



## Fiji's drive towards primary health care stalled

The Fijian village of Natogadravu is a showcase for the well-being primary health care can bring with strong leadership and when the community gets fully involved.

"The number of people dying has decreased and not too many people are sick now compared to the olden days," says Nacanieli Sosenabarar, who has witnessed many changes in the village, 30 kilometres from Fiji's capital, Suva.

Now in his 60s, he no longer lives in a bamboo hut, but a modern house made of iron and concrete. He no longer draws his drinking-water from the potentially polluted nearby river; these days it comes from a tap in his house, which also has a water-seal flush toilet.

## High hopes for primary health care

These improvements in basic amenities, which have helped to improve the health of villagers, stem from the enthusiasm with which the village embraced primary health care as the means for achieving 'health for all' back in the late 1970s, after Fiji signed up to the 1978 Declaration of Alma-Ata.

Fiji sought to overcome its lack of resources by galvanizing communities to improve health across its 100 or so islands that are today inhabited by 844 048 people.

"We have experienced the benefits of primary health care and it is important that every village in Fiji take primary health care very seriously," Sosenabarar says. "We have had the benefits because we have a very effective village committee that always works together with the people in the village to decide on every development."

But in many other parts of Fiji, the results have been less impressive. Promising early developments lost momentum in many villages. Many initiatives stalled in the 1980s.

## Inadequate resources

Dr Jona Senilagakali, who was the country's Permanent Secretary for Health at the time of Alma-Ata, blames this stagnation on, among other things: poor government policy and a lack of central government support to the villages, inadequate resources and monitoring from

- Fijian village health model shows what primary health care can achieve
- Inadequate health financing and shortage of health workers hamper Fiji primary health care efforts
- 70–80% of population has access to health services, but only 40% has access to quality health services
- Better government policy needed to achieve health for all

central government; and a brain drain that has resulted in a shortage of doctors and nurses.

"I think 70–80% of the population has access to health services but only 40% has access to quality health services. There is no proper monitoring of the health standards in the communities or villages," agrees Dr Josaia Samuela, Fiji's National Adviser on Family Health.

He says it is the government's responsibility to act. "The government has to adjust now in order to deliver good health to the people to a required standard ... What is the use of having a vision of health for all without providing adequate resources?"

This is an abridged version of an article published in the Bulletin of the World Health Organization in March 2008<sup>1</sup>.

## Fiji in numbers<sup>2</sup>

Life expectancy (both sexes, 2006): 69 years

Gross National Product per capita (PPP in international \$, 2006): 4450

Per capita total expenditure on health (PPP in international \$, 2005): 271

Number of physicians (per 10 000 population, 2005): 5



Dr Jona Senilagakali receiving gifts from a Natogadravu villager

Johnny Jerrey

<sup>1</sup>Primary health care: Fiji's broken dream, WHO Bulletin Vol 86: 3 <http://www.who.int/bulletin/volumes/86/3/08-020308/en/index.html> - Homepage: <http://www.who.int/bulletin/en/>

<sup>2</sup>World Health Statistics 2008, Online version: <http://www.who.int/whosis/data/Search.jsp> (accessed on 24/09/2008)