

AP

Fiji

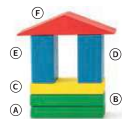


General data

POPULATION, 2023  
**924,145**  
SURFACE, KM², 2022  
**18,270**  
PHYSICIANS / 1,000 INH, 2022  
**N/A**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Upper-middle**  
HUMAN DEVELOPMENT INDEX RANKING, 2021  
**99**  
GDP PER CAPITA (US\$), 2023  
**5888,74**  
HEALTH EXPENDITURE (% GDP), 2021  
**5,38**  
UNIVERSAL HEALTH COVERAGE, 2021  
**58**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC

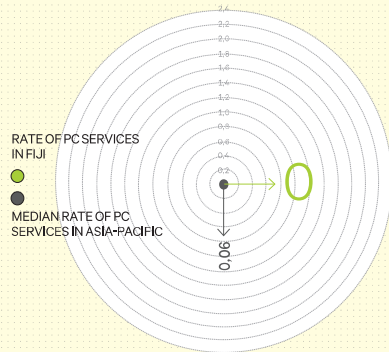


F Provision of PC (Specialized Services)

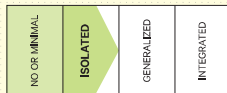
Total number of Specialized PC services **0**

Rate of PC services per 100,000 inhabitants **0**

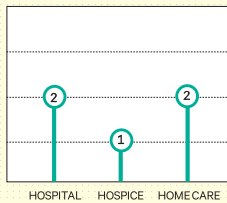
Fiji in the context of Asia-Pacific regions



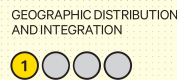
Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services



TOTAL NUMBER **0**

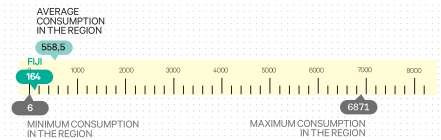
AP

Fiji

D Use of essential medicines

Opioids consumption (excluding methadone) **164**  
S-DDD/MILL INHABITANTS/DAY

Fiji in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **1**

Existence of PC congresses or scientific meetings **1**



National Association: Fiji Cancer Society.  
Consultants: Belinda Chan.

Data collected: June-September 2024.  
Report validated by consultants: October - November 2024  
Report sponsored by National Association: N/A  
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **0/3**

Nursing schools with mandatory PC teaching **0/3**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **1**





Responsible authority for PC in the Ministry of Health **1**





Inclusion of PC in the basic health package at the primary care level **2**

A Empowerment of people and communities

Groups promoting the rights of PC patients **2**

Advanced care planning-related policies **1**

<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>The Fiji Cancer Society (FCS) is an NGO that offers essential support to palliative patients by providing a vehicle and driver for nurses to conduct home visits. In partnership with the Sangam College of Nursing, FCS developed a training module for Community Health Workers, which empowers women to return to their communities and teach basic care skills to their families. Additionally, the Society helps patients with planning and accessing retirement funds.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is no national policy or guideline on advance care planning.</p>	<p>There is currently no national policy on palliative care, nor is it included into any disease-specific or health plans. Recently, the United Nations Office on Drugs and Crime (UNODC) held a Stakeholders Meeting and Capacity Building Training for health professionals in Fiji, focusing on improving access to controlled medicines for palliative care. The meeting recommended the development of a National Palliative Care Plan based on the WHO's strategic actionable indicators.</p>
<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	 <p>Not known or does not exist.</p>  <p>A national palliative care plan is in preparation.</p>	<p>The Fiji National Cancer Prevention and Control Plan 2023-2030 (pending approval from MoHMS) identifies the need for scaling up sustainable, accessible palliative care services.</p>

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>Not known or does not exist.</p>	
<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Palliative care is included in the Ministry of Health and Medical Services (MoHMS) Strategic plan 2020-2025 as part of the Universal Health Coverage initiative. However, there is currently no decree or legislation in place to establish palliative care at the primary healthcare level.</p>
<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>There is no authority defined.</p>  <p>There are concrete functions but do not have a budget or staff.</p>	<p>There is no designated authority at the Ministry of Health level to oversee the progress of palliative care. Instead, the coordination of palliative care is assigned to oncology units within divisional hospitals. Funding for palliative care is included within the broader Wellness budget, requiring departments to submit budget requests rather than having a dedicated allocation. This structure poses challenges in ensuring adequate resources are available for effective palliative care delivery.</p>

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



There are no national congresses or scientific meetings related to palliative care.

Palliative care is not included in the National University's annual research symposium. However, the Fiji Cancer Society has recently set up a research department that plans to evaluate the impact of the palliative care program.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Indicates a minimal or non-existent number of articles published on the subject in that country.

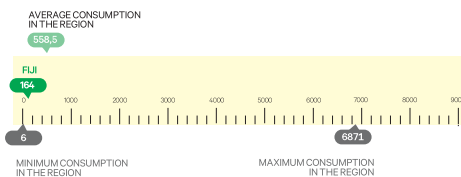
Ind8

Reported annual opioid consumption – excluding methadone – in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 164 S-DDD



COUNTRY VS REGION



Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

Most essential palliative care medications are included in the 4th Edition of the Fijian Essential Medicines List (EML), with an updated version expected in 2024.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

While opioids such as oral morphine, morphine injections, and pethidine are primarily available at the hospital level, they are also accessible at some health centers, though availability can be inconsistent due to these supply chain challenges.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

Ind9

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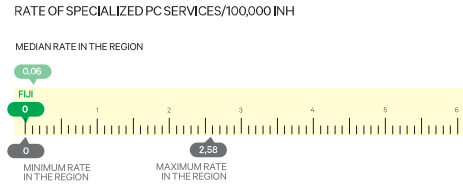
While opioids such as oral morphine, morphine injections, and pethidine are primarily available at the hospital level, they are also accessible at some health centers, though availability can be inconsistent due to these supply chain challenges.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching) over the total number of medical schools in the country</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC...</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC...</p>	<p>0/3</p> <p>0/3</p> <p>0/3</p> <p>0/3</p>	 <p>Palliative care is not currently included in the undergraduate curricula of medical or nursing schools. However, there have been efforts to integrate the Essential Pain Management workshop into the curriculum for medical students. In addition, since 2022, the FCS, with financial support from the Women's Fund Fiji, has been implementing the Community Palliative Care Project, focusing on teaching family members essential palliative care skills through training Community Health Workers (CHWs).</p>
<p><b>Ind12</b></p> <p>12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p><b>1</b> ○ ○ ○ ○</p> <p>There is no process on specialization for palliative care physicians.</p>	

<p><b>Ind13</b></p> <p>13.1. There is a system of specialized PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Please enter the total number of specialized PC services or teams in the country.</p>	<p><b>2</b> ○ ○ ○ ○</p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p><b>2</b> ○ ○ ○ ○</p> <p>Ad hoc/ in some parts of the country.</p> <p><b>1</b> ○ ○ ○ ○</p> <p>Not at all.</p> <p><b>2</b> ○ ○ ○ ○</p> <p>Ad hoc/ in some parts of the country.</p>	<p>In Fiji, palliative care services are primarily available at three divisional hospitals: Aspen Lautoka Hospital in the Lautoka Western Division, Colonial War Memorial Hospital (CWMH) in Suva, and Labasa Hospital in the Northern Division. The Fijian Cancer Society (FCS) has initiated a program aimed at enhancing the capacity of Community Health Workers (CHWs) to deliver palliative care within their communities. At CWMH in Suva, there is a specialized pain management service led by a medical officer and supported by two nurse practitioners, but this service is restricted to oncology patients. Additionally, the service includes home visits once a week for patients in need.</p> <p>RATE OF SPECIALIZED PC SERVICES/100,000 INH</p>  <p>MINIMUM RATE IN THE REGION: 0</p> <p>MAXIMUM RATE IN THE REGION: 2.58</p> <p>← SPECIALIZED PALLIATIVE CARE SERVICES</p> <p><b>0</b></p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialized PC services or teams for <b>children</b> in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Please enter the total number of pediatric specialized PC services or teams in the country.</p>	<p><b>1</b> ○ ○ ○ ○</p> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p><b>0</b></p> <p>PPC TEAMS</p>	<p>There is no specialized pediatric palliative care service in the country. However, support for palliative care management is provided through a long-standing partnership with the pediatric department at Christchurch Hospital in New Zealand.</p>