



How to respond to Fiji's COVID-19 health crisis

By Neelesh Gounder and Neil Sharma
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On 18 April 2021, Fiji marked 365 days since the last case of COVID-19 'outside of border quarantine transmission'. Just when the pandemic seemed to have come under control, a new positive case of a security personnel working in a border quarantine facility detected on 17 April 2021 has now led to a series of transmissions beyond the quarantine facility.

Mandatory quarantine for all returning travellers came into effect from 28 March 2020 and mandatory testing from 23 April 2020. By 17 April 2021, Fiji had recorded 72 positive cases in total, with 65 recoveries and two deaths since the first case was reported on 19 March 2020. Between the introduction of mandatory quarantine last year and 17 April this year, 54 positive cases were recorded as '[border quarantine](#)' cases.

With [42 positive cases](#) (9 border quarantine, 29 local transmission and 4 under investigation to determine the source of transmission) as at 6 May 2021, the functioning of the healthcare system and the capacity of the government to respond to this public health emergency are becoming crucial.

Healthcare system

So far, the health authorities have done well in terms of managing the risks of community transmission through the implementation of health restrictions (such as social distancing, face masks and lockdowns), testing, contact tracing and mandatory isolation of positive cases. The fragile nature of the healthcare system meant that the health authorities had to take early measures to prevent large-scale community transmission, which would be challenging to handle at the level of medical services required to treat COVID-19 patients.

Nonetheless, with the recent surge in cases outside of border quarantine, the spotlight has shifted to the capacity of the healthcare system to respond effectively. The healthcare system in Fiji, similar to many other countries, was not designed to cope with this type of health shock. At the moment, [Lautoka Hospital, Fiji's major hospital in the Western division and the country's second largest, is in lockdown](#) after a doctor who treated a man who died of the virus tested positive for COVID-19. A [health centre located in Suva subdivision was](#)

[also temporarily closed](#) after a positive case was detected in a health worker.

Fiji's healthcare system with a [health expenditure to GDP ratio of 2.8% \(2019-2020\)](#) and a [health expenditure to total government expenditure ratio of 9.1% \(2019-2020\)](#), stands at a cliff edge. Moreover, with a reduced budgetary allocation in the 2019-2020 fiscal year compared to 2018-2019, clinical services have been affected with shortfalls in technology and equipment devoid of regular maintenance and upgrade. If the continued focus of COVID-19 containment intensifies and the pandemic's worst-case scenario unfolds, remaining services will be severely impacted.

Dealing with the crisis

In dealing with the crisis and moving forward, continuation of suppression strategies is crucial. But additional measures will be needed:

- **Integrate emergency response:** a catastrophic freefall can be prevented if a multipronged bipartisan 'all of society' approach is substituted for the 'command and order' governance structure and the health system's daily 'knee-jerk' responses. In addition, public awareness of COVID-19 restrictions must spread to the grassroots population through improvements in communication channels.
- **Raise manpower:** mobilise and upskill an additional workforce of nurses, paramedics, ambulance drivers and retired medical personnel in areas of public health containment. Methods to 'gown up' in Personnel Protection Equipment (PPE) are essential for a worst-case scenario. In this regard, there is a need to explore the possibility of engaging Fiji's 160 private sector health practitioners into service delivery. This is a challenging time and some nurses and doctors have been in isolation for weeks. Thus, frontline workers need to be rewarded appropriately (such as through risk allowances) to keep them motivated.
- **Audit all health facilities:** activate the National Clinical Services Network to undertake urgent inhouse audits in the supply chain of pharmaceuticals, consumables and hospital equipment including oxygen supplies from suppliers, biomedical technologists and other health personnel. Functional ambulance services also need a priority audit and rectification. Divisional medical teams should audit subdivisional hospitals, health centres and nursing stations using a similar format. Hospital water supplies, generators and patients' facilities and amenities should be assessed and alternatives such as field health facilities set up in the event of further lockdowns, as has happened in Lautoka.
- **Stock coordination:** decentralising PPE stock, pharmaceuticals, consumables, linen stock and intensive care equipment (ventilators/oxygen concentrator) out of

the Fiji Pharmaceutical & Biomedical Services Centre (Vatuwaqa) to regional warehouse facilities will be important for logistics operations. Earmark and block alternative locations for the set-up of field hospitals (at short notice, using security forces) keeping in mind the urban poor (especially those in informal settlements). Seek support from the World Health Organization and other partners to establish comprehensive public health surveillance data. Surveillance activities can be supported by people working at the grassroots level such as community health workers and village headman.

- **Emergency food provision:** containments and lockdowns have led to a reduction or loss of income due to reduced hours. Inability to travel to work and loss of jobs have reduced households' access to healthy diets. To support affected workers and households, the government must tap into intergovernmental cooperation with social welfare and poverty alleviation programs establishing food banks as a food security measure. In this regard, the government can also partner with civil society organisations (CSOs) to harness their knowledge and network base to reach households in need. Some CSOs have already been working to support vulnerable households since the pandemic's initial impact. The private food manufacturing sector may additionally provide expertise and support in the short-term food supply chain. The government has already implemented a [scheme](#) to provide F\$90 to households towards grocery purchases in containment areas in Nadi and Lautoka. Such schemes will need to continue as long as the containment areas are in place or lockdown remains. However, with an allocation of F\$5 million, this will cover just over 55,000 households. Moreover, the aim of these schemes should be about quick disbursement, and adding unnecessary eligibility conditions will only delay the pace at which households in need are able to access food.

Fiji needs to be prepared, and it needs to act quickly. Time is of the essence.

The latest information on the COVID-19 situation in Fiji is available [here](#).

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