Number of new HIV infections per 1,000 uninfected population (by age, sex, and key populations)	End the epidemics of AIDS, TB, malaria and neglected water borne diseases and other communicable diseases	6 per 1,000 (Jan – Feb 2017)
		3.3.2 Tuberculosis incidence per 1,000 persons per year		9 per 1,000
		3.3.3 Malaria incidence per 1,000 population at risk		Nil

		3.3.4 Hepatitis B incidence per 100,000 population		12.5 per 100,000
		3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	reduce by 1/3 premature mortality from NCD through prevention and treatment and promote mental health and well being	27.1%
		3.4.2 Suicide mortality rate		7 per 100,000
		3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	Ensure universal access to sexual and reproductive health care services, including for family planning, information and education and the integration of reproductive health into national strategies and programme	44.9%
		3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group		16.1 per 1,000 (10 – 19 years)
		3.c.1 Health worker density and distribution	Increase health financing and the recruitment, development, training and retention of the health workforce in developing countries	Nurses -38 per 10,000 Midwives-3per 10,000 Physio-0.6 per 10,000 Dieticians- 0.9 per 10,000 Lab – 2.1per 10,000 HI- 1.4 per 10,000 Radiology: 1.2 per 10,000 Pharmacy:1.5 per 10,000 Biomed: 0.2 per 10,000 Dieticians- 0.8 per 10,000
Goal 2 	End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5, disaggregated by type (wasting and overweight)	End all forms of malnutrition	1.30%
Goal 6 	Ensure availability and sustainable management of water and sanitation for all	6.1.1 Percentage of population using safely managed drinking water services	Achieve universal and equitable access to safe and affordable drinking water for all	13 of 21 (62%) is the % of rural Local Authority communities with Water Safety Management Plans

		6.2.1 Percentage of population using safely managed sanitation services, including a hand-washing facility with soap and water	Achieve access to adequate and equitable sanitation and hygiene for all and end open defection, paying special attention to the needs of women and girls and those in vulnerable situations	14 of 21 (62%) is the % of rural Local Authority communities with Water Safety Management Plans

SDG indicators in which data source not available in Health-code # 3.3.5, 3.5.1, 3.5.2, 3.8.1-3.9.3, 3.b.2, 3.d.1, 1.5.1, 16.2.2

Fiji's Healthy Island Indicators Table, 2017

HI Indicator No.	HI Indicator Name	Baseline value	Year	Fiji Value	Year
1.1	Health worker density	27.3[1]	2009	34.2[1]	2016
1.2	Health expenditure per capita	204.01[2]	2014	375.6 FJD[2]	2015
1.3	Evidence of annual health review, plan and budget			3[3]	2017 / 2018
1.4	International Health Regulations (IHR) core capacity index	98[1]	2014	98[4]	2014
1.5	Death registration coverage	100[3]	2010	100	2015
2.1	Smoking prevalence	25.7[1]	2015	31%[5]	2011
2.2	Heavy episodic drinking	10.9	2010	16%[5]	2011
2.3	Insufficiently physically active adults	17	2010	21%[5]	2011
2.4	Intimate partner violence	66[5]	1999		
2.5	Tobacco excise taxes	3[2]	2014	1[6]	2017
2.6	Excise taxes in the retail price of alcoholic drinks			4[6]	2017
2.7	Excise taxes in the retail price of sweetened-sugary beverages (SSBs)			1[6]	2017
2.8	Access to essential NCD drugs			3[7]	2016
2.9	Cervical cancer screening	10-50[2]	2015	64.7[8]	2017
2.10	Service coverage for people with increased risk for CVD			4.1[5]	2011
2.11	Service coverage for people with severe mental health disorders			46%[9]	2016
2.12	Contraceptive prevalence	38.4	2013	44.9[8]	2017
2.13	HIV prevalence among the general population	0.1[6]	2014		
2.14	Tuberculosis (TB) incidence	**51[2]**	2015	**51 per 100,000 pop[10]**	2015
2.15	Diabetes-related amputations			**35.5%[11]**	2017
2.16a	Maternal deaths	**5[2]**	2015	**7[12]**	2017
2.16b	Maternal mortality ratio	**30[2]**	2015	**35.6[12]**	2017
2.17	Mortality from road traffic injuries	**5.8[1]**	2013	**9.2[12]**	2017
2.18a	Deaths due to suicide among adults	**29[7]**	2015	**61[12]**	2017

2.18b	Suicide mortality rate	**8.9**[1]	2015	**7 per 100,000 pop**[12]	2017
2.19	Risk of premature death from target non-communicable diseases (NCDs)	**31**[1]	2015	**42.6**[12]	2017
2.20	Life expectancy at birth: both sexes	**67.5**[5]	2010	**68.6**[12]	2016
3.1	Exclusive breastfeeding rate	**40**[2]	2004	**62.9**[8]	2017
3.2	Children who are obese	**No data**[5]	NA	**8.7**[8]	2017
3.3	Inadequate physical activity in adolescents	**79.6**[8]	2016	**19.2**[13]	2016
3.4	Obesity in adolescents	**8.2**[8]	2016	**8.2**	2016
3.5	Birth registration coverage	**>90**[2]	2009	**90**	2014
3.6	Evidence of healthy food policies in schools			**4**[7]	2016
3.7	Antenatal care coverage	**95**[5]	2010	**80.7**[8]	2017
3.8	Births attended by skilled health personnel	**98.8**[1]	2013	**99.92**[8]	2017
3.9	Immunisation coverage for DTP3	**93**[9]	2016	**82.4**[8]	2017
3.10	Immunisation coverage for measles	**95**[9]	2016	**87.6**[8]	2017
3.11	HPV vaccine coverage among adolescents			**87.8**[8]	2017
3.12	HIV prevalence among pregnant women	**0.1**[6]	2014		
3.13	Adolescent birth rate	**27.5**[1]	2008	**16.1**[8]	2017
3.14	Low birth weight among newborns	**7.9**[5]	2007	**5.8**[8]	2017
3.15	Neonatal mortality rate	**9.6**[1]	2015	**11.1**[12]	2017
3.16	Children who are stunted	**7.5**[1]	2004		
3.17	Under-five mortality rate	**122.4**	2015	**22.6**	2017
3.18	Child and adolescent suicide rate			**5.9**[12]	2017
4.1	Population using clean fuels for cooking/heating/lighting	**37**[1]	2014		
4.2	Resilience to climate change and natural disasters				
4.3	Population using improved drinking-water sources	**95.7**[14]	2015	**96%**[14]	2016
4.4	Population using improved sanitation facilities	**91.1**[14]	2015	**91%**[14]	2016
4.5	Number of vector-borne disease outbreaks			**1**[15]	2016

No.	**Baseline Value Data Source**	**No.**	**Fiji Value Data Source**
1	WHS Dashboard	**1**	MoHMS ACP Indicator update
2	WHO GHO	**2**	2011 – 2015 NHA Report
3	UNSD	**3**	MoHMS ACP 2017/2018
4	WHO GISAH	**4**	World Health Statistics data visualizations dashboard
5	SPC NMDI	**5**	NCD Risk Factor Steps Report 2011
6	UNAIDS Report	**6**	Fiji 2017/2018 Budget Supplement
7	PIMHNET Report	**7**	Ministry of Health & Medical Services website
8	GSHS	**8**	CMRI Sonline System, MoHMS
9	WHO JRF	**9**	MoHMS facility routine data collection.
		10	WHO GHO Data Repository
		11	Hospital Clinical Performance Management Report
		12	PATISplus, MoHMS

		13	Global School-based Student Health Survey
		14	This is just an estimate taken from the "Snapshot of Water and Sanitation in the Pacific - 2015"
		15	Dengue- Environmental Health Report

Notifiable Diseases in Fiji, 2017

No.	Diseases	Cases	Rates per 100,000 population
1	Acute Poliomyelitis	0	0.0
2	Acute Respiratory Infection	51472	6265.8
3	Anthrax	0	0.0
4	Brucellosis	0	0.0
5	Chicken Pox	3155	362.7
6	Cholera	0	0.0
7	Conjunctivitis	7257	838.3
8	Dengue Fever	6278	724.4
9	Diarrhoea	30218	3585.7
10	Diptheria	0	0.0
11	Dysentry (a) Amoebic	4	0.5
	(a) Bacillary	104	11.9
12	Encephalitis	8	0.9
13	Entric Fever (a) Typhoid	252	28.9
	(b) Para Typhoid	0	0.0
14	Fish Poisoning	1724	197.9
15	Ciguatera Fish Poisoning	51	5.8
16	Food Poisoning	33	3.8
17	German Measles (Rubella)	5	0.6
18	Infectious Hepatitis	148	17.0
19	Influenza	24859	2931.2
20	Leprosy	4	0.5
21	Leptospirosis	374	42.9
22	Malaria	5	0.6
23	Measles (Morbilli)	36	4.1
24	Meningitis	194	22.2
25	Mumps	5286	609.2
26	Plague	0	0.0
27	Pneumonia	10465	1213.4
28	Puerperal Pyrexia	0	0.0
29	Relapsing Fever	8	0.9
30	Rheumatic Fever	26	3.0
31	Smallpox	0	0.0
32	Tetanus	0	0.0
33	Trachoma	219	25.1
34	Tuberculosis (a) Pulmonary	277	31.7
	(b) Others	95	10.9
35	Typhus	0	0.0
36	Viral Illness/ Infection	32452	3861.1
37	Whooping Cough	9	1.0
38	Yaws	0	0.0
39	Yellow Fever	0	0.0
40	**Sexually Transmitted Diseases**		
	(a) Gonorrhoea	1197	137.3
	(b) Candidiasis	205	23.5
	(c) Chlamydia	2	0.2
	(d) Congential Syphilis	15	1.7
	(e) Gential Herpes	0	0.0
	(f) Granuloma Inguinale	0	0.0
	(g) Herpes Zoster	59	6.8
	(h) Lymphogranuloma Inguinale	0	0.0
	(i) Ophthalmia Neonatorium	9	1.0

	(j) PID	5	0.6
	(k) Soft Chancre	0	0.0
	(l) Syphilis	648	74.3
	(m) Trichomoniasis	122	14.0
	(n) Veneral Warts	3	0.3

Source: National Notifiable Disease Surveillance System (NNDSS)

Sexually Transmitted Diseases in Fiji, 2017

Disease	2013		2014		2015		2016		2017	
	Rates per 100,000 population	Cases	Rates per 100,000 population	Cases	Rates per 100,000 population	Cases	Rates per 100,000 population	Cases	Rates per 100,000 population	Cases
Gonorrhoea	84.8	775	125.3	1168	130.9	1135	134.5	1170	137.3	1197
Candidiasis	15.7	144	35.9	335	19.0	165	19.2	167	23.	205
Chlamydia	0.0	0	0.2	2	0.3	3	0.3	3	0.2	2
Congential Syphilis	3.1	28	6.1	57	2.1	18	1.9	17	1.7	15
Gential Herpes	0.1	1	0.0	0.0	0.0	0	0.0.	0	0.0	0
Herpes Zoster	4.8	44	4.4	41	4.3	37	4.1	36	6.8	59
Lymphogranuloma Inguinale	0.0	0	0.0	0	0.0.	0	0.0	0	0.0	0
Ophthalmia Neonatorium	1.6	15	3.6	34	1.4	12	0.8	7	1.0	9
PID	0.0	0	0.0	0	0.0	0	0.8	7	0.6	5
Soft Chancre	0.0	0	0.1	1	0.0.	0	0.2	2	0.0	0
Syphilis	65.6	600	56.3	525	64.3	558	60.3	525	74.3	648
Trichomoniasis	9.4	86	9.1	85	8.8	76	13.8	121	13.9	122
Veneral Warts	0.1	1	0.0	0	0.0	0	0.5	4	0.3	3

Source: National Notifiable Disease Surveillance System (NNDSS)

Family Planning Methods & Rate in Fiji, 2000 – 2017

Family Planning Acceptors % of Methods	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Pills	16.52%	17.17%	17.59%	17.46%	18.64%	19.40%	19.0%	20.79%	20.88%	26.31%	28.8%	28.6%	43.2%	21.8%	17.1%	16.3%	7.4%	7.1%
IUCD	13.21%	11.46%	11.46%	11.24%	12.92%	11.09%	9.8%	10.25%	10.11%	3.37%	2.5%	2.8%	3.4%	5.1%	5.9%	4.8%	2.6%	2.8%
Condoms	14.63%	14.78%	14.78%	15.32%	15.40%	16.31%	14.6%	16.32%	16.47%	20.5%	16.8%	19.8%	20.0%	16.0%	12.0%	8.6%	4.3%	6.1%
Injections	17.82%	21.43%	21.43%	22.51%	24.00%	22.50%	30.9%	24.40%	24.56%	44.5%	49.3%	48.4%	31.5%	47.5%	42.6%	40.7%	21.1%	20.7%
Female Sterilisation	29.96%	27.21%	27.21%	25.94%	23.93%	24.23%	19.7%	21.14%	19.98%	4.16%	0%	0%	0.00%	0.00%	0.00%	0.75%	0.40%	0.40%
Vasectomy	0.26%	0.41%	0.41%	0.41%	0.26%	0.25%	0.2%	0.23%	0.22	0.05%	0.01%	0%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
Norplant [00-12] Implant [2013]	0.30%	0.43%	0.43%	0.25%	0.42%	0.46%	0.3%	0.48%	1.14	0.18%	2.22%	0%	1.72%	9.62%	22.4%	28.9%	12.2%	7.7%
Natural Method	7.31%	6.68%	6.68%	6.86%	6.22%	6.22%	5.4%	6.37%	6.63	0.94%	0.22%	1.43%	0.12%	0.07%	0.00%	0.00%	0.00%	0.00%
Protection rate	**43.50**	**43.70**	**35.50**	**42.00**	**45.90**	**42.30**	**49.10**	**43.10**	**44.7**	**28.9%**	**31.8%**	**36.5%**	**35.7%**	**38.4%**	**38.3%**	**47.1%**	**48.3%**	**44.9%**

Source: CMRISonline

Measles Rubella (MR1) Immunization Coverage in Fiji, 2013 – 2017

Year	Total live births	Total number immunized	Percentage (%)
2013	20970	16113	79.9
2014	20249	17295	82.5
2015	20510	16908	82.4
2016	19180	16340	85.2
2017	19650	16800	87.6

Source: CMRISonline

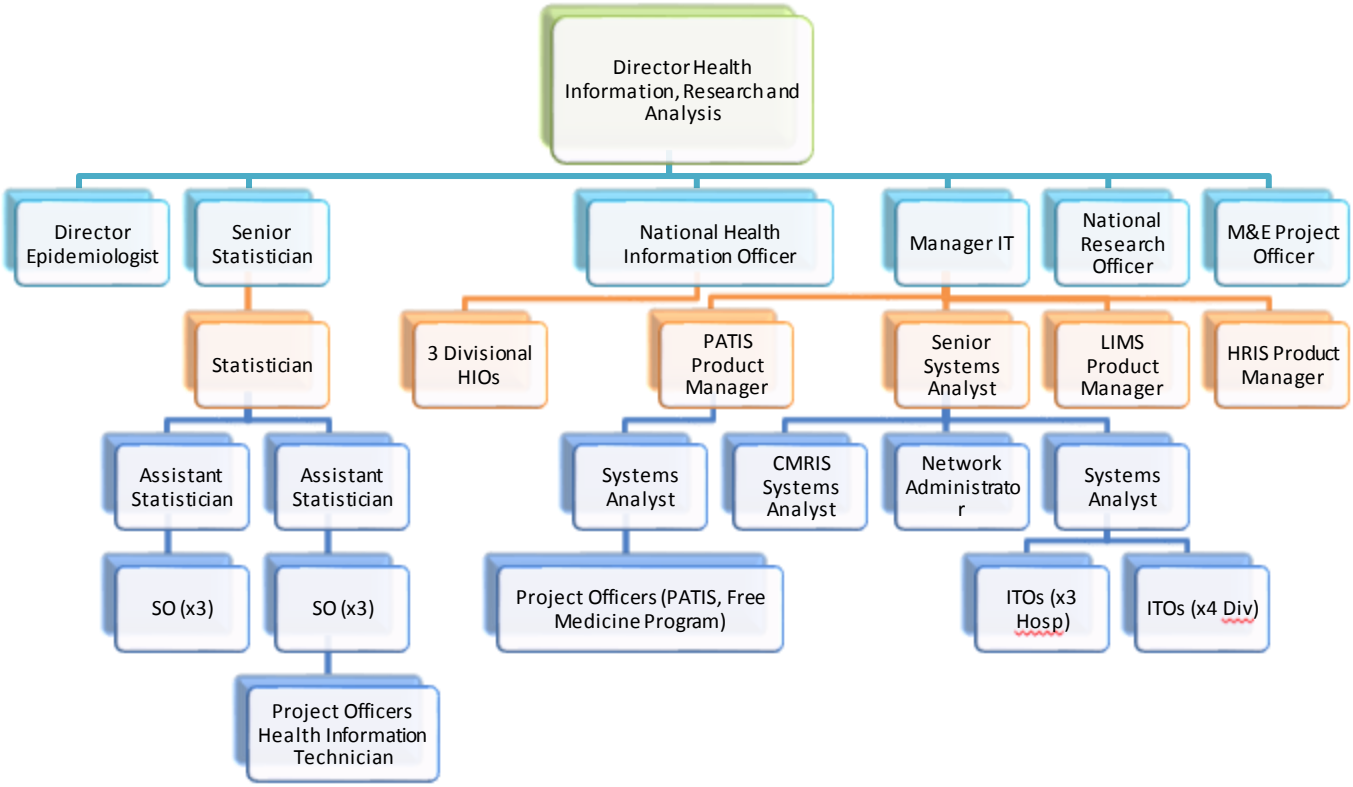
Immunization Coverage & Vaccine in Fiji, 2013 - 2017

	2013	2014	2015	2016	2017
Immunisation Coverage (%) 0 - 1yr					
bcg	86.7	98.4	86.7	90.8	92.9
opv0	N/A	N/A			
hbv0	85.2	99.6	88.1	95.2	93.1
hbv1					
TetraHib1					
pentavalent1	88.9	90.5	92.0	87.8	84.9
opv1	89.1	90.5	91.9	87.7	84.9
Pneumococcal 1	88.4	90.5	92.0	87.9	84.2
Rotavirus 1	88.3	90.5	92.0	88.0	84.2
hbv2					
TetraHib2					
pentavalent2	87.6	89.9	90.2	86.5	83.0
opv2	87.5	90	90.1	86.0	81.9
Pneumococcal 2	86.1	89.9	90.2	81.1	82.0
TetraHib3					
hbv3					
pentavalent3	87.5	90.8	88.9	86.7	82.4
opv3	87.3	90.9	88.9	81.4	82.7
opv4			56.6	59.1	58.1
Pneumococcal 3	84.9	90.8	88.9	81.4	82.3
Rotavirus 2	83.6	90.4	88.6	85.9	82.0
MR1	79.9	82.5	83.5	79.7	87.6
School MR2	97	95	94	95	*105.6
School Entry TT	96	96	98	95	*102.6
School Leaving TT	98.6	88.0	90.7	85.8	*101.7
HPV1	*105.6	*102.6	98.1	106.8	87.8
HPV2	83.5	96.1	73.1	55.7	51.7

Source: CMRISonline

- The coverage rate is more than 100% due to the number immunized is more than the target number.

Health Information Research Analysis Organization Structure



Contact Information

1. Health Information: health-information@health.gov.fj
2. IT Service desk: healthdesk@health.gov.fj
3. CMRIS Online System: PHIS@govnet.gov.fj