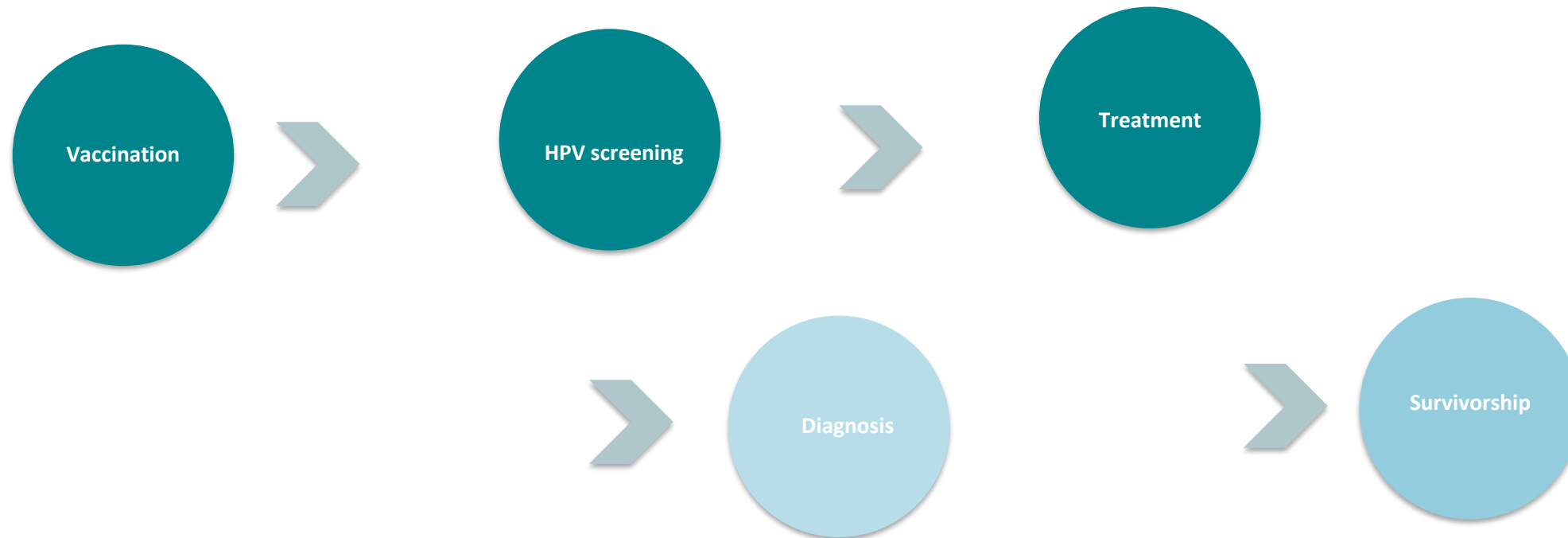


Cervical Cancer Elimination in the Fiji Islands - Update

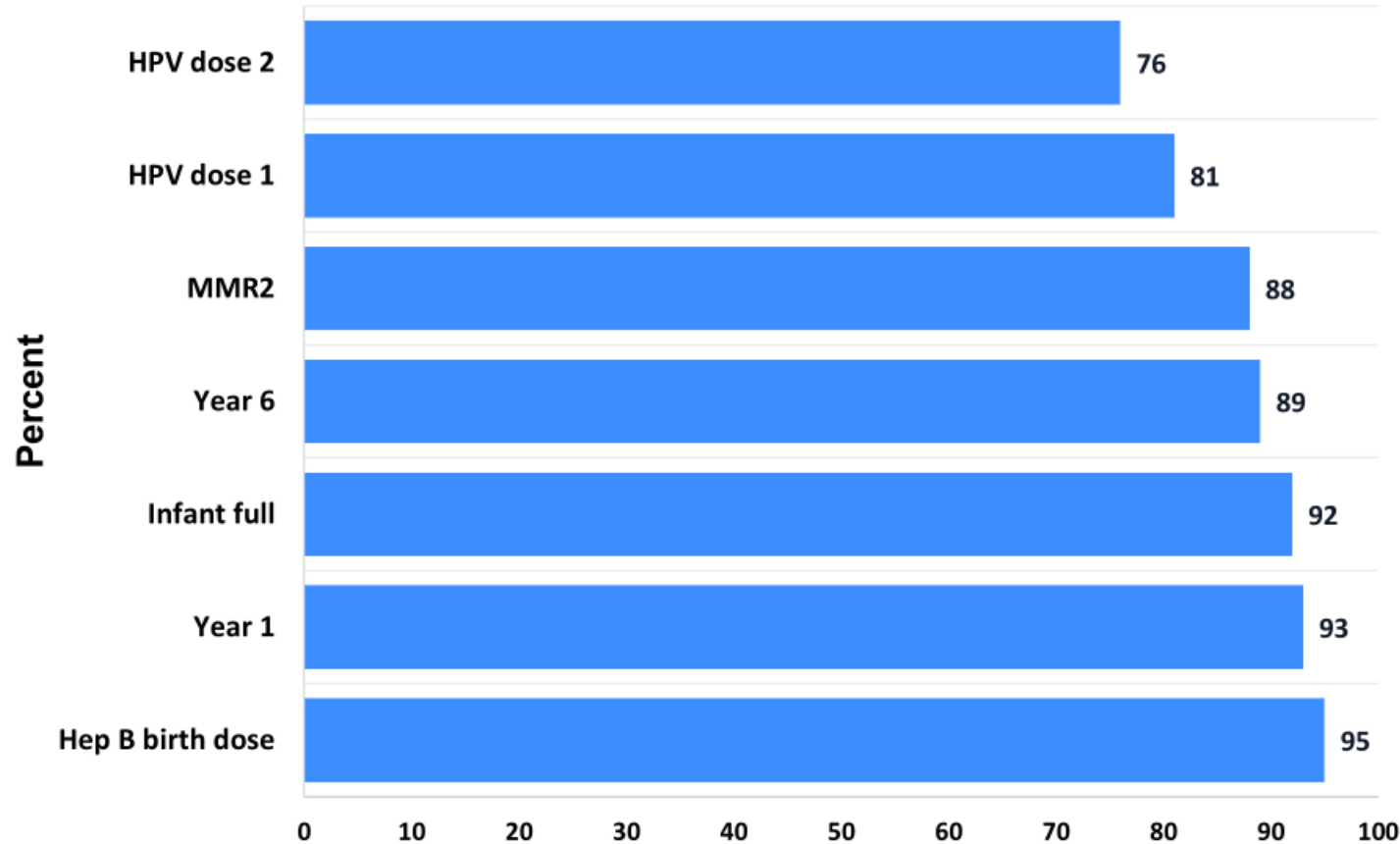
Progress since 2024

- Building an equitable pathway from prevention to survivorship



EPI coverage stayed high; catch-up gaps remain

Reported coverage (%)



96%

cold-chain uptime maintained

1,150

health workers trained in consent, inclusion and AEFI

IIS/PHIS integration launched in all four divisions • 100% of reported AEFI investigated

HPV screening moved from rollout to meaningful scale

7331

women screened using HPV testing

1,016

HPV-positive women identified

105

outreach screening clinics

39 facilities supported • 121 workers trained • 12 GeneXpert machines
218 canSCREEN records verified • 13 facility stock assessments



The national picture: rapid scale-up, uneven coverage

A strong screening push is visible from 2023 onward, but coverage is concentrated geographically.

7,331

first HPV screening episodes
recorded nationally

3,042

first screenings recorded in
2025 alone

91.0%

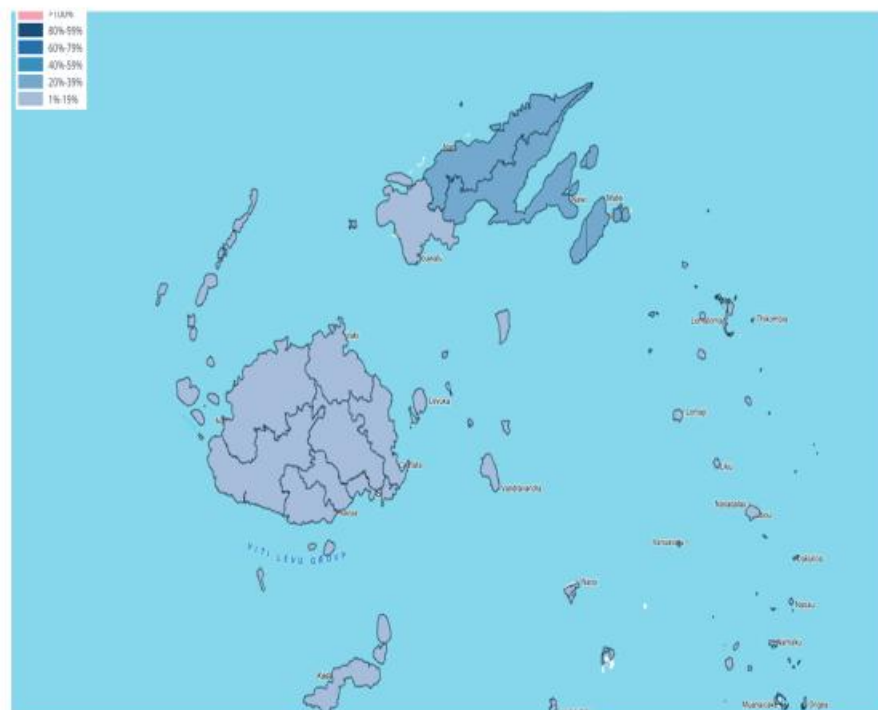
first screenings in the 30-59
target age group

88.1%

HPV test results recorded as
not detected

50.4%

of national first screenings
from Northern Division



Challenges:

1. Sample collection, overflow
2. Follow-up with delayed results
3. Processing errors
4. MOs lack confidence in TA
5. Referrals to gynae clinic- limited number only in Central
6. Data entry/canScreen

What Fiji has achieved

Key developments highlighted in the 2024–2026 progress review

Multidisciplinary support

MDTs operate in Suva, Lautoka and Labasa, supplemented by the Pacific MDT and IGCS ECHO for complex cases and shared learning.

Policy & care pathway

The Cervical Cancer Elimination Policy and SOP for ablative treatment are completed. A cervical cancer management guideline document is being developed to connect prevention, diagnosis and cancer care.

Workforce Training & Capacity

IGCS training, specialist mentorship, and approx four gynaecology oncology team visits each year are helping build local clinical skills and systems.

Research & evidence

A proposed five-to-seven-year cervical cancer audit aims to clarify who develops cancer, stage at presentation, delays, treatment received, and outcomes.

The unfinished elimination agenda

Progress is real, but major equity and treatment gaps remain

1

Reach maritime populations

Elimination requires equitable access beyond major centres and the two main islands.

2

Secure HPV testing resources

Procurement, GeneXpert machines, cartridges and supporting systems must be consistently available.

3

Connect MDTs nationally

Fiji does not yet have a single national gynaecologic oncology MDT platform.

4

Establish definitive treatment

Radiotherapy access remains a major gap and is still in the planning stage.

5

Strengthen the whole system

Radiotherapy requires workforce, imaging, pathology, oncology, nursing, palliative care, maintenance, quality assurance and referral systems.

Priority for the next phase

Connect every component so that no woman is lost between screening and treatment

**Measure success by whether a woman can move successfully from screening → diagnosis
→ treatment → survivorship and supportive care.**

Equity

Extend screening and treatment access to maritime and hard-to-reach communities.

Integration

Link local MDTs, national pathways, Pacific expertise and referral systems.

Sustainability

Strengthen procurement, data, workforce and the systems required for definitive cancer treatment.

Pacific collaboration can support training, mentorship, MDT discussion, shared protocols, research and implementation problem-solving.