

THE REPUBLIC OF FIJI

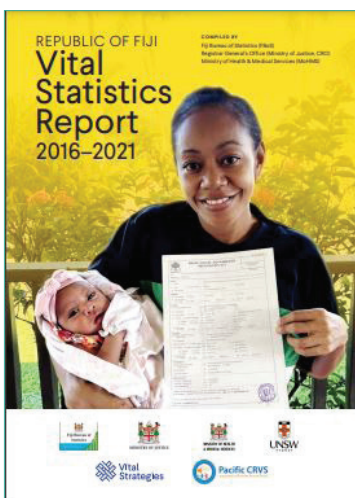
VITAL STATISTICS REPORT 2016–2021 HIGHLIGHTS



Pacific CRVS
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The Republic of Fiji Vital Statistics Report 2016–2021 (<https://purl.org/spc/digilib/doc/zpec9>) provides statistics on births recorded by the Ministry of Health and Medical Services and registered by the Ministry of Justice's Civil Registration Office for babies

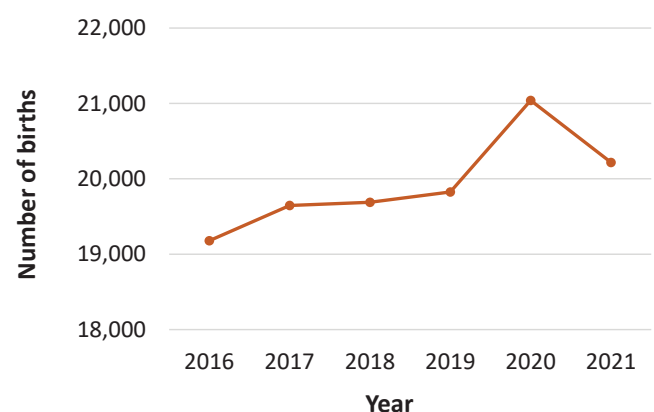
3. civil registration data collected by the Civil Registry at the Ministry of Justice.

BIRTHS AND FERTILITY: KEY FACTS AND FIGURES

There are around twenty thousand annual births in Fiji. In 2020 births increased sharply by more than 1,000, to 21,040 births, before declining to 20,217 in 2021. There are currently no explanations for the sharp increase in the number of births in 2020 and more investigations are being undertaken to identify possible reasons.

born during 2016–2021; and deaths recorded by the Ministry of Health and Medical Services for deaths that occurred during 2016–2021. This fact sheet contains highlights, facts and figures from the report.

Fig. 1: Total number of births by year (both sexes combined), 2016–2021



Fiji is an archipelago nation of more than 330 islands, of which about 110 are permanently inhabited. Almost three-quarters of the population live on the island of Viti. At the most recent Fiji population and housing census in 2017 the population was estimated to be 884,887. Fiji is classified by the World Bank as an upper middle-income country.

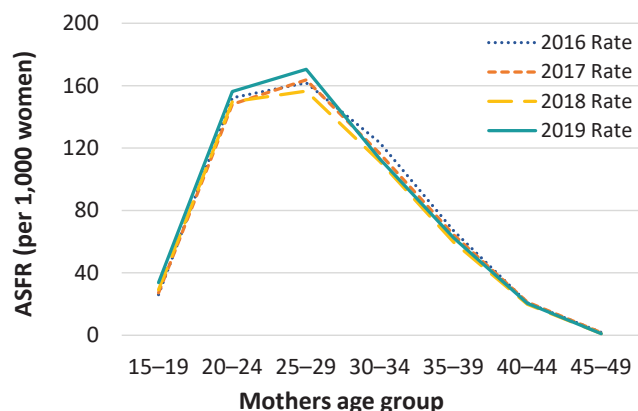
Source: CMRIS birth database

Vital statistics on births and deaths provide a picture of fertility and mortality trends. They are compiled by the Fiji Bureau of Statistics from:

Age specific fertility rates for 2016–2019 were highest among women aged 25–29 years with between 157–171 births per 1,000 women.

1. periodic sources such as censuses and population surveys;
2. continuous administrative sources such as the Consolidated Monthly Reporting Information System at the Ministry of Health and Medical Services; and

Fig. 2: Age-specific fertility rates (ASFR), 2016–2019



Source: Civil Registry birth registration database

The table below illustrates variation across the three databases which record births in Fiji. Investigations are on-going into the reasons for the variation in the number of records collected at each point in the data compilation process.

Table 1.1. Number of births and estimated completeness by source of data, 2016–2021

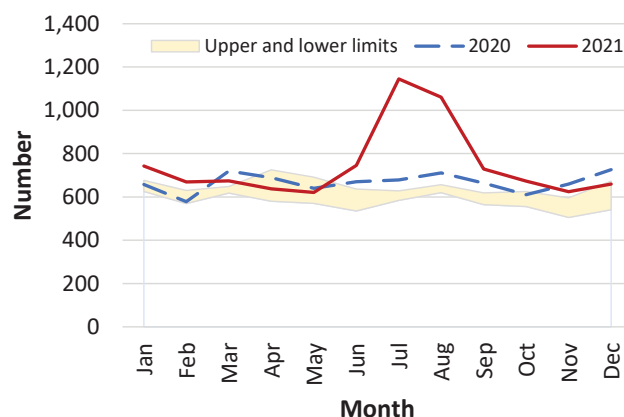
Year	CMRIS	MHMS		Civil Registry	
	n	n	Variation	n	Variation
2016	19,180	6,883	35.9%	18,844	98.2%
2017	19,646	9,377	47.7%	18,470	94.0%
2018	19,690	15,780	80.1%	17,938	91.1%
2019	19,825	14,913	75.2%	18,942	95.5%
2020	21,040	8,698	41.3%	16,724	79.5%
2021	20,217	5,608	27.7%	11,990	59.3%

CMRIS = Consolidated monthly reporting information system; MHMS = Ministry of Health and Medical Services

MORTALITY, CAUSES OF DEATH AND LIFE EXPECTANCY: KEY FACTS AND FIGURES

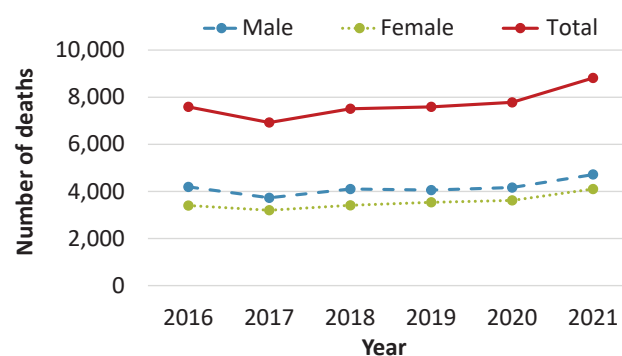
The average annual number of deaths recorded between 2016–2020 was 7,480, with an increase to 8,815 during the peak of the COVID-19 pandemic in Fiji in 2021, an increase of 1,031 deaths over 2020. The chart below shows the number of deaths by month during 2020 and 2021 compared to the average number of deaths per month during 2015–2019. It shows that excess deaths were observed from June to September 2021.

Fig. 3: Mortality during 2020–2021 compared to upper and lower limits (95%CI) of the average deaths per month during 2015–2019



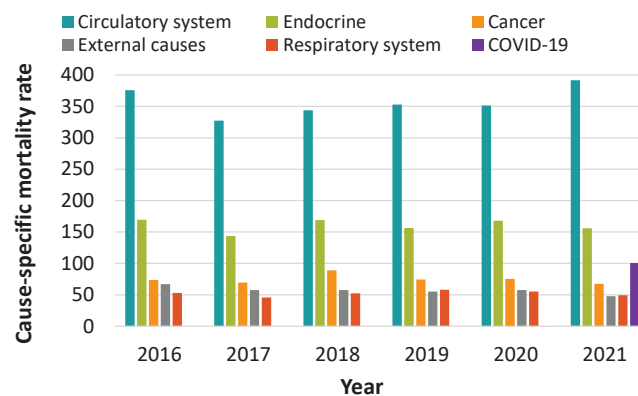
More male than female deaths were recorded across all years, with deaths comprising 54% males and 46% females for the entire six-year period. This annual distribution varied between 53–55% for males, and between 45–47% for females.

Fig. 4: Number of deaths by sex and year, 2016–2021



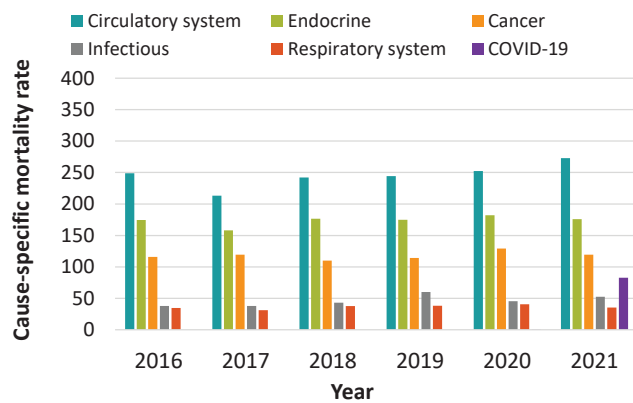
The following charts summarise cause-of-death for males and females.

Fig. 5: Male cause-specific mortality rates (per 100,000 population) for the top-five cause-of-death categories and COVID-19, all ages, 2016–2021



Cause-specific mortality rate per 100,000 males; Circulatory system = Diseases of the circulatory system; Endocrine = Endocrine, nutritional, metabolic diseases; External causes = External causes of mortality; Respiratory system = Diseases of the respiratory system.

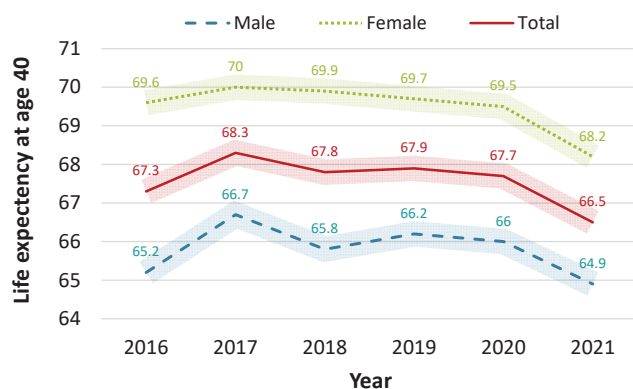
Fig. 6: Female cause-specific mortality rates (per 100,000 population) for the top-five cause-of-death categories and COVID-19, all ages, 2016–2021



Cause-specific mortality rate per 100,000 females; Circulatory system = Diseases of the circulatory system; Endocrine = Endocrine, nutritional, metabolic diseases; Infectious = Certain infectious and parasitic diseases; Respiratory system = Diseases of the respiratory system.

Life expectancy at birth calculations indicate the average number of years a newborn would live if the patterns of mortality at the time of its birth were to remain the same throughout the person's life.

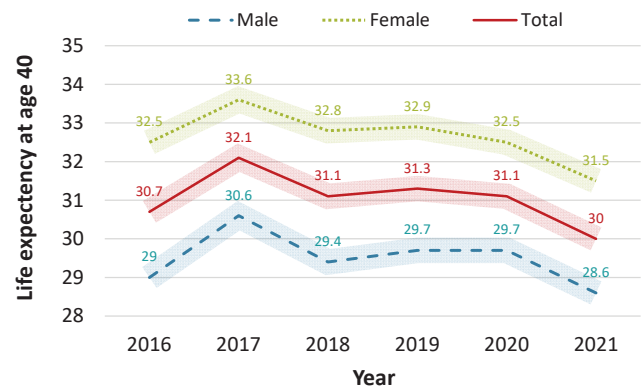
Fig. 7: Life expectancy at birth (LE₀), by sex, 2016–2021



Life expectancy at age 40 is the average number of years a person aged 40 would be expected to live if they continued to experience the current mortality patterns for the rest of their life. It is a better indicator of premature adult mortality than life expectancy at birth as it is not influenced to the same extent by levels and changes in child mortality.

Life expectancy at 40 remained higher in females compared to males throughout 2016–2021, with females estimated to live on average three years longer than males. This difference between male and female life expectancy at 40 was statistically significant.

Fig.8: Life expectancy at age 40 (LE₄₀), by sex, 2016–2021



MORTALITY AND LIFE EXPECTANCY: SOURCES OF DATA AND PROCESS FLOW

When a death occurs a Medical Certificate of Cause of Death is issued by a registered medical practitioner. The MCCD form has five copies: the penned white copy is sent to the Civil Registration Office in Suva; the green copy is given to relatives of the deceased; the blue copy is sent to the Fiji Police Force; the pink copy is sent to the DAMU within the MHMS where the cause of death is coded; and the yellow copy remains at the health facility.

There is currently no electronic system that automatically shares death records with the Civil Registry (as there is for births). An informant must go to a Civil Registry Office with an MCCD and provide information on the place of burial/cremation and other burial details. A customer service officer manually enters information from the MCCD, along with additional information provided by the informant (with supporting documents), into the death registration system. A death certificate is issued once all the details have been entered and verified.

Unlike birth data, health facilities do not maintain a hard-copy death ledger, the CMRIS does not collect or report aggregate numbers of deaths nor does it auto-share death information with the Civil Registry.

SUMMARY OF FIGURES AND INDICATORS: BIRTHS, DEATHS AND LIFE EXPECTANCY

Indicator	2016	2017	2018	2019	2020	2021
Number of births	19,180	19,646	19,690	19,825	21,040	20,217
Sex ratio (M/F)	1.09	1.08	1.08	1.08	^	^
Crude birth rate	21.8	22.2	22.2	22.2	23.4	22.4
Total fertility rate	2.8	2.7	2.6	2.8	^	^
Neonatal mortality rate	6.7	11.0	9.6	8.5	6.8	11.0
Infant mortality rate	14.1	18.2	15.4	14.7	12.8	16.3
Under-five mortality rate	18.6	22.5	18.8	18.7	16.2	19.6
Crude death rate	8.6	7.8	8.4	8.5	8.7	9.8
Distribution (%) M/F deaths	55.2/44.8	53.8/46.2	54.6/45.4	53.5/46.5	53.5/46.5	53.5/46.5
Total number of deaths	7,588	6,925	7,510	7,591	7,784	8,815
Life expectancy at birth	67.3	68.3	67.8	67.9	67.7	66.5
Life expectancy at birth (M)	65.2	66.7	65.8	66.2	66.0	64.9
Life expectancy at birth (F)	69.6	70.0	69.9	69.7	69.5	68.2
Life expectancy at age 40	30.7	32.1	31.1	31.3	31.1	30.0
Life expectancy at age 40 (M)	29.0	30.6	29.4	29.7	29.7	28.6
Life expectancy at age 40 (F)	32.5	33.6	32.8	32.9	32.5	31.5

M = male; F = female; ^ estimates of the sex ratio at birth and total fertility rates have not been calculated due to completeness of less than 90% in the civil registry birth database for 2020–2021; estimates of maternal mortality were unable to be calculated see p11 of the full report.

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Noumea, New Caledonia
September, 2023