Health Status Report 2016

Using Health Information for Measuring and Improving Health Outcomes

MINISTRY of HEALTH & MEDICAL SERVICES

Shaping Fiji's Health

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

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Acronyms

A&E	Accident and Emergency
ACBA	Australian Coding Benchmark Audit
ACP	Annual Corporate Plan
ALOS	Average Length of Stay
ANC	Ante Natal Coverage
BP	Business Plan
CBA	Child Bearing Age
CD	Communicable Diseases
CDC	Centre for Disease Control
CMRIS	Consolidated Monthly Return Information
CWMH	Colonial War Memorial Hospital
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
MDG	Millennium Development Goals
MoHMS	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

Ministry of Health and Medical Services Overview

The Ministry of Health and Medical Services of the Republic of Fiji acknowledges that it is a 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 with reference to accessibility, affordability, efficiency and 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.

Equity

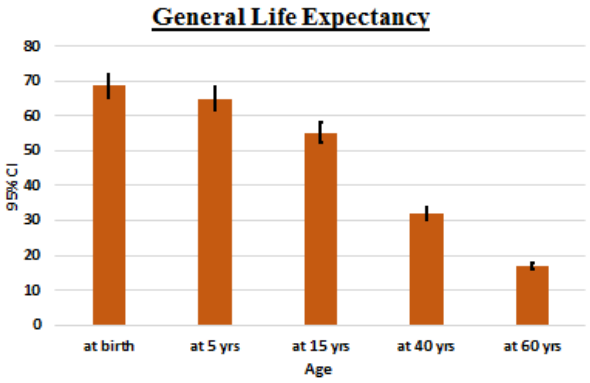
Integrity

Respect for Human Dignity

Responsiveness

Customer Focus

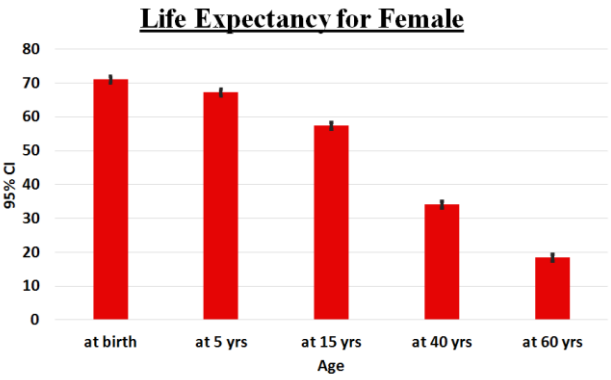
Priority 1: Non Communicable Diseases [NCD], including Nutrition, Mental Health and Injuries



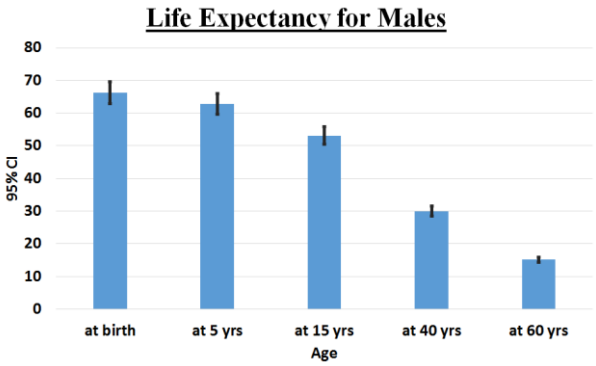
Source: PATISPlus

Life expectancy is an estimate of the average number of years a person can expect to live, based on age-specific death rates in a given year. Life expectancy at birth is one of the most commonly used measures to describe the health status of a population.

On average, a forty (40) year old is expected to live another thirty-two (32) years (CI, 31.7-32.2) and a sixty (60) year old is expected to live another sixteen (17) years (CI, 16.6-17.0).



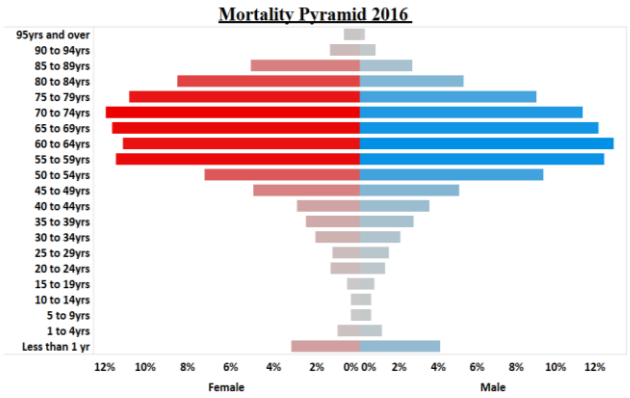
Source: PATISPlus



Source: PATISPlus

In Fiji, on average, a Fijian male born today is expected to live sixty-six (66) years if the economic status of the country remains the same with confidence interval of 65.8-66.7 percentage whereas a Fijian female is expected to live seventy-one (71) years with a confidence interval of 70.6-71.5 percentage.

Life expectancy in Fiji is determined by births and deaths and in particular the disease profiles that cause deaths or mortality. Approximately 78% of all deaths and 40% of premature deaths before age 60 in Fiji are due to non-communicable diseases[1]



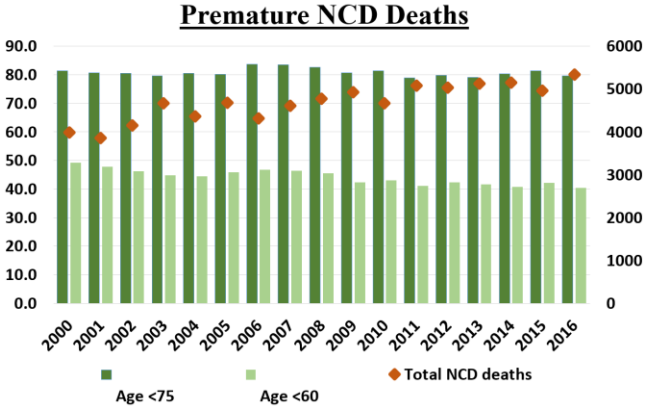
Source: PATISPlus

The mortality rates between males and females demonstrate that males have a peak between 50-79yrs and females have a peak between 55-84 yrs. Most males are dying earlier than females.

Premature Mortality Rate due to NCD

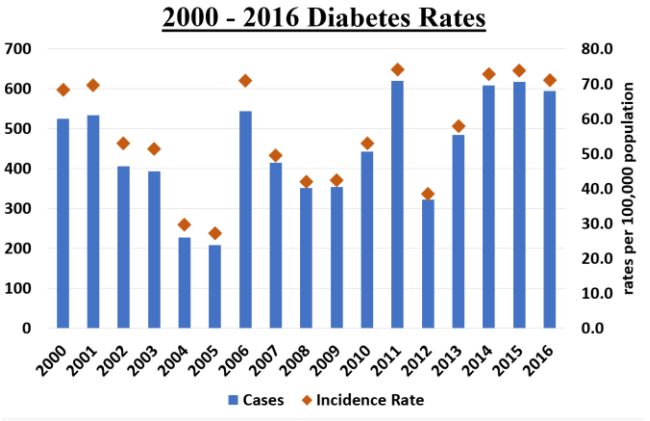
[1] MoHMS National Strategic Plan, 2016 - 2020

Premature mortality in Fiji refers to deaths for those individuals who have an NCD and are less than 60 years of age. The trend for premature mortality for NCDs remain consistent from 2000 (≈ 50%, n= 1970) to 2016 with (41%; n=2156) for this period. The population projection for 2016 from FBOS was used to calculate this rate. Overall premature mortality rate stands at 9.2 per 10,000 population [male stands at 10.9 whilst female stands at 7.4] for 2016. Majority of these deaths are recorded in the age groups between 45-59 years. In the 55-59 age group, 57.1 per 10,000 males died prematurely compared to 36.5 per 10,000 females in this reporting period.



Source: PATISPlus

Non Communicable Disease

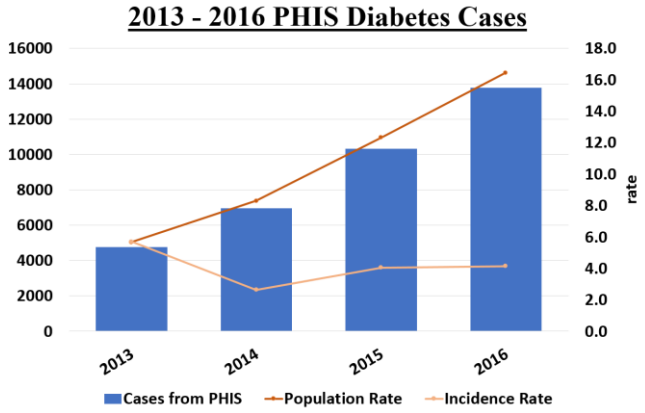


Source: Diabetes Notification

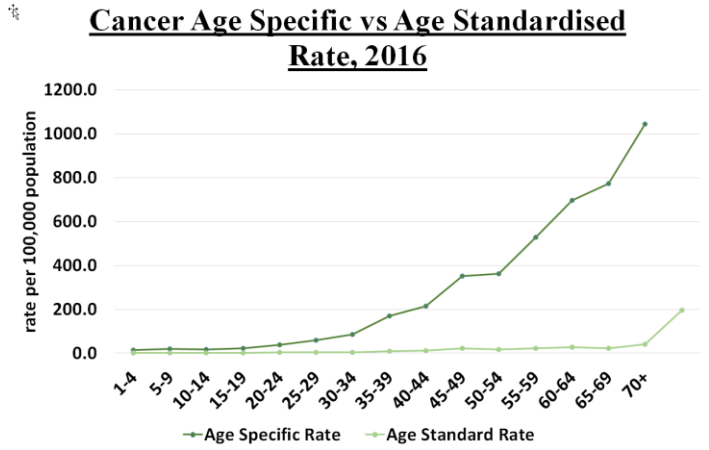
Diabetes remains a chronic disease of concern for Fiji. The trend graph shows the number of cases and incidence rates from 2000 to 2016. There are noticeable fluctuations in reported cases, reflecting on reporting artefacts and do not capture true case numbers/rates. The trends reflect the reporting challenges and underreporting for diabetes from the notifications.

PHIS Diabetes Cases 2013–2016

The cases from the PHIS show an exponential increase in reported cases of diabetes. However, these are merely due to improvement true increases in cases. The difference in case capture between the two (2) systems is clearly illustrated and reflects the less than optimal capture on the notifications (individual). PHIS cases for 2016 is approximately 23 times more than those reflected from the notifications in the diabetic notification systems. This means that case capture from the notifications is not a true reflection of actual cases on the ground.



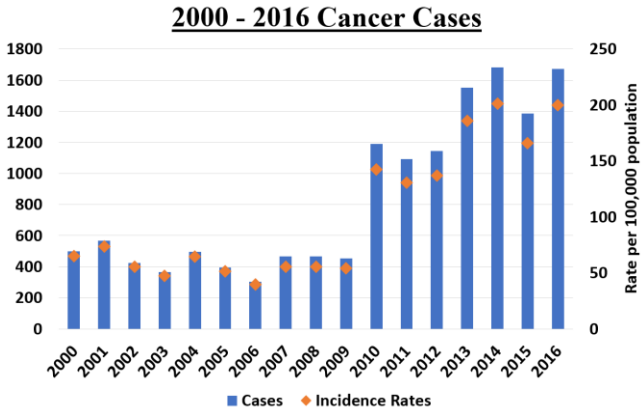
Source: PHIS



Source: Cancer Registry 2016

The above graph shows the age specific and age standardized rates per 100,000 population. It is calculated using the Segi standard population.

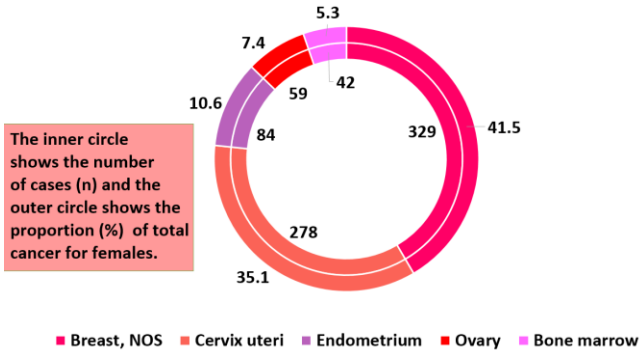
Cancer Cases from 2000 – 2016



Source: Cancer Registry 2016

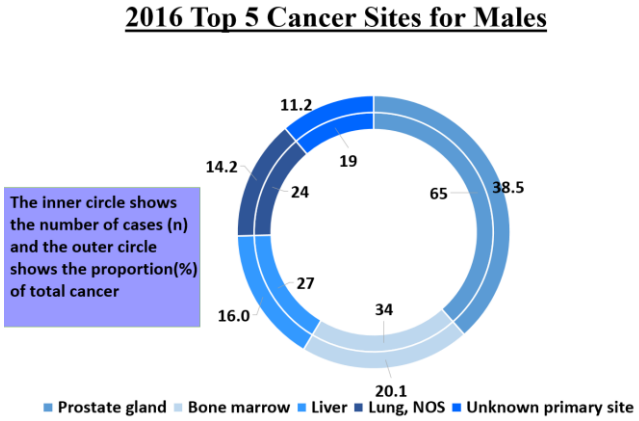
Cancer notification trend is reflected in the graph above and shows a noticeable increase in 2010 because of triple source case capture. Cancer registry review will be undertaken in 2017 to validate and confirm cases for 2011 – 2015 in line with international requirements.

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



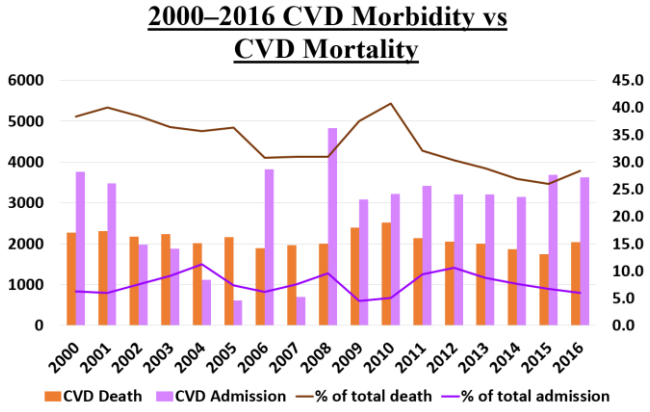
Source: Cancer Registry 2016

The leading causes of cancer in females are breast and cervix cancer with Prostate gland, bone marrow, liver and lung in males for 2016.



Source: Cancer Registry 2016

Cardiac Related Cases 2000–2016



Source: PATISplus & HDD (Clinical Performance Management Report)

The trend for cardiovascular morbidity and morbidity demonstrated above. There is consistence in mortality figures however, admission figures are variable due to reporting inconsistencies.

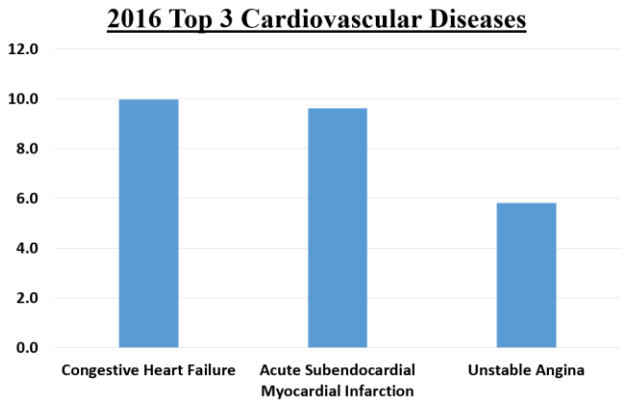
Data Gaps

As noted, many countries still lack adequate death registration capacity. An estimated 53% of deaths go unregistered worldwide. However, Fiji has ensured that there is almost complete capture of death information at MoHMS. There are issues surrounding timely submission of MCDCs, classification of deaths and coordinated approach to classify maternal deaths. There have been significant improvement in HIS in 2016 to ensure complete capture timely and reliable information. These improvement include review of the CMRIS, regular training for CMRIS and PATISplus modules, regular audits of the systems and timely feedback to end users.

The most significant challenge remains complete registration and management information pertaining to people with NCDs, for example cancer, diabetes, hypertension, stoke, cardiovascular disease, mental health, renal disease, eye related disease and injuries. There are alternate systems available that are sourced for improving reliability of information. In addition, the capture of NCD risk factors for individuals and populations remains a significant challenge.

Other challenges include an integrated surveillance system for both communicable diseases and non-communicable diseases. This spectrum involves vital information from key stakeholders also collecting pertinent information.

Leading 3 Cardiovascular Disease Conditions



Source: PATISplus & HDD (Clinical Performance Management Report)

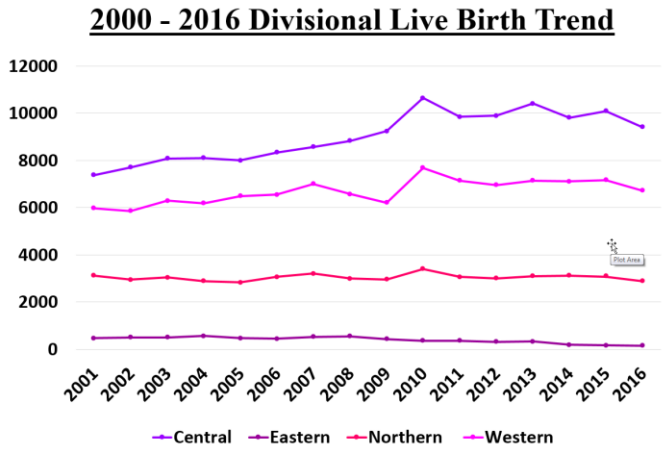
The most common cardiovascular diseases in 2016 included Congestive Heart Failure (ICD 10 AM code I50.0), Acute subendocardial myocardial infarction (ICD 10 AM code I21.4), and Unstable angina (ICD 10 AM code I20.0)

The number of diabetes cases remains variable depending on the number of cases reported. It is noted that there is an increase of notification received within the last 3 years, which shows an improvement in report submission even though it is still underreported.

Priority 2: Maternal, Infant, Child and Adolescent Health

Vital and Health Statistics

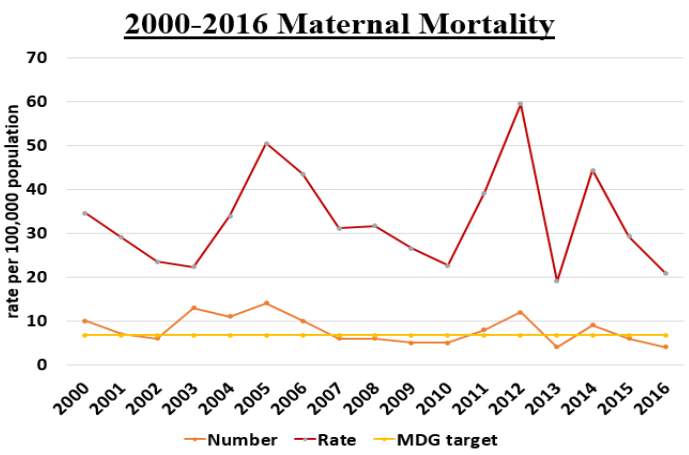
MCH Indicator	Rates
Total Live birth	19,180
Crude birth rate	21.2
Crude death rate	8.3
Rate of Natural Increase	1.4
Infant Mortality Rate	13.9
Perinatal Mortality Rate	13.2
Neonatal Mortality Rate	6.5
Post neonatal mortality rate	7.4
Under 5 mortality rate	17.9
Maternal Mortality Rate	20.9
General Fertility Rate	90.6
Family planning protection rate	48.3



Source: CMRISonline

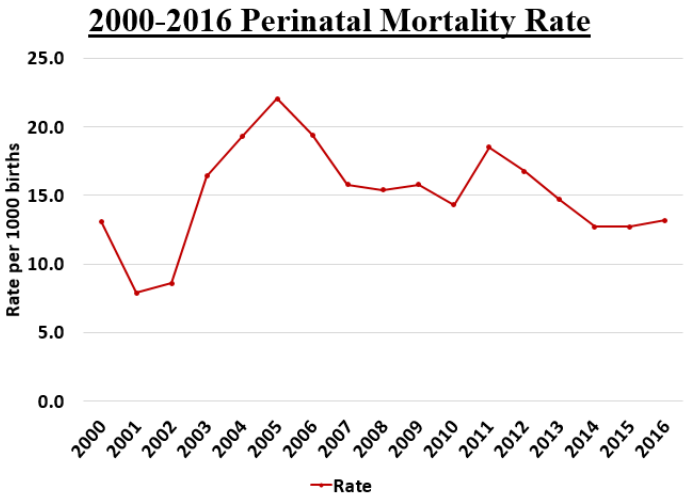
The Central Division recorded the highest frequency of births followed by the Western division, and the least was recorded in the Eastern Division.

Maternal, Perinatal, Infant and Stillbirth Mortality



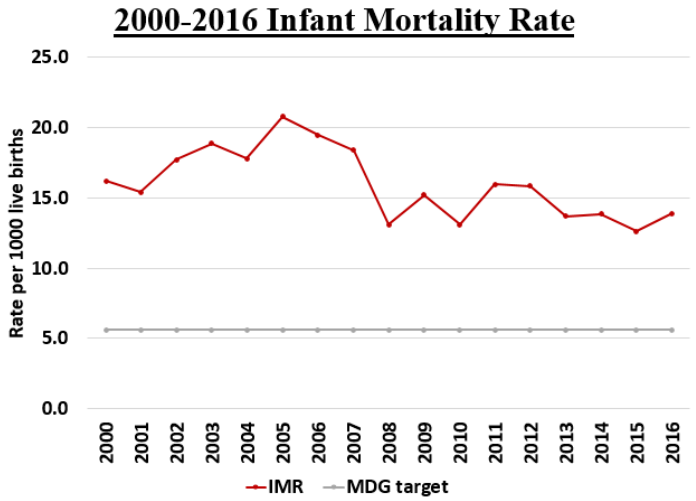
Source: PATISPlus

There are variations in maternal mortality and these figures consist of both indirect and direct maternal deaths. Maternal mortality figures are provided by the Head of Obstetrics & Gynaecology and the Health Information Unit has no input in determining these cases.



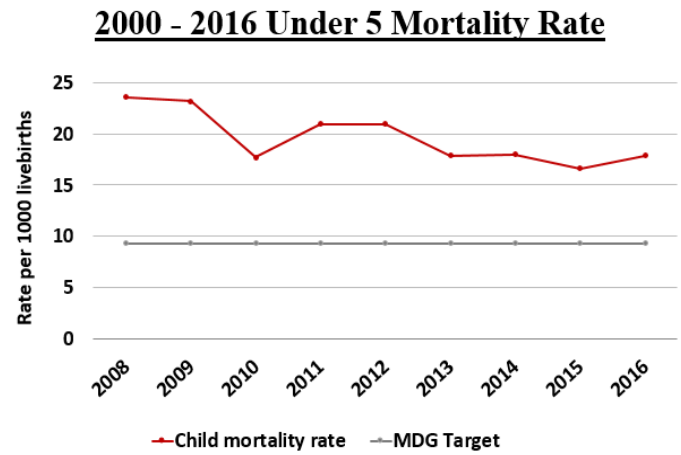
Source: PATISPlus

Perinatal Mortality is obtained from the MCDCs. The variability in these is due to definitions around fetal loses, fetal deaths and reporting of these cases.



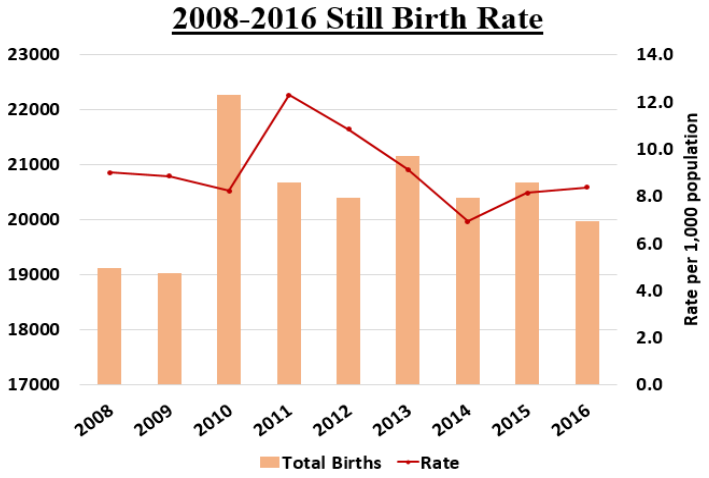
Source: PATISPlus

There is a reduction of IMR from 2000 (16.2) to 2016 (14.0). There have been sequential reduction of peaks from 2000.



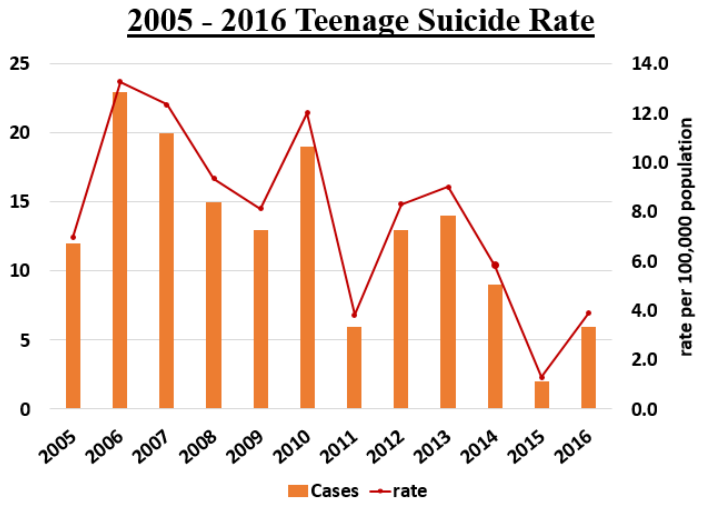
Source: PATISPlus

Similar to the IMR the U5 mortality rates have been decreasing since 2000. However fluctuations have been noted in the last 3 years.



Source: PATISPlus

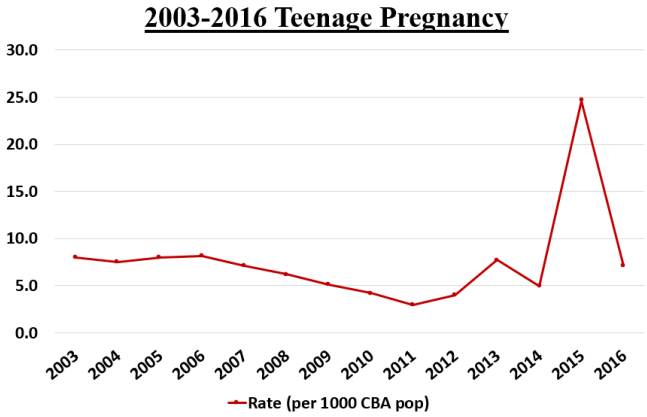
The still birth rates are variable within the initial 7 years. However, there has been some degree of consistency over the last 2 years.



Source: PATISPlus

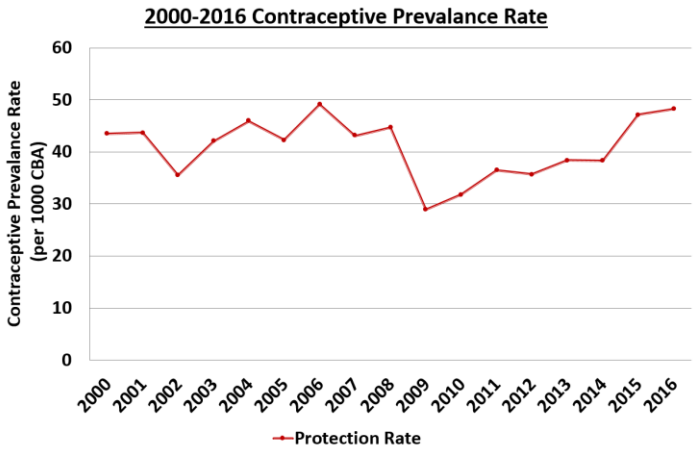
The variability in rates demonstrated above is due to the classification of intent, which is often absent in most MCDCs.

Teenage Pregnancy and Contraceptive Prevalence Rate



Source: CMRISonline

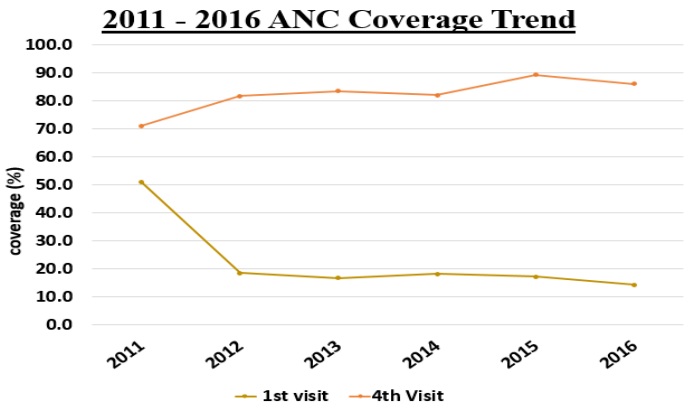
Teenage pregnancy in rates per 1000 CBA (FBOS) is demonstrated above. The inconsistency in rates for 2015 is due to reporting compliance.



Source: CMRIS Online

There is an increase in the use of contraceptive devices for the past 7 years (2010-2016).

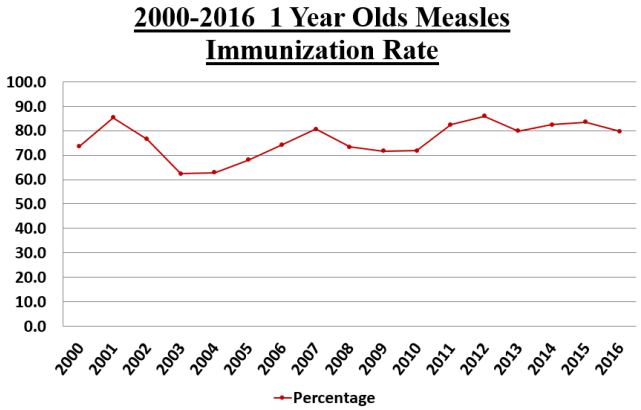
Ante Natal and Immunization Coverage



Source: CMRISonline

There has been a mild sequential decrease in the ANC 1st Visit 1st trimester coverage from 2012 to 2016

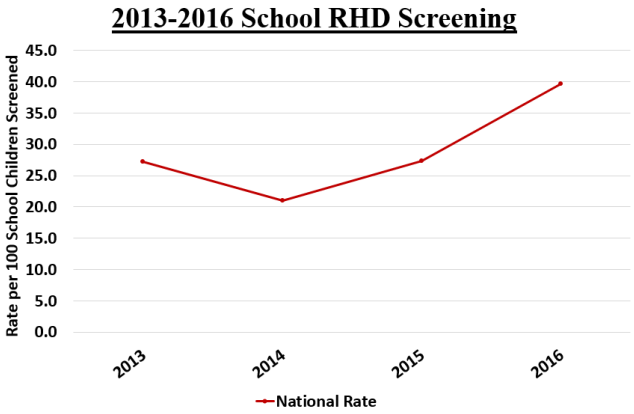
whilst progressive increase in coverage was noted for 4th visit. The variance in coverage depends on case capture and accuracy of facilities reporting this.



Source: CMRIS Online

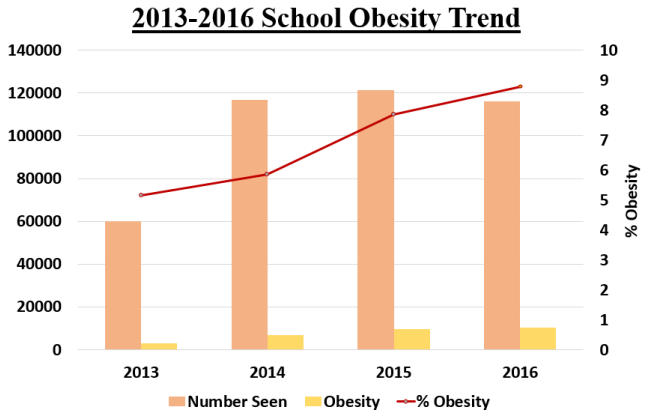
There is a gradual fluctuation of 1 year old immunized in the last 6 years. The fluctuation is reflective of live birth trends and is dependent on implementation of the EPI programs.

School Health Report

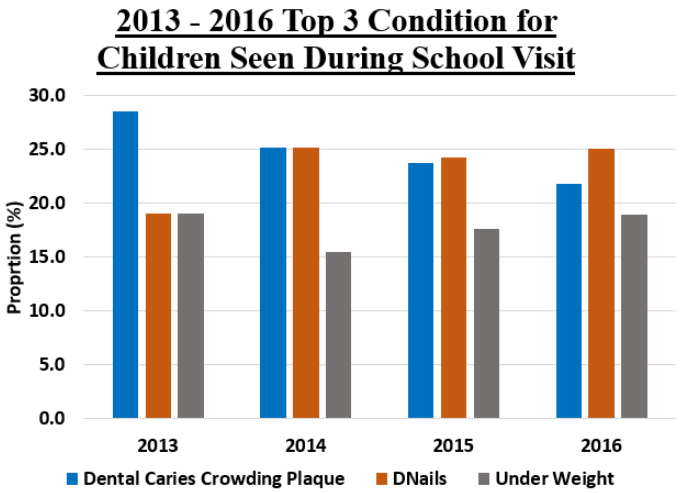


Source: CMRISonline

RHD screening has increased since the inception of coordinated programs for RHD in 2009.

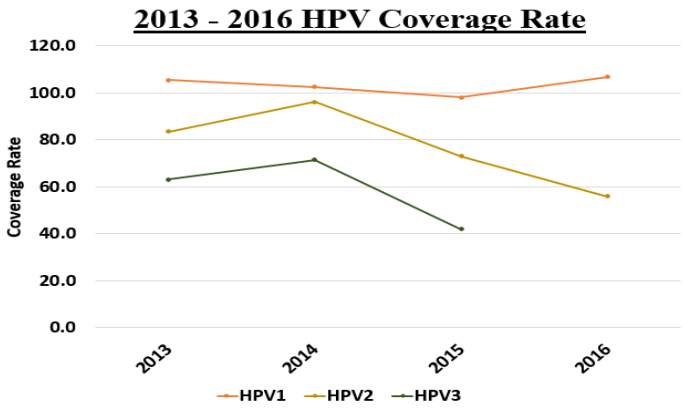


The percentage of children with obesity seems to be considerably increasing from 2013. However, this must be taken in context with improved reporting from school health programs.



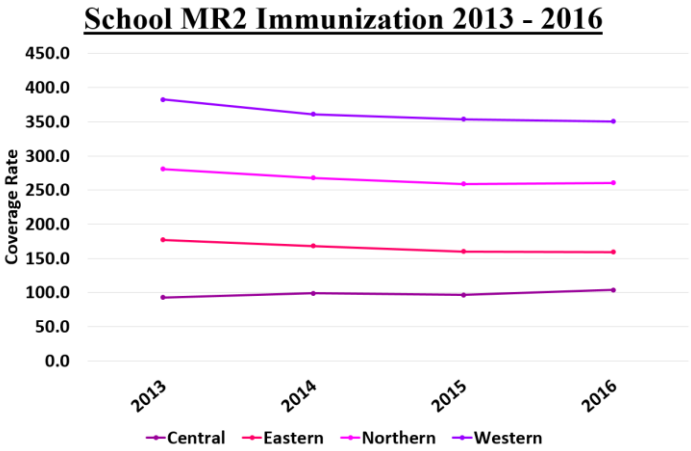
Source: CMRISonline

The 3 top conditions for school health visitations are dental caries, dirty nails and underweight. There is mild sequential decrease in dental caries from 2013 to 2016 whilst there is a gradual fluctuation with mild increase in cases observed in children for conditions such as dirty nails and underweight.



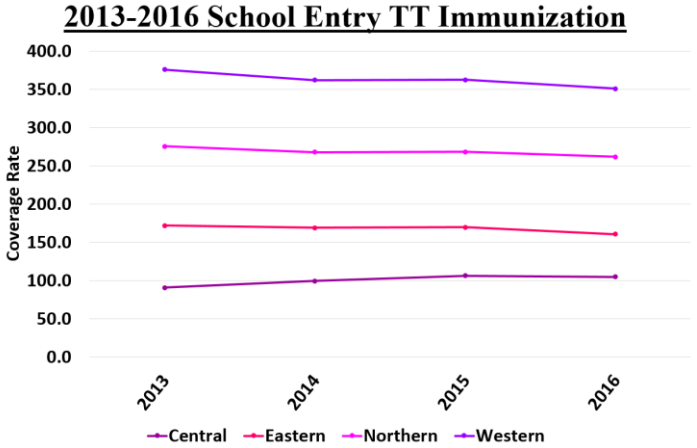
Source: CMRISonline

Gradual fluctuations and the slight increase (2016) were seen in the coverage of HPV1 dose. There was a sequential decrease in the coverage of HVP2 and HPV3. Note: HPV3 has been removed from the EPI schedule from 2016.



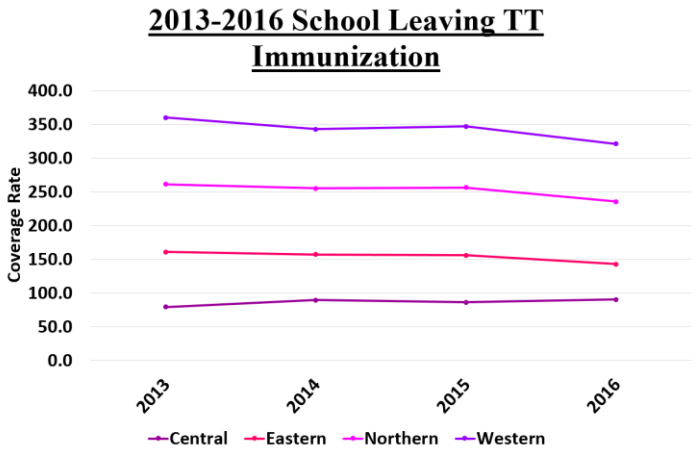
Source: CMRISonline

There has been a sequential decrease in the coverage of MR2 in schools. This depends upon the EPI schedule guideline. The Western Division recorded the highest overall coverage in the administration of MR2 dose to school children.



Source: CMRISonline

There has been a sequential decrease in the coverage of TT immunization given at school. This depends upon the EPI schedule guideline. The Western Division recorded the highest overall coverage in the administration of TT dose to school children.

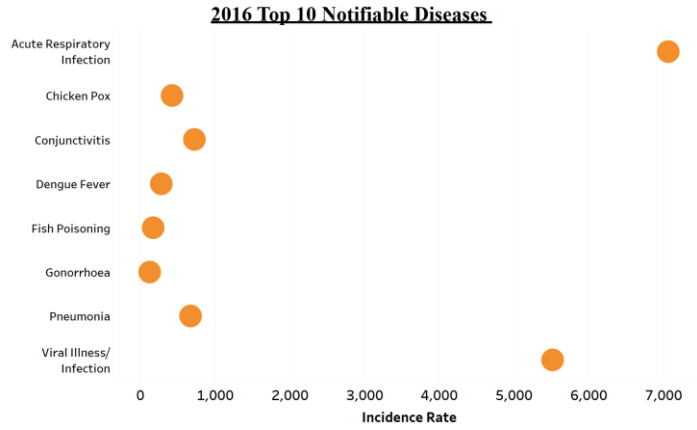


Source: CMRISonline

There has been a sequential decrease in the coverage of TT immunization amongst school leavers. The Western Division recorded the highest overall coverage in the administration of TT dose to school leavers.

Priority 3: – Communicable Diseases [CD]

National Notifiable Disease Surveillance System 2016

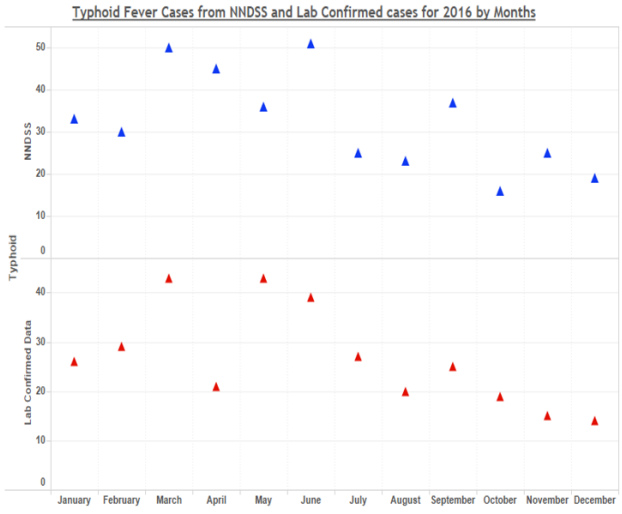


Source: NNDSS

The incidence rates were calculated using population at risk from 2016 projections from FIBOS (870984) and reported as per 100,000 populations. The predominance of ARI, chicken pox, conjunctivitis and dengue fever is noted 2016. The GPs reports are also included. There may be some discrepancies as all lab based data are not reported and private sector data is still largely incomplete.

There is an obvious time lag noted for this reporting period as a result of pending submissions. Time lags affect analysis and comprehensiveness of reports markedly.

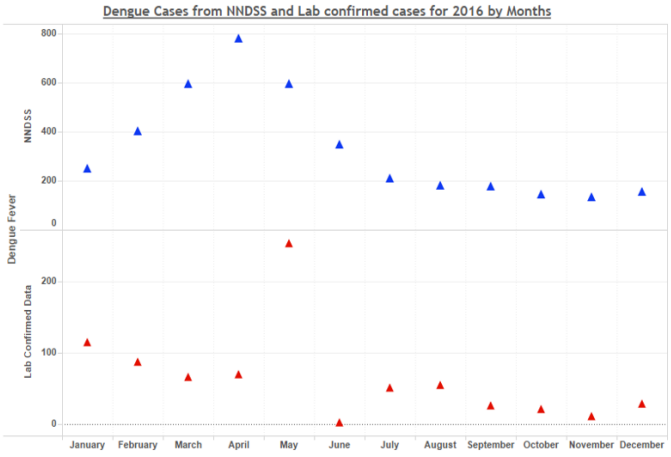
Typhoid Cases for 2016 by Month



Source: Laboratory confirmed Data from Mataika House and NNDSS

The case load of Typhoid is partially higher in Mataika house lab confirmed data compared to NNDSS data for the months May, July and October as NNDSS captures the clinical and the suspected cases whereas lab data are only positive cases.

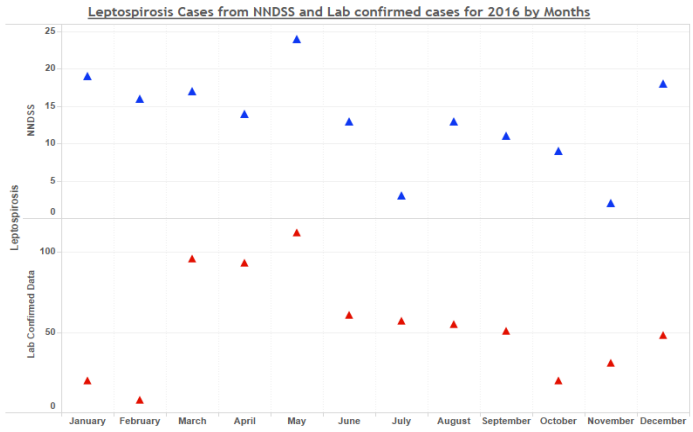
Dengue Cases for 2016 by Month



Source: Laboratory confirmed Data from Mataika House and NNDSS

There is an increase in cases since the beginning of the year until April as there was an outbreak of dengue. The NNDSS cases are higher as it reports both the clinical and suspected cases whereas Mataika House reports confirmed cases

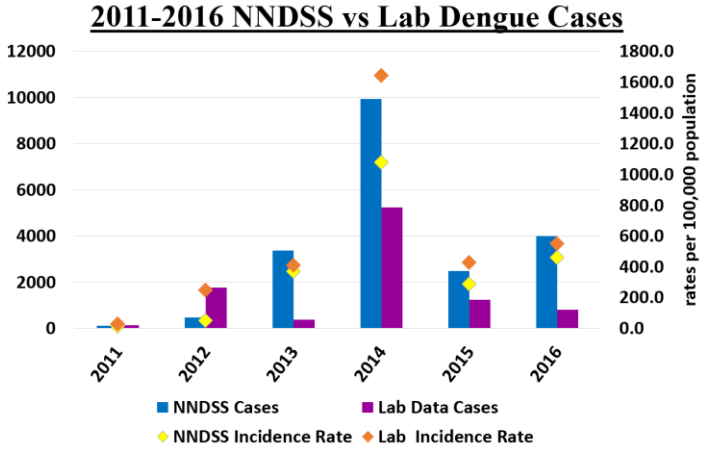
Leptospirosis Cases for 2016 by Month



Source: Laboratory confirmed Data from Mataika House and NNDSS

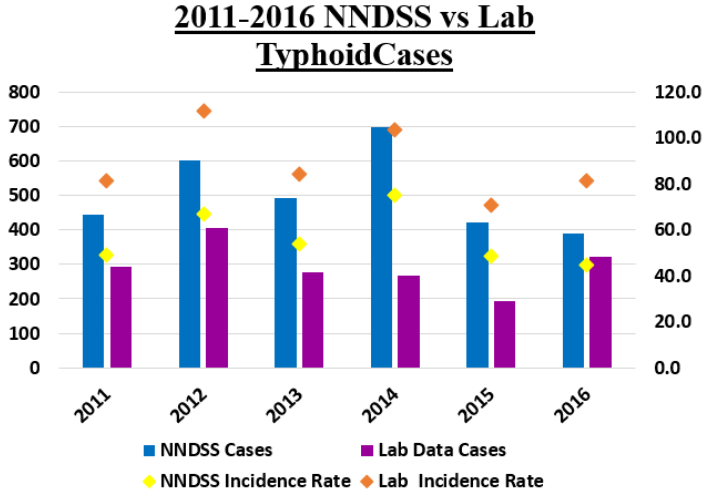
The NNDSS data has lower rates than lab data. This is due to low reporting of leptospirosis cases from laboratories. The other reason is the nonspecific symptoms and signs of leptospirosis which is similar to many other disease such typhoid and dengue.

Dengue Cases 2011-2016



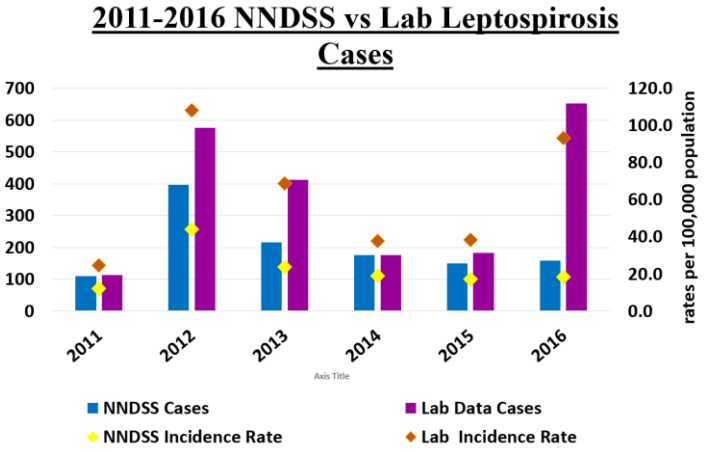
Source: Laboratory confirmed Data from Mataika House and NNDSS

Typhoid Cases 2011–2016



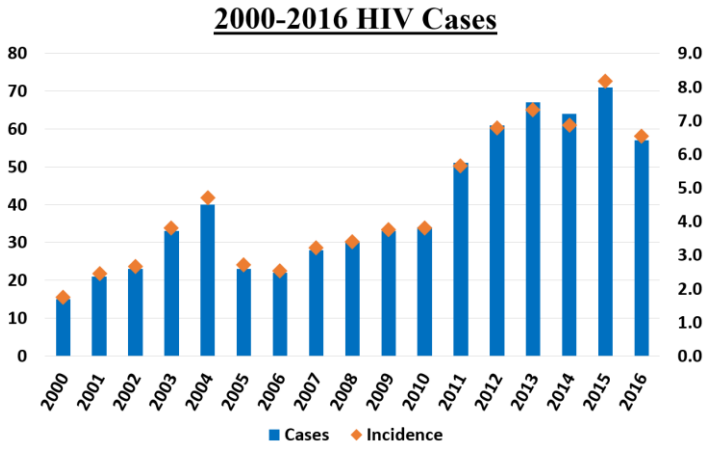
Source: Laboratory confirmed Data from Mataika House and NNDSS

Leptospirosis Cases 2011-2016



Source: Laboratory confirmed Data from Mataika House and NNDSS

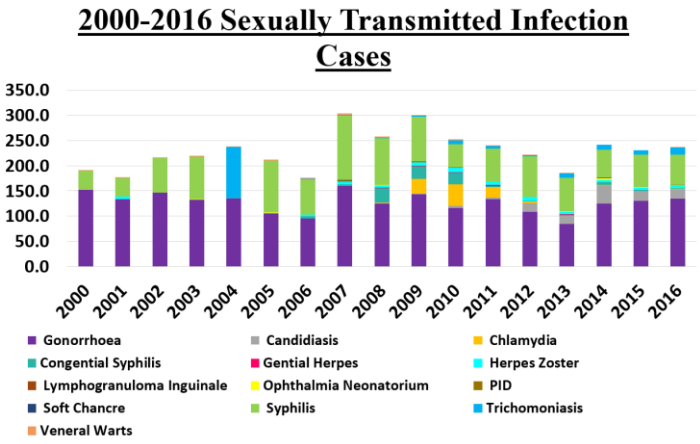
HIV Cases



Source: HIV Report

The trend shows three peaks of sequential increase; 2000 – 2004; 2005 – 2013; 2014 – 2015. These variations could be reflective of case capture and changes in policy for diagnosis and access.

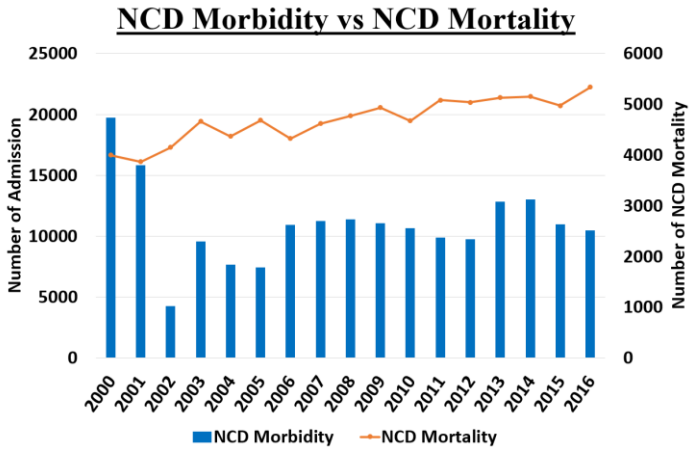
Sexually Transmitted Infection Cases



Source: Laboratory confirmed Data from Mataika House and NNDSS

Priority 4: Expanded Primary Health Care – Hospital Report

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. It is important to note that NCDs pose a recurrent load on health service delievery which is commensurate with recurring costs. NCD mortality also represents a significant burden on our people with a frequency of premature mortality shortening, our general life expectancy.

Top Ten Causes of Mortality by Chapter 2016

#	CODE	DISEASE	CASES	%
1	I00-I99	Disease of the circulatory system	2609	36.2
2	E00-E90	Endocrine, nutritional and metabolic diseases	1447	20.1
3	C00-D48	Neoplasms	782	10.9
4	V01-Y98	External causes of injuries	415	5.8
5	J00-J99	Diseases of the respiratory system	366	5.0
6	A00-B99	Certain infectious and parasitic diseases	358	5.0
7	*R00-R99*	*Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified*	*251*	*3.5*
8	*K00-K93*	*Diseases of the digestive system*	*199*	*2.8*
9	*N00-N99*	*Diseases of the genitourinary system*	*192*	*2.6*
10	*L00-L99*	*Diseases of the skin and subcutaneous tissue*	*142*	*2.0*

	P00-P96,G00-G99, M00-M99, D50-D89, Q00-Q99, F00-F99, O00-O99, H60-H95, H00-H59	*Remainder of other diseases*	*439*	*6.1*
	Grand Total		*7200*	*100*

Source:PATISPlus

The top cause of mortality remains NCD related (78% of top ten causes of mortality) with disease of the circulatory system being the top cause of mortality, similar to the top cause of mortality in 2015.

Top Ten Causes of Mortality by 103 Lists 2016

No.	*Disease Classification*	*Total Cases*	*Proportionate Morbidity (%)*
1	*Diseases of the Respiratory System*	*5770*	*9.5*
2	*Diseases of the Circulatory System*	*4808*	*7.9*
3	*Certain Infectious & Parasitic Diseases*	*4660*	*7.7*
4	*Injury, Poisoning & Certain Other Consequences of*	*4403*	*7.3*
	External Causes	*3395*	*5.6*
5	*Diseases of the skin and subcutaneous tissue*	*3206*	*5.3*
6	*Diseases of the digestive system*	*2940*	*4.8*
7	*Diseases of the genitourinary system*	*2320*	*3.8*
8	*Endocrine, nutritional and metabolic diseases*	*1903*	*3.1*
9	*Neoplasms*	*1805*	*3*
10	*Certain conditions originating in the perinatal period*	*25409*	*41.9*
11	*Other Diseases*	*60619*	*100*

Source:PATISPlus

The top five diseases accounting for deaths in 2016 were all NCD related (59.3% of top ten deaths). Diabetes and its complications were the top cause of mortality in 2016.

Top Ten Causes of Morbidity by Disease Cause Group 2016

Tabular	***Diseases***	***Total***	***Proportionate Mortality (%)***	***Mortality rate per 100,000 population***
1-052	*Diabetes mellitus*	*1321*	*18.3*	*151.7*
1-067	*Ischaemic heart disease*	*1296*	*18.0*	*148.8*
1-069	*Cerebrovascular diseases*	*533*	*7.4*	*61.2*
1-066	*Hypertensive diseases*	*397*	*5.5*	*45.6*
1-068	*Other heart diseases*	*308*	*4.3*	*35.4*
1-094	*Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified*	*251*	*3.5*	*28.8*
1-103	*Other external causes of injuries*	*248*	*3.4*	*28.5*
1-012	*Sepsis*	*209*	*2.9*	*24.0*
1-076	*Chronic lower respiratory diseases*	*171*	*2.4*	*19.6*
1-086	*Other diseases of the genitourinary system*	*167*	*2.3*	*19.2*
	Other diseases	*2299*	*31.9*	*264.0*
		7200	*100.0*	*826.7*

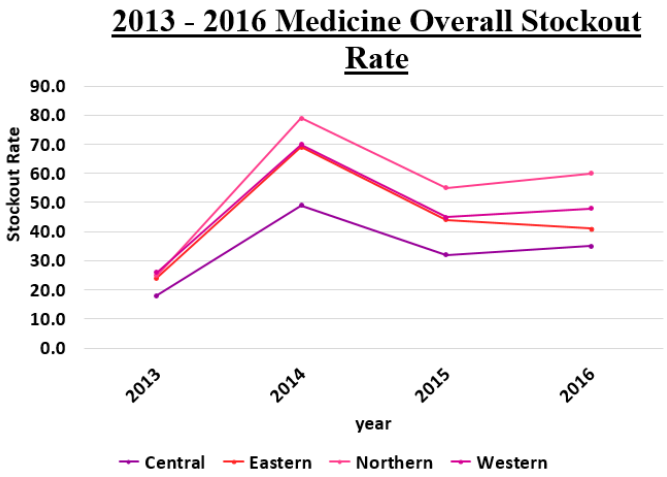
Source: PATISplus & HDD (Clinical Performance Management Report

Pneumonia is the leading cause of admissions, while the 10th leading cause of admission is Cutaneous abscess, furuncle and carbuncle of limb compared to 2015 when the leading cause of admission was

Pneumonia as well and the 10th leading cause was Cellulitis of lower limb.

Priority 7: Medicinal Products, Equipment and Infrastructure

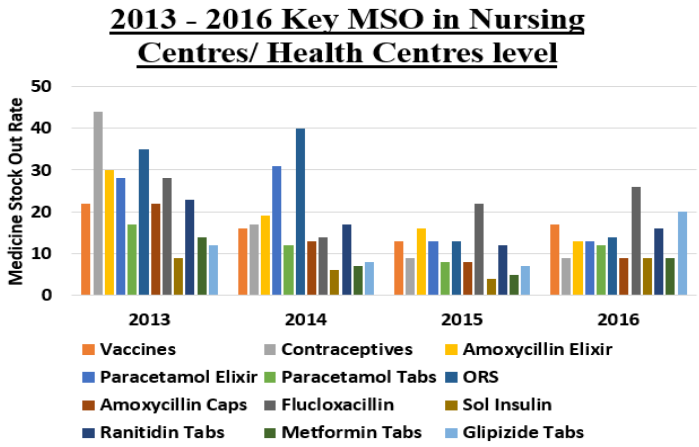
Medicine stock out rate



Source: CMRISonline

The above table shows the percentage of Medicine Stock Out by divisions in the last 3 years. The Northern Division recorded the highest stock out rate in the last 2years, followed by the Western division and the least was recorded in the Central Division.

Key medicine stock out rate



Source: CMRISonline

There seems to be a gradual decrease in peaks from 2013 – 2016 reflecting a lesser rate over the years.

Annex

Reporting on RDSSED 2009-2016

Outcome 1: Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their wellbeing.

Pillar 10: Improving Health Service Delivery

Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSED)	2015	2016
Child mortality rate reduced From 26 to 20 per 1000 live Births (MDG).	16.6	18.1
Percentage of one year olds Immunised against measles Increased from 68% to 95% (MDG).	83.5	79.7
Maternal mortality ratio reduced from 50 to 20 per 100,000 live births (MDG).	29	42.0
Prevalence of diabetes in 15-64yrs age reduced from 16% to 14% (note: *baseline and target may need revision as HIU indicators do not distinguish 15-64yr olds)*).	^	
Contraceptive prevalence rate (CPR) amongst population of child bearing age increased from 46% to 56% (MDG).	47.1	49.3
Average length of stay for in-patient treatment reduced from 7 to 5 days	5.1	5.1
Prevalence rate of STIs among men and women aged 15 to 25 (per 100 000 population)	90.04	
Admission rate for diabetes and its complications, hypertension and cardiovascular disease (per 1000 admissions)	98.9	91.7
Amputation rate for diabetic sepsis	17.0	12.3
Prevalence of under 5 malnutrition (per 1000 population)	300 (CMRIS) 127 (Hospital Admission) 16 (Mortality) FBOS Under 5 population 87233 38.3	3 (Mortality) 146 (Hospital Admission) 297 (CMRIS) FBOS Under 5 population 85676
Prevalence rate of Tuberculosis reduced from 10% to 5% (part of MDG 22).		
Prevalence of anaemia in pregnancy at booking from 55.7% to 45%	32.4	29.2
Rate of teenage pregnancy reduced by 5% (per 1000 CBA population)	24.3	6.96
Adolescent birth rate (per 1000 girls aged 15-19yrs)	30.3	28.4

Outcome 2: Communities have access to effective, efficient and quality clinical health care and rehabilitation services

Pillar 10: Improving Health Service Delivery

Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSED)	2015	2016
Average length of stay for in-patient treatment reduced from 7 to 5 days	5.1	5.1
Bed Occupancy Rate of Psychiatric beds	66%	60%

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**

Sustainable Development Goals (Health Related Indicators) Report

Goal	Description	Indicator	
Goal 3 	Ensure healthy lives and promote well-being for all at all ages	3.1.1 Maternal mortality ratio	20.9 per 100,000
		3.1.2 Proportion of births attended by skilled health personnel	2.4 per 10,000
		3.2.1 Under-five mortality rate (deaths per 1,000 live births)	<15.2 per 1,000
		3.2.2 Neonatal mortality rate (deaths per 1,000 live births)	6.5 per 1,000
		3.3.1 Number of new HIV infections per 1,000 uninfected population (by age, sex, and key populations)	35 per 1,000
		3.3.2 Tuberculosis incidence per 1,000 persons per year	51 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	79.6% (less than age 75)
		3.4.2 Suicide mortality rate	5.1 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	48.3%
		3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	14.1 per 1,000
		3.c.1 Health worker density and distribution	Doctors-6.2 per 10,000 Nurses -31.7 per 10,000 Midwives-2.5 per 10,000 Physio- 0.3 per 10,000 Dieticians- 0.8 per 10,000 Lab – 1.7per 10,000 HI- 1.1 per 10,000 Radiology: 0.9 per 10,000 Pharmacy:0.9 per 10,000 Biomed: 0.1 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)	0.12% (SAM)
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	35 of 5,300 (0.7%) 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	35 of 5,300 (0.7%) 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

Healthy Island Indicators Table, 2016

HI Indicator No.	HI Indicator Name	Baseline value	Year	Data Source	Fiji Value	Year	Data Source
1.1	Health worker density	27.3	2009	WHS Dashboard	34.2	2016	MoHMS ACP Indicator update
1.2	Health expenditure per capita	204.01	2014	WHO GHO	375.6 FJD	2015	2011-2015 NHA Report
1.3	Evidence of annual health review, plan and budget				3	2016/2017	MoHMS Annual Corporate Plan 2016/2017
1.4	International Health Regulations (IHR) core capacity index	98	2014	WHS Dashboard	98	2014	World Health Statistics data

							visualizations dashboard
1.5	Death registration coverage	100	2010	UNSD	100	20	
2.1	Smoking prevalence	25.7	2015	WHS Dashboard	31%	2011	NCD Risk Factor Steps Report 2011
2.2	Heavy episodic drinking	10.9	2010	WHO GISAH	16%	2011	NCD Risk Factor Steps Report 2011
2.3	Insufficiently physically active adults	17	2010	WHO GHO	21%	2011	NCD Risk Factor Steps Report 2011
2.4	Intimate partner violence	66	1999	SPC NMDI			
2.5	Tobacco excise taxes	3	2014	WHO GHO	1	2017	Fiji 2017/2018 Budget Supplement
2.6	Excise taxes in the retail price of alcoholic drinks				4	2017	Fiji 2017/2018 Budget Supplement
2.7	Excise taxes in the retail price of sweetened-sugary beverages (SSBs)				1	2017	Fiji 2017/2018 Budget Supplement
2.8	Access to essential NCD drugs				3	2016	Ministry of Health & Medical Services website
2.9	Cervical cancer screening	10-50	2015	WHO GHO	6.9	2016	Public Health Information System, MoHMS
2.10	Service coverage for people with increased risk for CVD				4.1	2011	NCD Risk Factor Steps Report 2011
2.11	Service coverage for people with severe mental health disorders				46%	2016	MoHMS facility routine data collection.
2.12	Contraceptive prevalence	38.4	2013	SPC NMDI	49.3	2016	Public Health Information System, MoHMS
2.13	HIV prevalence among the general population	0.1	2014	UNAIDS Report			
2.14	**Tuberculosis (TB) incidence**	**51**	2015	WHO GHO	**51 per 100,000**	2015	WHO GHO Data Repository
2.15	**Diabetes-related ampuations**				**12.3**	2016	Hospital Clinical Performance Management Report
2.16a	**Maternal deaths**	**5**	2015	WHO GHO	**4**	2016	Ministry of Health and Medical Services, Fiji. Medical Cause of Death Certificate, 2016.

2.16b	**Maternal mortality ratio**	**30**	2015	WHO GHO	**20.9**	2016	Ministry of Health, Fiji. Medical Cause of Death Certificate. 2016
2.17	**Mortality from road traffic injuries**	**5.8**	2013	WHS Dashboard	**7.8**	2016	Medical Cause of Death Certificate, MoHMS
2.18a	**Deaths due to suicide among adults**	**29**	2015	PIMHnet report	**44**	2016	Medical Cause of Death Certificate, MoHMS
2.18b	**Suicide mortality rate**	**8.9**	2015	WHS Dashboard	**5.05**	2016	Medical Cause of Death Certificate, MoHMS
2.19	**Risk of premature death from target non-communicable diseases (NCDs)**	**31**	2015	WHS Dashboard	**62.5**	2016	Ministry of Health and Medical Services, Fiji. Medical Cause of Death Certificate. 2016
2.20	**Life expectancy at birth: both sexes**	**67.5**	2010	SPC NMDI	**68.6**	2016	Ministry of Health and Medical Services, Fiji. Medical Cause of Death Certificate. 2016.
3.1	**Exclusive breastfeeding rate**	**40**	2004	WHO GHO	**65.3**	2016	Public Health Information System, MoHMS
3.2	**Children who are obese**	**No data**	NA	SPC NMDI			
3.3	**Inadequate physical activity in adolescents**	**79.6**	2016	GSHS	**19.2**	2016	Global School-based Student Health Survey
3.4	**Obesity in adolescents**	**8.2**	2016	GSHS	**8.2**	2016	Global School-based Student Health Survey
3.5	**Birth registration coverage**	**>90**	2009	WHO GHO			
3.6	**Evidence of healthy food policies in schools**				**4**	2016	Ministry of Health & Medical Services website
3.7	**Antenatal care coverage**	**95**	2010	SPC NMDI	**76.9**	2016	Public Health Information System, MoHMS
3.8	**Births attended by skilled health personnel**	**98.8**	2013	WHS Dashboard	**99.8**	2016	Public Health Information System, MoHMS
3.9	**Immunisation coverage for DTP3**	**93**	2016	WHO JRF	**81**	2016	Public Health Information System, MoHMS
3.10	**Immunisation coverage for measles**	**95**	2016	WHO JRF	**80**	2016	Public Health Information System, MoHMS
3.11	**HPV vaccine coverage among adolescents**				**55.7**	2016	Public Health Information System, MoHMS
3.12	**HIV prevalence among pregnant women**	**0.1**	2014	UNAIDS Report			
3.13	**Adolescent birth rate**	**27.5**	2008	WHS Dashboard	**14.1**	2016	Public Health Information System, MoHMS
3.14	**Low birth weight among newborns**	**7.9**	2007	SPC NMDI	**5.93**	2016	Public Health Information System, MoHMS

3.15	**Neonatal mortality rate**	**9.6**	2015	WHS Dashboard	**6.5**	2016	Medical Cause of Death Certificate, MoHMS
3.16	**Children who are stunted**	**7.5**	2004	WHS Dashboard			
3.17	**Under-five mortality rate**	**22.4**	2015	WHS Dashboard	**17.9**	2016	Ministry of Health and Medical Services, Fiji. Medical Cause of Death Certificate. 2016
3.18	**Child and adolescent suicide rate**				**1.8**	2016	Medical Cause of Death Certificate, MoHMS
4.1	**Population using clean fuels for cooking/heating/lightin g**	**37**	2014	WHS Dashboard			
4.2	**Resilience to climate change and natural disasters**						
4.3	**Population using improved drinking-water sources**	**95.7**	2015	WHS Dashboard	**96%**	2016	This is just an estimate taken from the "Snapshot of Water and Sanitation in the Pacific - 2015"
4.4	**Population using improved sanitation facilities**	**91.1**	2015	WHS Dashboard	**91%**	2016	This is just an estimate taken from the "Snapshot of Water and Sanitation in the Pacific - 2015"
4.5	**Number of vector-borne disease outbreaks**				**1**	2016	Dengue - Environmental Health Report

Hospital Utilization Table, 2016

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	130,093	481	26,599	26,260	145,180	83%	398	5.5
Navua Hospital	[2]	22	1,451	1,418	5,428	68%	15	3.8
Vunidawa Hospital	9,052	24	393	384	893	10%	2	2.3
Korovou Hospital	5,084	16	831	802	1,732	30%	5	2.2
Nausori Hospital	1,274	17	1,971	1,923	2,123	34%	6	1.1
Wainibokasi Hospital	6,095	12	836	825	3,089	71%	8	3.7
Central Division Sub-total	**151,598**	**572**	**32,081**	**31,612**	**158,445**	**76%**	**434**	**5.0**
Lautoka Hospital	166,127	305	14,386	14,336	73,624	66%	**202**	5.1
Nadi Hospital	92,938	75	3,274	2,827	10,676	39%	**29**	3.8
Sigatoka Hospital	59,495	66	3,129	2,720	10,376	43%	**28**	3.8
Ba Mission Hospital	57,317	50	3,117	2,645	8,047	44%	**22**	3.0
Tavua Hospital	28,541	29	872	733	2,576	24%	**7**	3.5
Rakiraki Hospital	30,712	30	1,272	1,214	4,305	39%	**12**	3.5
Western Division Sub-total	**435,130**	**555**	**26,050**	**24,475**	**109,604**	**54%**	**300**	**4.5**
Labasa Hospital	153,239	182	10,712	9,187	37,079	56%	102	4.0
Savusavu Hospital	42,503	56	2,129	1,946	7,023	34%	19	3.6
Waiyevo Hospital	9,325	33	903	835	1,367	11%	4	1.6
Nabouwalu Hospital	23,427	26	894	689	3,267	34%	9	4.7
Northern Sub-total	**228,494**	**297**	**14,638**	**12,657**	**48,736**	**45%**	**134**	**3.3**
Levuka Hospital	22,895	40	604	584	1,700	12%	5	2.9
Vunisea Hospital	11,866	22	358	345	1,463	18%	4	4.2
Lakeba Hospital	3,846	12	268	255	1,057	24%	3	4.1
Lomaloma Hospital	5,411	16	133	131	561	10%	2	4.3
Matuku	1,386	5	44	44	108	6%	0.3	2.5
Rotuma Hospital	5,243	14	44	43	131	3%	0.4	3.0
Eastern Division Sub-total	**50,647**	**109**	**1,451**	**1,402**	**5,020**	**13%**	**14**	**3.6**
TOTAL (Divisional)	**865,869**	**1,533**	**74,220**	**70,146**	**321,805**	**58%**	**882**	**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	8,255	100	578	414	21,944	60%	60	53.0
Tamavua/Twomey Hospital	19,977	91	344	305	16,560	50%	45	54.3
Military Hospital		9				0%	0	0
Naiserelagi Maternity	1,543	7	143	135	177	7%	0.5	1.3
Specialized Hospital Sub-total	**29,775**	**207**	**1,065**	**854**	**38,681**	**51%**	**106**	**45.3**
GRAND TOTAL	**895,644**	**1,740**	**75,285**	**71,000**	**360,486**	**57%**	**988**	**5.1**

[2] Please note that outpatients services are available at Navua Health Centre for this facility

Notifiable Disease 2016

No.	Diseases	Total rate (no.s)	No.	Diseases	Total rate (no.s)
1	Acute Poliomyelitis	0	**31**	Tetanus	0
2	Acute Respiratory Infection	7592.2 (61461)	**32**	Trachoma	40.1 (349)
3	Anthrax	0	**33**	Tuberculosis a) Pulmonary*	32.8 (286)
4	Brucellosis	0		b) Others*	3.7 (32)
5	Chickenpox	284.9 (2474)	**34**	Typhus	0
6	Cholera	0	**35**	Viral Infection	4082.3 (34162)
7	Conjunctivitis	3190.9 (26933)	**36**	Whooping Cough [Pertussis]	3.3 (29)
8	Dengue Fever	459.6 (3985)	**37**	Yaws	0
9	Diarrhoea	4027.4 (33720)	**38**	Yellow Fever	0
10	Diphtheria	0	**39**	Sexually Transmitted Infections	
11	Dysentery a) Amoebic	0.7 (6)		a) Gonorrhoea	134.5 (1170)
	b) Bacillary	18.7 (163)		b) Candidiasis	19.2 (167)
12	Encephalitis	0.3 (3)		c) Chlamydia	0.3 (3)
13	Enteric Fever a)Typhoid	44.8 (390)		d) Congenital Syphilis	2.0 (17)
	b) Para typhoid	0		e) Genital Herpes	0
14	Fish Poisoning	158.2 (1376)		f) Granuloma Inguinale	0
15	Food Poisoning	3.7 (32)		g) Herpes Zoster (Shingles)	4.1 (36)
				h) Lymphogranuloma Inguinale	0
16	German Measles (Rubella)	18.0 (157)		i) Ophthalmia Neonatorium	0.8 (7)
17	Infectious Hepatitis	18.3 (159)		j) PID	0.8 (7)
18	Influenza	3107.7 (26252)		k) Soft Chancre	0.2 (2)
19	Leprosy	0		l) Syphilis	60.3 (525)
20	Leptospirosis	18.3 (159)		m) Trichomoniasis	13.9 (121)
21	Malaria	0		n) Veneral Warts	0.5 (4)
22	Measles (Morbilli)	4.4 (38)			
23	Meningitis	15.8 (138)			
24	Mumps	267.5 (2324)			
25	Plague	0			
26	Pneumonia	733.1 (6339)			
27	Puerperal Pyrexia	0			
28	Relapsing Fever	0			
29	Rheumatic Fever	2.2 (19)			
30	Smallpox	0			