19 November 2015

NATIONAL WELLNESS POLICY FOR FIJI

Ministry of Health and Medical Services 2015

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1.0 Foreword - Minister

The National Wellness Policy for Fiji is a national level multi-sectorial policy which ensures that groups outside the Ministry of Health and Medical Services (MOHMS) can advocate and protect Fijian health and wellness. This ensures that Wellness delivery may live up to the Healthy Islands vision from 1995, through a new concept of an individual's dimensions of Wellness:

1. Social Wellness, where Fijians maintain a positive, productive community,
2. Spiritual Wellness is the ability to establish peace and harmony in our lives, with the ability to develop congruency between values and actions.
3. Environmental Wellness, that Fijians recognise the contribution of their environment towards health,
4. Occupational Wellness, as Fijians gain satisfaction in their working life,
5. Psychological Wellness, the ability to understand ourselves and open our minds to new ideas and experiences that can help us cope with the challenges life can bring,
6. Physical Wellness, maintaining a state of biological good health and freedom from diseases, and
7. Financial Wellness, having the ability to access resources readily, to maintain smooth running of daily activities.

The Policy promotes certain settings as being more effective and efficient in combating issues holistically, at the population level.

Strong leadership, commitment, support from all sectors and a strong monitoring and evaluation framework is core to ensuring this Policy is given credibility and adequate resources.

It is hoped that the Policy will provide national pointers to policy developers at all levels. Most of all, I hope that the Policy will support and encourage all settings to deliver better ways to harvest the Wellness in all Fijians through the lifespan.

2.0 Definitions

- **Absenteeism:** the practice of regularly staying away from work or school due to [for example] illness, injury, stress or without good reason.
- **'Groups'** refers to people within each of the seven settings of Wellness that are considered collaborative enough to advocate Wellness within their members. These include, but are not limited to businesses, civil society organisations, settlements, clubs, Government ministries, local governments, and congregations. They may be public or private, formal or informal communities.
- **Presenteeism:** the practice of attending work despite illness, injury, stress, etc., often resulting in reduced productivity.
- **Risk factors:** any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

- **Seven dimensions of Wellness** refer to social, spiritual, environmental, occupational, psychological, physical and financial Wellness.
- **Seven Domains of Influence** are population health *variables* which can be changed by health promotion and health protection activities. In this context, the domains of influence are: thinking, eating, drinking, breathing, moving, resting and reproducing.
- **Seven Cohorts** refers to: Pregnancy, infant, toddler, child, adolescent, adult and senior citizen (In the public arena, 'pregnancy' has been relabelled 'baby').
- **Seven Settings** for promoting health and Wellness are villages, settlements, schools, workplaces, towns/cities, sports and faith based organisations (FBOs).
- **The Wellness Strategy** is the National Wellness Centre's approach to public health as activities to maintain the good health of the population, improving productivity and well-being, continuing freedom from disease.
- **Wellness** is a state of optimal and balanced well-being of body, mind and spirit oriented towards maximizing an individual and community's potential maintained at every stage of development.

2.1 Acronyms

- CD – Communicable disease
- CHW – Community Health Worker
- DALYs – Disability Adjusted Life Years
- FBO – Faith based organisation
- FHSSP – Fiji Health Sector Support Program
- GAP – Global Action Plan
- GBD – Global Burden of Disease [study]
- HIRS – Health Information Resource Systems
- M&E – Monitoring and Evaluation
- MOH – Ministry of Health (renamed MOHMS late 2014)
- MOHMS – Ministry of Health and Medical Services
- MOLIRE – Ministry of Labour, Industrial Relations and Employment
- NCD – Non-communicable disease
- NWC – National Wellness Centre
- OHS – Occupational Health and Safety
- PHC – Primary Health Care
- PSC – Public Service Commission
- PSH – Permanent Secretary for Health
- SDH – Socio-economic Determinants of Health
- SFCCO – Strategic Framework for Change Coordinating Office
- WHO – World Health Organisation
- WHO-WPRO – World Health Organisation Western Pacific Regional Office
- YLLs – Years of life lost

3.0 Background

Pacific Island countries are particularly vulnerable to the health and social consequences of inaction against diseases, with the cost implications outweighing the limited resources. The health environment has undergone a massive transformation over the last two decades; due to improvements in modern medicine, more people are growing older; and the double the burden of re-emerging communicable diseases (CDs) and non-communicable diseases (NCDs) are pushing the world towards huge health bills. Countries have realized that the costs of early action against these transformations are less expensive than no action at all.

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Future generations will suffer the full brunt of an unhealthy population and future governments will face financial burdens from large proportions of the budget allocated to addressing curative treatments if control measures are not immediately put into action by the public.

Many health behaviours are of individual lifestyle choice, such as diet, but other behaviours are dictated by the way society is structured. These socio-economic determinants of health (SDH) (WHO, 2008) are well-known to population health, and they describe the influence that all sections of society have on public health, much more than those which are controlled by the health sector. An example of this is that international trade/politics affects the range of foods available to Fijians to support a healthy diet (Hughes & Marks, 2009; Thow et al., 2011). These determinants of health are far-removed from the influence of an individual but they also have the effect of restricting understanding of, and ability for action against, the preventable risk factors related to the lifestyle of a person, and their consequences.

A result of high-level and individual influences is leading to changing dietary patterns which contribute to obesity; 80% of deaths are due to NCDs; diabetes related death rates are rapidly increasing; deteriorating infrastructure is contributing to diarrhoeal diseases and maternal mortality rates continue to increase (WHO-WPRO, 2014; WHO, 2011). The double burden of disease is further supplemented by the continuing presence of traumatic injuries and mental health issues.

Rather than being discouraged by the double burden of disease, the National Wellness Centre sees the opportunities within health statistics. Reframing the findings of the NCD STEPS Surveys (in adults) indicates that although the proportion of the population that are healthy is decreasing, they are still a significant segment and it is still a significant opportunity to encourage healthy lifestyles. Losing the good health of the population would therefore be a major, although preventable, step backwards in health and development in Fiji.

NCD STEPS Survey:	2002	2011
Percentage of individuals who have not consumed alcohol in the last 12 months	78.4%	69.4%
Percentage of individuals who are not overweight or obese	41.5%	33.1%
Percentage of individuals without raised blood pressure	75.8%	69%
Percentage of individuals without raised blood sugar levels	80.4%	70.4%

Age group	%	(Source: FIBoS, 2012)
<5	9.9	57% of the population are less than 30 years old
5 - 9 years	9.3	
10 - 14 years	9.8	
15 - 19 years	9.5	
20 - 24 years	9.6	
25 - 29 years	8.8	
30 - 34 years	7.6	27% are between 30 and 49 years old
35 - 39 years	6.8	
40 - 44 years	6.7	
45 - 49 years	6.0	
50 - 54 years	4.8	16% are 50 years or older
55 - 59 years	3.7	
60 - 64 years	2.9	
65 - 69 years	2.0	
70 - 74 years	1.2	
≥ 75 years	1.4	

Outside Fiji, there is significant movement towards workplace Wellness programs. In the United States of America, Wellness aims to increase productivity and reduce absenteeism and presenteeism. For example, a meta-analysis has shown that workplace Wellness programs have a good return on investment with US$3.27 saved on medical costs for every US$1 spent on Wellness programs (Baicker, Cutler and Song, 2010). The National Wellness Centre (NWC) has put particular effort into sourcing similar research to inform it's operation and this Policy.

Wellness, the Wellness Approach and the Settings Approach are foundations for addressing well-being in Fiji in a manner which is tailored to the local cultural context. Wellness moves public health away from medical treatments and interventions, and more towards lifestyle/social change. The idea of Wellness in Fiji is also not confined to biochemical risk factors of disease or NCDs. The NWC recognises 7 dimensions of Wellness, and notes that activities which

affect healthy lifestyles and behaviours have the potential to positively affect many health issues simultaneously, crossing mental health, communicable disease, accidents and injuries also.

Fiji has a particularly youthful population, and this is a foundation of Wellness operating across the lifespan, particularly recognising that health behaviours are established during childhood and adolescence. This confirms that efforts towards maintaining Wellness are appropriate at this stage of Fiji's development as the majority of the population are still in the stages of forming lifestyle habits. By providing services and materials that are accessible, affordable, appropriate and acceptable; and with enough exposure to education and information; good health behaviours can be maintained for life.

4.0 Introduction

4.1 Current Practice

Essentially, Wellness in Fiji is not formally practiced and, at best, Wellness is promoted but poorly understood. Standard practice for health workers is to advise individual patients to maintain good health with healthy lifestyles, and to reduce risky health behaviours. This is a fundamental part of medical practice, but this is not a) formally classified as Wellness activity or b) health promotion at a population level. This can lead to mixed messages towards the public which are not maintained nor incentivised during daily living.

Public health is well accustomed to the disease-focussed model of health promotion, which places focus on reducing the existing impact of risk factors or active disease in society, affecting the burden of disease by addressing socio-economic determinants of health (SDHs). The Ministry of Health and Medical Services (MOHMS) has policies and plans to address existing poor health in early stages, including the National and MOHMS NCD Strategic plans 2010-2014, and the National Health Promotion Policy for Fiji Islands (2006), but no standard manner to maintain Wellness in the healthy population.

4.2 Policy Rationale

Evidence of the opportunities for Wellness in Fiji is given in the introduction, also reframing public health to maintain the good health of the population. This Policy also serves to build on the foundation of the Health Promotion Policy (2006) and provide a clear understanding of Wellness so that employees of multiple sections within the government have an understanding of Wellness. In particular, the Policy is required to be certain that NWC personnel also have a deep connection with Wellness. A consistent understanding of Wellness at this level will result in a standardised understanding of Wellness at the community level.

Understanding & influencing Wellness is not confined to government nor formal organisations alone; the informal sector and even prominent societal figures have the ability to influence population Wellness. The NWC endeavours to maintain the good health of the public, by cooperating with such partners outside the traditional realm of health in order to integrate the practice of Wellness into their operations, thereby influencing SDHs. A high-level, visionary policy is needed to provide guidance for other sectors about how to improve population health within each one's scope of influence.

As the world health environment moves more towards Wellness, and evidence continues to build, this holistic approach to human health should be supported, and built into organisational policies and plans. This movement is also supported by the WHO (WHO, 2010), and some other Pacific island small states have similar programs (WHO, 2012). The logical next step for Fiji is to document government commitment to Wellness in line with international peers. Through the NWC, MOHMS is driving the move from physical health to holistic Wellness and this Policy is a starting point, leading to the formation of more sector-specific Wellness plans and policies.

4.3 Policy Development Process

Fiji's pathway towards a Wellness approach to health came from the *New Horizons in Health* policy (WHO-WPRO, 1995a), which began the Healthy Settings 'movement'; with the 'Healthy Islands' component being particularly pertinent to Fiji. The *Rarotonga Agreement: Towards Healthy Islands* further described a Healthy Islands Framework (WHO-WPRO, 1997). This gave rise to the 'Settings Approach' that is adapted and used in the application of Wellness to Fiji, discussed below. The other foundation for Wellness in Fiji was the *Nairobi Call to Action* (WHO, 2009), which first introduced the elements of health promotion that have been built into the framework which maintains Wellness in Fiji.

While Wellness activities were being practised arbitrarily around Fiji with varied success, Wellness became a formal part of the [then] MOH when the Honourable Minister and Permanent Secretary for Health made the decision to merge the National Centre for Health Promotion (NCHP) and the MOH NCD Unit to form the NWC. This was done because despite all great population efforts to reduce burden of disease in Fiji there was continued increase in CDs, NCDs as well as re-emerging neglected tropical diseases. Management thinking was that the disease burden could not be dealt with by the MOH alone and needed collaboration with stakeholders outside MOH. The units existing in MOH that fitted best with this thinking were the NCD Unit and NCHP.

In selecting 'Wellness' as the new approach, MOH looked into the a) MOH definition of health, b) Healthy Island Concept (1997) and c) Primary Health Care (PHC) in Fiji; information and available reports/indicators were mainly illness/disease based. Therefore, Wellness became the centre of Fiji's definition of 'health' and 'healthy islands'. Wellness is to be mainstreamed into PHC and is population more than disease based. Research was done on "Wellness" in the world (above) and tailored to suit the Fijian innovation and context.

With this international background as support, between April and October 2013 three consultation workshops were held, including over 90 participants, who were involved in the meetings to give their input about what 'Wellness' should involve. The Government held a vast preponderance of attendance with 78% of attendees from Government departments, 45% being from the MOHMS overall. Some objectives of these workshops were to consolidate definitions of Wellness terms; determine key areas of importance in Wellness that should be addressed in the framework; finalize the draft Wellness Fiji Conceptual Framework and to determine the best way forward for the Wellness program.

Following the consultations, results were further discussed among Government representatives and other organisations that volunteered for continued involvement as the Wellness Policy Steering Committee. The Wellness Policy Steering Committee played a key role in the development of the policy. Appropriately, the Wellness Policy Steering Committee is comprised mainly of government representatives, but also volunteers from external agencies that were involved in the original consultations. The process has been considerably supported by the FHSSP.

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5.0 Policy Statements

5.1 Policy Goals

1) To build the understanding that all sectors of society are equally responsible for population health.
2) To empower groups to lead people towards living in a state of Wellness by encouraging choice and adoption of healthy lifestyles and behaviours.
3) To maintain a clear and common understanding of Wellness, its foundations, activities and aspirations, in all people involved with Wellness.

4) To provide an overview of the operation of the National Wellness Centre within the MOHMS to all who interact with Wellness. This Policy sets the scene for further development of policies and plans in all areas of society.

5.2 Policy Objectives

1. The MoHMS will cooperate with the NWC in developing a multi-sectorial National Wellness Strategic Plan 2015-2019 within at least 12 months from approval of this Policy;

Within the timeframe of the National Wellness Strategic Plan 2015-2019 (to be written), the NWC will take action to:

2. Establish a National Multi-Sectorial Wellness Team (described in Leadership/governance) which will champion the inclusion of Wellness in every ministerial portfolio;
3. Promote and support the establishment of Wellness programs for each of the 7 dimensions of Wellness within each Wellness setting that will allow access to policy deliverables, leading to enhanced Wellness lifestyle choices;
4. Clearly indicate the contribution of Wellness towards national development within all Wellness plans and activities;
5. Establish national indicators of Wellness in groups' strategic plans, and set targets for all settings for M&E of both outcomes and processes. This will enhance the quantity and quality of population health information for the NWC;
6. Assist in creating monitoring activities assessing groups' compliance with the Wellness policy, resulting in groups maintaining focus on Wellness indicators;
7. Conduct and support research to determine population Wellness/health and respond to opportunities for maintaining population Wellness.

More detail of these objectives including indicators, targets and activities will be available in the Strategic Plan 2015-2019.

5.3 Guiding Policy Principles

Any group or person involved in the Wellness Policy is expected to adhere to the following principles:

1) Multi-sectorial – A multi-sectorial and inter-disciplinary approach is undertaken during the implementation of all initiatives and programmes.
2) Evidence based – all initiatives and programmes are well supported by research and literature before implementation.
3) Human rights – all initiatives and programmes arising from the Policy will ensure equitable access and distribution of benefits to all the population.
4) Information sharing – the policy will ensure that there is flexible exchange of information between the key ministries and groups, both vertically and horizontally.
5) Privacy – Groups' and individuals' legal rights to privacy of information will be respected at all times. Mandatory reporting of criminal and/or negligent actions will be encouraged and enforced. *For example*, a group may be explicitly identified to government if low compliance to Wellness is leading to high incidents of workplace accidents.
6) Gender equity – the policy will ensure that men, women, boys and girls are considered equally in the planning and implementation processes of all Wellness initiatives and programs.

7) Comprehensive – While the major health burden for Fiji at present is in the area of NCDs, Wellness applies equally to all aspects of population health. Wellness still maintains focus on CDs, accidents, injuries, mental health, treatment and rehabilitation.
8) Skill-building – All who are involved with and advocating Wellness should be given the appropriate training and skills to identify, coordinate and maintain Wellness initiatives that are contextually appropriate and sustainable.

5.4 Wellness and Health System Strengthening

Service delivery

The operating principal of the Wellness in Fiji can be split into four levels of administration.

Holding the main leadership/governance role is the NWC, which guides/directs the separate government ministries' methods of maintaining Wellness in their populations. The government ministries provide a similar partnership function to the different settings under their direction for existing activities; and the Wellness activities/programs specifically are run by the groups within each Wellness setting, which interact directly with the Fijian population.

This system is represented graphically in Appendix 3, indicating the governance hierarchy and the reporting pathways for M&E purposes. This diagram should not be seen as an organisational chart indicating where responsibility for activities rests. Ownership and responsibility of Wellness programs that the public are exposed to lie as far to the right of this diagram as possible. Even within each group, such as a particular school, there may be staff dedicated to the Wellness activities (e.g. a school canteen manager) that have the main responsibility for promoting Wellness. It is at this level that decisions are made for how and which activities are run. Agencies towards the left of the diagram, particularly the NWC, hold a guiding and monitoring role; towards the right the partnerships are action-oriented.

Also of note is that this model leaves the opportunity for more than one Ministry to work with one particular setting. For example, Wellness activities in the school setting can be influenced by both the Ministry of Education, requiring compulsory nutrition education; and the MOHMS, requiring certain foods to be available in canteens. Similarly, one Ministry may work in multiple settings such as the Ministry of iTaukei affairs influencing multiple settings.

Groups develop or align health promotion activities towards the Wellness concept and embed Wellness activities into settings and into all services provided to their members. MOHMS and government departments provide on-going technical support to ensure effective implementation of the policy, but the programs are conceived, owned and delivered by the community level groups for their own settings.

For informal workers, settlements and villages, zone nurses will initially take a leadership role in Wellness activities in areas that they identify as being at risk. By liaising with representatives at the sub-divisional hospital level, they can call on assistance from the NWC.

Health workforce

Wellness Fiji mainly draws on the existing workforce to implement activities, providing direction, training and resources to improve Wellness.

In large formal sector organisations, including government departments, the NWC recommends that a 'Wellness champion' will be appointed who will implement healthy lifestyle activities and promotes health audits. The respective government ministries will organize for these champions to receive training from the NWC on how to keep trend analysis for group members, advocate to them on improving risk factors and recommend to the

organization to provide a supportive environment for healthy living. Wellness champions will also be responsible for maintaining Wellness profiles (Appendix 4) for all group members.

For groups operating within the established health care system such as within hospitals and allied health centres private or public, the same as above will apply. In addition, staff that are in direct contact with patients will be given regular (minimum yearly) refresher training on Wellness principles and practical application to their work.

For informal workers, settlements and villages, the existing health care system will be relied upon. Zone nurses or personnel directly in contact with the public will be responsible for monitoring population Wellness and eventually reporting back to their divisional medical officers. Zone nurses are also able to request the assistance of the Wellness buses to their area. Over time, Community Health Workers (CHWs) will be trained in health promotion and Wellness, and will support the zone nurses in promoting Wellness in their communities.

In community groups such as recreational clubs and faith-based groups (for example) ministries can also engage directly with the group leaders/figureheads (e.g. sporting coaches, religious leaders) that will either act as or appoint Wellness champions.

Those who are advocating and coordinating Wellness in particular groups (that is, Wellness champions, zone nurses or CHWs) will be provided with training by the NWC in a similar manner to Occupational Health and Safety training in order to maintain certification. Training includes identifying Wellness promotion methods, discussing, program planning, implementing and M&E solutions/action plans that are acceptable to their group environment.

Using these methods of utilizing the existing population involved in Wellness, the NWC is able to direct a nation-wide bottom-up approach which empowers the community to run their own health promotion programs suitable to each setting.

<u>Information and communication systems</u>

Within government, the Public Service Commission (PSC), as an overall employer for government, will update ministries and departments regarding the Wellness Policy through constantly liaising with NWC and verse versa. As a method of M&E of settings' progress towards Wellness, the NWC will access the existing Strategic Framework for Coordinating Change Office (SFCCO) pathways which will include Wellness indicators in ministries' reports. The information for these indicators will be drawn from the Wellness profiles (at a minimum) but also the results of M&E for individual group programs.

The NWC emphasises continuous and vigorous media promotion that communicates the Wellness message and supportive information in a manner that is appropriate for each setting. Wellness promoting messages should be available in English, Fijian, Fijian Hindi and sign language.

Individual groups will also ensure that:

- All Wellness champions will receive a copy of local Wellness policies during the Wellness training process,
- Wellness champions or the relevant advocates (as in health workforce) receive Wellness promotion manuals and training for use.
- Policies are easily accessible by all group members,
- Members are informed when a particular activity aligns with a relevant policy.

Health Information Resource Systems (HIRS) will be used with health facilities and other major health agencies in order to report the data from groups' and individuals' Wellness screening for population health monitoring. The Public Health Information System (PHIS) is also to be used in collecting Wellness information.

<u>Leadership/governance</u>

Overall, the Strategic Framework for Change Coordinating Office (SFCCO) guides Wellness between the NWC and settings. It does this by requiring that activities, and results, of Wellness in the area governed by each Ministry are reported on across the board in business plans, annual corporate plans and strategic planning. Wellness, as with gender, and poverty, must be addressed in the work of each Ministry down to the group level and it is the SFCCO requiring reporting on this.

The central point of Wellness in Fiji is the NWC. The NWC holds two main roles, for which more detail is given in Appendix 6.

Primarily, the NWC is an operational group with responsibilities including:

a) Analysis of incoming Wellness information, from group-level M&E, as well as government data;
b) Collection of national and international population health indicators, comparison and reporting;
c) Implementing health promotion programs (e.g. the Wellness bus);
d) Ensuring that groups' requests for medical or public health support are actioned.

Responsibility for NWC-led health promotion and health protection activities lies with the different Wellness intervention programs (e.g. oral health, nutrition, mental health). The NWC has other sections including research, marketing and communications, and settings coordination (among others), which all report to the Director of the NWC.

The second role of the NWC is for strategic planning and NWC coordination. This is done by the National Wellness Committee ("the committee") which is a large group intended to incorporate the opinions and needs of community representatives in the direction of the NWC and therefore Wellness in Fiji. There is at least one representative from each setting in this committee as well as the Permanent Secretary from each government ministry. With this structure, the NWC and committee hope that there is input from all settings and demographics, being directly involved in directing of the NWC.

The NWC and the committee both work closely on health promotion and health protection projects. The NWC provides information and technical expertise to the committee, who in turn use this information and social opinion to devise suitable projects. The Deputy Secretary of Public Health (DSPH) is also closely involved in these groups to ensure input from higher levels of government. It is through the DSPH that the NWC and committee jointly report to the Permanent Secretary for Health and Medical Services, who informs the Minister for Health and Medical Services. However, for higher-level national issues which require parliamentary input (legislation changes, for example), the committee can engage directly with the Minister for Health and Medical Services.

Materials (Medical products, vaccines and technologies)

As health promotion and health protection interventions will be owned and operated by the groups which implement them, responsibility for sourcing, maintaining and safe disposal of health promotion materials will be the responsibility of each group. This ensures that the materials being used are appropriate to the context and should therefore be of optimum efficacy and cost-effectiveness.

Groups will be encouraged to use all resources that are already available to them, but the ministries that govern each setting will supply start-up funding/materials requested by each group in order to provide an enabling environment for the public to engage in Wellness activities. This may be by coordinating the supply from other government departments or settings. The first point of contact for Wellness champions requiring materials/finances for Wellness activities will be to the appropriate Government Ministry (e.g. Ministry of Youth and Sports for physical activity programs), similar to the reporting pathway in Appendix 3.

Presuming an adequate supply of materials required for the programs, the Wellness services and resources required as a result of the health promotion and health protection are absolutely free of charge and readily available for groups.

Resourcing/financing the Policy

This policy recognises that adequate financial support/resources will be a constraint to implementation of the Wellness Policy. The NWC, as well as groups across sectors involved with the Wellness program, will need to be supplied with the necessary finances in order to be implemented sustainably and with minimum wastage. Adequate funding and resources are to be provided to the implementing group by the NWC, to carry out the implementation of the National Wellness Policy. Health promotion and protection initiatives that cross multiple settings can approach multiple ministries for support, which can organise a Memorandum of Understanding with the NWC to provide joint support.

Funding requests should be made in alignment to the National Budgeting and Planning cycle of the ministry and government. The specific programs and actions in the policy needs to be budgeted at the earliest for consideration by government and donor partners. Similarly, the Wellness Strategic Action Plan should include a budget to provide guidance to the Wellness Centre on future funding needs.

5.5 Concurrent documents

The National Wellness policy should be read and implemented in concurrence with the following acts, regulations and agreements. As detailed in this Policy, Wellness is a policy that aims to encompass all areas of all sectors; therefore this is not an exhaustive list:

- National Health Promotion Policy for Fiji Islands – MOH
- Occupational Health and Safety policy (OHS) – Ministry of Labour, Industrial Relations and Employment (MOLIRE)
- Health promoting workplace policy – Public Service Commission
- National school canteen guidelines – Ministry of Education
- National food and nutrition policy for schools (new draft due 2015) (Ministry of Education)
- National mental health decree – MOH
- National substance abuse decree – Ministry of Education
- National tobacco control and regulation decrees (2010 & 2012) – MOH
- School health program (immunisations, BMI screening, canteen audits) (MOU between Ministry of Education and MOH)
- People's charter for change, peace and progress (2008) – National Council for Building a Better Fiji
- The Republic of Fiji Constitution – Bill of Rights
- Public Health Act – MOH
- Food Safety Act 1985 – MOH
- Pure Food Act, 1985 – MOH
- Fiji National Providence Fund (FNPF) Act
- Child Decree – Ministry of Women, Social Welfare
- Domestic Violence Decree – Ministry of Women, Social Welfare
- Crimes Decree - Ministry of Justice & Fiji Police Force
- Strategic Plan 2011-2015 – MOH
- MOH Annual Corporate Plans – MOH
- NCD Strategic Plan 2015-2019 (Due 2015) – MOH
- HIV/AIDS Decree #5 (2011) – MOH
- Child Welfare Decree 2010 – MOH
- Marketing Controls (Foods for Infants and Young Children) Regulations 2010 – MOH
- Food Establishment Grading Regulation 2012 – MOH
- Legislation to Mandate the Supply of Fortified Flour in Fiji 2012 – MOH
- Health Policy Development Guideline 2011 – MOH
- Infection Control Manual for Health Facilities 2002 – MOH
- Guidelines on Breastfeeding for Health Workers 1994 – MOH

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- New Diabetes Guideline 2010 – MOH
- Diabetes Management Guideline 2010 – MOH
- School Canteen Guideline 2013 – MOH
- Food and Health Guideline for Fiji 2013 – MOH
- NCD Toolkit Manual for Community Health Nurses in Fiji 2011 – MOH
- Child Protection Guidelines 2012 – MOH
- Yanuca Island Declaration 1995 – WHO document WHO/HRH/95.4
- National Mental Health Strategic Plan 2012-2016 – MOH
- National Health Promotion Policy for Fiji Islands 2006 – MOH
- New Horizons in Health 1995 – WHO WPRO
- The Rarotonga Agreement: Towards Healthy Islands 1997 – WHO document WHO/HRH/DH/97.1
- Wellness promotion manual: Public health practice guidelines for health workers in Fiji – MOH & Australian Aid.

6.0 Implementation of policy

- Upon endorsement of the National Wellness Policy, the NWC will begin working with the MoHMS to draft a MoHMS National Wellness Strategic Plan 2015-2019 that outlines specific actions of key stakeholders with clear strategic areas for action and performance measures. The National Wellness Strategic Plan 2016-2020 will incorporate the Wellness requirements of Wellness settings that need to be complied with (including assessment of existing activities) including a M&E framework.
- Upon endorsement of the National Wellness Policy by Cabinet, the NWC is to formulate a clear advocacy and awareness program on the Wellness Policy to inform all government ministries about the policy and different roles and responsibilities, and seek feedback.
- Involvement with the MOHMS Wellness program is essentially voluntary for groups. However, when a group makes a commitment to be eligible for assistance with Wellness from their ministry or settings, they will be required to (at least) have a Wellness champion in their group, and maintain Wellness profiles.
- All groups involved with Wellness are to adhere to maintaining Wellness profiles and Well-being indexes (See Appendix 4 and Appendix 5) of all individuals in order to analyse problems and prioritize healthy lifestyle in Wellness settings. This is a minimum standard for engaging with Wellness. If an individual's Wellness profile begins to show signs of decreasing Wellness, the individual may be referred to a health facility for counselling and check-ups.
- Wellness activities will become merged with OHS requirements, as compliance to OHS standards is mandatory for the groups that come under the ruling of the Health and Safety at Work Act (1996) (MOLIRE). These Wellness activities will therefore be compulsory for OHS certification. OHS activities are also considered as Wellness activities and will be included in Wellness reporting by a group's Wellness champion, the setting and the ministries.
- The NWC will directly run Wellness activities in towns/cities, villages and settlements with the use of Wellness buses. The Wellness buses will be able to be called on by the zone nurses depending on the need. Services provided include, but are not limited to risk factor screening, oral health examination, nutrition advice and sexual and reproductive health counselling.
- The NWC is to continuously engage with public and private partners in advocating about Wellness. The Wellness unit should regularly advocate on the above statements to all public and private agencies in ensuring that the approach is well understood and mutually accepted by all stakeholders.

- Other activities that the public will benefit from are, by necessity, not homogenous for all settings. Recognising the different settings have different needs as well as different interpretation of interventions, NWC will advocate for groups to create their own Wellness activities.

6.1 Monitoring & Evaluation

The ultimate M&E of the Wellness activities is performed by the NWC, in a dual manner. To begin with, at the right side of the chart in Appendix 3, are the separate Wellness programs/activities that the public interact with in some way. Results from planned M&E mechanisms (responding to the objectives set by the groups) for each group's programs will be reported through the pathway in Appendix 3. In addition, the NWC will seek and receive national health statistics which translate to information about the effectiveness of the Wellness Approach being administered at the national level.

All departments within government that oversee Wellness in their respective settings are to ensure that the recommendations of the NWC are integrated into settings and groups' policies and plans with mandatory outcomes, which can be monitored internally and reported to different levels.

In formal settings such as large businesses and government and government systems (eg medical), group-specific Wellness policies will become embedded within groups' own indicators for group activity M&E. These will be recorded in such documents as

i. Annual Corporate Plans
ii. Business Plans
iii. Service Excellence Awards
iv. Individual Work Plans
v. HIRS

Each group and government department/ministry will monitor and promote the health of it's members on an on-going basis through these established mechanisms. Government ministries/departments that receive this information from settings will report to the PSC's monitoring and compliance unit in conjunction with SFCCO reporting structure. Wellness behaviours will be a part of the above documents for all groups, reported to the NWC.

Through assistance from government compliance agencies (such as Ministry of Public Enterprises; Ministry of Justice; MOLIRE; MOHMS), private enterprises must comply with the Wellness policies in order to obtain certification during registration of businesses or before renewal of business licenses.

In informal settings such as villages and settlements, where the above established reports do not exist, reporting of Wellness profiles and Wellness activities will be sought by government ministries through existing informal pathways. For example, a remote village has options of Wellness information being reported to the NWC through the Turaga ni Koro and Roko to the Ministry of iTaukei Affairs, or to Zone nurses through the MOHMS.

Effectiveness of the overall Wellness policy/program will be assessed through:

- M&E of activities being run by each program within the NWC such as Physical Activity, Oral Health, WASH, Nutrition, and others. These indicators and targets are found in the Wellness Fiji Conceptual Framework 2014 booklet, described in 'Concept of Wellness in Fiji'.
- Results from monitoring compliance to the Wellness Policy, which will be shared with the National Multi-sectorial Wellness Team (see Leadership/Governance above) in their effort to have Wellness activities involved in all processes. The multi-sectorial teams are to ensure that Wellness standards for appropriate settings are developed and monitoring performance is clearly incorporated in agency corporate and business plans.
- Group compliance to Wellness requirements will be audited by NWC representatives making random checks on each group twice per year: once to liaise directly with the Wellness champion and discuss the

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group Wellness and strategies for improvement; and once to conduct independent Wellness data collection from a sample of group members.

- Analysis of population level data (by the NWC) through national surveys, and health statistics, for example the Global Health Survey, to give an indication of the Wellness of the country.

Wellness profiles

- The Wellness profiles (Appendix 4) are a broad-spectrum collection of Wellness data, which reports on members of each group. The Wellness profile information is then collated at the sub-divisional public health level and input into HIRS and PHIS so that as more information is received in each setting, leaders of those settings can take action. This Wellness information is analysed and reported at each level of the pathway in Appendix 3.
- Trend analyses for group members, and the group as a whole, to be kept by the group Wellness committee/champion. The Wellness champion of each group analyses this information and takes action on this as in the Implementation of policy section. Members will be informed about the risk factors for improvement, and recommend to the group leaders to provide a supportive environment for healthy living.
- Compulsory bi-annual/quarterly audits on groups' health status (using Wellness profiles) should be submitted to the group leaders. This will be measured under their deliverables and reported to groups and ministries on Wellness achievements for the organizations as a whole.

7.0 Review Date:

This policy should be assessed in accordance with all guidelines and will be reviewed every year.

Signed, Director of National Wellness Centre Date:............

Signed, Permanent Secretary for Health and Medical Services Date:............

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Appendix 1 – Acknowledgement

The National Wellness Centre wishes to acknowledge the following staff and senior officials of the Government and other development partners for their contributions to the development of the first ever National Wellness Policy:

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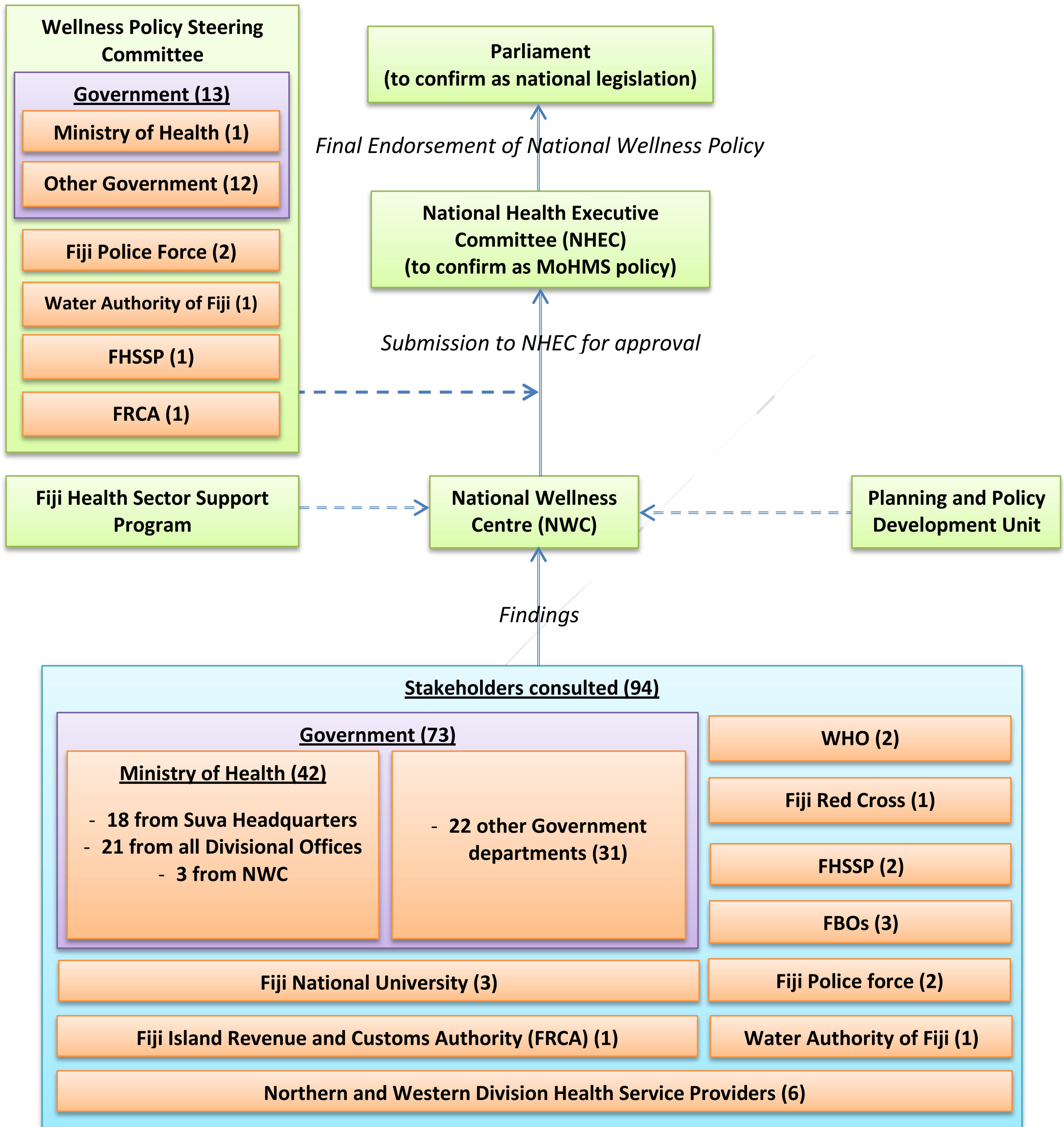
- Permanent Secretary, Public Service- Mr Parmesh Chand
- Permanent Secretary for Finance- Mr Filimone Waqabaca
- Permanent Secretary for Information, National Archives and Library Services of Fiji-Ms Sharon Smith-Johns
- Permanent Secretary for Lands and Mineral Resources- Mr Tevita Boseiwaqa
- Permanent Secretary for Agriculture- Mr Ropate Ligairi
- Permanent Secretary for Social Welfare, Women and Poverty Alleviation- Dr. Josefa V. Koroivueta
- Permanent Secretary for Education, National Heritage, Culture & Arts (Former) - Dr. Brij Lal
- Permanent Secretary for Labour, Industrial Relations & Employment- Mr Taito Waqa
- Permanent Secretary for Works, Transport & Public Utilities- Commander Francis Kean
- Permanent Secretary for Local Government, Urban Development, Housing & Environment- Mr Samuela Namosimalua
- Permanent Secretary for Youth and Sports- Mr Josefa Sania
- Permanent Secretary for Fisheries and Forests- Mr Inoke Wainiqolo
- Permanent Secretary for Sugar- Lt.Col Manasa Vaniqi
- Permanent Secretary for Rural & Maritime Development and National Disaster Management- Mr Filipe Petero Alifereti
- Permanent Secretary iTaukei Affairs- Mr Savenaca Kaunisela
- Permanent Secretary for Strategic Planning, National Development & Statistics-Mr. Pita Wise
- Acting Permanent Secretary for Justice, Anti-Corruption and Communication-Mr. Mohammed Saneem
- Acting Solicitor General and Acting Permanent Secretary for Civil Aviation- Mr Sharvada Sharma
- Permanent Secretary for Industry and Trade- Mr Shaheen Ali
- Permanent Secretary for Public Enterprises & Tourism- Ms Elizabeth Powell
- Permanent Secretary Defence, National Security & Immigration- Mr Jale Walker Fotofili
- National Wellness Steering Committee Members

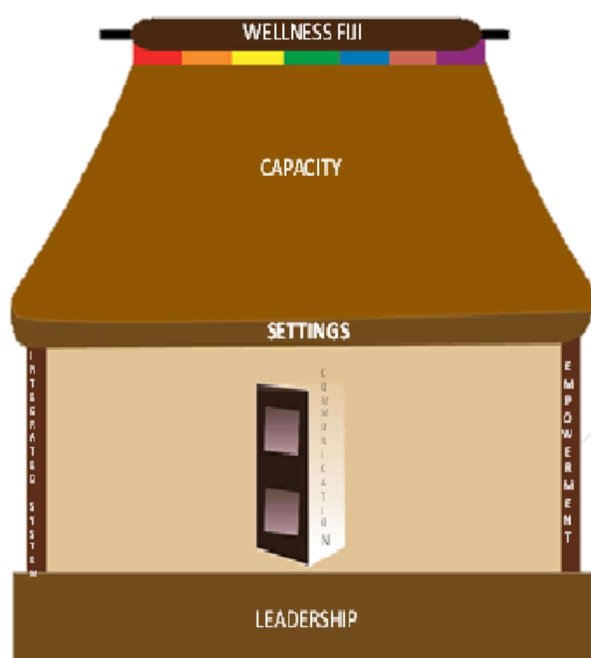
Appendix 2 – Policy development process



Appendix 3 – National Wellness Framework

Concept of Wellness in Fiji

After consultations with stakeholders (described above), the health promotion elements drawn from the *Nairobi Call to Action* (WHO, 2009) were tailored to the Fijian context with mutual agreement. Now titled the 'Wellness Fiji Conceptual Framework', the framework has been worked into the bure model, in Figure 2. This bure model represents a way of thinking about how the NWC considers its role within the health system and society. In brief, by establishing the NWC as a primary point of leadership for Wellness in Fiji, the NWC will be able to advocate that other organisations, including government departments, build elements of the framework into their operations. Specifically, the NWC aims to see the 7 settings of Wellness having the opportunity to be resourced by multiple sectors of society working together (integrated system); and to see the 7 settings with the ability to call on these resources at will (communication and empowerment). Having this support, the settings and groups within them will have the necessary capacity to implement and maintain Wellness activities. As described, this is a conceptual framework and should not be confused with the operation of Wellness activities. The bure model is described in much more detail in the *Wellness Fiji Conceptual Framework 2014* (MOH, 2014) document.



- **Foundation of Bure as Leadership** – influencing others towards desired direction, help in visualization, authority and good relationships.
- **Pillar as Empowerment**– Helping to deliver the ability to decide and take action on health.
- **Pillar as Integrated System** – Encourages team work, sharing of resources, coordination, connecting the leadership in the foundation to upper and lower members.
- **Door to better Communication** – to create more efficient teamwork between and within the levels of Wellness administration.
- **Beam representing the Settings** – all of the Wellness settings must be supported by a functioning health system and independence.
- **Roof representing Capacity** –The roof shields people from misleading information, giving the ability to understand and seek information.

Figure 2: The 'Bure' conceptual framework for Wellness in Fiji.

The Wellness mode of operating, or the Wellness Strategy, is better described as categorising activities according to cohorts of the population and the 7 domains of influence. By ensuring that there are Wellness activities for each combination of these cohorts and domains, the NWC is confident that all demographics can have access to Wellness in some way. Wellness activity monitoring and evaluation (M&E) will have indicators that are categorised into each cohort-domain combination, to ensure that Wellness is achieving positive results in the whole population, determined in the Wellness Fiji Conceptual Framework 2014 (MOH, 2014).

The Settings Approach

The Settings Approach emphasises the need for community involvement in health promotion and health protection activities, and that this is best done in the "context of settings such as the home, schools, places of work, markets, and local communities" (WHO-WPRO, 1997). Fiji further adapted these to the 7 settings in

Figure 4. This is more than merely a prescribed health promotion campaign for the whole population; the Settings Approach reinforces the idea that the population cannot be seen as a uniform entity, and that these settings are basic divisions of society which each respond differently to health promotion initiatives.

With this understanding, the NWC sees the opportunity that health promotion and protection activities can have maximal exposure to the population as most individuals will be involved in multiple settings. Settings that share activities, mindful of the differences between them, should be able to promote Wellness more effectively across all settings of an individual's lifestyle.

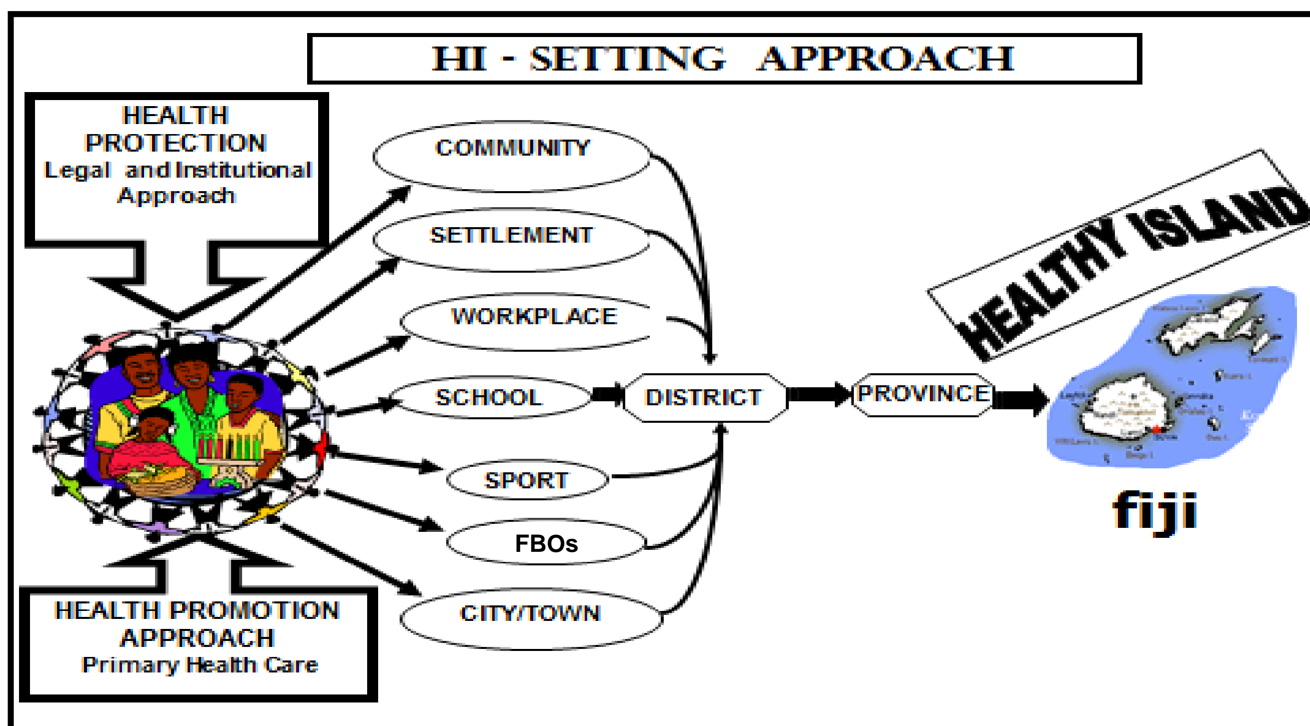
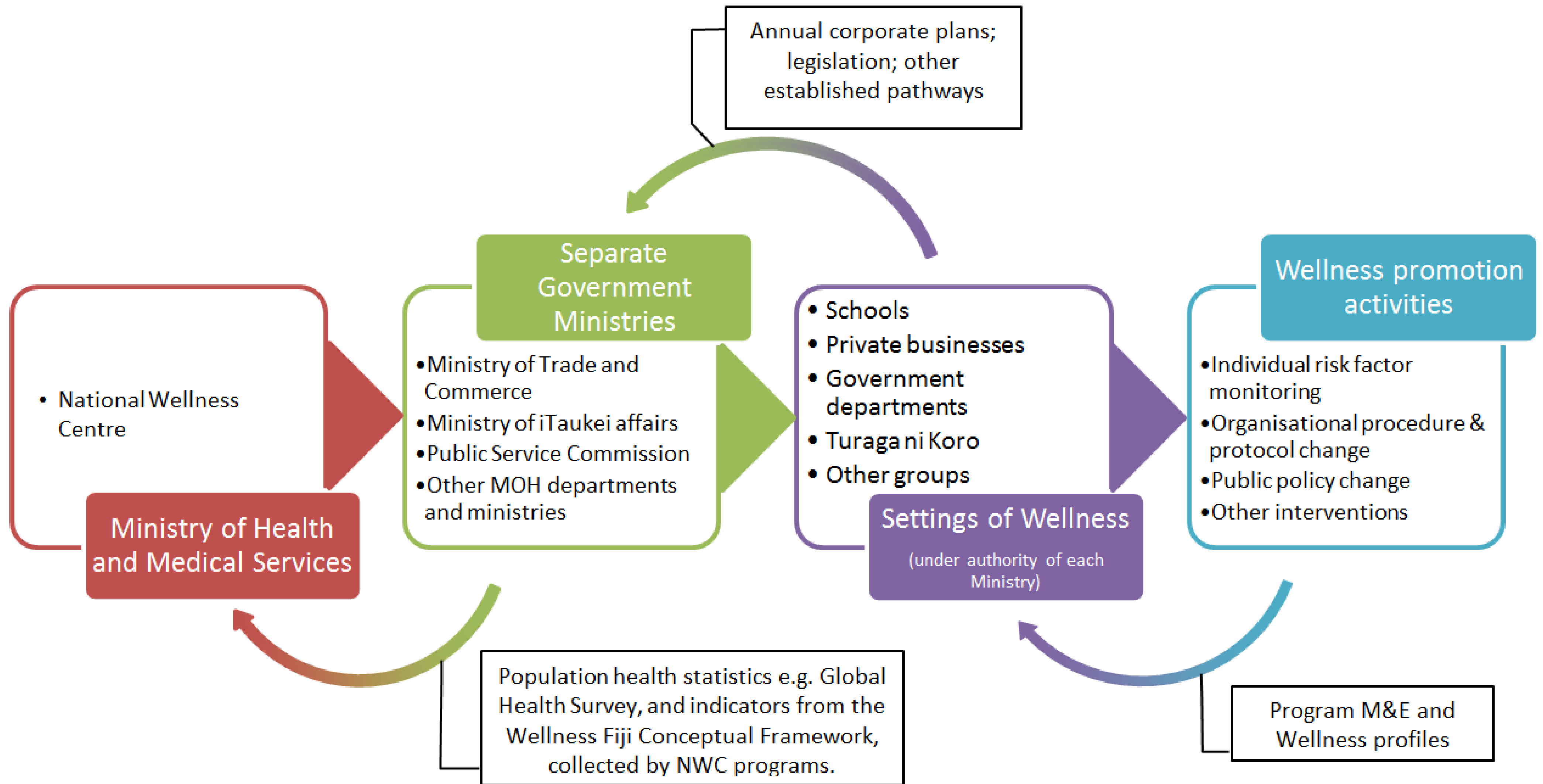


Figure 4: The settings approach to Wellness in Fiji (adapted from WHO-WPRO, 1997). Note that the term 'Faith-Based Organisations' is now used in place of 'church'.

Appendix 4 – Hierarchy and reporting pathways of Wellness activities



Appendix 5 – Draft Wellness profile

YEAR:				
Company Name:				
Persons Name:				
Age:				
Residential Address:				
Next of Kin:				
Emergency Contact:				
Tin No:				
National Health Number:				
HEALTH SCREENING	1ST Quarter	2ND Quarter	3RD Quarter	4TH Quarter
Height:				
Weight:				
Blood Type:				
Blood Pressure:				
Sugar level:				
Cholesterol level:				
Other health history:				
Risk Factors:				
WHO Well-being Index:				
Counselling Date: Group Wellness programmes				
Action to be taken:				
Detail of Medical Officer:				
Verifying Officer:				
Overall assessment and remarks				

Appendix 6 – WHO Well-Being Index Measurement Tool

Psychiatric Research Unit
WHO Collaborating Centre in Mental Health

WHO (Five) Well-Being Index (1998 version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

	Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	**I have felt cheerful and in good spirits**	5	4	3	2	1	0
2	**I have felt calm and relaxed**	5	4	3	2	1	0
3	**I have felt active and vigorous**	5	4	3	2	1	0
4	**I woke up feeling fresh and re-sted**	5	4	3	2	1	0
5	**My daily life has been filled with things that interest me**	5	4	3	2	1	0

Scoring:

The raw score is calculated by totalling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.

To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

Appendix 7 – Leadership of Wellness in Fiji