

Fiji's HIV epidemic worsens amid deepening social crisis

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A deadly HIV epidemic in Fiji is worsening and spreading beyond its initial outbreak groups, the South Pacific country's Health Minister Dr Ratu Atonio Lalabalavu told parliament on March 10.

According to a report by the UN Development Program (UNDP) in December, the island nation, with a population of 930,000, has one of the world's fastest growing HIV epidemics and is confronted with a major health crisis. Fiji's location as a drug-running hub in the southwest Pacific has led to escalating methamphetamine use, fuelling the spread of the disease.

Up to 8,900 Fijians of all ages are living with HIV, according to data from the NGO agency UNAIDS. Lalabalavu said figures showed Fiji had recorded 2,003 new diagnoses in 2025, up from 1,583 in 2024. Many more cases remain invisible and the scale of the crisis is likely much greater than the official numbers suggest.

Reported new cases have increased by 3,091 percent since 2010, according to *The Lancet*. The national diagnosis rate rose last year to 226 per 100,000 head of population, up from 13 per 100,000 in 2019—a 17-fold increase. Of the 1,583 new HIV cases recorded in 2024, 41 were among people aged 15 or younger, compared to 11 in 2023.

Lalabalavu warned that while men remain more affected, “the gap is narrowing, showing that infection is increasingly affecting women and families.” The sharp rise in HIV among pregnant women indicates the virus is spreading within the wider community, including among the young, he declared.

National antenatal HIV prevalence is estimated at 3.1 percent, and at the Colonial War Memorial Hospital in the capital Suva, it rose to 3.7 percent in 2025. Dr Jason Mitchell, head of Fiji's HIV epidemic response, told the *Guardian* in February that one baby a week is being

diagnosed with HIV from mother-to-child transmission, with intensive care units seeing an influx of babies needing life support. One child under the age of five is dying every month.

Renata Ram, an adviser with UNAIDS, told the *Guardian*: “Most women that are being picked up right now are not injecting drug users, not sex workers. The majority of them are married women who get HIV within their marriage and who do not have much say in terms of their protection.”

A major cause of the epidemic is increasingly rampant methamphetamine use. While meth flows through Fiji on the way to New Zealand and Australia, transnational criminal syndicates are targeting Fiji. In 2024, nearly 5 tonnes of the drug, worth \$FJ1.6 billion (\$US730 million), was discovered in two houses in Nadi. Fiji's Ministry of Health reported that of the 1,093 new HIV cases recorded in the first nine months of 2024, about 20 percent were from intravenous drug use.

Participants in a UNDP study said their first injection—often with a potentially contaminated needle/syringe—occurred when trying the drug for the first time. Youth are particularly at risk of HIV and hepatitis from the moment they use drugs. Most had low awareness of HIV, and many face difficulties accessing testing and treatment services.

Unsafe injecting practices such as “bluetoothing”—where an intravenous user withdraws their blood after a hit and injects it into a second person—have become more common. Kalesi Volatabu from Drug Free Fiji told the BBC last October that it is cheaper: multiple people chip in and share it among themselves. Syringes are also difficult to obtain with pharmacies, under police pressure, demanding prescriptions. The UNDP report highlights “urgent

gaps” in access to safe injecting equipment, HIV prevention and stigma-free care for those who inject drugs.

The entrenchment of HIV starkly exposes the deep social and economic crisis produced by capitalism and imperialist domination in the Pacific country. What is being presented by the political establishment and media as a “drug problem,” often dealt with by repressive measures, is in reality the product of decades of austerity, social decay and neglect of basic public health, imposed by corrupt, authoritarian political regimes.

Like governments around the world, the administration of Prime Minister Sitiveni Rabuka, installed in 2022, is imposing the dictates of international finance capital for greater austerity measures. According to the World Bank, Fiji’s debt was at nearly 90 percent of GDP in 2022. Inflation hit 4.3 percent that year, following negative economic growth in 2020 and 2021 due to the COVID-19 pandemic and severe tropical cyclones.

Fiji’s workers have suffered thousands of lost jobs and fractured supply chains for food, energy and basic goods. Over the past 15 years, poverty reduction has completely stalled. Youth unemployment is over 15 percent and nearly 30 percent of the population is trapped below the national poverty line. The country’s minimum wage is just FJ\$5.00 (\$US2.27) an hour.

Half of all families struggle to put food on the table, with many in debt, cutting meals and living in overcrowded homes. The surge in prices has disproportionately hit the working class and rural poor. Protests and strikes, meanwhile, have frequently been restricted or banned by the state.

The under-resourced health system is overwhelmed. About 90,000 adults suffer from diabetes, a poverty-related disease, and in 2019 it was reported that diabetes-related limb amputations account for 40 percent of all hospital operations.

Fiji’s financial resources for HIV programs dropped from FJ\$5 million (US\$2.1m) in 2011 to FJ\$1.2 million (US\$516,540) by 2016, according to figures cited by Radio NZ, mainly due to a collapse in global aid. The government belatedly issued an HIV Outbreak Response Plan in January 2025 and appealed for international help.

Last November, the Australian government

announced \$A48 million (\$US34m) for HIV programs across the Pacific—a drop in the ocean compared with what is needed. UNAIDS estimated last year that the Asia-Pacific region has only half of the required resources for responding to HIV, leaving an overall funding gap of about US\$3.2 billion.

The crisis in Fiji is mirrored in other impoverished countries in the region. UNAIDS reports that Papua New Guinea, with a population of 11 million, recorded an estimated 11,000 new HIV cases in 2024, nearly half in people aged under 25, including an estimated 2,700 infants. Mothers were mostly unaware of their HIV status and didn’t receive antiretroviral therapy, which could have prevented transmission.

Extreme social inequality and the lack of healthcare services are the outcome of colonial oppression by the Pacific’s imperialist powers, particularly Australia, New Zealand, France and the US. For over a century, they have kept the fragile island nations impoverished and underdeveloped, using their peoples as a source of cheap labour and pushing governments to line up with US-led preparations for war against China.

Washington’s suspension of the USAID program last year and withdrawal from the World Health Organisation, accompanied by Trump’s brutal tariff policies, have further escalated the economic and social crisis across the Pacific. The USAID cancellation hit HIV/AIDS clinics and programs, nutrition, maternal and child health, and support for civil society organisations and education.

The global results are devastating. The *Guardian* reported in December that it is estimated that external health funding assistance in 2025 was between 30 and 40 percent lower than in 2023. UNAIDS Director Winnie Byanyima told the newspaper: “The complex ecosystem that sustains HIV services in dozens of low- and middle-income countries was shaken to its core.” As of 2024, 40.8 million people were known to be living with HIV globally, and UNAIDS warns that there could be 3.3 million more new HIV infections by 2030 without decisive preventive action.



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