



**MINISTER FOR HEALTH AND MEDICAL SERVICES  
HON. DR. RATU ATONIO LALABALAVU**

**Parliamentary Response to His Excellency the President's Speech**

**On the occasions of the Opening of Parliament Session for 2025**

**Venue : Parliamentary Complex.**

**Date : 05<sup>th</sup> March, 2025**

**Salutations**

- Honourable Speaker Sir;
- Honourable Prime Minister;
- Honourable Deputy Prime Ministers;
- Honourable Leader of the Opposition;
- Honourable Ministers and Assistant Ministers;
- Honourable Members of Parliament;
- Distinguished Guests;
- Ladies and Gentlemen;

**Ni sa bula Vinaa and Good Morning/Afternoon!**

**Honourable Speaker Sir,**

- I rise to respond to His Excellency the President Ratu Naiqama Lalabalavu's most gracious address for the Opening of the 2025 Session of Parliament.

- In his address on Monday 24<sup>th</sup> February 2025, His Excellency the President clearly outlined the plan of actions that the Govt should undertake in the next twelve months based on the wishes and interest of the people of Fiji.
- His Excellency the President laid down a clear challenge for all members on both sides of this august House to raise above the challenges of politics and internal differences, to work together and work collectively with the people we represent, for the betterment and prosperity of our people and the country as a whole.

## **Legislations**

**Honourable Speaker Sir,**

- His Excellency the President highlighted the review of a number of legislations under the Ministry of Health and Medical Services' ambit, to update old legislations as well as enhance existing ones to address the current needs and new challenges faced in the implementation of these legislations.

- The Ministry has initiated and progressed the review processes for a number of critical health legislations, and I wish to provide a brief update on their progress:
- The **Burial and Cremation Act 1911** is among the oldest legislations under the Ministry. A technical team led by the Ministry's Environmental Health experts has conducted consultations with stakeholders such as the Solicitor General's Office and the Fiji Correctional Services on this 114 years old Act, and the review process is anticipated to be completed in April 2025.
- The review process on the 61 years old **Quarantine Act 1964, Schedule 2 (Rule 19) Schedule of Charges for Quarantine and Port Health Services** is underway following Cabinet's endorsement. The review process will involve important stakeholders such as the Ministry of Tourism and Civil Aviation, and the Ministry of iTaukei Affairs, and it is anticipated to be completed by June 2025.

- On the **Radiation Health Act 2009**, a multi-stakeholder, multi-sectoral Technical Working Group constituted in 2024 with the support of the Solicitor General's Office have completed internal and public consultations for the review of the Act. Further consultation with the International Atomic Energy Agency or IAEA will take place in March towards finalizing the outcome of the review.
- The World Health Organization has expressed its support for the Ministry towards the review of **Mental Health Act 2010**. Internal discussions on the review process has started and the WHO will engage an external consultant with expertise in global mental legislation reviews to work alongside the Ministry and the Office of the Solicitor General on the review process. This work is anticipated to be completed this year.

- The Fiji Nursing Council is tasked with leading and coordinating the review of the **Nursing Act 2011**. Consultation with the Solicitor General's office has been undertaken and the multi-stakeholder and public consultations are planned for the coming months, with the review process expected to be completed by December 2025.

## **Reforming Health Services Delivery**

### **Honourable Speaker Sir,**

- In his remarks, His Excellency the President advocated for an overhaul in the Health and Medical Care Delivery system in Fiji.
- The recently published Health Sector Review Report 2024 from the World Bank clearly showed that while Fiji has graduated from a Low Middle Income Country to a High Middle-Income Country, our health status indicators has remained stagnant and has not improved in the last decade.

- In fact, our health status indicators over the last decade are the same or even lower than comparative low middle income countries.
- The Report has a relevant theme titled “**Mo Bulabula ka Bula Balavu**” or “**Wishing you a Health Life, and a Long Life**”. This theme aligns well to the call and vision of His Excellency the President.
- In response, the Ministry is focused on realigning its functions and service for a greater focus on Primary Health Care and believes that PHC is the means to address the current pressing public health issues of Non-communicable Diseases and endemic Infectious Diseases in our population.
- The Ministry is finalizing its Primary Health Care Strategy that will guide the transformation of Primary Health Care services at all levels in the Ministry in the years to come.

- The transformation is necessary to ensure we are tackling health problems early through health prevention and promotion strategies with early referrals before they become severe and complicated, and more difficult to address.
- In addition, the Ministry is working with the Ministry of Finance, Strategic Planning, National Development and Statistics, and the World Bank, as well as our partners such as ADB, DFAT, MFAT, JICA, KOICA and bilateral partners to undertake a significant overhaul of health facilities that support and facilitate a transformed Primary Health Care service for our people.
- This initiative will involves modernizing and equipping our Primary Health Care health facilities at Nursing Stations, Health Centres, and Subdivisional Hospitals to better deliver health services, while at the same time better promote health for the population.

- In addition, as highlighted by His Excellency the President, the Ministry is working with our partners for the upgrading tertiary health services in the next 5 to 10 years through:
  - the establishment of the 100 beds regional Superspecialty Cardiology Hospital by the Govt of India,
  - the new National Rehabilitation Hospital funded by KOICA for more than \$20 million FJD,
  - the CWM Hospital Development Project funded by DFAT and the Australian government,
  - and the untiring work of individuals and organizations such as:
    - Dr Vijay Kapadia and his dedicated team of specialist overseas cardiologists,
    - Dr Russel Metcalf and Dr Neil Price and their dedicated team of Paediatric surgeons, and
    - Dr Oh, Dr Murali, and Dr Suren Krishna and their dedicated team of specialist overseas team of ENT surgeons, to name a few, who pay their own way into

Fiji and provide free high level medical care, and mentoring and training for our local health teams.

## **Human Resource for Health**

**Honourable Speaker Sir,**

- Right sizing our Human Resource for Health is an important strategy in transforming our Primary Health Care approach, and it continues to be a major priority for Government.
- The exodus of well trained and competent health care workers from the Ministry continue to pose many challenges in our effort to deliver quality health services for our people.
- In the fiscal year 2022-2023, the Ministry recorded an alarming and unusual number of resignations, with 221 doctors and 982 nurses leaving our ranks.
- However since 2023, the Ministry has witnessed a promising trend of decline in these figures. In the 2023-2024 fiscal year,

the number of resigning doctors decreased to 48, while the number of nurses also fell to 241. As of the current fiscal year 2024-2025 to date, we've seen further reductions to 39 doctors and 65 nurses resigning thus far.

- This positive shift can largely be attributed to the workforce interventions that Govt had introduced since 2023 that included raising the retirement age from 55 years to 60 years of age, the wage increase for civil servants, and specific measures for new retention allowances and salary increments for our nursing staff.
- Moreover, we have seen a noteworthy increase in healthcare workers, particularly nurses, who are nurses re-joining the Ministry, and hopefully signalling a reversal in workforce mobility trends.
- The Ministry has also proceeded to address retention challenges with the pharmaceutical cadre. Following successful completion of the internship program, and passing the Registration Exams, newly qualified pharmacists often

find better financial incentives in the retail sector. To counter this, the Ministry has offered a more competitive salary package, elevating the pay for pharmacists to Step 4 of Band G, amounting to \$40,429.04 per annum, as opposed to the previous Step 1 rate.

- Similarly, we recognise the necessity of attracting and retaining medical imaging technologists, and we are implementing a comparable approach by offering recruitment at Step 4 of Band F, with a salary of \$30,615.95 per annum once they enter into employment at the Ministry.
- In addition, we have progressed with establishing the Ministry's Strategic Workforce Plan for 2025-2034.
- Consultations with stakeholders such as the Ministry of Civil Service, Fiji National University, University of Fiji, the Tertiary Loans and Scholarship Board, the private health sector, DFAT, WHO, the Fiji Medical & Dental Council, the Fiji Nursing Council, and departmental heads within the

Ministry have been undertaken, and the plan is expected to be ready by the end of the current fiscal year.

- The Ministry values its workforce highly and continues to make positive headway in addressing its workforce need.
- We will continue to collaborate and consult with worker representatives and professional associations to address the needs of the health care workers, while maintaining the focus on improving and enhancing the health service to the people.

### **HIV Outbreak in Fiji**

**Honourable Speaker Sir,**

- The declaration of the HIV outbreak in Fiji by the Ministry of Health and Medical Services (MOHMS) on 22 January 2025 highlights the urgent need for the Government and the country to tackle this disease head-on.

- The HIV outbreak presents an unprecedented health challenge that will require resources, expertise, and partnership across all sectors and the community to control.
- The role of illicit drug use and in particular injectable drug use is directly impacting the sharp increase in new cases of HIV in Fiji.
- The Ministry is committed to ensuring a rapid, coordinated, and evidence-driven response, working in close collaboration with national and international partners to mitigate the impact of HIV in our communities.
- The Ministry has launched the Outbreak Response Plan and the National HIV Surge Strategy 2024 – 2027 with strategies that are in line with the Ministry's role under the Counter Narcotics Strategy 2023 – 2028.

- The HIV Board **under the HIV/AIDS Act 2011** has since established the National HIV Outbreak and Cluster Response Taskforce (N-HOCRT) which is tasked to lead and coordinate the across-sector Outbreak Response Plan.
- The role of the Taskforce includes:
  - a) coordinating the national response by prioritizing high-impact interventions that addressed HIV as well as other STIs and bloodborne viruses, including hepatitis C.
  - b) strengthening the systems for diagnostics, prevention, treatment, and care, ensuring a supportive environment for key populations and affected communities.
  - c) reorienting the programmatic response of MOHMS to effectively tackle the emerging HIV epidemic through evidence-based interventions, and
  - d) mobilizing technical and financial support for sustained HIV response efforts.
- The Outbreak Response Plan focuses prioritizes high-impact, evidence-based interventions to effectively contain

the outbreak and align our programmatic response towards HIV, STIs, and blood-borne viruses, with a projected estimated budget of FJD\$8,010,500 for full implementation.

- The Ministry will work with Government, our partners, and the community in implementing the strategies. It is important that our combined response must not be politicised for the purpose of point scoring, but is a collective effort to break down the barriers of stigma and discrimination, and promote actions that will halt the spread of HIV in our community.

## **Non-Communicable Diseases Burden**

**Honourable Speaker Sir,**

- The Ministry of Health and Medical Services forges on with its war to address the burden of NCDs in our communities, and I will continue to speak and repeat my messages on NCD at every opportunity I get, because it is the one public health concern that requires a total paradigm shift in the way we live now, and raise our children for the future.

- The Republic of Fiji Vital Statistics Report 2016 to 2021 showed that NCDs accounted for 80% of all deaths in our country. This statistic is not merely numbers; it represents our fathers, mothers, and loved ones, with circulatory diseases and cancers being leading causes of mortality across all demographics. For adults aged 35 to 59, NCDs dominate the death statistics.
- It is crucial to recognise the profound impact these diseases have on our health system and society. Hospital admissions due to complications from NCDs – such as heart attacks, strokes, and diabetes-related ailments – impose an overwhelming burden on our healthcare facilities and resources.
- In 2019, the healthcare costs associated with NCDs escalated to \$591 million Fijian dollars, underscoring the urgent need for preventive measures.

- The Fiji 2021 Multiple Indicator Cluster Survey findings reveal alarming dietary patterns, with children and adults consuming low levels of nutritious foods while favouring sugary beverages.
- Understanding that 95% of NCDs are linked to lifestyle choices, we must tackle the well-known four main modifiable risk factors of tobacco use, physical inactivity, unhealthy diets, and excessive alcohol consumption through assertive and sustained actions at all levels in legislation and governance, community, family, and personal actions and initiatives.
- Recent Govt actions in increasing taxes on cigarettes, and sugar and sweetened beverages, the endorsement and implementation of the National Policy on Healthy Catering in Govt Institutions, and the endorsement of the Early Childhood Policy for Fiji and the School Health Policy will

begin to foster the healthier environment that our children and our future generations will grow in.

- The Ministry is progressing its work on the STEP Survey with the assistance of the Fiji Bureau of Statistics and our partners and should be completed in this financial year.
- As we continue our efforts, more is needed to be done to promote healthier lifestyles and transform our healthcare system. The road ahead may be challenging, but together, we can reduce the burden of NCDs in Fiji and pave the way for healthier generations.

## **Governance and Community Engagement**

**Honourable Speaker Sir,**

- The Ministry remains committed to embarking on a transformative journey for our healthcare system. This year, we will initiate the formulation of the new 5-year National Health Strategic Plan for the period 2026 – 2030. This plan

will supersede the current Health Strategic Plan, which has guided us from 2020 to 2025.

- The new strategic plan will be aligned to the National Development Plan for 2025 – 2029 and Vision 2050. It will incorporate valuable insights and recommendations from the recent Health Sector Review report 2024.
- Furthermore, the Ministry shortly commence on the Evaluation of the Ministry's Strategies and Operational Actions for the past 15 years. This evaluation is vital as it will lay the groundwork for the National Health Summit that we aim to convene before June 2025.
- To strengthen our commitments further, we will enhance our Monitoring, Evaluation, and Learning activities within the Ministry. This initiative will ensure that our delivery service improves and that our decision-making processes are firmly rooted in data-driven insights.

- The Ministry has also implemented measures to ensure better utilization of resources allocated by Govt under the Ministry's budgetary allocations in each financial year. Monthly budget meetings, regular site visitation to health facilities, and internal virement of budgetary allocations are measures that the Ministry has undertaken to ensure better utilization of resources at its disposal.
- To strengthen community partnership in the delivery of health services, the Ministry has embarked on strengthening the role of Board of Visitors for our hospitals and health facilities.
- Through the work of the Board of Visitors in supporting the leadership teams for the health facilities, BOV partnerships with the community allows for improvement in infrastructure and service delivery by the health facilities.

- Examples of this BOV partnership with the community and the business sector include:
  - the renovation works completed at CWM Hospital by the ANZ Bank in 2024,
  - the renovations at Sigatoka Hospital in 2024 by Intercontinental Hotel,
  - the renovation of the Counselling Centre in Nadi by Empower Pacific and the LDS Church for \$90,000FJD,
  - the renovation of SOPD at Nadi Hospital by Jacks of Fiji Ltd,
  - the renovation of the Women's Ward Restrooms for \$40,000FJD by Radisson Hotel in Nadi late last year, and
  - the upcoming renovations of the Men's Ward at Nadi Hospital by Wyndham Hotel in Nadi.
- These are only a few examples of successful partnership between the BOV and the community that has supported the provision of health services in our health facilities, and this effort will continue into the future.

## **Conclusion**

### **Honourable Speaker Sir,**

- Last Friday, for the first time ever, the Ministry's National Health Executive Committee Meeting took place in a community setting, rebuilding and strengthening old bridges of partnership between community members and the Ministry.
- The meeting, which included senior executives and senior divisional heads and heads of departments, institutions, and clinical services network was a very successful and productive forum. Six new national health policies for the Ministry were endorsed, and more are on their way.
- I wish to conclude by acknowledging and thanking the people of Naveicovatu village, in the district of Wainibuka, and the Vanua of Naloto vua na Gone Turaga na Vunivalu

na Tui Naloto, for their warm welcome and gracious hospitality to the executives of the Ministry.

- The simple message from the meeting is that health work is not solely the Ministry's responsibility - it is a partnership between the Ministry, the Govt, the health service provider, and the people.
- The Ministry looks forward to working with our community and our partners on improving the health status of our people.

**Thank you, Honourable Speaker!**