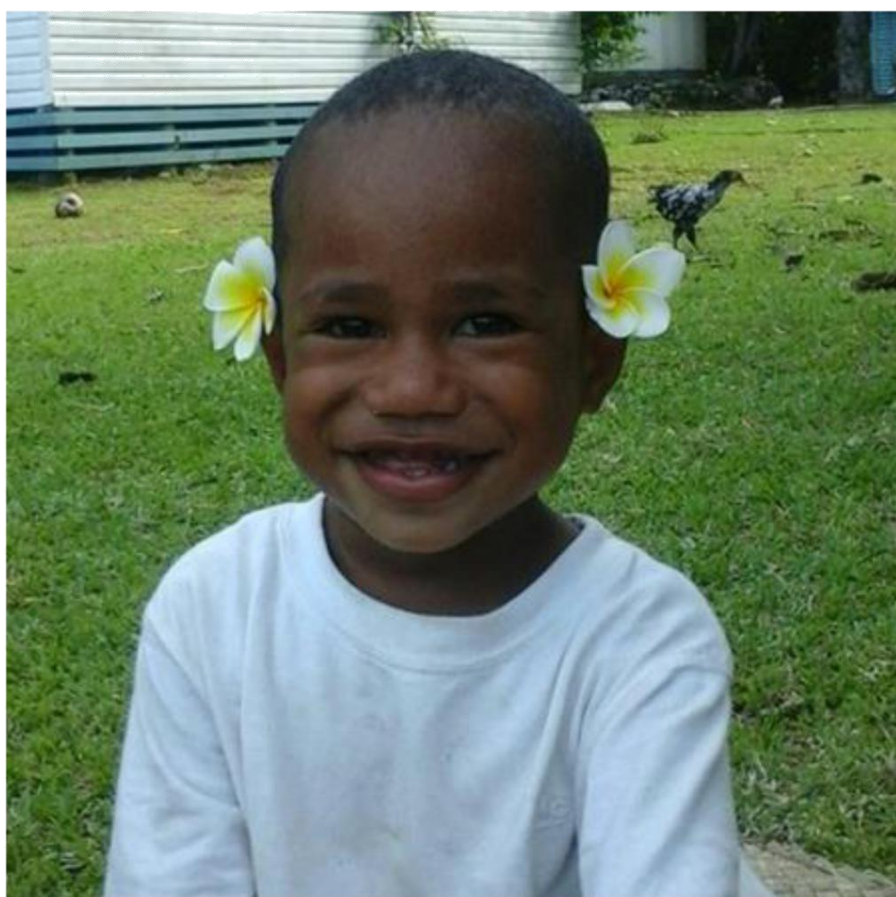


**NEGLECTED TROPICAL DISEASES
MULTISECTORAL ACTION PLAN**



2017 - 2020

2ND EDITION OF
FIJI'S NEGLECTED TROPICAL DISEASES (NTD)
MULTISECTORAL ACTION PLAN 2017 – 2020



PARTNERS FOR FIJI'S NTD ELIMINATION PROGRAM:

Fiji National University
Fiji Society of the Blind
Japan International Cooperation Agency
Korean International Cooperation Agency
Live and Learn Education and Environment
London School of Hygiene and Tropical Medicine
Ministry of Education, Heritage, and Arts
Ministry of i-Taukei Affairs
Ministry of Women, Children and Poverty alleviation
Pacific Eye Institute
Seoul National University
The Fred Hollows Foundation
University of Melbourne and Royal Melbourne Hospital – Murdoch Children Research Institute
University of New South Wales – Kirby Institute
WASH Cluster Fiji (more than 35 organisations)
World Health Organisation
Drug Donors – Eisai Co., Ltd, GlaxoSmithKline, Mectizan (Merck & Co., Inc)

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Enquiries or comments on this should be directed to:

Ms Merelesita Rainima-Qaniuci
NTD Officer
Fiji Centre for Communicable Disease Control
Building 30, Mataika House
Tamavua, Suva, Fiji Islands.
Email: fjiintd@gmail.com

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FOREWORD



Neglected Tropical Diseases (NTDs) affect the poorest and the most neglected communities by causing debilitating, often insidious, illness, thereby trapping families in a cycle of poverty. This is largely because of the impoverished environments that these diseases thrive, and sometimes remain dormant for many years before discovery. Unfortunately to those afflicted, a whole lifetime may be affected or at worse shortened prematurely.

Elimination of these diseases is an end to long term complications of disability, deformities, impaired cognitive development, nutritional disorders, co-morbid illnesses and premature death. Social issues such as stigma, discrimination and even lack of confidence, depression associated with these diseases are reduced with the decrease in cases. Access to safe water, environment and hygiene, and information helps break the cycle of social stigma and discrimination, and poverty.

The Government of the Fiji is committed to ensure that all citizens have access to basic needs. This includes safe water and a clean living environment, which are major contributing factors to the incidence of NTDs.

The Ministry of Health and Medical Services made some progress in fighting these diseases and yet recognises that more attention is needed to those who are affected. This would require a broader and inclusive multi-sectoral approach, to ensure universal coverage and greater access to services, even to the most isolated and remote population. The Ministry continuous works with its partners to maximise efforts and share resources to address issues of poverty, basic needs and health of marginalized populations.

I take this opportunity to thank all NTD partners who have indicated their commitment towards the elimination of NTDs in Fiji. Therefore, it is with great pleasure that I present to you the Neglected Tropical Diseases Multisectoral Plan 2017 – 2020.

.....
[Eric Rafai] Dr
Deputy Secretary Public Health
Chairperson – NTD Taskforce Committee
Ministry of Health and Medical Services

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The NTD Multisectoral Action Plan 2017-2020 has been developed through a detailed consultative process involving stakeholders from within government ministries and external partners in non-governmental organisations and international agencies.

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.....
Dr Aalisha Sahukhan
Acting National Advisor Communicable Disease

EXECUTIVE SUMMARY

The Neglected Tropical Diseases Multisectoral Action Plan 2017-2020 describes the overarching framework for the surveillance, control and prevention of the group of diseases commonly known as neglected tropical diseases (NTDs). In Fiji, this disease group includes the following infections: lymphatic filariasis, leprosy, trachoma, endemic *treponematoses* (yaws), scabies, soil-transmitted helminthiasis (STH) and dengue fever. Some of these infectious diseases have specific control strategies, the details of which are outlined in separate action plans. While some diseases may have control strategies still in the development phase. The Neglected Tropical Diseases Multisectoral Action Plan 2017-2020 links these disease-specific action plans, providing a broad overview of each disease, including epidemiology, control and prevention strategies, with specific emphasis on areas of synergy and overlap and the expected outcomes over the coming four-year period.

NTDs are a public health issue in Fiji associated with low socio-economic development especially among the marginalised communities, despite the availability of treatment, prevention and control measures. While NTDs do not always pose an immediate threat to mortality, the disability associated with these diseases is extremely burdensome. NTDs disproportionately affect the most vulnerable in communities, often striking in childhood and causing a cascade of debilitating consequences throughout the life of infected individuals, limiting their educational opportunities, labour productivity and wage-earning potential. NTDs can lead to permanent deformities and disabilities, including blindness, impairment of physical and cognitive development, and often increase susceptibility to other serious infections resulting in lifetime disability or premature death. Social stigma and exclusion are also major consequences of NTDs.

Fiji's health system, in recent years, has achieved a number of milestones related to NTD management, such as the elimination of leprosy as a public health problem. Despite these successes, NTDs continue to circulate in the community, highlighting the need to dedicate resources to successfully eliminate and control the infections in at-risk communities.

Several NTDs are the subject of global elimination or control efforts, including leprosy, lymphatic filariasis, trachoma and yaws. In an effort to reach elimination and control targets by 2020, this comprehensive multi-year plan identifies five strategies as key elements for implementation:

- Strengthen governance and political commitment, advocacy and resource mobilization;
- Enhance NTD programme management and intersectoral collaboration in order to sustain and scale up NTD programmes;
- Scale up access to quality NTD prevention and case management interventions and transmission control;
- Strengthen integrated NTD surveillance, monitoring and evaluation;
- Strengthen NTD research capacity and implement operational research to fill programmatic knowledge gaps.

The NTD Action Plan intends to enable Fiji to advocate for long-term national and international financial commitments including resource mobilization, sustained coverage of preventive chemotherapy, improved sanitation and the provision of safe drinking water, health promotion and education, and vector, veterinary and other immediate host control. The strategies to be used include mass drug administration (MDA), case detection and management, health promotion and vector control programmes. The strategies represent the basis for integrated NTD project plans including their financial requirements and financial sustainability which links to the health sector budget and planning cycles and encourages internal and external networking.

The major strengths for implementation of the NTD Action Plan include the commitment of stakeholders, availability of safe and effective drugs, high coverage of mass drug administration programmes and community participation. On the other hand, shortage of adequately trained programme management and service delivery staff, challenges in human resource motivation and retention, inadequate monitoring and evaluation (M&E) capacity, a limited NTD surveillance system and lack of partnerships are key challenges for the implementation of the plan.

The NTD Action Plan aligns with the activities and indicators to the Ministry of Health and Medical Services (MOHMS) National Strategic Plan 2017 - 2020 to ensure that it remains committed and synchronised with the Ministry's strategic targets. The budget for the Action/Implementation Plan is organized under the five strategic objectives that require **FJD\$4, 903, 247** to cost the total budget for the four years, 2017–2020.

The NTD programmes will be implemented through an integrated health service delivery platform of the MOHMS health system. The goal of integrating NTD programmes is to prevent, control, and eliminate, eradicate or reduce the disease burden using a cost-effective and synergistic approach that leads to the achievement of each of the various programme's targets.

ACRONYMS

CBA	Childbearing age (women ages between 15-49 years)
CD	Communicable diseases
CDC USA	Centres for Disease Control and Prevention, United States of America
COMBI	Communication for behavioural impact
DHS	Divisional Health Services
DMO	Divisional Medical Officer
DOT	Directly Observed Treatment
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary Public Health
ELF	Elimination of Lymphatic Filariasis
FHSSP	Fiji Health Sector Support Program
NNTDTF	Fiji National Neglected Tropical Diseases Taskforce
FNU	Fiji National University
FPBS	Fiji Pharmaceutical and Biomedical Supplies
GAELF	Global Alliance for Elimination of Lymphatic Filariasis
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GSK	GlaxoSmithKline
HC	Health centre
IACS	International Alliance for Control of Scabies
ICT	Immunochromatographic test
IEC	Information, education and communication materials
IU	Implementation unit
ITI	International Trachoma Initiative
IVM	Integrated vector management
JICA	Japan International Cooperation Agency
KOICA	Korea International Cooperation Agency
LF	Lymphatic filariasis
M&E	Monitoring and evaluation
MDA	Mass drug administration
MDT	Multidrug therapy
MOEHA	Ministry of Education, Heritage & Arts
MOHMS	Ministry of Health and Medical Services (the “Ministry”)
NHEC	National Health Executive Committee
NGO	Non-governmental organisation
NIMS	National Iron and Micronutrient Supplementation program
NS	Nursing station
NTD	Neglected Tropical Diseases
PC	Preventative chemotherapy
PEI	Pacific Eye Institute
Pre-SAC	pre-school age children (1-4 years)
SAC	School age children (5-14 years)
SAFE	S urgery, A ntibiotic, F acial cleanliness & E nvironmental improvement
SDH	Sub-divisional hospital
SPC	Secretariat for Pacific Community
STH	Soil-transmitted helminthiases
TF	Trachomatous <i>inflammation – follicular</i>
TI	Trachomatous inflammation – intense
TS	Trachomatous scarring
TT	Trachomatous <i>trichiasis</i>
TWG	Technical working group
UNICEF	United Nations Children’s Fund
VC	Vector control
VCU	Vector control unit
WAF	Water Authority Fiji
WASH	Water, sanitation and hygiene
WHA	World Health Assembly
WHO	World Health Organization
WHO SP	World Health Organization South Pacific

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INTRODUCTION

Neglected tropical diseases are a public health issue in Fiji causing suffering and impeding economic development, particularly among poorer communities, despite effective treatment, prevention and control measures now being available.

The 66th World Health Assembly (WHA) passed a resolution in May 2013 urging member states to implement appropriate interventions in order to reach the targets agreed to in the Global Plan to Combat NTDs (Table 1). In addition, the World Health Organization (WHO) Western Pacific Regional Committee, comprising the health ministers of all Western Pacific member states endorsed a Regional action plan for neglected tropical diseases in the Western Pacific Region (2012-2016). Diseases covered in these resolutions calling for action by member states and relevant to Fiji are: dengue, lymphatic filariasis, leprosy, trachoma, soil-transmitted helminthiases (STH), yaws and scabies, though the latter is not in the WHO Roadmap.

Table 1: Neglected tropical disease targets and World Health Assembly resolutions

NTDs	Target by 2020	WHA resolution/year
Lymphatic filariasis	Elimination of lymphatic filariasis as a public health problem.	WHA 50.29 / 1997
Yaws	Control of endemic treponematoses.	WHA 31.58 / 1978
Trachoma	Elimination of blinding trachoma	WHA 51.11/ 1998
Soil-transmitted helminthiases	Control of soil-transmitted helminth burden and infections. 75% of preschool and school-aged children in need of treatment (intestinal worms) are regularly treated are regularly treated. 75% coverage achieved in preschool and school-aged children in 100% of countries	WHA 54.19
Leprosy	Elimination as a public health burden. (<i>Eliminated in Fiji in 1993</i>)	WHA 51.15/ 1998
Dengue	Reduction of dengue morbidity by 25% and mortality by 50% (using existing knowledge – 2009/2010 for baselines).	WHA 55.17 / 2002 & WHA 58.3 / 2005 (IHR adoption)
Scabies	Encouraging research and working collaboratively to develop suitable strategies with WHO, IACS (International Alliance for Control of Scabies) and other partners.	WHO is currently gathering evidence base for community intervention recommendations

This plan was developed with the overall goal of realizing a sustainable integrated national NTDs control programme. This plan aims to achieve the targets of individual programmes by enabling the Fiji government to advocate for long-term, national and international financial commitments for resource mobilization, sustained coverage of preventive chemotherapy, improved sanitation and the provision of safe drinking water, health promotion and education, and vector, veterinary and other immediate host control.

To reach the elimination and control targets by 2020, Fiji MOHMS worked with partners to develop this comprehensive multi-year plan identifying the following strategies as key elements for implementation:

- Strengthen governance and political commitment, advocacy and resource mobilization;
- Enhance NTD programme management and intersectoral collaboration in order to sustain and scale up NTD programmes;

- Scale up access to quality NTD prevention and case management interventions and transmission control;
- Strengthen integrated NTD surveillance, monitoring and evaluation;
- Strengthen NTD research capacity and implement operational research to fill programmatic knowledge gaps.

The NTD Action Plan underwent several consultations prior to its finalisation and endorsement. With a draft conceptual framework, an internal consultation was held bringing together key managers within the Ministry of Health and Medical Services and WHO to develop the first draft of the plan. This was later discussed amongst the NTD Taskforce Committee and with the advice of the National Health Executive Committee (NHEC); a multisectoral consultation was conducted to finalise the collaboration component. The plan was later circulated to the Ministry of Economy for review of the budget before undergoing final review by an independent consultant in early 2017.



FIGURE 1: MEMBERS OF THE MOHMS INTERNAL CONSULTATION WORKSHOP FOR



FIGURE 2: STAKEHOLDER'S CONSULTATION HELD AT DE VOS ON THE PARK IN JUNE 2017.
SOURCE: MOHMS

SITUATION ANALYSIS

Country profile

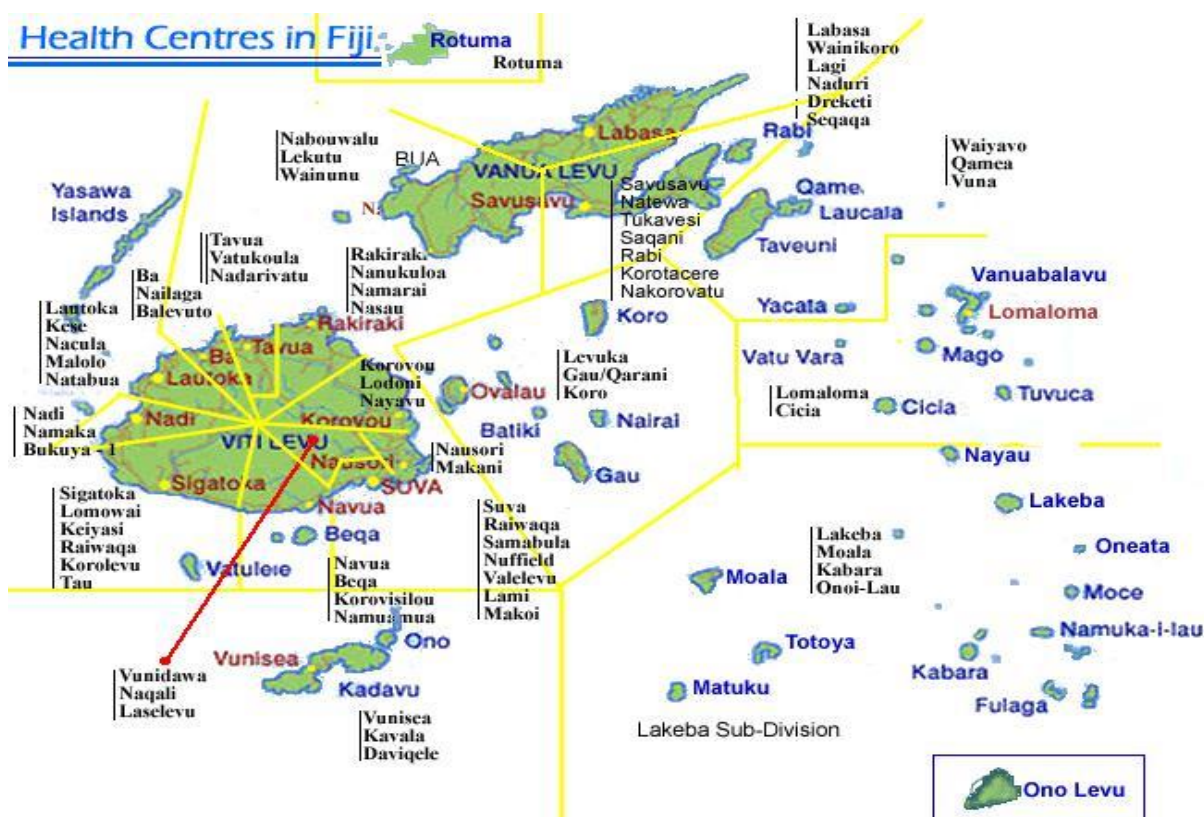


FIGURE 3: MAP OF FIJI HEALTH CENTRES.

Source: MOHMS, Fiji

Fiji is a Melanesian country in the South Pacific that has a population of more than 800,000 people distributed across fourteen provinces including Rotuma. Fiji is governed by a democratically elected government and the average annual growth rate stands at 0.8%: the slow growth resulting from a moderately low level of fertility and a high level of emigration, especially among Indo-Fijians. Fiji's Economic Exclusive Zone contains 332 islands covering a total land area of 18,333 square kilometres in 1.3 million square kilometres of the South Pacific Ocean. The population occupies around one-third of these islands and is concentrated on the two largest, Viti Levu (10,429 square kilometres) and Vanua Levu (5,556 square kilometres), with the nation's capital, Suva, located on Viti Levu.

Fiji generally experiences a tropical climate year round with minimal temperature extremes. The warm season is from November to April and the cooler season lasts from May to October with an average temperature of around 22 °C (72 °F). Rainfall is variable with the warm season experiencing heavier rainfall especially inland.

Fiji is described as middle-income country and one of the more developed of the Pacific island economies, although it remains a developing country with a large subsistence agriculture sector. The major economic activities include tourism, sugar, mining, fishing and forestry. Fiji's housing and employment crises are pervasive and are projected to be compounded by high rates of school drop-out. As land leases expire and food costs rise, squatter settlements have increased with an estimated population of over 100,000 people, most on the island of Viti Levu.

Health system, organisation and structure

Fiji's health system is based on a three-tier model that provides an integrated health service at primary, secondary and tertiary levels. The health system is divided into two health programmes: primary and preventive health care services (public health) and curative health care services (health services). These two programmes and their respective disciplinary areas largely determine the organisational structure and the *modus operandi* of the Ministry of Health and Medical Services (MOHMS).

The MOHMS is a member of the Cabinet of the Government of Fiji and is headed by a Permanent Secretary for Health & Medical Services appointed by the Public Service Commission. The Permanent Secretary provides overall leadership and direction for the health ministry and is mandated under legislation to ensure safe practice of health professionals and the provision of quality health services to the people. With the leadership of the Deputy Secretary Public Health, the public health division is responsible for services ranging from the development and formulation of public health policies and their translation into priority health programmes to the provision of primary health care to the population, as legislated under the Public Health Act 2002. The DSPH also oversees a number of public health programmes led by national advisers, such as Family Health, Non-Communicable Diseases, Health Promotion, Communicable Diseases, Food and Nutrition, Environmental Health and Oral Health, to ensure effective delivery of primary health care to the people of Fiji. The primary health care and public health care services are managed and administered through four Divisional Health Services (DHS) offices; Central and Eastern, located in Suva; Western in Lautoka; and Northern in Labasa, each led by a Divisional Medical Officer (DMO) and responsible for providing public health services. There are five subdivisions in the Central Division, four in the Eastern Division, six in the Western Division and four in the Northern Division. Public health services are provided through 16 sub-divisional hospitals (SDH), 77 health centres (HC) and 101 nursing stations (NS) (Table 2; Annual Report, 2013). The Division of Hospital Services is the responsibility of the Deputy Secretary Hospital Services (DSHS) who provides policy advice to the Permanent Secretary on clinical services and related issues.

Table 2: Population distribution, number of children, schools and health services in four health divisions in Fiji.

Division	Central	Eastern	Northern	Western	Total
Divisional population*	342 386	44 645	137 494	323 073	847 598
Subdivisions	5	5	4	6	20
Hospitals	6	5	4	6	21
Peripheral health centres	21	15	20	28	84
Nursing stations	21	31	21	25	98
Primary schools	202	114	163	252	731
Children <5 years*	33 979	4 858	21 692	30 302	90 831
Children 5-14 years*	63 451	10 466	21 693	59 177	154 787

(*Divisional data, 2015)

The health care system in Fiji is mainly financed through general taxation. Additional means of financing include out-of-pocket payments, mostly to the private health sector, with smaller amounts derived from private health insurance and donor organizations. Key financing stakeholders include WHO, UNICEF, Pacific Community (SPC), Fiji Health Sector Support Program (FHSSP), Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and other vertical programme and country donors. Government budget allocations for health have remained relatively constant despite the increasing demand and cost for health care.

Health status in the population

In 2010, the leading causes of death in Fiji were diseases of the circulatory system (44%) followed by endocrine, nutritional or metabolic diseases and neoplasms respectively. A 2002 study carried out by the World Bank and the SPC estimated that non-communicable diseases (NCDs) accounted for 38.8% of all health service treatment costs; communicable diseases accounted for 18.5% (WHO, 2011). The MOHMS 2013 Annual Report identified the five leading cancer sites for women: the cervix, breast, uterus, ovary and liver, and for men: liver, prostate, lungs, stomach and colon. The three leading cardiovascular diseases are congestive heart failure, acute sub-endocardial myocardial infarction and hypertension. The leading causes of death and serious illness in young children are acute respiratory infections, diarrhoea, parasitic infections, meningitis and anaemia.

The enduring incidence of communicable diseases is also a major challenge for the health system. The top notifiable diseases for 2013 were acute respiratory infections, diarrhoea, viral illnesses and influenza. The major disease outbreaks that have occurred in Fiji in the past two decades include measles, dengue fever, rubella, typhoid, leptospirosis, influenza, and diarrhoea. Although most of the outbreaks were contained within the affected areas through public health and clinical interventions, some avoidable deaths occurred. Though no proper burden-of-disease studies have been carried out, it is clear that the triple burden of communicable diseases, non-communicable diseases and injuries is plaguing the Fijian health system. In particular, premature NCD-deaths are becoming an economic and development issue, as the age of men dying from cardiovascular disease falls every year.

Neglected tropical diseases are an important cause of preventable morbidity and mortality in Fiji. With the exception of dengue virus, most NTDs do not carry a high mortality rate per se, however, diseases such as scabies, yaws and soil-transmitted helminths, contribute to the poor health status of children particularly, making them more vulnerable to mortality from other infections and diseases. Other NTDs, such as leprosy, lymphatic filariasis and trachoma, contribute to disability, both physical and psychological; the degree of poor health that is due to NTDs as a result of disability is largely not measured.

Table 3: Summary of Fiji's Health Status

	2012	2013
Population	899 735	914 663
Women (15 – 44)	171 412	209 956
Total live births	20 178	20 970
Crude birth rate per 1000 population	22.4	22.7
Crude death rate per 1000 population	7.52	7.6
Rate of natural increase	1.49	1.6
Under 5 mortality rate per 1000 live births (0-5 years)	20.96	17.9
Infant mortality rate per 1000 live births (0-12months)	15.86	13.7
Perinatal mortality [#]	16.75	14.7
Early neonatal mortality [*]	7.93	7.4
Late neonatal mortality [^]	7.99	6.3
Maternal mortality rate per 100, 000 live births	59.47	19.07
Fertility rate per 1000 women of childbearing age	99.02	102.9

Source: Ministry of Health 2013 Annual Report

[#]Still birth and early neonatal deaths per 1000 live births; ^{*}deaths between 0 and 7 days per 1000 live births; [^]deaths between 7 and 28 days per 1000 live births

Neglected Tropical Diseases Situation Analysis

NTD epidemiology and disease burden

The burden of NTDs globally, including Fiji, remains high and are recognized as a collection of diseases that affect the most vulnerable groups in our society including children, women, the elderly and people living in impoverished settings. The targeted diseases in Fiji include: lymphatic filariasis (LF), soil transmitted helminthiasis (STH), scabies, leprosy, dengue and trachoma. The mapping status and prevalence studies of the different NTDs in Fiji vary. Table 2 summarizes the results of different surveys carried out at various localities. Most of the NTDs overlap in epidemiology affecting the same group of population. Understanding the co-endemicity of NTDs will help to plan for the implementation of integrated NTD strategies.

Table 4: Neglected tropical diseases epidemiological status

NTD	Division	Prevalence rates (year of survey)	Method used	Reference
Lymphatic filariasis	Western	0.11% (2011); 0.21%(2014) & 0.26% (2017)	Survey using immunochromatographic test (ICT) Kits (until 2016) Filariasis Test Strip 2017+	LF TAS Reports, FCCDC
	Central	0.02% (2014)& 0.26(2018)		
	Northern	0.27%(2013); 0.00% (2015); 1.08% (2018)		
	Eastern	1.34% (2013)		
	National	9.5% (2007)		
STH	Western	6.5% (2014)	Stool samples – single Kato-Katz thick smear & formalin ethyl acetate concentration Technique	STH Annual Report, FCCDC
	Central	17.0% (2014)		
	Northern	21.1% (2015)		
	Eastern	17.5% (2016)		
Trachoma	Western	TF – 3.4% age-adjusted prevalence was 2.8% (95% CI: 1.4–4.3%) (2016)	Population Based Survey – screening of patients and questionnaires	PLOS – NTD Journal http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0004798
Leprosy	National	0.08% (2014)	Registry primary data at Leprosy Unit	Registry primary data
Scabies	National	23.60% (2014)	Population Base Survey – Screening	PLOS – NTD http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003452
Dengue	National	Incidence: 275.08 / 100,000 (2017)	Syndromic surveillance	FCCDC Annual Report 2017
Yaws	Western Division	0.00%	Community seroprevalence survey for Yaws	Transaction of the Royal Society of Tropical Medicine & Hygiene https://academic.oup.com/trstmh/article/110/10/582/2527556

Lymphatic Filariasis

Lymphatic filariasis (LF) is a parasitic disease transmitted by mosquitoes that can cause significant morbidity in humans. In Fiji, LF is caused by thread-like filarial worm, *Wuchereria bancrofti*, whose life cycle starts, when a male and a female mate inside the lymphatic vessels of an infected human.

In 1999, WHO launched the Pacific Programme to Eliminate Lymphatic Filariasis (PacELF) as the Pacific arm of the Global Programme, which aims to eliminate lymphatic filariasis (LF) as a Public Health problem by 2020. The two strategies to achieve this goal are (1) to interrupt transmission of filarial infection through either yearly rounds of mass drug administration (MDA) using a combination of 2 drugs (Albendazole and diethylcarbamazine, in the Pacific) for at least 5 years or through community use of DEC-salt; and (2) to control the LF morbidity to alleviate and prevent the suffering and disability of affected individuals.

Fiji was highly endemic for LF with some divisions having infection rates over 20% before the systematic interventions commenced. Fiji joined the Pacific Programme for Eliminating Lymphatic Filariasis in 1999 with the aim of eliminating LF as a public health problem by conducting mass drug administration (MDA) to

reduce its prevalence rate to a level that transmission is no longer sustainable in the population. In the last 12 years the benefits of the national LF elimination programme, which combines MDA with LF surveillance, has rapidly advanced Fiji's LF elimination objectives. National coverage for MDAs in 2002-2006 was 66.62%, slightly above the global guideline of 65%. In the first 5 years of the national LF elimination programme using the MDA strategy, national prevalence of the disease was reduced significantly, from 16.6% to 9.5%. (Table 5)

Table 5: Lymphatic filariasis activities and results by division 2000-17

	2000-2001	2002-2006	2007	2008-2010	2011	2012	2013	2014	2015	2016	2017	2018
MDA	Baseline	MDA (all IUs)	C-Survey (Post MDA)	MDA (all IUs)	TAS MDA	MDA	TAS / C-SURVEY	TAS/MDA	TAS/MDA	Sentinel survey	MDA	MDA/TAS
C-survey/Sentinel survey												
TAS												
Western			0.9%		TAS 1 (PR – 0.11%)			TAS 2 (PR – 0.21%)			TAS 3 – 0.26%-passed	Surveillance
								Malolo Island – MDA (from 7+ve cases in TAS 2)		PR 16.6%	MDA	MDA
Northern			2.9%				TAS 1 (PR- 0.11%)		TAS 2 (PR- 0.0%)			TAS 3- 1.08% (FAILED)
							C-survey 1.1%	Taveuni – MDA		PR 3.3%	Taveuni – MDA	
Central			15.4%				C-survey 0.1%	TAS 1 (PR- 0.02%)			TAS 2- 0.26%	
Eastern			11.2%				C-survey 1.79%	MDA	MDA	PR 3.0%	MDA	MDA
NATIONAL PR	16.6%		9.5%									

From 2008 to 2012, Central, Eastern and Northern Divisions underwent a further five rounds of MDAs with >80% coverage whilst Western division had two rounds in 2008 and 2009 prior to conducting transmission assessment surveys (TAS) which has a result of <1% prevalence rate. In 2013, the Northern division, excluding Taveuni Subdivision, progressed to TAS and recorded a prevalence rate of 0.12%, Spot check surveys were conducted in Taveuni which revealed a prevalence rate of 2.02%. In the recent surveys, results found that LF is still prevalent in the Eastern division and Taveuni whilst the Western, Central and the rest of Northern division continues with post-MDA surveillance but will only treat and follow up on positive cases and their risk population if it remains below the critical threshold. (see Table 5)

LF Cases and Morbidity Rate

The complications of LF encompasses social challenges including stigmatization and discrimination, in addition to the vulnerability in economic burden faced by affected individuals and their families. In Fiji, 32 people have been identified to suffer from elephantiasis, and 113 cases of lymphedema. Of the 300 hydrocele cases identified in 2010, 120 have been surgically operated in all four divisions. Results from a recent divisional exercise to update the hydrocele line-list, approximately 140 more cases need hydrocelectomy surgery.

PRIORITIES FOR FIJI LYMPHATIC FILARIASIS ELIMINATION PROGRAM 2017-2020:

- Complete MDA in remaining three endemic areas with high treatment coverage, and hotspot clusters;
- Following MDA completion, conduct Transmission Assessment Surveys in three provinces to gain data for elimination dossier
- Continue to strengthen morbidity assessment and registers to document treatment for people with disability associated with previous LF17

Leprosy

Leprosy is a chronic infectious disease which affects the skin, nervous system, eyes and respiratory tract mucosa regardless of gender and age. It has been eliminated in Fiji as a public health problem since 1993 with a prevalence rate of less than 1 case per 10,000 population.

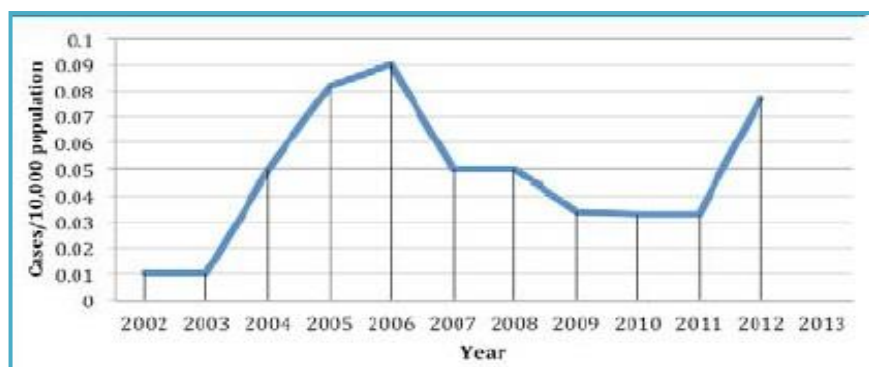


FIGURE 4: PREVALENCE OF LEPROSY IN FIJI
Source: Fiji Journal of Public Health: (Perspective)
Leprosy Control in Fiji Volume 2 Issue 2 2013

Since 2003, annual prevalence rate has been generally above the baseline levels including the 2012 rate of 0.07 per 10,000 populations which is a 43% increase from the previous two years. Two surges in the incidence rates noted in 2003 and 2011 could be largely attributed to the long incubation period of the disease and the presence of “hidden cases” which remain undiagnosed in the community.

In the post-elimination phase, the leprosy control program has been focussed on the treatment and rehabilitation of cases in Fiji. Besides hospitalisation and rehabilitation, the Leprosy Trust Board also helps provide educational support, housing assistance and small business grants to patients and their family. In addition to this, another major activity of the program is the dermatological screening of the population at its skin clinics in PJ Twomey Hospital, divisional and sub divisional settings as well as the general skin clinics conducted in villages, settlements and schools where new cases are detected.

PRIORITIES FOR FIJI LEPROSY ELIMINATION PROGRAM 2017 – 2020:

- Ongoing surveillance for new cases of leprosy
- Comprehensive case management and contact tracing for all new cases
- Leprosy action plan to include surveillance for leprosy in immigrants from high-risk countries
- Submit documentation for validation of elimination of leprosy

Trachoma

Globally, trachoma is responsible for 3% of the world’s blindness and is caused by *Chlamydia trachomatis*. Increased risks of acquiring the disease include poor personal hygiene, poor waste management, proximity to animals and unclean or unsafe use of latrine. Overcrowding households and communities are more likely to spread the disease faster among each other.

Trachoma has been reported to be endemic in several countries in the Pacific, although population-based mapping studies have suggested a relatively low number of cases of trichiasis, the late blinding stage of the disease – in Fiji. A recent survey completed in the Western Division of Fiji reported a low prevalence of ocular infection with *C. trachomatis* among children, and similar findings have been reported from other Pacific countries. (Cocks, 2016).



Conjunctival photograph of the individual felt to demonstrate equivocal evidence of conjunctival scar, Western Division, Fiji, 2015.

WHO in its effort to eliminate trachoma has recommended the SAFE strategy i.e. Surgery, Antibiotic (Azithromycin), Facial cleanliness and Environmental improvement. In January 2015, Fiji has endorsed its Trachoma Action Plan 2015 – 2020, which outlines the elimination efforts for trachoma.

PRIORITIES FOR FIJI TRACHOMA ELIMINATION PROGRAM 2017-2020:

- Establish need for implementation of SAFE strategy components in each district
- Impact assessment survey following 2-3 years of implementation
- Maintain trichiasis survey data and trichiasis surgical data

Endemic treponematoses (Yaws)

Yaws is an NTD caused by *Treponema pallidum*, transmitted primarily through skin contact with an infectious person. It is characterized by highly contagious primary and secondary cutaneous lesions and non-contagious tertiary late non-destructive lesions. Yaws predominantly affects children living in humid tropical regions of Africa, Asia, Latin America and the Western Pacific.

Surveys conducted in the 1950s demonstrated a yaws prevalence of nearly 30% in Fiji. As a result, a national yaws control program was established in 1955. Mass treatment with penicillin began and the disease was nearly eliminated by the 1960s. Since that time, only three cases of yaws have been reported in Fiji, the last of which was in 1984. Although no cases have been noted in recent years, there is a need to confirm and document the disease status as well acquire elimination dossier for Fiji.

PRIORITIES FOR FIJI YAWS ELIMINATION PROGRAM 2017 – 2020:

- Continue surveillance for Yaws at health district level
- Document elimination achievements for the purpose of verification of elimination
- Yaws action plan to consider inclusion of screening migrants from high risk countries

Scabies

Scabies is a common parasitic dermatological condition in Fiji affecting all age groups, especially the poorer sectors of the population. It is recognised as a major public health problem in many countries, and is responsible for significant morbidity due to secondary bacterial infection of the skin causing impetigo, abscesses and cellulitis, that can in turn lead to serious systemic complications such as septicaemia, kidney disease and, potentially, rheumatic heart disease.

Table 7: Prevalence of Scabies and Impetigo:

Factor		Sample	Participants with Scabies			Adjusted OR† (95% CI)	Participants with Impetigo			Adjusted OR† (95% CI)
		n	n	%	95% CI		n	%	95% CI	
Total		10,887	2564	23.6	22.8-24.3		2133	19.6	18.9-20.4	
Gender	Female	5491	1361	24.8	23.6-26.0	1.2 (1.1-1.3)	1127	20.5	19.5-21.6	1.2 (1.1-1.3)
	Male	5396	1203	22.3	21.2-23.4	1	1006	18.6	17.6-19.7	1
Ethnicity	iTaukei	7580	2077	27.4	26.4-28.4	2.7 (2.4-3.0)	1730	22.8	21.9-23.8	2.4 (2.2-2.8)
	Indo-Fijian	3307	487	14.7	13.6-16.0	1	371	11.2	10.2-12.3	1
Age (years)*	<5	1023	373	36.5	33.5-39.5	2.5 (2.0-3.00)	236	23.1	20.5-25.8	1.2 (1.0-1.5)
	5-9	2408	1053	43.7	41.7-45.7	3.7 (3.0-4.4)	823	34.2	32.3-36.1	2.2 (1.9-2.7)
	10-14	2448	457	18.7	17.4-20.6	1.0 (0.8-1.2)	411	16.8	15.3-18.3	0.8 (0.7-1.0)
	15-24	1587	209	13.2	11.5-14.9	0.6 (0.5-0.8)	133	8.4	7.0-9.9	0.6 (0.5-0.8)
	25-34	1256	134	10.7	9.0-12.5	0.5 (0.5-0.8)	153	9.6	10.4-14.1	0.4 (0.3-0.5)
	35-49	1131	147	13.0	11.1-15.1	0.6 (0.5-0.8)	174	15.4	13.3-17.6	0.5 (0.4-0.6)
	>49	951	191	20.1	17.6-22.8	1	200	21.0	18.5-23.8	1
Division	Western	3036	644	21.2	19.8-22.7	1.0 (0.8-1.3)	553	18.2	16.9-19.6	1.2 (0.9-1.5)
	Central	2955	577	19.5	18.1-21.0	1.0 (0.8-1.3)	463	15.7	14.4-17.0	1.1 (0.8-1.4)
	Northern	4358	1240	28.5	27.1-29.8	1.3 (1.0-1.7)	1035	23.7	22.5-25.0	1.4 (1.1-1.8)
	Eastern	538	103	19.1	15.9-22.7	1	82	15.2	12.3-18.6	1
Location	Rural	6304	1611	25.60	24.5-26.7	1.2(1.1-1.4)	1351	21.4	20.4-22.5	1.2 (1.1-1.3)
	Urban/ Peri-urban	4583	953	20.8	19.6-22.0	1	782	17.1	16.0-18.1	1

*data on 83 participants were not recorded;

†adjusted odds ratio calculated by gender, ethnicity, age, division and location

Source: Scabies and Impetigo Prevalence and Risk Factors in Fiji: A National Survey. PLOS Neglected Tropical Diseases 9(3): e0003452.

In 2015, a population-based survey found that the national prevalence of scabies and impetigo was 23.6% and 19.6% respectively and highest in children aged 5–9 years (Romani, 2015). This study is the first national survey of scabies and impetigo prevalence conducted in any country and confirms that scabies and impetigo are widespread problems in Fiji. While children are the most affected population group, no age group is free of scabies or impetigo, and there is an indication that prevalence increases after middle age.

PRIORITIES FOR FIJI SCABIES CONTROL PROGRAM 2017 – 2020:

- Finalise mapping of scabies prevalence for all districts
- Plan for MDA in all areas with high prevalence scabies, pending results of SHIFT
- Plan impact assessment post-MDA

Soil-transmitted helminths (STH)

STH are endemic and considered a public health problem in Fiji. These worm infections are -usually known to affect nutritional status, cognitive development and growth; have effect resulting in blood loss and anaemia; decrease work capacity and productivity as well as cause surgical complications to the sufferer. In Fiji, malnutrition is much more prevalent than it should be in a land filled with nutritious fruits, vegetables and root crops and an ocean full of fish. Under-nutrition is the leading cause of childhood mortality; in 2013 alone it claimed the lives of 420 children under the age of five. (MOHMS, 2015). The most common STHs that are globally targeted for control and are prevalent in Fiji are caused by: *Ascaris lumbricoides* (roundworms), *Trichuris trichiura* (whipworms), *Necator americanus* and *Ancylostoma duodenalis* (hookworms).

The epidemiological profile of STH is not well understood and as such, its control strategy is still evolving. In countries in which there have been active programs to eliminate lymphatic filariasis (LF) it is recognised that the control strategies (MDA with albendazole and DEC/Ivermectin) will have impacted on STH prevalence. In Fiji, few studies have been published to document STH prevalence before the commencement or after the initiation of MDA against LF, so that the true status of STH burden is unknown. While progress has been made in achieving the goal of eliminating LF in Fiji, it is not clear how much of STH burden has been decreased or whether morbidity from STH is under control.

The deworming campaign in Fiji has been an initiative of the National Iron and Micronutrient Supplementation program (NIMS). In 2010, the NIMS Project was launched to reduce the prevalence anaemia in children, and women of child bearing age and during lactation. However, the deworming strategy was more focused on school age children only with iron supplementation.

In partnership with the Korean government, the STH parasitology laboratory at the Fiji Centre for Communicable Disease Control was officially opened on 27th January 2014 which enabled the work on STH mapping by prevalence studies to be completed by 2015. The results from investigations conducted in 2014-2015 have pointed out that STH infections are still widespread, noting that any STH infection prevalence level up to 12.8% in the two major islands of Fiji (except Taveuni) and 8.7% in the Eastern Division.

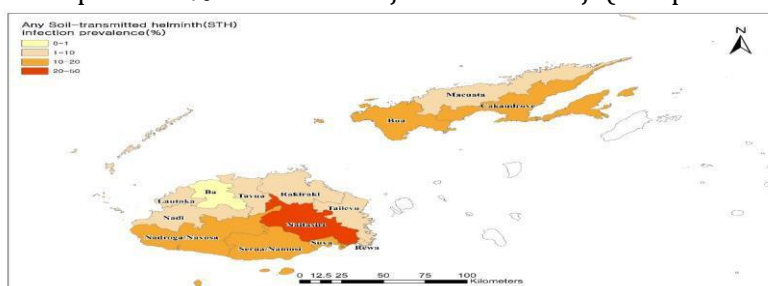


FIGURE 6. PREVALENCE OF STH INFECTIONS IN F VITI LEVU AND VANUA LEVU OF FIJI, 2014-2015 SOURCE: NATIONAL STH FRAMEWORK, MOHMS, 2017

The World Health Organisation, as a key partner, continues to provide technical, financial and deworming drugs for STH in Fiji.

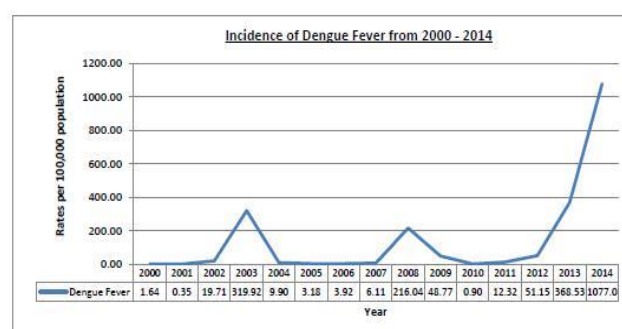
PRIORITIES FOR FIJI STH CONTROL PROGRAM 2017 – 2020

- Treat high-risk target groups with anti-helminth medication, aiming for >75% coverage
- Plan impact assessment survey
- Promote and motivate each agency/group to participate in the implementation actively; and
- Ensure that the vulnerable groups received appropriate information for behavioural changes

Dengue

Dengue fever is endemic in Fiji and outbreaks occur every three to five years. It was first detected in 1885 and since then, a number of significant outbreaks have been documented, in 1930, 1943/1944, 1971 (an explosive type-2 dengue epidemic), 1989/1990 (a type-1 epidemic with 3686 recorded cases) and 1997/1998 (24 780 suspected cases with 13 deaths). The outbreak of dengue fever in 2008 had an incidence of 216 cases per 100,000.

The most recent outbreak from December 2013- June 2014 resulted in 26, 425 cases of confirmed dengue and dengue like illnesses (DLI), with 16 confirmed deaths reported nationally.



Source: NINDSS, Laboratory confirmed Data from Mataika House and DLI Surveillance Data

FIGURE 7: INCIDENCE OF DENGUE FEVER 2000-2014

The National Vector Control Unit is responsible for vector surveillance for all four divisions and 20 sub-divisions in Fiji. Vector surveillance is one of the most important aspects of vector control and is a very vital step in the surveillance of vector-borne diseases.

Figure 8 shows the various mosquitoes that were identified from positive samples collected from districts that conducted their routine monthly surveillance. *Aedes albopictus* is pre dominant over other *Aedes* and *Culex* species therefore, *Aedes pseudo* and *Culex quinn* was also identified in all the Division.

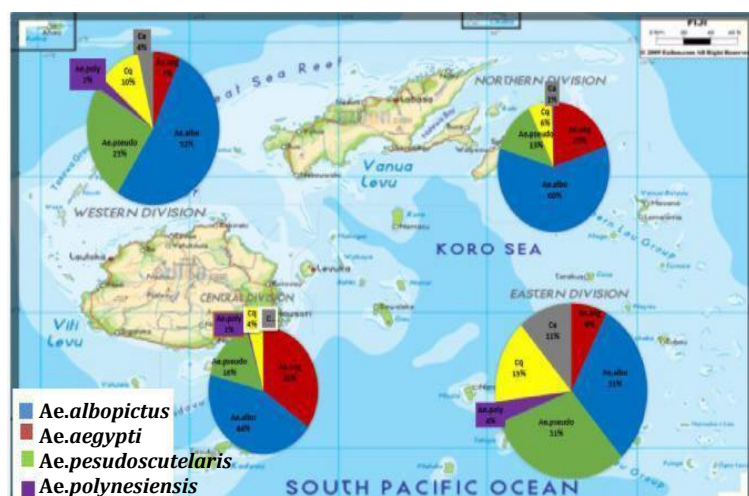


FIGURE 8: VECTOR DISTRIBUTION IN FIJI FROM AUGUST 2016 – JULY 2017

The MOHMS conjointly with a wide range of partners has been committed to reduce the burden of this outbreak through vector-control measures, public education and awareness, early warning alert and response surveillance systems, and regional cooperation and sharing of information.

PRIORITIES FOR DENGUE CONTROL 2017 – 2020:

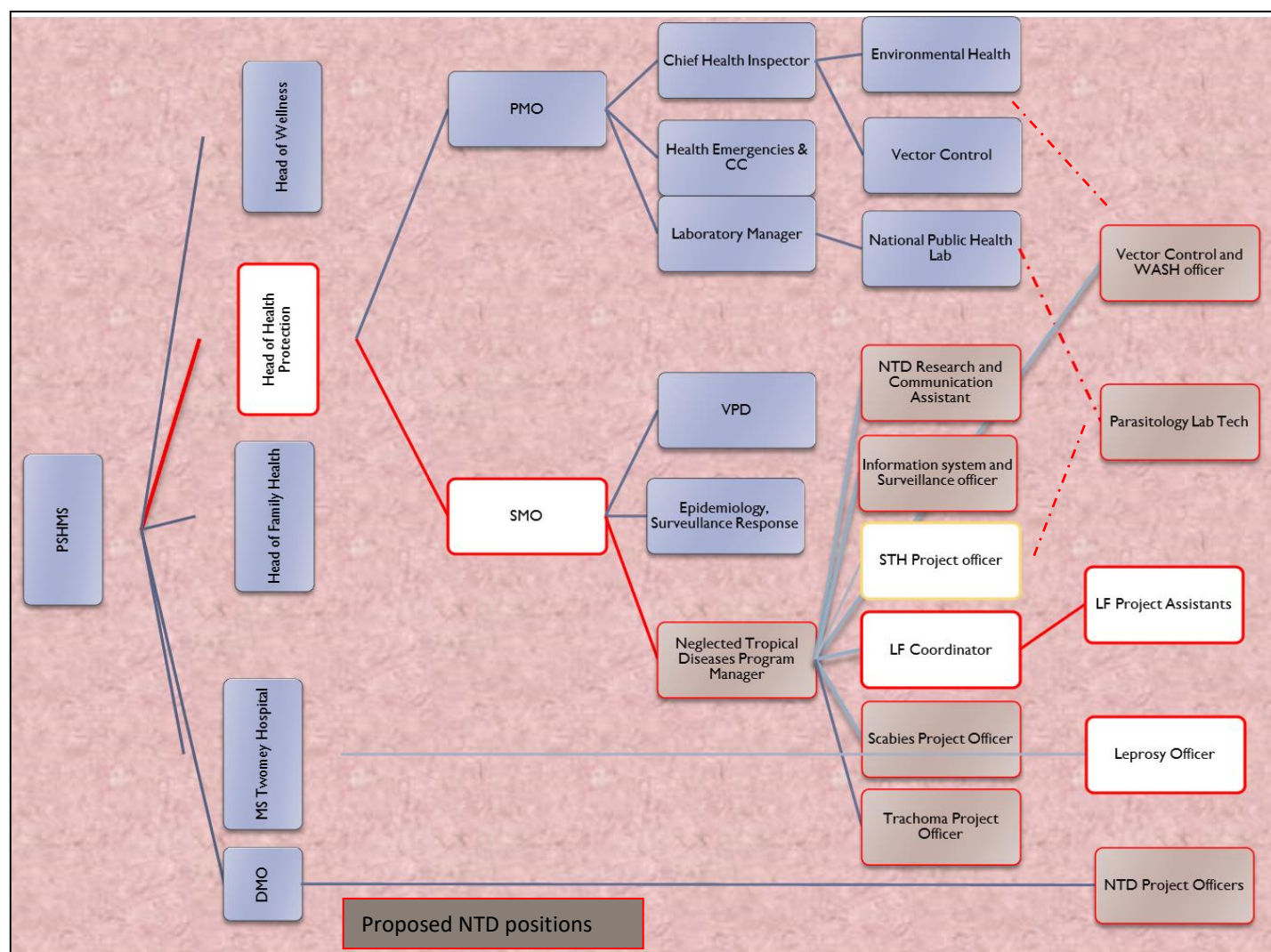
- Integrated vector control and management plan
- Dengue outbreak response plan, including surge capacity and environmental health measures
- Implementation of vector control strategies during inter-outbreak periods
- Strengthen lab capacity for virology and entomology

Current NTD Governance Structure

The NTD program is classified under the communicable diseases with leadership of the NTD Taskforce as its overarching decision body responsible to the Permanent Secretary of Health and Medical Services. The Chair of the MOHMS Taskforce is the Deputy Secretary for Public Health assisted by the NTD project officer under the National Advisor Communicable Diseases as the secretariat. The members of the Taskforce are not limited to MOHMS as other key partners are also actively involved in NTD related strategies including UN agencies, International organisations (Fred Hollows Foundation, Live and Learn, WASH Cluster organisation), Aid agencies (KOICA, JICA, US AID, AusAID, NZAid, French Embassy), civil society organisations (Blind Society, Society for the Disable people, leprosy trust board and poverty alleviation organisations) and Government ministries (women, children and poverty alleviation, Local Government, Housing, Environment, Infrastructure & Transport, Education, Heritage & Arts & National Archives of Fiji.

Current NTD Structure outlining the MOHMS Taskforce Committee and Proposed NTD Unit

Current NTD Structure outlining the MOHMS Taskforce Committee and Proposed NTD Unit



Financial Analysis

Historically, the NTD program has had low visibility and priority, not only within the health system, but the overall government agenda, despite its tendency to cause life-long complications. The only two programs that are allocated MOHMS funding are the Elimination of Lymphatic Filariasis Unit and Dengue Program. The former program utilises almost half (49%) of the \$75,000 annual allocation on human resources to carry out activities in the business plan. The latter project on the other hand, utilises \$100,000 allocated budget on its prevention and control activities, which includes the vector control and surveillance.

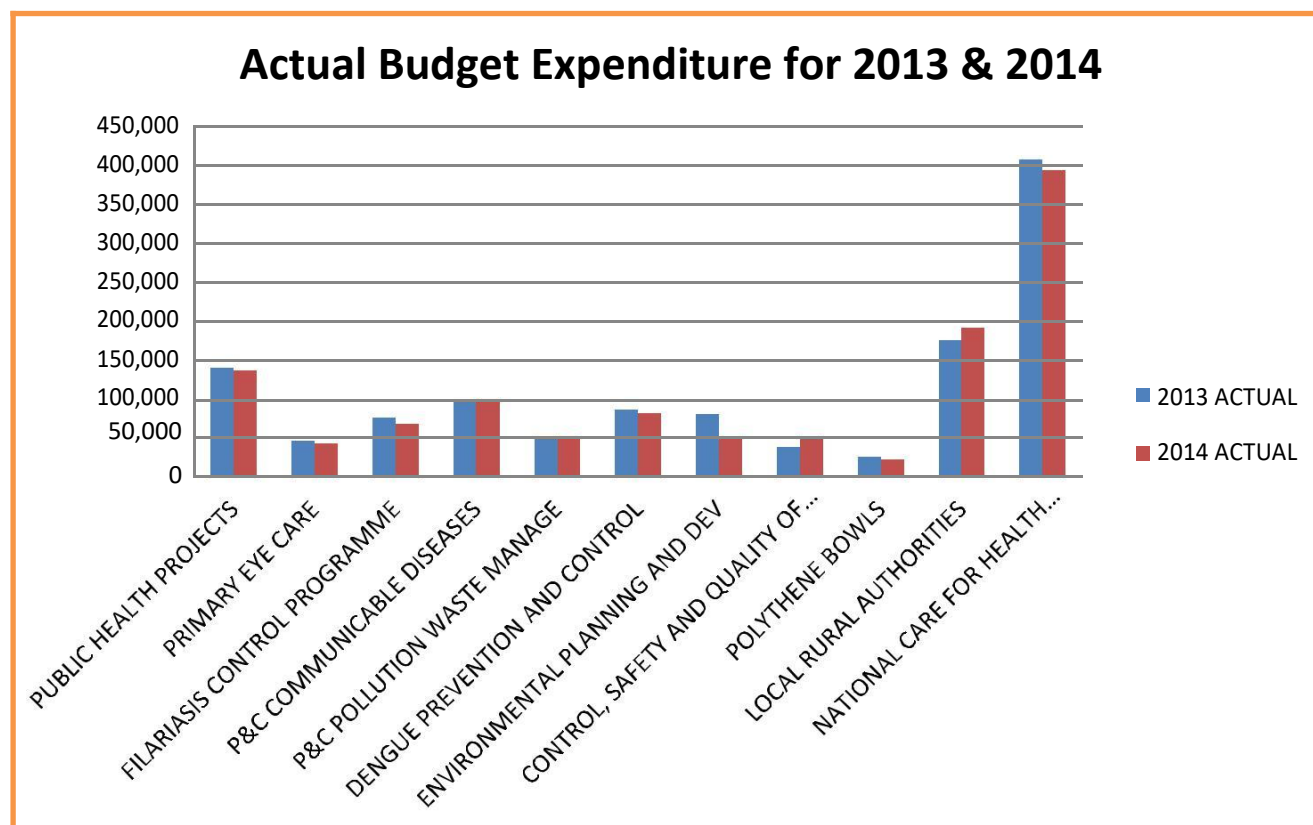


FIGURE 10: ACTUAL FUNDING USED DIRECTLY AND INDIRECTLY ADDRESSING NTD IN 2013 – 2014

Source: Financial Management Information System (FMIS); 2013/14 Fiji Health Accounts Report

Table 8: Funding Allocation from MOHMS and actual donor assistance for NTD Programs 2014 & 2015

Program	ACTIVITY	MOHMS*		WHO**		Other Funding**	
		2014	2015	2014	2015	2014	2015
LF	HR (Project Assistant x3)	\$36,762.00	\$36,762.00	Nil	Nil	Nil	Nil
	TAS	30,000.00	\$38,238.00	Nil	Nil		\$195,820(JICA for testing kits)
	MDA	\$8,238.00	\$3,496.00	\$28,156.00 (2014) + \$60,000.00 (from 2012 & 2013 which came through to MOH in 2014)	\$99,827.90.00	Nil	Nil
	Hydrocelectomy	Nil	Nil	Nil	\$119,986.00	Nil	Nil
STH	HR (Lab Tec/Coordinator)	Nil	Nil	Nil	Nil	\$24,000.00 (SNU)	\$25,724.64 (SNU- Korea)
	Survey	Nil	Nil	\$9,950.00	Nil	Nil	Nil
	Deworming	In the school health program/ nutritional unit		Not recorded at MOHMS			
Trachoma	Development of TAP	Nil	Nil	Nil	Nil	Nil record at MOHMS (IAPB/FHF)	
Leprosy	Leprosy Screening	No specific budget		Nil	\$13,612.68 in Bua & Yasawa	(PLT - no record in MOHMS)	
Vector Control	P&C Control	\$80,517.00	\$100,000.00	No record in MOHMS directly under Dengue program			
	IVM	Nil	Nil	\$34,200.00	Nil	Nil	Nil
WASH	Control, safety and quality of food and drinking water	50,000.00	50,000.00			\$	\$32,234.00 (UNICEF)
Other Related Program/ activities	Polythene bowls for environmental improvement	\$30,000.00	\$30,000.00	Nil	Nil	Nil	Nil
	Food supplement for Malnourished children	\$50,000.00	\$50,000.00	No record at MOHMS			

Source: *MOEconomy Budget Estimates extracted in June 2016 (2014&2015) **MOHMS Finance DOA Unit extracted in June 2016 (2015)

The remaining programs, as noted on Table 8, do not have specific budget allocations. Acknowledging the synergies in activities with other programs, the financial analysis takes into account pre-existing program activities provided with their respective budget. The other component considered in conducting the financial analysis of NTD programs was the availability of allocation and ad hoc funds by donor agencies such as WHO, UNICEF, International institutions etc.

SWOT Analysis

The Neglected Tropical Diseases program is currently in the stages of consolidating synergies amongst the different vertical programs which has been managed by their respective team leads or program managers. Despite this effort, more than half of these programs have been well established within the health systems. The table below outlines the strengths and weaknesses the NTD program has as well as forecasting the risks and opportunities that will be encountered.

Table 9: NTD SWOT Analysis

	Strengths	Weakness	Threats	Opportunities
	<ul style="list-style-type: none"> National level commitment 	<ul style="list-style-type: none"> *Insufficient coordination team technical supervision (lack of consensus on tools/ checklist, team composition and frequency of supervision and feedback meetings) *Lack of a NTD unit 		<ul style="list-style-type: none"> *Various WHA/ RC, Regional Action Plan *Multiple agency with their agenda to alleviate poverty, improve water, sanitation and hygiene, environmental *Poverty/Environment/ Development-related policies and funding pools
Go	<ul style="list-style-type: none"> Inclusion of NTDs in the National Corporate, Strategic Plan (2016) and development of NTD action plan 	<ul style="list-style-type: none"> *Disease specific program targets are specified by each *Lack of funding assistance to most programs such as scabies, trachoma, STH and leprosy 	5. Uncontrolled movement of human population	NTD Taskforce group as an overarching body Programs and projects have specific TWGs for immediate planning and monitoring of implementation of activities
collaboration	<ul style="list-style-type: none"> Established health delivery systems and structures (disease specific programs, school health, MDA distributions, survey and clinics) 	<ul style="list-style-type: none"> *Lack of standard guidelines for management of NTDs * Failure to harmonize data collection tools and capturing some NTDs under PHIS *Limited knowledge and capacity to diagnose and manage morbidity caused by NTDs 	Inclusion of some NTDs medicines into the essential drug list	Pre-existing programs and units Pre-existing multi-sectoral groups – WASH Cluster
Intersect	<ul style="list-style-type: none"> Reliability of availability of drugs (DEC & Alb for LF, Alb for STH, Azithromycin for Trachoma) 	Lack of proper monitoring of inventory stock to avoid wastage and shortage	*Drug adverse reactions or resistance	<ul style="list-style-type: none"> *Obligation by WHO and various international pharmaceuticals to supply free donation of drugs for some NTDs using WHO guidelines *International program assistance such as UNICEF
d	<ul style="list-style-type: none"> Acceptability of the program by the communities 	Inadequate focus to advocacy and social mobilization. Traditional and religious beliefs Lack of a CD Wellness program	<ul style="list-style-type: none"> *Socio-cultural beliefs and practices in some communities *Reduced compliance due to prolonged/ extended treatment regimen (MDA) 	Existing Wellness Program Existing Civil societies program in communities Media coverage of diseases and its impact – Communication plans
in	<ul style="list-style-type: none"> Linkage with other programs such as school health for deworming, WASH, vector 	Duplication and/or lack of <ul style="list-style-type: none"> - information - communication - consorted planning 	Conflicts around boundary of work and recognition	Pre-existing activities with its terms of reference, standard operating procedure
to	<ul style="list-style-type: none"> Available information on distribution of most of the target diseases 	Poor data collection, input, management and reporting on NTDs	<ul style="list-style-type: none"> *Climate change affecting vector population and disease trends *Co-morbidity with HIV/AIDS, NCDs and TB 	Integrating health information system
Research	<ul style="list-style-type: none"> Good collaboration with stakeholders (MoE, WHO, int'l research institutions) 	Collaboration with other stakeholders such as local governmental ministries and NGOs. No formal/legal binding	Inadequate coordination with other ministries Lack of commitment	Availability of technical support from certain agencies such as WHO, LSHTM, University of Melbourne, & local ministries etc

Challenges

Besides being already a neglected group of diseases, NTD faces major challenges elimination and control at all levels of the health system. Through the years, the programs have struggled with visibility amongst robust programs such as HIV and TB. Through the Sustainable Development Goals for post-2015 MDG agenda, the NTD network in Fiji through its Taskforce is assisting government and other stakeholders to be part of the NTD plan insuring universal health coverage for all its population despite their socio-economic and political status, gender and ethnicity, religious and traditional beliefs, and physiological wellbeing.

NTD interventions, through research, have been found to be an inexpensive commitment for countries as the outcome provides satisfactory results through elimination of diseases. Despite these, the program still needs financial sustainability in order to scale up its interventions. Through financial commitments, sustaining NTD program management will also be insured.

Another challenge that is faced by the NTD program is the lack of monitoring and evaluation tools and baseline directives to steer programs. This includes information systems, database monitoring, and research and surveillance tools. In addition to this, the limited personnel with competing commitments and technical *know-how* are contributing factors of addressing NTDs in the health ministry. There is a shortage of well trained staff for the programmes. Recruitment of capable staff, training and retention of them in the NTD programme will be required. Therefore, it is a paramount decision to set up the NTD unit within the Ministry to enable functioning of the above mentioned priority.

Lastly, the main challenge to the success of NTD programs lies on the communities and vulnerable population groups that are affected. The phase of NTD infections tend to recycle within the communities thus burdening the weighted socio-economic status of individuals, their families and the community at large.

With this National Action Plan, each respective program will be guided towards 2020 goals consequently providing a linkage with the National Strategic Plan and Annual Corporate Plan for its yearly Business Plan.

NTD PROGRAM ROADMAPS

The NTD program is aiming to eliminate and control specific NTDs in Fiji by 2020. This includes elimination efforts for lymphatic filariasis, and trachoma; control of soil transmitted helminthiases, scabies, yaws and dengue and continuation of post elimination effort for leprosy.

Each specific NTD programme will have a specific plan for activities to support elimination or control. The main goals, strategies and output/outcome measures for each NTD programme are presented in Annex 1.

NTD and Sustainable Development Goals (SDG):

NTDs have the greatest relevance for SDG 3 under the 2030 Agenda which is to “*Ensure healthy lives and promote well-being for all at all ages*” with specific Target 3.3 “by 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases”.

Other SDGs also play an important role in contributing to the reduction of disease and its burden in Fiji. SDG 1 which targets the ending of poverty in all its forms everywhere is critical in reducing the financial burden of health care costs. Similar areas of alignment are apparent when it comes to Goals 2 (Zero Hunger), 4 (Quality Education), 6 (Clean Water and Sanitation), 11 (Sustainable Cities and Communities), and 17 (Partnerships for the Goals), while less obvious connections link NTDs to the ten SDG remaining. It is therefore important to integrate NTD activities and



FIGURE 11 SUSTAINABLE DEVELOPMENT GOALS

interventions into broader health systems, based on the principles of Universal Health Coverage (UHC), which is at the heart of the SDG health agenda, as evidenced by the 2030 Agenda Declaration, which states that UHC is essential to promoting physical and mental health and well-being and to extend life expectancy for all so that “no one must be left behind.” (WHO, 2017)

Multi-sectorial approach to NTD control

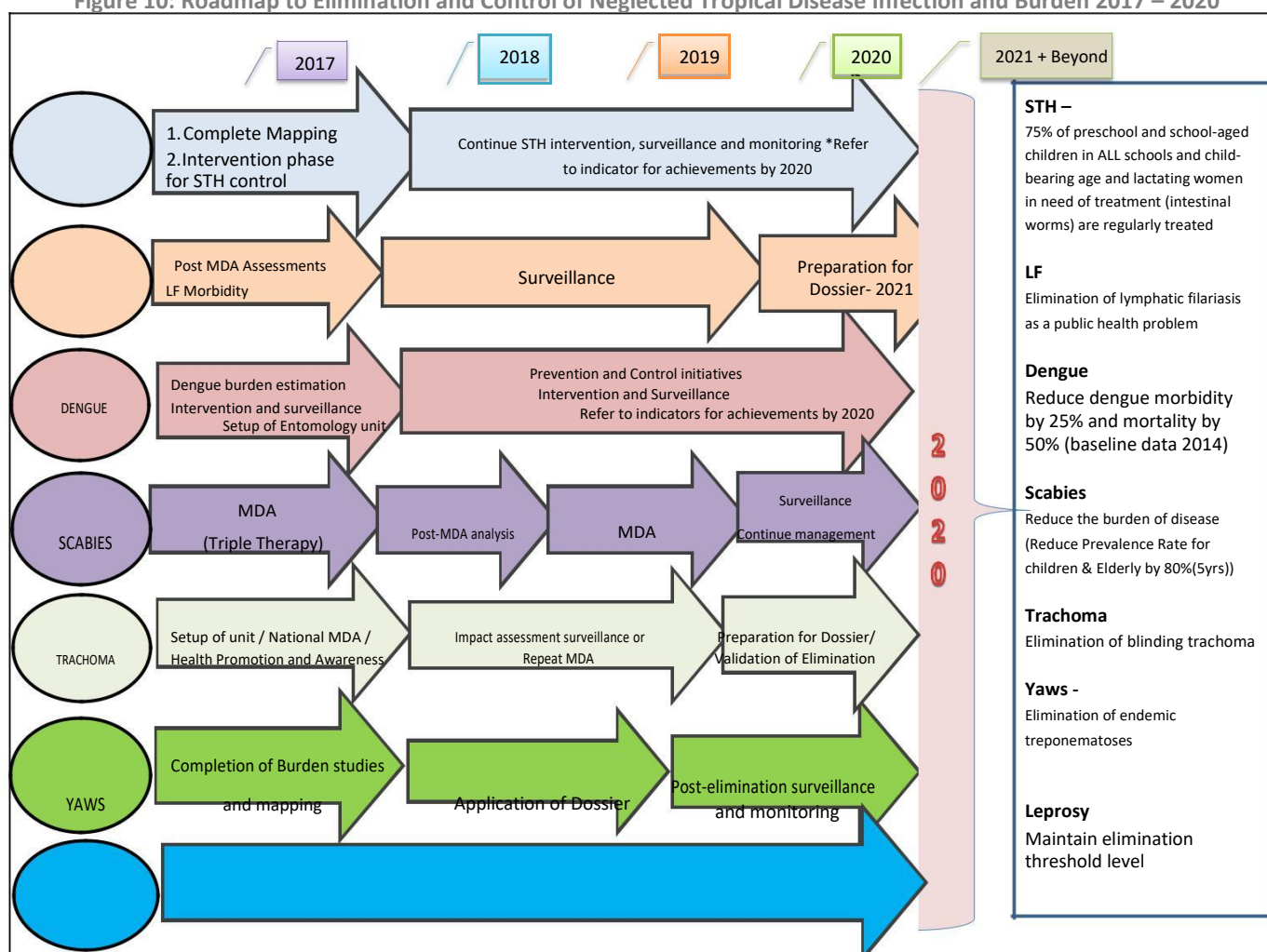
The multi sectoral approach is one pillar of the global success in eliminating and controlling NTDs. In Fiji, a multi-sectoral consultation was held on the 9th June 2016 to engage partners who are currently working on NTD related activities and encourage other partnership to accelerate progress in eliminating and reducing its burden come 2020. Partners are encouraged to engage in the NTD initiatives as the benefits are across-the-board with most other prevention, control and humanitarian activities.

The roadmap below summarises the four key steps for any NTD program to follow for a successful elimination campaign.



FIGURE 12: STEPS FOR NTD ELIMINATION

Figure 10: Roadmap to Elimination and Control of Neglected Tropical Disease Infection and Burden 2017 – 2020



NTD STRATEGIC AREAS AND KEY INTERVENTIONS FOR THE WAY FORWARD

The NTD Taskforce conducted a consultation meeting in June 2015 with stakeholders within the Ministry of Health and Medical Services from NTD Program Managers, Coordinators, Project Officers, the Divisional Operational heads in medical, nursing and health inspection pharmaceutical, research, advisors in communicable diseases and environmental health as well as the head of public health and hospital administration in the MOHMS hierarchy.

The key strategic areas were identified in reference to the Global Roadmap and the Western Regional Plan for NTD as well as the WHO Health systems building block. The table below summaries the NTD implementations plan for 2017 to 2020. Refer to the annexure for the summary of the National Strategic Plan (NSP) details.

National goal for NTD action plan:

The National NTD Program aims to reduce the burden of disease caused by acute illness and long-term disability as a result of the major NTDs in Fiji, being: lymphatic filariasis (LF), leprosy, trachoma, endemic treponematoses (Yaws), scabies, soil-transmitted helminths and dengue.

NTD Priority Objectives

Table 10: NTD Implementation Plan Linking to the MOHMS National Strategic Plan 2017 - 2020

PRIORITY OBJECTIVES	STRATEGIES	INDICATORS	RESPONSIBLE UNITS/ AGENCIES	MOHMS NATIONAL STRATEGIC PLAN
1. Strengthen political commitment, advocacy and resource mobilization for NTDs	1.1 Formulate and endorse a National Policy and the National Action Plan for NTD Control	Endorsed National NTD Action Plan 2017 - 2020	MOHMS/WHO	SP 2 PA6/G06.1/SO6.1.1
	1.2 Establish resources mobilization (program funding mechanism support for NTDs).	Reports and Minutes from organized events (symposium, Taskforce meeting)	MOHMS	SP2- PA6/G06.1/SO6.1.2 PA8/G08.1/SO8.1.1
		Audit report of NTD resources	MOHMS	PA6/G06.3/SO6.3/6.3.1
	1.3 Develop Pharmaceutical Management Supply system for NNTD	Guideline on Pharmaceutical process on NTD including guidelines for drug adverse reactions	MOHMS WHO and/or Donor agencies	PA2- PA7/G07.1/SO7.1.1 & SO7.1.3
	3.1. Develop and implement an advocacy (COMBI) program for FNTD control	Integrated COMBI protocols	MOHMS/WHO	SP2- PA6/G06.1/SO6.1.1
2: Enhance NTD programme management and intersect oral collaboration in order to sustain and scale up NTD programmes	2.1. Formalize the FNNTDTF within MOHMS	FNNTDTF Terms of Reference	MOHMS with relevant identified members	SP1- PA5/G05.1/SO5.1.3 SP2- PA6/G06.1/SO6.1.1
	2.2 Develop partnership and cooperation between stakeholders.	Memorandum of Understanding between stakeholders (if necessary)	MOHMS and relevant stakeholders	SP1- PA3/G03.2/SO3.2.1 PA5/G05.1/SO5.1.3
	2.3 Formalise and set up TWGs to manage respective disease areas.	Terms of Reference for TWG	MOHMS	SP1- PA5/G05.1/SO5.1.3 SP2- PA6/G06.1/SO6.1.1
	2.4 Develop an Fiji NTD program management unit	Establishment of NTD unit with its resources	MOHMS/WHO	SP1- PA5/G05.1/SO5.1.2 SP2-

				PA7/G07.13/S07.3.1
3: Scale up access to quality NTD prevention, case management interventions and Transmission Control	3.2 Develop policy and guidelines on case management and rehabilitation protocol for FNTDs	Endorsed Guidelines on NTD case management and rehabilitation	MOHMS/WHO	SP1-PA3/G03.1/S03.1.2 SP2-PA6/G06.1S06.1.1
	3.3 Develop policies for environmental and other transmission control mechanisms for NTD	Endorsed policy on standard environmental, vector and other transmission control mechanisms	MOHMS/WHO/Min. of Environment	SP1-PA3/G03.1/S03.1.2 SP2-PA6/G06.1S06.1.1
	3.4. Capacity development and management guidelines for clinical, laboratory, and public health response measure for NTDs	Endorsed policies and guidelines for clinical, laboratory and public health measures for NTDs	MOHMS/WHO	SP1-PA4/G04.2/S04.2.1 SP2-PA6/G06.1S06.1.1
	3.5 Develop and/or enhance the infrastructure and organizational arrangements of the NTD Reference Laboratory	Standardised parasitology laboratory with quality control processes	MOHMS/SNU/WHO	SP1-PA5/G05.1/S05.1.3 SP2-PA7/G07.3/S07.3.2
4. Strengthen integrated NTD surveillance, monitoring and Evaluation	4.1 Develop and use NTD Information Management System [to include TIPAC] and database that integrates disease and management	Fully functioned of an integrated Information database system for NTDs	MOHMS/WHO	SP2 – PA6/G06.2/S06.2.2 PA6/G06.2/S06.2.3 PA6/G06.2/S06.2.4
	4.2 Develop and use a user-friendly reporting system for NTDs from all levels of health care to the NTD program	Number of reported cases from health facilities	MOHMS	Sp2 – PA6/G06.2/S06.2.2 PA6/G06.2/S06.2.3 PA6/G06.2/S06.2.4
	4.3 Develop M&E framework for NTD	Endorsed NTD monitoring and evaluation tools	MOHMS/WHO	SP2/PA6/G06.3/SO6.3.1
5:Strengthen research capacity on NTDs and implement research to fill programmatic knowledge gaps	5.1. Coordinate research collaborations and training for NTDs	Publish NTD issues and results in FJPH and other international journals/publications	MOHMS	SP2-PA6/G06.3/S06.3.1 PA6/G06.3/S06.3.2
	5.2 Identify research opportunities with International stakeholders	Number of approved grants for NTD researches	MOHMS	SP1-PA5/G05.1/S05.1.3 PA5/G05.1/S05.1.4

Cross Cutting Strategies

Preventative Chemotherapy

Preventative chemotherapy (PC) treatments are commonly known as mass drug administration (MDA). PC is aimed at optimizing the large scale use of safe, single-dose medicines and offers the best means of reducing the extensive morbidity associated with two helminthiases (albendazole for lymphatic filariasis, and soil-transmitted helminthiases). The new WHO guideline for triple therapy adding ivermectin to LF standard drugs is currently recommended for Fiji's LF MDA which has additional benefits for treating scabies.

Additionally, the large-scale administration of azithromycin – a key component of the SAFE strategy for trachoma is amenable to close coordination and, as WHO has projected, possibly co- administration with interventions targeted at helminthiases. Oral Azithromycin has substantial benefits when compared to Tetracycline Eye ointment and collateral benefits as it is the drug of choice for treatment of Chlamydial infections and Typhoid which are both prevalent in Fiji.

Table 11: NTD Activities for Preventative Chemotherapy for 2017 - 2020

NTD	ACTIVITY	Target age group	Likely Timeframe	DRUGS	Strategy for PC Delivery	INDICATOR
LF	Application of drugs to MDA : a. Eastern division, Taveuni subdivision and Malolo Island	All ages >2 years	Phase 2, 3 2017 and 2018 (If SS fails, then 2019&2020)	Albendazole (Alb) & Diethylcarbamazine (DEC) & Ivermectin	DOT Strategy– House to House	≥80% MDA coverage
	b. Northern Division		2019 & 2020		DOT strategy	
STH	STH Deworming program for pre-school age children, school age children, child bearing age and lactating Women	“At risk” groups including children and women of child-bearing age	Phase 2, 3, 4 February 2018/ 2019/ 2020 August 2018/ 2019/ 2020	Albendazole (and iron supplements if given by NIMS program)	DOT Strategy in schools, MCH clinic, PHC settings	*Screening Of 5000 students *School Deworming Coverage = >90%
Scabies	MDA apart from pilot Areas – Northern division	All ages >2yrs	Phase 2 & 3 August 2018	Ivermectin	DOT Strategy – house to house	Reduce Prevalence Rate for children & Elderly by 80%(5yrs)
	MDA as an integrating Therapy (LF + STH + Scabies MDA) (Ref LF b.)		Phase 2 September	Ivemectin + DEC + Albendazole		
Trachoma	Drug application and Process Coordination for MDA Program	“At risk” groups	To be Determined – post-baseline survey (2019)	Azithromycin	DOT Strategy– house to house	≥95% MDA coverage
	MDA – DOTS strategy Training		Phase 2 – TBC July 2020			
Leprosy	All Household contacts of primary cases are treated according to guideline	Cases and Household contacts only	Ongoing 2017, 2018, 2019 (Refer to Leprosy plan for schedules)	MDT - Rifampicin: Dapsone: Clofazimine:	Leprosy clinic Screening facility	Maintain <1% PR

Environmental Management

Vector control

Vector control and environmental sanitation are essential areas in order to address NTD preventative and control measures. Vector control is at the front line of action and containment of outbreaks of vector-borne NTDs. Control of vectors can contribute to reducing the heavy burden of NTDs targeted for preventive chemotherapy, and has the potential to play a significant role during the elimination phase of diseases such as lymphatic filariasis. Epidemiological and vector surveillance will continue to contribute to the post-elimination phase.

Water, Sanitation and Hygiene (WASH)

Environmental consideration to water and sanitation will need scaling up with support from other governmental agencies, non-government organisations and other relevant stakeholders. NTD WASH programs that are currently undertaken in schools and communities will need to be strengthened and ensured it is integrated into the school health policy.

By scaling up current endeavours to improve water and sanitation, it promotes efforts for all NTDs and other communicable diseases’ management addressing issues of poverty and basic human rights.

Table 12: NTD Activities for Vector Control and Environmental Management

STRATEGY	ACTIVITY	NTDs	INDICATOR	TIMELINE
Vector Control	Mosquito Control – biological & chemical including equipment, training, chemicals and transportation)	Dengue , LF	#of SD with VC stock #of SD following inventory controls #standard operating procedures/ manuals	2017-2020 ongoing
	Medical entomology operational research, including infrastructure and resources for research and surveillance	Dengue, LF	Infrastructure set up	Phase 3
	Integrated Vector Management - Office space - Human resource (Vector control staff included in NTD HR) - M & E	Dengue, LF	IVM program set up - HR recruited - IVM training completed As per M&E tool	Phase 2
Environmental Management	Enforce environmental cleanliness – drainage improvements, solid and liquid waste managements	Dengue, LF	Endorsed Policy Clean up campaign report Number of successful court cases	2017 -2020 Ongoing
WASH	In collaboration with key partners (MOEHA, UNICEF, WHO, WAF, 1.WASH activities – in schools and communities: 2.Implementation or roll out of “3 star” concept in schools /Implementation of 3.Water Safety Management Plan (WSMP) 4.Improvement of water supply improvement and sanitation projects by our partners through the MOHMS facilitation 5.Conduct KAP study on hygiene Practices (focus group etc) Acquisition of the software for data collection, analysis and mapping	STH, scabies, leprosy, trachoma, yaws	<ul style="list-style-type: none"> • # of school s graded • # of schools and settings with WSMP • # of schools and settings implementing & monitoring WSMP • # of WASH projects facilitated by MOHMS • # of schools and settings with improved WASH facilities or infrastructure (after grading) Reduce (#) of NTDs in target schools and settings	2017-2020 1.Phase 2 August 2018 2. Phase 2 August 2018 3. Phase 4 August 2020 4.Phase 4 August 2020 5.Phase 2 August 2019
	Communication and Advocacy materials	ALL NTDs	# of IEC materials distributed # of schools and settings covered # of schools and communities celebrating Global Hand washing Day	2017 – 2020 Ongoing
	Development of water project and latrines in communities	STH, Trachoma, scabies	#water development projects #community reports #of latrines build and distribution of polythene bowls	2017 – 2020 Ongoing – Phase 4 2020
	Information system on WASH – mapping, and using information for intensive targeting intervention	ALL NTDs	Information system in place Data collection and analysis # of subdivision or districts covered.	2017 -2017 Phase 1 2019

Intensive Case Management

Intensive case management involves caring for infected individuals and those at risk of infection. The three main processes for intervention that is justified as a principal strategy for controlling these NTDs are (i) ensuring that cases are diagnosed as early as possible, (ii) provision of treatment to reduce infection and morbidity and (iii) managing its complications.

Table 13: NTD Activities for Intensive Case Management

ACTIVITY	NTD	INDICATOR	TIMELINE
Standard Clinical Guideline including diagnosis, treatment, and referral pathways	All NTDs	NTD Guideline Pocket Book for clinicians	Phase 2 August 2019
Provision for laboratory testing in SD/Divisional laboratories where necessary	Dengue, STH	Inventory of laboratory assets #of cases reported/ tested and confirmed	Phase 2 (ongoing)
Diagnosis and treatment – including training of doctors and nurses; logistics management for diagnostic tests and medicines; and monitoring of drug resistance	All NTDs	#of trained doctors and nurses #asset registry for NTD logistics #reported cases for drug resistance	Phase 2,3 & 4
Chronic care, rehabilitation and treatment	Lymphoedema (LF) Leprosy	#of home based kits #trained care givers (training report) #of referrals for NTD severe cases	Phase 2,3 & 4
Surgery including surgical kits, and hospital or basic surgical facilities	Hydrocelectomy (LF); Trichiasis (Trachoma)	#of people had surgery Asset registry of surgical kits/equipment	Phase 2&3
Active case finding (LF) and contact tracing	Leprosy, yaws LF- hydrocele, lymphoedema	#of confirmed cases %of people treated from contact tracing	Phase 2,3,4

Other Integrating Activities

i. Training and Capacity Development

Health professionals at all levels of the health system will require further training on NTDs including screening, diagnosing, treatment and disease management. A particular challenge with elimination programmes is ensuring staff are trained and have adequate experience, despite the disease becoming less common. Partner organizations, such as training institutions will also require up-scaling to develop or strengthen current clinical programs in their curriculum. International collaborators are encouraged to provide training to identify MOHMS staff as part of enhancing knowledge and related skill set to the NTD program.

Table 14: NTD Activities for Training and Capacity Development

ACTIVITY	NTD	INDICATOR	Timeline
Integrated Morbidity Training for primary health care personnel and community health care workers and/or relatives of patients	All NTDs	Training Standard Operating Protocol Training Manual and guidelines endorsed Number of ToTs/ Doctors and nurses trained	Phase 2,3,4 (2018-2020)
International capacity development programs	ALL NTDs	Number of health staff sent for training/ report	Phase 2,3,4 ongoing
MDA (DOT strategy) and post-MDA assessment trainings	All NTDs	Training report SOPs and training guideline/manual	Phase 1,2,3,4
Review of educational curriculum to address NTDs diagnosis, treatment and management and inter-related topics in national university	ALL NTDs	Inclusion of management of NTDs in curriculum	Phase 2,3,4
NTD training program for surveillance and information system database	All NTDs	SOPs for reporting of NTDs Updated NTD database	Phase 2,3,4

ii. Operational Research, Surveillance and Information System

While some NTDs (e.g. trachoma, LF, and scabies) have completed their mapping of disease burden, others such as STH, dengue, and yaws will require collaborations and support of the MOHMS and relevant

interested stakeholders. All NTDs require research as a core component in their plans even in post intervention and elimination stages for its prevalence status.

Furthermore, NTD operational researches are needed to guarantee that integrated programs provide optimal benefit to affected populations. Research activities at present are actively supported by development partners and institutions. Coordination of these ongoing research activities will be important to maximize the gain that will be achieved regarding NTD operational research. Such research will support the evidence base for NTD control with an emphasis on monitoring and evaluation, progress monitoring tools and informing elimination strategies among others.

In addition to the above, the integrated surveillance and reporting system will maintain a systematic flow of case identification thus allows appropriate and timely public health responses. The integrated database in the NTD program will also serve as a monitoring and evaluating tool for NTDs.

iii. Social Mobilisation Program

NTDs prevention lies on the personal and environmental hygiene of its population. Infrastructure for water and sanitation hygiene improvements will be required to be scaled up, thus, collaboration efforts with external partners will be required. Until this situation improves, many neglected tropical diseases and other communicable diseases will not be eliminated, and certainly not eradicated in Fiji.

Subsequently, community and individual efforts will need to upgrade their knowledge and practices for healthy living. This will require intense community awareness using available communication mediums in order to reach everyone including the most vulnerable in the remote settings. Assessment tool to measure improvement for pre and post intervention will be useful to monitor progress with community behavioural changes.

Communication methods include airwaves, televisions, written material – posters, pamphlets, and most importantly workshops and community training. An integrated training plan and budget is appended in the annexes.

Table 15: NTD Activities for Other Integrating Issues

	LF	STH	LEPROSY	TRACHOMA	SCABIES	YAWS	DENGUE
Mapping	X	X		X	X	X	X
Active case finding	X	X	X	X	X	X	X
Active contact tracing			X				
Health facility base management	X	X	X	X	X	X	X
Drug distribution	X	X	X	X	X	X	X
School	X	X		X			
Community	X	X		X	X		
Maternal Child Clinics		X			X		
Health facility	X	X	X	X	X	X	X
Vector Control	X						X
Repellents and use of nets	X						X
Indoor Residual Spray	X						X
Larviciding	X						X
Treatment of breeding sites	X						X
Disability prevention and management	X	X	X	X	X		
Rehabilitation – chronic case management	X	X	X	X			
Surgery	X			X			
Environmental improvement	X	X	X	X	X	X	X
WASH							
Improve Water access and quality		X	X	X	X	X	
Sanitation improvement							
Improve Hygiene practices							
Health Promotion	X	X	X	X	X	X	X
Behaviour change communication (hygiene & treatment seeking behaviour)	X	X	X	X	X	X	X
Hand & face washing		X	X	X	X	X	
Building of latrines		X		X			
Proper use of latrines		X		X			
Surveillance	X	X	X	X	X	X	X
Monitoring and Evaluation	X	X	X	X	X	X	X

MONITORING AND EVALUATION

The M&E framework for the NTD plan focuses on ensuring that ultimate health services delivery is achieved. Under the National Strategic Plan 2017 – 2020, NTD is addressed under Priority Area 3 objective 3.2

Table 16: M&E Indicators for NTDs

Program	Activity	Indicator	Timeline
LF	Transmission Assessment Survey (Surveillance phase)	<1% prevalence survey & below the Critical-Cut off rate	(Central 2017&2019 / Western 2017, Northern 2017)
	Sentinel Survey	All sentinel sites are surveyed ≤2% prevalence rate	2018 (Eastern & Taveuni & Malolo)
Trachoma	Baseline Survey	<5% prevalence rate for 1-9years	2019
	If MDA – Post-MDA Impact Assessment Survey	<5% prevalence rate for 1-9years	2020 or 2021
STH	Situation Analysis (screening of 5,000cases)	Burden of disease mapping versus economical, ecological and geographical profiles	2019/2020
	Post-MDA impact assessment surveys	(Post 5yrs deworming) prevalence rate <1%	2020
Scabies	Post MDA analysis Prevalence research	Drug interaction report Prevalence rates TBD	2019/2020
Leprosy	Skin clinic/ case identification	<1 case per 10,000	Annual
Dengue	Vector surveillance for DF through GIS mapping	#of divisions with vehicles #lab technician trained Protocol for GIS/ Reports of GIS mapping	2017 - 2020
WASH	Social research on environmental initiatives – water and sanitation – hygiene	# of study on hygiene practice # of baseline study on WASH	2017 - 2020

Monitoring and Evaluation Framework for NTDs

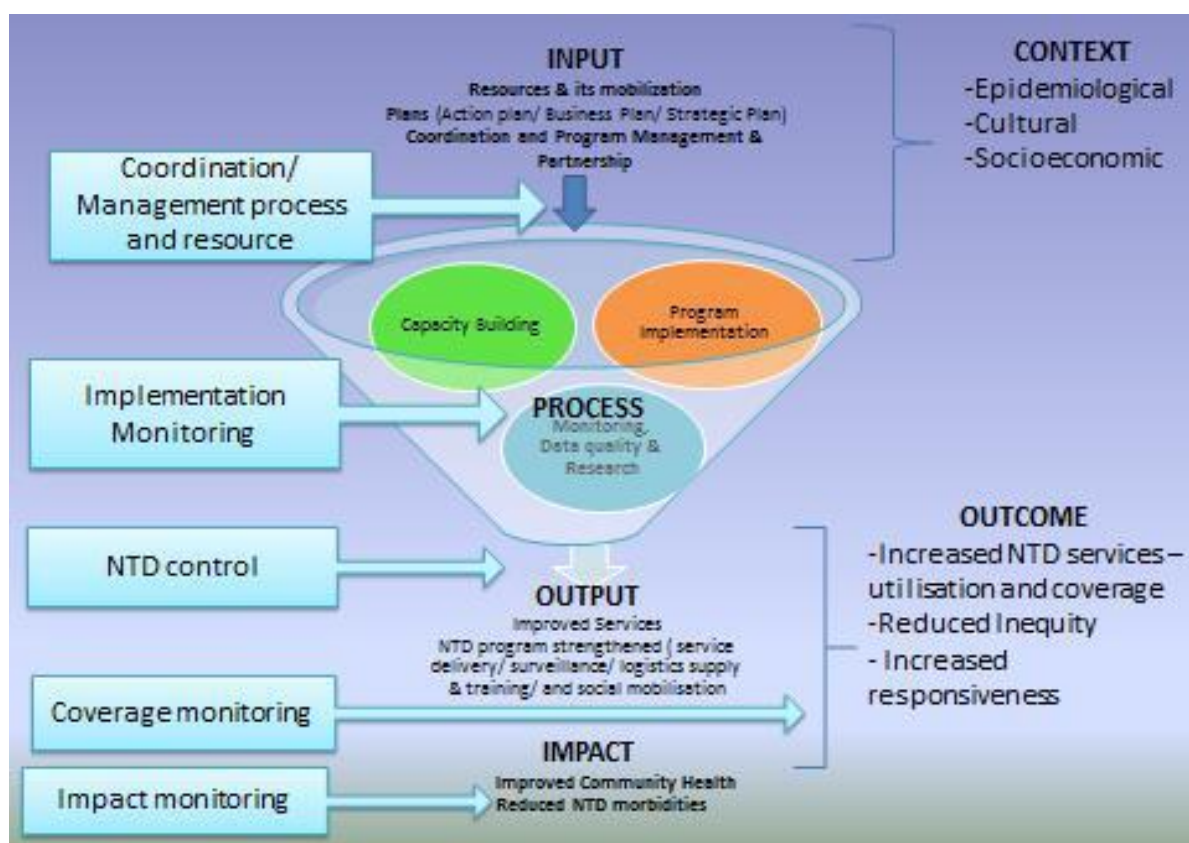


FIGURE 14: MONITORING AND EVALUATION FRAMEWORK FOR NTD

BUDGET JUSTIFICATION AND ESTIMATES

The total budget estimated by MOHMS for the National NTD Action Plan in the next 5years (2017 – 2020) is estimate at **\$4,903,247 .00**

The table below provides the budget for the next year, however, the breakdown of these activities per year are appended in Annex 3 and 4.

Table 17: Estimated Budget for NTD 2017 to 2020

NTD Activities	REQUIRED	Existing Program (based on 2017 budget)	Amount Forecasted to be Available	FUNDING GAP
1. NTD Governance - Unit establishment (NTD and IVM - Human resources - Infrastructure (Entomology centre) - Assets and logistics/resources	\$1,604,964 .00 2018 – 928,628 2019-378,168 2020 – 298,168	Nil	0	\$1,604,964 .00 2018 – 928,628 2019-378,168 2020 – 298,168
002: Preventative Chemotherapy - MDA - Deworming	\$1,443,171 .00 2018 – 928,171 2019-305,000 2020 – 210,000	Nil	Nil	\$1,443,171 .00 2018 – 928,171 2019-305,000 2020 – 210,000
3: Vector/Animal Control and Environmental Management - Water and Sanitation - Water Safety Plans - Integrated Vector Management (including Entomology) -	\$660,000 .00 2018-220,000 2019 – 220,000 2020 – 220,000	Control, Safety and Quality of Food & Drinking Water Dengue P&C Control & Protection of Pollution & Waste Management	\$210,000	\$510,000 .00 2018-170,000 2019 – 170,000 2020 – 170,000
4. Intensive Case Management - Guidelines and Manuals - Chronic care rehabilitation and treatment	\$443,350 .00 2018 – 263,350 2019 – 130,000 2020 – 50,000	Nil	Nil	\$443,350 .00 2018 – 263,350 2019 – 130,000 2020 – 50,000
5: Training and Capacity Development - Integrated training on NTD treatment guidelines, - Surveillance and information (Database) training - Surveys and MDA trainings	\$155,000 .00 2018 – 94,000 2019 – 33,000 2020 – 28,000	Training Unit	None is allocated to NTD trainings	\$155,000 .00 2018 – 94,000 2019 – 33,000 2020 – 28,000
6. Operational Research, Surveillance & Information System - Setup of NTD Database system - Post-MDA and Impact assessment surveys - KAP surveys - Monitoring and Evaluation of program	\$611,762 .00 2018 – 81,762 2019 – 420,000 2020 – 110,000	Elimination Lymphatic Filariasis program	\$28,000.00	\$611,762 .00 2018 – 81,762 2019 – 420,000 2020 – 110,000
7. Social Mobilisation & Communication - Advocacy - Communications plan and materials - Assessment tool	\$135,000 2018 – 20,000 2019 – 85,000 2020 – 30,000	Nil	Nil	\$135,000 2018 – 20,000 2019 – 85,000 2020 – 30,000
TOTAL	\$5, 053, 247 .00	-	\$238, 000.00	\$4,903,247 .00

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ANNEXURE

Indicators for NTD

OVERALL GOAL

The aim of this M&E tool is to continuously monitor all specific activities to be in aligned with this Action Plan ensuring the progress of the program in successfully curbing NTDs.

Disease-specific goal: Control and elimination of NTDs in Fiji by

2020 Rationale

The monitoring element will be a continuous activity aiming primarily to assist in tracking updates and progress by regular collection of information to assist timely decision-making, ensure accountability, and provide the basis for evaluation.

The evaluation component aims to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact, and sustainability. It will provide the systematic and objective assessments using evidence-based, lessons learned and credible information on NTD activities, program designs, policies, implementations and results enabling sound decisions and processes.

Definition of Indicator

NTD Indicator - Number of people requiring interventions against neglected tropical diseases.

Measurement

Data type: Numeric

Data source: National NTD programme reports. NTD Integrated database

Frequency: Annually and during NTD TF meetings, and stakeholder's annual review and symposium.

National target: All IUs have fulfilled and maintained elimination and control levels by ensuring intervention coverage for all.

For Monitoring Progress

- Number and rate per 100 000 population of new cases detected per year.
- Number and rate of new cases with disabilities per 100 000 population per year
- The proportion of patients who complete their treatment on time as proxy-to-cure rate
- Number of IUs reporting more than 1 case per 10 000 population

For evaluating case detection activities

- Number and proportion of new cases with grade-2 disabilities by division
- Number and proportion of child cases (under 15 years of age) among new cases by divisions
- Number and proportion of female cases among new cases by division
- Number and proportion of multibacillary cases among new cases by divisions

For assessing the Quality of NTD services

- Number of NTD trainings conducted per year
- Number of qualified NTD morbidity care givers per year
- Number of reports submitted (quarterly and annual)
- Meeting reports

Annual Stakeholder's symposium

ELIMINATION OF LYMPHATIC FILARIASIS

NTD Programme: Lymphatic Filariasis

Global Goal: Elimination of LF as a public health problem by 2020

National target: To eliminate LF as a public health problem by 2022

National LF elimination strategy/action plan: 2017 - 2020

Objectives	Strategies	Delivery channels	Output measure	Outcome measure	Timeframe
1. To interrupt transmission of LF	Mass Drug Administration (MDA - IDA)	MOHMS in community	MDA doses delivered	Evidence of no transmission during Transmission Assessment Survey (TAS)	Complete by: 2018
	Vector control	VCU/ IVM - MOHMS	Vector control program operational		Ongoing, report yearly
2. To prevent and manage LF disability	Surgery for hydrocoele	MOHMS and visiting specialists	Number of surgeries conducted per year	Evidence of completion of surgery or reduced surgical waiting time	Ongoing, yearly assessments
	COMBI program for community self-management and support treatment of lymphoedema	District health facility	Number of people on LF management disease database	Evidence of improved morbidity associated with home based care	Ongoing, report yearly
		Home-based care	Home based care package delivered to clients		Ongoing, report yearly
3. Confirm elimination of LF	Submit validation dossier	MOHMS	Validation dossier submitted	Validation confirmed	Commence preparation 2021, finalise 2022
	Post-validation surveys				

ELIMINATION OF LEPROSY

NTD Programme: Leprosy

Global Goal: Elimination of leprosy as a public health problem by 2020

National target: To establish validation of leprosy by 2020 and prevent resurgence

National Leprosy elimination strategy/action plan: Draft Leprosy Action Plan 2017-2020

Objectives	Strategies	Delivery channels	Output measure	Outcome measure	Timeframe
1. To reduce morbidity associated with leprosy	Case identification and management	MOHMS in community through health centres	Number of leprosy cases identified	Number of leprosy cases with case management plan	Ongoing, report yearly
2. To monitor incidence (new) cases through surveillance	Health system surveillance	MOHMS in community	Treatment coverage and frequency	Number of new cases found by surveillance	Ongoing, report yearly
	Surveillance of migrants from high risk countries	MOHMS in community	Migrants screening program plan		Migrant screening program plan endorsed by 2018
3. Confirm elimination of Leprosy	Submit validation dossier	MOHMS	Validation dossier submitted	Validation confirmed	Commence preparation 2018; Submit 2019

ELIMINATION OF TRACHOMA

NTD Programme: Trachoma

Global Goal: Elimination of blinding trachoma as a public health problem by 2020

National target: To eliminate trachoma as a public health problem by 2022

National Trachoma elimination strategy/action plan: Endorsed Trachoma Action Plan 2015 - 2020, (January 2015)

Objectives	Strategies	Delivery channels	Output measure	Outcome measure	Timeframe
1. To reduce morbidity associated with trichiasis	"S": surgery for blinding trichiasis	MOHMS in Eye Departments	Number of trichiasis cases identified; number of trichiasis surgeries performed; number of trichiasis referred from other health facilities	Number of successful trichiasis surgeries performed	Ongoing, report yearly
2. To reduce transmission of trachoma	"A": use of antibiotics as required, based on prevalence	MOHMS in community	Treatment coverage and frequency	Evidence of reduced prevalence of trachoma by impact survey	Initial mapping complete by: 2018; First treatment rounds 2019
	"F": promotion of facial cleanliness	MOHMS in community	Type and number of activity to promote facial cleanliness and frequency.		First activities commence following mapping
	"E": Environmental improvements	MOHMS – WASH/NTD in communities	Type and number of activities to improve water and sanitation availability		
3. Confirm elimination of Trachoma	Submit validation dossier	MOHMS	Validation dossier submitted	Validation confirmed	*Depends on mapping* Commence preparation following impact survey showing prevalence <5% all districts

CONTROL OF ENDEMIC TREPONEMATOSIS (YAWS)

NTD Programme: Yaws

Global Goal: Control of Yaws as a public health problem by 2020

National target: To monitor yaws prevalence in Fiji and prevent resurgence

National Yaws Control strategy/action plan: "In development"

Objectives	Strategies	Delivery channels	Output measure	Outcome measure	Timeframe
1. To monitor incidence (new) cases through surveillance	Health system surveillance	MOHMS in community	Number of cases identified/ number of childhood ulcers tested (including cases of H.ducreyi infection identified)	Number of new cases found by surveillance	Ongoing, report yearly
	Surveillance of migrants from high risk countries? (link to leprosy program)	MOHMS in community	Migrants screening program plan		Migrant screening program plan written by 2018??
2. Confirm elimination of Yaws	Submit validation dossier	MOHMS	Validation dossier submitted	Validation confirmed	Commence preparation 2019; Submit 2020

CONTROL OF SOIL TRANSMITTED HELMINTHS (STH)

NTD Programme: SOIL TRANSMITTED HELMINTHS (STH)

Global Goal: Control of STH: 75% coverage of high risk groups with anti-helminthic medication

National target: To provide preventative treatment to high risk groups in line with WHO recommendations

National STH Control strategy/action plan: National Framework on Soil-Transmitted Helminth Infections Prevention and Control 2017 – 2020

Objectives	Strategies	Delivery channels	Output measure	Outcome measure	Timeframe
1. To reduce morbidity associated with STH	STH surveys conducted at district level	MOHMS in community through schools and district health centres	District level prevalence of STH	Reduced prevalence of STH; Reduction in associated morbidity (eg micronutrient deficiency, anaemia)	Initial mapping 2017; impact assessment as per National Plan
	Treatment of high risk groups in line with <u>WHO recommendations</u>	Schools and health centres	Treatment coverage of high risk groups		Ongoing, report yearly
	Environmental improvements	MOHMS (WASH) in schools and communities	Type and number of activities to improve water and sanitation availability		

CONTROL OF SCABIES

NTD Programme: Scabies

Global Goal: None.

National target: To reduce morbidity due to scabies infection in high risk groups in Fiji

National Scabies control strategy/action plan: In development

Objectives	Strategies	Delivery channels	Output measure	Outcome measure	Timeframe
3. To reduce morbidity associated With Scabies	Scabies prevalence surveys conducted at district level	MOHMS in community through schools and district health centres	District level survey for prevalence of Scabies conducted	Reduced prevalence of Scabies; Reduction in associated morbidity (eg Acute Post-strep Glomerulo-nephritis; ARF)	Initial mapping 2016-18; impact assessment as per National Plan
	Treatment of high risk groups in line with National Plan	Schools and health centres	Treatment coverage of high risk groups		Ongoing, report yearly
	Environmental improvements	MOHMS (WASH) – in schools and communities	Type and number of activities to improve water and sanitation availability		

CONTROL OF DENGUE

NTD Programme: Dengue

Global Goal: Reduce morbidity by 25% and mortality by 50%

National target: To reduce morbidity by 25% and mortality by 50% due to dengue in Fiji

National Dengue control strategy/action plan: Dengue Strategic Plan – in development

Objectives	Strategies	Delivery channels	Output measure	Outcome measure	Timeframe
1. To reduce morbidity and mortality associated with Dengue by reduction in transmission	Early detection and case management of new cases	MOHMS in community through divisional health offices	Number of Dengue Rapid Test kits used/number of DLI cases seen (FPBS) (SUR)	Reduced incidence of dengue cases in line with National targets	As per National Plan; Ongoing, report yearly.
			Number of dengue rapid test kits positive samples referred to lab for confirmation		
			Time to confirmation test is complete		
		MOHMS in National Lab	Number of dengue Elisa test kits used and		
			Number of dengue Positive Elisa Tested		
			Time to confirmation test is complete		
	Vector management Plan in place	MOHMS – VCU/IVM in communities	Up to date vector management plan		
	Vector management of cases	through divisional health offices	Completion of vector management near cases/total number of cases		
	Environmental improvements	MOHMS – VCU/IVM/WASH in communities through divisional health offices	Type and number of activities to improve vector control		

MOHMS National Strategic Plan 2017-2020

Strategic Pillar 1: Provide quality preventive, curative and rehabilitative health services responding to the needs of the Fijian population including vulnerable groups such as children, adolescents, pregnant women, elderly, those with disabilities and the disadvantaged		
Priority Areas	General Objectives	Specific Objectives
1 NCDs, including nutrition, mental health, and injuries	1.1 To promote population health and reduce premature morbidity and mortality due to NCDs as part of a whole-of-society approach to wellness and well-being	1.1.1 Reduce key lifestyle risk factors among the population
		1.1.2 Early detection, risk assessment, behaviour change counselling, clinical management, and rehabilitation for targeted NCDs
		1.1.3 Integrate mental health services within primary health care in all facilities
		1.1.4 Improve national reporting on injuries due to violence, domestic abuse and traffic accidents
2 Maternal, infant, child and adolescent health	2.1 Timely, safe, appropriate and effective health services before, during, and after childbirth	2.1.1 Increase antenatal care coverage with an emphasis on early booking
		2.1.2 Improve obstetric care with a focus on adherence to key clinical practice standards
		2.1.3 Expand coverage of postnatal care services for mothers and new-borns
	2.2 All infants and children have access to quality preventive and curative paediatric and nutritional services	2.2.1 Expand neonatal and infant healthcare, including community risk detection and referral
		2.2.2 Maintain high level of coverage for immunization services including new antigens
		2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support
		2.2.4 Improve prevention and management of childhood illness, including emergency care
	2.3 Expand services to address the needs of adolescents and youth	2.3.1 Expand provision of preventive and clinical services to include 13-17 year olds
		2.3.2 Expand availability and coverage of Youth-Friendly Health Services targeting youth ages 15-24
3 Communicable diseases (CD), environmental health, and health emergencies	3.1 Multi-sectoral risk management and resilience for communicable diseases, health emergencies, and climate change	3.1.1 Improve effectiveness of environmental risk reduction for communicable diseases
		3.1.2 Enhance national health emergency and disaster preparedness, management and resilience
	3.2 Improved case detection	3.2.1 Strengthen CD surveillance through
Strategic Pillar 2: Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability		
Priority Areas	General Objectives	Specific Objectives
4 Primary health care, continuum of care, quality, and safety	4.1 Strengthen primary care and improve continuum of care for patients	4.1.1 Improve accessibility of primary health care services in urban, rural and remote areas
		4.1.2 Continuum of care and referral system in place between public & private provider networks
		4.1.3 Extend primary care service coverage through effective partnerships with communities
	4.2 Continuous monitoring and improvement of quality standards	4.2.1 Establish a systematic quality improvement process in all government health facilities
5 Productive, motivated health workforce	5.1 Motivated, qualified, customer-focused health workforce that is responsive to population health needs	5.1.1 Assess workforce needs for all MoHMS cadres and facilities on an annual basis
		5.1.2 Efficiently recruit and deploy qualified health workers based on service need
		5.1.3 Promote a healthy, safe, and supportive work environment to improve workforce satisfaction
		5.1.4 Collaborate with training institutions to ensure that graduates meet MoHMS requirements
6 Evidence-based policy, planning, implementation and assessment	6.1 Planning and budgeting are based on sound evidence and consider cost-effectiveness	6.1.1 Establish and apply standards for evidence-based policy and planning
		6.1.2 Rational budgeting and resource allocation to increase overall efficiency and cost-effectiveness
	6.2 Health information systems provide relevant, accurate information to the right people at the right time	6.2.1 Expand coverage of electronic patient management information systems in facilities
		6.2.2 Integrate systems for communicable disease surveillance, notification and reporting
		6.2.3 Establish interoperability between key info systems to facilitate integrated performance management
		6.2.4 Improve consistency of key national health data and statistics with partner

Actual Funding used directly and indirectly addressing NTD in 2013 – 2014

(Red ink indicates funding used directly for NTD programs)

	DESCRIPTION	2013 ACTUAL	2014 ACTUAL	Information, education and counselling programmes	Immunisation programmes	Early disease detection programmes	Healthy condition monitoring programmes	Epidemiological surveillance and risk and disease control programmes	Preparing for disaster and emergency response programmes	TOTAL
1.	PUBLIC HEALTH PROJECTS	139,184	135,687	30.0%	5.0%	5.0%	40.0%	10.0%	10.0%	100.0%
2.	PRIMARY EYE CARE	45,483	41,464	35.0%	0.0%	40.0%	15.0%	5.0%	5.0%	100.0%
3.	FILARIASIS CONTROL PROGRAMME	74,979	67,015	20.0%	0.0%	0.0%	0.0%	80.0%	0.0%	100.0%
4.	P&C COMMUNICABLE DISEASES	95,664	97,536	30.0%	0.0%	25.0%	0.0%	30.0%	15.0%	100.0%
5.	P&C POLLUTION WASTE MANAGE	48,000	49,995	40.0%	0.0%	25.0%	15.0%	0.0%	20.0%	100.0%
6.	DENGUE PREVENTION AND CONTROL	85,363	80,547	13.0%	0.0%	5.0%	0.0%	30.0%	52.0%	100.0%
7.	ENVIRONMENTAL PLANNING AND DEV	79,883	49,801	30.0%	0.0%	25.0%	25.0%	0.0%	20.0%	100.0%
8.	CONTROL, SAFETY AND QUALITY OF FOOD AND DRINKING WATER	36,940	47,576	40.0%	10.0%	15.0%	0.0%	0.0%	35.0%	100.0%
9.	POLYTHENE BOWLS	23,946	21,719	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
10.	LOCAL RURAL AUTHORITIES	173,543	189,812	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	100.0%
11.	NATIONAL CARE FOR HEALTH PROMOTION	406,374	392,387	70.0%	2.0%	5.0%	3.0%	10.0%	10.0%	100.0%

2017 - 2020 National NTD Action Plan: Budget Breakdown by Objectives

PRIORITY OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS	BUDGET 2017-2020	NSP
1. Strengthen political commitment, advocacy and resource mobilization for NTDs	1.1 Formulate and endorse National Policy on NTD	1.1.1 Endorse the NTD Action Plan including printing and distribution	Endorsed National NTD Action Plan 2017 – 2020	N/A	SP 2 PA6/GO6.1/SO6.1.1
	1.2 Establish resources mobilization mechanism support for NTDs).	1.2.1 Annual NTD symposium, Taskforce meeting, and reports	Reports from organized events (symposium, Taskforce meeting)	\$15,000.00	SP2- PA6/GO6.1/SO6.1.2 PA8/GO8.1/SO8.1.1
		1.2.2 Internal audit of resources of all NTD programs	Audit report of NTD resources	N/A	PA6/GO6.3/SO6.3/6.3.1
	1.3 Develop Pharmaceutical Management Supply system for NTD	1.3.1 Logistics management for diagnostic tests and medicines; customs clearance for donated drugs, equipment, biological chemicals and testing kits	Guideline on Pharmaceutical process on NTD including guidelines for drug adverse reactions #asset registry for NTD logistics #reported cases for drug resistance	\$60,000.00	PA2- PA7/GO7.1/SO7.1.1 & SO7.1.3
		1.3.2 Monitoring of drug resistance	Inventory template and report		
	1.3.3 Pharmaceutical and supplies inventory monitoring				
2: Enhance NTD programme management and intersect oral collaboration in order to sustain and scale up NTD programmes	1.4 Develop and implement an advocacy (COMBI) program for NTD control	1.4.1 Standard Operating Protocol for an Integrated COMBI strategy	Integrated COMBI protocols	\$5,000 .00	SP2- PA6/GO6.1/SO6.1.1
		1.4.2 Communication and advocacy materials – print, visual, documentaries. Community and media awareness	Communication Plan and Report	\$130,000 .00	
	2.1. Formalize Fiji's NTD TF and TWG within MOHMS	2.1.1 Formalise and set up Fiji's NTD TF and TWG to manage respective disease areas. 2.1.2 Conduct quarterly taskforce meeting	NTD TF Terms of Reference Terms of Reference for TWG Quarterly report Annual NTD Report	N/A	SP1- PA5/GO5.1/SO5.1.3 SP2- PA6/GO6.1/SO6.1.1
	2.2 Develop and set up the National NTD program management unit	2.2.1 Recruitment of operational staff and set up office space, equipment and unit	Establishment of NTD unit with its resources (HR – 1x Coordinator \$35,950/yr; 1 IT/ Surveillance database officer - \$27,136/yr; + 1 Communication and Research Assistant – \$18,135/yr; 1x Vector Control/WASH officer \$27,136/yr; 1xLab Tech \$27,136/yr), 3 Project Officers at Divisional offices (3 x – \$18,135/yr 1x Entomologist - TBC Plus assets and overhead cost - 12,000/year	\$459,964 .00	SP1- PA5/GO5.1/SO5.1.2 SP2- PA7/GO7.13/SO7.3.1
	2.3 Develop partnership and cooperation between stakeholders.	2.3.1 Consultation and discussion with external partners (Ref. 1.2.1 – annual symposium)	Memorandum of Understanding between stakeholders (if necessary)	N/A	SP1- PA3GO3.2/SO3.2.1 PA5/GO5.1/SO5.1.3
3: Scale up access to quality NTD prevention, case management interventions and Transmission	3.1 Develop policy and guidelines on case management and rehabilitation protocol for NTDs	3.1.1 Standard Clinical Guideline including diagnosis, treatment, and referral pathways	Endorsed Guidelines on NTD case management and rehabilitation NTD Guideline Pocket Book for clinicians and online self-paced learning	\$70,000 .00	SP1- PA3/GO3.1/SO3.1.2 SP2- PA6/GO6.1SO6.1.1
	3.2 Develop policies for environmental and other transmission control	3.2.1 Vector and animal Control – Source reduction initiatives - biological & chemical including equipment, training, chemicals and transportation)	Endorsed policy on standard environmental, vector and other transmission control mechanisms NTD inventory #of training/ trained personnel	\$300,000 .00	SP1- PA3/GO3.1/SO3.1.1 PA3/GO3.1/SO3.1.2 SP2- PA6/GO6.1SO6.1.1

PRIORITY OBJECTIVE S	STRATEGIES	ACTIVITIES	INDICATORS	BUDGET 2017-2020	NSP
	3.3 Identify cases and manage accordingly	3.3.1 Chronic care, rehabilitation and treatment	#of home based kits / #trained care givers (training report) #of referrals for NTD severe cases	\$100,000.00	SP1 PA3/GO3.1/SO3.1.1 PA3/GO3.1/SO3.1.2
		3.3.2 Surgery including surgical kits, and hospital or basic surgical facilities	#of people had surgery Asset registry of surgical kits/equipment	\$193,350.00	
		3.3.3 Active case finding and contact tracing	#of confirmed cases %of people treated from contact tracing	\$50,000.00	
	3.4 Capacity development and management guidelines for clinical, laboratory, and public health response measure for NTDs	3.4.1 Training of primary health care personnel and clinicians on management of NTDs – screening, diagnosing, preventative measures and management of morbidity – including NTD laboratory HR capacity development in divisional and SD hospitals	Endorsed policies and guidelines for clinical, laboratory and public health measures for NTDs *Training report #of people trained #routine NTD screening conducted in divisional and SD hospitals	\$70,000.00	SP1- PA4/GO4.2/SO4.2.1 SP2- PA6/GO6.1/SO6.1.1
		3.4.2 Training on reporting and information systems – database, GIS, field mobile database	Training report / #of people trained	\$14,000.00	
		3.4.3 Capacity development on MDA and Post-MDA assessments	Standard operating procedure endorsed / #of Training of trainers & volunteers / Post MDA assessment report	\$35,000.00	
	3.5 Develop and/or enhance the infrastructure and organizational arrangements of the NTD Reference Laboratory	3.5.1 Provision for laboratory testing in SD/Divisional laboratories where necessary	Inventory of laboratory assets #of cases reported/ tested and confirmed	\$30,000 .00	SP1- PA5/GO5.1/SO5.1.3 SP2- PA7/GO7.3/SO7.3.2
		3.5.2 Medical entomology operational research, including infrastructure and resources for research and surveillance	3.5.2 (i). Entomology infrastructure set up and equipment 3.5.2 (ii) Medical entomology operational research, & resources for research and surveillance IVM program set up – overhead and assets (HR– included in NTD unit) Approved quality control parasitology laboratory Standard SOP Referral pathway with other hospitals/SD	\$700,000 .00 Factored in 2.2.1 and 3.5.2 \$250,000. 00	
		3.5.3 Standardised parasitology laboratory with quality control processes, equipment and training needs			
4. Strengthen integrated NTD surveillance, monitoring and Evaluation	4.1 Develop and use NTD Information Management System and database that integrates disease and management	4.1.1 Introduce and setup of the NTD Information Management System including M&E tools	Fully functioned of an integrated Information database system for NTDs	\$50,000 .00	Sp2 – PA6/GO6.2/SO6.2.2
		4.1.2 Introduce and setup field mobile database systems		\$50,000 .00	
	4.2 Develop and use a user-friendly reporting system for NTDs from all levels of health care to the NTD program	4.2.1 NTD surveillance through GIS mapping	#lab technician trained Protocol for GIS Reports of GIS mapping	Factored in 4.1.2	Sp2 – PA6/GO6.2/SO6.2.2 PA6/GO6.2/SO6.2.3 PA6/GO6.2/SO6.2.4
		4.2.2 Post-MDA and Impact Assessments and surveys	* Refer to Annexure for disease specific indicator	\$431,762 .00	
		4.2.3 Modify PHIS reporting to capture NTD cases and intervention – strengthening networks and communication between clinical (hospital-based) and public health.	#PHIS deworming report #NTD surgeries conducted #TWG memberships #NTD symposium clinical presentations	Nil	
	4.3 Develop M&E framework for NTD	4.3.1 Provision of Monitoring tools (hardware and software)	Endorsed NTD monitoring and evaluation tools M&E report	\$120,000 .00	SP2 PA6/GO6.3/SO6.3.1
5: Strengthen research capacity on NTDs and implement research to fill programmatic knowledge gaps	5.1. Coordinate research collaborations and training for NTDs	5.1.1 Identify available trainings and coordinate with institutions of NTD research and surveillance activities (Review of educational curriculum to address NTDs diagnosis, treatment and management and inter-related topics in national university (FNU))	Publish NTD issues and results in FJPH and other international journals/publications NTDs chapter in FNU curriculum POLHN open access courses	6,000 .00	SP2- PA6/GO6.3/SO6.3.1 PA6/GO6.3/SO6.3.2
		5.1.2 Respond to NTD related deaths or outbreak by investigating, assessing and providing intervention accordingly	Investigation report Assessment and Intervention Report Published results	\$10,000.00	
		5.1.3 Conduct a Social research on environmental – water and sanitation-hygiene & NTD socio-economic, disease burden and intervention mapping	Report on hygiene practice studies Baseline survey on WASH Mapped diseases vs social issues	\$70,000.00	
		5.1.4 Internal capacity building program	Training report / Presentation to NTD TF	\$30,000.00	
	5.2 Identify research opportunities with International stakeholders	5.2.1 Endorse Proposals for Grants	Number of sent and approved grants for NTD researches	N/A	SP1- PA5/GO5.1/SO5.1.3 PA5/GO5.1/SO5.1.4
				\$4,903,247 .00 FJD	

BUDGET BREAKDOWN BY ACTIVITIES FROM 2017 – 2020

NTD	ACTIVITY	PHASE ONE AUG 2017 – JUL2018	PHASE TWO AUG 2018 – JULY 2019	PHASE THREE AUGUST 2019 - JULY2020	PHASE FOUR AUGUST 2020 – JULY 2021	BUDGET (FJ) TOTAL	POSSIBLE LEAD PARTNERS
NTD Activities for Governance Budget for 2017 – 2020							
Objective 1	1.1.1 Endorse the NTD Action Plan / Review of the NTD Action Plan	-	N/A	-	-	-	NTD TF
	1.2.1 Annual NTD symposium, Taskforce meeting, and reports. Formalise and set up Fiji's NTD TF and TWG to manage respective disease areas.		5,000	5,000	5,000	15,000	MOHMS/ WHO/ NTD TF
	1.2.2 Internal audit of resources of all NTD programs		N/A	N/A	N/A	N/A	
	1.3.1 Logistics management for diagnostic tests and medicines; customs clearance for donated drugs, equipment, biological chemicals and testing kits;		20,000	20,000	20,000	60,000	MOHMS/ WHO/ JICA/ Customs
	1.3.2 Monitoring of quality of drugs and drug resistance						
Objective 2	1.3.3 Pharmaceutical and supplies inventory monitoring						
	2.2.1 Establishment of NTD unit with its resources (HR – 1x Coordinator \$35,950/yr; 1 IT/ Surveillance database officer - \$27,136/yr; + 1 Communication and Research Assistant – \$18,135/yr; 1x Vector Control/WASH officer \$27,136/yr; 1x Lab Tech \$27,136/yr, 3 Project Officers at Divisional offices (3 x – \$18,135/yr 1x Entomologist - TBC Plus assets and overhead cost - 12,000/year		153,628	153,168	153,168	459,964	MOHMS
	2.3.1 Consultation and discussion with external partners – Ref. 1.2.1 – Annual NTD Symposium		N/A	N/A	N/A	0	
Objective 3	3.5.1 Standardised parasitology laboratory with quality control processes, equipment and training needs		100,000	100,000	50,000	250,000	MOHMS/WHO/ KOICA/ JICA/
	1.5.2 Entomology infrastructure set up and equipment IVM program set up – overhead and assets(HR– included in NTD unit)		600,000	50,000	50,000	700,000	MOHMS/ WHO
Objective 4	4.3.1 M&E of the NTD program – setting up if Information system and database		50,000	50,000	20,000	120,000	MOHMS/ WHO/ JICA
TOTAL			928,628	378,168	298,168	1,604,964	

NTD Activities for NTD Activities for Vector Control and Environmental Management							
		PHASE ONE AUG 2017 – JUL2018	PHASE TWO AUG 2018 – JULY 2019	PHASE THREE AUGUST 2019 - JULY2020	PHASE FOUR AUGUST 2020 – JULY 2021	BUDGET (FJ) TOTAL	POSSIBLE LEAD PARTNERS
Vector Control	3.2.1 Vector and animal Control – biological & chemical including equipment, training, chemicals and transportation)		150,000 (\$50,000 available from Dengue P&C) GAP – 100,000	150,000 (\$50,000 available from Dengue P&C) GAP – 100,000	150,000 (\$50,000 available from Dengue P&C) GAP – 100,000	\$450,000.00 (\$250,000 available from Dengue P&C) \$300,000 [GAP]	MOHMS/ WHO
	3.5.2 (ii) Medical entomology operational research, & resources for research and surveillance – inclusive Ref. 3.5.2		Factored in 3.5.2				
Environmental Management	3.2.2 Enforce environmental cleanliness – drainage improvements, solid and liquid waste managements – coordinated with the environmental and local authority		Compliments some activities in Local authority- MOHMS Budget)	Compliments some activities in Local authority- MOHMS Budget	Compliments some activities in Local authority- MOHMS Budget	Nil	MOHMS/ WHO/ Local Authority
WASH	3.2.4 Water development and latrine projects in schools and communities including F&E plan 120,000 (\$50,000 available from WASH Program) GAP- 70,000		120,000 (\$50,000 available from WASH Program) GAP- 70,000	120,000 (\$50,000 available from WASH Program) GAP- 70,000	120,000 (\$50,000 available from WASH Program) GAP- 70,000	\$160,000 (required) (\$250,000 available from WASH Program) \$210,000.00 [GAP]	MOHMS/ WASH Cluster/ FHF/ WHO/ UNICEF/ MOEHCA/ MITA
TOTAL			170,000	170,000	170,000	510,000	

NTD Activities for Intensive case management						
	PHASE ONE AUG 2017 – JUL2018	PHASE TWO AUG 2018 – JULY 2019	PHASE THREE AUGUST 2019 - JULY2020	PHASE FOUR AUGUST 2020 – JULY 2021	BUDGET (FJ) TOTAL	POSSIBLE LEAD PARTNERS
3.1.1Standard Clinical Guideline including diagnosis, treatment, and referral pathways		50,000	10,000	10,000	70,000	MOHMS/ WHO/ PEI
3.3.1Chronic care, rehabilitation and treatment	50,000 (50,000 available Gap - 0.00)	50,000	30,000	20,000	100,000	MOHMS/ WHO/ Project HEAVEN
3.3.2 Surgery including surgical kits, and hospital or basic surgical facilities (Trachoma - \$33,350)		133,350	60,000		193,350	MOHMS/ PEI/ FHF
3.3.3 Active case finding and contact tracing		20,000	20,000	10,000	50,000	MOHMS/ LTF/ FHF/ PEI/ Project HEAVEN
3.5.1Provision for laboratory testing in SD/Divisional laboratories as necessary		10,000	10,000	10,000	30,000	MOHMS/ WHO/ SNU
TOTAL		263,350	130,000	50,000	443,350	
NTD Activities for Training & Capacity Development						
3.4.1 Integrated Morbidity Training for primary health care personnel and community health care workers and/or relatives of patients		50,000	10,000	10,000	70,000	MOHMS/ WHO/ POLHN/ PEI/ Project HEAVEN
3.4.2 NTD training program for surveillance and information system database		10,000	2,000	2,000	14,000	MOHMS/ WHO
3.4.3 NTD MDA and post-MDA assessment trainings		20,000	10,000	5,000	35,000	MOHMS/ WHO/ PEI
5.1.1 Review of educational curriculum to address NTDs diagnosis, treatment and management and inter-related topics in national university (FNU) and POLHN including NTD publications		4,000	1,000	1,000	6,000	MOHMS/ WHO/ FNU/ POLHN
5.1.4 Internal capacity development programs		10,000	10,000	10,000	30,000	MOHMS/ WHO
TOTAL		94,000	33,000	28,000	155,000	

NTD Activities for Preventative Chemotherapy Budget for 2017 – 2020						
3.2.3 Providing Preventative Chemotherapy	MDA in the Eastern division, Taveuni and Malolo Island	100,000 (AVAILABLE)	100,000	n/a	100,000	MOHMS/ WHO/ MOITA
LF	Distribution of deworming tablets in clinics and schools -6monthly treatment	100,000	100,000	100,000	420,000	MOHMS/ WHO/ MOITA /MOEHA
STH Scabies	Community deworming (Vatulele and other identified high risk areas) MDA apart from pilot areas	45,000 60,000 (Northern Div) (Will be Funded by University of Melbourne) GAP – 0.00	45,000 100,000 (Western and Eastern)	30,000 50,000(Central)	150,000	
Trachoma	Drug application and process Coordination for MDA program (including Coordinating staff and logistics as per TAP)	623,171 50,000	50,000	20,000	743,171	MOHMS/ WHO/ Fred Hollows Foundation
Leprosy	All Household contacts of primary cases are treated according to guideline	10,000	10,000	10,000	30,000	MOHMS/ WHO/ Leprosy Trust Fund
TOTAL		928,171	305,000	210,000	1,443,171	

		NTD Activities for Operational Research, Surveillance and Information System						
2017			PHASE ONE AUG 2017 – JUL2018	PHASE TWO AUG 2018 – JULY 2019	PHASE THREE AUGUST 2019 - JULY2020	PHASE FOUR AUGUST 2020 – JULY 2021	PHASE ONE AUG 2017 – JUL2018	
4.1.1 Introduce and Setup NTD Information system including M&E Tools					50,000		50,000	MOHMS/ WHO
4.1.2 Introduce and setup field mobile data system NTD & Vector surveillance through GIS mapping					50,000		50,000	MOHMS/ WHO
4.2.2 Post-MDA and Impact Assessments and surveys								
LF		Transmission Assessment Survey (2018/2020) & Sentinel Surveys (2017 & 2019) (Surveillance phase)	50,000 (Sentinel Survey- E +)	35,000(W)/ 40,000 (N)/ 20,000 -C (28,238 available WHO) GAP-66,762	45,000 (E&T&M)	70,000 (E&T) 20,000 (C)	201,762	MOHMS/ WHO
STH		Situation Analysis – 2 pocket sites with high risk of endemicity		15,000		15,000	30,000	MOHMS/ MITA/ WHO
Trachoma		MDA Coverage Survey Impact Assessment Survey Pre & Post KAP Survey			60,000 50,000 30,000		140,000	MOHMS/ WHO/ LSHTM/ FHF
Scabies		Post MDA analysis / Prevalence research			60,000		60,000	MOHMS/ WHO/ LSHTM/ FHF
Leprosy		Skin clinic/ case identification		Factored on Intensive case managemen t			Factored in 3-3-3	LTF
4.2.3 Modify PHIS reporting systems			N/A					MOHMS
5.1.2 Public Health Response to NTD related mortality cases – research and reporting				5,000	5,000	10,000		MOHMS/ WHO
5.1.3 Social research: (1) WASH on environmental – water and sanitation – hygiene (2) NTD socio-economic, disease burden and intervention mapping				50,000 20,000		70,000		MOHMS/ WHO/ LLEE/ FHF/ Project HEAVEN
TOTAL				81,762	420,000	110,000	611, 762	
NTD Activities for Social Mobilisation & Communication Advocacy								
1.4.2 Community Awareness program and training					50,000	10,000	60,000	MOHMS/ PEI/ LLEE/ Project HEAVEN
1.4.2 Media Awareness (print, radio and visual)				20,000		10,000	30,000	MOHMS/ UNICEF/ WHO/ Project HEAVEN/ LLEE
1.4.2 Community materials (video documentaries, posters, pamphlets)					30,000	10,000	40,000	MOHMS/ WHO/
2.1.1 Integrated COMBI strategy					5,000		5,000	MOHMS/ WHO/ FHF/
TOTAL				20,000	85,000	30,000	135,000	
GRAND TOTAL NEEDED				2,485,911	1,521,168	896,168	\$4,903,247 .00	

SUSTAINABLE DEVELOPMENT GOALS AND TARGETS RELATING TO NEGLECTED TROPICAL DISEASES

Goal 1: End poverty in all its forms everywhere

- i. By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
- ii. By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
- iii. Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
- iv. By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
- v. By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
- vi. Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions
- vii. Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

- i. By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
- ii. By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
- iii. By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment
- iv. By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality
- v. By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed
- vi. Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries
- vii. Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round
- viii. Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility

Goal 3: Ensure healthy lives and promote well-being for all at all ages

- i. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- ii. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- iii. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- iv. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- v. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- vi. By 2020, halve the number of global deaths and injuries from road traffic accidents
- vii. By 2030, 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 programmes
- viii. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- ix. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- x. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- xi. Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- xii. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- xiii. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- i. By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and Goal-4 effective learning outcomes
- ii. By 2030, ensure that all girls and boys have access to quality early childhood development, care and preprimary education so that they are ready for primary education
- iii. By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
- iv. By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
- v. By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the

EXTERNAL STAKEHOLDERS LINK TO NTD

STAKEHOLDERS AND CURRENT NTD RELATED ACTIVITIES	KEY STRATEGIES CONTRIBUTIONS AND RECOMMENDATIONS
<p>Ministry of Education</p> <p>Vision: Quality Education for Change, Peace and Progress</p> <p>Mission: To provide a holistic, innovative, responsive, inclusive and empowering education system that enables all children to realize and appreciate their inheritance and potential contributing to peaceful and sustainable Fiji</p> <p>Curriculum and Health Promoting School programme</p>	<p>Contribute to Objectives 3 and Synergies relating to education and awareness –</p> <p>TARGET POPULATION: Ages 6-13</p> <p>Disease Beneficiary – All NTDs</p> <p>NTD INTEGRATION:</p> <p>Educational Curriculum:</p> <p>-Types of toilets -types of worms -education awareness</p> <p>- Awareness prevention</p> <p>RECOMMENDATION – Strengthen partnership</p> <ul style="list-style-type: none"> - To provide health broadcast to school programs on NTD related issues/prevention. - Develop holistic school health policies that focus on both communicable and non-communicable diseases - Include neglected tropical diseases in Fiji Islands National Curriculum and actively involve staff and students in prevention activities where possible (that is Fight the Bite Campaign, WASH initiatives) <ul style="list-style-type: none"> o Wash, Brush, Splash Program - to add face washing to already existing dental and hand washing programs o Clean School Programs looks at good and safe rubbish disposal o Curriculum addressing F & E currently taught within the Health Science Subject in primary schools on Hygiene and safe water etc. - Development of Standard Operating Procedures for NTD research in terms of prevalence in school age children
<p>Ministry of Women, Children and Poverty Alleviation</p> <p>Vision Empowering the Disadvantaged and Women</p> <p>Mission Families and Communities supported through Social Welfare Initiatives and Gender mainstreaming programmes</p> <p>IGPs Social protection program Poverty benefit scheme Child protection awareness program Dept. of women - women 's club - women resource centre</p>	<p>Contributes to Objectives 1 and 2 and synergies relating to intensive case management.</p> <p>TARGET POPULATION – All NTD sufferers/ morbidity cases; social welfare beneficiaries and low socio-economic areas</p> <p>Disease Beneficiary – All NTDs (disability beneficiary to leprosy, and LF)</p> <p>NTD Integration:</p> <ol style="list-style-type: none"> a. Objective 1 – b. Objective 2 – Collaborate with MOHMS on the NTD Plan regarding overcrowding through public rental housing and other NTD related activities in poverty targeted communities (community awareness program via SBH, HP) c. Vector Control: Awareness with focus on clean environment - Compliance with relevant legislation d. Disability cases and Low socio-economic population – - Poverty alleviation strategies – poverty benefit, care & protection and Income generations - Welfare beneficiary to disable people <p>RECOMMENDATIONS:</p> <ol style="list-style-type: none"> 1. NTD TF to join the IAC Committee Taskforce 2. NTD Meetings to include MWCPA 3. Poverty Mapping on NTD areas

STAKEHOLDERS AND CURRENT NTD RELATED ACTIVITIES	KEY STRATEGIES CONTRIBUTIONS AND RECOMMENDATIONS
NON-GOVERNMENT ORGANISATIONS Live and Learn WASH Education awareness – only selected sites	Contributes to Objectives 2, 4 & 5 and disease specific strategies. <u>TARGET POPULATION</u> - Informal settlements living b/n Suva – Nausori corridor; Primary -schools and its nearby or linking schools in Fiji; All SD hospitals and communities <u>Disease Beneficiary</u> – STH, Leprosy, Trachoma, scabies <u>NTD Integration</u> : WASH Activities include: <ul style="list-style-type: none"> - Sanitation marketing ; Access to appropriate toilet (covered, affordable and according to MoHMS standards); Behaviour Change in improved hygiene practices - WASH Disaster Response: - Water drinking (safe water); Hand washing awareness; Shelter & food security - Construction of toilets will directly impact E of the SAFE Strategy (setting up toilets, proper toilets and sanitation) - Promoting Hygiene <u>RECOMMENDATIONS</u> : More collaborations with the WASH program and the informal settlements and remote areas Conduct NTD mapping exercise for stakeholders -Identify existing projects in communities *working with other NGOs with similar targeted areas * Preventative chemotherapy (awareness and training) <ul style="list-style-type: none"> - Sharing leprosy/ trachoma/ STH geographic/prevalence mapping data for intervention and follow up
Fiji Society of the Blind <u>Vision</u> <u>Mission</u> :	Contributes to Objective 5 and Trachoma strategies <u>TARGET POPULATION</u> : Communities and Schools <u>Disease Beneficiary</u> - Trachoma <u>NTD Integration</u> : Trachoma screening at schools Blinding Trachoma Screening in the communities <u>RECOMMENDATION</u> : Strengthening and better collaboration between eye clinic and CBR workers 1. Need to share report with Divisional Ophthalmic Unit so info captured in MoHMS Eye Health Programs
Project HEAVEN Community Based Rehabilitation Program (CBR) works all over Fiji through Vision & Trachoma screening in schools (in partnership with MoHMS School Teams) and communities Face Washing awareness also conducted in schools and communities visited by CBR Field workers	Contributes to Objective 2 and Trachoma Strategies <u>TARGET POPULATION</u> : All schools in Fiji and their communities, rural and urban <u>Disease Beneficiary</u> - Trachoma and Scabies <u>NTD Integration</u> : Eyes and ears screening WASH in schools and communities <u>RECOMMENDATION</u> : Upskill of officers in regards to centralize reporting similar to system
INTERNATIONAL AGENCIES W.H.O Technical and Financial Assistance NTD program WASH Environmental and Climate Change	Contributes to All the objectives, synergies and diseases strategies <u>TARGET POPULATION</u> : MOHMS – NTD plan and activities (general population) <u>Disease Beneficiary</u> - All NTDs <u>NTD Integration</u> : Collaboration to all NTD partners Mapping - Prevalence of diseases Intervention/ implementation of NTD activities Surveillance phase/ monitoring and evaluation of programs Technical support – member of NTD TF (including disease specific taskforce)
ACADEMIC INSTITUTIONS Fiji National University Undergraduate and Postgraduate programmes Pacific Eye Institute Awareness program Eye screening in MEC OTHER GROUPS WASH Cluster Water and Sanitation Hygiene organisations Sanitation Sub-cluster Shelter Sub-cluster Hygiene Sub-cluster Communication sub-cluster WASH in Health Care Facility	Contributes to all NTD objectives, synergies and diseases strategies <u>TARGET POPULATION</u> : MOHMS – FNU/ CMNHS discipline of medicine, nursing, lab tech, pharmacy, environmental health, public health, health promotion <u>Disease Beneficiary</u> - All NTDs <u>NTD Integration</u> : Student research topics for all NTDs Curriculum within CMNHS undergrad & postgrad programs all address some aspect of SAFE Strategy except for Nutrition and Physical Activity Programs Research conducted or assisted by FNU in areas of SAFE in existence <u>RECOMMENDATION</u> : Assistance in research – Impact Survey Protocol and technical assistance within the taskforce Strengthen curriculum and research Assist in Monitoring and Evaluation Contributes to objective 2, synergies relating to intensive case management on Trachoma <u>TARGET POPULATION</u> : All SD hospitals and communities; Greater Suva Area (under Central Medical Division) and the Mobile eye clinic to Sub divisional stations on Viti Levu; and the general population for awareness programmes. <u>Disease Beneficiary</u> - Trachoma <u>NTD Integration</u> : strengthen “S” component of SAFE –Primary Eye Care Training to correctly identify Trachoma and proper referral Curriculum to address surgical correction of TT & Entropion already covered Correction of TT and Entropion dealt with at base hospitals and surgical outreach visits <u>RECOMMENDATION</u> : Assistance in disseminating information on scabies during eye screening e.g. flyers and posters A group of stakeholders that contributes to objective 3 and 5, synergies relating to Vector control and environment Management; Operational Research , Surveillance and Information System; <u>TARGET POPULATION</u> : Schools, communities, general population <u>Disease Beneficiary</u> - STH, scabies, trachoma, leprosy and LF <u>NTD Integration</u> : Preventative/ control <ul style="list-style-type: none"> - Distribution of soap and wash bays in Western, Central & Northern Primary School - Garbage disposal has existing policies and wellness programs thru JICA and city/town councils - Use of old tyres converted to seats <u>RECOMMENDATION</u> : Existing baseline data on HCF with WASH facilities (e.g. in current survey WASH, survey and health component More collaborations Primary school now expanding to include WASH, Brush and Splash Sanitation is challenge specifically in rural/informal settings WASH Cluster to look more at Infrastructure rather than training <ul style="list-style-type: none"> - Improve water supply particularly rural water supply - Apply for special funding for sanitation projects