



**Ministry of Health and
Medical Services Strategic Plan
2026 - 2031**

MINISTRY *of* **HEALTH &
MEDICAL SERVICES**
Shaping Fiji's Health

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Table of Acronyms

Acronym ¹	Full Form
ACLS	Advanced Cardiac Life Support
AOP	Annual Operation Plan
ANC	Antenatal Care
ADB	Asian Development Bank
AFHP	Australia Fiji Health Program
ALOS	Average Length of Stay
BHPU	Border Health Protection Unit
CDC	Centre for Disease Control
CSO	Civil Society Organisation
CWMH	Colonial War Memorial Hospital
CHW	Community Health Workers
CRA	Community Rehabilitation Assistant
CPD	Continuous Professional Development
DFAT	Department of Foreign Affairs and Trade
DS	Deputy Secretary
DS CS	Deputy Secretary (Corporate Services)
DS HS	Deputy Secretary (Hospital Services)
DS PH	Deputy Secretary (Public Health)
DHTAG	Digital Health Technical Advisory Group
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
DHIS2	District Health Information Software 2
EMR	Electronic Medical Record
ED	Emergency Department
ESP	Essential Service Package
Fiji CDC	Fiji Centre for Disease Control
FEMAT	Fiji Emergency Medical Assistance Team
FMIS	Financial Management Information System
GEDSI	Gender Equality, Disability and Social Inclusion
GoF	Government of Fiji
HL7	Health Level Seven (International health data standard)
HMIS	Health Management Information Systems
HITH	Hospital in the Home
HIS	Hospital Information System
HIV	Human Immunodeficiency Virus
HR	Human Resources
IPC	Infection Prevention and Control
ICT	Information and Communications Technology
ICU	Intensive Care Unit
IHR	International Health Regulations (2005)
KPI	Key Performance Indicator
MSS	Minimum Service Standards
MoF	Ministry of Finance
MHMS	Ministry of Health and Medical Services
MCPR	Modern Contraceptive Prevalence Rate
MERL	Monitoring, Evaluation, Research and Learning
NDP	National Development Plan
NHA	National Health Accounts
NHEC	National Health Executive Committee
NPHL	National Public Health Laboratory
NCD	Non-Communicable Disease
OHS	Occupational Health and Safety
OPD	Organisations of Persons with Disabilities
OOP	Out of Pocket
PHIT	Pacific Healthy Islands Transformation Project
PS	Permanent Secretary
PPDD	Policy, Planning and Development Division
PHC	Primary Health Care
PHCPI	Primary Health Care Performance Initiative
PTC	Primary Trauma Care
PEFA	Public Expenditure and Financial Accountability
PPP	Public Private Partnerships
PFM	Public Financial Management
QMS	Quality Management System
RIDAMIT	Research, Innovation, Data Analysis and Management and Information Technology
STEPS	STEPwise Approach to Surveillance
SDGs	Sustainable Development Goals
TTH	Tamavua Twomey Hospital
UHC	Universal Health Coverage
VicHealth	Victorian Health Promotion Foundation
WHO	World Health Organization

¹ All acronyms used in this Strategic Plan are defined at first mention in the text and consolidated in this table for reference.





Minister's Foreword

I am pleased to present the Ministry of Health and Medical Services Strategic Plan 2026 - 2031, which reflects our renewed commitment to improving the health and wellbeing of all Fijians while responding to the growing pressures of noncommunicable diseases, communicable diseases, climate change, and service gaps across the country.

This Strategic Plan is the result of a significant body of national work undertaken to assess the performance of the health sector and define the actions required to strengthen it. In 2025, the Ministry undertook a comprehensive evaluation of its strategic planning and performance to better understand system challenges and gaps in delivery. This was followed by Fiji's first ever Health Transformation Summit, which brought together stakeholders across government, development partners, the private sector, civil society, and communities to collectively shape the way forward.

These processes confirmed that while progress has been made, incremental improvements will not be sufficient. A more coordinated, accountable, and system wide approach is required to strengthen performance and restore confidence in the health system.

This Plan builds on the National Development Plan 2025 - 2029 and Vision 2050, which set out Government's goal of modernising Fiji's healthcare system to reduce disease incidence and enhance service quality, as well as the Fiji Health Sector Review 2024 and the MHMS Strategic Plan 2020 - 2025. It provides a clearer and more deliberate pathway towards a resilient and proactive health system.

At its core, the Plan prioritises strengthening primary health care to bring services closer to communities, improve continuity of care, and reduce avoidable pressure on hospitals. This is complemented by improved clinical services and stronger health system stewardship to ensure quality, efficiency, and accountability across the system.

A healthier population is fundamental to national development. Health is not only a social priority, it is a key driver of productivity, resilience, and long-term economic growth.

Phased over five years and supported by a robust monitoring, evaluation, research and learning framework, this Strategic Plan provides a practical pathway for implementation and reinforces our commitment to ensuring that no Fijian faces barriers to accessing timely, quality health care.

This Plan recognises that health outcomes are shaped by collective action. We will continue to work closely with partners across government and beyond, including development partners, the private sector, civil society, and our communities, to strengthen system resilience and address the broader determinants of health.

The direction is now clear. Delivery is expected, and it must be demonstrated through measurable improvements in performance, accountability and health outcomes for all Fijians.

Dr Ratu Atonio Rabici Lalabalavu
HONOURABLE MINISTER FOR HEALTH AND MEDICAL SERVICES





Acting Permanent Secretary's Foreword

The Ministry of Health and Medical Services Strategic Plan 2026 - 2031 sets out the Ministry's strategic direction and priorities for strengthening Fiji's health system and improving health outcomes over the next five years. It provides a clear framework to guide policy development, planning, resource allocation, and service delivery across all levels of the health system.

This Strategic Plan is grounded in evidence and informed by a comprehensive national process. Its development draws from the Health Sector Evaluation (2025), the outcomes of Fiji's first Health Transformation Summit, and engagement with health workers, divisional and sub divisional teams, development partners, and stakeholders.

Fiji's health system continues to operate in a complex and demanding environment. The sustained burden of noncommunicable diseases, communicable disease risks, climate related impacts, demographic change, and rising service demand place increasing pressure on system capacity and performance.

This Strategic Plan responds by setting a more focused and coordinated direction. It prioritises prevention and public health, strengthens primary health care, improves service quality and continuity, and reinforces the systems required for effective and resilient service delivery.

A central focus is reducing avoidable illness and premature mortality through early detection, timely intervention, and improved continuity of care across all levels of the system. The Plan also prioritises improvements in service quality, safety, and responsiveness, supported by strengthened clinical governance, infrastructure, supply chains, and referral systems.

Strong system foundations underpin delivery. The Plan places emphasis on developing and retaining a capable health workforce, strengthening leadership and management, and improving the use of data through a robust monitoring, evaluation, research and learning framework to support decision making, accountability, and performance improvement.

The Plan also recognises that health outcomes are shaped beyond the health sector. Sustained progress will depend on coordinated multisectoral action across government and with partners and communities.

Importantly, this Strategic Plan marks a shift from planning to implementation. The direction has been established through national consultation and evidence.

The expectation is clear: all levels of the Ministry must translate this Plan into action, track performance consistently, and be accountable for delivering measurable results.

Through disciplined execution and strong partnerships, the Ministry will work to strengthen the health system and improve health outcomes for all Fijians.

Dr Luisa Cikamatana

ACTING PERMANENT SECRETARY FOR HEALTH AND MEDICAL SERVICES

Acknowledgement

The development of the Ministry of Health and Medical Services Strategic Plan 2026–2031 represents a collective effort grounded in shared vision and a commitment to improving the health and wellbeing of all Fijians. As authors of this Strategic Plan, we acknowledge the many individuals and teams whose leadership, expertise, and contributions made this document possible.

This Strategic Plan is a strong example of locally led development. From conception through to drafting, validation, and finalisation, the process was driven and owned by MHMS, reflecting the Ministry's leadership, technical capacity and commitment to advancing Fiji's health priorities.

We acknowledge the leadership of the Honourable Minister for Health and Medical Services, Dr. Atonio Lalabalavu, whose vision and direction were instrumental in initiating and guiding this process. We pay tribute to the late Dr. Jemesa Tudravu, whose strategic insight and emphasis on getting the foundations right significantly shaped the direction of this Plan. We also acknowledge the Acting Permanent Secretary, Dr. Luisa Cikamatana, for her sustained engagement, technical oversight and critical review throughout the drafting process.

We gratefully acknowledge the support provided throughout the development of this Strategic Plan. In particular, we thank the Department of Foreign Affairs and Trade (DFAT) for its partnership and overarching guidance, and the MHMS Planning and Policy Development Division (PPDD) for its central coordinating role.

We also extend our appreciation to all MHMS divisions, units and stakeholders who contributed through consultations and validation processes. Their inputs ensured the Strategic Plan is grounded in operational realities while remaining forward-looking. This work would not have been possible without the MHMS staff who shared their vision and ideas throughout this strategic planning process.

We wish to make special mention of external experts and partners who contributed valuable insights during the validation process, including Dr. Rigamoto Taito (General Manager – Aspen Medical), Professor Donald Wilson (Associate Dean – Research, Fiji National University), Dr. Mesulame Namedre (Health Advisor – World Bank), and Mr. Eric Salenga (Team Coordinator Pacific Health Systems, WHO). Their feedback and participation enriched the technical depth and relevance of this Strategic Plan.

Finally, we thank all other partners and stakeholders who supported this process in various capacities. Their collective contributions reflect a shared commitment to strengthening Fiji's health system and improving health outcomes for all.



Participants of the Final Validation Workshop of the MHMS National Health Strategic Plan 2026-2031

Left to right, front to back: Anshu Sharma, Idrish Khan, Dr Rigamoto Taito, Dr Mike Kama, Dr Luisa Cikamatana, Dr Tevita Qoroniasi, Kelera Kolivuso, Colleen Wilson, Neomai Qalita, Kelerayani Gavidi, Dr Sandhiya Gounder, Dr Kelera Sakumeni, Dr Sravaniya Dasi, Dr Aalisha Sahukhan, Dr Devina Nand, Shalini Vandhana, Dr Sheetal Singh, Miliakere Nasorovakawalu, Elike Waqavakatoga, Isimeli Tuiteci, Dr Rachel Devi, Jiosefa Draunidalo, Shaneel Prakash, Varanisese Saumaka, Dr Luke Nasedra, Dr Vineet Chand, Dr Mesulame Namedre, Dr Charlie Rasue, Jeremaia Mataika, Dr Alipate Vakamocea, Dr Gyanendra Prasad.

Executive Summary

The Ministry of Health and Medical Services (MHMS) Strategic Plan 2026–2031 sets out the Government of Fiji’s health sector reform agenda for the next five year period, aligned directly to the Fiji National Development Plan (NDP) 2025–2029 and Vision 2050², and building on lessons from the World Bank Fiji Health Sector Review 2024³ and MHMS Strategic Plan 2020–2025. The Strategic Plan responds to Fiji’s persistent and interlinked health challenges, including an increasing burden of noncommunicable diseases (NCDs), stagnating maternal and child health outcomes, recurrent communicable disease outbreaks, climate and disaster vulnerability, workforce volatility and systemic inefficiencies that limit value for money and quality of care.

The Plan represents an evolution rather than a departure from the previous Strategic Plan. The three strategic areas of a strengthened primary health care system, enhanced clinical services and better health system stewardship provide a coherent framework for strengthening prevention, improving service quality and access, reinforcing ownership and accountability, protecting the population from shocks and ensuring that decisions across the health system are informed by evidence. This Plan sets direction and establishes measurable outcomes but it should not be identified a spending commitment. Operationalisation of the Plan will always be aligned to fiscal space which is a political undertaking by the Government of Fiji (GoF). The Strategic Plan is also firmly grounded in the NDP’s three national pillars of People Empowerment, Economic Resilience, and Good Governance. Health is positioned as both a social investment and an economic imperative, recognising that Fiji’s ability to realise its demographic dividend and long term prosperity depends on a healthier, more productive population. The Plan prioritises getting the basics right in the early years through renewed investment in PHC, while progressively shifting the system away from hospital centric care towards prevention, early detection and long term management of chronic conditions closer to communities.

Implementation of the Strategic Plan will be supported by a newly established Monitoring, Evaluation, Research and Learning (MERL) framework, clear institutional accountability, phased priorities across the five year period and regular reviews to enable course correction. The Plan is intended to guide annual operational planning, resource allocation and partner engagement across the health sector, ensuring collective action towards improved health outcomes for all Fijians.

By 2031, Fiji’s health system will have shifted decisively from a reactive system focussed on treating illness to a proactive system which aims at keeping Fijians healthy. This proactive approach will be focussed on reducing avoidable illness and unnecessary demand for expensive tertiary services through prevention, earlier detection and continuity of care. This transformation will be driven through three Strategic Priority Areas: Strengthening Primary Health Care as the foundation for prevention, community resilience, and continuity of essential services; Enhanced Clinical Services that deliver safe, efficient hospital and specialist care within clear referral networks and Health System Stewardship that ensures strong governance, financing, workforce stability, and performance accountability enabled by a robust MERL framework.

2 Government of Fiji. (2024). *Fiji National Development Plan 2025-2029 and Vision 2050*. Ministry of Finance, Strategic Planning, National Development and Statistics. <https://www.fiji.gov.fj/About-Fiji/National-Development-Plan>

3 *Mo Bulabula, ka Bula Balavu (Fiji Health Sector Review 2024)* was commissioned by The World Bank at the request of the Ministry of Finance, Strategic Planning, National Development and Statistics (MFSPNDS). The systematic review of the health sector identified Fiji’s major health challenges and proposed value-for-money policy suggestions and programs to improve its performance.

STRATEGIC AREAS FRAMEWORK

Building a Healthier Fiji

VISION

A Healthy Population

MISSION

To empower Fijians to achieve optimal health and well-being through delivery of cost-effective, quality, and inclusive health services.

CORE VALUES

-  Accountability
-  Excellence
-  Inclusiveness
-  Integrity
-  Professionalism
-  Trust
-  Innovation

STRATEGIC PRIORITY AREAS



Strengthening Public Health and Primary Health Care



Enhanced Clinical Services



Health Systems Stewardship

Purpose of this Document

The MHMS Strategic Plan 2026–2031 sets the medium-term direction for strengthening Fiji’s health system and improving the health and wellbeing of all Fijians over the next five years. It is the principal strategic framework guiding health sector reform, service delivery, and investment decisions during this period and gives effect to national commitments articulated in the NDP 2025–2029, Vision 2050, and the findings of the Fiji Health Sector Review 2024.

The purpose of the MHMS Strategic Plan is to provide a clear, coherent framework to guide MHMS, divisional and sub-divisional health services, hospitals, statutory bodies, and partners in protecting, promoting and improving population health, while strengthening the performance, sustainability, and resilience of the health system. All entities operating within or alongside the public health system are expected to take this Strategic Plan into account in their planning, investment, and service delivery decisions.

Scope and approach

The Strategic Plan adopts a whole-of-population and whole-of-system approach, recognising that health outcomes are shaped by PHC, clinical services and health governance. It also recognises the influence of broader social determinants of health and the critical role of key system enablers, including a capable and equitably distributed health workforce, sustainable health financing, reliable access to medicines and supply chains, and integrated digital and information systems. It explicitly acknowledges the interdependence between public health, primary care, hospitals, communities, and partners and the need to rebalance the system away from avoidable hospital demand towards prevention, early detection, and continuity of care closer to home.

Throughout this document, health is understood to include physical, mental and social wellbeing, across the life course. Mental health and substance abuse are recognised as growing priorities that require stronger integration into PHC and clinical services, alongside broader social and community responses.

Relationship to other national strategies and plans

The Plan sits within a broader ecosystem of national policies, strategies, reviews, evaluations and reform initiatives. It provides the overarching health sector direction that informs, and is informed by, related frameworks and programmes, including but not limited to:

- The National Development Plan 2025–2029 and Vision 2050
- The Fiji Health Sector Review 2024
- Fiji 2025 STEPS Survey Report
- Fiji Digital Health Strategy 2023-2027
- MHMS Strategic Plan 2020-2025
- National strategies and plans relating to wellness, mental health, HIV and tuberculosis, disaster risk management, climate resilience, gender equality, disability inclusion, and social protection
- Deliberations at the first ever National Health Summit conducted in December 2025

Together, these instruments guide collective efforts across government, communities, and partners to achieve improved health outcomes, equity, and system sustainability.

Role of development partners and regional commitments

Development partners play a significant role in supporting Fiji’s health system through financing, technical assistance, infrastructure development, and capacity building. This Strategic Plan provides the framework for aligning partner support with national priorities, strengthening coordination, reducing fragmentation and duplication and progressively transitioning ownership to national systems.

The Plan also reflects Fiji’s regional and global commitments, including obligations related to pandemic preparedness, health security, climate resilience, and international health regulations, and positions Fiji as a contributor to regional health leadership in the Pacific.

What this Strategy does and does not do

The MHMS Strategic Plan sets strategic direction, priorities, and expected outcomes for the period 2026–2031. It identifies where change is required and the types of system shifts needed to improve performance and outcomes. However, it does not prescribe detailed budgetary commitments, operational activities or project-level actions.

These actions, budgets, and investments will be determined through:

- Annual Operational Plans (AOPs)
- Medium-term budget frameworks
- Programme and project business cases
- Partnership agreements and implementation plans

Examples included throughout the Plan are intended to illustrate the types of reforms and changes envisaged, rather than to mandate uniform solutions. Design and implementation of services should, wherever possible, be informed by local context, community engagement, and service-level realities.

Structure of this document

This Strategic Plan is organised into the following parts:

Part 1 sets out the purpose of the document, national context, lessons from the previous Strategic Plan, and the case for reform.

Part 2 presents the vision, mission, values, and overarching strategic framework.

Part 3 outlines the 3 Strategic Areas that define MHMS priorities for 2026–2031:

- Strengthening Public Health and Primary Health care
- Enhanced Clinical Services
- Health Systems Stewardship

Part 4 describes the MERL framework, implementation arrangements, risks and accountability mechanisms.

Together, these sections provide a coherent roadmap for strengthening Fiji’s health system over the next five years, while retaining flexibility to respond to emerging challenges, fiscal realities and evolving population needs.

Part 1

Introduction

Context

Fiji is an upper-middle income country whose health outcomes lag those of its income peers. Life expectancy remains below comparable countries, the gap between healthy life expectancy and overall life expectancy is widening and NCDs account for many premature deaths, many of which occur during the most productive years of life. At the same time, Fiji faces increasing exposure to climate change, natural disasters, and emerging infectious diseases, placing additional strain on an already stretched health system. This health system is stretched even further by an ageing population amid HIV epidemic and drug crisis with an ever-migrant health workforce.

The NDP 2025–2029 and Vision 2050 places people at the centre of development and identifies health as a core determinant of social wellbeing, productivity, and resilience. Within this national context, MHMS has a central role in delivering equitable, quality health services; stewarding the health system; and working across government and society to address the social, behavioural, and environmental determinants of health.

Situational Analysis

Fiji's health system is at a critical inflection point. While the country has achieved important gains in access to basic health services and financial protection for households, overall health outcomes remain misaligned with Fiji's income status and development aspirations. The NDP 2025–2029 and Vision 2050 explicitly recognise health as both a social priority and an economic imperative, noting that poor health outcomes are constraining productivity, increasing fiscal pressure and undermining long-term resilience.

The Fiji Health Sector Review 2024 provides a clear and evidence-informed assessment of the system's challenges. Fiji faces a catastrophic burden of NCDs, with cardiovascular disease, diabetes, cancers and chronic respiratory conditions accounting for the majority of premature deaths. Many of these deaths occur during prime working ages, directly affecting household incomes, labour force participation and national economic performance. The Review highlights that a large proportion of this burden is preventable, driven by modifiable risk factors such as unhealthy diets, physical inactivity, tobacco use, harmful alcohol consumption and obesity.

Findings from the most recent National NCD STEPS Survey ⁴ reinforce the urgency of action. The survey demonstrates persistently high prevalence of key NCD risk factors across the adult population, alongside major gaps in awareness, treatment and control of conditions such as hypertension and diabetes. A significant proportion of individuals with raised blood pressure or elevated blood glucose remain undiagnosed, untreated or inadequately controlled, resulting in avoidable complications and escalating demand for hospital-based care. These patterns reflect systemic weaknesses in prevention, early detection and continuity of care at the PHC level.

4 Ministry of Health and Medical Services. (2026). *Fiji 2025 STEPS Survey – Country Report*. <https://www.health.gov.fj/wp-content/uploads/2026/02/Fiji-2025-STEPS-Survey-%E2%80%93-Country-Report.pdf>

At the same time, Fiji's health system and its leadership remains heavily hospital centric. Public expenditure and operational focus over multiple budgets are disproportionately directed towards hospitals, particularly tertiary facilities, while PHC and public health functions remain under-resourced relative to need. The Health Sector Review 2024 notes that this imbalance reduces system efficiency, increases avoidable hospital admissions, and limits the return on health spending. Hospitals are increasingly congested, with significant inpatient demand driven by preventable conditions that could have been managed earlier and closer to communities. This pressure on tertiary facilities has resulted in health centres and nursing stations being used as temporary admitting sites while patients wait for inpatient beds. These arrangements pose substantial clinical risks, as such facilities were never designed or equipped to provide inpatient care.

Ageing health infrastructure and deterioration further compounds these challenges. MHMS is responsible for more than 220 health facilities nationwide, many of which suffer from ageing structures, no planned maintenance, inadequate functionality, health workforce constraints, inadequate access to essential medicines and vulnerability to climate-related shocks. Rural and maritime facilities are particularly affected, contributing to inequities in access and outcomes. While major investments in hospital infrastructure, including the redevelopment of the CWMH are necessary, the Fiji Health Sector Review 2024 and NDP both emphasise that infrastructure investment alone will not resolve system pressures unless accompanied by a fundamental shift towards primary health care strengthening and effective asset management.

The NDP underscores the growing fiscal risks associated with current health system trajectories. Rising health expenditure driven by NCDs, ageing population and increasing demand for complex tertiary care threatens long-term fiscal sustainability if efficiency and prevention are not improved. Weaknesses in public financial management, procurement and budget execution further limit the impact of available resources. The Review makes a strong economic case for rebalancing investment towards high-impact interventions, particularly in PHC, public health, workforce development and data systems that support better decision-making.

Collectively, this evidence points to the need for a decisive strategic shift. Fiji cannot build its way out of poor health outcomes through new hospitals alone.

Improving public health and quality of life requires a stronger focus on keeping people healthy in the first place, reducing avoidable demand on health facilities, and enabling individuals and communities to adopt healthier lifestyles. This Strategic Plan responds to that imperative by prioritising prevention, strengthening PHC, reinforcing governance and accountability, protecting the population from health threats and ensuring that decisions across the system are informed by evidence.

Transformation Agenda

The MHMS Strategic Plan 2026–2031 advances a deliberate transformation agenda focused on reshaping the health system to better meet Fiji's current and future needs. Key elements of this transformation include a renewed emphasis on comprehensive public health and PHC as the foundation of the system; a clearer delineation and strengthening of clinical referral pathways and the establishment of institutional mechanisms to promote prevention and health promotion, including consideration of an independent Health Promotion body as envisaged in national policy discussions ⁵.

This agenda reflects the lessons of recent public health emergencies, the growing burden of NCDs and the NDP's emphasis on resilience, good governance and evidence informed decision making.

⁵ The establishment of an independent Health Promotion body was first mooted at the National Health Summit conducted in December 2025, where the concept was discussed as a mechanism to strengthen health promotion activities. The proposal was well received by stakeholders, reflecting broad support for a more, independent, coordinated and sustained approach to addressing preventable disease and population health risks.

Political and Social Context for Reform

The reforms outlined in this Strategic Plan will be implemented within a complex political, social, and economic context that shapes both the pace and feasibility of change. Fiji continues to experience significant health workforce migration, particularly among nurses and specialised cadres, driven by global demand, wage differentials and career opportunities abroad. While MHMS will pursue retention and workforce development strategies, these dynamics will remain a structural constraint requiring phased and realistic implementation.

Public expectations also remain strongly oriented towards hospital-based care, with tertiary facilities often perceived as the primary locus of quality and safety. Shifting the system towards prevention and PHC will therefore require sustained public communication, visible improvements in frontline services, and trust-building over time to ensure community confidence in care delivered closer to home.

In addition, reforms related to health financing, national health insurance arrangements, and public–private partnerships (PPP) are inherently sensitive, with implications for affordability, equity, and public trust. MHMS recognises that any changes in these areas must be carefully designed, transparently communicated, and grounded in strong evidence and legislation. Progress will be incremental and consultative, ensuring that reforms strengthen universal access and public system integrity rather than fragment service delivery or increase financial barriers.

Acknowledging and navigating these realities is essential to delivering durable, politically feasible, and socially acceptable health system reform.

Lessons from the 2020–2025 Strategic Plan

Implementation of the MHMS Strategic Plan 2020–2025 demonstrated the value of an integrated, one-system approach that linked public health, clinical services and health system enablers under a single reform framework. Over the period, progress was made in expanding essential services, standardising elements of clinical care and governance, strengthening relationships with development partners and improving planning processes at national and divisional levels. The Plan provided an important strategic anchor during a period of significant transition for the health system.

However, implementation experience also highlighted several structural and systemic challenges that limited the Plan's full impact. A key gap was the absence of a fully developed and institutionalised MERL framework and HR to support it. While activities were implemented across multiple programmes, there was limited ability to consistently track results, assess performance against outcomes or use evidence to inform adaptation. Monitoring and reporting tended to focus on activity completion rather than system-level impact and learning was not systematically embedded into management and decision-making processes.

These challenges were significantly compounded by the COVID-19 pandemic, which fundamentally altered the operating environment of the health system. From 2020 onwards, MHMS resources, leadership attention and workforce capacity were necessarily redirected towards emergency response, border control, surveillance, vaccination, and continuity of essential services under crisis conditions. While this response demonstrated resilience and commitment across the health workforce, it also disrupted planned reforms, delayed implementation timelines, and constrained the Ministry's ability to operationalise longer-term system improvements envisioned in the previous Strategic Plan.

The pandemic further exposed underlying vulnerabilities, including workforce shortages and burnout, infrastructure limitations, data system weaknesses and the absence of mature emergency preparedness and health security arrangements. In many instances, implementation of the Strategic Plan became reactive rather than strategic, as the immediate demands of crisis management took precedence over planned reform sequencing and performance monitoring. At facility level, translation of strategic priorities into consistent practice remained uneven. Variability in management capacity, supervision, data use and resource availability across divisions and subdivisions meant that some reforms progressed faster than others. Workforce pressures, including burnout, attrition and skill gaps further constrained implementation and highlighted the need for stronger workforce governance, leadership support and wellbeing measures.

These lessons have directly shaped the design of the MHMS Strategic Plan 2026–2031. The new Plan places much stronger emphasis on prioritisation, realism and phased implementation, recognising fiscal, workforce, and institutional constraints. It introduces a robust MERL framework as a core management tool, clarifies accountability across strategic areas and embeds learning and adaptation as central principles of reform.

By explicitly acknowledging the implementation realities of the previous period, including the unprecedented impact of COVID-19, the 2026–2031 Strategic Plan is positioned to deliver more durable, measurable and system-wide improvements in health outcomes and health system performance.

Part 2

Vision, Mission and Values

Vision: A Healthy Population

The Vision of **A Healthy Population** remains unchanged from the previous Strategic Plan, reflecting its enduring relevance to Fiji's national development aspirations and constitutional commitments. It aligns directly with the Constitution of the Republic of Fiji (2013) which affirms the right of every Fijian to access basic health services and obliges the State to take reasonable measures to achieve the realisation of this right.

A Healthy Population is foundational to social cohesion, economic productivity, resilience to climate and health shocks and inter-generational wellbeing. This Vision is also fully aligned with Fiji's NDP which identifies human wellbeing, equity, and inclusive growth as central pillars of sustainable development. Health is both a social good and an economic investment, enabling Fijians to learn, work, care for families, and participate fully in national life.

For Fijians, A Healthy Population means more than the absence of disease. It reflects a life-course approach to health that supports children to thrive, adults to remain productive and older persons to age with dignity. It means communities that are protected from preventable illness, households that are not pushed into financial hardship by healthcare costs and a health system that responds equitably to the needs of children, women, men, persons with disabilities, people living in rural and maritime areas and marginalised populations.

This Vision recognises the evolving health profile of Fiji, including the growing burden of NCDs, emerging infectious threats, climate-related health risks and mental health and drug related challenges. It commits the health system to prevention, early intervention, continuity of care and resilience ensuring that health gains are sustained for future generations.



Mission

To empower Fijians to achieve optimal health and wellbeing through the delivery of cost-effective, quality, and inclusive health services.

The Mission articulates MHMS's core responsibility to translate constitutional rights and national policy commitments into tangible health outcomes for all Fijians. It is also a reflection of the Ministry's dual mandate as a health system steward and service provider to ensure that health services are accessible, acceptable, affordable, and of excellent quality.

Empowerment is central to this Mission. It recognises that optimal health outcomes are achieved not only through clinical services but through informed motivated individuals, supported families and well engaged communities. This aligns with the NDP's emphasis on people-centred development and shared responsibility between the State, communities, civil society and development partners.

For Fijians, this Mission means a health system that is responsive and reliable where PHC is strong, referral pathways are clear, medicines are available and care is continuous across the life course. It means services that are culturally appropriate, gender-responsive and inclusive of persons with disabilities and other vulnerable groups. It also means reducing unnecessary out-of-pocket expenditure through efficient service delivery and strengthened health supply chains.

Cost-effectiveness and quality are critical to sustainability in a constrained fiscal environment. The Mission commits MHMS to prioritisation, data driven decision-making and value for money, ensuring that limited resources deliver the greatest possible health impact while maintaining public trust and confidence in the health system.



Values

The MHMS values of accountability, excellence, inclusiveness, integrity, professionalism, trust and innovation continue to underpin the Ministry's work and remain highly relevant to the reform agenda outlined in this Strategic Plan. These values are consistent with the principles of good governance embedded in Fiji's Constitution and reinforced through the NDP's focus on transparency, service quality, and institutional performance.

- **Accountability** ensures that MHMS is answerable to the people of Fiji for the use of public resources and the outcomes achieved. It is reflected in stronger planning, monitoring, evaluation, and learning systems, and in clear performance expectations at all levels of the health system.
- **Excellence** reflects a commitment to high standards of care, continuous improvement, and evidence-informed practice, ensuring that Fijians receive safe and effective services regardless of where they live.
- **Inclusiveness** affirms that no one is left behind. It guides efforts to address geographic, gender, disability, and socioeconomic barriers to health access, consistent with constitutional protections against discrimination.
- **Integrity** underpins ethical conduct, respect for patients, and responsible stewardship of public trust, reinforcing confidence in the health system.
- **Professionalism** reflects the Ministry's commitment to competence, ethical conduct, and respectful engagement. It values the expertise of the health workforce and partners, and is demonstrated through continuous learning, skills development, and adherence to professional standards to ensure safe, consistent, and respectful service delivery.
- **Trust** is built through reliable services, respectful care, and transparent decision-making, strengthening the relationship between communities and the health system.
- **Innovation** enables MHMS to respond to emerging challenges through digital health, new service delivery models, and adaptive approaches to workforce and system reform.

Together, these Values shape how MHMS engages with communities, partners and staff, and provide a cultural foundation for implementing the reforms necessary to achieve the Vision of A Healthy Population and the Mission of empowering all Fijians to achieve optimal health and wellbeing.

Part 3

Strategic Framework 2026–2031

The MHMS Strategic Plan 2026–2031 is structured around three Strategic Priority Areas that collectively drive the health sector reform agenda over the next five years. These Strategic Priority Areas are designed to operate as an integrated system rather than as stand alone pillars, with clearly defined key outcomes articulated under each Strategic Priority Area. While the overarching strategic intent will remain constant, the specific key outcome areas may be refined, consolidated, or reorganised during implementation in response to emerging evidence, fiscal ceilings and system risks.

Progress against these outcomes will be monitored through the MERL framework, which has been developed with full MHMS leadership and ownership. The framework will support annual reprioritisation and adaptive management to ensure implementation remains responsive to emerging evidence and system realities. The outcomes are well aligned with the National Development Plan, findings from the STEPS Survey, relevant national policies, and the recommendations of the Fiji Health Sector Review 2024. Together, they reflect MHMS's commitment to transitioning Fiji's health system from a predominantly reactive model of care to one that is centred on PHC and prevention, is financially sustainable, resilient to shocks and accountable for results.

The 3 Strategic Priority Areas are designed to:

- Reduce avoidable illness and preventable demand through strengthened, people-centred Public Health and PHC.
- Improve quality, safety and efficiency of hospital and specialist services within clear national networks of care and
- Strengthen health system stewardship to ensure that governance, financing, workforce, infrastructure, regulation and data systems deliver value for money, equity and resilience.

Strategic Priority Area 1: Strengthening Public Health and Primary Health Care

Strengthening Public Health and PHC will be the organising principle and operational foundation of Fiji's health system over the medium term. Under this Strategic Priority Area, MHMS will strengthen public health and PHC to deliver early detection, continuity of care and long-term management of priority conditions closer to communities. Public health and PHC will also serve as the frontline platform for community-level resilience including surveillance linkages, outbreak

readiness, risk communication, continuity of essential services during shocks and integration of health protection functions within routine service delivery.

Health security functions such as prevention, early detection, preparedness, response coordination at community level and continuity of essential services will be mainstreamed within PHC systems, strengthening Fiji’s ability to manage outbreaks, climate-related shocks and emerging health threats without derailing routine services. This integration recognises that health security and UHC are mutually reinforcing objectives and that preparedness depends on strong everyday health system functions.

Strategic Priority Area 2: Enhanced Clinical Services

Clinical services will be strengthened to deliver safe, high-quality, efficient, and people-centred hospital and specialist care across all levels of the health system. Hospitals will operate within clearly defined referral pathways and networks of care, with subdivisional facilities progressively strengthened and tertiary services focusing on complex and high-acuity care. Improved patient flow, clinical governance, quality and safety systems and operational efficiency will enable hospitals to deliver better outcomes and respond to public expectations while reducing avoidable pressure from conditions better managed in PHC.

Strategic Priority Area 3: Health System Stewardship

Health system stewardship underpins the effectiveness, sustainability and equity of service delivery. Over 2026-2031, MHMS will strengthen its stewardship role to ensure that public resources are used efficiently, institutions are accountable for performance, the health workforce is supported and retained, assets are planned and maintained, and partnerships are coordinated in line with national priorities. This Priority Area includes stronger public financial management, workforce governance, regulation and legislative reform, procurement and supply chain governance, infrastructure and asset management, development partner coordination and a strengthened MERL function to drive performance and adaptive management.

Digital health will be embedded as a core enabling function under stewardship, supporting evidence-informed planning, service delivery performance, supply chain reforms, hospital workflow improvements, surveillance intelligence and transparent reporting. Digital investments will be sequenced, interoperable and focused on strengthening core government systems rather than creating parallel reporting or fragmented solutions.

STRATEGIC PRIORITY AREAS



Strengthening Public Health and Primary Health Care

- Strengthened prevention, primary and community services
- Improved access to comprehensive and continuous care
- Integrated health security functions

OUTCOMES



Enhanced Clinical Services

- Improved quality, safety, and efficiency in tertiary, hospital and specialist care
- Strengthened clinical governance and patient flow

OUTCOMES



Health Systems Stewardship

- Strong governance and leadership
- Stable health workforce
- Improved management of financing and resources
- Evidence-informed policies and decision-making

OUTCOMES

Strategic Priority Area 1: Strengthening Public Health and Primary Health Care

Strategic Intent

Over the period 2026–2031, public health and PHC will constitute the organising principle and operational foundation of Fiji's health system. In line with the NDP's emphasis on people-centred services, the findings of the Fiji Health Sector Review 2024 and global evidence on health system performance, MHMS will progressively reorient the system away from a predominantly hospital-centric model towards a strengthened, integrated public health and PHC platform. This platform will focus on prevention, early detection, continuity of care and long-term management of priority health needs delivered as close as possible to where people live.

This Strategic Priority Area is grounded in strong evidence that a high-performing public health and PHC system represents the most cost-effective pathway to improved health outcomes, reduced out-of-pocket (OOP) expenditure and improved value for money. These considerations are particularly critical in the context of Fiji's heavy NCD burden and persistent inequities in access for rural, maritime and vulnerable communities. The Fiji Health Sector Review 2024 identified the current pattern of service delivery, characterised by late presentation, fragmented care, and avoidable reliance on tertiary services as financially unsustainable and poorly aligned with Fiji's disease profile. It highlighted that many hospital admissions, outpatient attendances, and high-cost interventions could be prevented or more effectively managed through timely, continuous and well-coordinated public health and PHC.

The Review estimated that a significant proportion of current hospital utilisation, particularly admissions and outpatient attendances related to poorly controlled NCD and preventable complications, could be avoided through strengthened public health and PHC. Reorienting service delivery towards public health and PHC was therefore identified not only as a public health imperative but as a critical strategy for improving system efficiency, reducing avoidable expenditure and achieving better value for money from health sector investments. Over the medium term, this shift could reduce avoidable hospital utilisation by approximately 15 to 25 per cent, generating efficiency gains and freeing fiscal space for reinvestment in frontline services without compromising quality of care.

Under this Priority Area, PHC is positioned as the frontline operating model for universal health coverage and health protection, rather than solely as a service delivery platform. This reflects the contemporary understanding of PHC as a whole-of-system approach that integrates essential public health functions, coordinated action on the social and environmental determinants of health and active participation by individuals and communities. PHC is therefore treated not as a discrete programme or level of care, but as the primary platform through which equity, system sustainability, and resilience in health outcomes are achieved.

Recent national experience underscores the importance of this approach. Fiji's responses to COVID-19, the HIV outbreak, recurrent dengue and leptospirosis surges, rising substance use and associated mental health impacts and increasing climate- and disaster-related shocks have demonstrated that the same capabilities that underpin effective routine PHC are critical to sustaining the health system during crises. Reliable frontline services, consistent availability of medicines, trusted community relationships, timely and accurate information and coordinated referral pathways are therefore central to both everyday service delivery and emergency response. In response, MHMS will embed health security functions within routine PHC strengthening so that preparedness and response are integrated into everyday systems rather than activated only during periods of crisis.

Public health will be strengthened as a core system function integral to PHC and national health security with a focus on protecting population health and reducing avoidable disease burden. MHMS will reinforce public health systems to deliver effective surveillance, communicable disease control, environmental health services, outbreak preparedness and response, and management of climate-sensitive and emerging health risks. These functions will be closely integrated with PHC services to enable early detection of threats, timely intervention, continuity of essential services during shocks, and stronger community-level resilience. This integration recognises public health as both a frontline and system-wide capability, essential to safeguarding population wellbeing, maintaining public trust and preventing routine system pressures from escalating into crises.

Health promotion will be prioritised as the primary driver of prevention and sustained behaviour change across the life course. MHMS will advance health promotion to address the behavioural, social and commercial determinants that underpin Fiji's high burden of NCDs, mental health challenges, substance use and preventable morbidity. This will involve a systematic shift towards upstream, population-level interventions that improve health literacy, shape healthier environments and enable individuals, families and communities to adopt and sustain healthier behaviours. Health promotion efforts will be

closely linked to PHC and community platforms and supported through strengthened national leadership, financing and multisectoral partnerships, ensuring that prevention is institutionalised rather than episodic.

National epidemiological evidence reinforces the urgency of this reorientation. Findings from the 2025 STEPS Survey highlight widespread exposure to preventable behavioural and metabolic risk factors, alongside persistent gaps in awareness, treatment and control of NCDs. These patterns translate into avoidable complications, premature mortality and escalating demand for hospital services with significant fiscal implications. Strengthening PHC will enable earlier intervention, improved continuity of care and more effective population-level risk management, reducing avoidable hospital utilisation while delivering long-term health and financial gains.

PHC strengthening will be implemented in a staged and sequenced manner, recognising workforce constraints, supervisory capacity and the need to maintain service continuity. Early implementation will prioritise reforms that improve reliability and productivity, including standardised screening protocols, structured follow-up, team-based care and workflow redesign. Expansion of new service models will proceed only where minimum thresholds for staffing, training and clinical governance are met. Over time, the system will transition from reactive, high-cost tertiary care towards proactive, population-oriented primary care delivered through multidisciplinary teams responsible for defined catchment populations. Service delivery will be differentiated and sequenced according to facility readiness and workforce capacity, guided by Minimum Service Standards (MSS) and an Essential Service Package (ESP) that clearly defines the services PHC must reliably deliver first.

Through this approach, PHC will function as the primary platform for prevention, resilience and continuity of care. This will reduce preventable illness, stabilise demand on hospitals, improve equity in access and ensure that Fiji's health system remains responsive, resilient and trusted during both routine periods and periods of shock. The approach will also strengthen climate resilience at the community level, enabling PHC systems to anticipate and respond to climate-related health risks, including extreme weather events, water- and vector-borne diseases and disruptions to essential services.

Strategic Outcome

- Strengthened, people centred public health and PHC that is accessible, affordable and equitable, integrated, robust, PPR, prevents disease, detects conditions early and manages acute and chronic conditions effectively across the life course.

Policy Direction and System Shift

Over 2026–2031, PHC will evolve from fragmented, reactive service delivery into a coherent national undertaking that integrates essential public health functions, community resilience, and clinical care. The system will progressively shift from:

- Late presentation and crisis-driven care to early identification of risk, prevention and systematic long-term management of priority conditions with particular emphasis on NCDs.
- Fragmented programmes to coordinated, team-based primary care that integrates services with surveillance linkages, immunisation, IPC, and community engagement.
- Uniform service models to differentiated, context-appropriate PHC approaches that reflect geography, vulnerability, burden of disease and facility readiness.
- Reactive emergency response to always-on preparedness embedded in routine PHC operations, protecting continuity of essential services during shocks.

- Improved communication and coordination between PHC and secondary/tertiary services, and clear referral and counter-referral pathways that ensure patients receive the right care at the right level.
- A focus on treating preventable illness to a stronger emphasis on disease prevention and health promotion across the life course, including risk reduction, early screening and community-based behaviour change initiatives.

This reorientation will be enabled through stronger leadership, clearer accountability at national/divisional/sub-divisional levels and improved use of data to guide planning, performance management and learning. Progressive increases in PHC investment and performance improvements will be tracked through the MERL framework.

Key Outcome Areas ⁶

1. Life-Course Approach to Public Health and Primary Health Care

PHC will remain the main delivery platform for maternal, newborn, child, adolescent, sexual and reproductive health and rights and family health services across the life course. Despite long-standing investments, Fiji continues to experience persistent challenges in maternal and neonatal outcomes, teenage pregnancy, low uptake of family planning services and inequitable access to quality reproductive health services, particularly in rural and maritime communities.

Under this Strategic Plan, MHMS will strengthen PHC-based life-course services to ensure that women, children, adolescents, families and older persons receive comprehensive, respectful and culturally appropriate care closer to home. Services will span pre-conception, reproductive, maternal, newborn, child and adolescent health, sexual and reproductive health, and integrated care for healthy ageing. As health system improvements contribute to increased life expectancy, the needs of an ageing population will be systematically addressed through PHC.

Within this life-course approach, MHMS will also strengthen early detection, management and continuity of care for priority communicable diseases, including HIV and tuberculosis (TB), at the PHC level as part of the national response to the generalised HIV outbreak. Integrating HIV and TB services into routine PHC will support earlier diagnosis, improve treatment outcomes and reduce stigma, while ensuring continuity of care alongside other essential health services across the life course.

Recognising the growing health and social impacts of substance use, MHMS will work with other ministries, communities and development partners to initiate drug rehabilitation services at the community level, anchored within the PHC system and linked to broader prevention, mental health and social support services. As a new service area, foundational policy, service models and partnerships will be established in the early years of the Strategic Plan to enable phased implementation and scale-up.

By reinforcing PHC as the foundation of integrated life-course care, MHMS will reduce preventable complications, improve equity in access to essential services and relieve avoidable pressure on hospital-based maternity, paediatric and specialist services, while advancing national priorities on human development, social cohesion and intergenerational wellbeing.

2. Health Promotion

Public health will serve as the principal platform for health promotion, disease prevention and community engagement, addressing the behavioural, social and environmental determinants of health. Prevention efforts will focus on reducing the burden of NCDs and other major health risks through coordinated action across communities, sectors and institutions.

Health promotion and community engagement will also strengthen prevention and control of communicable diseases, particularly climate-sensitive and outbreak-prone conditions. Working through PHC and community platforms, MHMS will intensify community education and risk communication on dengue prevention (including source reduction and personal protection), leptospirosis prevention, and typhoid prevention through safe water, sanitation and hygiene practices. Prevention efforts will also reinforce early care-seeking, testing and linkage to care for TB, HIV and other sexually transmitted infections (STIs), alongside stigma reduction and targeted outreach for priority populations. Mental health prevention will be strengthened through promotion of mental wellbeing, early identification of distress and timely referral to appropriate support services through PHC and community networks.

The development of a national health promotion governance framework will provide a structured and sustained approach to advancing Fiji's health promotion and prevention agenda. The framework will guide leadership, coordination, and financing arrangements to support national campaigns, community based programmes, and multisectoral partnerships

⁶ Outcome areas may be refined, consolidated, or reorganised during implementation while maintaining alignment with key strategic intent. The MERL framework will track progress against these priority commitments and support annual reprioritisation based on fiscal capacity, evidence and emerging risks.

aimed at reducing exposure to NCD risk factors and creating healthier environments across Fiji. Under this framework, evidence based interventions aligned with the WHO NCD Best Buys will be progressively implemented and scaled to address priority risk factors, including unhealthy diets, tobacco use, harmful alcohol consumption, illicit drugs, stress, physical inactivity, and obesity. These interventions will integrate population level policy actions with community based prevention delivered through primary health care services, outreach programmes, and partnerships with schools, workplaces, local authorities, and civil society. Further details on this initiative are outlined under Strategic Priority Area Outcome 3 – Health Promotion Governance Framework.

3. Early Detection, Continuity of Care and Outreach

Nursing stations and health centres will function as the first point of contact for screening, diagnosis, treatment, referral and long-term management of priority health conditions. Strengthened screening and outreach programmes for NCDs, communicable diseases, mental health conditions and disability will enable earlier intervention and improved long-term outcomes. Standardised clinical protocols, access to essential diagnostics and strengthened referral pathways will support continuity of care between PHC facilities, hospitals and community services.

PHC services will increasingly extend beyond facility-based care into communities through outreach services, mobile clinics and community-based models of care. Defined catchment populations and strengthened follow-up systems will enable PHC teams to proactively manage population health needs and deliver coordinated, continuous care over time. Community Health Workers (CHW) will form an integral component of PHC teams, strengthening links between households and the health system, particularly in rural, maritime, and underserved areas. Their role will be enhanced to support health promotion, screening, maternal and child health outreach, chronic disease follow-up and referral.

Community-based care models, including home-based care, community mental health services, community rehabilitation service and Hospital in the Home (HITH), will be progressively expanded to support follow-up care, rehabilitation and management of stable chronic conditions in home and community settings. Together, these approaches will improve patient experience, strengthen continuity of care, reduce avoidable hospital admissions, and support a more proactive, people-centred health system.

4. Disability Inclusive Services and Rehabilitation Integrated into PHC

Disability inclusive services and basic rehabilitation will be integrated into PHC to improve early identification, access to care and functional outcomes for persons with disabilities. Disability and functional limitation are increasingly linked to Fiji's growing burden of NCDs, injuries and population ageing, making accessible and community-based rehabilitation services an essential component of an effective PHC system. Strengthening disability services within PHC will support earlier intervention, improve recovery following injury, stroke and NCD complications, and promote independence, social participation and quality of life.

PHC teams will be supported to identify functional limitations, provide basic rehabilitation interventions and facilitate access to assistive technologies and specialised services where required. Community-based rehabilitation approaches will expand services closer to households and communities, particularly in rural and maritime areas.

Community-based rehabilitation (CBR) services will be strengthened so people with rehabilitation needs can access practical support closer to home. Community Rehabilitation Assistants (CRAs) will work with Community Health Workers (CHWs) to identify patients with functional limitations, support basic home-based rehabilitation and caregiver education, and ensure timely follow-up and referral to PHC teams and specialised rehabilitation services where required.

Consistent with the principle of *"nothing about us without us,"* MHMS will strengthen engagement with Organisations of Persons with Disabilities (OPDs) and disability advocates in the design, implementation and monitoring of disability-related health services. Partnerships with OPDs will help ensure services are responsive to the needs and lived experiences of persons with disabilities, strengthen community outreach and referral pathways and support more inclusive health services.

PHC infrastructure and service environments will progressively be improved to enhance physical accessibility and inclusiveness, including consideration of accessible facility design, sanitation, signage and service delivery approaches that enable equitable access for persons with disabilities.

5. PHC System Performance and Standards

A structured approach to defining, delivering and monitoring PHC services will be institutionalised to ensure consistent service availability, quality of care and accountability across the health system. MHMS will establish and implement an

Essential Service Package (ESP) for PHC to define the core set of services that must be reliably delivered at the primary care level nationally. The ESP will prioritise high-impact and cost-effective interventions including prevention, screening, early detection and long-term management of priority conditions across the life course. Implementation will be sequenced over time according to facility readiness, workforce availability and population health needs.

To support delivery of the ESP, Minimum Service Standards (MSS)⁷ will serve as the primary instrument for assessing and strengthening PHC facility readiness. MSS will assess key service delivery components including workforce availability, medicines and medical supplies, equipment, information systems, governance, financing and infrastructure. MSS will incorporate climate resilience considerations including infrastructure resilience, water and sanitation systems, energy reliability and emergency preparedness to ensure that facilities are able to maintain service continuity under climate stressors.

To strengthen performance monitoring and timely decision-making, MHMS will ensure PHC facilities have reliable access to appropriate health information systems and digital tools (including connectivity, devices and user support) to improve routine data capture, reporting quality and the use of data for local planning and continuous improvement.

Baseline MSS assessments will be conducted for priority facilities and repeated routinely to monitor progress over time. Findings will inform supportive supervision, management action and targeted resource allocation, strengthening the link between identified service delivery gaps and corrective responses at facility, divisional and national levels. Continuous quality improvement will be embedded within PHC management and service delivery processes. Routine service and performance data will be used to track trends, identify gaps and support adaptive management across the health system. National monitoring frameworks and international benchmarking tools such as PHCPI Vital Signs⁸ profiling will support transparent tracking of PHC performance across key domains including access, service coverage, quality, equity and efficiency. Through the combined application of the ESP, MSS and continuous quality improvement, PHC will function as a consistent, accountable and performance-oriented platform for delivering essential health services across Fiji.

6. Health Security

Health security functions will be strengthened at the national level and closely integrated with PHC and Clinical Services to strengthen prevention, preparedness and response to public health threats. Embedding health security within routine PHC will ensure that frontline services, facilities and health workers play a central role in identifying risks early, sustaining essential services and protecting community wellbeing during both routine periods and emergencies.

Early detection is critical to limiting the health, social, and economic impacts of acute threats to public health. Over the period 2026–2031, MHMS will strengthen national surveillance and National Public Health Laboratory (NPHL) and clinical laboratory systems to enable timely identification, analysis and reporting of public health threats. These systems will support rapid, evidence informed response at national and sub national levels, with strong linkages between PHC facilities, Clinical Services, Health Protection and decision makers. Frontline health workers and PHC facilities will serve as the frontline for the continuity of essential health services during public health emergencies, and contribute to surveillance and early threat detection, strengthening the connection between communities and national surveillance systems while maintaining trusted community engagement.

Health Protection, consisting of the Fiji Centre for Disease Control (Fiji CDC), Environmental Health Unit and Health Emergencies, Disaster Management, and Climate Change is the national program focused on the protection of the public health from acute threats to public health including communicable disease, environmental, chemical, and radiological threats and coordinating preparedness and response to public health emergencies.

The Fiji CDC will be strengthened as the national public health agency for prevention, preparedness and response to diseases of public health concern, including managing national surveillance, coordinating outbreak investigation, managing the National Field Epidemiology Training Program, and the NPHL. Working in close partnership with PHC and Clinical services, and other relevant stakeholders, the Fiji CDC will enhance prevention, preparedness and response in line with core capacities under the International Health Regulations (2005). Surveillance systems will be strengthened to support indicator based, event-based, and community-based surveillance and collaboration with animal health and environmental health to progress the One Health approach. Surveillance strengthening will be supported by progressive implementation

⁷ Minimum Service Standards (MSS) define the minimum acceptable requirements for delivering essential health services, covering workforce, medicines, equipment, information systems, governance, financing, and infrastructure, to ensure consistent, safe, and equitable service delivery across facilities.

⁸ World Bank. (2024). *The primary health care system in Fiji: A primary health care performance initiative assessment*. Vital Signs Profiling is a system-level performance assessment developed under the World Bank-led Primary Health Care Performance Initiative (PHCPI). https://documents1.worldbank.org/curated/en/099121523194239123/pdf/P159865166e66800a1bde11b80f4c8a0a6d.pdf?deliveryName=FCP_5_DM217860

of digital platforms capable of collecting, analysing, and disseminating priority surveillance and laboratory data within defined timeframes. National Public Health Laboratory systems will be further developed to progress timely diagnosis of diseases of public health concern including strengthening of the molecular laboratory and emerging capacities through newly established food/water, leptospirosis MAT, and pathogen genomics laboratories.

National environmental health services will also be enhanced as a core component of health security. This will include strengthened digital permitting systems, vector control, food safety regulatory compliance (including Competent Authority functions), sanitation and waste management and water quality monitoring, air quality control, pollution control, risk management, oversight of infrastructure, international quarantine and port health, and legal enforcement. These functions will support early identification and mitigation of environmental risks, reduce exposure to preventable hazards and reinforce the interface between community health protection and the national program.

Health Emergencies and Disaster Management will be coordinated and progressed utilizing synergies between Environmental Health, Fiji CDC, and Health Emergencies, Disaster Management, and Climate Change and working with the Fiji Emergency Medical Team (FEMAT) and the Border Health Protection Unit (BHPU) as appropriate. Mitigating impacts of climate change on health will be progressed through the Health National Adaptation Plan, including adapting to climate change resilient health facilities and early warning systems for climate sensitive diseases.

Through the integration of health security within PHC and Clinical Services, Fiji will strengthen national preparedness for pandemics, climate related health threats, and other public health emergencies. This approach will protect routine health services, reinforce continuity of care and ensure that preparedness and response capabilities are embedded within everyday health system operations.



Strategic Priority Area 2: Enhanced Clinical Services

Strategic Intent

Clinical services span primary, secondary, and tertiary levels within an integrated system of care. This will be strengthened to deliver safe, high-quality, efficient and people-centred care across all levels of the health system, with the divisional hospitals positioned as modern, fit-for-purpose referral and training hospitals operating within a clearly defined network of care. This Strategic Area blends system reform imperatives identified in the Fiji Health Sector Review 2024 with the need for tangible improvements in national hospital services that respond to public expectations and development priorities.

The Clinical Services agenda for 2026–2031 is directly informed by the Master Planning process and its associated Clinical Services Plan, which provides a long-term vision for the role, scale, and service profile of Fiji's tertiary hospitals. The Strategic Plan recognises that major investments in infrastructure must be accompanied by reforms in models of care, referral pathways, enabled by a skilled, motivated and adequately distributed workforce and operational systems to realise their full benefits.

Strategic Outcome

- Equitable access to safe, high-quality, timely, and efficient clinical services across all levels of care, supported by strengthened referral pathways and a modern, efficient, and high-performing hospital system delivering safe care, improved health outcomes and system efficiency.

Policy Direction and System Shift

Over the period 2026–2031, MHMS will pursue a deliberate shift in how clinical services are delivered and coordinated across the health system. Clinical services will function as part of an integrated, tiered system of care rather than as standalone providers, with clear roles defined across PHC facilities, sub-divisional hospitals, divisional hospitals and national and specialised hospitals. This includes upgrading facilities such as the Colonial War Memorial Hospital, Tamavua Twomey Hospital (TTH), St Giles Hospital and sub-divisional hospitals like Nadi, Sigatoka and Savusavu, which will serve as key components of the national referral and specialised care network.

This shift responds to persistent challenges identified in the Fiji Health Sector Review 2024 and the CWMH Clinical Services Plan, including access block, bed congestion, delays in elective and emergency care, workforce shortages, and infrastructure limitations that constrain modern models of care. Addressing these challenges requires not only investment, but also a reorganisation of service delivery that strengthens coordination, improves patient flow, and brings care closer to communities wherever appropriate. A central element of this reform will be the progressive decentralisation of service delivery capacity. Sub-divisional hospitals will be strengthened to manage a greater proportion of admissions, procedures and follow-up care, reducing unnecessary referrals to divisional and tertiary facilities and improving access for rural and maritime populations. This will be supported by clearer referral protocols, strengthened communication systems and the establishment of two-way referral and feedback loops to ensure continuity of care across all levels of the system.

At the same time, digital health systems will be strengthened to support integrated service delivery, including improved interoperability between health management information systems (HMIS), electronic medical records, laboratory and radiology information systems and referral platforms. These investments will enable better patient tracking, clinical decision-making, and system-wide coordination.

The system will progressively shift from:

- fragmented referral and patient flow arrangements to clearly defined, standardised referral pathways supported by real-time information sharing and feedback mechanisms
- excessive reliance on inpatient and emergency care to greater use of ambulatory care, day surgery, short-stay models, and community-based services
- infrastructure-constrained service delivery to services enabled by modern facilities, appropriate equipment, and interoperable digital systems
- dependence on overseas referrals to strengthened in-country tertiary and specialised service capacity where feasible and sustainable

These reforms will be implemented in a phased and realistic manner, recognising ongoing constraints related to workforce availability, infrastructure gaps, financing limitations, and supply chain reliability. Alignment with broader health system stewardship reforms including public financial management, workforce planning, and capital investment prioritisation will be critical to ensuring that decentralisation and service expansion are sustainable and deliver measurable improvements in access, quality, and system efficiency.

Clarifying the Role of Hospitals: What Will Change by 2031

Strengthening clinical services under this Strategic Plan is not solely about expanding hospital capacity or introducing new specialist services. It requires a deliberate and disciplined redefinition of the role of hospitals within an integrated health system. By 2031, hospitals in Fiji will increasingly focus on care that requires hospital-level expertise, infrastructure and clinical support services, while activities that can be safely and effectively delivered at PHC or community level will be progressively shifted out of hospitals.

This transition will be supported by clearer role delineation across levels of care. Health centres and nursing stations will serve as the primary platform for prevention, early detection, routine management and continuity of care. Sub-divisional hospitals will function as the first level of inpatient and referral care, managing uncomplicated admissions, basic procedures, stabilisation, and follow-up care closer to communities. Divisional and specialised hospitals, including tertiary facilities will focus on high-acuity, complex, and specialised services, supported by advanced diagnostics, multidisciplinary teams, and training functions. This structured delineation will ensure that patients receive care at the most appropriate level, improve system efficiency and reduce unnecessary congestion at higher-level facilities.

Inappropriate hospital admissions for stable and manageable conditions will be reduced through strengthened PHC, clearer referral criteria and improved continuity of care following discharge. Conditions such as stable NCDs, uncomplicated follow-up care, routine reviews, and selected rehabilitation services will increasingly be managed at PHC level, supported by structured referral feedback mechanisms and shared care arrangements across levels of the system. Emergency Departments (EDs) will be protected as critical services for acute and life-threatening conditions across all hospital levels. Measures will be implemented to reduce misuse of EDs for non-urgent presentations, including improved access to after-hours primary care, clearer public communication on appropriate service use and strengthened triage and redirection protocols. These changes will improve patient safety, reduce overcrowding, and enable emergency services to respond more effectively to genuine emergencies.

Hospitals will also reduce reliance on prolonged inpatient stays where alternative models of care are more appropriate. Expanded use of ambulatory care, day procedures, early supported discharge, Hospital in the Home (HITH) and other home-based care models will enable hospitals to focus on high-acuity and complex care while improving patient experience and system efficiency.

This rebalancing of roles between PHC, subdivisional, divisional and specialised hospitals is essential to improving quality, reducing costs and ensuring that investments in hospital infrastructure and specialist services deliver maximum value to the population, while supporting a more integrated, efficient, and people-centred health system.

Key Outcome Areas

1. Role of the Colonial War Memorial Hospital

CWMH will continue to serve as Fiji's national referral and teaching hospital, providing secondary and tertiary services for its Central and Eastern Division catchments, national referrals for complex care, and selected specialised services that also cater to the needs of neighbouring Pacific Island countries. The Clinical Services Plan under the Master planning process confirms its central role in emergency, medical, surgical, maternity, paediatric, neonatal, critical care, and specialist outpatient services while also identifying significant gaps in current service capability due to ageing infrastructure, workforce constraints, and limited clinical support services.

The ongoing master planning and redevelopment of CWMH represents a transformational opportunity for the health system. MHMS will ensure stewardship and ownership of this process, with the future hospital designed and commissioned in alignment with national service delivery priorities, role delineation frameworks, and realistic workforce and financing assumptions. The new CWMH will be expected to support contemporary models of care, improve patient flow and safety, and function as the apex of a national network of care rather than absorbing avoidable demand from primary and secondary facilities.

In parallel, other divisional and specialised hospitals will be strengthened in a phased manner to expand service capability, improve access to care and ensure equitable service provision across the country, while maintaining a clearly defined and complementary referral relationship with CWMH.

2. Strengthening Referral Pathways and Networks of Care

Effective clinical services depend on well-coordinated referral relationships across all levels of the health system. Under this Strategic Area, MHMS will strengthen referral protocols, communication pathways and feedback mechanisms between primary, secondary, and tertiary services to ensure that patients receive the right care, at the right level and at the right time.

National referral pathways will be standardised and expanded to explicitly integrate private sector providers, including general practitioners and private hospitals, as well as overseas referral arrangements. Clear operational protocols and governance frameworks will be established to ensure consistency, equity, and appropriate clinical oversight across all referral pathways.

Subdivisional hospitals will be progressively strengthened to function as key referral hubs, managing a greater proportion of admissions, procedures and follow-up care closer to communities, thereby reducing unnecessary pressure on divisional and specialised hospitals. Tertiary hospitals will increasingly focus on complex, specialised and high-acuity care supported by clearly defined admission criteria, strengthened discharge planning and structured back-referral pathways linked to primary and community-based services.

In parallel, retrieval and patient transfer systems will be strengthened to ensure timely, safe, and equitable access to higher levels of care, particularly for populations in rural, remote, and maritime areas. Together, these reforms will support a more integrated, efficient, and patient-centred system of care across Fiji.

3. Quality Care, Safety and Patient Experience

Improving the quality and safety of clinical care together with patient experience will be a central focus of the 2026–2031 period. MHMS will progressively strengthen clinical governance, standardised clinical pathways, infection prevention and control and patient safety systems across all hospitals, supported by the maturation of clinical governance hubs. These hubs will enable coordinated oversight, peer learning and consistent application of clinical standards across facilities, with particular attention to emergency care, perioperative services, maternity and neonatal care and the management of chronic and complex conditions. Together, these efforts will support more consistent, reliable, and safe care across the hospital network.

Enhancing patient experience is a core element of the quality agenda. Improvements will prioritise reducing waiting times, strengthening continuity of care, improving the availability of medicines and consumables and promoting clear, respectful communication and culturally appropriate service delivery. The Ministry will relook at the Customer Feedback Centre, currently accessed through dialling 157, to function as a more accessible and responsive mechanism for capturing patient feedback, resolving complaints and informing service improvement. This will complement facility-level feedback processes and reinforce a patient-centred approach to care across the system.

To support continuous improvement, MHMS will develop a core set of standardised hospital performance indicators to enable benchmarking, transparency and shared learning across all hospitals. These indicators will focus on safety, quality, access, and patient experience, and will be progressively refined as data systems mature. MHMS will also consider a Quality Management System (QMS) that provides a coherent and unified approach to quality across the health sector. QMS will serve as the overarching architecture for quality improvement, with clinical governance embedded as a core component rather than a parallel system. Full adoption of a formal QMS and accreditation standards will be contingent on demonstrated institutional readiness and available budget. The Ministry will actively seek development partner support to resource and accelerate this foundational work, ensuring that when conditions are right, QMS implementation occurs and delivers lasting system-wide improvements.

Safety is also for health workers and MHMS will also strengthen its occupational health and safety (OHS) profile across facilities especially at the larger hospitals and ensure systems are created to enhance health worker welfare and wellbeing.

4. Development of New Specialist Services

Consistent with national disease burden trends, MHMS will progressively develop and expand specialist services to complement divisional hospitals and reduce reliance on overseas medical referrals. Priority areas for development will include cardiology and interventional cardiology (adult and paediatric), vascular surgery, oncology services encompassing radiotherapy, nuclear medicine, and comprehensive cancer diagnostics and treatment, advanced renal and dialysis services, strengthened diagnostic imaging and pathology, as well as clinical rehabilitation and podiatry. The nursing workforce will be supported to upskill and expand in parallel to ensure alignment with new and emerging specialist service requirements.

In response to evolving population needs, MHMS will also establish specialist services for childhood disability and neurodevelopmental disorders, including the assessment and management of autism spectrum disorder and paediatric neurological conditions. These services will be supported by clear referral pathways and strong integration with primary health care, education, and social services. In parallel, addiction medicine will be recognised as a formal specialty within the public health domain, alongside the expansion of community-based drug rehabilitation services, to address rising substance use, associated mental health conditions, and increasing pressure on emergency and inpatient services.

To support sustainable service expansion, MHMS will strengthen in-country training and professional development systems. The Ministry will develop and institutionalise continuous professional development (CPD) programmes across all clinical cadres, enabling ongoing in-service training aligned with evolving service delivery needs. Standardised training requirements, including Advanced Cardiac Life Support (ACLS) and Primary Trauma Care (PTC), will be progressively embedded as mandatory components of professional registration and practice, ensuring consistent clinical competency and patient safety across the system.

Expansion of specialist services will be explicitly prioritised based on workforce pipelines, training capacity, and long-term operating costs. No new service will be initiated without a viable staffing model, defined training and retention measures, sustainable recurrent financing, and robust clinical governance arrangements. In addition, specialist recruitment and accreditation processes will be strengthened through the introduction of formal vetting mechanisms aligned with recognised international standards, including those applied in Australia and New Zealand, to ensure quality, safety and professional credibility.

This disciplined sequencing will ensure that service expansion strengthens system performance without destabilising core services or compromising quality, and supports the development of a resilient, high-performing, and self-sustaining specialist care system in Fiji.

5. Efficient and High-Performing Hospitals

Operational efficiency and effective patient flow are critical determinants of hospital performance, safety, and financial sustainability. Persistent challenges such as access block, bed block, delayed diagnostics, excess overtime and manual workflows undermine hospital capacity, increase length of stay, and compromise patient experience. Under this Strategic Plan, MHMS will strengthen the core operational and system enablers required for efficient hospital functioning, with a particular focus on national referral facilities.

Hospital operational systems will be strengthened to optimise patient flow across the full continuum of care. This includes improved bed management and discharge planning, more effective scheduling and utilisation of operating theatres, streamlined specialist outpatient services, and timely access to diagnostic and clinical support services. Planned expansion of ambulatory care, HITH and day procedures will reduce unnecessary inpatient admissions and lengths of stay, supported by appropriate infrastructure, workforce models and clinical governance arrangements. Operating theatre services will be planned and managed as a system-wide asset rather than as isolated departmental functions. This will include coordinated theatre scheduling, appropriate case mix planning, alignment with surgical workforce availability and integration with peri-operative, critical care and diagnostic services to maximise utilisation, reduce cancellations, and improve surgical throughput, safety, and outcomes. Tracking mechanisms will be introduced to ensure reduction in the backlog of elective cases awaiting surgery.

Digitisation will be a critical enabler of improved hospital workflows, efficiency, and clinical decision-making. MHMS will progressively replace outdated systems and make use of newer hospital information systems (HIS) to support real-time bed management, patient tracking, theatre scheduling, outpatient appointment management, diagnostic ordering and reporting, discharge planning, and referral coordination. Improved interoperability between HIS, electronic medical records (EMR), laboratory and radiology systems, and supply chain platforms will reduce duplication, delays, and manual workarounds, enabling clinicians and managers to make timely, data-informed decisions. Newer digital solutions under the oversight of Digital Health Technical Action Group (DHTAG) will be implemented with a clear focus on workflow redesign, usability, and integration with clinical practice, rather than as stand-alone unsustainable ICT projects.

A skilled, motivated, and sustainable workforce is central to tertiary hospital efficiency. While detailed workforce planning is addressed in Strategy Area 3, this Strategic Area recognises the need for aligned staffing models, expanded scopes of practice and continuous professional development to support new services, digital systems, and models of care. Clinical support services including pharmacy, radiology, pathology, allied health and biomedical engineering will be strengthened as essential enablers, ensuring timely diagnostics, safe medicines management, equipment reliability and multidisciplinary care.

Reforms under this Strategic Area are closely interdependent with investments in PHC, Health Governance, Health Security, and Digital Health. Strengthened PHC will reduce avoidable hospital demand; governance and financing reforms will support operational accountability; digital and data systems will enable real-time performance monitoring and adaptive management; and health security investments will ensure surge capacity and continuity of services during shocks. Together, these enablers will ensure that Fiji's tertiary hospitals function as efficient, high-quality referral centres within an integrated, equitable, and financially sustainable health system.



Strategic Priority Area 3: Health Systems Stewardship

Strategic Intent

Health systems stewardship underpins the effectiveness, sustainability, and equity of Fiji’s health system. Over the period 2026–2031, MHMS will strengthen its stewardship role to ensure that public resources are used efficiently, institutions and leaders are accountable, the health workforce is supported and retained, and partnerships are coordinated in line with national priorities. This Strategic Area responds directly to system stewardship and public financial management weaknesses identified in the Fiji Health Sector Review 2024 and aligns closely with the National Development Plan’s Good Governance and Economic Resilience pillars. Strengthened stewardship will also ensure that climate resilience is systematically integrated into planning, financing, infrastructure development, and service delivery to protect health system functionality and population health outcomes in the face of increasing climate-related risks.

Stewardship reform under this Strategic Plan is not solely administrative. It is fundamentally economic and systemic. Stronger health systems stewardship is essential to contain future health expenditure growth, improve value for money, and ensure that increased investment in health translates into measurable improvements in health outcomes and equity for all Fijians. A strengthened governance framework will underpin this reform, clarifying roles, responsibilities, decision making authorities, and accountability mechanisms across MHMS and its agencies. Overall ownership for this Strategic Area rests with the Permanent Secretary for Health, supported by Deputy Secretaries across Public Health, Hospital Services and Corporate Services.

Strategic Outcome

- A well-governed, accountable, and financially sustainable health system that delivers value for money, retains a skilled workforce, advances equity and inclusion, and effectively coordinates partners in support of national health priorities.

Policy Direction and System Shift

Over the period 2026–2031, MHMS will pursue a deliberate shift in how the health system is governed and managed, strengthening accountability and performance across all levels of the system. This shift will place greater emphasis on clear institutional roles, evidence informed decision making and stronger alignment between policy, planning, financing and service delivery. Governance arrangements will be progressively modernised to support system integration, manage complexity, and enable coordinated action across divisional and sub divisional levels, as well as with non state and development partners. Collectively, these reforms will support a more responsive, transparent and resilient health system capable of delivering sustained improvements in population health outcomes.

The health system will progressively shift from:

- fragmented and compliance-driven management arrangements to clear stewardship roles with defined accountability for system performance, results, and value for money.
- input-focused planning and budgeting to outcome-oriented prioritisation linked to service delivery needs, workforce capacity, and population health impact.
- short-term and ad hoc decision-making to evidence-informed policy direction supported by robust data, analysis, and strategic monitoring.
- parallel and donor-driven initiatives to coordinated partnerships aligned with national priorities and integrated into core government systems.
- weak institutional oversight and limited performance follow-through to strengthened leadership, stewardship, and performance management across public health, hospital, and corporate functions.
- fragmented enabling systems to integrated stewardship of workforce, financing, infrastructure, supply chains, digital health, and service enablers that support sustainable reform.
- from reactive responses to climate and disaster risks to planned, climate-resilient health system stewardship embedded in infrastructure planning, supply chains, workforce deployment, and service continuity arrangements.

Through this shift, MHMS will strengthen its capacity to anticipate risks, manage trade-offs and direct investments toward high-impact, equitable and sustainable health outcomes, ensuring that increased investment in health translates into measurable improvements for all Fijians.

Key Outcome Areas

1. People and Leadership

A skilled, motivated, and well-led workforce is the most critical asset of Fiji's health system. MHMS continues to face significant workforce pressures, including shortages in key cadres, uneven distribution across divisions and attrition driven by migration, high workload, and limited career progression. These challenges, exacerbated by the COVID-19 pandemic, pose ongoing risks to service continuity, system performance and the sustainability of recent and planned reforms.

Over the period 2026–2031, MHMS will strengthen workforce governance through improved HR planning, deployment, performance management and professional development. A long-term health workforce strategy will align training pipelines, scopes of practice and staffing models with evolving service delivery needs, including the expansion of PHC, more complex tertiary services and new models of care enabled by digitisation. Oversight of workforce policy, establishment management and conditions of service will be led through Corporate Services, with close coordination across Hospital Services and Public Health to ensure alignment with service delivery models and population health priorities.

As part of this reform, MHMS will initiate a structured and systematic revamp of job evaluation, workload assessment and organisational hierarchy across the entire health workforce, extending beyond doctors and nurses to include allied health professionals, public health staff, technical officers, digital and data roles and support services. This approach will ensure that roles, responsibilities and staffing levels reflect actual workload, service complexity and evolving system requirements and that career pathways are transparent, equitable and aligned with performance expectations.

Increasing digitisation of the health system will require a comprehensive review of workforce roles and terms of reference. MHMS will progressively update job descriptions to capture new digital and system-enabling functions, including expanded use of mSupply, other digital health applications, data management, asset upkeep and cybersecurity responsibilities. Workforce planning will therefore account not only for clinical and public health functions but also for the growing importance of digital, technical and information governance roles that underpin safe and efficient service delivery.

Recognising that digital transformation is only effective when the workforce is adequately prepared, MHMS will implement a phased approach to improving digital literacy across all cadres. This will include targeted training linked to role requirements, supportive change management and integration of digital competencies into professional development frameworks. These measures will reduce administrative burden and improve workforce confidence, productivity and retention.

Executive leadership arrangements will be strengthened to ensure governance structures are fit for purpose. Deputy Secretary-level oversight across Public Health, Hospital Services and Corporate Services will be reinforced, with clear accountability for performance, service delivery and system reform outcomes. At hospital level, leadership arrangements will progressively shift towards professional health services management. Trained health administrators will assume responsibility for operational and financial performance, while clinical leaders will focus on clinical governance, quality improvement, teaching and research. This deliberate delineation of roles will strengthen accountability, improve efficiency and support the sustainability of complex secondary and tertiary services while maintaining high standards of clinical care.

To underpin this reform, health services management and medical administration will be formally recognised as a specialist professional pathway within the health system. MHMS will systematically identify high-potential employees with aptitude for leadership and management and place them on structured development and mentorship pathways leading to recognised specialist qualifications in health services management and medical administration. This approach will strengthen succession planning, expand the pipeline of future health system leaders and contribute to workforce resilience by providing clear, credible career progression opportunities beyond purely clinical tracks.

2. Future-proofing Health Legislation

Effective health governance also depends on modern, independent, and credible regulatory and oversight institutions. To strengthen accountability, professional standards, and public trust, MHMS will pursue targeted legislative reforms led through Corporate Services with policy coordination by the Planning and Policy Development division.

A priority focus will be the review and amendment of professional regulatory legislation, including the *Public Health Act (1936)*, *Public Hospitals and Dispensaries Act (1955)*, *Private Hospitals Act (1979)*, *Medical and Dental Practitioners Act (2010)*, *Nursing Act (2011)*, *Fiji Allied Health Practitioners Act (2011)*, *Mental Health Act (2010)* and *Pharmacy Profession Act (2011)*. These reforms will strengthen the independence, transparency and effectiveness of councils and boards by reducing conflicts of interest, clarifying mandates and aligning professional governance with international best practice.

MHMS will also address regulatory gaps in private laboratory and diagnostic services, recognising the absence of dedicated legislation or formal oversight as a structural risk. Future policy and legislative development in this area will establish clear regulatory expectations for private diagnostics, enhancing patient safety, accountability and transparency in a rapidly expanding sector.

In parallel, governance arrangements for statutory oversight bodies such as the Boards of Visitors, HIV Board and the Mental Health Board will be reviewed and modernised. Legislative reforms will clarify roles and responsibilities, strengthen independence and accountability, update appointment and reporting mechanisms and ensure alignment with good governance, human rights principles and standards.

3.. Health Promotion Governance Framework

Under this Strategic Plan, MHMS will develop a health promotion governance framework as a core system-level reform to strengthen prevention and health promotion outcomes. The framework will establish clear governance, coordination arrangements to enable sustained delivery of population-level health promotion interventions. This will be informed by international best practice, including models such as the Victorian Health Promotion Foundation (VicHealth)⁹.

The framework will support strategic leadership for prevention by setting policy direction, defining roles and accountabilities and enabling the prioritisation, financing, and commissioning of evidence-based health promotion initiatives. It will guide national advocacy and strategic communications on priority NCD risk factors, promote the implementation of cost-effective interventions aligned with the WHO Best Buys¹⁰ and strengthen multi-sectoral coordination to address the social and commercial determinants of health.

9 VicHealth (the Victorian Health Promotion Foundation) is an independent statutory health promotion agency of the Government of Victoria, established in 1987 and internationally recognised as the world's first health promotion foundation, with a mandate to promote population health and prevent disease through systems-level action.

10 World Health Organization. (2024). Tackling NCDs: "Best buys" and other recommended interventions for the prevention and control of noncommunicable diseases (2nd ed.) World Health Organization. <https://www.who.int/publications/i/item/9789240091078>

Consistent with the NDP and evidence on effective behaviour change, the framework will enable a shift towards targeted and data-informed public health communication approaches. This includes increased use of digital platforms, social media and partnerships with trusted community voices and influencers to improve reach and impact, particularly among young people and populations at higher risk. These approaches will support sustained behaviour change across priority areas, including nutrition, physical activity, tobacco use, harmful alcohol consumption, drug abuse, sexual and reproductive health and mental wellbeing.

The framework will also provide a platform to advance evidence-informed policy and regulatory action in line with national priorities and STEPS Survey findings. This includes structured advocacy for health-promoting fiscal and regulatory measures such as excise taxes and restrictions on the marketing and promotion of unhealthy products to reduce exposure to behavioural and metabolic risk factors. In parallel, the framework will guide population-level approaches to improving nutrition and physical activity by enabling coordinated, multi-sectoral action to promote healthier food environments and active lifestyles. Partnerships with local authorities, schools, faith-based organisations, sports bodies and the private sector will support expanded access to safe outdoor spaces, community-based physical activity infrastructure and wellness programmes, with a particular focus on children and young people.

The development of the health promotion governance framework during the 2026–2031 period is a critical enabling reform to shift the health system towards prevention and long-term sustainability. By strengthening governance and accountability for prevention, the framework will help mitigate the risks associated with rising NCD prevalence, escalating health expenditure related to NCD control and productivity losses, while delivering sustained population-level health gains and improved value for money over the medium to long term.

4. Partnerships in Health

MHMS will strengthen stewardship of development partner engagement to ensure that external financing and technical assistance are aligned with national priorities, integrated into core government systems and contribute to long-term institutional capacity rather than parallel delivery arrangements. Leadership of development partner coordination will be exercised centrally, with the PPDD playing a key role in ensuring coherence with the Strategic Plan, the MERL framework and national accountability requirements. To enable more proactive and structured engagement, MHMS will establish a dedicated Development Partner Coordination Specialist role. Given the large and growing number of development partners operating in Fiji's health sector, this function is essential to strengthen coordination, reduce duplication and ensure that partner funded activities are aligned with Fiji's health system priorities, service delivery models, workforce capacity, financing sustainability and governance arrangements

MHMS will also strengthen its strategic partnership with the Sri Sathya Sai Sanjeevani Children's Hospital as a key contributor to specialised paediatric cardiac care in Fiji and the wider Pacific. This partnership complements public sector service delivery by expanding access to life-saving tertiary care for children with congenital heart disease, while reducing referral pressures on overseas treatment schemes and public hospitals. The relationship will be anchored in clear governance arrangements, defined referral pathways, shared clinical standards and learning opportunities and coordinated workforce development, ensuring alignment with national clinical priorities and quality expectations. MHMS will continue to support integration of services through data sharing, continuity of care arrangements, and collaboration on training and skills transfer for local health professionals, strengthening long-term national capacity. As part of the broader health system reform agenda, this partnership will be positioned as a model for structured public–philanthropic collaboration, demonstrating how non-state providers can contribute to UHC objectives while maintaining equity, quality, and sustainability within the national health system.

MHMS will also strengthen engagement with PPPs to maximise system-wide benefits while safeguarding equity and coherence. This will include structured engagement with partners such as Aspen Medical to better understand effective operational, clinical governance, and management practices implemented within their facilities. Where appropriate, lessons learned will be adapted and applied across the public system, while ensuring that PPP arrangements do not exacerbate inequities in access, affordability, or workforce distribution. Policy, regulatory, and contractual mechanisms will be used to address equity considerations arising from PPPs and to ensure alignment with national health objectives. Looking ahead, MHMS will work with the Ministry of Finance and other central agencies to explore more targeted and strategic partnership models for specific services, as part of a broader reform of strategic purchasing arrangements. This exploration will be evidence-based and incremental, recognising the need to balance innovation with system readiness, fiscal sustainability, and public accountability. Areas for consideration may include midwifery and maternity services, drawing on international experience where midwifery-led models manage low-risk pregnancies and tertiary hospitals focus on complex care, as well as selected specialised services such as radiology, cardiology, and oncology. Any future PPP arrangements will be explicitly designed to strengthen equity, quality, and system integration, and will be linked to health outcomes rather than service volumes alone.

Partner-supported initiatives will be systematically mapped to Strategic Areas and progressively transitioned into MHMS ownership where appropriate. MHMS will lead policy dialogue on health financing and reform initiatives to ensure alignment with service capacity, equity objectives, and fiscal sustainability, reinforcing national stewardship and reducing fragmentation across the health sector.

5. Gender Equality, Disability and Social Inclusion (GEDSI)

GEDSI principles will be embedded as core elements of health system governance, rather than treated as stand alone or compliance driven initiatives. This approach reflects the growing recognition that inequities within the health workforce and barriers to equitable access to services directly undermine system performance, quality of care, and public trust. Leadership for this agenda will be driven through the Public Health portfolio, with responsibilities embedded across all divisions, hospitals, and facilities to ensure consistent application across policy development, planning, service delivery, and workforce management.

MHMS will intensify its focus on GEDSI in response to evolving demographic, social, and workforce realities. While the majority of the MHMS workforce is female, women remain under represented in executive leadership and decision making roles beyond the nursing cadre. This imperative is further reinforced by the increasing number of women graduating in medical and allied health professions, requiring deliberate structures and pathways to support their progression into future leadership roles. At the same time, Fiji continues to experience high levels of gender based violence and deeply entrenched social norms within a predominantly patriarchal context, with direct consequences for health outcomes, service utilisation, staff safety, and wellbeing. Addressing GEDSI is therefore both an immediate workforce priority and a long term investment in building a more resilient, responsive, and people centred health system.

GEDSI considerations will be systematically integrated into policy development, gender responsive budgeting, service design, workforce management and performance monitoring. Services will be designed and delivered to be inclusive, accessible, safe, and responsive to the needs of women, persons with disabilities, and vulnerable and marginalised populations. Over time, this approach will strengthen equity of access, improve health outcomes for high need groups, and reduce avoidable demand on tertiary and crisis services by addressing barriers earlier and more effectively.

To ensure sustained institutional leadership and capability, MHMS will establish and implement a Women in Health Leadership programme. The programme will strengthen leadership pipelines for women across clinical, managerial, and policy roles and will serve as the primary platform for embedding GEDSI principles across MHMS. Through structured leadership development, mentoring, and institutional reform initiatives, the programme will take ownership of advancing gender equality, inclusive leadership practices, and organisational culture change, ensuring GEDSI is embedded in how decisions are made and services are delivered over the long term.

To strengthen accountability and resourcing for gender equality, MHMS will progressively introduce gender responsive budgeting, ensuring that budget formulation, allocation, and monitoring explicitly consider differential impacts on women, men, and vulnerable groups. Gender analysis will inform the prioritisation of programmes, workforce investments, and service delivery models, strengthening alignment between resource allocation and equity objectives. Gender responsive budgeting will be implemented in a phased manner, aligned with Ministry of Finance processes and national public financial management reforms.

Institutional leadership on gender will be further strengthened through the establishment of a Gender and Inclusion Adviser – Health role within the Executive Support Unit. The Adviser will provide dedicated technical advice to senior leadership on gender equality, gender based violence, workplace safety and inclusive service delivery, and will support the integration of GEDSI considerations across strategic planning, policy development, workforce reforms, and monitoring frameworks. The role will also strengthen coordination with national women’s machineries and relevant agencies.

MHMS will also develop and implement a Ministry wide Gender Policy and/or GEDSI Mainstreaming Implementation Plan aligned with national commitments, international obligations, and the NDP. The Policy will provide a clear framework for advancing gender equality within the health workforce, preventing and responding to gender based violence, and ensuring gender responsive service delivery. Implementation of the Gender Policy will be explicitly linked to this Strategic Plan and monitored through the MERL framework to ensure accountability, learning, and measurable progress over time.

6. Public Financial Management in Health

Public Financial Management (PFM) is a foundational component of the health sector, as robust financial management systems are essential for converting budgetary allocations into quality health services and improved public health outcomes. Even where health budgets are substantial, weak PFM systems can significantly limit progress toward UHC.

The Fiji Health Sector Review 2024 underscored these challenges, highlighting persistent misalignments between health expenditure patterns, disease burden and system needs, alongside weaknesses in budget formulation, execution and monitoring that undermine the effectiveness of health spending.

In response to these findings, the review identified priority areas for reform to support the MHMS working closely with the Ministry of Finance and other central agencies as part of broader public financial management reforms. These include strengthening budget execution across both recurrent expenditure and capital works through improved cross-sector coordination and a structured root-cause analysis of persistent underspending. The review also emphasised the need to enhance MHMS capacity to effectively implement the GoF's financial management information system (FMIS), ensuring interoperability with sector-specific tools and enabling the use of real-time financial data to support accountability and evidence-informed decision-making. In addition, strengthening the capacity to manage public finances during emergencies was identified as critical, particularly in enabling access to surge financing instruments, activating appropriate procurement and treasury mechanisms during crises, and establishing systems to prioritise and track climate preparedness and response expenditure.

Within this strategic plan, MHMS commits to modernising and strengthening its financial management systems through a phased and sequenced approach. This reform pathway aligns budget formulation, execution, reporting, accountability, and monitoring processes with Public Expenditure and Financial Accountability (PEFA) best practice benchmarks and the recommendations of the Fiji Health Sector Review 2024. The intent is to embed PFM reform as a core enabler of health system performance rather than a parallel administrative function.

As part of this reform agenda, MHMS will work progressively with the Ministry of Finance to enhance budget credibility and execution by improving the accuracy of health budget forecasting over the medium term. This includes efforts to increase national health expenditure toward 5% of GDP, while maintaining a strong focus on efficiency, prioritisation, and value for money across health programmes and sub-national facilities. Strengthening financial planning and reporting systems will be a central pillar of this work, including expanded use of integrated FMIS to support real-time tracking of health budgets and expenditures, alongside the institutionalisation of comprehensive financial reporting standards and regular internal audits that align with international PFM norms.

Building institutional capacity in PFM and health financing will be equally critical. Targeted capacity development will be rolled out for MHMS finance teams, health planners, and programme managers, focusing on strategic budgeting, variance analysis, procurement procedures, and compliance with Fiji's financial management regulations. Strengthening programme-based budgeting will ensure that resource allocations are explicitly linked to strategic priorities, expected results, and service delivery realities. Improvements in financial management capacity, budget execution, cash flow management, and procurement planning are expected to reduce underspending, delays, and inefficiencies that directly undermine service delivery.

To more clearly link financial reforms to health outcomes, MHMS will establish performance monitoring frameworks that connect financial inputs with service delivery results, in line with the World Bank's emphasis on efficiency and outcomes. In parallel, the Ministry will pilot activity-based budgeting in selected public health centres, hospitals and high-volume services, including the CWMH. This approach will improve transparency, strengthen cost control, and support informed prioritisation by linking funding decisions to service volumes, unit costs, and outcomes. Financial performance indicators will also be embedded within annual operational plans to ensure resources are directed toward high-impact areas such as primary healthcare, preventive services, and the management of chronic diseases.

Strengthening oversight, transparency, and stakeholder engagement will further reinforce the effectiveness of PFM reforms. MHMS will enhance internal controls and risk management mechanisms and institutionalise public reporting on health expenditures and outcomes to improve accountability to citizens and development partners. Through these combined reforms, the Ministry aims to strengthen fiscal discipline, improve efficiency in resource use, and ensure that public resources are consistently aligned with strategic health priorities and measurable outcomes for Fiji. Ownership of this reform agenda will be from the Deputy Secretary Corporate Services in close collaboration with the Finance Unit of the MHMS and Ministry of Finance.

7. System Enablers

Effective service delivery depends on strong enabling systems. MHMS will strengthen governance of supply chains, procurement, asset management and health infrastructure to improve budget execution, service reliability, and value for money. Deputy Secretary Corporate Services will lead these reforms, with delivery responsibilities embedded across divisions and facilities.

End-to-end supply chain governance will be strengthened through improved forecasting, procurement planning, contract management, and logistics coordination. Procurement will be progressively professionalised, with stronger integration between clinical, technical and procurement teams to ensure that specifications are fit for purpose and aligned with service needs. Procurement will be progressively professionalised, with stronger integration between clinical, technical and procurement teams to ensure that specifications are fit for purpose and aligned with service needs. Asset management systems will be strengthened to support effective maintenance, lifecycle planning, and evidence informed investment decisions across the national health system. MHMS will prioritise the progressive digitisation of asset management functions, moving toward a consolidated, digital asset register and management system that provides real time visibility of buildings, plant, equipment, and critical infrastructure across more than 220 health facilities nationwide. This will enable systematic tracking of asset condition, maintenance history, replacement cycles and risk and will support more informed prioritisation of capital and recurrent investments. Health infrastructure planning and asset management will incorporate climate-resilient design principles to ensure that facilities are able to withstand extreme weather events and maintain operational continuity. This will include consideration of location, structural resilience, energy systems (including renewable energy options), water security, and maintenance systems to reduce vulnerability and lifecycle costs.

To strengthen accountability and system performance, MHMS will introduce clearer asset management accountability mechanisms, including defined responsibility for asset upkeep at facility, divisional and national levels. Maintenance planning will be embedded as a core management function and KPI with facilities progressively required to operate against approved, costed maintenance plans aligned to asset criticality, service delivery roles and patient safety requirements. Performance and accountability indicators related to asset condition, maintenance compliance, and service disruption due to infrastructure or equipment failure will be progressively incorporated into management and reporting frameworks, supporting greater transparency and stronger stewardship of public assets.

Major capital investments, including the redevelopment of the CWMH, the National Rehabilitation Hospital, and other specialty hospitals, will be explicitly anchored in national service delivery priorities, workforce availability and long term operating and maintenance capacity. MHMS will ensure that capital planning decisions are informed not only by construction needs, but also by lifecycle costs, staffing requirements and the system's capacity to sustainably operate and maintain new infrastructure over time. This approach will reduce the risk of under utilised or unsustainable assets and strengthen alignment between infrastructure investment and health system performance.

The Pacific Healthy Islands Transformation (PHIT) project¹¹ provides an important opportunity to strengthen health infrastructure planning and management as part of broader system transformation. As PHIT investments support the modernisation of PHC networks and the redevelopment of major hospital infrastructure, MHMS will align asset management reforms with PHIT supported infrastructure, safeguards, and systems strengthening activities. This includes strengthening asset planning, maintenance, and management practices to ensure that new and upgraded facilities are resilient, fit for purpose, and supported by adequate operational and maintenance arrangements throughout their lifecycle.

Through digitised asset management systems, strengthened accountability mechanisms, and integration of maintenance planning into routine management processes, MHMS will improve the reliability, safety, and sustainability of health infrastructure across the country. These reforms will support better service continuity, protect major public investments, and ensure that health facilities from nursing stations to tertiary hospitals are able to deliver quality services in line with national priorities and long term health system needs.

8. Digital Transformation

Over the period 2026–2031, MHMS will modernise Fiji's digital health systems by transitioning away from fragmented legacy platforms towards a coherent, interoperable digital health architecture aligned with national priorities. Obsolete systems will be progressively retired and replaced with modern, scalable platforms that prioritise usability, interoperability, data quality, and real-time information flow across PHC facilities, hospitals, laboratories, pharmacies, public health programmes and private providers. The adoption of advanced digital solutions, including artificial intelligence and analytics, will support clinical decision-making, supply chain forecasting, risk analysis and service planning, with a clear focus on supporting health workforce and improving productivity rather than replacing professional judgement.

Reliable digital connectivity will be treated as essential health infrastructure. MHMS will work with Government of Fiji and development partners to ensure consistent, high-quality connectivity across all health facilities, with particular focus on rural and maritime areas. Satellite-based connectivity solutions will be standardised where terrestrial connectivity is

¹¹ The Ministry of Finance is the Implementing Agency of the PHIT Project (in partnership with the Ministry of Health), a regional health sector transformation platform, with joint investments in Fiji by the World Bank, Asian Development Bank, the OPEC Fund, and the Pandemic Fund. The PHIT Project aims to transform the health sector through targeted investments in healthcare infrastructure, digital services, primary healthcare strengthening, training and regional coordination and alignment.

unreliable, supported by sustainable funding models, local maintenance capacity, bandwidth management and business continuity planning. Improved connectivity will enable timely reporting, telehealth and telemedicine capabilities, remote supervision, emergency coordination and equitable access to national systems regardless of geography.

As digital systems expand, MHMS will strengthen data stewardship, privacy, security, and ethical use of health information. Interoperability standards will be enforced to prevent system fragmentation and vendor lock-in, enabling a whole-of-system view of health performance and continuity of care. Systems will align progressively with recognised international standards, including HL7 FHIR, ICD classifications, and SNOMED terminology, supported by a strengthened national health identifier framework. Cybersecurity will be treated as a critical patient safety and national risk management priority, with formal cybersecurity strategies, incident response protocols, routine testing and mandatory staff awareness training implemented to safeguard system resilience and public trust. MHMS will embed robust digital health regulatory frameworks to ensure that digital transformation is safe, ethical, secure, and aligned with national priorities. These frameworks will address data governance, privacy, cybersecurity, artificial intelligence, and the regulation of digital health solutions across public and private providers, providing clarity, accountability, and protection of public interest while enabling innovation.

Strong digital health stewardship will underpin effective transformation. The Digital Health Technical Advisory Group (DHTAG)¹² will be formally empowered as the principal digital health stewardship and advisory body within MHMS, providing oversight of major digital investments, system architecture, interoperability standards, cybersecurity risks, and alignment with service delivery and workforce needs. Clear mandates, reporting lines, and decision-making authority will ensure accountability, transparency, and protection of public investment. Members of DHTAG will be systematically upskilled to function as an effective governance body capable of overseeing complex digital health initiatives and engaging confidently with senior leadership, central agencies and development partners.

As systems mature, patient-centred digital health platforms will be progressively developed to enable Fijians to securely access their own health information, appointments, test results and care plans. These platforms will support continuity of care and coordination across public and private providers through consent-based data sharing, reducing duplication and provider shopping, fragmentation and unnecessary facility visits. Patient-facing systems will be phased in line with system readiness, digital literacy and data governance frameworks and will support national objectives for UHC, chronic disease management, disability support and health equity.

A professional and specialised digital health workforce will be treated as mission-critical. MHMS will work with central agencies to ensure that digital health, clinical coding, health informatics, and cybersecurity roles are appropriately classified, competitively remunerated and adequately resourced. Strengthening this workforce will be essential to maintaining system uptime, managing cyber threats, protecting sensitive data, and sustaining continuous improvement in digital systems.

A stronger digital health ecosystem will also enable expanded health research, learning, and innovation. MHMS will promote operational and implementation research aligned with national priorities, strengthen partnerships with academic and regional research institutions and support staff to contribute to policy-relevant research. Digital health competencies will be embedded within pre-service and in-service health workforce education to ensure future readiness, reduce resistance to innovation and maximise the return on investment in digital transformation.

Collectively, these reforms position digital health as a core enabler of health system performance and reform. Improved digital systems will underpin better service delivery, stronger ownership, informed investment decisions, and sustained progress towards equitable, high-quality health outcomes for all Fijians.

9. Strengthening MERL Capacity

Effective governance depends on a strong, well-resourced planning, policy and strategic monitoring function at the centre of the health system. Over the period 2026–2031, MHMS will significantly strengthen the institutional MERL capacity, resourcing and authority of its planning and policy development function to enable effective management of the health system and ensure rigorous implementation of this Strategic Plan.

The Planning and Policy Development Division (PPDD) will be designated as the institutional owner of the MHMS Strategic Plan 2026–2031 and the associated MERL framework. This ownership will go beyond coordination and reporting roles and will include clear authority to track performance, identify implementation gaps, escalate risks to senior leadership and support corrective action across divisions, hospitals and programs. To fulfil this role effectively, MHMS will substantially increase investment in the planning and policy development function. This will include strengthening HR capacity through

¹² DHTAG is a MHMS technical advisory body that provides guidance, oversight, and coordination for the implementation of Fiji's Digital Health Strategy. DHTAG reviews projects, ensures alignment with strategic principles and standards, supports working groups, monitors progress, and provides technical input to the Steering Committee to aid decision-making and effective implementation.

the establishment of dedicated positions specialising in health policy and planning, MERL, health economics and financing, GEDSI, strategic planning and programme evaluation. Targeted professional development and training will be implemented to build capability in results-based management, public financial management linkages, health systems analysis, data interpretation, risk management, and strategic reporting. In parallel, MHMS will ensure adequate operational resourcing for the function, including access to appropriate analytical tools, data platforms, and technical support required to deliver high-quality MERL and evidence-informed policy advice.

This strengthening is essential to move MHMS beyond compliance-oriented reporting towards active, analytical, and decision-relevant performance management. The PPDD will play a central role in translating strategic priorities into measurable outcomes, ensuring consistency between policy intent, annual operational planning, budget submissions and service delivery realities. A core function of the PPDD will be the production of Annual Reports highlighting the progress of the Strategic Plan. These reports will synthesise progress against agreed indicators, assess budget execution and value for money, identify systemic bottlenecks and recommend evidence-informed course corrections to the National Health Executive Committee (NHEC). Performance reporting will explicitly align MHMS achievements and challenges with national commitments under the Strategic Plan, NDP and relevant Sustainable Development Goals (SDGs), strengthening coherence across government accountability frameworks.

In addition, the PPDD will serve as the primary capacity-building hub for strategic implementation across MHMS. This will include training and mentoring divisional, sub-divisional, hospital, and programme managers on the application of the Strategic Plan, MERL tools, and results-based planning and reporting. By building capability at operational levels, MHMS will ensure that adherence to the Strategic Plan is embedded throughout the organisation rather than confined to headquarters. The strengthened planning and policy development function will also act as a strategic intelligence and learning centre, drawing together evidence from routine data, evaluations, audits, partner programmes, and research to inform continuous improvement. Lessons from implementation will be systematically captured and fed back into policy refinement, investment decisions, and service delivery reforms.

Through such investment, it is expected that MHMS will be able to ensure that this present Strategic Plan is not only well-designed but also well-implemented, monitored, and managed. This is a critical reform that will be essential for maintaining the required momentum, ensuring accountability, and ensuring that the commitments made are realized for the improvement of health outcomes, health systems, and equity during the life of the Plan.





Part 4

Monitoring, Evaluation, Research and Learning (MERL)

Purpose and Rationale

MERL is a core accountability and management function of the MHMS Strategic Plan 2026–2031. The purpose of MERL is to ensure that strategic priorities are translated into measurable results, that implementation challenges are identified early, and that evidence is systematically used to improve policy, planning, and service delivery.

The Fiji Health Sector Review 2024 and the evaluation of the MHMS Strategic Plan 2020–2025 highlighted significant weaknesses in monitoring, feedback loops, and adaptive management. In response, this Strategic Plan positions MERL **not as a compliance exercise**, but as an active decision-support system that strengthens value for money, accountability, and continuous improvement across the health sector.

MERL will also support transparency and accountability to GoF development partners, health workers, and the public, reinforcing trust in the health system and in the reform agenda.

Ownership and Institutional Arrangements

MMHMS retains full ownership of the MERL framework. Overall accountability rests with the PS MHMS, supported by the PPDD.

A central MERL function within MHMS will coordinate strategic monitoring, evaluation, and learning, working closely with divisions, sub-divisions, facilities, and programme managers. Responsibilities will be clearly defined so that data collection, analysis, reporting, and use are embedded throughout the organisation rather than concentrated in a single unit.

Divisional and facility managers will be responsible for routine performance monitoring within their areas, supported by the digital platforms and analytical capacity strengthened under Strategic Area 3.

What Success and Failure Look Like

The success of the implementation will be indicated by improvements in population health outcomes, access and quality of services, efficiency, and equity in the five Strategic Areas. Also, a sign of success will be the MHMS's utilization of data and learning to guide decisions, allocate resources, and adjust implementation approaches. Failure will be indicated by continuing disparities between planned and actual implementation, stagnant or deteriorating health outcomes, continuing inefficiencies in spending and delivery, and low utilization of data and learning to guide decisions. The MERL approach is designed to reveal such risks and take corrective actions in a timely manner.

MERL Results Framework

The table below provides an indicative, high-level framework linking Strategic Outcomes, Outputs, key activities, and performance indicators across the three Strategic Areas. This framework will guide Annual Operational Planning, budget formulation, and performance reporting and will be refined during implementation.

Strategic Priority Area 1 – Strengthened Public Health and Primary Health Care High Level KPIs

- % reduction in premature mortality from NCDs
- % population accessing PHC services (utilisation and coverage)
- % eligible population screened for priority conditions
- Immunisation coverage rate (%)
- % reduction in incidence of priority communicable diseases

Strategic Priority Area 1 MERL Framework

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Strengthened PHC as foundation of health system	ESP implemented nationally	% PHC facilities delivering ESP	≥90%	DS PH, DS CS	2026 - 2031
	MSS institutionalised	% PHC facilities meeting MSS	≥90%	DS PH	2027 - 2031
	PHC performance monitoring strengthened	% PHC facilities submitting complete and timely reports	≥90%	DS PH, DS CS	2027 - 2031
Improved maternal and child health outcomes	Antenatal care strengthened	% women completing ≥8 ANC visits	≥90%	DS PH	2026 - 2031
	Maternal mortality reduced	Maternal mortality ratio	≤30 per 100,000 live births	DS PH	2026 - 2031
	Infant mortality reduced	Infant mortality rate	≤10 per 100,000 live births	DS PH	2026 - 2031
	Under 5 mortality reduced	Under 5 mortality rate	≤15 per 100,000 live births	DS PH	2026 - 2031
Strengthened reproductive and adolescent health	Family planning strengthened	Modern contraceptive prevalence rate (MCPR)	+ 15pp	DS PH	2026 - 2031
	Adolescent health services expanded	% PHC facilities offering adolescent friendly services	≥80%	DS PH	2027 - 2031

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Improved health promotion and prevention	Behaviour change programmes implemented	% population reached by prevention programmes	≥80%	DS PH, Partners	2027 - 2031
Strengthened screening and early detection	Screening programmes expanded	% eligible population screened (NCDs, TB, HIV, CaCx & priority diseases)	≥80%	DS PH, Partners	2026 - 2031
	Continuity of care improved	% NCD patients retained in care in targeted facilities	≥70%	DS PH	2026 - 2031
Strengthened community-based health services	Outreach services expanded	% population reached through outreach/CHW services	≥90%	DS PH, Partners	2026 - 2029
	Community based care expanded	% eligible patients managed through HITH/community care	≥30%	DS PH	2027 - 2031
Strengthened disability and rehabilitation services	Disability services integrated into PHC	% PHC facilities providing disability/rehabilitation services	≥80%	DS PH, Partners	2027 - 2031
Reduced burden of NCDs	NCD management strengthened	% patients with controlled hypertension/diabetes	Plus 30% improvement	DS PH	2026 - 2031
Strengthened communicable disease control	Immunisation strengthened	Immunisation coverage rate	≥95%	DS PH, Partners	2026 - 2031
	Communicable disease programmes strengthened	Incidence of priority communicable diseases	Reduction trend	DS PH, Partners	2026 - 2031
Strengthened health security and preparedness	Surveillance systems strengthened	% timely disease reporting	≥95%	DS PH, Partners	2026 - 2031
	Outbreak response strengthened	Time from detection to response	≤48 hours	DS PH	2026 - 2029
	DRR systems implemented	% PHC facilities with DRR plans	100%	DS PH, DS CS	2026 - 2028
	Improve in health infrastructure for climate resilience	% of high-risk facilities improved	50%	PS, DS HS	2026 - 2031
Strengthened environmental health systems	Environmental health services strengthened	% compliance with environmental health standards (water, sanitation, food safety)	>= 80% inspection >= 60% Legal compliance	DS PH	2026 - 2031
	Waste management systems strengthened	Strengthen sanitation systems HCF have health care waste management plans	Nationwide Coverage 100%	DS PH	2026 - 2031

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Strengthened healthy ageing systems	Healthy ageing policy implemented	National Healthy Ageing Policy operational	Yes	DS PH, Partners	2026 - 2027
	Elderly care services expanded	% coverage of community-based elderly care services	Nationwide coverage	DS PH, Partners	2027 - 2031

Strategic Priority Area 2 – Enhanced Clinical Services High Level KPIs

- Hospital mortality rate (risk adjusted)
- Average length of stay (ALOS)
- % reduction in avoidable hospital admissions (ACSCs)
- Patient satisfaction score (%)
- % reduction in overseas medical referrals

Strategic Priority Area 2 MERL Framework

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Strengthened hospital services aligned to national system	National hospital role delineation framework implemented	% hospitals operating according to defined role delineation	100%	PS, DS HS	2026 - 2027
	Core clinical services strengthened	Service readiness score across core specialties	≥90%	DS HS	2027 - 2029
	Hospital infrastructure modernised	% priority hospital infrastructure delivered under master plan	≥90% milestones achieved	PS, DS HS, DS CS, Partners	2026 - 2031

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Strengthened referral systems and networks of care	Referral pathways institutionalised	% referrals compliant with national protocols	≥90%	DS HS, DS PH	2026 - 2028
	Referral efficiency improved	Average referral turnaround time	Reduce 30% from baseline	DS HS	2027 - 2031
	Counter referral systems strengthened	% referrals with feedback to PHC	≥80%	DS HS	2027 - 2031
	Gatekeeping strengthened	% inappropriate self-referrals to hospitals	Reduced annually	DS HS, DS PH	2027 - 2031
Expanded specialist and tertiary services	Priority specialist services established	# priority specialist services operational (cardiology, oncology, renal etc.)	≥4 services	DS HS, Partners	2026 - 2029
	Reduction in overseas referrals	% reduction in overseas referrals	≥30% reduction	DS HS	2027 - 2031
	New priority services developed	Neurodevelopment, rehabilitation and addiction services operational	Yes	DS HS, DS PH, Partners	2027 - 2031
Strengthened diagnostic and clinical support services	Diagnostic services strengthened	% diagnostic tests meeting turnaround time standards	≥90%	DS HS	2026 - 2031
	Medicines availability improved	% availability of essential medicines in hospitals	≥95%	DS Corporate, DS HS	2026 - 2031
	Allied health services expanded	% hospitals with functional allied health services	≥90%	DS HS	2027 - 2029
Improved quality of care, patient safety and clinical governance	Clinical governance systems institutionalised	% hospitals with functional clinical governance structures	100%	DS HS	2026 - 2028
	Patient safety systems strengthened	Compliance with infection prevention and control standards	≥90%	DS HS	2026 - 2031
	Clinical quality improvement implemented	% hospitals reporting on quality indicators	100%	DS HS	2027 - 2031
	Quality Management System introduced	National QMS operational across hospitals	Yes	DS HS, Partners	2027 - 2031

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Improved hospital efficiency and patient flow	Patient flow systems strengthened	Average length of stay (ALOS)	Reduce by 20%	DS HS	2026 - 2031
	Emergency department efficiency improved	% non-urgent ED cases	Reduce by 40%	DS HS	2026 - 2031
	Outpatient systems strengthened	Average outpatient waiting time	Reduce by 30%	DS HS	2026 - 2031
	Theatre efficiency improved	Operating theatre utilisation rate	≥85%	DS HS	2026 - 2031
	Elective backlog reduced	% reduction in elective surgery backlog	Reduced annually	DS HS	2026 - 2031
Digital hospital systems strengthened	Hospital information systems implemented (Labasa and CWMH)	% divisional hospitals using integrated HIS/EMR systems	50%	DS CS DS HS, Partners	2027 - 2031
Modernised tertiary infrastructure and services	Tertiary hospital redevelopment implemented	% CWMH redevelopment milestones achieved	100%	PS, DS HS, DS CS, Partners	2026 - 2031
	Critical care capacity expanded	ICU and emergency capacity (beds per population)	Increased capacity	DS HS	2027 - 2031
Reduced avoidable hospital admissions and improved system balance	PHC hospital integration strengthened	% reduction in avoidable hospital admissions (ACSCs)	≥25% reduction	DS HS, DS PH	2027 - 2031
	Chronic disease care shifted to PHC	% stable NCD patients managed at PHC level	≥70%	DS HS, DS PH	2027 - 2031
	Ambulatory and day care models expanded	% procedures conducted as day cases	≥50%	DS HS	2027 - 2031
	Community based alternatives strengthened	% eligible patients managed through HITH	≥30%	DS HS	2027 - 2031

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Improved patient experience and service responsiveness	Patient feedback systems strengthened	Patient satisfaction score	≥85%	DS HS	2026 - 2031
	Continuity of care improved	% patients with documented discharge and follow up plans	≥80%	DS HS, DS PH	2027 - 2031
	Patient centred care strengthened	% facilities implementing patient experience standards	≥90%	DS HS, Partners	2027 - 2031

Strategic Priority Area 3 – Health System Stewardship High Level KPIs

- % of strategic KPIs achieved across all priority areas
- Health workforce attrition rate (%)
- % of budget aligned to strategic priorities
- % facilities submitting complete and timely reports
- Stock out rate of essential medicines (%)

Strategic Priority Area 3 MERL Framework

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Strengthened governance, leadership and accountability	Governance framework institutionalised	Governance and accountability framework operational	Yes	PS, DS CS	2026 - 2027
	Leadership structures aligned	% Deputy Secretary roles aligned to 3 priority areas	100%	PS	2026 - 2027
	AOP Performance governance strengthened	% cost centres conducting quarterly performance reviews	100%	PS, DS CS	2027 - 2031
	Service design institutionalised	% facilities implementing service design/specifications	≥90%	DS CS, DS PH, DS HS	2027 - 2031

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Strengthened policy and legislative framework	Policy framework strengthened	# priority health policies updated and endorsed	≥5 policies	DS CS	2026 - 2028
	Legislative reform implemented	# priority health laws enacted (incl. PHC Authority)	≥3 submitted to Cabinet	PS, DS CS, Partners	2026 - 2031
	Regulatory systems strengthened	% compliance with regulatory standards (public & private)	≥90%	DS Corporate, Private Sector	2027 - 2031
	Stakeholder engagement institutionalised	# structured stakeholder engagements conducted annually	≥4/year	DS CS, Partners	2026 - 2031
Institutionalised national health planning system	National planning framework operational	Planning framework implemented across system	Yes	DS CS	2026 - 2027
	Planning budget alignment strengthened	% budget aligned to strategic priorities	≥90%	DS CS	2027 - 2031
	Planning embedded at all levels	% divisions/facilities with approved annual plans	100%	DS CS	2027 - 2031
	Programme integration strengthened	% programmes aligned to national planning framework	≥90%	DS CS, DS PH, DS HS	2027 - 2031
Sustainable health financing and PFM strengthened	Financing strategy developed	National health financing strategy approved and implemented	Yes	PS, DS CS, Partners	2026 - 2027
	Financial accountability strengthened	Budget execution rate	≥90%	DS CS	2026 - 2031
	Resource allocation strengthened	% expenditure aligned to priority programmes	≥90%	DS CS	2027 - 2031
	Revenue generation strengthened	Health expenditure per capita	Increased annually	PS, DS CS	2027 - 2031

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Improved health promotion and prevention	Health promotion governance	National health promotion governance framework established	Yes	PS, DS PH	2026 - 2028
Strengthened health financing analytics (NHA)	National Health Accounts institutionalised	NHA reports produced annually	Yes	DS CS, Partners	2026 - 2031
	Expenditure tracking strengthened	% health expenditure tracked and reported	≥95%	DS CS	2027 - 2031
	Evidence based financing strengthened	% policy and planning decisions informed by NHA data	≥80%	DS CS	2027 - 2031
Strengthened health workforce systems	Workforce strategy institutionalised	National workforce strategy approved and implemented	Yes	DS CS	2026 - 2028
	Workforce capacity strengthened	Workforce density (per 10,000 population)	≥44.5	DS CS	2026 - 2031
	Workforce retention strengthened	Health workforce attrition rate	Reduction demonstrated annually	PS, DS CS	2026 - 2031
	Workforce training strengthened	% workforce receiving competency-based training	≥80%	DS CS, Partners	2027 - 2031
	Workforce data systems strengthened	% workforce captured in HR information systems	100%	DS CS	2027 - 2031
Expanded digital health and information systems	Digital health architecture implemented	% national systems interoperable (HIS, EMR, DHIS2)	≥90%	DS CS, Partners	2026 - 2029
	Data governance strengthened	National data governance framework operational	Yes	DS CS	2026 - 2028
	New digital systems in place	Number of legacy systems replaced or upgraded	2	DS CS	2027 - 2031
	Digital disaster recovery and business continuity systems implemented	% priority digital health systems with tested disaster recovery and backup arrangements	100%	DS CS	2027 - 2031
	Facility digitisation strengthened	% facilities using digital health systems	≥90%	DS CS	2027 - 2031
	Data visibility strengthened	% facilities reporting real time data	≥90%	DS CS	2027 - 2031

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Strengthened infrastructure and asset management	Infrastructure planning strengthened	National infrastructure plan approved	Yes	DS CS	2026 - 2027
	Asset management systems strengthened	% facilities with asset registers and maintenance plans	100%	DS CS	2027 - 2031
	Climate resilient infrastructure strengthened	% facilities meeting climate resilience standards	≥80%	DS CS, Partners	2027 - 2031
	Infrastructure aligned to service models	% infrastructure aligned to PHC and clinical service models	≥90%	DS HS, DS PH	2027 - 2031
Strengthened supply chain and logistics systems	Supply chain governance strengthened	National supply chain governance system operational	Yes	DS CS	2026 - 2028
	Procurement systems strengthened	Procurement efficiency rate (timeliness and compliance)	Improved annually	DS CS	2026 - 2031
	Distribution systems strengthened	Average delivery time for essential supplies	Decrease by 30%	DS CS	2027 - 2031
	Supply reliability strengthened	Stock out rate of essential medicines	<10%	DS CS	2026 - 2031
Strengthened partnership coordination	Partnership framework institutionalised	National partnership coordination framework operational	Yes	PS, DS CS, Partners	2026 - 2027
	Partner alignment strengthened	% partner investments aligned to national priorities	≥90%	DS CS	2027 - 2031
	Multi sectoral coordination strengthened	# multi sectoral initiatives implemented annually	Increased annually	PS, Partners, Private	2027 - 2031
	Partner accountability strengthened	% partners reporting against national framework	≥90%	DS CS	2027 - 2031
Strengthened MERL systems and performance monitoring	MERL system institutionalised	% cost centres with functional MERL units	100%	PS, DS CS	2026 - 2031
	Results based monitoring strengthened	National results framework implemented	Yes	DS CS	2026 - 2027
	Evaluation systems strengthened	# system level evaluations conducted annually	≥1/year	DS CS, Partners	2027 - 2031
	Data use strengthened	% management decisions informed by data	≥80%	DS CS	2027 - 2031

Outcome	Output	Key Performance Indicator	Target	Responsible	Timeline
Institutionalised health reporting and analytics	Reporting systems strengthened	% facilities submitting complete and timely reports	≥90%	DS CS	2026 - 2031
	Analytical capacity strengthened	# national analytical reports produced annually	≥4/year	DS CS	2027 - 2031
	Standardised reporting strengthened	% reporting aligned to national standards	≥90%	DS CS	2027 - 2031
Strengthened health communication systems	Communication strategy implemented	National health communication strategy operational	Yes	DS PH, DS CS	2026 - 2031
	Risk communication strengthened	Time to issue public communication during emergencies	Improved response	DS PH, Partners	2026 - 2031
	Behaviour change communication strengthened	% alignment between communication and PHC programmes	≥90%	DS PH	2027 - 2031
Strengthened system resilience (DRM and climate)	DRR integrated into planning	% national and divisional plans integrating DRR	100%	DS CS, DS PH	2026 - 2028
	Health cluster system operationalised	Functional national and divisional health cluster system	Yes	PS, DS PH, Partners	2026 - 2028
	Emergency coordination strengthened	Public health emergency coordination system readiness score	Relevant SPAR score >80	DS PH	2026 - 2031
	Multi sectoral emergency coordination strengthened	# coordinated emergency responses annually	Increased annually	PS, Partners	2026 - 2031
Strengthened health research and evidence systems	Research governance institutionalised	National health research governance framework operational	Yes	DS CS	2026 - 2031
	Research priorities established	National research agenda approved	Yes	DS CS	2026 - 2028
	Research partnerships strengthened	# research partnerships established	Increased annually	DS CS, Partners	2027 - 2031
	Evidence use strengthened	% policies and plans informed by research evidence	100%	DS CS	2027 - 2031

Implementation Plan

The Implementation Plan outlines how the MHMS Strategic Plan 2026-2031 will be implemented over the next five-year period. It also helps to clarify institutional roles and coordination arrangements to ensure the effective implementation of the strategic plan to achieve improved health outcomes.

Implementation will be guided by clear prioritisation and continuous learning through an enhanced MERL process. No reform will progress to national scale without demonstrated feasibility, including evidence of workforce readiness, a costed business case, an identified budget line through Annual Operational Planning, and minimum MERL reporting to enable course correction. This disciplined approach ensures that ambition is matched by deliverability and safeguards the credibility of the reform agenda.

Institutional Roles and Coordination Mechanisms

Overall Leadership and Accountability

The Permanent Secretary for Health and Medical Services holds overall accountability for implementation of the Strategic Plan, supported by the National Health Executive Committee (NHEC). Strategic oversight will focus on cross-cutting reform delivery, performance monitoring, and resolution of systemic bottlenecks.

Deputy Secretary Responsibilities

Implementation will be coordinated through clearly delineated Deputy Secretary portfolios:

- **Deputy Secretary (Public Health):** leadership of PHC reform, prevention and health promotion, health security functions, HIV/TB response, FEMAT, rural and maritime services and health infrastructure maintenance and resilience.
- **Deputy Secretary (Hospital Services):** oversight of hospital and specialist services, referral pathways, quality and safety, CWMH redevelopment and clinical services expansion.
- **Deputy Secretary (Corporate Services):** oversight of public financial management, procurement and supply chain, workforce systems, digital health enablement, data governance and health project management.

This structure supports balanced decision-making and reduces reliance on narrow hierarchical reporting arrangements.

Divisional, Subdivisional and Facility Leadership

Divisional Medical Officers, Subdivisional Medical Officers, Hospital Medical Superintendents, and Heads of Departments are responsible for frontline implementation. They will ensure that strategic priorities are reflected in local plans, staff deployment, service delivery, and performance monitoring.

Whole-of-Government and Partner Coordination

MHMS will work closely with central agencies, including the Ministry of Finance, Public Service Commission, Ministry of Women, Children and Social Protection, Ministry of Education, Ministry of Strategic Planning, Ministry of Public Works and disaster management authorities, to deliver cross-sectoral reforms. Development partners will be engaged through strengthened coordination mechanisms aligned to national priorities and systems.

Risk Category	Key Risk	Potential Impact on Strategic Plan	Likelihood	Impact	Mitigation Measures	Responsible
Workforce	Ongoing health workforce attrition due to migration	Service gaps, delayed reforms, reduced quality of care	High	High	Strengthen retention packages, improve working conditions, expand scopes of practice, prioritise staff wellness to avoid burnout, align training pipelines with service needs.	PS DS CS
Fiscal	Fiscal shocks or constrained budget allocations	Delays in implementation, underfunded priorities	High	High	Phased implementation, prioritisation of high-impact interventions, improved budget execution, activity-based budgeting pilots, strong MoF engagement. Improve efficiency and reduce waste. Resource mapping.	PS DS CS
ICT / Digital Health	Failure or delay in digital health system procurement or rollout, cyber incidents	Disruption to services, poor data quality, loss of confidence	Medium	High	Phased digital rollout, strong DHTAG governance, vendor due diligence, cybersecurity investment, parallel system transition planning, delegation procurement powers to PS for IT procurement. Discussions with SGO and MOF on fast tracking approval process. Strengthen cyber security, train users on best cyber hygiene, disaster recovery sites/ practices established.	PS DS CS HRIDAMIT DDH
Political / Policy	Changes in political leadership or policy priorities	Reform momentum slows or shifts	Medium	Medium	Anchor reforms in NDP, legislation, Cabinet decisions, and institutional structures; maintain cross-party and central agency engagement.	PS
Public Perception	Resistance to shifting care away from hospitals	Continued ED misuse and hospital congestion	Medium	Medium	Public communication campaigns, visible improvements in PHC, MSS-driven quality assurance, phased transition, call centres.	PS DS CS
Climate & Disasters	Cyclones, floods, and climate-related shocks, health emergencies	Facility damage, service disruption, diverted resources	High	High	Climate-resilient infrastructure, emergency preparedness, FEMAT operationalisation, continuity planning, buffer stocks.	DS PH

Risk Category	Key Risk	Potential Impact on Strategic Plan	Likelihood	Impact	Mitigation Measures	Responsible
Governance	Weak coordination across MHMS divisions and partners	Fragmented implementation, duplication	High	High	Clear Deputy Secretary roles, strengthened Policy & Planning oversight, regular executive reviews, decentralisation of duties to DSS level, turnaround times for minutes, proposals, approvals need to be measured.	PS
Supply Chain	Procurement delays and supply chain disruptions	Service interruptions, poor budget execution	High	High	Strengthen procurement planning, contract management, and logistics systems, Supply chain surveillance. Combined planning, transparent and accountable SOPs.	DS CS DS HS DS PH
Data & MERL	Poor data quality or limited use of data for decisions, incomplete KPIs	Weak accountability, poor course correction	Medium	Medium	Invest in analytics, strengthen MERL ownership, routine performance reviews, combined units to work, data standards and quality assurance, capacity building. Combine RIDAMIT and PPDU	HPPDD DS CS DS PH DS HS
Clinical Risk	Adverse clinical events during the delivery of health services, including misdiagnosis, delayed diagnosis, medication errors, healthcare associated infections, inappropriate referrals, service interruptions, or failure to provide timely and safe care, leading to patient harm or death.	Reduced quality and safety of care; increased morbidity and mortality; loss of public trust in the health system; increased medico-legal exposure; disruption to service delivery; reputational risk; and failure to achieve Strategic Plan outcomes relating to quality, safety, equity and system performance.	Medium	High	Strengthen clinical governance, quality and safety systems; implement and enforce standardised clinical protocols and referral pathways; strengthen infection prevention and control; ensure reliable availability of essential medicines and diagnostics; build workforce capacity through training, supervision and credentialing; strengthen incident reporting, audit and learning systems; integrate digital health systems to support clinical decision-making; and use MERL to monitor trends, identify risks early and implement corrective action.	PS DS CS DS HS DS PH

Phased Implementation Priorities (2026–2031)

Implementation of the Strategic Plan will follow a deliberate and phased approach that reflects both system realities and the need for sustainable reform. This sequencing is grounded in four core shifts that will guide prioritisation, investment, and execution over the five-year period.

First, reform will progress through a structured pathway of stabilisation, standardisation, scale-up, and optimisation. The early years will focus on getting the basics right ensuring reliable service delivery, essential inputs, and functional systems. This will be followed by standardising key processes, protocols, and service delivery models to reduce variability across the system. As system readiness improves, successful models will be scaled, before moving towards optimisation of performance and value for money in the later years.

Second, the reform agenda will prioritise PHC as the foundation of the health system with hospital strengthening sequenced accordingly. Early and sustained investment in PHC particularly in prevention, early detection and continuity of care is expected to reduce avoidable demand on hospitals over time. This rebalancing is essential to improving system efficiency, reducing costs and ensuring that tertiary services are reserved for conditions requiring higher levels of care.

Third, the Plan adopts a principle of enabling before expanding. Critical system enablers including workforce capacity, digital health infrastructure, public financial management and supply chain systems must be sufficiently strengthened before introducing new service models or expanding specialist services. This approach ensures that growth in service delivery is supported by the necessary foundations to maintain quality, safety, and sustainability.

Finally, governance and the MERL framework will serve as the backbone of implementation. Strong data systems, clear accountability arrangements and continuous feedback loops will be essential to track progress, inform decision-making, and enable adaptive management. The Strategic Plan places particular emphasis on moving from activity-based reporting to outcome-focused performance monitoring, ensuring that reforms translate into measurable improvements in health outcomes, system performance and equity.

Together, these four shifts provide a coherent and realistic pathway for implementing health system reform, balancing ambition with feasibility and ensuring that progress is both measurable and sustainable over time.

Year 1: Establishing the Foundations

- Finalisation and dissemination of the MHMS Strategic Plan and MERL framework.
- Alignment of Annual Operational Plans and budget submissions with the 3 Strategic Areas.

- Initiation PHC strengthening actions, including screening, outreach, and continuity of care pilots.
- Finalise and endorse ESP/MSS and conduct baseline audits and initiate CHW policy and role clarification in PHC
- Address current clinical governance setup and the gaps to ensure full functioning
- Conduct baseline assessment for all KPIs in the MERL framework
- Commence digital health system procurement and connectivity standardisation.
- Strengthening procurement, supply chain, and project management functions.
- Training initiatives for new specialist services to be scoped and progressed with Ministry of Civil Services and development partners
- Establishment of unit to oversee the conceptualisation of a health promotion body
- Ongoing health legislative review process and GEDSI policy to be established

Year 2: Scaling Core Reforms

- Expansion of PHC service models and multidisciplinary teams. Rollout of ESP at targeted facilities
- Implementation of standardised referral pathways and hospital flow improvements together with expansion of HITH and home-based care
- Initiate health promotion body design consultations nationally
- Progression of activity-based budgeting pilots and improved budget tracking execution.
- Begin strict monitoring of all hospital KPIs
- Roll-out of interoperable digital health systems in priority facilities.
- Workforce strategy, retention (non-financial + deployment reforms) and leadership development initiatives to be progressed
- Continued strengthening of HIV, TB, and substance use response
- Continued strengthening of health security

Year 3 Mid-Term Consolidation and Review

- Conduct of the Mid-Term Review of the Strategic Plan.
- Refinement of priorities based on performance and emerging risks.
- Further expansion of specialist services with all divisional hospitals supported
- Scale-up of digital health systems and analytics capability.

- Strengthening of health infrastructure maintenance and climate resilience.
- Strengthening Disability-inclusive PHC services + OPD engagement
- Strengthen sub-divisional hospital capacity (task shifting from tertiary and specialised hospitals)
- Implementation of workforce strategy and retention policies (job redesign + training pipelines)

Year 4: System Integration and Performance

Optimisation

- Integration of reforms across PHC, hospitals, governance, and data systems.
- Enhanced use of data for planning, budgeting, and performance management.
- Continued reduction in avoidable hospital admissions and service inequities.
- Full optimisation of referral compliance, theatre utilisation, diagnostic turnaround times
- Strengthening regional and community partnerships for prevention and resilience.
- Achieve national ESP coverage and demonstrate reduction in avoidable hospital admissions
- Commence work on quality management systems
- Show evidence of MERL driven decision making
- Advanced legislation reforms (completed, near completion)

Year 5: Sustainability and Transition

- Demonstration of a people centred PHC system (reduction in NCD rates and reduced late presentations, reduction in avoidable hospitals admissions, progressive increments in funding towards PHC)
- Consolidation of reforms and institutionalisation of successful models.
- Preparation for end-of-plan evaluation and next strategic planning cycle.
- Strengthening sustainability of financing, workforce and digital systems.
- Transition planning for ongoing reforms beyond 2031.

Annual Planning, Reporting and Accountability

Annual Operational Planning

Each year, MHMS will prepare an Annual Operational Plan aligned with the Strategic Areas, MERL framework and available resources. AOPs will define annual priorities, activities, budgets, and responsibilities.

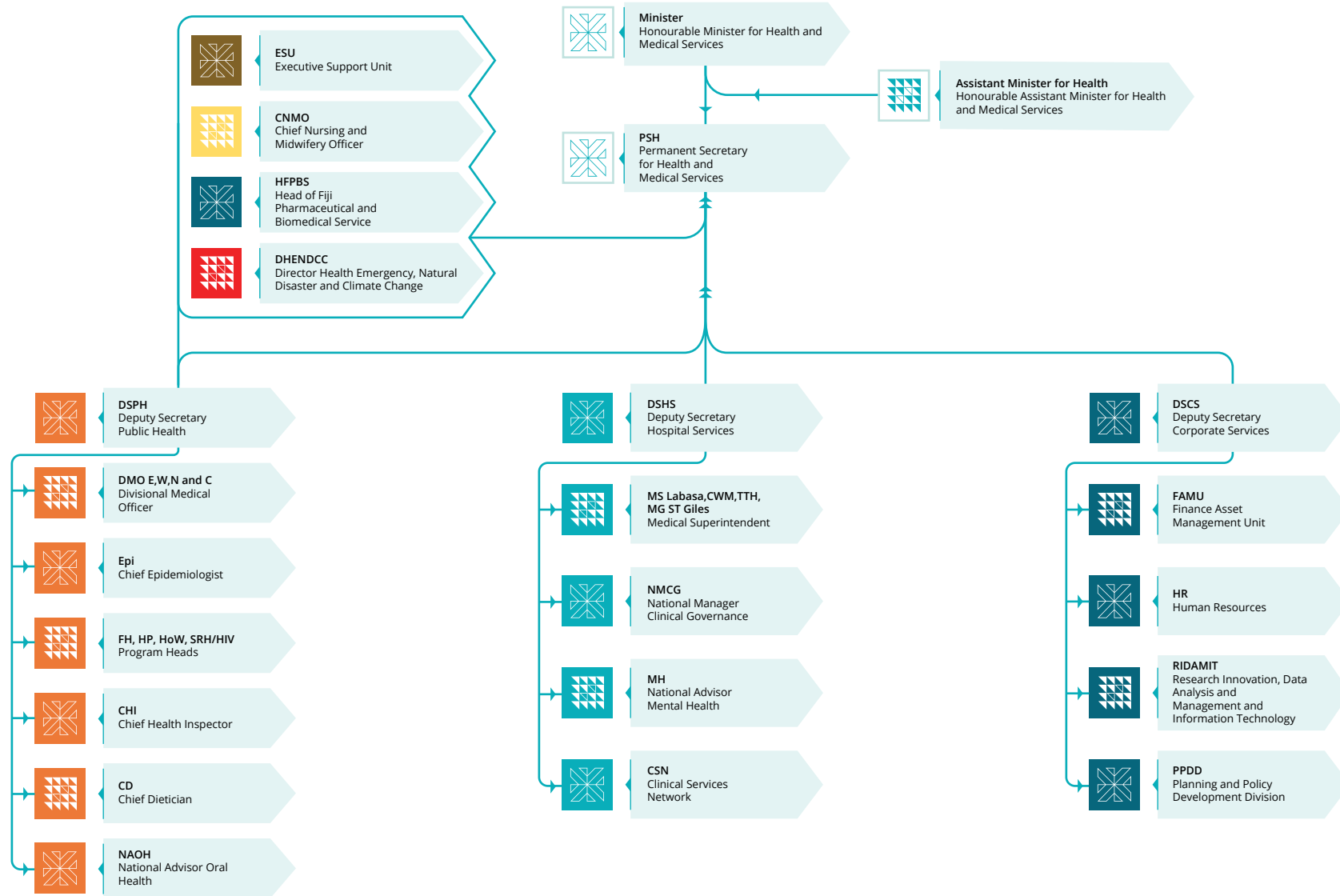
Performance Reporting

An Annual Report will be produced, summarising progress against agreed indicators in the Strategic Plan, budget execution and key implementation challenges. This report will inform Cabinet briefings, partner engagement and public accountability.

Adaptive Management

Implementation will be adaptive using MERL findings to adjust priorities, reallocate resources, and refine approaches. Senior leadership will use regular performance reviews to address bottlenecks and support continuous improvement.

Annex 1 MHMS Proposed Organisational Chart



Primary Health Care



Secondary Health Care



Tertiary Health Care



HEALTH SYSTEM STEWARDSHIP

Governance & Accountability

Financing & Budgeting

Workforce Planning

Referral & Regulation

Medicines & Supply Chain

Infrastructure & Assets

MERL & Digital Systems

- Governance
- Financing
- Workforce
- Regulation
- Supply Chain
- Infrastructure
- Digital Systems





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