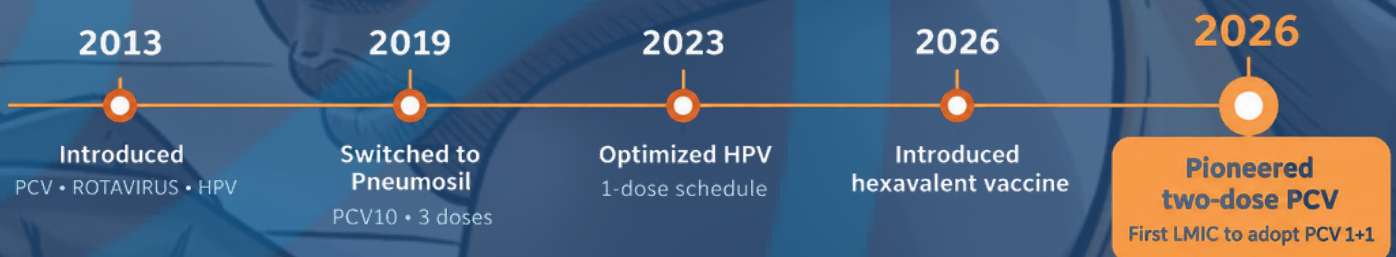


Fiji *Moves* First

How a Pacific vaccine innovator became the first low- or middle-income country to reduce its pneumococcal conjugate vaccine (PCV) schedule from three doses to two

FIJI'S VACCINE INNOVATION TIMELINE



FOUR VACCINES INTRODUCED. TWO SCHEDULES OPTIMIZED. **ONE REGIONAL IMMUNIZATION LEADER.**

SECURE PCV

September 2026

For more than a decade...

For more than a decade, Fiji has protected its children against pneumococcal disease with three doses of pneumococcal conjugate vaccine, or PCV. In 2026, the Pacific nation is preparing to become the first low- or middle-income country to move to a two dose PCV schedule: one dose in infancy followed by a booster at 12 months.

The decision places Fiji at the leading edge of global vaccine policy. But it is not a gamble, nor an isolated first. It is the latest chapter in a long record of vaccine innovation built on evidence, strong public institutions, and the confidence to act.

Fiji was an early adopter of *Haemophilus influenzae* type b vaccine in the 1990s. In 2012 and 2013, it undertook the remarkable simultaneous introduction of PCV, rotavirus vaccine, and human papillomavirus vaccine – the first low- or middle-income country to do all three.

Fiji later switched to the more affordable Pneumosil, reduced its HPV schedule as global guidance evolved, and introduced a whole cell hexavalent vaccine. Solar-powered vaccine carriers now help nurses reach children even during the increasingly frequent floods and severe cyclones affecting the country.



Dr Rachel Devi
Head of Family Health
Ministry of Health and
Medical Services, Fiji

We, as developing country nations, don't always have to sit in the backseat when these decisions are made. We can sit in the front.

That history matters because Fiji's PCV decision has been decades in the making. More than 20 years ago, research in Fiji helped ask a question that would eventually reshape pneumococcal vaccination worldwide: how many doses of a conjugate vaccine are really needed, and when should they be given?

Those early findings helped stimulate trials in Africa, Asia, Europe, and North America examining reduced dose schedules.

After Fiji introduced PCV in 2013, the Ministry of Health and Medical Services and research partners tracked its impact on pneumococcal carriage, invasive disease, and childhood pneumonia.

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Since PCV was introduced...

Dr Ilisapeci Vereti Tuibeqa, a Suva pediatrician and member of Fiji's Vaccine Preventable Disease Committee (VPD), remembers when pneumonia and meningitis ranked among the leading causes of childhood admission and death.

Since PCV was introduced, she says, the change has been striking: "We've not seen much more bacterial pneumonia and meningitis. It's all mostly viral now."

The move to PCV 1+1 followed roughly two years of concentrated analysis. Dr Fiona Russell led a team from the Murdoch Children's Research Institute based in Melbourne, Australia, that supported Fiji to assemble invasive pneumococcal disease data, model the likely effects of a two dose schedule over 10 years, and assess its budget impact and cost effectiveness.

These findings were considered alongside Fiji's high PCV coverage, a 2024 immunization coverage survey, earlier carriage studies, and more than a decade of surveillance.



Dr Ilisapeci Vereti Tuibeqa
Pediatrician
Vaccine-Preventable
Disease Committee, Fiji

There has been a huge difference since we introduced the vaccine. We hardly see bacterial pneumonia and meningitis anymore; what we see is now mostly viral.

Then, in September 2025, the World Health Organisation endorsed a switch to PCV 1+1 for countries with mature programs, at least 80% PCV coverage over the previous five years and a proven ability to reach infants with a booster dose from nine months. Fiji clearly qualifies.

Over the last five years, the country has sustained average coverage of 95% for both PCV and first dose measles vaccine, demonstrating its ability to reach children at booster age – 12 months in Fiji.

Dr Rachel Devi, Head of Family Health at Fiji's Ministry of Health and Medical Services, describes the switch to PCV 1+1 as 'a journey' rather than a single decision.

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Confidence came from...

Confidence came from several pieces fitting together: consistently high vaccine coverage, agreement between survey and routine data, credible modelling, and a surveillance system capable of detecting change. Surveillance, she says, will be 'the heartbeat' of the new schedule.

Before the switch, Fiji plans another pneumococcal carriage survey. Sentinel hospitals already track culture confirmed bacteraemia and meningitis. Continued invasive disease surveillance and future carriage surveys will allow the country to test whether the protection achieved under the three dose schedule is sustained.

Fiji's system for making vaccine policy is another part of the story. Its VPD serves as the national immunization technical advisory group, but it is broader than many such bodies. Ministry leaders, clinicians, public health specialists, provincial implementers, nurses and partners including WHO, UNICEF, and research institutions take part. Technical recommendations pass to the ministry's executive leadership for endorsement and implementation.



Dr Fiona Russell
Group Leader, Asia-Pacific
Health
Murdoch Children's
Research Institute, Australia

There has been tremendous leadership in Fiji on immunization and innovation, supported by trusted, long-standing partnerships. But the number-one ingredient is local leadership.

This breadth connects evidence to delivery. Nurses provide vaccinations to more than 90% of communities and are involved early enough to understand schedule changes and explain them clearly to families. Fiji does not present the two dose schedule as a new vaccine, but as an evidence based reduction that remains safe and protective. Fewer injections may also make visits easier for children, parents and health workers.

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Financial gains matter...

The financial and logistical gains matter. Removing one PCV dose reduces vaccine spending and frees cold chain space. According to PCV-OPTIMISE, a new model developed by health economist, Fulgence Niyibitegeka from The University of Melbourne, Fiji will save USD 211,000 annually, equivalent to 34% of the annual PCV program cost and 10% of annual vaccine procurement expenditure by the government.

Fiji is considering how the savings can strengthen other priorities, including extending HPV vaccination to boys. Maternal RSV vaccination is also under consideration as researchers assess Fiji's disease burden and vaccine affordability challenges, as currently Gavi, the Vaccine Alliance does not provide financial support to Fiji to reduce the cost of vaccines.

For other countries weighing the same change, Fiji offers both encouragement and a practical blueprint: establish high coverage, review local and global evidence, empower a credible advisory body, maintain surveillance, and invest in communication.

This report was produced by [Secure PCV](#), a global network of scientific experts in pneumococcal vaccination dedicated to sustaining high coverage of pneumococcal vaccines to reduce mortality and morbidity and hasten achievement of the Sustainable Development Goals (SDGs).

Sainimili comforts her two-month old son Josaia after his PCV shot at the Suva Health Clinic in Fiji

Credit: WHO/Faizza Tanggol



Technical partnerships can help countries interpret complex PCV evidence, but Dr Russell stresses that the indispensable foundation is sustained national ownership. "The number one thing is the local leadership," she says, referring to leadership embedded within Fiji's Ministry of Health and maintained over two decades.

Dr Devi puts Fiji's message more boldly: "We, as developing country nations, don't always have to be sitting in the backseat to make those decisions; we can be sitting in the front." Fiji is doing exactly that—showing that vaccine innovation need not flow only from wealthy countries, and that fewer doses can mean smarter protection, stronger systems and new room to prevent disease.

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