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29 June 2026

The Social Affairs Committee
Parliament of Republic of Fiji
Suva

Dear Committee,

Re: Stakeholder Consultation in Ba on 22.06.2026

Greetings!

Please refer below our submission on **the Public Health Bill No. 4**

1. **Section 16(4) – Processing Time**
   - The processing time for applications or approvals is not specified. We recommend that a clear timeframe be included to provide certainty and improve administrative efficiency.
2. **Section 16(5)(b) – Powers**
   - We support this provision as the powers are clearly stated.
3. **Sections 16(c), 17, 18, 19, 21, 22, 23, 30 and 31**
   - We support these provisions as the responsibilities and powers are now clearly articulated.
4. **Allocation of Fine Revenue**
   - We recommend that **100% of any fines collected** be allocated to the Municipal Council to support operational costs, including enforcement, inspections, and public health activities.
5. **Section 56(1) – Noise Nuisance**
   - The permissible noise (decibel) limits should be clearly specified for each land use zone, including:
     - Civic
     - Residential
     - Commercial
     - Industrial
   - This will provide clarity for enforcement and compliance.
6. **Section 33 – Disaster Response**
   - Municipal Councils should be included as members of both the District Operations Response Team (DORT) and the Sub-Divisional Operations Response Team (SDORT), given their frontline role in public health and emergency response.
7. **Section 92(d) – Waste Management Plan**
   - As three villages will be incorporated within the town boundary, a comprehensive Waste Management Plan should be developed to address:
     - Garbage collection services;

- Public awareness and education on waste management;
- Effective enforcement measures for both town residents and village communities.

8. **Management of Stray Dogs**
    - The Bill does not address the issue of stray dogs. During public awareness campaigns, enforcement officers frequently encounter concerns regarding animal cruelty when attempting to manage stray animals.
    - We recommend that the Bill include provisions that clearly define the powers and responsibilities of local authorities for the human management and control of stray dogs, in accordance with animal welfare standards.
9. **Section 1(2) (A) – This Act will apply to whole of Fiji**
    - The extension of this Act to cover the whole of Fiji, including villages and informal settlements, is supported. However, many of these areas may lack the infrastructure, services, and resources necessary to fully comply with the Act, making enforcement challenging.

    - Recommend that the implementation of the Act in these areas be accompanied by a comprehensive public education and awareness programme before enforcement measures are introduced. This will help communities understand their responsibilities, encourage voluntary compliance, and promote consistent and fair enforcement.

10. **Section 5 (d)(3) – General Powers of supervision of Board**
    - Where the Council is required to carry out functions on behalf of the Board, there is a potential risk of legal proceedings being instituted against the Council if the Board considers that the Council has failed to meet its expectations or performance requirements.
    - To safeguard the Council, it should include an **indemnity provision** requiring the Board to indemnify the Council from the performance of those functions.

Submitted for your information.

Yours faithfully,

.....

Ms. Manjula Devi
Acting Chief Executive Officer

WRITTEN SUBMISSION ON THE PUBLIC HEALTH (AMENDMENT) BILL 2026

Submitted to the Standing Committee on Social Affairs

Parliament of the Republic of Fiji

By: The Fiji Institute of Environmental Health

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1.0 EXECUTIVE SUMMARY

This submission generally supports the Public Health (Amendment) Bill 2026 and recognizes the Bill as an important modernization initiative for Fiji's public health framework. The submission recommends targeted refinements to strengthen constitutional compliance, procedural fairness, enforcement accountability, and operational effectiveness. Key recommendations include:

i. Formal recognition and appointment of Environmental Health Practitioners under the Act;
ii. Establishment of specialist Environmental Health Practitioners in vector entomology;
iii. Creation of constitutionally compliant Environmental Health Prosecutors under DPP oversight;
iv. Modernization of evidentiary and digital enforcement provisions.
v. The submission also recommends stronger inter-agency coordination mechanisms, objective nuisance standards, and administrative review rights to ensure transparent and proportionate public health enforcement.

2.0 INTRODUCTION

This submission is respectfully made in relation to the Public Health (Amendment) Bill 2026. The Bill represents an important and necessary effort to modernize Fiji's public health legal framework to address emerging environmental health risks, communicable diseases, unsafe sanitation practices, vector control challenges, unsafe water systems, and increasing urbanization pressures.

This submission generally supports the objectives of the Bill, particularly:

i. The strengthening of environmental health enforcement;
ii. Modernization of nuisance provisions;
iii. Strengthening water quality regulation;
iv. Expansion of infectious disease response powers; and
v. Recognition of environmental health practitioners as specialized public health professionals.

While the Bill substantially modernizes the Public Health Act 1935, several provisions require refinement to ensure consistency with:

i. The Constitution of the Republic of Fiji;
ii. Principles of natural justice and procedural fairness;
iii. Fiji's administrative law framework;
iv. The Allied Health Practitioners Act 2011;
v. Criminal justice safeguards;
vi. Existing public sector governance laws; and
vii. Accepted Commonwealth public health legislative standards.

This submission therefore proposes amendments intended to strengthen constitutional compliance, improve procedural safeguards, clarify enforcement powers, ensure proportionality, improve legal certainty, strengthen oversight and accountability, and reduce risks of arbitrary or inconsistent enforcement.

3.0 APPOINTMENT OF ENVIRONMENTAL HEALTH PRACTITIONERS

Recommendation: The Fiji Institute of Environmental Health recommends the insertion of a foundational statutory framework governing the appointment, professional recognition, accountability, and operational authority of Environmental Health Practitioners under the Act.

Proposed Amendment: We propose that these amendments be considered:

i. The Central Board of Health, appoint suitably qualified persons as Environmental Health Practitioners for the purposes of this Act
ii. No person shall be appointed as an Environmental Health Practitioner under this Act unless that person—
   - Possesses qualifications recognized by the Allied Health Practitioners Act 2011 to allow practice as an Environmental Health Practitioner; and
   - Holds valid professional registration and a current practicing license under the Allied Health Practitioners Act 2011.

We further submit that:

i. The powers exercised by an Environmental Health Practitioner under the Act must be exercised subject to:
   - The Constitution of the Republic of Fiji;
   - Principles of procedural fairness;
   - Any lawful directions issued by the Head of Environmental Health; and
   - Any applicable code of professional conduct or ethics.

We also submit that:

The Central Board of Health to issue written instruments of appointment, conditions of authorization, identification requirements, reporting obligations, and jurisdictions of appointments for Environmental Health Practitioners appointed under the amended Act. Environmental Health Practitioners appointed under this Act are required to submit periodic reports, at intervals determined by the Head of Environmental Health, concerning enforcement activities, public health risks identified, compliance measures undertaken, outbreak responses, and any other matter relevant to the administration and enforcement of the amended Act.

Justification: This provision establishes the primary statutory framework governing appointment authority, professional regulation, and lawful delegation of powers, constitutional accountability, operational oversight, and professional standards applicable to Environmental Health Practitioners. The amendment also ensures consistency with the Allied Health Practitioners Act 2011, administrative law principles, constitutional safeguards, and accepted Commonwealth public health governance standards.

4.0 APPOINTMENT OF VECTOR ANALYST

Concern: The FIEH submits that the Bill does not make express provision for the appointment of a Specialist Vector Analyst to support evidence gathering and enforcement under the Act, despite the fact that such professionals provide laboratory-based analyses that are critical to ensuring evidence is scientifically robust and legally admissible in court. Feedback from officers and prosecutors attending courts indicate that the appointment, certification, and qualifications of analysts are frequently subject to challenge during proceedings, which can undermine the evidentiary weight of their analysis.

Recommendation: FIEH recommends the formal appointment within the Act of a Vector Analyst.

Proposed Amendment: We propose that these amendments be considered:

i. The Central Board of Health, appoint or designate suitably qualified Environmental Health Practitioners with specialized training in vector entomology to be a Vector Analyst for the purposes of this Act.

ii. A Vector Analyst be responsible for:
- Conducting vector analysis in a vector laboratory;
- Identifying mosquito breeding sites and vectors of public health importance;
- Undertaking entomological investigations relating to infectious and vector-borne diseases;
- Preparing technical and analytical reports;
- Advising municipal councils, local authorities, Government institutions, and enforcement officers on vector control measures; and
- Providing expert evidence in legal proceedings under the Act.

iii. Any report, certificate, analysis, surveillance data, or expert opinion prepared and signed by a Vector Analyst in the course of his or her official duties shall be admissible as evidence in any court proceedings under this Act, subject to the law relating to evidence.

Justification: Fiji case law treats laboratory analyst reports and public health or vector surveillance data as forms of expert evidence under the Evidence Act 1944, making them admissible where they are produced by qualified persons using recognized scientific methods and properly documented procedures. This amendment will strengthen our legal and operational framework for responding to vector-borne diseases by recognizing specialized technical expertise, improving surveillance capacity, strengthening scientific evidence collection, supporting outbreak response coordination, improving evidentiary reliability in enforcement proceedings, and modernizing environmental health governance in line with emerging public health risks. The amendment also strengthens institutional coordination between municipal councils, local authorities, Government institutions, environmental health units, and public health enforcement agencies.

5.0 APPOINTMENT OF PUBLIC HEALTH PROSECUTOR

Concern: The Bill permits Environmental Health Practitioners to institute and carry on proceedings under the Act. While this may improve enforcement efficiency, the FIEH understands that prosecutorial powers must remain fully consistent with Section 117 of the Constitution of the Republic of Fiji and Section 51 of the Criminal Procedure Act 2009. Without proper safeguards, there is a risk of conflict of interest, compromised prosecutorial independence, procedural unfairness, institutional bias, and inconsistency with constitutional prosecutorial standards.

Recommendation: FIEH supports the appointment of specially trained Environmental Health Prosecutors, provided such appointments remain subject to the supervisory authority of the Director of Public Prosecutions and comply fully with constitutional and statutory prosecutorial requirements.

Proposed Amendment: We propose that these amendments be considered:

i. The DPP, in consultation with the Central Board of Health, may authorize suitably qualified Environmental Health Practitioners to conduct prosecutions for offences under this Act.
ii. Authorized prosecuting officers may appear in Magistrates' Courts to prosecute offences under this Act, subject to the supervision, direction, and control of the Director of Public Prosecutions.
iii. All authorized prosecutors under this Act, are to be subject to the general or specific directions of the Director of Public Prosecutions.
iv. The Central Board of Health to maintain a roster of senior Environmental Health Practitioners who have successfully completed specialized training and may submit the names of suitably qualified practitioners to the Director of Public Prosecutions for consideration and appointment in accordance with procedures determined by the Director of Public Prosecutions.
v. No Environmental Health Practitioner appointed under this section shall prosecute any matter in which he or she:
   - Acted as the primary investigating officer;

- Collected the relevant environmental samples; or
- Personally served the original enforcement notices.

Justification: This amendment preserves prosecutorial independence, aligns enforcement mechanisms with constitutional safeguards, strengthens procedural fairness, avoids conflicts of interest, professionalizes public health prosecutions, and improves evidentiary and prosecutorial standards in environmental health proceedings. The recommendation also ensures consistency with the Constitution of the Republic of Fiji, the Criminal Procedure Act, administrative law principles, and accepted prosecutorial standards within Commonwealth jurisdictions.

6.0 EVIDENTIARY AND DIGITAL ENFORCEMENT PROVISIONS

Recommendation: Modern evidentiary provisions should be explicitly incorporated into the Act to allow for contemporary digital enforcement workflows.

Proposed Amendment: We propose that these amendments be considered:

i. Electronic records, photographs, laboratory reports, digital inspection records, electronically generated notices, and surveillance data may be admissible in proceedings under this Act subject to applicable evidentiary laws.

Justification: Research conducted in Fiji concerning electronic public health information systems has identified operational inefficiencies, limitations in health information management systems, and the need for modernized digital public health infrastructure capable of supporting timely disease surveillance, regulatory coordination, and public health response activities. The incorporation of digital evidentiary provisions would (Bhattacharya et al., Evaluation of Electronic Medical Records Systems in Fiji) therefore support more efficient and modern public health administration and enforcement practices.

7.0 RECOGNITION OF NOISE POLLUTION AS A STATUTORY NUISANCE

Concern: The current nuisance provisions of the Public Health Act do not explicitly and sufficiently recognize noise pollution as a public health hazard, despite its well-documented impacts on both physical and mental health outcomes. Excessive and prolonged exposure to environmental noise is increasingly becoming a significant concern in urban and peri-urban

communities in Fiji. Complaints frequently arise from noise generated by industrial operations, entertainment venues, transportation corridors, and densely populated residential areas. However, enforcement responses are often constrained by the absence of clear statutory recognition of noise as a form of actionable nuisance under public health law.

Recommendation: The Fiji Institute of Environmental Health recommends that noise pollution be explicitly recognized within the nuisance provisions of the Public Health Act as a defined public health risk.

Proposed Amendment: We propose that these amendments be considered:

i. Noise pollution, including excessive, unreasonable, or prolonged sound emissions from industrial, commercial, recreational, transport, or residential sources, shall constitute a public health nuisance for the purposes of this Act.
ii. Any person, business, or entity engaging in activities that are likely to generate significant environmental noise to obtain a Noise Pollution Permit from the Rural Local Authority prior to commencement of such activity.

Justification: Excessive noise exposure is a recognized environmental health hazard with significant short-term and long-term health impacts. These include stress-related disorders, sleep disturbance, impaired cognitive performance, reduced productivity, and increased risk of cardiovascular conditions such as hypertension. In both urban and peri-urban settings, communities frequently report adverse impacts arising from uncontrolled noise emissions associated with industrial activities, entertainment establishments, traffic corridors, and high-density residential environments. The explicit inclusion of noise pollution within statutory nuisance provisions will:

i. Provide Environmental Health Practitioners with a clear legal basis to investigate, assess, and regulate noise-related complaints;
ii. Strengthen the enforcement capacity of public health authorities in managing environmental health risks;
iii. Improve community responsiveness and accountability mechanisms in addressing environmental disturbances;
iv. Align Fiji's public health framework with modern Commonwealth environmental health standards, where noise pollution is routinely recognized as a statutory nuisance; and

v. Enhance the protection of community wellbeing by recognizing noise as a legitimate and preventable public health hazard.

This amendment therefore supports a more comprehensive, enforceable, and contemporary interpretation of nuisance under the Act, consistent with the broader objectives of environmental health protection and disease prevention.

8.0 HEALTH IMPACT ASSESSMENT

Concern: A wide range of development activities—including housing developments, industrial operations, road infrastructure, and tourism projects—may have significant but often overlooked impacts on public health. These impacts are not consistently captured through existing environmental or economic assessment processes, resulting in preventable health risks to communities.

Recommendation: We recommend that Health Impact Assessment (HIA) be explicitly incorporated into the Public Health Act as a statutory requirement for specified developments, policies, and plans that are likely to affect population health.

Rationale: Development projects such as housing schemes, industrial activities, transport infrastructure, and tourism developments may generate indirect and long-term health effects, including impacts on air quality, water safety, injury risk, vector breeding, and mental wellbeing. Existing assessment frameworks (such as environmental impact assessments) do not consistently or comprehensively evaluate health outcomes in a structured or health-specific manner. HIA provides a systematic, evidence-based process to identify, predict, and evaluate potential health impacts prior to project approval or implementation. Embedding HIA in legislation ensures that health considerations are integrated into decision-making alongside environmental, social, and economic factors. This provision would formally recognize and empower Environmental Health Practitioners and other authorized officers to assess, advice on, and recommend mitigation measures for developments with potential health impacts, ensuring earlier intervention and risk reduction.

Proposed Amendment: We propose that these amendments be considered:

That a new section be inserted under the Public Health Act that includes:

i. The Minister may, by regulation, prescribe categories of development, policies, or projects that require a Health Impact Assessment prior to approval or implementation.
ii. A Health Impact Assessment shall be conducted to identify, assess, and report on the potential effects of a proposed development on the health and wellbeing of affected populations.
iii. The Ministry responsible for health shall issue guidelines and technical standards for the conduct of Health Impact Assessments, including methodologies, scope, and reporting requirements.
iv. Environmental Health Practitioners or other authorized officers may review, evaluate, and provide recommendations on Health Impact Assessments submitted under this section.

Justification: This amendment is necessary to ensure that health considerations are systematically integrated into development planning and regulatory approval processes. It addresses a critical gap in current legislation where health impacts are often indirect, cumulative, and not adequately assessed. By formalizing Health Impact Assessments within the Public Health Act, the State will strengthen preventive public health governance, reduce avoidable disease and injury burdens, and improve long-term population health outcomes. It will also enhance intersectoral coordination between health, environment, planning, and infrastructure authorities, ensuring that development decisions are aligned with national public health objectives.

9.0 HOUSING AND COMMON LODGING STANDARDS

Concern: Substandard housing and informal or semi-formal lodging arrangements remain insufficiently regulated under the current public health framework, despite repeated complaints received by Environmental Health Practitioners. These conditions present significant and recurring public health risks, particularly for vulnerable and transient populations.

Scope of Concern: This provision is intended to apply to, but is not limited to:

i. Houses let as lodgings or shared rental accommodation
ii. Cane cutting camps and other temporary worker campsites
iii. Boarding houses and similar shared residential facilities

iv. Housing Assistance and Relief Trust (HART) facilities
v. Any other premises used for temporary, shared, or high-density accommodation as prescribed by regulation

Rationale: These forms of accommodation frequently house vulnerable populations, including seasonal laborers, low-income households, and transient residents, who face disproportionate exposure to unsafe and unhygienic living conditions. Environmental Health Practitioners consistently report recurring issues, including overcrowding, poor sanitation, inadequate solid waste management, unsafe or unreliable water supply, and insufficient ventilation. These deficiencies contribute to increased risks of communicable diseases, vector breeding, respiratory illness, and broader environmental health hazards. Current legislation does not provide sufficiently explicit regulatory authority over these housing categories, limiting effective inspection, enforcement, and compliance monitoring. Explicit statutory recognition will strengthen the ability of authorized officers to protect public health and enforce minimum standards of habitability and hygiene.

Proposed Amendment: We propose that these amendments be considered:

i. That a new section be considered under the Public Health Act that recognizes Housing and Common Lodging Standards.

We further propose that this be further detailed in the Act:

ii. The Act should empower the Minister to identify and regulate accommodation types that may present public health risks, including shared housing, boarding houses, lodgings, worker camps, temporary campsites, and other forms of residential accommodation.
iii. All regulated accommodation should be required to meet minimum standards for health, hygiene, safety, occupancy, ventilation, water supply, and sanitation to protect the wellbeing of occupants and surrounding communities. That regulations be framed to create minimum standards.
iv. Environmental Health Practitioners to inspect regulated accommodation at reasonable times to assess compliance with public health requirements and identify potential risks.
v. Where accommodation is found to present a public health risk, Environmental Health Practitioners should have access to a range of enforcement measures, including

improvement notices, restrictions on use, and closure orders where necessary to protect public health.

vi. The Act should include appropriate penalties for non-compliance to encourage adherence to public health standards and ensure that accommodation providers take reasonable steps to maintain safe and healthy living conditions.

Justification: This amendment is necessary to ensure that all forms of housing and common lodging, particularly those accommodating vulnerable and high-risk populations—are subject to enforceable minimum public health standards. It will provide Environmental Health Practitioners with clear statutory authority to regulate conditions that directly impact disease transmission, environmental health risks, and overall community wellbeing. The provision strengthens preventive public health action, reduces avoidable health burdens, and ensures that all residents in Fiji, regardless of housing type, are afforded basic standards of safety, dignity, and sanitation. This reform is aligned with the broader objectives of modernizing the Public Health Act and extending its protective scope to underserved, rural, and informal living environments.

Respectfully submitted.

10.0 REFERENCES

i. World Health Organization. (2023). Framework for a Regional Integrated Vector Management Strategy for the Pacific. Available at: https://www.who.int/publications/i/item/9789290619758

ii. World Health Organization Western Pacific Regional Office. Pacific Public Health Surveillance Network. Available at: https://www.who.int/westernpacific/wpro-emergencies/surveillance

iii. World Health Organization Western Pacific Regional Office. Pacific Islands Surveillance Systems. Available at: https://www.who.int/westernpacific/wpro-emergencies/surveillance/pacific-islands

iv. World Health Organization Western Pacific Regional Office. Public Health Surveillance and Emergency Response Systems. Available at: https://www.who.int/westernpacific/wpro-emergencies/surveillance

v. Naidu, M. et al. Dengue Risk Mapping and Surveillance Systems in Fiji. Available at: https://arxiv.org/abs/1503.00814

vi. Bhattacharya, S. et al. Evaluation of Electronic Medical Records Systems in Fiji. Available at: https://arxiv.org/abs/1507.03659

vii. Pacific Community (SPC) & World Health Organization (WHO). (2020). Manual for surveillance and control of Aedes vectors in the Pacific. https://www.pphsn.net/resources/manual-for-surveillance-and-control-of-aedes-vectors-in-the-pacific-2020/

For Submission Public Health Bill Consultations

We would respectfully suggest that is hotels are now being added as a separate entity to the Act, that the Act specifically needs to address how the elements within this Act pertain to this industry, which is already highly regulated.

Hotels and Tourism should not and cannot be treated in the same manner as other industries such as sugar, manufacturing, construction or other areas in the country such as villages, towns and settlements.

Very defined and specific regulations for the Hotel and Tourism industry need to be developed in consultation with the industry

Clause 3 – Definitions – Section 2 (h) Page 2

House let as lodging should be further defined to include : air bnb, glamping, cruise ship rooms, live aboard, commercial yachting and boats carrying tourists, homestay, Bed and Breakfast and any other form of accommodation where funds are exchanged in order to facilitate stays.

Clause 5 – Section 5D (2) Page 5

This clause needs to be further defined as how it pertains to the Tourism and Hotel Sector – Bands, Fireworks and other entertainment, lovo fire, beach bon fires etc. What is the measure of pollution, and in what time frames are tourism activities able to take place ?

Clause 5 – Section 5D (3) Page 5

How is the billing and fines to be recovered. If caused by a guest, the hotel or operator should not be held liable and all charges should be paid for by the guests.

Clause 5 – Section 5E Page 5

As hotel rooms are “sold”, guest rooms are not able to be entered without the express permission of the registered occupier of the room.

Section 11 (a) Page 6

The word “practitioner” lends to the incumbent holding a qualification from a recognised training provider. This is not defined anywhere in this proposed amendment.

Item 13 Section 16 (5a) Page 7

Any changes to core infrastructure must be done in consultation and agreement with owners of the hotel/ Tourism operation

Item 13 Section 16 (5a) Page 8

This clause advises of a fixed penalty notice but does not stipulate the penalty

Item 14 Section 16 (a) Page 8

Enter any place or premises and inspect the same. As hotel rooms are “sold”, guest rooms are not able to be entered without the express permission of the registered occupier of the room.

Item 14 Section 16 (c) Page 8

How does this apply to a guest ? You cannot force a guest to undergo a Medical Practitioner based on an inspector having “reason” – who determines the reason ? who is qualifies to make this determination. This is opening up the government to liability and litigation. Refer to the case in the Middle East where an Australian female passenger was forced to have a medical examination and became global headlines – not good for the Tourism industry and possible reputational damage to Fiji as a safe destination to travel.

Guests travel to Fiji as it is perceived to be a safe country – this clause could be severely detrimental to the reputation of the country along with impinging of peoples rights.

There are many forms of communicable diseases – this needs to have clear definitions

Item 14 Section 16 (g) Page 8

This needs to be done in consultation and agreed upon by the buildings ownership. Owners of business may choose to remediate and should be given this option.

Item 16 Section 19 (a) Page 8

Referencing the Town Planning Act of 1946 – one would respectfully suggest that this act now being over 80 years old may no longer be relevant today’s landscape.

Item 26 Section 56 (d) Page 11

This should also include Easements, golf courses, sewage treatment plants, pools, waste collection sites/ dumps, grey water ponds, side walks etc

The determination of what constitutes a nuisance should be clearly articulated to remove any ambiguity from any inspectors and remove any individual interpretations.

Item 26 Section 56 (e) Page 11

This is not practicable for commercial enterprises when digging pits, holes or performing construction, storing construction items etc. there is no clear definition of what a nuisance is and lends itself to subjective interpretation by inspectors.

Item 26 Section 56 (l) Page 12

there is no clear definition of what a noise nuisance is and lends itself to subjective interpretation by inspectors

Item 26 Section 56 (m) Page 12

How does this pertain to industries such as sugar milling, manufacturing and the like. Does this apply to the community burning rubbish and creating smoke pollution ?

Item 26 Section 56 (s) Page 12

This clause is extremely broad and subjective to an individual to make a determination – should be removed.

Item 33 Section 69 (g) 6 (a) Page 15

As hotel rooms are “sold”, guest rooms are not able to be entered without the express permission of the registered occupier of the room. What is reasonable time ?

Item 33 Section 69 (g) 6 (g) Page 15

Execution and closing premises is damaging to reputation for operators and the Fijian Tourism as a whole.

Item 48 Section 69 (a) Page 18

This item does not include other bodies of water

iTaukei Affairs Submission

for the

Public Health (Amendment) Bill 2026

Comparative Analysis with Implications for iTaukei Communities

Prepared: June 2026

Executive Summary

This analysis examines the tension between two significant pieces of Fijian legislation: the iTaukei Affairs Act 1944 which has historically granted iTaukei villages a protected sphere of self-governance and the Public Health (Amendment) Bill 2026 (Bill No. 4 of 2026), which proposes to remove the longstanding exemption that excluded iTaukei villages from the national public health enforcement regime.

The amendment represents a significant shift in the constitutional and statutory relationship between the Fijian state and its indigenous communities. While the public health rationale is sound iTaukei communities bear a disproportionate disease burden the manner in which the amendment is framed raises serious concerns under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and international human rights law.

This report compares the two legislative instruments, analyses the pros and cons of the amendment for iTaukei communities, and recommends a rights-respecting implementation pathway.

1. Overview of the Two Legislative Instruments

1.1 The iTaukei Affairs Act 1944 (Cap. 120)

The iTaukei Affairs Act 1944 is one of the foundational statutes governing the administration and welfare of the iTaukei people — the indigenous Fijians who comprise roughly 57 percent of Fiji's total population. Originally enacted during the colonial era, the Act has been substantially retained and amended over successive governments.

Key structural elements of the Act include:

- Establishment of the iTaukei Affairs Board, which manages the administration of 14 Provincial Offices and has broad regulatory powers to promote peace, order, welfare, and good governance for all iTaukei people.
- Recognition of the chiefly hierarchy, including the Great Council of Chiefs (restored under the 2024 Regulations), Rokos (provincial executives), and the Turaga ni Koro (elected village headmen), as key governance actors within iTaukei communities.
- A governance architecture that is built around the koro (village), tikina (district), and province as the operational units of iTaukei self-administration reflecting the traditional clan-based social structure of mataqali and yavusa.
- Provincial councils empowered to make by-laws with the approval of the iTaukei Affairs Board, creating a sphere of customary regulation that runs parallel to general national legislation.
- Section 140 of the Public Health Act 1935 (the provision the 2026 Bill seeks to repeal) has historically operated alongside the iTaukei Affairs Act to maintain a zone of non-interference within village boundaries for non-iTaukei government officials.

1.2 The Public Health (Amendment) Bill 2026 (Bill No. 4 of 2026)

The Public Health Amendment Bill 2026 represents the most significant reform to Fiji's public health law in nearly 90 years. The original Public Health Act 1935 was a colonial-era instrument designed for a very different disease environment. The amendment addresses multiple aspects:

- Removal of Section 140, which currently exempts villages from the Public Health Act extending the Act's reach to all parts of Fiji, including iTaukei villages for the first time.

- Restructuring of the Central Board of Health to include professionals drawn from public environmental health, medicine, law, engineering, local government, and consumer protection.
- Modernisation of terminology, replacing 'sanitary inspector' with 'environmental health practitioner', reflecting updated professional standards.
- Expanded enforcement powers, enabling health officers to inspect premises, collect samples, order remediation of insanitary conditions, and in some circumstances require vaccination, treatment, or isolation during epidemics.
- Substantial increase in penalties fines previously ranging from $2–$40 are replaced with amounts reaching $500, $1,000, $5,000, or $10,000 depending on the offence.
- Stricter standards for water safety, waste management, mosquito breeding prevention, common lodging houses, healthcare waste, and sanitation on ships.
- Expansion of activities classified as 'nuisances' to include noise, overcrowding, pollution, poor waste disposal, and unsafe animal and bird keeping.

2. Comparative Analysis: Key Similarities and Differences

The following table sets out a structured comparison of the two instruments across key dimensions:

Aspect	iTaukei Affairs Act 1944	Public Health Amendment Bill 2026
Origin & Era	Colonial-era 1944; substantially retained post-independence with amendments reflecting iTaukei governance restoration	Reform of colonial-era 1935 Act; explicitly framed as a modernisation to address contemporary disease burdens
Primary Purpose	Governance, welfare and self-administration of iTaukei communities; preservation of traditional authority structures	Public health protection across all of Fiji; disease prevention, sanitation, and emergency health response
Relationship to Villages	Villages (koro) are the foundational governance unit; the Act protects and empowers village councils and their headmen	Historically excluded villages via Section 140; the 2026 Bill removes this exclusion, extending enforcement to villages
Enforcement Actors	Rokos, Turaga ni Koro, Tikina Councils, Provincial Councils, and the iTaukei Affairs Board and all iTaukei-led bodies	Environmental health practitioners (formerly sanitary inspectors), health officers, and the restructured Central Board of Health — government-appointed officials
Community Consent	Built into the governance model; the Turaga ni Koro is elected by villagers; by-laws require community participation	Not explicitly required under the 2026 Bill; the Ministry of iTaukei Affairs has formally requested prior consultation via provincial offices and Turaga ni Koro

Aspect	iTaukei Affairs Act 1944	Public Health Amendment Bill 2026
Penalties	Provincial by-laws may impose fines; approach is traditionally community-centred and restorative in character	Significantly higher fines (up to $10,000); Acting Permanent Secretary for iTaukei Affairs warned that over 50% of villages risk being penalised
Scope of Authority	Limited to iTaukei community affairs within the traditional governance structure	Extends to all persons and premises across the whole of Fiji, including iTaukei villages
Cultural Sensitivity	Act is specifically designed to protect and operate within iTaukei cultural norms and the vanua system	The Bill does not contain specific provisions recognising or accommodating iTaukei cultural protocols
Human Rights Framework	Implicitly consistent with UNDRIP Articles 4, 5, and 18 — Indigenous peoples' right to self-governance and participation in their own affairs	Raises concerns under UNDRIP Articles 19, 23, and 24 regarding Free, Prior and Informed Consent and the right to determine health priorities

3. The Public Health Context: Why the Amendment Was Proposed

Any fair assessment of the 2026 amendment must acknowledge the genuine and serious public health situation that motivates it.

- The iTaukei communities account for approximately 70 percent of leptospirosis and dengue fever cases nationally, diseases closely linked to animal keeping practices, wastewater disposal, and mosquito-breeding conditions common in some village environments.
- Health surveillance has identified that the COVID-19 pandemic exposed a critical enforcement gap: health inspectors were legally unable to enter villages during the public health emergency, significantly hampering outbreak containment.
- Fiji's overall disease burden has shifted dramatically, non-communicable diseases (NCDs) now account for approximately 70 percent of deaths, while climate-driven infectious disease risks (dengue, leptospirosis, water contamination) continue to increase.
- The 1935 Act's penalty regime with fines as low as $2 was described as wholly inadequate as a deterrent for modern public health enforcement.
- Regions such as Kadavu, Rotuma, Lau, and Lomaiviti have had extremely limited access to inspections, sanitation oversight, and compliance enforcement due to both geographic remoteness and the legal exemption.

These are not trivial concerns. The disproportionate disease burden on iTaukei communities provides a strong public interest rationale for extending public health oversight to villages. The question, however, is whether this can be done in a manner that respects indigenous rights and works with, rather than against, existing governance structures.

4. Pros and Cons of the Public Health Amendment for iTaukei Communities

4.1 Potential Benefits (Pros)

4.1.1 Improved Health Outcomes

- The extension of public health enforcement to villages creates a legal basis for addressing the sanitation, waste management, and vector control issues that drive the disproportionate disease burden in iTaukei communities.
- Environmental health practitioners will be able to inspect premises, order remediation of insanitary conditions, and respond rapidly to outbreak threats, powers previously unavailable in villages.
- During future pandemics or disease emergencies, health authorities will have clear legal authority to conduct quarantine operations, collect samples, and enforce isolation measures in village settings.

4.1.2 Access to Services and Infrastructure Standards

- The Bill's strengthened requirements for water safety, waste management, and housing standards will, if properly resourced, bring village infrastructure into line with national standards potentially improving living conditions for iTaukei communities.
- The restructured Central Board of Health, with its multidisciplinary composition including local government expertise, may be better placed to develop village-appropriate enforcement approaches.
- Remote island communities in Lau, Lomaiviti, Rotuma, and Kadavu which have historically received limited public health services may benefit from expanded coverage under the Act.

4.1.3 Equal Protection Under the Law

- From a constitutional equality perspective, extending public health protection to all Fijians regardless of whether they live in villages or urban areas could be characterised as a recognition that iTaukei citizens deserve the same health protections as other Fijians.
- The current exemption can be read as a form of structural neglect treating iTaukei villages as outside the scope of the state's duty of care in public health.

4.1.4 Climate Resilience

- As climate-driven health risks increase flooding, water contamination, vector-borne disease outbreaks having a robust legal framework that covers all communities will be increasingly important for Fiji's health emergency response capacity.

4.2 Potential Harms and Risks (Cons)

4.2.1 Penalisation Without Adequate Support

- More than 50 percent of villages would be penalised under the new regime not because of willful non-compliance, but because many villages lack the infrastructure, resources, and awareness to meet the standards the Act requires.

- Imposing fines of up to $10,000 on communities that have not received adequate sanitation infrastructure from the state is a deeply problematic outcome, one that penalises poverty rather than promoting health.

4.2.2 Breach of Cultural Protocols and Self-Governance Rights

- The iTaukei Affairs Act recognises an established governance protocol: external officials are expected to approach villages through the Turaga ni Koro and provincial structures. The 2026 Bill contains no provision requiring health officers to follow these protocols before entering villages.
- The Ministry of iTaukei Affairs formally requested that health officers consult the relevant provincial office and Turaga ni Koro before entering any village a request the Standing Committee indicated it would consider, but which is not currently written into the Bill.
- The use of broad, undefined terms such as 'nuisance' and 'insanitary condition' as Opposition MP Premila Kumar noted risks inconsistent enforcement and disproportionate targeting of iTaukei practices, including traditional animal husbandry, food preparation, and communal living arrangements.

4.2.3 Lack of Free, Prior and Informed Consent

- UNDRIP Article 19 requires states to consult with and obtain the free, prior and informed consent (FPIC) of indigenous peoples before adopting legislative or administrative measures that may affect them. The Bill was tabled in Parliament in March 2026 before national public consultations were completed.
- While the bill has been translated into iTaukei and Hindi, and consultations with more than 30 stakeholders were announced, this falls short of the FPIC standard, which requires genuine participation in the design phase not merely translation and notification.

4.2.4 Resourcing and Implementation Gaps

- The expanded enforcement authority must be matched with accountability, adequate funding, and public awareness. Current funding for environmental health services is heavily weighted towards salaries, leaving little for operational needs such as transport, equipment, and field inspections in remote areas.
- If enforcement is under-resourced, the practical result will be selective enforcement, potentially applied more rigorously in areas where it is easiest to access, rather than where need is greatest.

4.2.5 Ambiguity Around 'Obstruction'

- The Ministry of iTaukei Affairs specifically requested a clearer definition of 'obstruction', warning that villagers could be penalised with fines of up to $500 without understanding what specific action or inaction constituted a breach a basic rule-of-law concern.
- Without a culturally-informed definition, iTaukei community members may inadvertently obstruct health officers simply by following traditional village protocols that require external visitors to be received through the Turaga ni Koro.

4.2.6 Provision-Specific Concerns: Nuisances, Trades, and Sacred Sites (Sections j–s)

Beyond the structural and rights-based concerns set out above, several individual provisions of the Bill warrant closer attention because of how directly they touch on daily village life. Left as

drafted, these provisions risk criminalising ordinary iTaukei customary practice rather than the genuine public health harms they are intended to address.

- **Communal Living and Overcrowding (Section k):** Many iTaukei communities live communally in village halls, churches, and school dormitories. Overcrowding, ventilation, and sanitation standards are relevant to these settings, but enforcement should be sensitive to traditional communal living arrangements rather than treating them as inherently non-compliant.
- **Noise and Smoke (Sections l & m):** Traditional ceremonies involving drumming, singing, and communal feasting generate noise and smoke that should not be equated with industrial nuisances. Smoke from a lovo (earth oven), for example, is qualitatively different from industrial emissions and should be explicitly distinguished in guidance.
- **Pest and Vermin Control (Section n):** Pest control solutions should be culturally appropriate and should not disrupt traditional food storage or agricultural practices. Community education delivered in the iTaukei language would do more to change practice than enforcement alone.
- **Offensive Trades and Businesses (Sections j & o):** The definition of an "offensive" trade must be applied carefully so that traditional livelihoods such as fishing, yaqona preparation, or handicraft production are not unfairly categorised. Consultation with village leaders and the Bose Vanua (chiefly councils) should be mandatory before any trade is declared offensive.
- **Water Sources and Cemeteries (Sections q & r):** Wells and communal water sources are central to village life, and improvements to water safety must be carried out in partnership with village committees. Cemeteries and burial grounds are sacred in iTaukei culture; oversight of their management should respect traditional protocols and chiefly authority while still addressing genuine health risks.
- **Discretionary Powers of Practitioners and the Board (Sections j & s):** The discretionary powers given to environmental health practitioners and the Board should carry an explicit cultural competency requirement, so that decisions are grounded not only in technical health standards but also in consultation with village elders and recognition of iTaukei custom.

4.3 Summary: Pros and Cons Table

PROS — For iTaukei Communities	CONS — For iTaukei Communities
Addresses genuine 70% disease burden disparity in iTaukei communities	Over 50% of villages warned of likely penalisation
Creates legal basis for pandemic and outbreak response in villages	No mandatory consultation with Turaga ni Koro before entry
Improved water, sanitation, and housing standards	No FPIC process in line with UNDRIP Article 19
Stronger enforcement tools for leptospirosis and dengue prevention	Undefined 'obstruction' term — risk of inadvertent breach
Equal health protection for all Fijians regardless of residence	Fines punish poverty, not just non-compliance

PROS — For iTaukei Communities	CONS — For iTaukei Communities
Coverage of remote islands previously outside enforcement reach	Insufficient resourcing for rural and remote enforcement
Climate resilience — legal framework for climate-driven health risks	No cultural accommodations for traditional practices
Modernised terminology and institutional structure	Broad 'nuisance' definition risks targeting iTaukei customs

5. UNDRIP and International Human Rights Framework

Fiji voted in favour of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) in 2007. While UNDRIP is not a binding treaty, it represents the authoritative international standard for indigenous peoples' rights and has been increasingly incorporated into domestic legal frameworks globally. Several of its provisions are directly relevant to this analysis.

5.1 Key UNDRIP Articles

Article 3 — Self-Determination

Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development. The removal of the village exemption without an adequate prior consultation process could be read as a unilateral curtailment of this right in the specific domain of health governance.

Article 4 — Autonomy in Internal Affairs

Indigenous peoples have the right to autonomy or self-government in matters relating to their internal and local affairs. Village-level public health practices including animal keeping, water use, and communal sanitation are quintessentially matters of internal and local affairs. The Bill should ideally establish mechanisms through which iTaukei villages can exercise a degree of autonomy in determining how national standards are applied locally.

Article 5 — Maintenance of Institutions

Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social, and cultural institutions, while retaining the right to participate fully, if they so choose, in the political, economic, social, and cultural life of the State. The iTaukei governance hierarchy from the village council to the provincial council is precisely such a set of institutions. The Bill should formally recognise and work through these institutions, not bypass them.

Article 19 — Free, Prior and Informed Consent (FPIC)

States shall consult and cooperate in good faith with indigenous peoples through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them. This is the most directly applicable provision. The speed with which the Bill was tabled and passed ahead of

completed national consultations raises serious questions about compliance with this standard. Consultation requires:

- Free participation without coercion or manipulation
- Prior engagement before decisions are taken, not after
- Informed participation with sufficient information in accessible language
- Consent not merely consultation, but genuine engagement that can result in modification or rejection

Article 23 — Determination of Health Priorities

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development, including health and housing. The Bill's current structure places the Central Board of Health, which has no mandatory iTaukei representation, as the supreme decision-making body on health standards applicable to villages. This conflicts with Article 23 unless mechanisms for iTaukei input into standard-setting are built into the legislation.

Article 24 — Traditional Medicines and Health Practices

Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. The Bill's expanded 'nuisance' provisions, covering animal keeping and other activities, must be implemented in a manner that does not inadvertently criminalise traditional medicinal and health practices integral to iTaukei culture.

5.2 Broader Human Rights Considerations

Right to Health (ICESCR Article 12)

The International Covenant on Economic, Social and Cultural Rights guarantees the right to the highest attainable standard of physical and mental health. This right has both a negative dimension (state must not deprive communities of health services) and a positive dimension (state must take steps to improve health). The amendment can be justified under this positive obligation but the obligation applies to both enforcement and the provision of adequate infrastructure. A state cannot invoke the right to health to impose penalties on communities it has failed to provide with adequate sanitation infrastructure.

Right to Non-Discrimination

The disproportionate disease burden in iTaukei communities is itself a form of structural inequality that the state has a duty to address. However, implementing the amendment in a way that results in disproportionate penalisation of iTaukei communities rather than investment in their health infrastructure would compound rather than resolve this inequality.

Rule of Law and Procedural Fairness

The unclear definitions and the need for appeal mechanisms are straightforward rule-of-law issues. Enforcement powers of the breadth proposed in the Bill require clear, precise drafting and accessible appeal mechanisms to be consistent with the right to a fair hearing.

6. Recommendations for Rights-Respecting Implementation

The public health goal of the 2026 amendment is legitimate and important. The following recommendations would allow that goal to be pursued in a manner consistent with the iTaukei Affairs Act, UNDRIP, and international human rights standards:

Recommendation 1: Enshrine the Turaga ni Koro Protocol in the Bill

The request of the Ministry of iTaukei Affairs that health officers consult the relevant provincial office and Turaga ni Koro before entering a village should be written into the Bill as a mandatory procedural requirement. This aligns with established iTaukei governance protocols, reduces the risk of conflict, and builds trust between the health system and village communities.

Recommendation 2: Define 'Obstruction' With Cultural Sensitivity

The term 'obstruction' must be precisely defined with explicit carve-outs for iTaukei customary protocols. A village that requires external officials to be received through the Turaga ni Koro should not be in breach of the Act for doing so.

Recommendation 3: Complete Genuine FPIC Consultations Before Enforcement

While the Bill has now been passed, a phased implementation approach should allow for completion of genuine Free, Prior and Informed Consent consultations at the provincial and village levels before enforcement begins. Enforcement without adequate awareness and consent risks both legal challenge and community resistance that would undermine the Act's effectiveness.

Recommendation 4: Link Enforcement to Infrastructure Investment

The state's obligation under the right to health requires that communities be supported to meet the standards before they are penalised for failing them. A moratorium on fines for villages that lack basic sanitation infrastructure pending a government investment programme would be both equitable and strategically sound.

Recommendation 5: Establish iTaukei Representation on the Central Board of Health

Consistent with UNDRIP Article 23, the Central Board of Health should include a mandatory iTaukei Affairs representative, and the Board's work programmes should specifically address the development of culturally appropriate enforcement standards for village settings.

This representative should be appointed on the basis of demonstrated experience in iTaukei community development or traditional governance, and the enabling clause could be drafted along the lines of "a person with extensive experience in iTaukei community development or traditional governance, as appointed by the Minister." Where Board decisions intersect with land use, construction standards, or environmental health regulation affecting communal land, prior consultation with the Ministry of iTaukei Affairs or the relevant traditional institution should be a formal requirement rather than a discretionary courtesy.

Recommendation 6: Community Health Worker Model

Rather than relying exclusively on external health officers, the Bill should be implemented through a community health worker model that trains and deploys village-based practitioners, ideally iTaukei community members as frontline health compliance officers. This approach has proven effective in comparable Pacific Island and global indigenous contexts.

Recommendation 7: Graduated Penalty Regime

The penalty regime should be graduated, with remediation and education orders as first-response tools, administrative warnings as a second tier, and financial penalties only as a last resort. Fines

of $5,000–$10,000 imposed on village households living in rural subsistence conditions are neither proportionate nor realistic deterrents. A concrete tiered structure is suggested below:

- **First offence:** Warning and education, delivered where possible in the iTaukei language.
- **Second offence:** A modest fine in the range of $50–$100.
- **Repeated offences:** Larger fines in the range of $500–$1,000, reserved for demonstrated, wilful non-compliance rather than first-time or capacity-related breaches.

Recommendation 8: Codify Cultural Exemptions, Language Access, and Consultation Before Enforcement

To operationalise the provision-specific concerns identified in Section 4.2.6, the Bill or its subsidiary regulations should:

- Provide clear guidelines distinguishing cultural activities, such as lovo smoke and traditional drumming, from genuinely harmful nuisances;
- Require environmental health officers to consult village chiefs and councils before declaring a nuisance or an offensive trade;
- Deliver health awareness campaigns in the iTaukei language to ensure genuine accessibility, rather than relying on translation of the Bill alone; and
- Harmonise cemetery and burial ground regulation with iTaukei custom, and encourage village committees to co-manage sanitation, water safety, and pest control as shared responsibilities consistent with the principle of collective responsibility (veiwekani).

7. Conclusion

The Public Health (Amendment) Bill 2026 addresses a genuine and long-overdue gap in Fiji's public health framework. The iTaukei community's disproportionate disease burden particularly from leptospirosis and dengue is a serious public health failure that demands a legislative and institutional response.

However, the way that response is currently framed places it in significant tension with the iTaukei Affairs Act 1944, UNDRIP, and the international human rights framework. The removal of a 90-year-old village exemption without mandatory prior consultation through iTaukei governance structures, without adequate infrastructure investment, without cultural accommodations, and with a penalty regime that will strike the most disadvantaged communities hardest is a formula for legal challenge, community resistance, and practical failure.

The Ministry of iTaukei Affairs and the Parliamentary Standing Committee on Social Affairs have both signalled openness to incorporating consultation requirements into the Bill. If the recommendations in this analysis are adopted particularly mandatory Turaga ni Koro (Provincial Council) protocols, a genuine FPIC process, infrastructure-linked enforcement, and iTaukei representation on the Central Board of Health the amendment can serve the health interests of iTaukei communities rather than working against them.

The test of this legislation will not be whether it extends the law's reach to villages on paper. It will be whether iTaukei communities end up healthier, better served, and more empowered or whether they end up merely fined.

[SUBMISSION ON THE PUBLIC HEALTH BILL NO.2 (FIJI)

SUBMISSION BY LAUTOKA CITY COUNCIL, SHALEND PREM SINGH (HEAD OF SERVICES) Email :shalends@lautokacitycouncil.com.fj, Ph: 9908553

Date: 19/06/26

Background

The Chair of the Social Affairs Committee, Hon. Committee members, our esteemed colleagues from the Central Board of Health and members of the public. Cola Vina to everyone.

My name is Shalend Singh, HOS, I am representing LCC with ACEO/SA Chair

At the outset, Lautoka city Council welcomes the introduction of the Public Health Bill No. 2 and commends the current Government for undertaking a comprehensive review of Fiji's archaic and outdated 91-year-old Public health Act 1935. Finally, our dream is coming true. The Council would also like to take this opportunity to acknowledge the tremendous work done by senior managers at Environmental Health Unit of Ministry Health and the FIEH over the past years in working on the amendment of the Public Health Act.

We all accept the fact that reviewing this vital legislation is indispensable to address modern day public health challenges including rapid population growth, emerging diseases like COVID 19, urbanization, climate change, waste management, vector control, food safety, and public health challenges experienced now which was not an issue of concern during the colonial era. We are optimistic that the PH Bill once enacted will place Fiji in par with other nations who have enjoyed updated laws offering more public health protection for public and enabling enforcement tool for EHPs.

As the arm of government at local level and closest to communities, municipal councils play a critical role in addressing these environmental issues. Hence , for us, the PHA is like the bible for us EHO in councils.

Having said this, LCC support the Bill's objectives to:

- Review and update the outdated Public health Act 1935;
- Application of Act to whole of Fiji including villages
- Modernize technology which is generally applicable internationally eg renaming of Traditional Sanitary inspectors to Environmental Health Practitioners
- Modernizing the Board of Health's Composition and administration
- Strengthen enforcement powers for public health protection.

  - ✓ Introduction of infringement notices (On Spot Fix penalties) which is very effective compared to the traditional outdated mechanism of issuing notices, summons and long-term court cases
  - ✓ Increase in fines and penalties which is would be a deterrent and is highly welcomed.

- Including of new offences especially under nuisances.
- Improve water quality and sanitation standards;
- Enhance waste management practices;

- Address vector-borne diseases such as dengue;
- Powers of entry

The council would like to seek some clarifications and seek minor amendments as follows:

1. **Clarification of Role of Local Authority**
   - ✓ Establishment of Rural Local Authority was repealed vide amendment in August 2018
   - ✓ Section 8B and 10 makes reference to Chairperson and Local Authority.
   - ✓ We seek further clarity whether RLA will be reestablished and whether all duties and powers as a result of the amalgamation of Rural boundaries with Municipalities will be transferred back to RLA.
   - ✓ Council since 2018 has been empowered to enforce Town Planning and Development Control with Waste Management without allocation of additional staffs and limited fees/charges.
   - ✓ Areas from Barara towards Nadi to Tuvu towards Ba, inland areas and maritime areas of Malolo, Mamanucas and Yasawas now fall under LCC.
   - ✓ Council only receives 2.5% of Town Planning fees
   - ✓ LCC is thankful to Ministry of Local Government for the Waste collection Subsidy from which is now expanded to additional 30,000 population in densely populated peri-urban and rural areas. During Covid the funding was reduced and rate payers had to bear the additional costs for one year. With Fuel surcharge Council is again managing the extra costs as contractual costs increased by 30% since June 1, 2026
   - ✓ Clause 11, 3rd Column - Quorum of a local authority must now include a practitioner. Can this be clarified if there is no RLA.

2. Waste Management and Environmental Health

Waste management is a core service provided by Councils. Waste Management is closely linked to disease burdens especially LTD's. Unmanaged waste including open burning of wastes impact adversely through disease transmission, social impacts, economic impacts, environmental degradation, and climate vulnerability. CBH will agree that thousands of citizens get ill every year from LTDs and some cases are even fatal. LCC supports stronger provisions relating to waste management and public nuisances.

Council's and rural health offices are inundated with complaints ranging from open burning of wastes, backyard accumulation of refuse, illegal dumping, improper use of garbage bins resulting in waste scattering, non-adherence to collection schedules etc.

Councils all this while were unable to effectively address this issue due to current loop holes in legislations and have had to bear frustrations from the public for lack of action.

With 28 years of work experience both in MOH and Municipality, I can say that Lack of civic pride and civic responsibility is one of the major contributing factors towards the poor waste management practices in Fiji. Despite massive awareness, services and infrastructure, citizens tend to do the opposite.

The current garbage collection fees being levied by some councils like Suva and Nadi is only around $25.00/year per ratepayer which is insufficient. This should be increased and applicable to every tenant on a user pay basis and not only the rate payer to meet the collection and disposal costs. Council is also mindful of the plans by government for the commissioning of western

regional landfill which is welcomed. However, this will surely increase transportation and disposal cost depending on the distance.

Currently, LCC is the only council not levying a separate garbage collection fee.

Recommendation:

- Include burning of wastes as offence with on spot fix penalties similar to Litter Act 2008. This is one of the easiest offence to enforce smoke can be seen distance away and can be effectively tracked to the site to identify the offender
- Provide Section on Garbage Collection with rules on mandatory use of garbage bins with tight fitting lids of approved design, adherence to collection schedules and set reasonable garbage collection fees based on number of households with remedies for non-payment of garbage collection fees. **These offences shall be punishable through on spot fix penalties.** This is not to penalize but to ensure that citizen start taking responsibility of the wastes they generate.
- Waste management fines and penalties should be uniform across Fiji to influence behavior change and instill sense of civic pride amongst public which is severely lacking currently.

4. Vector Control Measures

Mosquito-borne diseases remain major public health challenges in Fiji. CBH will agree that thousands of citizens get ill every year from Mosquito Borne Diseases. Remember dengue fever is very traumatic and claims innocent lives. Mosquitoes have no boundaries. Virus can be spread from mosquitoes breeding as far as 300m away.

If anyone is too worried about fines, we just need to refer to stats from 2014 when we had major dengue fever outbreak with more than 28,000 positive cases and 14 deaths.

On a more personal note: I was also a dengue fever patient and spent five days in hospital. My condition deteriorated to the point where my platelet count fell to 35,000, requiring 11 litres of intravenous fluids and four pints of plasma. It was a deeply traumatic experience that I will never forget.

The solution does not need rocket science, citizens only need to focus on “source reduction” of mosquito breeding and harborage sites. Basically, means eliminating any water breeding sites and keeping compounds clear of overgrown grass and vegetation.

Council supports emphasis on elimination of mosquito breeding sites, clearing of overgrown grass and vegetation and application of fines which shall serve as deterrent measure to offenders.

Recommendation:

- Provide environment practitioners powers to issue on spot fix penalties on every positive mosquito breeding sites
- Provide environment practitioners powers to issue on spot fix penalties upon failure of owner/occupier or person in control of premises to clear overgrown grasses and vegetation within 7 days of issue of intimation notice

- Overgrown vegetation to extend to bushy flowers, creepers on fences and properties, vegetable gardens eg banana/cassava and grass exceeding 2 feet in height for vacant lot and 1 feet in height for any occupied properties or any vegetation which in the opinion is likely to harbor mosquitoes
- Enable cost recovery where councils undertake remedial work on private properties and recover costs from offenders.
- It shall be an offence to plant a big tree (mango, coconut, breadfruit etc) within certain meters of a property with remedial measure clearly specified. This also applies to councils.

  Suggest as follows (but CBH may determine otherwise):

  - ✓ **Small trees (up to 8 m tall):** plant at least **3 metres** from next lot
  - ✓ **Medium trees (8–15 m tall):** plant at least **5 metres** from next lot

Commented [RD1]: Seek clarification from MOH

5. Public Health Emergencies (Pandemics/Epidemics)

Fiji's experience during COVID-19 demonstrated the need for robust legal frameworks for infectious disease management. Lautoka was the at the forefront of this pandemic. There has been lots of good lessons learnt as well as challenges experienced which need to be addressed.

Previous amendments strengthened enforcement during infectious disease outbreaks which shall be maintained especially on isolation, quarantine, keeping distances and preventative measures whilst out and about in public so as to prevent spread of the disease.

Recommendation:

Emergency powers should:

- Be reasonable and time-bound;
- Include safeguards for human rights;
- Provide clear procedures for declarations and enforcement.
- Adequately compensate frontline workers.

6. Environmental Health Nuisances

Nuisances are make the largest fraction for complaints received by municipalities. Common nuisances are related to :

- poultry and animals
- open burning of wastes
- improper waste disposal
- Seepage of septic effluents
- Overflow of raw sewage from WAF sewer mains including discharge into water way
- improper storm water drainage
- unhygienic sanitary facilities like pit privy
- noise, backyard accumulation of refuse
- garbage scattering by dogs

- improper disposal of garbage including failure to follow collection schedules, discharge of household garbage in municipal be tidy litter bins
- encroaching vegetation eg mango or coconut tree encroaching onto neighboring property with nuisances, lack of sunlight, falling of leaves/branches or roots damaging fence/footing, drainage pipes etc.
- Offensive trade from residential areas
- Dog related nuisances - Dog waste is more than just a nuisance—it is a significant public health and environmental issue when not properly managed.
  Public Health Risks: Dog feces can contain harmful bacteria and parasites such as *E. coli*, Salmonella, roundworms, and hookworms, which may spread disease to humans and other animals.
  Water Pollution: During rainfall, dog waste can be washed into drains, neighbouring lots, etc contributing to water contamination.

These may seem petty issues to some of us but are indeed everyday issues that our customers (the rate payers and citizens) have to endure and complaints that we the council Health Inspectors are faced day in day out. At times the complainants vent their frustration at councils for ineffective redress as currently we issue 2 types notices followed by court action which is very time consuming. At times the cases are disposed after years of litigation with very low fines that were ineffective. Sometimes they escalate complaints to higher authorities and even right up to FICAC and PMS office.

Most importantly, ineffective redress by councils due outdated and ineffective powers often results in frustrations, neighbor disputes, social media bullying by complainants against officers. All these does have affect human health mentally, physically and emotionally.

Recommendation:

- Introduction of powers to issue on spot fix penalties upon failure to comply with "Notice Requiring Abatement of Nuisance" is welcomed.
- Add following as nuisances liable to be dealt with under the Act:
  - ✓ Open burning of wastes
  - ✓ Encroaching vegetation
  - ✓ Noise Nuisance above certain level of noise eg 85 Decibels
  - ✓ Houses offered for rent in unhygienic or unsafe conditions
  - ✓ Definition of animal shall include dogs, cats
  - ✓ Nuisances related to dogs and cats eg keeping of diseased dogs, keeping more than the permitted number (regulate max. # to be kept), unhygienic status of dog houses and properties, odor and fly nuisances, accumulation of dog and cat feces tc.
  - ✓ Improper garbage disposal, failure to adhere to garbage collection schedules, discharging household/commercial garbage in and around council's public litter bin, garbage scattering by dogs as a result of failure to use proper garbage bins with tight fitting lid *(these to under nuisance if provision of separate section on garbage disposal is not possible with the review)*
  - ✓ Fixed penalty shall depend on severity of nuisances such as minor, major and critical which shall be defined eg garbage related can be classed minor, noise related major and Sewage related as major
  - ✓ Section 57 – Now that issuance of Notice requiring abatement of nuisance is replaced with fix penalty of $1,000. We seek clarification regarding requirement

to issue abatement notice to provide some time to comply depending on severity of nuisance before issuance of fix penalty. For eg Poultry, EHPs can issue fix penalty if poultry owner fails to comply with abatement notice requiring to clear poultry within 21 days etc

- ✓ Section 55 to be amended to include immediate nuisance arising as a result of raw sewage discharge or overflows from WAF infrastructures.

7. Part III – Buildings

Town Planning and Building applications, processing, inspections and enforcement especially illegal developments is core function of building departments with municipal councils. Building surveyors face challenges in enforcing the legislations in its current form. Illegal developments are thriving resulting in neighbor disputes, complaints, fire risks, privacy issues etc. Some developers have no care attitude to follow building legislations.

Recommendations:

- ✓ Strengthen the building surveyors' roles similar to EHP with effective enforcement tools
- ✓ Either shift back the planning and development control role to MOHMS under RLA or empower councils to be self -financing whilst overseeing additional role.
- ✓ BPAS needs to be fast tracked with increase in building application/examination and inspection fees charges to be paid directly to Councils.
- ✓ Stats for 2025
  Value of City area building applications - $ 142, 239, 946.32, Building application fees $321,983.10
  Value of Rural area building applications - $157,812,526.42, Town Planning application fees $834.02 (being 2.5 % of the total TP fees @ $33,360.91)
- ✓ Stringent measures to ensure compliance to legislation with fix penalties on failure to comply, increased fines on illegal developments, failure on stage building inspections, failure to adhere to stop work notices, deviation from approved plan, harassment of officers, occupying new building without occupancy approvals etc
- ✓ Review shall also address common issue of sub standard houses on rent (Houses offered for rent in unhygienic or unsafe conditions) especially ABNB.
- ✓ Strengthen Section 21 – 29 related to matters dealing with buildings deemed unsafe or unfit for habitation or occupation. Current process is too cumbersome and not effective.
- ✓ Section 30, 36 &38 Buildings to be provided with privies - Every building for human occupation must be provided with adequate water closets and sanitary facilities as per NBC. Failure to comply within specified time of notice in terms of provision of W/C and water supply shall result in stringent litigation measures.

8. Section 35 – Public Privies (Conveniences)

It is has been noted that public conveniences are usually easy targets for vandalism and graffiti. This shall be an offence punishable by on spot Fix Penalty

9. Section 49 – Hairdressers

Hairdressers and Beauty saloon is becoming popular in urban centres with council receiving complaints in regards to their operations.

We all would agree that currently most hairdressers do practice basic hygiene standards with hair clippings all over the floors, lack of infection control, dirty conditions, ventilation issues, engaging unqualified beauticians etc

Recommendation:

- ✓ The current Public Health (Hair Dressers and Chiropodists) regulation under the Subsidiary Legislation shall be amended to be applicable uniformly across Fiji. Currently its not applicable to City of Suva and Lautoka
- ✓ This regulation shall be strengthened to address modern day issues
- ✓ Requirement on minimum qualification to operate as beautician
- ✓ In the absence of business licensing, Health Permit shall be introduced making it a legal requirement to obtain the health permit from Local authority before operating any hairdresser, tattooing or beauty salon.
- ✓ Introduce on spot fix penalties on non-compliance to hygiene standards and operating without Health Permit
- ✓ Similarly fix penalties on failure to improve structural defects

Commented [RD2]: MOH to clarify

10. Fees/Fines and Penalties

Council is thankful that the Bill allows for councils to retain the fees and fines as enshrined under section 133.

We need to incentivize to empower and encourage councils for effective enforcements. For example just because LCC is able to retain Litter fines, Councils recruited 4 full time LPOS and issued record 628 fines last year resulting in a more cleaner Lautoka city. This is expected to increase to more than 1,000 in 2026.

Council reiterates that Infringement mechanism similar to that of LTA and increased fines is the way forward if we are to be effective in enforcing this legislation. This is to safeguard the health and standard of living of citizens.

We understand that the regulations, forms, penalty schedules and fix penalty notice will be done once the Bill is anacted.

11. Powers of EHP's

— "Powers of Head of Environmental Health 16A now empowers the Head of Environmental Health on presentation of a means of identification may, at any reasonable time to enter any premises- Suggest if this be extended to EHPs unless the CBH will issue appointment letters under section 11 which will provide this authority

Section 16 heading relates to specifically to Water and Sewerage, hope the general power now issued under section 16 A to inspect any premises is legally in compliance.

Currently the power of entry under section 63 is limited to nuisances only.

It is recommended that this be extended to powers of entry to inspect any premises to ascertain compliance to Public Health Act eg Hair dresser, disease investigation, overgrowth of grass, vector control etc.

Powers shall also include power to obtain identification card.

12. Conclusion

We commend the Government of Fiji for undertaking comprehensive reform of the public health legislative framework. Modern public health laws are essential for safeguarding communities and supporting sustainable development.

Massive community awareness and education campaigns on the amended legislation before enforcement is rolled out.

With these considerations, we support the passage of the Bill and look forward to continued collaboration in promoting healthier and more resilient communities across Fiji. The reforms are intended to modernize Fiji's public health system and make it fit for contemporary challenges.

Dr. ANDREW S. TUKANA

Permanent Secretary for Agriculture, Waterways and Sugar Industry

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"MOAWSI's Comments to the Amendments of the Public Health Bill (No. 4 of 2026)"

Board Conference Room 2

Parliament of Fiji

Friday 22nd July 2026

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1. INTRODUCTION

The Ministry of Agriculture, Waterways, and Sugar Industry acknowledges the opportunity to provide submissions on the proposed amendments to the Public Health Act 1935 through the Public Health (Amendment) Bill (No. 4 of 2026).

The Ministry supports the overall intent of the Bill, as it aligns with and complements the Ministry of Agriculture's ***"10-Year Non-Sugar Agriculture Policy"*** and ***"Sustainable Development Plan"*** by strengthening water source protection, environmental health, waste management, pollution control, livestock and poultry management, and disease surveillance.

The Bill focuses on modernising Fiji's public health framework, enhancing environmental health governance, improving enforcement mechanisms, and addressing emerging public health risks, which is particularly relevant to the agriculture sector, which is closely linked to public health through good safety, pesticide and chemical use, livestock management, watershed protection, irrigation, waste management, and rural sanitation. These reforms are therefore expected to have important implications for agricultural productivity, regulatory compliance, farmer livelihoods, and the sustainable management of natural resources.

The agriculture sector remains closely interconnected with public health outcomes through food protection systems, pesticide and chemical use, livestock management, watershed protection, irrigation practices, waste management, and rural sanitation. As

such, the proposed amendments will have direct implications on agricultural productivity, compliance obligations, farmer livelihoods, and sustainable resource management.

The Ministry therefore submits the following observations and recommendations.

2. GENERAL POSITION OF THE MINISTRY

The Ministry generally supports the Bill, particularly provisions aimed at:

- Strengthening environmental health protection;
- Improving water quality and sanitation standards;
- Enhancing disease prevention and outbreak response;
- Improving enforcement against pollution and unsafe waste disposal;
- Modernising penalties for non-compliance; and
- Promoting inter-agency coordination.

However, the Ministry recommends that implementation measures carefully balance public health protection with the operational realities faced by farmers, agricultural processors, livestock operators, rural communities, and smallholder producers.

3. KEY IMPACTS ON THE AGRICULTURAL SECTOR

3.1 Water Safety and Agricultural Activities

The Bill introduces extensive powers to protect drinking water sources and prevent contamination. Important provisions include:

- Water quality monitoring;
- Contamination investigations;
- Closure of contaminated water sources;
- Penalties for polluting water supplies; and
- Power to order corrective actions.

The proposed strengthening of water safety regulations may affect:

- Irrigation systems;
- Livestock watering points;
- Agrochemical runoff management;
- Riverbank farming activities; and
- Drainage and watershed management practices.

Recommendation –

The Bill should clearly recognise agricultural water use and provide sector-specific guidelines for:

- Irrigation water quality standards;
- Safe agrochemical application near waterways;
- Buffer zones around rivers and catchments; and
- Integrated watershed management approaches.

The Ministry further recommends a collaborative regulatory framework between the Ministry of Health, the Ministry of Agriculture, Waterways, and Sugar Industry, and Municipal councils.

3.2 Management of Agricultural Waste

The Bill's stronger provisions on waste management and environmental pollution are welcomed; however, agricultural waste differs significantly from urban or industrial waste.

Agricultural waste includes:

- Livestock manure;
- Crop residue;
- Abattoir waste;
- Fertiliser runoff;
- Plastic mulch and agricultural packaging; and
- Sugar industry by-products.

New section 66 specifically makes it an offence to undertake:

"...rearing and grazing of animals, logging, farming, and fishing activities which may contaminate any water supply or water source."

Implication

This is probably the most important clause for Agriculture. It means:

- Farming activities near water catchments may become subject to enforcement;
- Livestock grazing near water sources may require stricter controls; and
- Intensive agriculture may require better environmental management.

Recommendation:

The Bill should include provisions enabling

- Development of Agricultural Waste Management Regulations;
- Farmer education and extension support;
- Incentives for composting and sustainable water reuse;
- Gradual implementation timelines for rural farming communities; and
- Technical assistance before enforcement penalties are imposed.

The Ministry recommends that penalties for first-time non-compliance may prioritise corrective measures and education over punitive enforcement, especially for small-scale farmers. In addition, implementation guidelines should be developed jointly by the Ministry of Health and Medical Services, the Ministry of Agriculture, Waterways, and Sugar Industry, and the Water Authority of Fiji to avoid unintended impacts on farmers.

3.3 Chemical and Pesticide Management

The proposed amendments may increase scrutiny over pesticide handling, storage, transportation, and application practices.

The Ministry supports strengthened controls to reduce: -

- Food contamination risks;
- Soil and water pollution;
- Occupational exposure; and
- Public health hazards.

Recommendation: -

The Bill should:

- Align with existing pesticide regulations and agricultural standards;
- Avoid duplication of licensing and inspection systems;
- Recognise internationally accepted agricultural practices;
- Provide training and certification pathways for farmers; and
- Support integrated pest management approaches.

The Ministry also recommends that implementation be coordinated with existing agricultural extension services to avoid excessive compliance burdens.

3.4 Livestock, Zoonotic Diseases, Biosecurity, Disease Surveillance, and One Health Approach:

The Ministry acknowledges the increasing risks posed by zoonotic diseases and the emergence of animal-to-human disease transmission.

The Bill's emphasis on disease outbreak response is therefore important for:

- Livestock farming;
- Poultry farming;
- Piggery management;
- Dairy production; and
- Slaughterhouse operations.

The Bill strengthens:

- Outbreak response;

- Disease surveillance; environmental health monitoring; and
- Emergency response teams.

Recommendation:

The Ministry recommends:

- Strong integration between public health and veterinary authorities;
- Information-sharing protocols during disease outbreaks;
- Joint surveillance systems for zoonotic diseases;
- Clear emergency response procedures; and
- Protection of food supply chains during outbreaks.

The Ministry further recommends that the Bill recognise the **role of national biosecurity and veterinary services** in public health protection.

3.5 Increased Enforcement Powers and Penalties

While the Ministry supports stronger enforcement mechanisms, care must be taken to ensure that rural and agricultural stakeholders are not disproportionately affected due to a lack of awareness, technical knowledge, or financial capacity.

Recommendation:

The Ministry proposes that the Bill incorporate:

- Proportional enforcement principles;
- Warning notices and compliance improvement periods;
- Community awareness programs;
- Risk-based enforcement approaches; and
- Consideration of economic impacts on smallholder farmers.

Penalties should distinguish between:

- Intentional environmental harm; and
- Minor or technical non-compliance.

4. AREAS THAT MAY REQUIRE CLARIFICATION

4.1 Broad Powers over Farming Activities

Section 120E allows action where agricultural activities may pollute water sources. The wording is broad. Potential concern is:

- There is no definition of acceptable farming practices;
- No reference to Ministry of Agriculture, Waterways, and Sugar Industry Standards; and

- No requirement for consultation with the Ministry of Agriculture, Waterways, and Sugar Industry before enforcement.

Recommendation:

The Ministry proposes that inter-agency consultation requirements be in place where agricultural production activities may be affected.

4.2 Agricultural Developments and Approvals

The Bill requires compliance with planning requirements and approval processes before developments proceed. Possible effect:

- livestock facilities;
- poultry farms;
- agro-processing facilities;
- commercial agricultural developments.

This is not a contradiction but may increase regulatory requirements.

4.3 Offensive Trades and Agricultural Processing

Schedule 2 expands activities that may be considered offensive trades, including:

- kava pounding;
- quarrying;
- recycling operations;
- various processing activities.

Relevance

Kava is a major non-sugar agricultural commodity. Potential issue:

- some kava processing operations could become subject to additional environmental health requirements.

5. NEED FOR INTER-MINISTERIAL COORDINATION

The Ministry strongly recommends the establishment of a formal inter-agency coordination mechanism involving the:

- Ministry of Health and Medical Services (MHMS);
- Ministry of Agriculture, Waterways, and Sugar Industry (MOAWSI);
- Ministry of Environment (MOE);

- Ministry of iTaukei Affairs (MOiTA);
- Water Authority of Fiji (WAF);
- Biosecurity Authority of Fiji (BAF);
- Municipal Councils; and
- Disaster Management Agencies.

Recommendation:

The Bill should empower coordinated enforcement, shared inspections, joint data systems, and an integrated public awareness initiative.

This would reduce duplication, improve efficiency, and ensure consistency in regulatory implementation.

6. CAPACITY BUILDING AND RURAL SUPPORT

Successful implementation of the Bill will require substantial public education and institutional support.

Many rural communities and farmers may face challenges relating to:

- Infrastructure limitations;
- Waste disposal systems;
- Access to technical guidance; and
- Financial capacity to meet upgraded standards.

Recommendation:

The Ministry recommends:

- Dedicated funding for awareness and training;
- Expansion of agricultural Extension services;
- Farmer outreach programs;
- Subsidies or initiatives for compliance infrastructure; and
- Phased implementation schedules for rural sectors.

7. CLIMATE CHANGE AND ENVIRONMENTAL RESILIENCE

The Ministry supports the Bill's broader environmental health objectives, particularly given Fiji's vulnerability to:

- Flooding;
- Drought;
- Water contamination;
- Coastal erosion; and
- Climate-sensitive disease outbreaks.

Recommendation:

The Bill should integrate climate resilience principles by:

- Protecting watersheds and catchments;
- Promoting sustainable land use;
- Strengthening disaster preparedness;
- Encouraging climate-smart agriculture; and
- Supporting ecosystem-based approaches to public health protection.

8. LINKAGES TO FIJI SUSTAINABLE DEVELOPMENT PLAN (SDP)

The Bill strongly supports SDP objectives relating to:

SDP Area	Linkage
Clean Water	Strong
Environmental Protection	Strong
Climate Resilience	Moderate to Strong
Food Security	Moderate
Public Health	Very Strong
Rural Development	Moderate
Disaster Preparedness	Strong
Disease Prevention	Strong

The Bill therefore appears broadly aligned with national development priorities.

Possible Linkages with Existing Agriculture Legislation

Likely linkages exist with the:

- Biosecurity Act
- Pesticides Act
- Land Conservation and Improvement Act
- Animal Health and Production legislation

The Bill appears to **complement** these laws rather than override them.

9. CONCLUSION

The Ministry of Agriculture, Waterways, and Sugar Industry supports the modernisation of Fiji's public health legislation and recognises the importance of strengthening environmental health systems to protect public wellbeing.

The Ministry recommends that implementation of the Public Health (Amendment) Bill carefully consider the operational realities of the agriculture sector and adopt a balanced approach that:

- Protects public health;

- Supports sustainable agriculture;
- Encourages compliance through education and partnership; and
- Strengthens inter-agency collaboration.

The Ministry also recommends that implementation guidelines be developed collaboratively between the Ministry of Health and Medical Services (MHMS), the Ministry of Agriculture, Waterways, and Sugar Industry (MAWSI), the Water Authority of Fiji (WAF), and relevant agencies to ensure that enforcement measures relating to farming, livestock, poultry, and water catchment protection are practical, science-based and do not unnecessarily impede agricultural development.

The Ministry remains committed to working closely with the Standing Committee and relevant stakeholders to ensure the successful implementation of the proposed legislative reforms.

1] Clause 26: Nuisance (Space)

Under official guidelines from the Fiji Ministry of Education and the **Fiji National Building Code (FNBC)**, the standard sizing requirement for school classrooms dictates a floor space allocation of **1.5 square meters (1.5 m^2) per student**.

This metric is actively utilized by inspectors during modern infrastructure audits to identify and mitigate overcrowding in urban centers.

Classroom Floor Sizing and Capacities

The minimum size of a classroom depends directly on the recommended student capacity set by national policy:

- **Recommended Sizing Formula:** Number of students multiplied by 1.5 m^2.

- **Standard Capacity (Target 1:30 Ratio):** For a targeted classroom size of **30 learners**, the standard physical footprint required is **45 m^2** (roughly 484 square feet).
- **Composite/Early Education Classes:** For composite streams or Year 1 classes where smaller limits are prioritized (e.g., 20–25 students), the building requirements adjust down accordingly to roughly **30 m^2 to 37.5 m^2**.
- **Desk Layout Spacing:** Standard classroom floor layouts must safely account for seating structures that do not impede movement or block fire exit routes during emergencies.

Structural Safety & Hazard Resilience

Classrooms fall under strict institutional occupancy classifications within the **Fiji National Building Code**. They must follow specific hazard guidelines:

- **Cyclone Resilience:** All windows in newly built or upgraded classrooms are required to feature **integrated cyclone shutters**. Roof cladding must be firmly secured utilizing specialized, heavy-duty **cyclone roofing screws** to prevent failure during severe weather events.
- **Disability Accessibility:** To comply with updated Ministry building standards, all classroom blocks must feature **accessibility ramps** and widened, accessible doorways for inclusive entry.
- **Fire Safety:** Classrooms must possess functional fire extinguishers, clearly marked emergency exit pathways, and a designated assembly area mapped outside the building block.

Sanitation & WASH Standards for Schools

Classroom capacity dictates the matching size and scale of the school's ablution (WASH) facilities:

- **Toilet Ratios:** Schools must provide distinct toilet blocks for girls and boys. If building upgrades or expansions add more classrooms to a school compound, the

local authority will mandate the installation of additional plumbing fixtures to maintain healthy student-to-cubicle ratios.
- **Handwashing Access:** Building protocols favor installing handwashing stations or clean water basins at the immediate entry and exit thresholds of primary classroom buildings.

2] Clause 26: Nuisance (Ventilation)

Under the Fiji National Building Code (FNBC) and the **Public Health Act**, the specific safety and health guidelines for light and ventilation scale upwards for institutional and industrial spaces like **classrooms, workshops, and laboratories**.

While general rooms utilize natural air corridors, high-occupancy and high-risk spaces face strict, specialized regulatory limits to handle heat, mechanical emissions, and airborne toxins.

1. Minimum Window and Lighting Sizes

- **The 10% Baseline Rule:** Across all three building spaces, the combined superficial area of windows, louvers, or glazed exterior doors clear of sash frames must equal at least **10% of the room's total floor area**.
- **Elevation Limits:** Window placements must extend vertically to at least **7 feet above the floor level** to allow deep penetration of natural daylight across workbenches and desks.
- **Specialized Exclusions for Laboratories:** For deep-plan commercial buildings or specialized laboratories where high-precision scientific testing or light-sensitive equipment is utilized, local authorities can permit a alternate design and disposition of window areas, provided adequate artificial illumination standards are certified.

2. Natural Cross-Ventilation Boundaries

- **The 50% Opening Threshold:** To rely on natural cross-ventilation, at least **half (50%) of the required total window area** must be physically openable directly to the outer atmosphere.
- **Ceiling Alignment:** Openable elements like pushout shutters, fanlights, or high-level louvers must sit as close to the **ceiling level** as structurally practical. This design creates a clear thermal siphon to draw out rising hot air, chemical fumes, and airborne particulate matter before it can settles in the student or worker breathing zone.
- **Mandatory Maintenance:** Building operators and school administrators must legally maintain all operable louvers, handles, and window tracks in **proper working order at all times** to preserve this natural airflow corridor.

3. Air Space and Mechanical Volume Upgrades

- **Classrooms (High-Density Spatial Volume):** Standard classrooms utilize a layout rule of **1.5 m^2 of floor space per student**. Combined with a mandatory ceiling height of **8 to 9 feet**, this creates the minimum legal air space cube required to dilute carbon dioxide (CO_2) buildup and prevent student fatigue.
- **Workshops (Industrial Air Exchange):** Because workshops often involve dust, welding fumes, or heat-generating machinery, natural cross-ventilation is rarely

deemed sufficient by health inspectors. Under the **Public Health (Building) Regulations**, when forced ventilation replaces or supplements natural windows, the system must execute at least **4 full air changes every hour**.

- **Laboratories (Hazard Containment Forced Air):** Laboratories handling volatile agents require localized exhaust systems (such as chemical fume hoods) that operate completely independently of the building's main ventilation. Under Fiji's Building Code provisions, any mechanical or forced-air infrastructure **must run continuously** during all operational hours whenever the space is actively occupied.

- to calculate **minimum required window area** for a specific workshop size

3] Clause 13: Water & Sewerage Approval

Clause 13 of Fiji's localized regulatory framework enforces mandatory **civil authority approvals for water distribution and sewerage connectivity** before any educational construction can legally proceed.

When applying for institutional building permits in Fiji, compliance under this clause guarantees that any school expansion, new classroom block, or workshop is explicitly cleared by the Water Authority of Fiji (WAF) and local health inspectors.

1. Mandatory Authority Approvals

- **WAF Certification Required:** Before local town councils or rural local authorities can issue a building permit, plans must be submitted to WAF under Clause 13 to prove the existing or proposed reticulated main lines can support the volume demands of the school.
- **Plumbing Design Approvals:** Independent schematic designs for the internal water network and wastewater disposal tracks must get written clearance. Construction cannot start without a physical seal of approval on the engineering drafts.
- **Outside Jurisdiction Limits:** In rural and maritime areas sitting outside of WAF's reticulated sewer grid, Clause 13 applications are routed directly through the **Ministry of Health and Medical Services (Health Inspectors)** to approve specialized septic systems, eco-sanitation facilities, or decentralized communal water assets.

2. Infrastructure Scale Requirements

Clause 13 works in tandem with the **Minimum Standards of Water, Sanitation, and Hygiene (WASH) in School Infrastructure**. The infrastructure plan must meet the following capacities to gain approval:

- **Water Buffer Provisions:** Applications for new school blocks must feature a dedicated back-up water matrix. To mitigate widespread municipal supply cuts, the modern standard requires integrating at least one **5,200-litre capacity back-up water tank** plumbed directly into the school's primary pipeline.
- **WASH Fixture Scaling:** Plumbing drawings will be flatly rejected under this clause if they fail to match the student capacity ratios established in the **Fiji National Building Code Table NF2.3**. If classroom expansions increase student headcount, the school must expand its cubicle, urinal, and handwashing basins proportionately to preserve safety clearances.

- **Separation of Waste streams:** For specialized institutional rooms discussed previously (such as laboratories or trade workshops), Clause 13 dictates that grease, oils, and chemical effluents **cannot drain into normal sewerage lines**. They must feature dedicated neutralizer traps or separate containment vessels certified by environmental health officers before getting cleared.

3. Structural and Enforcement Penalties

- **The Satisfaction Standard:** Under Fiji's broader water supply framework, if an inside plumbing service or sewerage link is constructed without WAF's approval, or deviates from the approved Clause 13 plans, the authority retains the immediate legal right to **disconnect or withhold the main water connection** until the issue is fixed.
- **Occupancy Certificate Holds:** Even if a classroom building is fully built, local municipal councils will strictly withhold the final **Occupancy Certificate** if the completed water and sewerage systems fail the final physical field pressure tests and inspections.

4] Clause 60: Sanitary Facility Setback

When constructing or upgrading institutional frameworks like schools, colleges, and training facilities in Fiji, sanitary placement protocols face distinct modifications. [1]

Under the **Public Health Act** and the **Fiji National Building Code (FNBC)**, educational structures fall under distinct strict public occupancy controls. These controls override standard residential clearances to prioritize student hygiene barriers, playground safety, and environmental health. [1, 2, 3]

1. Separation of Adult and Child Facilities

While general commercial or industrial lots calculate setbacks holistically per building, schools face mandatory internal spatial separation rules:

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- **Structural Isolation:** Educational infrastructure designs must completely isolate the structural layout of adult/teacher facilities from student facilities.
- **Dedicated Ratios:** Teacher amenities require independent facilities scaled strictly at one closet and one urinal for every 20 males, and one closet for every 15 females. These blocks must maintain a separate access corridor clear of student playground or classroom entry pathways.

2. Safeguarding Open Spaces and Playgrounds

The strict residential minimum 10-foot boundary setback drops away from standard application if the school lot borders expansive community land or crown land, but scales up significantly regarding immediate school site layout:

- **The 15-Foot Food Service Barrier:** Independent, detached student toilet blocks must sit at least **15 feet away** from any openable windows, doors, or fresh air intakes of

school kitchens, tuck shops, or home economics classrooms to guarantee strict food hygiene safety.
- **Playground Protection:** To safely maximize recreational space and avoid vector collision hazards, standalone pit latrines or un-reticulated facilities used in deep rural school developments must be safely bordered and fenced off from the main student assembly and active sporting grids.

3. Modern WASH Quality and Multi-Storey Setbacks

Under modernized Ministry of Education Infrastructure Guidelines and standard institutional sanitation adjustments, the physical layout of school sanitation blocks must prioritize accessibility and gender privacy:

- **Multi-Storey School Blocks:** For modern multi-storey classroom buildings, at least **one wheelchair-accessible unisex disability toilet** must be provided directly on each functional floor footprint rather than being isolated to an outdoor detached block.
- **Floor Leveling and Approach:** The entry threshold leading to any school sanitation block must feature a completely level surface approach (zero stairs/steps) or integrate an official OHS-compliant access ramp to guarantee unhindered mobility for students utilizing crutches or wheelchairs.
- **Menstrual Hygiene Management (MHM):** Modern school sanitation design rules require the integration of a mandatory privacy partition wall and structural space within female cubicle blocks to accommodate a dedicated hygienic disposal bin per block.

5] Clause 33: Outbreak Response

In Fiji's broader institutional framework, **Clause 33** (under relevant school health, safety, and national emergency protocols) dictates the **mandatory containment, notification, and isolation procedures** required to manage active disease outbreaks within school communities.

This framework works directly with the Ministry of Health and Medical Services (MHMS) and the Ministry of Education to swiftly control the spread of highly infectious diseases (such as dengue, measles, and typhoid) within high-density environments like classrooms, laboratories, and school boarding blocks.

1. Mandatory Notification Timelines

- **Immediate Reporting Threshold:** Heads of Schools (HoS) are legally required to report to the nearest Sub-Divisional Medical Officer or Health Centre the moment a specified threshold of students or staff present with matching syndromic symptoms (e.g., unexplained rashes, severe diarrhea, or cluster fevers).
- **The 24-Hour Rule:** Official notification documentation must be transmitted to divisional health authorities within **24 hours** of detecting a suspected cluster outbreak to trigger national epidemiology response pipelines.

2. Immediate Isolation and Structural Controls

To prevent classroom-wide transmission while awaiting medical intervention, school infrastructure must adapt to emergency outbreak controls:

- **The Temporary Isolation Space:** Every school compound must maintain a designated, well-ventilated temporary isolation room or first-aid bay away from primary student transit lines. Any child showing active symptoms must be securely isolated there under adult observation until family pick-up or medical evacuation.
- **Transitioning to Alternate Spatial Shifts:** Under emergency public health containment orders, local authorities can mandate schools to temporarily split learning into morning and afternoon shifts to reduce student density. This schedule leaves an explicit midday gap to allow for the comprehensive disinfection of all desk, laboratory, and workshop surfaces.

3. Environmental Health and WASH Lockdowns

When Clause 33 is activated for waterborne or vector-borne outbreaks, health inspectors enforce immediate field audits on school grounds:

- **Water and Vector Sanctions:** For localized vector outbreaks (like dengue), schools must immediately drain stagnant water channels, clean structural gutterings, and clear potential mosquito breeding zones across all sports fields and playgrounds.
- **Ablution Block Upgrades:** Handwashing access points at the thresholds of all primary buildings must be retrofitted with **foot-operated or touchless handwashing facilities** to secure infection control boundaries.

4. Enforcement and Legal Enhancements

Compliance with outbreak containment guidelines is heavily regulated under national health policy:

- **Inter-Ministerial Enforcement Teams:** School management teams must grant health personnel immediate, unhindered entry rights to execute emergency testing, site trace audits, and health safety interventions.
- **Escalated Public Health Penalties:** Under Fiji's strengthened public health emergency framework, failing to comply with mandatory quarantine directives, delaying outbreak notifications, or spreading deliberate public health misinformation can attract severe fines of **up to $10,000**.

6] Clause 57: Water Pollution

Under Fiji's statutory framework, **Clause 57** of the overarching public health and environmental codes mandates the **strict protection of water systems from wastewater and trade effluent pollution**.

In educational settings, this works alongside the Fiji National Drinking Water Quality Standards to ensure school grounds do not contaminate internal drinking supplies, local municipal water-courses, or adjacent environmental catchments.

1. Containment of Waste and Effluents

To meet Clause 57 compliance, school infrastructure must be physically constructed to guarantee zero seepage of foul liquids into surrounding land or waterways:

- **The "Zero Discharge" Mandate:** Schools are legally prohibited from allowing drainage, chemicals, or surface runoff from toilets, kitchens, or trade blocks to flow freely or deposit into any open water-course, creek, pond, or reservoir.
- **Watertight Plumbing Infrastructure:** Any drain built to transport sewage or greywater must be completely watertight. Under building protocols, stoneware or PVC pipes must sit on a concrete bed, while iron piping must be properly coated to prevent internal and external corrosion.
- **Testing Thresholds:** Before a new or extended school building receives approval, plumbing lines must pass hydraulic pressure testing to prove they are fully watertight under peak flow loads.

2. Specialized Room Interventions

School laboratories and technical workshops generate hazardous trade waste that falls under heightened public health and environmental scrutiny:

- **Independent Neutralizer Traps:** Heavy chemistry labs and automotive workshops cannot connect their sinks directly into standard school wastewater lines. They must feature separate, chemical-resistant interceptor traps to neutralize corrosive substances before they leave the building's structural footprint.
- **Grease and Oil Segregation:** School home economics kitchens and large-scale dining halls must route drainage through a certified grease trap. This layout ensures fats and cooking oils do not choke internal lines or cause external sewer overflows.

3. Protecting On-Site Water Storage

Because many regional and maritime schools across Fiji rely on decentralized resources like rainwater harvesting, infrastructure layouts must safeguard localized storage:

-
- **Setback Restrictions:** Septic tanks, absorption trenches, and waste storage zones must be constructed down-gradient and far clear of groundwater wells and surface reservoirs.
- **Rainwater Tank Filtration:** Under the Ministry of Education's updated Three-Star WASH guidelines, school water networks using 5,200-litre capacity back-up water tanks must include leaf screens and first-flush diverters. These additions block roof debris, bird droppings, and organic contaminants from entering the student drinking supply.

4. Statutory Legal Penalties

- **The Right to Disconnect:** If an inspection reveals a school's internal infrastructure is actively fouling or leaking into the district water supply, the Water Authority of Fiji (WAF) reserves the legal right to disconnect municipal water mains until structural repairs are made.
- **Environmental Prosecution:** Under Fiji's broader environmental framework, knowingly discharging untreated pollutants or industrial chemicals directly into water catchments can trigger heavy corporate and institutional fines.

7] Clause 27 – 30: Penalties

Under the framework of the **Fiji Public Health Act (Cap 111)**, statutory enforcement rules dictate that if a school management team or building owner fails to resolve a public health nuisance after receiving a formal abatement notice, they will face **escalated daily financial penalties, court-ordered structural closures, and direct cost recovery** by local authorities.

While the principal Public Health Act lists statutory definitions for physical nuisances under Sections 56–66, the specific mechanics of enforcement—moving from non-compliance to the final execution of court penalties—are strictly mapped across four core operational phases.

1. Verification of the Nuisance

- **The Investigation Phase:** Under the Act, a local health inspector or Rural Local Authority officer must regularly survey the district to detect any condition injurious to student health.
- **Actionable Educational Nuisances:** For institutional structures (such as classrooms, workshops, or laboratories), an official nuisance is recorded if inspectors find:
    - Overcrowding that violates the standard 1.5 m² per student space volume.
    - Broken, blocked, or leaking water pipes, sewage lines, or septic soakage pits.
    - Defective ventilation or broken window shutters causing stale air buildup.
    - Accumulated trade effluents, unmanaged chemical waste, or structural dampness.

2. Service of the Abatement Notice

- **The Formal Notice:** Once an inspector confirms a violation, the local authority serves a formal statutory notice directly onto the school management, the head of the institution, or the legal property owner.
- **Mandatory Work Orders:** The notice explicitly defines the nature of the structural failure and specifies a strict timeframe within which the school must execute engineering works to permanently abate and prevent the recurrence of the issue.

3. Execution of Non-Compliance Penalties

If a school fails to satisfy the requirements of an abatement notice within the specified period, the local authority immediately escalates the matter to the Magistrate's Court to secure a formal **Nuisance Order**:

- **Daily Accruing Fines:** If a person or institutional representative fails to comply with a court-mandated nuisance order without proving due diligence, they are hit with a compounding **daily fine for every single day the default continues**.
- **Recent Statutory Increases:** To deter persistent institutional negligence, modern legislative updates introduced across Fiji's parliament have systematically scaled maximum public health non-compliance and pollution penalties. Standard environmental health and severe nuisance fines can reach up to **$1,000 to $5,000** for localized institutional breaches.

4. Summary Abatement and Cost Recovery

- **Direct Intervention:** If the school management cannot be located, or if they demonstrate a complete failure to comply with an urgent order (such as fixing a leaking sewer main flooding a school yard), the local authority reserves the immediate legal right to enter the premises and **abate the nuisance themselves**.
- **Compulsory Civil Liability:** All structural expenses, engineering fees, and materials utilized by the local authority to fix the school's infrastructure are legally calculated and **recovered directly from the owner or school management** via standard civil court actions.
- **Withholding of Occupancy:** A school block facing active enforcement actions can have its standard fitness certifications frozen, meaning classrooms can be legally cordoned off from student use until a final health safety clearance is re-issued.

8] Clause 41: Lodging Registration

Under the **Fiji Public Health Act (Cap 111)**, the legal provisions mapping to **lodging registrations** govern the operation of shared sleeping spaces. While the building regulations apply broadly to residential and institutional zoning, when a school operates a **boarding section, dormitory block, or hostel**, it must align with both **Part X of the Public Health Act (Common Lodging Houses)** and the Ministry of Education's Boarding School Policy.

The regulatory framework for lodging registration in institutional buildings enforces four core compliance areas:

1. Mandatory Pre-Occupation Registration

- **The Registration Prerequisite:** A school cannot legally receive boarders or operate a student dormitory unless the building is formally registered as a fit lodging premises with the local Municipal Council or Rural Local Authority.
- **The Pre-Registration Inspection:** Before a certificate of registration is issued or renewed, a local health inspector must conduct a physical audit of the facilities. They must verify that lighting, sanitation, and safety systems align with the **Fiji National Building Code** before students are permitted to take up residence.

2. Statutory Density and Air Space Limits

To prevent hazardous overcrowding in school boarding houses, registration requires strict adherence to spatial dimensions:

- **Per-Student Air Cube Volume:** Dormitories are measured by cubic air space per bed rather than raw floor area alone. This is done to ensure adequate oxygen circulation and mitigate the transmission of airborne illnesses.
- **Bed Spacing Barriers:** Sleeping structures must be arranged with defined clearance corridors between bed frames to ensure safe emergency evacuation pathways and prevent the rapid spread of vectors.

3. Integrated Sanitary Ratios

A school lodging block cannot be registered if its plumbing blueprints fail to meet the specific peak demand metrics detailed in **Fiji National Building Code Table NF2.3**:

- **For Boarding Facilities:** The scale of closets, urinals, and handwashing basins scales significantly higher than standard day-schools. Separate blocks must be structurally integrated for males and females.
- **Floor Specifications:** In accordance with shared tenement bylaws, communal ablution and shower blocks built into the lodging layout must feature graded concrete floors lined with completely impervious materials.

4. Right of Access and Penalty Frameworks

- **Unannounced Inspection Rights:** Medical Officers of Health and local environmental health inspectors retain the absolute statutory right to **free and unhindered entry** into any registered school lodging building at all reasonable times to monitor ongoing hygiene standards.
- **Cancellation of Registration:** Under the Act, if a school boarding house falls into a state of structural disrepair, suffers from consistent water shortages, or allows conditions injurious to health to persist, the local authority can **formally cancel the lodging registration**, legally forcing the closure of the boarding block.
- **Operating Unregistered Premises:** Running an unauthorized or unregistered student accommodation block is a punishable statutory offense that attracts summary fines and immediate closure orders.

NASINU TOWN COUNCIL'S SUBMISSION ON THE OVERLAPPING OF THESE TWO PIECES OF LEGISLATIONS.

A BILL FOR AN ACT TO AMEND THE PUBLIC HEALTH ACT 1935, AND ITS DIRECT IMPLICATIONS WITH THE LOCAL GOVERNMENT ACT 1972.

The Public Health Act 1935 (as amended) and the Local Government Act intersect most strongly in areas of sanitation, disease control, nuisance abatement, and the supervisory powers of local authorities. Both laws empower municipal councils to regulate public health conditions, enforce by-laws, and manage community services that directly affect residents' wellbeing.

Common Areas of Interest

1. Local Authorities & Governance

- **Public Health Act:** Establishes local authorities as key actors in sanitary districts, with powers to enforce health regulations, inspect premises, and abate nuisances.
- **Local Government Act:** Defines councils' structure, duties, and by-law making powers, including authority over drainage, waste, housing, and streets.
- **Overlap:** Councils are the implementing arms of public health policy at the municipal level.

2. Sanitation & Waste Management

- **Public Health Act:** Requires proper privies, drains, dustbins, and regulates cesspits, refuse disposal, and sanitary services.
- **Local Government Act:** Grants councils powers over drainage, sewerage, and sanitary services.
- **Overlap:** Both Acts mandate councils to maintain hygienic environments and enforce waste management standards.

3. Nuisance Control

- **Public Health Act:** Defines nuisances (e.g., insanitary premises, pollution, overcrowding, mosquito breeding) and empowers local authorities to inspect and abate them.
- **Local Government Act:** Authorizes councils to regulate noise, litter, hawkers, and other community disturbances through by-laws.
- **Overlap:** Councils act as enforcement bodies for nuisance abatement, protecting public health and community order.

4. Buildings & Housing

- **Public Health Act:** Sets requirements for building sites, privies, and demolition of unsafe structures.
- **Local Government Act:** Provides councils authority over housing schemes, land acquisition, and regulation of streets and drainage.
- **Overlap:** Councils regulate construction standards to ensure safe and healthy living conditions.

5. Food Safety & Public Spaces

- **Public Health Act:** Regulates bakehouses, butchers, hairdressers, and food premises to prevent contamination.
- **Local Government Act:** Allows councils to manage markets, car parks, and public spaces.
- **Overlap:** Councils oversee food safety and hygiene in public marketplaces and commercial premises.

6. Supervision & Enforcement

- **Public Health Act (Amendment Bill 2026):** Strengthens the Central Board of Health's supervisory role over councils, expands enforcement powers, and increases penalties for breaches.
- **Local Government Act:** Provides ministerial oversight of councils and their by-laws.
- **Overlap:** Both Acts establish multi-level governance where councils enforce, but higher authorities supervise and ensure compliance.

Comparison Table

Area	Public Health Act 1935 (Amended)	Local Government Act 1972
Local Authorities	Defines sanitary districts, empowers councils	Establishes councils, elections, governance
Sanitation	Privies, drains, refuse, cesspits	Drainage, sewerage, sanitary services
Nuisances	Pollution, overcrowding, mosquito breeding	Noise, litter, hawkers, community disturbances
Buildings	Standards for housing, demolition orders	Housing schemes, land acquisition
Food Safety	Bakehouses, butchers, hairdressers	Markets, public spaces
Oversight	Central Board of Health supervises councils	Ministerial oversight of councils

Briefing Note

Subject: Intersection of the Public Health Act 1935 (Amended) and the Local Government Act 1972.

Prepared for: Public submission on an Act to amend the Public Health Act 1935 **Date:** June 2026

Purpose

To outline the overlapping responsibilities and areas of interest between the Public Health Act 1935 (as amended) and the Local Government Act 1972, and to identify implications for municipal governance and service delivery in Nasinu.

Background

- The **Public Health Act 1935 (Amended)** establishes the legal framework for sanitation, disease control, nuisance abatement, and public health enforcement. It empowers local authorities to act as sanitary districts.
- The **Local Government Act** defines the governance, powers, and duties of municipal councils, including by-law making authority, management of public services, and oversight of community infrastructure.

Both Acts converge in areas where councils are responsible for safeguarding public health and maintaining orderly urban environments.

Common Areas of Interest

1. Local Authority Mandate

- Both Acts designate municipal councils as the primary implementing bodies for community health and welfare.
- Councils act under dual oversight: the Ministry of Health and the Ministry of Local Government.

2. Sanitation & Waste Management

- Public Health Act: Requires proper drainage, refuse disposal, and sanitary facilities.
- Local Government Act: Grants councils authority over sewerage, drainage, and waste services.
- Shared responsibility for maintaining hygienic living conditions.

3. Nuisance Abatement

- Public Health Act: Defines nuisances (e.g., insanitary premises, mosquito breeding, overcrowding).
- Local Government Act: Enables councils to regulate noise, litter, hawkers, and community disturbances.
- Councils enforce both Acts to protect public health and community order.

4. Housing & Building Standards

- Public Health Act: Sets requirements for safe housing and demolition of unsafe structures.
- Local Government Act: Provides councils with authority over housing schemes, land use, and street regulation.
- Overlap in ensuring safe, healthy, and compliant housing development.

5. Food Safety & Public Spaces

- Public Health Act: Regulates food premises (bakehouses, butchers, hairdressers).
- Local Government Act: Authorizes councils to manage markets and public spaces.
- Councils oversee hygiene and safety in commercial and public areas.

6. Supervision & Enforcement

- Public Health Act (Amendment Bill 2026): Strengthens enforcement powers and penalties, with greater oversight by the Ministry.
- Local Government Act: Provides ministerial oversight of councils and their by-laws.
- Both Acts reinforce accountability and compliance mechanisms.

Implications for Nasinu Town Council

- **Operational Integration:** Council must align by-laws and enforcement practices with both Acts to avoid duplication and ensure consistency.
- **Capacity Building:** Expanded enforcement under the amended Public Health Act requires strengthening inspection and compliance teams.
- **Policy Coordination:** Close collaboration between the Ministry of Health and Ministry of Local Government is essential for coherent service delivery.
- **Community Impact:** Effective implementation will improve sanitation, reduce nuisances, and enhance public confidence in municipal governance.

Key Messages

- Both Acts converge on sanitation, nuisance control, housing standards, and food safety.
- Councils are the frontline implementers of public health and local governance.

- Stronger enforcement under the amended Public Health Act requires Nasinu to upgrade capacity and coordination.
- Alignment of council by-laws with both Acts is critical to effective service delivery.

Talking Notes – Public Health Act & Local Government Act Overlaps

Opening

- Purpose: Highlight where the Public Health Act 1935 (Amended) and the Local Government Act intersect.
- Focus: Implications for Nasinu Town Council's governance and service delivery.

Key Overlaps

- **Local Authority Mandate**
  - Both Acts designate councils as frontline implementers.
  - Dual oversight: Ministry of Health (Central Board of Health) and Ministry of Local Government.
- **Sanitation & Waste**
  - Shared responsibility for drainage, sewerage, refuse disposal, and sanitary services.
- **Nuisance Abatement**
  - Public Health Act: insanitary premises, mosquito breeding, overcrowding.
  - Local Government Act: noise, litter, hawkers, community disturbances.
- **Housing & Building Standards**
  - Joint authority over safe housing, demolition of unsafe structures, and regulation of land/street use.
- **Food Safety & Public Spaces**
  - Councils oversee hygiene in markets, food premises, and public areas.
- **Supervision & Enforcement**
  - Amended Public Health Act strengthens penalties and oversight.
  - Local Government Act reinforces ministerial supervision of council by-laws.

Implications for Nasinu

- Need to align council by-laws with both Acts for consistency.
- Strengthen inspection and compliance teams to meet expanded enforcement.
- Enhance collaboration between Ministry of Health and Ministry of Local Government.
- Improved sanitation and reduced nuisances will build public confidence.

Closing Message

- Both Acts converge on sanitation, nuisance control, housing standards, and food safety.
- Councils are the primary enforcement bodies at community level.
- Stronger enforcement under the amended Public Health Act requires Nasinu to upgrade capacity and coordination.
- Alignment of council by-laws with both Acts is critical to effective service delivery.

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SUBMISSION TO THE PARLIAMENTARY STANDING COMMITTEE ON SOCIAL AFFAIRS

Review of the Public Health (Amendment) Bill No. 4 of 2026

Date: 11 / 06 / 26

1. INTRODUCTION

The Nausori Town Council (NTC) welcomes the opportunity to provide submissions to the Parliamentary Standing Committee on Social Affairs regarding the Public Health (Amendment) Bill No. 4 of 2026.

As a municipal authority responsible for urban management, environmental health, sanitation, waste management, public spaces, and community wellbeing within the Nausori municipal boundary, the Council recognizes the importance of modernizing Fiji's public health legislation to address emerging environmental and health challenges.

The proposed amendments are timely and necessary, particularly in light of increasing urbanization, climate change impacts, disease outbreaks, illegal dumping, pollution of waterways, and growing pressures on public infrastructure and environmental resources.

2. GENERAL SUPPORT FOR THE BILL

Nausori Town Council supports the overall objectives of the Public Health (Amendment) Bill, particularly its intent to:

- Modernize the Public Health Act 1935;
- Strengthen environmental health management;
- Improve coordination among public agencies;
- Enhance enforcement mechanisms;
- Increase penalties for offences that threaten public health;
- Address contemporary public health risks; and
- Promote greater community responsibility and compliance.

The Council believes these reforms will contribute significantly towards healthier, safer, and more resilient communities throughout Fiji.

3. SPECIFIC COMMENTS AND RECOMMENDATIONS

3.1 Strengthening Environmental Health Enforcement

The Council supports stronger enforcement provisions for environmental health offences.

Municipal councils regularly encounter challenges including:

- Illegal dumping of household and commercial waste;
- Littering of public places and waterways;
- Unsanitary business premises;
- Improper disposal of construction waste;
- Overgrown vacant properties;
- Illegal discharge of wastewater into drains and rivers.

The Council recommends that the amended legislation clearly empower municipal councils and authorized officers to:

- Issue infringement notices;
- Undertake immediate remedial action where public health risks exist;
- Recover costs from offenders;
- Suspend activities posing imminent health risks; and
- Prosecute repeat offenders efficiently.

3.2 Increased Penalties

The Council strongly supports the increase in penalties.

Current penalties under the Public Health Act 1935 no longer reflect the seriousness of public health offences and are often insufficient to deter non-compliance.

The Council recommends that penalties be proportionate to:

- The severity of environmental damage;
- Risks posed to public health;
- Repeat offending behaviour; and
- Commercial gain derived from unlawful activities.

Higher penalties will encourage greater compliance and accountability.

3.3 Waste Management and Illegal Dumping

Waste management remains one of the most significant challenges facing local authorities.

The Council recommends that the legislation include stronger provisions to:

- Address illegal dumping on public and private land;
- Regulate waste transportation and disposal practices;
- Hold waste generators accountable for improper disposal;
- Enable councils to recover clean-up costs; and

- Promote waste minimization, recycling and resource recovery initiatives.

Special consideration should be given to protecting waterways, drainage systems, and environmentally sensitive areas from pollution.

3.4 Water Safety and Drainage Management

Nausori is particularly vulnerable to flooding due to its geographical location and proximity to river systems.

Blocked drains, indiscriminate disposal of waste, and pollution of waterways contribute significantly to public health risks.

The Council recommends provisions that:

- Strengthen controls against pollution of rivers and drainage systems;
- Improve inter-agency collaboration on drainage maintenance;
- Support regular inspection of water sources;
- Enable prompt action against activities that compromise water quality; and
- Strengthen preparedness for waterborne disease outbreaks following flooding events.

3.5 Institutional Coordination

The Council supports stronger institutional arrangements under the proposed amendments.

Public health management requires coordinated action between:

- Ministry of Health and Medical Services;
- Ministry of Local Government;
- Municipal Councils;
- Water Authority of Fiji;
- Fiji Roads Authority;
- Ministry of Environment and Climate Change;
- National Disaster Management Office; and
- Other relevant stakeholders.

The legislation should clearly define roles, responsibilities, information-sharing arrangements, and enforcement coordination mechanisms.

3.6 Climate Change and Emerging Public Health Risks

The Council recommends that the amended legislation recognize the growing impacts of climate change on public health, including:

- Increased flooding;
- Vector-borne diseases;
- Heat-related health risks;
- Water contamination; and
- Waste management challenges during extreme weather events.

The legislation should provide a framework for preventive action and resilience planning at national and local government levels.

3.7 Community Education and Public Awareness

While enforcement is important, long-term success requires public awareness and behavioural change.

The Council recommends that the legislation support:

- Public health education campaigns;
- Community clean-up initiatives;
- School-based environmental health programs;
- Public-private partnerships; and
- Community participation in environmental management.

Greater public awareness will reduce enforcement burdens and improve compliance outcomes.

3.8 Amendments to the Bill

a. For Section 19 Amended
   - Part (a) to also include Section 27 of the Town Planning Act (Town Boundaries) because in Section 7 of the Town Planning Act is for Rural Boundaries Only.
   - Part (b) to clarify if it is for full detailed plans

b. For Section 30 Amended
   - Part (d) to also include Commercial & Industrial Buildings

c. For Section 92 Amended

   - (1A) Pursuant to subsection (1) to also include to provide the Approved Building Plan and to be vetted by NFA & OHS

4. SUPPORT FOR LOCAL GOVERNMENT AUTHORITIES

To effectively implement the proposed amendments, local authorities will require:

- Additional environmental health personnel;
- Capacity building and training;
- Access to modern enforcement tools and technologies;
- Adequate operational funding; and
- Improved data collection and reporting systems.

The Council recommends that implementation arrangements consider the resource implications for municipal councils and provide appropriate support mechanisms.

5. CONCLUSION

Nausori Town Council fully supports the intent and direction of the Public Health (Amendment) Bill No. 4 of 2026.

The proposed reforms represent a significant opportunity to modernize Fiji's public health framework and strengthen environmental health protection for present and future generations.

The Council particularly supports stronger enforcement powers, enhanced institutional coordination, increased penalties, improved waste management provisions, and measures addressing emerging public health risks associated with urbanization and climate change.

Nausori Town Council remains committed to working collaboratively with Government, stakeholders, and communities to achieve healthier, cleaner, safer, and more resilient municipalities throughout Fiji.

Submitted by:



Proposed Submissions: PH Amendment Bill (4 of 26)

1. **PROSECUTION UNIT :**

   Clauses in the Amendment Bill that refer to Offenses/Fines/Penalty –
   25 – mention of increasing the fines
   26 – list of nuisances with Spot fines
   27 – Fix penalty Notices
   28 – lower penalties
   29 – increasing of fines to $100 from $2
   30- fines for obstruction
   32 – Fines on Drain nuisances
   39 – from $20 to $2,000
   40 – Offensive trades from $10 to $500

   Mr Chair, I believe that once this Bill is ENACTED, there will be an inundation or overwhelming Case Files to be processed for Prosecution works.

   Sir if the said Bill can make provisions for an Establishment of a PROSECUTION UNIT IN THE DEPT to counter any surge or influx of Case Files for Court . Also a recommendation that was brought up by ODPPs office here in the North (Mr Pauliasi Tuenuku Principal Legal Officer North) that EHOs to have its own Prosecution officers or units to deal with court proceedings & appearances (specifically).

2. **VILLAGE REGISTRATION:**

   Honorable Chair and member of the Standing Committee, I wish to make a submission if part of the ***checklists or criteria's*** for a New Village to be registered to have;

   i. Proper Waste Disposal System – this is to address careless littering and probable transmission or surge of Dengue fever.
   ii. Animals are secured/registered – this criteria is critical to prevent Leptospirosis transmission in the proposed village.
   iii. Proper & Sufficient number of Conveniences – every household has access to proper structure & clean toilet facility. This is critical to prevent any spread of Tyhphoid fever
   iv. And of course WATER SUPPLY – a sufficient supply of water

b.

3. **OVERGROWTH OF PLANTS: SECTION 26**

   Honorable Chair - Provision of "no planting or farming activity" to be clear in the PH Ammendmnt Bill e.g. planting of dalo, cassava, voivoi, banana plants, rourou.

4. **CLEANLINESS & HYGIENE OF Pub Transports VEHICLES** e.g. taxis, buses, carriers. Provisions in the PH Amendment Bill for timely inspection of public transport in regards to cleanliness and hygiene. E.g. Taxis, Mini buses, Buses, etc...

   I believe LTA does not look at sanitation and cleanliness of the public transports.

CMNHS Technical Consultation Response to the Public Health (Amendment) Bill 2026

Introductory note

This submission is organised in three parts.

The first part is an Executive Summary. It sets out the overall position of the College of Medicine, Nursing and Health Sciences (CMNHS) at Fiji National University, identifies the main strengths of the Public Health (Amendment) Bill 2026, and highlights the main consultation concerns that need attention before enactment.

The second part provides Bill-specific consultation summaries. These remarks summarise the main issues identified across the Parts of the Act and explain where the proposed amendments create practical, interpretive or implementation concerns.

The third part provides a wider and detailed technical appraisal. This section works through the Act and Bill - Part by Part and Section by Section. It compares what the current Act says, what the Bill changes, the practical effect of the amendment, the consultation issue, and suggested drafting or regulatory recommendations. This detailed appraisal supports the Executive Summary and provides the technical basis for the comments made in the Bill-specific consultation remarks.

Executive Summary

CMNHS perspective

The College of Medicine, Nursing and Health Sciences (CMNHS) at Fiji National University provides these comments as a College with responsibilities across medicine, nursing, Environmental Health, public health, laboratory sciences and wider health professional education.

The Public Health (Amendment) Bill 2026 gives stronger statutory recognition to Environmental Health Practitioners and Environmental Health practices, services and functions. CMNHS supports this direction because Environmental Health Professionals are trained within the College and because Fiji requires a modern Environmental Health workforce able to support protection across urban, rural, peri-urban and village settings.

Overall support

The Bill proposes several important and positive reforms. It moves the Act towards whole-of-Fiji application, strengthens the role of the Central Board of Health, gives clearer recognition to Environmental Health Practitioners, expands nuisance provisions, introduces stronger water-quality and contamination-response provisions, updates mosquito-control powers, improves ship sanitation provisions, and increases penalties.

These changes support stronger Environmental Health governance and more effective local authority and Ministry of Health involvement in Environmental Health protection.

Environmental Health Practice regulation

The Bill is an important step towards statutory recognition of Environmental Health Practitioners and their practice. CMNHS supports the principle that Environmental Health Practitioners should be registered and that Environmental Health functions should be clearly recognised in law.

However, the Bill should provide a clearer regulatory basis for the profession. Other health professions, including medical and dental practitioners and nurses, operate under clearer statutory registration and professional governance arrangements – in terms of their own acts. If Environmental Health Practitioners are to carry statutory powers, issue notices, conduct inspections, contribute to infectious disease control, support water-quality protection, manage nuisance enforcement and participate in legal processes, the Act should also provide for a clear scope of practice and registration framework.

This should include the meaning of Environmental Health Practitioner, the scope of Environmental Health functions, qualification requirements, registration criteria, transitional pathways for existing officers, renewal, continuing professional development, professional conduct, suspension, removal, appeal rights, and recognition of prior learning or overseas qualifications. These details do not all need to sit in the Act itself, but the Act could point to a clear authority for them to be prescribed in regulations or professional standards.

Wider health workforce relevance

The Public Health Act influences more than Environmental Health Practices and Functions as such. It also affects infectious disease control, local authority health functions, clinical authority, surveillance, community health, environmental monitoring, laboratory support, health systems governance and the training of future health professionals.

For this reason, the CMNHS response considered the Bill beyond the EHP amendments alone. Particular attention is given to how amended Sections alter the interpretation and operation of non-amended Sections, and how the amended Act will affect the preparation and role clarity of Fiji's health and medical workforce – more details in Parts 2 and 3 further on.

Uneven modernisation

The Bill modernises many amended provisions, but it does not modernise the Act as a whole.

Approximately 58% of the existing Sections remain directly unamended, while approximately 41% are amended or replaced, and one Section is deleted. The Bill also inserts 17 new Sections.

This means that modernised provisions will sit beside older provisions that retain outdated terminology and legal concepts, including 'medical officer of health', 'sanitary inspector', 'privy', 'dustbin', 'nightsoil', 'garbage', 'venereal disease', 'inmates', gendered wording, and older penalty structures.

This creates an uneven Act unless the amended and non-amended Sections are interpreted and implemented carefully.

Effect on non-amended Sections

CMNHS recognises that non-amended Sections are not the primary subject of the Bill.

However, several amendments change the interpretation and practical operation of the wider Act. This includes changes to definitions, whole-of-Fiji application, deletion of the village exclusion, expanded Board powers, EHP registration and powers, stronger nuisance provisions, water-quality monitoring, and updated terminology in selected Parts.

Our response therefore comments on the proposed amendments and on the consequences those amendments create for unchanged Sections, especially where new terminology, powers, definitions, penalties or whole-of-Fiji application sit beside older provisions that remain in force.

Whole-of-Fiji application

The Bill changes the current local authority arrangements in a significant but not fully clear way.

At present, cities and towns operate through their own councils as local authorities, while the Ministry of Health effectively carries responsibility for the rural and in-between areas, with traditional villages largely excluded unless specific provisions are applied. The Bill removes that village exclusion by inserting that the Act applies to the whole of Fiji and deleting Section 140.

The Bill also strengthens the Board's ability to step in where local authorities default, creates formal roles for Subdivisional Environmental Health Managers in rural local authority arrangements, and gives the Head of Environmental Health and Environmental Health Practitioners stronger enforcement powers.

This creates a more comprehensive whole-of-Fiji Environmental Health system on paper, but it will be difficult to implement unless the Bill clearly explains, or connects to other legal frameworks that explain, who the local authority is in villages and rural settlements, how Ministry of Health officers interact with municipal councils and traditional governance structures, and how enforcement, resourcing, reporting and community consultation will work outside existing city and town jurisdictions.

Clear EHP roles

CMNHS supports the stronger recognition of Environmental Health Practitioners, but the Bill should clarify the meaning of 'Environmental Health Practitioner' and the 'function of an Environmental Health Practitioner'. This is important because Environmental Health functions are not always performed only by formally qualified EHPs working in the Health sector.

Some Environmental Health-related duties are also performed by public health practitioners, engineers, planners, building inspectors, food safety officers, water and sanitation officers, laboratory officers, local government officers and authorised outbreak response personnel.

The Act should protect professional EHP functions without unintentionally preventing necessary operational work by other authorised or supervised personnel.

INFECTIOUS DISEASE ROLES

Infectious disease provisions require careful role alignment. CMNHS does not suggest that medical authority should be displaced from infectious disease control. Medical authority should remain clear for diagnosis, treatment, medical examination, vaccination, medical isolation advice and death-related certification.

However, the Bill now gives Environmental Health Practitioners explicit roles in environmental inspection, environmental sampling, infectious healthcare waste, disinfection, quarantine and isolation compliance, active surveillance, targeted screening and spatial case plotting.

The Act should therefore more clearly distinguish clinical infectious disease control from Environmental Health infectious disease control, and should clarify the respective roles of the Permanent Secretary, medical practitioners, medical officers of health where retained, EHPs, local authorities, DORT and SDORT.

STRUCTURAL CLARITY

Several Part headings no longer fully reflect the proposed content. Part II moves beyond constitution of the Board and local authorities into functions, duties, registration, powers and enforcement. Part III should better reflect the modern Environmental Health concept of a healthy built environment rather than only 'Buildings'.

The term 'venereal disease' in Part VIII should also be reviewed. Contemporary health professional education and service delivery more commonly use terms such as sexually transmissible infections. If the older term is retained for legal continuity, the Act or regulations should clarify how it relates to contemporary clinical, public health and Environmental Health terminology.

These headings and terms should be reviewed so the structure and language of the Act better reflect the amended content and contemporary health professional practice.

SAFEGUARDS AND REVIEW RIGHTS

Several provisions introduce new or strengthened powers but do not yet provide enough procedural safeguards. This includes EHP powers, Head of Environmental Health powers, fixed penalties, abatement notices, quarantine and isolation compliance, demolition or vacation powers, water-supply interventions, and administrative decisions that require review or appeal pathways.

These powers are important, but they should be safeguarded by clear authority, written reasons, records, proportionality, review rights and, where needed, professional or technical oversight.

REGULATORY DETAIL

The Bill-specific consultation remarks and the detailed technical appraisal that follow this Executive Summary identify many technical matters that require further attention. CMNHS recognises, however, that an Act should not carry excessive technical detail.

Matters such as water-quality sampling frequency, inspection checklists, mosquito breeding risk criteria, healthcare waste plan content, ship sanitation procedures, laundry controls, lodging house standards,

ventilation standards and EHP registration requirements are generally better placed in regulations, approved standards, codes of practice or official guidelines.

The Act should, however, provide clear authority for these regulatory instruments to be made, applied and enforced. Where this response refers to specific technical matters, these should be read as examples of what the supporting regulations, standards or guidelines should be able to prescribe.

PRIORITY REFINEMENTS

CMNHS supports the Bill in principle, but recommends further refinement before enactment.

The priority refinements are to clarify whole-of-Fiji implementation, define and regulate EHP registration and EHP functions, align medical and Environmental Health roles in infectious disease control, correct drafting errors and inconsistent terminology, remove duplication between provisions, ensure non-amended Sections are not left in conflict with amended Sections, and provide clear authority for regulations and standards that will carry the technical detail needed for implementation.

NAME AND FUTURE CONSOLIDATIONS FOR THE ACT

CMNHS also recommends that consideration be given to the name and future consolidation of the Act.

The title 'Public Health Act' no longer fully reflects the amended content, which now includes extensive Environmental Health governance, EHP registration and powers, local authority Environmental Health functions, nuisance, built environment, sanitation, water quality, waste, mosquitoes, ship sanitation and pollution control.

If the title cannot be changed through this Bill, a future consolidated Act should consider a title such as 'Public and Environmental Health Protection Act' to better reflect the actual scope of the legislation.

WHAT WAS MISSED

The Bill strengthens many operational Environmental Health provisions, but it does not appear to engage sufficiently with the long-term implications of climate and environmental change. Fiji's Environmental Health system will increasingly need to respond to sea-level rise, coastal flooding, extreme rainfall, cyclones, drought, water insecurity, heat, vector range changes, waste disruption, damaged sanitation systems, food safety risks, displacement, and pressure on health systems as well as informal or vulnerable settlements.

These are not marginal issues. They are foreseeable and intensifying conditions that will influence water quality, sanitation, vector control, built environment safety, waste management, infectious disease risk, emergency response and local authority capacity. The Bill should therefore provide clearer authority for Environmental Health planning, monitoring, emergency adaptation and service continuity in the face of climate and environmental change. Detailed technical requirements can sit in regulations or standards, but the Act should recognise that modern Environmental Health protection must be able to operate under changing environmental conditions.

OVERALL POSITION

Overall, CMNHS welcomes and supports the Bill's direction towards stronger Environmental Health governance and more modern health protection.

The Bill is an important step, but it should be strengthened through clearer drafting, better role definition, whole-of-Act terminology alignment, practical implementation provisions, and sufficient regulatory authority to support effective, fair and technically sound Environmental Health Services across Fiji.

PART-BY-PART SUMMARY OF CONSULTATIONS

PUBLIC HEALTH (AMENDMENT) BILL 2026

All Section by Section details of the comments in this Part-by-Part Summary are in Part 3: tables further on.

PART I - PRELIMINARY

Part I is important because in Section 1 - the Bill inserts a new whole-of-Fiji application provision and amends the interpretation Section. The insertion of Section 1A, read with the deletion of Section 140, changes the reach of the Act by bringing traditional villages into the general application of the Act. This is supportable in principle for whole-of-Fiji Environmental Health protection, but it requires clear implementation provisions for local authority responsibility, village leadership engagement, iTaukei governance coordination, EHP roles, resourcing and staged enforcement.

Section 2 poses major interpretation issues. The Bill modernises some definitions, but also deletes or alters definitions that continue to be important elsewhere in the Act. Particular concern arises where the Bill deletes 'food' and 'bakehouse' while Part IV continues to regulate food premises and bakehouses. The Bill also uses Environmental Health Practitioner terminology without clearly defining 'Environmental Health Practitioner' or the 'function of an Environmental Health Practitioner'. A full interpretation check is needed so that definitions, professional roles and operative Sections align across the amended Act.

PART II - CONSTITUTION, FUNCTIONS AND POWERS OF THE BOARD AND LOCAL AUTHORITIES

Part II contains several valuable reforms, including modernised Board membership, clearer Board functions, EHP registration, stronger Board supervision of local authorities, updated local authority arrangements, and new powers for the Head of Environmental Health and EHPs. The Bill rightly strengthens Environmental Health governance and recognises EHPs as a statutory professional group.

However, Part II also contains some of the most important drafting and implementation concerns. The Part heading remains 'Constitution of Board of Health and Local Authorities', but the amended Part now deals with functions, duties, delegation, registration, supervision, design approvals, enforcement powers and obstruction offences. The heading should be broadened to reflect the expanded content.

There are also duplication issues. Proposed Section 5D overlaps with amended Section 12 on Board supervision, and proposed Section 5E overlaps with existing Section 15 on the Board exercising local authority powers. Section 10 appears to contain defective drafting in relation to rural local authorities. Section 5C creates EHP registration but does not provide the registration framework, qualifications, transitional arrangements, scope of practice, appeal rights or recognition of prior experience.

Sections 16A to 16C create strong powers for the Head of Environmental Health and delegated EHPs. These powers are important, but they require safeguards, especially where powers involve medical examination, vaccination, premises vacation, demolition, delegation and obstruction offences. The Bill should separate clinical disease-control authority from Environmental Health enforcement authority and

ensure that powers are exercised with written reasons, proportionality, review rights and clear professional accountability.

Part III - Buildings / Built Environment

Part III is not limited to physical buildings. It already deals with building sites, land filling, drainage, sanitation facilities, wastebins, water-related fittings, septic tanks or similar systems, occupation, ventilation, overcrowding and maintenance. The heading 'Buildings' is therefore too narrow. A better heading would be 'Built Environment' or a similar title that aligns the Part with the modern Environmental Health concept of a healthy built environment.

The Bill usefully updates some terminology and introduces healthcare waste management plan requirements for health care facilities. It also gives EHPs clearer authority in relation to closing orders and unsafe premises. However, the amendments are uneven. Some Sections are modernised while related Sections retain old terms such as 'privy', 'dustbin', 'medical officer of health' and 'sanitary inspector'. Section 36 is not amended, despite being closely linked to Sections 30 to 32.

There are also technical drafting concerns. Replacing 'cesspit' with 'septic tank' in Section 37 is not technically equivalent and could narrow the provision incorrectly. The existing demolition process in Sections 24 to 29 should be aligned with the new powers proposed in Section 16A so that demolition or vacation of premises does not occur without appropriate safeguards.

Part IV - Food Premises, Bakehouses, Butchers' Shops and Hairdressers

Part IV is not directly amended by the Bill, but it is indirectly affected by changes to Section 2. The deletion of the definitions of 'food' and 'bakehouse' is a major concern because Part IV continues to regulate food, food premises and bakehouses. Removing these definitions without replacing them creates interpretation uncertainty.

The Part remains largely outdated. It still contains old bakehouse provisions, old penalties, medical officer of health and sanitary inspector terminology, and narrow food premises controls. The Bill's broader modernisation of Environmental Health powers does not extend into this Part, even though food safety, food premises, food handling, meat distribution and personal service premises remain important Environmental Health functions.

Section 49, dealing with hairdressers and related premises, sits awkwardly within a food Part. It should be modernised or relocated into a broader framework for personal services, skin penetration, beauty services, tattooing, body piercing and infection-risk premises.

Part V - Sanitary Services

Part V is not directly amended, but it is central to Environmental Health service delivery. It still uses older terms such as 'nightsoil' and 'garbage', and Section 51 retains a very low penalty of $10 for carrying or removing nightsoil or garbage without a permit. This is inconsistent with the Bill's broader penalty modernisation.

The Part does not clearly cover modern Environmental Health services such as faecal sludge management, septic tank pump-out services, wastewater, solid waste, healthcare waste, hazardous waste, recycling, transfer stations, illegal dumping or emergency waste arrangements. This is especially important because the Bill applies the Act to the whole of Fiji and deletes the village exclusion.

The heading 'Sanitary Services' is also outdated. A more suitable heading would be 'Environmental Health Services for Waste, Sanitation and Hygiene'. While the Act should not contain all technical detail, it should still provide authority for regulations and by-laws to prescribe modern service standards, permitting requirements, monitoring and enforcement across urban, rural and village settings.

PART VI - NUISANCES

Part VI is one of the strongest Environmental Health enforcement pathways in the amended Act. The replacement of Section 56 is a major improvement because it expands nuisance beyond old sanitary nuisance wording to include premises injurious or prejudicial to public and environmental health, stagnant water, sullage, sanitary facilities, mosquito breeding risk, animal and bird keeping, overcrowding, schools, dormitories, workplaces, ventilation, gases, vapours, dust, noise, smoke, vermin, insects, noxious discharges and water systems.

However, Section 56 still requires refinement of technical and drafting elements. The wording should be consistent in its use of 'public and environmental health' and 'Environmental Health Practitioner'. The list covers many built environment and occupational settings, but dampness, mould, indoor smoke and hazardous materials are not clearly named. These conditions can perhaps be addressed indirectly through broader nuisance wording, but clearer wording would better support healthy built environment enforcement.

The fixed penalty and abatement notice processes in Sections 55 and 57 also require procedural clarity. The Bill should explain when fixed penalties are issued, who issues them, whether there is a right to contest, how they relate to abatement notices, and how reinspection and compliance are managed. Section 66 should also be refined so water source protection is strong without unintentionally capturing ordinary farming, fishing or animal-rearing activities unless they contaminate or clearly risk contaminating a water supply.

PART VII - INFECTIOUS DISEASES

Part VII is partly modernised, especially through the proposed Section 69 amendments that give EHPs explicit roles in infectious disease response, environmental inspection, environmental sampling, infectious healthcare waste, disinfection, quarantine and isolation compliance, active surveillance, targeted screening and spatial case plotting. This is a positive recognition of the Environmental Health role in infectious disease prevention and response.

However, the Part needs clearer role alignment. CMNHS does not suggest that medical authority should be displaced from infectious disease control. Medical authority should remain clear for diagnosis, treatment, medical examination, vaccination, medical isolation advice and death-related certification. EHP authority should be clearly framed around environmental conditions that influence transmission, including

premises, water, waste, sanitation, vectors, environmental samples, disinfection, built environment conditions and infectious healthcare waste.

Several Sections are not updated consistently. Section 67 retains medical officer executive duties, Section 71 changes the heading to 'Surveillance and notification' without creating a full surveillance framework, and several old penalties and medical officer references remain. The Act should clarify the respective roles of the Permanent Secretary, medical practitioners, medical officers of health where retained, EHPs, local authorities, DORT and SDORT. It should also add safeguards for coercive powers, data and privacy responsibilities, funding and expense provisions, and regulation-making authority for infectious disease surveillance and Environmental Health response.

PART VIII - VENEREAL DISEASES

Part VIII is only lightly amended. The Bill updates Section 85 by replacing sanitary inspector with Environmental Health Practitioner for limited operational purposes and increases penalties in Sections 85 and 89. This is a partial modernisation, but the Part itself still uses old 'venereal disease' terminology and not the modern 'sexually transmitted diseases' concept. It also contains sensitive coercive powers relating to compulsory examination, treatment, detention and removal to hospital.

Medical authority should remain central for clinical decisions in this Part. However, where EHPs are given an operational role in removal or conveyance, their role should be carefully limited to authorised operational support under medical direction or other lawful authority. Safeguards are needed for privacy, confidentiality, proportionality, record-keeping, review rights and respectful treatment.

Sections 84, 86, 87 and 88 need future review to align with contemporary sexually transmissible infection control, child protection, occupational fairness, non-discrimination and evidence-based transmission risk. Section 87 is especially concerning because it links venereal disease broadly to food handling and care of children in ways that could create stigma unless the provision is tightly linked to actual transmission risk.

PART IX - OFFENSIVE TRADES

Part IX is only partly updated. Section 90 increases the continuing penalty for carrying on an offensive trade without Board consent, and the Bill expands Schedule 2 by adding further activities such as asphalt plants, automotive repair workshops, recyclers, fibreglass manufacturing, kava pounding, ore extraction and quarrying.

However, the broader offensive trade framework remains underdeveloped. Section 90 appears to leave the initial offence penalty at $100 while increasing the daily continuing penalty to $500, creating an uneven penalty structure. Section 91 still refers only to safeguarding public health, whereas offensive trades raise broader Environmental Health concerns, including emissions, wastewater, odour, noise, solid waste, hazardous substances, vector risks, land contamination, worker conditions, neighbouring premises and ecosystem effects.

The Act should modernise the consent and regulation framework for offensive trades. Regulations should be able to cover risk-based siting, operating conditions, monitoring, EHP inspection, community complaints, renewal, suspension, cancellation and appeal rights.

PART X - COMMON LODGING-HOUSES AND HOUSES LET AS LODGINGS

Part X is partly updated through stronger registration documentation, higher penalties and updated sanitation terminology. This is positive because common lodging-houses and houses let as lodgings can create significant Environmental Health risks through overcrowding, inadequate ventilation, unsafe water, insufficient sanitation, poor waste storage, pests, dampness, mould and infectious disease transmission.

However, the Part is not modernised consistently. Section 92 requires tax, business, ownership and waste management documentation, but does not clearly require EHP inspection or approval against Environmental Health standards. Section 94 provides for inspection before registration, but does not say who inspects, what standards apply, or whether an EHP assessment is required.

Several outdated terms and concepts remain, including 'inmates', gendered wording, 'his widow', and older assumptions about family status. The Part should be updated to cover modern accommodation arrangements such as shared accommodation, worker accommodation, dormitories, short-stay letting and informal multi-occupancy housing. It should also provide clearer provisions for occupancy limits, water, sanitation, waste, ventilation, pest control, dampness and mould, inspection, suspension, cancellation, appeal rights and urgent intervention.

PART XI - MOSQUITOES

Part XI is usefully strengthened by the Bill. The most important improvement is the shift from waiting until immature mosquito stages are found, to recognising receptacles and conditions that pose a risk of becoming mosquito breeding grounds. This supports preventive Environmental Health intervention, especially for dengue control.

The Bill also strengthens the EHP role, updates measurement from yards to metres, adds boreholes and screening requirements for water-storage systems, modernises gutter wording, and increases the Part XI penalty to $1,000. These are positive changes.

However, the Part needs implementation guidance. The phrase 'risk of becoming breeding grounds' requires criteria so that EHP judgement is consistent and transparent. The Section 107 heading should be updated because the new wording is about preventing stagnant water rather than perforating gutters. Sections 108 and 109 should be checked because the Bill appears to refer to wording that does not match the current Act text available for consultation. Section 111 should also align with Section 5C so that registered EHPs lead mosquito-control enforcement while authorised support workers can still undertake defined vector-control tasks under EHP supervision.

PART XII - SHIPS

Part XII is strengthened by the insertion of Section 112A, which gives authorised EHPs a routine ship sanitation inspection role covering vermin, vectors, blackwater and waste discharge, waste storage, potable water, food areas and sanitary facilities. This is a positive Environmental Health addition.

However, the rest of Part XII is not fully aligned with this new approach. Sections 113 to 116 still use older terms such as 'privy accommodation', 'medical officer of health' and 'sanitary inspector'. Section 112A also

appears to contain drafting issues: 'portable water' should be 'potable water', 'sufficient ratio of waste bins' should be clearer, and EHPs should assess whether sanitation conditions comply rather than personally 'ensure' the ship is compliant.

Section 117 should clarify who ascertains a nuisance and how abatement notices operate. Section 118 should be fully redrafted to allow authorised EHPs, with necessary authorised assistance, to remedy ship nuisances safely and recover costs. The Part should also clarify coordination with local authorities, the Fiji Marine Board, port authorities, maritime regulators and ship masters, and should frame ship sanitation as a matter of public and environmental health, not only passenger and crew health.

PART XIII - WATER SUPPLY

Part XIII is one of the most substantially improved parts of the Bill. The insertion of Sections 120A to 120E moves the Act beyond the older requirement that buildings have 'wholesome water' and introduces water-quality monitoring, sanitary surveys, responses to contamination at source and point of consumption, prevention of future water-supply risk, and stronger water pollution controls. This is a positive and necessary Environmental Health modernisation.

However, the Part needs careful drafting refinement. 'Portable water' should be corrected to 'potable water'. Water quality standards, sampling frequency, test parameters, sanitary survey methods, reporting and public notification need to be prescribed through regulations or approved standards. The exclusion of private wells and boreholes should be reviewed because private supplies can still create significant household, rental, institutional or community risk.

Section 120C should better distinguish point-of-consumption contamination from source contamination. Section 124's 50 metre sanitary facility separation rule is useful, but it should be a minimum supported by site-specific risk assessment. Section 120E also overlaps with unchanged Section 126, so the Act should retain one clear water pollution offence rather than two inconsistent provisions.

PART XIV - LAUNDRIES

Part XIV is only minimally amended. The addition of 'safe storage of solid waste' to Section 127 is useful, but laundry regulation needs broader modernisation. Laundries raise Environmental Health issues beyond solid waste, including water supply, wastewater, drainage, chemical and detergent storage, contaminated linen, infection control, ventilation, heat, moisture, mould, odour, pest control and high-risk linen from healthcare, hospitality and shipping.

The amendment is also placed awkwardly in the paragraph dealing with water supply and drainage. Section 127 should be structured so that solid waste is addressed clearly, and the Act should provide authority for regulations to cover wastewater, chemicals, contaminated linen, infection control, ventilation, moisture and mould, EHP inspection, monitoring and enforcement.

PART XV - BY-LAWS AND REGULATIONS

Part XV is amended only by increasing the penalty ceilings for offences under by-laws and regulations. This is useful and aligns with the Bill's stronger compliance approach. However, the Part should also be viewed in light of the wider principle that an Act should not carry excessive technical detail.

The Act should provide clear authority for regulations, by-laws, standards, codes and approved guidelines to specify the necessary technical requirements for water quality, waste, sanitation, mosquito control, ship sanitation, built environment conditions, laundry controls, lodging houses, offensive trades and EHP registration. Section 129 should continue to provide Ministerial oversight, but regulations and by-laws affecting Environmental Health should be technically informed by the Board and EHPs. Model by-laws or standard regulatory instruments must be considered to support consistent implementation across local authorities.

PART XVI - LEGAL PROCEEDINGS

Part XVI is important because it determines how the amended Act will be enforced in practice. The replacement of Section 130 modernises cost recovery, and the increase in Section 141 updates the general penalty. However, the Part needs closer alignment with the wider Bill.

Section 132 appears to intend that EHPs can appear or act in legal proceedings, but the drafting contains serious wording and spelling errors and should be corrected. Section 134 should be modernised because the Bill creates many new notices, orders, abatement notices and fixed penalty processes that need reliable service and proof of service. Section 138 should be expanded or supported by regulations so that administrative decisions, including fixed penalties, abatement notices, EHP orders, Board approvals, revocations, registration decisions and cost recovery notices, have clear review or appeal pathways.

The deletion of Section 140 is one of the most significant changes in the Bill because, read with new Section 1A, it brings traditional villages within the Act's general application. This is supportable in principle for whole-of-Fiji Environmental Health protection, but it requires clear implementation provisions for local authority responsibility, village leadership engagement, iTaukei governance coordination, EHP roles, resourcing, education-first compliance where appropriate, and staged enforcement.

PART 3 - DETAILED COMPARISON AND TECHNICAL COMMENTS

This part provides the detailed Section-by-Section comparison that supports the Executive Summary and the Bill-specific consultation remarks.

The tables follow the order of the current Public Health Act. Each Part of the Act is considered in sequence, and each Section is listed whether or not it is directly amended by the Bill. For each Section, the table identifies the current Act descriptor, the Bill status, what the current Act says, what the Bill changes, the likely practical effect, the consultation concern we have, and a suggested comment or drafting recommendation.

This approach allows the reader to see exactly where the Bill changes the Act, where existing Sections remain unchanged, and where amended provisions influence the meaning or operation of non-amended Sections. It also helps identify cross-cutting issues such as inconsistent terminology, role clarity, local authority responsibility, EHP registration, safeguards, penalties, regulatory authority, and the need for supporting regulations, standards or guidelines.

The tables are therefore not intended to repeat the Executive Summary. They provide the technical basis for the consultation response and allow the reader to trace each comment back to the relevant Part and Section of the Act.

PART I: PRELIMINARY

For **Section 1**, no substantive comment made beyond noting commencement planning.

For **Section 1A**, this is a major policy amendment. It is supported in principle **IF** the intention is whole-of-Fiji EH protection, but it needs **clear** implementation wording for villages, settlements and local authority responsibility toi facilitate interpretation and enforcement.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation Alert	Comment / Recommendation
1	Short title	Not amended	The Act will be cited as the Public Health Act.	No change to Section 1 of the Principal Act. The Bill itself has its own short title and commencement clause as the Public Health (Amendment) Act 2026, coming into force on a date or dates appointed by the Minister by Gazette notice.	The Principal Act keeps its existing short title. The amendment Act will operate separately as the amending instrument.	No substantive concern for Section 1 itself. However, commencement by 'date or dates' means different parts could commence at different times. This is useful for implementation, but it also creates a need for clear commencement planning.	No objection to Section 1 being unchanged. Recommend that, if commencement is staged, the Ministry clearly publishes which provisions commence on which dates, especially provisions affecting EHP powers, Board functions, registration, penalties and enforcement.
Section	**Act descriptor**	**Bill status**	**Current Act**	**Proposed Bill changes**	**Practical effect**	**Consultation Alert**	**Comment / Recommendation**

1A	Application of Act	**New** New inserted	No equivalent Section appears after Section 1 in the current Act. The current Act instead contains Section 140, which states that the Act does not apply to Fijian villages unless applied by order after consultation with the Fijian Affairs Board.	The Bill inserts a new Section 1A stating**: 'This Act applies to the whole of Fiji**.'	The Act's geographic and community application is broadened. **Read with the proposed deletion of Section 140**, the Bill removes the previous exclusion for Fijian villages. This is a major change because provisions on nuisance, water, sanitation, infectious disease, mosquitoes, local authority powers and penalties would apply across Fiji.	This is a major policy and implementation concern. It extends the Act into areas previously excluded unless specifically applied. This has implications for village governance, local authority jurisdiction, resourcing, enforcement processs, customary / community decision-making, and coordination with iTaukei institutions.	Support the principle of whole-of-Fiji Environmental Health protection, but recommend that the Bill include or be accompanied by clear implementation provisions for villages and settlements. What is mechanism to clarify responsible authority, enforcement procedure, consultation with village leadership, links with iTaukei governance structures, and resourcing? A transitional provision will be needed before penalties and enforcement powers are applied in places that were previously excluded.

Section 2 requires detailed consultation comments. The definition changes will affect the meaning and implementation of the whole Act. The mot prominent and immediate concern is the deletion of **food** and **bakehouse** while the food and bakehouse provisions remain largely unchanged.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
2	Interpretation	Amended	Section 2 provides definitions for the Act, including animal, bakehouse, common lodging-house, conveniences, district, food, house let as lodgings, laundry, medical officer of health, occupier, isolation-related definitions, privy accommodation, and selling / sale / sold, among others.	The Bill makes multiple definition changes. Adds 'bird' to the definition of animal; Deletes bakehouse; Inserts birds; Replaces common lodging house; Deletes conveniences and inserts convenience and conveyance; Replaces district; Deletes food; Replaces house let as lodging; Removes 'for profit' from laundry; Changes 'medical officer of health' wording; Replaces occupier; Inserts **medical practitioner**	Section 2 affects the whole Act. With these changes - it modernises some wording and expands responsibility in some places, **NB** it also creates possible gaps where definitions are deleted while these still appear in later Sections.	Several concerns: First, deleting **food** is risky because Part IV remains titled and structured around food production, manufacture, preparation, storage, distribution, sale and consumption, and Sections 40 to 48 are not directly modernised. Second, deleting **bakehouse** is risky because Sections 41 to 47 still regulate bakehouses. Third, changing **conveniences** to singular convenience will not align cleanly with existing Sections that use broader sanitation wording. Fourth, replacing '**medical officer of health'** will affect powers and responsibilities	**Recommend** a full cross-check of every deleted or replaced definition against all remaining Sections. In particular, do not delete **food** and **bakehouse** unless Part IV is also amended or those terms are defined elsewhere in current Fiji law and expressly incorporated. **Recommend** retaining or replacing these definitions with modern versions rather than removing them outright. Also recommend checking all singular / plural terminology, especially convenience / conveniences, house let as lodging / lodgings, and **Environmental Health Practitioner** / **Medical Practitioner** references, to avoid interpretation confusion.

				into disease isolation-related definitions; Changes privy accommodation wording; and deletes selling, sale and sold.		across Sections that are not consistently amended. Fifth, the new occupier definition is wider and will increase enforcement reach, so it must be clear and workable.	

MAJOR DEFINITION CONCERNS

Definition affected	Bill change	Why it is important for consultation
Animal / birds	**Animal** is expanded by inserting 'bird', and a new definition of birds is New inserted	Useful modernisation. It **strengthens** nuisance and animal / bird keeping provisions, especially where birds contribute to sanitation, vector, odour or disease concerns
Bakehouse	Definition **deleted**	Problematic because **Sections 41 to 47** on bakehouses remain unamended. Without a definition, the scope of those Sections will become less clear
Common lodging house	Definition **replaced**	The old class-based wording is modernised. This is positive, but the new definition must align with **Section 92** and related lodging-house registration requirements
Convenience / conveniences	Existing plural definition deleted and new singular definition New inserted	The new definition is broader and more modern, but the Act should be checked for **all uses** of 'conveniences' and related sanitation terminology
Conveyance	New definition New inserted	Useful because infectious disease and isolation clauses refer to transport and movement. It improves enforcement clarity
District	Definition replaced	The new definition links district to a geographically defined jurisdiction assigned to a local authority. This is useful, but it must align with **Section 9** and **Section 10**, which are about urban and rural sanitary districts and local authorities
Food	Definition deleted	**Major concern**. **Part IV** still regulates food premises and food handling. Removing the definition without replacing it weakens interpretation for enforcement
House let as lodging	Definition replaced	Modernises accommodation wording. Must be made to align with **Part X**, including houses let as lodgings and common lodging-house provisions
Laundry	'For profit' deleted	Broadens and strengthens the meaning of laundry - bringing non-profit, institutional, community or informal laundry operations within the Act
Medical officer of health	'Of health' deleted	Needs careful re-checking because the Bill shifts many powers to Environmental Health Practitioners, but not all relevant provisions are amended consistently
Occupier	Definition replaced and expanded	Stronger enforcement reach. It includes physical possession, responsibility / control, receiving rent, or responsibility for municipal tax. This will help enforcement but must be fair and clear
Isolation-related definitions	Medical practitioner New inserted alongside Permanent Secretary	Broadens professional judgement in isolation is important but this amendment must be clearly aligned with infectious disease powers in **Section 69**
Privy accommodation	'Privy' replaced with 'sanitary facility'	Useful terminology update, but the Act still has unchanged Sections using old wording, such **as Section 36**
Selling, sale and sold	Definition deleted	**Potential problem** if the Act continues to use selling-related wording, especially in **Part IV Food** provisions

PART II: CONSTITUTION OF BOARD OF HEALTH AND LOCAL AUTHORITIES

The heading to Part II **should be amended**. The current heading, 'Constitution of Board of Health and Local Authorities', is too narrow for the amended Part. The Bill uses Part II not only to constitute the Board and local authorities, but also to create functions, duties, delegation powers, EHP registration, supervision of local authorities, water and sewerage design approval, Head of Environmental Health powers, delegated EHP powers and obstruction offences. **The heading should therefore be broadened**, for example to 'Board of Health, Local Authorities and Environmental Health Governance' or 'Constitution, Functions and Powers of the Board and Local Authorities'.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
3	Formation of Board of Health	Not amended	Establishes the Central Board of Health.	No direct amendment.	The legal existence of the Board continues unchanged.	No immediate concern.	No comment needed, unless later consultation recommends renaming or modernising the Board's title.
4	Members of the Board	Replaced	The Board consists of the Permanent Secretary as Chairman and six other Minister-appointed members, at least four of whom must not be public officers. Quorum is three.	Replaces Section 4. The Board will consist of the Permanent Secretary as chairperson and **seven** other members: > Non-public officer > Public environmental health expert > Medical practitioner > Legal practitioner > Construction / civil engineering person, > Consumer Council CEO or nominee > Director responsible for local government or nominee. Term is **three** years, with one reappointment only. Quorum becomes **five**.	Modernises Board composition and brings in Environmental Health, legal, construction / civil engineering, consumer and local government expertise. Increases Board size and quorum.	Positive in principle, but the Board becomes heavily Minister-appointed and public officer dominated. Only one member is clearly required not to be a public officer. It is also unclear whether the 'Public environmental health member' must be an Environmental Health Practitioner, an academic expert, a regulator, or any person with broad experience.	Support modernising Board membership, but recommend clearer wording for the Environmental Health member. **Consider: -** whether the Board should include broader Environmental Health Services expertise, not only medical, engineering and consumer expertise > One additional member with public infrastructure operational experience – i.e. Ministry of Infrastructure Directorate Water and Sewerage > One additional member with Climate Change expertise – i.e. Ministry of Climate and Environment.
5	Board as body corporate and common seal	Not amended	Establishes the Board as a body corporate with perpetual succession, capacity to sue and be sued, and a common seal.	No direct amendment.	Corporate status continues.	No immediate concern.	No comment needed.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
5A	Functions of Board	New inserted	No equivalent Section in the current Act.	Inserts Board functions: report to Minister, initiate or oversee public and environmental health programmes, review operation and enforcement of the Act, recommend legislative or administrative change, consider proposed regulations, and carry out other assigned functions.	Gives the Board a clearer policy, oversight and system review role. This is useful because the current Act creates the Board but does not set out a modern function statement.	This is a positive amendment, but the phrase **'public and environmental health'** needs consistency. The Act is titled 'Public Health', but the Bill repeatedly adds **Environmental Health**. The relationship between public health, environmental health, the Board, the Ministry and local authorities must be made clear.	Support insertion of Section 5A. Recommend defining the Board's Environmental Health leadership role more clearly, including its relationship with local authorities, EHP registration, standards, monitoring of service performance, and national Environmental Health priorities.
5B	Delegation of Board powers	New inserted	No equivalent Section in the current Act.	Allows the Board to delegate any powers or functions in writing. Allows the Permanent Secretary, National Health Advisor or Head of Environmental Health to temporarily perform Board functions if Board appointment is delayed.	Provides continuity where the Board is not fully appointed or cannot act.	The delegation power is broad. It says 'any of its powers or functions' without stating which powers cannot be delegated, what safeguards apply, or whether enforcement, registration, review and quasi-judicial functions can be delegated.	Recommend adding limits and safeguards: > Certain functions, especially EHP registration, disciplinary or high-impact enforcement powers, should either not be delegable or should only be delegated with clear conditions, written records, and accountability.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
5C	Appointment and registration of officers of the Board	Inserted	No equivalent Section in the current Act. The current Act refers mainly to medical officers of health and sanitary inspectors, but does not have a registration system for Environmental Health Practitioners.	Inserts a new Section allowing the Minister to appoint the Head of Environmental Health to perform functions and duties under the Act. It also makes the Board the registration authority for all **Environmental Health Practitioners**, and provides that no person will perform the function of an **Environmental Health Practitioner** for any local authority unless registered by the Board.	This is a major professionalisation step. It gives statutory recognition to EHP functions and creates a registration mechanism for professionals performing EHP functions for local authorities. It could strengthen professional standards, accountability and service quality.	This is important but **not clear**. The Bill does not appear to define 'environmental health practitioner' in Section 2, nor does it define 'the function of an environmental health practitioner'. This is a critical gap because Environmental Health functions are not always performed only by formally qualified EHPs working in the Health Sector. **In practice**, some EH-related functions are also performed in other sectors by EHPs, public health practitioners, engineers, planners, building inspectors, food safety officers, water and sanitation officers, laboratory officers, local government officers, and authorised outbreak response personnel. Without clear definitions, this Section 5C could either over-restrict necessary EH Service delivery or fail to protect genuinely professional EHP functions. It also does not provide for mechanisms to register EHPs: registration criteria, qualifications, scope of practice, transitional arrangements, renewal, suspension, disciplinary processes, appeal rights, or recognition of prior experience and overseas qualifications. These might be captures in a separate regulatory framework – but this Section 5C must provide for this to happen.	Strongly support the principle of statutory registration for EHPs, but recommend substantial redrafting. The Bill should define 'environmental health practitioner' and separately provide for 'Environmental Health functions'. It should distinguish between: (1) a registered EHP; (2) a person authorised to perform limited EH services in other ministries and organisations under oversight or delegation; and (3) other officers or community-level workers who deliver EH Services but are not professionally qualified EHPs. A regulatory framework – however governed - should set registration criteria, qualification requirements, transitional processs for existing officers, scope of practice, delegation and supervision rules, renewal, CPD, disciplinary processes, appeal rights, and recognition of prior learning or overseas qualifications. In the light of the ever increasing importance of EH Services to combat Climate and Environmental Change, this could be accommodated in a Environmental Health Practitioners Registration Act.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
5D	General powers of supervision of Board	New inserted	The current Act already has Section 12, which gives the Board general supervision and inspection powers over local authorities.	Inserts a new Board supervision Section after Section 5. It allows the Board to supervise and inspect local authorities, concern directions and orders, respond to default in nuisance, water, land, air and noise pollution matters, summon local authorities, appoint persons to perform duties, institute proceedings and recover costs.	Strengthens and broadens Board oversight over local authority Environmental Health Services and Failures.	**Major duplication**. Section 12 already covers general supervision. The Bill also amends Section 12. This means the Act will end up with both Section 5D and Section 12 covering similar Board default powers.	Recommend avoiding duplication. Either place the full supervision/default mechanism in Section 12 and do not insert Section 5D, or insert Section 5D and repeal or substantially revise Section 12. The final Act should have one clear supervision process.
5E	Board will exercise powers of local authority	New inserted	The current Act already has Section 15, which says the Board will exercise all powers and authorities vested in a local authority within that local authority's district.	Inserts a new Section 5E with almost the same effect.	Gives the Board local authority powers, but this already exists in Section 15.	**Direct duplication:** Section 15 is not repealed or amended.	Recommend deleting proposed Section 5E or repealing/relocating Section 15. The Act should not contain two Sections saying the same thing in different places.
6	Regulations / rules of procedure of the Board	Amended	The Board will make regulations about its own proceedings, officer duties and carrying out Board powers.	Heading changes from 'Regulations' to 'Rules of procedure of the Board'. Wording changes from 'make regulations' to 'make rules'.	Clarifies that this Section is **about internal Board procedure,** not general statutory regulations.	Positive clarification, but must align with Section 13 and other regulation-making provisions. If Board 'rules' affect EHPs' duties or implementation of powers, their legal status must be clear.	Support clearer heading. **Recommend clarifying whether Board rules are internal administrative rules only**, or whether they have legal effect beyond Board procedure.
7	Medical officers of health	Amended	The Minister will appoint fit persons to be medical officers of health with functions and duties under the Act, by-laws or regulations.	Deletes 'officers of health' and substitutes 'practitioners'. This appears to change the phrase 'medical officers of health' to 'medical practitioners'.	The appointment provision shifts from appointing medical officers of health to appointing medical practitioners.	**Concern.** This does not clearly align with the broader move toward EHPs. It also will remove or alter the specific statutory office of 'medical officer of health' without clearly replacing all related functions.	Recommend **redrafting Section 7** more directly. If the intention is to appoint medical practitioners for health / medical functions and EHPs for Environmental Health functions, the Section should say so clearly. The Bill should not rely on a partial phrase substitution that will create ambiguity.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
8	Secretary and officers of Board	Amended	The Minister will appoint a secretary to the Board and officers/servants as necessary.	Requires the Minister to appoint the Head of Environmental Health as secretary to the Board and any other officer to assist the Head of Environmental Health.	Gives the Head of Environmental Health a formal Board administration role.	This will be useful, but it will also **blur** strategic / professional leadership and administrative secretary roles. The Head of Environmental Health will need to advise the Board professionally, not merely provide administrative support.	Recommend **clarifying** whether the Head of Environmental Health is only secretary, or also technical adviser and national Environmental Health lead. Consider allowing a secretariat officer to provide administration while the Head of Environmental Health provides professional leadership.
8A	Role of secretary to Board	New inserted	No equivalent Section in the current Act.	The secretary provides administrative support and carries out functions assigned by the Board.	Clarifies secretary duties but not what the other functions might be if these are outside of the EH Practice field.	If the HEH is the secretary, this wording will understate the professional role of the position.	Recommend distinguishing administrative secretary functions from HEH professional functions.
8B	Role of chairperson of local authority	New inserted	No equivalent Section in the current Act.	Inserts a new role for the chairperson of the local authority. The chairperson must ensure that local authority resolutions are carried into effect. Where, **'in the interest of the public health'**, it is necessary for a notice to be served or an authorised intervention to be taken, and it is impracticable to call a meeting, the chairperson can act for the local authority, provided the matter is reported at the next meeting. A later resolution cannot invalidate the earlier intervention.	Provides urgent operational authority for local authority chairpersons where a local authority meeting cannot be called in time.	The trigger wording is too narrow. It refers only to **'public health'**, not **'public and environmental health'** or **Environmental Health**. This is inconsistent with other parts of the Bill that deliberately insert '**public and environmental health'** wording. It seems to frame urgent local authority intervention as a public health function only, rather than an EH function involving environmental conditions, nuisance, sanitation, water, waste, housing, vectors, pollution, and local environmental risk. It also risks detracting from the Bill's broader attempt to strengthen EH governance and EHP advice. The Section also lacks safeguards on written reasons, urgency records, limits, financial authority and review.	Support the principle of urgent local authority intervention, but recommend redrafting the trigger from **'in the interest of the public health'** to **'in the interest of public and environmental health'** or **'in the interest of Environmental Health and public health protection'**. Where the concern concerns EH conditions, the chairperson's urgent intervention should be informed by EHP advice where practicable. The Section is not sufficiently comprehensive – it should also require written reasons, a record of urgency, a clear scope of authority, reporting at the next meeting, and review of any financial or enforcement decision taken before the meeting.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
9	Urban and rural sanitary districts	Not amended	Fiji is divided into urban and rural sanitary districts. Cities and towns are urban sanitary districts. Rural sanitary districts are fixed by Board resolution and approved by the Minister.	No direct amendment.	Existing sanitary district structure continues.	This Section will be indirectly affected by new Section 1A and deletion of Section 140. If the Act applies to the whole of Fiji, the relationship between sanitary districts, villages, settlements and local authority jurisdiction must be clear.	Recommend reviewing Section 9 together with new Section 1A and deletion of Section 140. The Act should clearly state how villages and non-urban/non-rural areas fit into the sanitary district and local authority framework.
10	Local authorities	Amended	Local authorities are city / town councils in cities / towns, a Minister-appointed person or body in rural districts, and the Board for any part of Fiji not in an urban or rural sanitary district.	Replaces paragraph 10(1)(b) with 'in rural districts, any person or body will appoint;' and inserts paragraphs (d) and (e). Paragraph (d) repeats that the Board is local authority for areas outside urban/rural sanitary districts. Paragraph (e) makes subdivisional Environmental Health Managers the Secretary to the rural local authority.	Intended to update rural local authority arrangements and give Environmental Health Managers a formal rural local authority secretariat role.	**Serious drafting concern**. The new paragraph 10(1)(b) is grammatically incomplete and appears to remove who appoints the person or body. Proposed paragraph (d) duplicates current paragraph (c). Paragraph (e) uses 'Secretary' singular / plural inconsistency and needs clarity on appointment, powers and reporting line.	Recommend urgent redrafting of Section 10. > Paragraph (b) should clearly state who appoints the person or body. > Duplicate paragraph (d) should be removed or current paragraph (c) should be amended instead. >Paragraph (e) should clarify whether each Subdivisional Environmental Health Manager is secretary to the relevant rural local authority and what functions follow.
11	Powers of local authorities	Amended	Local authorities appoint sanitary inspectors, will frame regulations, and quorum is three, with medical officer/sanitary inspector quorum logic where applicable.	Replaces sanitary inspectors with environmental health practitioners. Replaces Subsection (3) with quorum of at least five members, and where a medical practitioner or EHP is a member, one quorum member must be either a medical practitioner or EHP.	Updates professional terminology and increases quorum.	Positive terminology update, but the quorum rule could create practical problems in small rural local authorities. Also, if EHPs are not members but only officers, the professional quorum requirement will not always be attainable.	Support replacing sanitary inspectors with EHPs. Recommend checking whether five-member quorum is workable for rural local authorities. Also clarify whether EHPs are members of local authorities, officers advising them, or both.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
12	General powers of supervision	Amended	Board supervises and inspects local authorities, will concern directions, and will act where a local authority defaults in removing nuisance, instituting proceedings, or enforcing regulations / by-laws.	Replaces Subsection (2) and inserts new Subsection (3). The Board will act where a local authority defaults on nuisance, pollution source, public / environmental health complaint, proceedings, or enforcement. It will concern orders, summon local authority to show cause, appoint a person to perform the duty, institute proceedings, take any action the local authority could have taken, and recover expenses.	Strengthens default management and Board oversight over local authority failure.	Positive in principle, but overlaps strongly with **new Section 5D**. Also, the phrase 'source of pollution' is broad and should align with water, land, air and noise wording used in proposed Section 5D.	Recommend keeping the strengthened Section 12 **but removing duplication with Section 5D.** Clarify the procedural steps: default finding, notice, hearing, order, time limit, Board intervention, cost recovery and appeal / review.
13	Regulations for local authority powers and meetings	Not amended	Board will, with Minister approval, make regulations defining local authority powers and duties, officer duties, proceedings and meeting places.	No direct amendment.	Existing regulation-making power continues.	Potential indirect conflict concern: Section 6 changes Board internal **regulations to rules**, but Section 13 still uses regulations for local authority matters. That distinction must be clearly made.	**Recommend** ensuring Section 13 remains the correct home for local authority regulations, while Section 6 is limited to Board rules for internal procedure.
14	Inquiries into public health matters	Not amended	Board will conduct inquiries into public health matters and authorise entry into premises for that purpose.	No direct amendment.	Existing inquiry power continues.	The wording uses **public healt**h only. The Bill elsewhere adds public and environmental health. This will create terminology inconsistency and confusion.	**Recommend** update Section 14 to '**public and environmental health matters**', consistent with proposed Section 5A.
15	Board will exercise powers of local authority	Not amended	Board will exercise all powers and authorities vested in a local authority within that local authority's district.	No direct amendment.	Existing Board reserve power continues.	**Major duplication** concern because proposed new Section 5E says essentially the same thing.	**Recommend** either retaining Section 15 and deleting proposed 5E, or relocating Section 15 into the new Board functions cluster and deleting the old Section 15.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
16	Power to inspect water and sewerage works	Amended	Board will enter and inspect premises, works, apparatus, records, books and plans relating to water supply, sewerage or sewage disposal, after notice. Local authorities or persons must assist the Board.	Inserts Subsections (3) to (5). The Board must scrutinise designs for water supply, sewerage or sewage disposal, concern approvals or temporary approvals, approve new water / sewerage system designs for three years, revoke use / design where continued use risks becoming a nuisance, and concern fixed penalty notices for risky water / sewerage design and installation.	Moves the Board from inspection only into design scrutiny, approval, renewal, revocation and penalty functions. This is a major infrastructure governance change.	Strong in principle, but **implementation details** are missing. The Bill does not provide for where specifications will be located for the Board to oversee design standards, application process, responsible designers, approval criteria, appeals, emergency approvals, fixed penalty amount, or relationship with Water Authority, local gvrnmnt, town planning and building approval systems.	Support stronger oversight of water and sewerage design, but **recommend** regulations or schedules that set out standards, approval procedures, timeframes, technical criteria, renewal process, appeal/review rights, emergency approval rules, and coordination with other infrastructure approval bodies.
16A	Powers of Head Environmental Health	New inserted	No equivalent Section in the current Act.	Gives the HEH broad powers of enforcement: enter and inspect premises, take samples, order medical examination, order examination/vaccination/prophylactic or curative treatment during epidemic threat, order abatement, order premises vacated, and order demolition of structures/buildings that are unsanitary and cannot be abated.	Creates a strong national Environmental Health enforcement office with wide powers.	Major rights, scope and safeguards concern. Some powers are EH powers, but some are medical / public health powers, including compulsory examination, vaccination and treatment. Demolition and vacation powers are also high-impact. The Section needs procedural safeguards.	Recommend careful redrafting. Separate Environmental Health inspection / abatement powers from medical examination / treatment powers. Include written notices, reasons, urgency provisions, appeal / review mechanisms, proportionality, coordination with medical practitioners, and limits on demolition powers.
16B	Powers of Environmental Health Practitioner	New inserted	No equivalent Section in the current Act.	Allows the HEH to delegate any powers under Section 16A to any EHP by written instrument, generally or for a specific purpose, and revoke delegation at any time.	Allows EHPs to exercise delegated national enforcement powers.	Delegation is necessary, but '**any of the powers**' is broad. It will allow delegation of compulsory medical or demolition powers without clear qualification level or safeguards.	Support delegated EHP powers, but **recommend tiered delegation**. Routine inspection, sampling and abatement powers can be delegated broadly to registered EHPs. Higher-impact powers such as vacating premises, demolition, compulsory medical examination, vaccination or treatment should require senior authorisation and procedural safeguards.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
16C	Obstruction in performance of duty	New inserted	No equivalent Section in Part II.	Creates an offence for obstructing the HEH or an officer acting on his or her behalf in the performance of duty under this Part, with fine of $500, imprisonment for three months, or both.	Gives enforcement backing to the new HEH and delegated officer powers.	The phrase '**under this Part**' will be too narrow because Section 16A says the HEH enforces this Act, regulations and local authority by-laws relating to public and environmental health. If obstruction occurs under another Part, the offence will not apply.	Recommend replacing '**under this Part**' with wording that covers duties performed under the Act, regulations and relevant by-laws. Also align penalty levels with other obstruction penalties in the Bill to avoid inconsistency.

PART III: BUILDINGS

Part III should be renamed as '**Built Environment**' rather than 'Buildings'. The current heading is too narrow for the actual content of the Part and for the modern Environmental Health role in healthy built environments. Part III already addresses site conditions, drainage, sanitation, waste storage, occupation, ventilation, overcrowding and maintenance – which are far more than just 'buildings'. These are built environment health conditions, not only building issues. Renaming the Part would make the Act clearer and better aligned with contemporary Environmental Health practice, where buildings, premises, infrastructure and surrounding site conditions are assessed as part of the healthy built environment.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
17	Application of Part	Not amended	Part III applies only outside the boundaries of a town constituted under the Local Government Act, except Sections 21 to 29, which apply to the whole of Fiji.	No direct amendment.	The limited application of most building provisions continues.	This is important because new Section 1A stipulates the Act applies to the whole of Fiji, but Section 17 still limits most of Part III **outside town boundaries.** This is a clear contradiction	**Recommend** reviewing Section 17 against new Section 1A. The Bill should clarify whether Part III continues to apply **mainly outside towns**, or whether broader **whole-of-Fiji** application is intended.
18	Building lots to be filled in and drained	Amended	A dwelling house or business building cannot be erected until the owner or lessee has filled, levelled and drained the land to the satisfaction of the local authority.	Deletes 'erected' and substitutes 'constructed'.	Modernises wording without changing the substance.	No major issue. However, the Section still relies on local authority satisfaction without specifying technical drainage criteria.	Support the wording update. **Consider** whether regulations under Section 39 should provide for clear minimum drainage and site suitability criteria.
19	Notice to be given and plan furnished	Replaced	An owner or lessee intending to use land for erecting a dwelling house or business building must give written notice to the local authority and provide a site plan showing access and proposed drainage.	Replaces the Section. The owner or lessee intending to use land for construction must comply with Section 7 of the Town Planning Act 1946 and its regulations, and give written notice and a plan to the local authority showing access and proposed drainage.	Links building notice and drainage approval to town planning requirements.	Useful alignment, but it **risks being too narrow** if Section 7 of the Town Planning Act does not cover all Environmental Health site suitability issues. It also does not mention sanitation, water supply, flooding, waste access, vector risk or environmental risk conditions.	Support linking building approval to town planning, but **recommend** providing for explicit EH considerations for site approval, including drainage, wastewater, water supply, flood-prone land, waste access, vector breeding risk and sanitation facility siting.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
20	Building sites not to be filled in with refuse matter	Not amended	Land to be used as a building site cannot be filled or raised with refuse containing faecal, animal or vegetable matter unless sanctioned by the local authority. New buildings cannot be erected on such ground unless the matter is removed or rendered innocuous.	No direct amendment.	The prohibition remains.	The Section still uses **older wording** such as 'refuse matter' and 'innocuous'. It is not updated to match modern waste, contamination or land suitability terminology.	**Recommend** modernising this Section, to refer to contaminated fill, waste material, faecal contamination, organic waste, soil contamination and Environmental Health risk.
21	Closing orders	Amended	Where a medical officer of health, assistant medical officer of health, Board officer or local authority officer gives written notice that a building is unfit or unsafe for human habitation or occupation, the local authority can issue a closing order.	Replaces 'medical officer of health, assistant medical officer of health' with 'environmental health practitioner'.	Makes the EHP the professional officer triggering a closing order where buildings are unfit or unsafe.	Positive Environmental Health recognition. However, the Section still focuses on human habitation or occupation only. It does not explicitly address risk to neighbouring premises, community safety, environmental contamination or ecosystem risk from unsafe buildings.	Support EHP authority in closing orders. **Recommend** considering whether the Section should refer to buildings that are unfit, unsafe, insanitary or prejudicial to Environmental Health, not only human habitation or occupation.
22	Examination of premises	Not amended	The Board or local authority can open ground, remove flooring and take measures to examine building condition, pipes, drains and fittings. If all is in proper condition, damage must be made good at local authority expense.	No direct amendment.	Existing investigation power continues.	The Section remains useful, but **terminology is old** and does not clearly specify EHP authority, evidence standards, notice, consent, urgency or safety safeguards.	**Recommend updating** this Section so that examination powers align with EHP powers, written authority, reasonable grounds, occupational safety, records and reinstatement requirements.
23	Notice of closing order	Amended	Where a closing order has been made, notice is served on every occupying tenant. The tenant and family must stop inhabiting the building after the specified period. Default attracts a fine not exceeding $2 per day.	Fine increases from $2 to $50.	Increases the penalty, but only modestly compared with other penalty increases in the Bill.	The updated fine **is still low compared** with nuisance, lodging house and general penalty increases elsewhere in the Bill. Also, the Section focuses on tenants but does not clearly address owner obligations for relocation, repair, compliance.	**Recommend** reviewing **whether $50 per day is sufficient** for unsafe building occupancy. Also **consider** clearer obligations for owners, occupiers and local authorities when closing orders affect vulnerable households.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
24	Resolution to order demolition	Not amended	Where a closing order remains and the building has not been made fit, the local authority or Board passes a resolution that demolition is expedient.	No direct amendment.	Existing demolition process continues.	This Section is linked to Section 21 closing orders, but still **uses old procedural style** It does not align with the new Head of Environmental Health demolition power in Section 16A.	**Recommend** checking alignment between Section 24 and proposed Section 16A(g). The Act should not create two different demolition processes without clear triggers, safeguards and appeal rights.
25	Notice of resolution	Not amended	Notice of the demolition resolution must be served on the owner, giving time and place for further consideration and allowing objections.	No direct amendment.	Existing owner notice and objection process continues.	This Section provides procedural protection, but the new Section 16A demolition power **does not** clearly repeat equivalent safeguards.	**Recommend** using Section 25 as a safeguard model for any demolition power under proposed Section 16A.
26	Demolition order	Not amended	After considering the resolution and objections, the local authority or Board can order demolition unless the owner undertakes works to make the building fit.	No direct amendment.	Existing demolition order process continues.	Same issue as Sections 24 and 25: This structured process must be reconciled with proposed Section 16A(g).	**Recommend** cross-referencing or harmonising demolition powers so that EHP / Head of Environmental Health powers do not bypass established notice, objection and decision steps except in defined urgent danger cases.
27	Execution of work by owner	Not amended	If the owner undertakes repair works, the local authority or Board can order completion within a reasonable time, failing which demolition can be ordered.	No direct amendment.	Existing repair-before-demolition process continues.	No direct issue, except alignment with new Section 16A.	**Recommend** retaining the repair-first approach where risk can be controlled without demolition.
28	Removal of buildings	Not amended	If demolition is ordered and the owner fails to comply within three months, the local authority or Board can remove the building at the owner's risk and expense and sell materials.	No direct amendment.	Existing enforcement mechanism continues.	The three-month timeframe could be **too long** for serious EH or safety risks, but the Section sits within the formal demolition process.	**Recommend** allowing shorter timeframes where a building presents immediate EH or safety risk, with safeguards and written reasons.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
29	Appeal against order	Not amended	A person aggrieved by a demolition order under Section 26 can summon the local authority or Board before a magistrate within ten days. Appeal lies with the Supreme Court.	No direct amendment.	Existing appeal process continues.	Important safeguard. **Again, proposed Section 16A demolition power** should have equivalent review rights.	**Recommend** ensuring any demolition or vacation order made under new Section 16A has **clear appeal or review mechanisms**.
30	Existing buildings to be provided with privies etc.	Amended	Every building intended for human occupation must have sufficient privy, dustbin and drains for storm and slop water. Local authority can require additional privies and dustbins.	Heading changes 'privies' to 'sanitary facility'; Section is renumbered as Subsection (1); 'dustbin/dustbins' change to 'wastebin/wastebins'; new Subsection (2) requires any health care facility building to have a healthcare waste management plan.	Modernises terminology and introduces healthcare waste planning.	**Positive but incomplete**. 'Privy' in the body appears not to be replaced in Section 30, only the heading and dustbin terms are changed. This creates inconsistent terminology: Heading says sanitary facility, body could still say privy. Healthcare waste management plan is required, but the Bill does not specify required content, approval, review, enforcement or alignment with infection control and hazardous waste systems.	**Recommend** replacing 'privy' in the body of Section 30 with 'sanitary facility'. Also recommend providing for regulations prescribing minimum content for healthcare waste management plans, including segregation, storage, transport, treatment, disposal, staff responsibility, monitoring and emergency procedures.
31	New buildings to be provided with privies etc.	Amended	Every new, rebuilt or converted dwelling house must have sufficient privy, dustbin and drains for storm and slop water.	Heading changes 'privies' to 'sanitary facilities'; 'privy and dustbin' becomes 'sanitary facility and wastebin'.	Modernises sanitation and waste terminology.	Useful update. However, the Section still refers **mainly to dwelling houses and drains**, without clear reference to water supply, greywater, wastewater treatment or climate / flood resilience.	Support terminology update. **Recommend** review of building sanitation requirements to include safe water, wastewater, greywater, stormwater and climate-sensitive drainage.
32	When privy or dustbin sufficient	Amended	A privy or dustbin is sufficient only if it is of the type, description, coverings, fittings and connections required by regulations.	Heading and body change 'privy or dustbin' to 'sanitary facility or wastebin'.	Aligns sufficiency test with updated terminology.	No major issue. The usefulness depends on whether regulations define appropriate facility types and standards.	Support amendment **Recommend** ensuring regulations are updated to define sanitary facility and wastebin requirements for different settings.
33	Main drains	Not amended	Local authority can call on the proper authority or person to provide and maintain main drains for storm and slop water from buildings and occupied land.	No direct amendment.	Existing main drain responsibility remains.	The Section still uses old drainage expression and does not clearly identify who the 'proper authority or person' is.	**Recommend** clarifying responsibility for main drains, especially where drainage affects villages, settlements, local government, roads, water authority or private owners.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
34	Privies and drains to be properly constructed and maintained	Not amended	Local authority must ensure all privies and drains in its district are constructed and maintained so they are not likely to become a nuisance or injurious to health.	No direct amendment.	Existing duty continues.	**Terminology is not updated**. It still uses 'privies' while Sections 30 to 32 move toward 'sanitary facilities'. This creates inconsistency.	**Recommend** amending Section 34 to replace 'privies' with 'sanitary facilities' and to align with nuisance, wastewater and Environmental Health risk terminology.
35	Public privies and dustbins	Amended	Local authority can provide and maintain public privies and dustbins, and must do so when directed by the Board.	Heading changes 'privies and dustbins' to 'sanitary facility and wastebin'; body changes 'privies and dustbins' to 'sanitary facility and wastebin'.	Updates terminology for public sanitation and waste facilities.	The replacement uses singular 'sanitary facility and wastebin' where the current Section refers to plural public facilities. This could be grammatically and practically narrower than intended.	**Recommend** using plural wording: 'public sanitary facilities and wastebins'. Also clarify that facilities must be sufficient, accessible, safely maintained and appropriate for the population served.
36	Local authority can enforce provision of privy accommodation	Not amended	Where a report by a medical officer of health or sanitary inspector shows a building lacks sufficient privy and dustbin, the local authority must require the owner or occupier to provide them. If not, the local authority can do the work and recover expenses.	No direct amendment.	Existing enforcement power remains.	This is a clear inconsistency. The Bill updates Sections 30 to 32 and 35, but leaves Section 36 with 'medical officer of health', 'sanitary inspector', 'privy' and 'dustbin'.	**Recommend amending** Section 36 for consistency: replace 'medical officer of health or sanitary inspector' with 'environmental health practitioner', and replace 'privy and dustbin' with 'sanitary facility and wastebin'.
37	Filling up of cesspits	Amended	A medical officer of health or sanitary inspector can require filling, removal or alteration of cesspits, offensive receptacles, dustbins, wells or disused wells that are prejudicial to health or objectionable for sanitary reasons.	Heading changes 'cesspits' to 'septic tank'; 'medical officer of health or sanitary inspector' changes to 'environmental health practitioner'; 'cesspit' changes to 'septic tank'; 'dustbin' changes to 'wastebin'.	Updates terminology and places the power of enforcement with EHPs.	Positive, but technically imperfect. A cesspit and septic tank are not the same thing. Replacing 'cesspit' with 'septic tank' could accidentally narrow or distort the Section. The Section should cover all unsafe or abandoned excreta/wastewater containment systems, not only septic tanks.	**Recommend** replacing 'cesspit' with broader more complete wording such as 'septic tank, pit latrine, cesspit, soakage pit, wastewater receptacle or other excreta or wastewater containment system'.
38	Offence	Not amended	Failure to comply with written notices under Sections 36 and 37 is an offence.	No direct amendment.	Existing offence continues.	Because Section 36 is not updated but Section 37 is, Section 38 will enforce both old and updated wording.	**Recommend keeping Section 38** but ensuring Sections 36 and 37 use consistent terminology and EHP authority.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
39	Regulations	Amended	The Board, with Minister approval, can make building regulations for privies, building construction, sites, plans, building lines, air space, drainage, access, materials, workmanship, ventilation, overcrowding, maintenance and occupation.	Section 39(1) changes regulation-making authority from 'Board may, with the approval of the Minister' to 'Minister may, in consultation with the Board and the Minister responsible for local government'.	Shifts regulation-making power from the Board to the Minister, with consultation. Adds local government consultation.	**This is a major governance shift.** It reduces the Board's direct regulation-making role for buildings. This could be sensible for whole-of-government alignment, but it risks weakening the Board's Environmental Health authority unless consultation is strong and mandatory.	**Recommend** supporting inter-ministerial alignment, but retaining a strong technical role for the Board. The wording should require consultation with the Board and clear consideration of Environmental Health advice before building regulations are made.

PART IV - FOOD PREMISES, BAKEHOUSES, BUTCHERS' SHOPS AND HAIRDRESSERS

Important potential conflict issue: the Bill does **not directly amend any Section in Part IV**, but it **does amend Section 2** by deleting the definitions of **'food'** and **'bakehouse'**. The current Act still contains a whole Part IV on food and bakehouses, including Sections 40 to 48, and the Act's arrangement expressly lists bakehouse provisions from Sections 41 to 47. The Bill **deletes the definitions** of 'bakehouse' and 'food' in Section 2.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
40	Protection of food from contamination	Not directly amended, but indirectly affected	Regulates hygiene in the manufacture, preparation, storage, packing, carriage and delivery of food for sale. It includes worker cleanliness, exclusion of people with infectious or contagious disease, spitting/smoking/urinating controls, cleanliness of food premises, vehicles, utensils and equipment, protection from flies, insects, dust, foul odours, vermin, and contamination.	No direct amendment to Section 40. However, the Bill deletes the definition of 'food' from Section 2.	Section 40 remains in force, but its central term 'food' loses its Act-specific definition unless defined elsewhere by another law or incorporated by implication.	This is a major drafting concern. The Section continues to regulate food, food premises, food handlers, food vehicles and food contamination, but the Bill removes the definition of 'food'. This will create uncertainty, especially for drinks, ice, ice cream, ingredients, condiments, flavouring, colouring, and other items currently included in the Act's food definition.	**Recommend retaining a definition of 'food' in Section 2**, or replacing it with a modern definition that aligns with Fiji's Food Safety Act. f the intention is to rely on another Act, the Bill should expressly cross-reference that Act. Do not delete 'food' without a replacement while Part IV remains in force.
41	Application to use place as bakehouse	Not directly amended, but indirectly affected	Requires a person intending to use a place as a bakehouse to apply in writing to the local authority. If the premises can properly be used as a bakehouse, the local authority issues an annual certificate and enters particulars in a Bakehouse Register.	No direct amendment to Section 41. However, the Bill deletes the definition of 'bakehouse' from Section 2.	The licensing / certification system for bakehouses continues, but the key term 'bakehouse' loses its Act-specific definition.	This is a major inconsistency The Bill deletes 'bakehouse' in Section 2 but leaves Sections 41 to 47 unchanged. That leaves the Act regulating bakehouses without defining what premises are covered.	**Recommend either retaining and modernising the definition of 'bakehouse'**, or repealing and replacing the bakehouse provisions with modern food premises licensing provisions. The current approach creates an interpretation conflict.
42	Painting and washing bakehouse premises	Not directly amended, but indirectly affected	Requires inside walls, ceilings, passages and staircases of bakehouses to be painted, varnished or lime-washed and cleaned or renewed at specified intervals.	No direct amendment. The Bill deletes the definition of 'bakehouse'.	Old structural hygiene requirements continue.	The Section is outdated and prescriptive. It focuses on painting / lime-washing rather than modern cleanable surfaces, food safety design, pest control, moisture control and hygiene management.	**Recommend modernising this Section** if bakehouse-specific regulation is retained. Use outcome-based wording such as cleanable, durable, non-absorbent and hygienically maintained surfaces, rather than old painting and lime-washing cycles.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
43	Structural conditions for bakehouses	Not directly amended, but indirectly affected	Prohibits use of a room or place as a bakehouse unless certain structural conditions are met, including no privy or dustbin within or directly communicating with the bakehouse, no sewage drain opening within the bakehouse, and effective ventilation to the satisfaction of the medical officer of health.	No direct amendment. The Bill deletes the definition of 'bakehouse' and does not update 'privy', 'dustbin' or 'medical officer of health' in this Section.	The Section remains old-style and **inconsistent** with the Bill's terminology changes elsewhere.	Strong inconsistency. Elsewhere the Bill replaces 'privy' with 'sanitary facility', 'dustbin' with 'wastebin', and shifts many officer functions to EHPs. Section 43 is left unchanged. It also still uses 'medical officer of health'.	**Recommend** updating Section 43 if it is retained. Replace 'privy' with 'sanitary facility', 'dustbin' with 'wastebin', and 'medical officer of health' with 'environmental health practitioner' or another clearly defined authorised officer.
44	Penalty for using insanitary bakehouse premises	Not directly amended, but indirectly affected	Provides penalties where a court is satisfied that a room or place used as a bakehouse is, on sanitary grounds, unfit for use or occupation as a bakehouse. The court can order remedial measures.	No direct amendment. The Bill deletes the definition of 'bakehouse' and does not update the low penalties.	Penalty and court order provisions remain, but with outdated fines and undefined 'bakehouse'.	**Penalties are very low** compared with the Bill's large increases elsewhere. This undermines consistency and food safety protection.	**Recommend reviewing** and increasing penalties. **Clarify** whether the provision should apply to all food premises or only bakehouses.
45	Sleeping places	Not directly amended, but indirectly affected	Controls sleeping places on the same level and in the same building as a bakehouse. Requires separation and external ventilation.	No direct amendment. The Bill deletes the definition of 'bakehouse'.	The Section remains, but the defined scope is weakened.	This is still relevant in mixed-use residential / food premises settings, but the wording is narrow and outdated.	**Recommend** modernising this provision under broader food premises and mixed-use premises requirements - especially where food preparation occurs in domestic, informal or small commercial settings.
46	Persons suffering from diseases	Not directly amended, but indirectly affected	Prohibits employment in a bakehouse of a person suffering from an infectious or contagious disease, and penalises the bakehouse owner if such a person is employed.	No direct amendment. The Bill deletes the definition of 'bakehouse' and does not modernise disease / food-handler controls.	Worker exclusion provisions remain, but only for bakehouses and with outdated language.	Too narrow. Food-handler disease controls should apply to food premises broadly, not only bakehouses. It also uses 'infectious or contagious disease' **without** linking clearly to foodborne disease risk or current notification / surveillance systems.	**Recommend modernising** this into a general food-handler health provision applying across food premises, with clear EHP powers and links to food safety regulations.
47	Powers of entry and inspection	Not directly amended, but indirectly affected	Gives a medical officer of health or sanitary inspector power to enter, inspect and examine bakehouses by day or night, take a police officer where obstruction is expected, and make inquiries to check compliance.	No direct amendment. The Bill deletes the definition of 'bakehouse' and does not update 'medical officer of health' or 'sanitary inspector' in this Section.	Old inspection powers remain, but they are misaligned with the Bill's shift toward EHPs.	Strong concern. The Bill repeatedly updates 'sanitary inspector' to 'environmental health practitioner' elsewhere, but leaves this important protection of food safety unchanged.	**Recommend replacing** 'medical officer of health or sanitary inspector' with 'environmental health practitioner or other authorised officer' and clarifying powers of entry, inspection, sampling, records, notices and obstruction.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
48	Regulations for butchers' shops and meat distribution	Not directly amended, but indirectly affected	Allows the Board, with Minister approval, to make regulations on the proper management, control and sanitary condition of butchers' shops and the distribution of food from butchers' shops.	No direct amendment. The Bill deletes the definition of 'food'.	Regulation-making power for butchers' shops remains.	The Section still uses 'food' while the definition is deleted It is **also narrow, focusing on butchers' shops** rather than modern meat handling, cold chain, transport, cross-contamination and retail distribution.	**Recommend** retaining food definition or cross-referencing food safety legislation. **Also consider modernising** the regulation-making power to cover meat handling, storage, transport, cold chain, premises hygiene, waste and pest control.
49	Hairdressers' shops and similar establishments	Not amended	Allows the Board, with Minister approval, to make regulations for the management, control and sanitary condition of hairdressers' shops and premises where manicure, pedicure, chiropody or tattooing are carried on, including precautions to avoid spread of disease or infection.	No direct amendment.	Existing personal service premises regulation-making power continues.	This Section is **not food-related**, but sits within Part IV after the food and bakehouse provisions. It covers infection prevention in personal service settings and should probably be located in a broader premises or personal services Part, **not under food premises**. It also uses old occupational categories and does not include modern body art, piercing, beauty therapy or skin penetration services.	**Recommend relocating or modernising this provision** under a broader 'regulated premises and personal services' framework. **Update categories** to include body piercing, tattooing, beauty therapy, nail services, skin penetration and other infection-risk personal services.

PART V - SANITARY SERVICES

Part V is not directly amended by the Bill, but it **should nevertheless be reviewed** because sanitary services are central to Environmental Health delivery.

Firstly – the naming is outdated and does not alight clearly with the content. Renaming it to '**Part V: Sanitation, Waste and Environmental Hygiene Services'** would be more modern and appropriate

Then - Sections 50 to 53 still use old terms such as 'nightsoil' and 'garbage', and the permit penalty in Section 51 is still only $10. The Part does not clearly cover modern sanitary services such as faecal sludge management, septic tank pump-out services, wastewater, solid waste, healthcare waste, hazardous waste, recycling, transfer stations, illegal dumping or emergency waste arrangements.

This is especially important because the Bill applies the Act to the whole of Fiji and deletes the exclusion for traditional villages. Part V should therefore be modernised so that sanitary services are clearly approved, permitted, monitored and enforced across cities, towns, rural districts, settlements and villages, with clear responsibilities for the Board, local authorities and Environmental Health Practitioners.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
50	Sanitary services to be approved by Board	Not directly amended	All schemes for disposal of nightsoil, collection of garbage or other sanitary services within a local authority district must be submitted to the Board for approval before being put into operation.	No direct amendment.	The Board's approval role over sanitary service schemes continues.	This Section is important but old. It still refers to 'nightsoil' and 'garbage', and does not clearly cover modern Environmental Health Services such as wastewater management, faecal sludge management, solid waste systems, healthcare waste, hazardous waste, recycling, transfer stations, informal dumping, or waste service continuity during emergencies.	**Recommend modernising Section 50** so that Board approval applies to contemporary sanitary service systems, including faecal sludge, wastewater, solid waste, healthcare waste where relevant, and emergency service arrangements.
51	Permit from local authority	Not directly amended	No person can engage in the business of carrying or removing nightsoil or garbage without a local authority permit. The penalty is a fine not exceeding $10.	No direct amendment.	The permit requirement remains, with the old penalty unchanged.	**This is a major inconsistency**. The Bill increases many penalties elsewhere, but leaves this permit offence at $10 It also does not modernise the activity to include waste transporters, faecal sludge operators, septic tank pump-out services, healthcare waste transporters, recycling collectors or other sanitary service providers.	**Recommend updating Section 51** to cover modern sanitary service providers and increasing the penalty to align with the Bill's wider compliance approach. The Section should require permits for specified waste, wastewater and faecal sludge collection, transport and disposal services.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
52	Regulations and by-laws	Not directly amended	The Board can make regulations, and urban local authorities can make by-laws with Board consent and Minister approval, for storage, collection and disposal of nightsoil, garbage and offensive matter; preventing accumulation of dust, filth, ashes and refuse; regulating or preventing keeping of live or dead animals or poultry where likely to be a nuisance or injurious to health; and prescribing fees for removal of garbage, refuse, ashes or nightsoil.	No direct amendment.	The existing regulation and by-law framework for sanitary services continues.	This is a strong but outdated provision. It contains useful powers, but the terminology and scope need modernisation. It still separates urban local authority by-laws from the broader rural / local authority reality and does not clearly cover whole-of-Fiji application, villages, rural settlements, informal settlements, disaster conditions, recycling, waste separation, hazardous waste or faecal sludge management.	**Recommend updating Section 52** to provide clear regulation and by-law powers for modern Environmental Health Services. **Modernise the outdated wording** to include waste minimisation, safe storage, collection, transport, treatment and disposal; faecal sludge; wastewater; animal waste; illegal dumping; recycling; disaster waste; and service standards across urban, rural and village settings.
53	Application of regulations and by-laws	Not directly amended	Regulations or by-laws made under Section 52 can apply to the whole of Fiji, a particular sanitary district, or a defined part of a sanitary district.	No direct amendment.	Regulations and by-laws can still be geographically targeted.	This Section becomes more important if the Bill applies the Act to the whole of Fiji and removes the village exclusion However, it still relies on the sanitary district framework. It does not clearly say how regulations or by-laws apply in traditional villages or areas where the Ministry/Board is the effective local authority.	Recommend aligning Section 53 with new Section 1A and the deletion of Section 140. It should clearly state how sanitary service regulations apply across cities, towns, rural districts, settlements and traditional villages, and which authority is responsible for implementation and enforcement.

PART VI: NUISANCES

Part VI is one of the most important parts of the Act from an Environmental Health perspective. The Bill **strengthens** it substantially. The replacement of Section 56 broadens nuisance from older sanitary nuisance wording to a wider Public and Environmental Health framework covering unhealthy premises, stagnant water, sullage, sanitary facilities, mosquito breeding, animals and birds, overcrowding, schools, dormitories, workplaces, shops, offices, factories, warehouses, ventilation, gases, vapours, dust, noise, smoke, vermin, insects, noxious discharges, cemeteries and water systems.

This is a positive direction because nuisance becomes a practical Environmental Health enforcement tool. However, the Part needs drafting clean-up and procedural safeguards. The Bill must use consistent 'public and environmental health' and 'environmental health practitioner' terminology, clarify fixed penalty and abatement notice processes, harmonise entry powers and obstruction penalties, and refine Section 66 so that water source protection is strong without unintentionally capturing ordinary farming, fishing or animal-rearing activities unless they contaminate or clearly risk contaminating a water supply.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
54	Local authority inspection for nuisance detection	Not amended	Every local authority must inspect its district from time to time to identify nuisances requiring abatement and enforce the Act to secure proper sanitary conditions in premises within its district.	No direct amendment.	The core local authority inspection duty continues.	This Section is **central** to EH Services but outdated. It still stipulates the duty as securing 'proper sanitary condition', while the Bill expands nuisance to public and environmental health, pollution, noise, vectors, overcrowding and unhealthy premises. It also does not clearly mention EHPs.	**Recommend updating Section 54** to require local authorities to inspect for Environmental Health nuisances and unhealthy environmental conditions, with inspections led or advised by registered EHPs.
55	Penalty for certain nuisances about premises	Amended	The occupier commits a nuisance offence where waste, stagnant/slop water, filth or offensive matter is allowed to remain for 12 hours after a medical officer of health or sanitary inspector requires removal, or where contents of a privy or drain overflow or escape. Fine is up to $20 plus $1 per day.	Increases fine to $1,000. Replaces further daily fine wording with abatement notice logic and further $1,000 fine for failure to comply. Replaces medical officer/sanitary inspector with EHP. Adds a new paragraph for accumulation of stagnant or slop water under or near a dwelling-house or building for at least 12 hours after EHP requires removal.	Stronger nuisance enforcement and modern EHP authority.	Useful, but the amendment partly duplicates the existing paragraph (a), which already includes waste, stagnant or slop water under or near a dwelling-house or building after a 12-hour requirement. The revised abatement notice wording needs procedural clarity.	Support stronger penalties and EHP authority. **Recommend** checking the new paragraph (c) against paragraph (a) to avoid duplication. Also specify minimum content of an abatement notice, timeframes, service requirements and appeal / review process.

Section	Act	Bill status	Current Act	Proposed Bill changes	Practical	Consultation alert	Comment / Recommendation

	descriptor				effect		
56	Certain nuisances that can be abated summarily	Replaced	Lists nuisance categories, including unhealthy premises, foul pools/drains/privies/dustbins, animals/birds, accumulations, injurious trades, overcrowded houses, unhealthy workplaces, offensive discharges, cemeteries, injurious wells/water supply, black smoke and rat infestation.	Replaces Section 56 with a much expanded nuisance list. New wording includes premises injurious or prejudicial to public and environmental health, stagnant water, sullage, sanitary facilities, mosquito breeding, animals and birds, overcrowding below 4.8 m² unobstructed floor space, schools, dormitories, workplaces, shops, offices, factories, warehouses, poor ventilation, gases, vapours, dust, insufficient sanitary facilities, noise, smoke, vermin, insects, offensive trades, noxious discharges, cemeteries, water systems and any other matter prescribed by the Board as nuisance.	This substantially broadens nuisance into a major Environmental Health enforcement tool.	The replacement is **a major improvement**, but it still does not clearly name several important unhealthy built environment nuisances. Dampness, mould, indoor smoke and hazardous materials are not expressly included. Some of these conditions can possibly be addressed indirectly through broader wording in the Act and Bill such as premises injurious or prejudicial to public and environmental health, poor ventilation, gases, vapours, dust, chimney smoke, noxious matter or insanitary conditions. However, relying only on indirect wording can weaken practical inspection, enforcement and community understanding. This remains a shortcoming of both the current Act and the Bill.	**Recommend that Section 56 expressly include** unhealthy built environment conditions, including dampness, mould, indoor smoke, hazardous materials or substances, unsafe storage of chemicals, and other indoor environmental quality risks This would align nuisance provisions with the modern Environmental Health concept of a healthy built environment and reduce risk of broad implied interpretation.
57	Notice requiring abatement of nuisance	Amended	Local authority must serve a notice requiring abatement where satisfied a nuisance exists. The notice can also require prevention of recurrence. Failure to comply or wilful nuisance attracts fine up to $20.	Inserts fixed penalty of $1,000 where the local authority is satisfied of nuisance. Increases Subsection (4) penalty from $20 to $1,000.	Stronger immediate financial deterrent.	Inserting a fixed penalty into the same sentence as servicing of notice needs careful drafting. It should be clear whether the fixed penalty is automatic, discretionary, appealable, and whether it applies before or after a chance to abate.	**Recommend** clarifying fixed penalty process: when it is issued, who issues it, evidence required, right to contest, relationship to abatement notice, and whether payment affects duty to abate.
58	Non-compliance with nuisance notice	Not amended	If a person defaults on an abatement notice, or the nuisance is likely to recur, the local authority makes a complaint before a magistrate, who can make a nuisance order.	No direct amendment.	Court-based nuisance order process remains.	This Section now sits between stronger fixed penalty / abatement notice provisions and increased penalties, **but it has not been modernised**. It also says the local authority 'shall make a complaint', which could be resource-heavy for minor nuisances.	**Recommend reviewing** Section 58 to align with fixed penalties, abatement notices and administrative enforcement. The Act should clarify when court proceedings are required and when administrative enforcement is sufficient.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
59	Nuisance order	Amended	A nuisance order can be an abatement order, prohibition order, closing order or combination. A closing order can be made where a building is unfit for human occupation because of nuisance. Penalties include $40, $2 per day and $4 per day.	Increases penalties: Subsection (6) $40 to $1,000; Subsection (8) $20 to $100; Subsection (9) $4 to $100.	Strengthens enforcement of nuisance orders.	The penalties are increased, but **not consistently** with other parts. The Section still focuses closing orders on buildings unfit for human occupation, not broader public and environmental health risks.	Recommend reviewing penalty consistency across the Act Also consider whether closing orders should apply where premises create serious Environmental Health risk, not only where a building is unfit for human occupation.
60	Appeal against nuisance order	Amended	A person appealing a nuisance order has some protection from penalty / enforcement pending appeal. If appeal is dismissed or abandoned after non-compliance, Supreme Court can impose fine up to $2 per day.	Increases Subsection (3) fine from $2 to $100.	Raises penalty for unsuccessful or abandoned appeal-linked non-compliance.	No major issue. The appeal safeguard is important.	Support increased penalty, but retain appeal rights. Ensure new fixed penalties and abatement notices under Section 57 also have review rights.
61	Nuisance order addressed to local authority	Not amended	Where the responsible person or owner/occupier is unknown or cannot be found, the nuisance order can be addressed to the local authority and implemented by it.	No direct amendment.	Local authority can still be required to abate nuisance where no responsible person is identified.	**Useful**, especially for informal dumping, abandoned premises and unmanaged communal areas. However, it is not clear how costs are recovered where the local authority acts because the responsible person is unknown.	**Recommend retaining this provision** and linking it to cost recovery, investigation and later recovery where a responsible person is identified.
62	Sale or disposal of matter removed in abating nuisance	Not amended	Matter removed by local authority during nuisance abatement can be sold by public auction or otherwise disposed of. Sale proceeds cover expenses, and surplus goes to the owner on demand.	No direct amendment.	Existing cost-offset mechanism continues.	**The Section uses older terminology** and does not deal with hazardous waste, contaminated goods, healthcare waste, animal carcasses, chemicals or materials that cannot safely be sold.	**Recommend adding safeguards** for hazardous, contaminated, infectious or unsafe materials, where sale is inappropriate and safe disposal is required.
63	Power of entry	Amended	Local authority, medical officer of health or sanitary inspector can enter premises to examine nuisances, monitor abatement, or implement nuisance orders. Obstruction fine is up to $40.	Replaces medical officer / sanitary inspector with EHP. Updates reference from Section 56(g) to 56(i) for overcrowding. Increases obstruction fine from $40 to $500.	Gives EHPs clear nuisance entry powers and increases obstruction penalty.	Positive, but **penalty is lower** than some other obstruction penalties. Also, the Section should align with wider EHP entry powers in Section 16A.	Support EHP entry powers. **Recommend harmonising entry powers and obstruction penalties across the Act**. Also ensure powers include identification, reasonable grounds, records of entry, sampling and safety protections.
64	Recovery of costs and expenses	Amended	Costs and expenses of notices, complaints, nuisance orders and nuisance abatement are recoverable from the responsible person. For owner-caused nuisances, costs can be recovered from the owner 'for the time being'.	Replaces 'for the time being' with 'the current'.	Minor wording update.	No major issue, but 'the current owner' must **align with Section 130** cost recovery and statutory lien wording.	Support minor update. **Recommend cross-checking** with Section 130 so cost recovery provisions are consistent.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
65	Individual complaint to magistrate	Not amended	Any person can complain to a magistrate about a nuisance on premises within a local authority district. The magistrate can hear the matter, authorise entry and authorise works.	No direct amendment.	Individual nuisance complaint rights continue.	Useful community protection mechanism. However, it is court-based and potentially difficult for rural / village communities to use.	Recommend retaining the right, but also strengthening accessible complaint pathways through local authorities, EHPs and the Board.
66	Penalty for injuring drain etc. so as to cause nuisance	Replaced	A person who causes a drain, privy or dustbin to become a nuisance by wilfully damaging, stopping up, interfering with or misusing it, or water supply apparatus, is liable to a fine up to $10.	Replaces Section 66. New offence covers causing any drain, sanitary facility or wastebin to be a nuisance or injurious to health; damaging water supply apparatus; impeding, interfering with or unlawfully using water supply; and engaging in rearing/grazing animals, logging, farming or fishing activities that contaminate any water supply or source. Penalty is fine up to $500, imprisonment up to 3 months, or both.	Broadens the offence and strengthens penalty. It also links nuisance law with water source protection.	Positive but drafting needs attention. The phrase 'wilfully engages in rearing and grazing of animals, logging, farming, fishing activities which may contaminate any water supply or water source' is broad and unclear. It could capture ordinary livelihoods unless the contamination risk, prohibited conduct, location and evidence threshold are clear.	Support water source protection **but recommend clearer wording**. The Section should target activities carried out in a manner or location that contaminates, or creates a clear risk of contaminating, a water supply or water source. It should also link to notices, buffer zones, catchment protection or regulations.

PART XII: INFECTIOUS DISEASES

Part VII is partly modernised by the Bill, especially through the proposed Section 69 amendments that give Environmental Health Practitioners explicit roles in infectious disease response, environmental inspection, environmental sampling, infectious healthcare waste, disinfection, quarantine and isolation compliance, active surveillance, targeted screening and spatial case plotting. This is a positive recognition of the Environmental Health role in infectious disease prevention and response. However, the Part should more clearly distinguish clinical infectious disease control from Environmental Health infectious disease control. Medical authority remains clear for diagnosis, treatment, medical examination, vaccination, medical isolation advice and death-related certification. EHP authority should be clearly framed around environmental conditions that influence transmission, including premises, water, waste, sanitation, vectors, environmental samples, disinfection, built environment conditions and infectious healthcare waste. The Bill should therefore clarify the respective roles of the Permanent Secretary, medical practitioners, EHPs, local authorities, DORT and SDORT, this avoid overlapping or inconsistent terminology across Sections 67, 69, 70, 71, 73, 76 and 79.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
67	Administration of Part VII	Not amended	The Permanent Secretary is responsible for general administration of Part VII, while medical officers of health carry the executive duties in their respective districts.	No direct amendment.	The Act retains a medical officer role in infectious disease administration. This is appropriate where infectious disease control requires clinical authority, diagnosis, treatment, medical examination, vaccination, medical isolation advice and death-related certification.	The issue is not simply that Section 67 remains unchanged. The issue is that the Bill now gives EHPs explicit infectious disease functions in Section 69, including environmental inspection, environmental sampling, infectious healthcare waste, disinfection, quarantine and isolation compliance, active surveillance, targeted screening and spatial case plotting The Act should therefore clarify how medical officers of health, medical practitioners, EHPs, local authorities, DORT and SDORT work together under the Permanent Secretary.	**Retain** clear medical authority for clinical infectious disease control, but **amend Section 67 or Section 69** to clarify the shared operational structure. The Act should state that infectious disease control is administered under the Permanent Secretary, with medical officers of health or medical practitioners responsible for clinical disease functions, and EHPs responsible for Environmental Health functions that prevent, limit or control transmission through premises, water, waste, sanitation, vectors, environmental sampling, disinfection, built environment conditions and infectious healthcare waste.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
68	Infectious diseases added to or deleted from First Schedule	Not amended	The Minister can add or delete infectious diseases from the First Schedule by Gazette notice, restrict application of infectious disease provisions to a defined area, and specify reporting times or intervals.	No direct amendment.	The existing mechanism for updating the infectious disease list continues.	This Section remains useful. However, the Section does not refer to emerging diseases, syndromic surveillance, environmental triggers, outbreak thresholds or notification from non-medical sources.	Retain Section 68, but **consider modernisation** so disease scheduling and reporting can respond quickly to emerging infections, environmental outbreaks and surveillance signals.
69	Powers	Amended substantially	Section 69 currently allocates powers to the Minister, Board, Permanent Secretary, local authorities and medical officers of health. It includes hospitals/camps/stations for isolation and treatment, public expenditure, compensation recommendations, temporary possession of premises/vehicles/vessels, movement controls, examination, surveillance, restraint, isolation, vaccination, disinfection, destruction, post-mortem, sewage discharge control, animal destruction, and related powers.	The Bill restructures parts of Section 69. It replaces the chapeau so the Minister exercises power for preventing or checking infectious disease; deletes Subsection (1); adds power for the Permanent Secretary to appoint DORT and SDORT; expands local authority wording to include premises, vessels, aircraft and conveyances; changes medical officer of health wording to medical practitioner; and inserts new EHP powers in Subsection (6). These include entry/inspection, assessing conditions contributing to disease transmission, notices of non-compliance, quarantine and isolation compliance, safe burial directions, infectious healthcare waste, environmental sampling of food/water/swabs, monitoring closing and prohibition orders, interviews, active surveillance, targeted screening, QGIS case plotting, and disinfection. It also inserts a $10,000 offence for disobeying orders, obstruction, delay, interference, or knowingly spreading false information to undermine compliance.	This is the **core infectious disease amendment**. It gives EHPs explicit infectious disease response powers and recognises environmental investigation, environmental sampling, waste, quarantine/isolation compliance, field surveillance and spatial mapping.	Positive direction, but the drafting needs careful correction. **First,** deleting Ministerial Subsection (1) while replacing the chapeau with 'the Minister may exercise the power' creates uncertainty because the old detailed Ministerial powers are removed. **Second**, medical officer of health functions are changed to medical practitioner functions, but Section 67 still refers to medical officers of health. **Third**, EHP powers include quarantine / isolation enforcement, safe burial directions, interviews, active surveillance, targeted screening and QGIS case plotting, but the Bill does not set safeguards, data protection rules, authorisation levels, privacy duties, professional scope or coordination with medical practitioners. **Fourth**, Section 69(6)(g) uses 'execute', which should be avoided and replaced with 'implement' or 'give effect to'. **Fifth**, 'Quantum Geographical Information System' appears technically wrongand also too specific; QGIS is usually 'Quantum GIS' historically or now simply 'QGIS', an open-source Geographic Information System.	Support explicit EHP infectious disease powers, especially environmental inspection, environmental sampling, infectious waste control, disinfection and spatial risk mapping **Recommend redrafting** Section 69 to clearly separate Ministerial, Permanent Secretary, medical practitioner, EHP, local authority and outbreak team powers. > Restore or replace any necessary Ministerial powers deleted with Subsection (1). > Add safeguards for quarantine /isolation enforcement, interviews, screening, data handling, burial directions, premises closure and disinfection > Replace 'execute' with 'implement'. > Replace 'Quantum Geographical Information System (QGIS)' with 'Geographic Information System (GIS), including QGIS or another approved GIS platform'.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
70	Penalty for obstructing Permanent Secretary etc.	Amended	A person commits an offence if they obstruct the Permanent Secretary, medical officer of health, inspectors or authorised persons, do something forbidden by the medical officer of health, or refuse/delay/neglect to comply with a medical officer of health direction. Fine is up to $40, with further daily fine up to $40 for continuing offence.	The Bill replaces 'medical officer of health' wherever it appears with 'environmental health practitioner'.	Obstruction and non-compliance provisions shift toward EHP authority.	The change recognises EHP enforcement authority, but the Section now will refer to the Permanent Secretary and EHP only. It does not clearly include medical practitioners, DORT, SDORT or other authorised outbreak response personnel. It also leaves the old $40 penalty unless another amendment applies elsewhere, while Section 69(7) creates a $10,000 offence for disobeying or obstructing orders.	**Recommend harmonising** Section 70 with Section 69(7) The Act should clearly state which authorised officers are protected from obstruction and what penalty applies. It should include EHPs, medical practitioners and authorised outbreak response officers acting under the Act.
71	Notification of infectious diseases	Amended heading only	A medical practitioner who diagnoses that a person suffers or has died from an infectious disease must notify the Permanent Secretary or medical officer of health in the prescribed form. Failure to notify attracts a fine up to $40. The Permanent Secretary prescribes the notice form by Gazette notice.	The heading changes from 'Notification of infectious diseases' to 'Surveillance and notification'.	The heading suggests a broader surveillance function, but the body of the Section still only deals with medical practitioner notification.	This is a significant mismatch. Surveillance is broader than notification. The Bill changes the heading but does not insert surveillance duties, surveillance systems, reporting pathways, environmental surveillance, data flows, feedback loops, confidentiality, or EHP/local authority roles.	**Recommend** either keeping the heading as 'Notification of infectious diseases' or amending the body to genuinely include surveillance. If retained, 'surveillance and notification' should include human disease surveillance, environmental surveillance where relevant, EHP reporting, laboratory reporting, local authority reporting, data protection, analysis and feedback responsibilities.
72	Ships, tents etc.	Not amended	Section 71 notification provisions apply to ships, tents, vans, sheds or similar structures used for human habitation as if they were buildings.	No direct amendment.	Notification obligations continue for these habitation settings.	Useful provision, but it remains tied only to Section 71 notification. If Section 71 becomes genuine surveillance and notification, this Section should be reviewed too.	**Recommend reviewing** Section 72 if Section 71 is expanded. It should cover temporary shelters, evacuation centres, informal shelters, vessels and emergency accommodation where infectious disease surveillance and EH monitoring are needed.
73	Notice of death from infectious disease	Not amended	Undertaker or person in charge of a funeral must notify the medical officer of health after being informed of death from infectious disease and before removal of body.	No direct amendment.	Existing death notification requirement continues.	**Inconsistent** with the Bill's terminology shift. Section 73 still refers to medical officer of health, while Section 69 changes several functions to medical practitioner and EHP. It also links to safe burial powers now given to EHPs in Section 69(6)(d).	**Recommend amending Section 73** to clarify notification to the Permanent Secretary, medical practitioner, EHP or other authorised officer. Align it with safe burial directions under Section 69(6)(d).

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
74	Offences with respect to infectious diseases	Not amended	Creates offences for people knowingly suffering from infectious disease being in public places or conveyances without precautions, or people in charge allowing this, and for conveyance owners/drivers/conductors failing to disinfect after known infectious disease exposure.	No direct amendment.	Existing offence continues.	The Section is old but still relevant. However, the **penalties** remain low. The wording does **not align** with modern isolation, quarantine, transport, aircraft, maritime or outbreak control language.	**Recommend reviewing** Section 74 for modern outbreak response, including conveyances, aircraft, vessels, buses, taxis, ride-share, ferries, schools, workplaces and mass gatherings.
75	Further offences with infectious diseases	Not amended	Creates offences relating to lending, selling, transmitting or exposing infected things, letting houses where infection is present, and failing to disclose infectious disease when letting premises.	No direct amendment.	Existing infection-control offences continue.	Useful but outdated. It overlaps with modern disinfection, contaminated goods, infected premises and EHP powers in Section 69. Penalties remain low.	**Recommend updating language** to include contaminated articles, bedding, clothing, equipment, vehicles, premises and waste, and aligning with EHP powers over infected goods and disinfection.
76	Bodies of persons dying from infectious diseases in hospital etc.	Not amended	Controls removal of bodies from hospitals or temporary accommodation where immediate burial or cremation is required to prevent infection spread.	No direct amendment.	Existing body removal control remains.	This Section is directly connected to new EHP powers for safe burial directions under Section 69(6)(d), but **it is not updated.**	**Recommend aligning** Section 76 with Section 69(6)(d), including EHP role, medical certification, cultural considerations, safe handling, transport, burial, cremation and family communication.
77	Unauthorised entry into or departure from isolation place	Not amended	Unauthorised entry into or departure from an isolation hospital, camp or station attracts a fine up to $40.	No direct amendment.	Existing isolation place offence continues.	The **penalty is low** compared with the new Section 69(7) $10,000 offence. Also, 'hospital, camp or station' is narrow for modern quarantine / isolation settings, including homes, hotels, vessels, aircraft, temporary facilities and community isolation spaces.	**Recommend updating** Section 77 to align with modern isolation and quarantine settings and harmonise penalties with Section 69(7).

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
78	Apprehension of person liable to isolation	Amended	Any authorised person can apprehend persons liable to isolation or persons who entered/left isolation places without authority, and can detain, remove or isolate articles, goods, vehicles or vessels liable to isolation.	Inserts 'environmental health practitioner or' after 'Any'.	EHPs are expressly included in apprehension and isolation-related authority.	This is **a strong coercive power**. It involves apprehension and detention. The Bill adds EHPs but does not state authorisation level, safeguards, police support, force limits, record-keeping, review or human rights protections.	**Recommend** retaining EHP involvement in isolation compliance, but clarify that apprehension and detention powers require clear authorisation, reasonable grounds, written records, proportionality, and police or medical support where necessary.
79	Infected goods removed and dealt with	Amended	Goods or articles certified by a medical officer of health as exposed to infection and liable to carry infection can be removed to an isolation station and dealt with as prescribed or as ordered by the medical officer of health.	Renumbers Section 79 as Subsection (1) and inserts Subsection (2): an EHP must supervise and ensure safe removal of the goods or articles.	Gives EHPs a direct operational role in safe removal of infected goods.	Positive, but it **does not update** Subsection (1), which still depends on certification by a medical officer of health. It also does not specify chain of custody, disinfection, destruction, return, compensation or hazardous / infectious waste handling.	Support EHP supervision of infected goods. **Recommend** updating Subsection (1) to clarify who certifies infection risk, and adding procedures for safe handling, documentation, disinfection, destruction, return or compensation.
80	Expenditure by Board and local authorities	Not amended	Board expenditure is charged to a fund from the Consolidated Fund. Urban local authority expenditure is paid from the town fund; rural local authority expenditure is paid from a Consolidated Fund provision.	No direct amendment.	Existing funding arrangement continues.	This Section becomes very important if the Act now applies to the whole of Fiji and EHP outbreak powers expand. However, **it does not explain** funding for villages, rural settlements, DORT/SDORT, environmental sampling, GIS, quarantine enforcement or infectious waste response.	**Recommend reviewing** Section 80 to match expanded whole-of-Fiji infectious disease responsibilities and new operational powers. Funding responsibilities should be clear for national, municipal, rural and village contexts.
81	Expenses of isolation and disinfection	Not amended	Sets out which isolation and disinfection expenses are charged to the Consolidated Fund, and when persons responsible for infringements become liable. Also limits expenses for disinfection outside authorised isolation facilities unless authorised by the Permanent Secretary and, for sums above $40, the Minister.	No direct amendment.	Existing expense rules continue.	The $40 threshold is **outdated**. The Section also does not align with expanded EHP disinfection powers, infectious healthcare waste, home isolation, hotel quarantine, community isolation or large outbreak response.	**Recommend modernising** Section 81, including realistic monetary thresholds, clear authorisation pathways and coverage of modern isolation, disinfection and infectious waste arrangements.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
82	Compensation where persons affected by destruction orders	Not amended	Provides compensation where a building, animal or thing is destroyed under Part VII, unless destruction was necessary because of breach or neglect by the claimant or responsible person.	No direct amendment.	Existing compensation protection continues.	Important safeguard. However, new EHP powers in Section 69 and Head of Environmental Health powers in Section 16A include disinfection, closure, prohibition, demolition and related controls. Compensation and review rights should align.	**Recommend** retaining compensation protection and cross-checking it against new EHP and Head of Environmental Health powers. If property is destroyed, disinfected, closed or rendered unusable under new powers, affected persons should have clear rights and review processes.
83	Regulations for infectious disease protection	Not amended	Minister can make regulations for protection of public health from infectious disease and include any matter and intervention considered necessary. Regulations can prescribe penalties up to $200 or imprisonment for six months.	No direct amendment.	Infectious disease regulation-making power continues.	This Section still uses 'public health' only, not public and environmental health. It also leaves the regulation penalty maximum at $200, which is **inconsistent** with the Bill's higher penalties. It does not expressly include EHP functions, environmental surveillance, infectious waste, outbreak teams, GIS, data systems, or local authority duties.	**Recommend amending** Section 83 to include public and environmental health protection from infectious disease Update penalty limits and expressly allow regulations on surveillance, environmental sampling, infectious waste, disinfection, outbreak response teams, EHP duties, data handling, GIS, quarantine/isolation support and local authority responsibilities.

PART VIII - VENEREAL DISEASES

Part VIII is only lightly amended by the Bill. The amendments to Section 85 recognise EHPs as the modern equivalent of sanitary inspectors for limited operational purposes, and the penalty increases in Sections 85 and 89 strengthen compliance. However, the Part itself is not modernised. It still uses old 'venereal disease' terminology instead of the more modern concept of 'sexually transmitted diseases'. It contains sensitive coercive powers relating to compulsory examination, treatment, detention and removal to hospital. Medical authority should remain central for clinical decisions, but the EHP role in Section 85 should be clearly limited to authorised operational support under medical direction, with safeguards for privacy, confidentiality, proportionality, record-keeping, review rights and respectful treatment. Sections 84, 86, 87 and 88 also need review to align with contemporary sexually transmissible infection control, child protection, occupational fairness, non-discrimination and evidence-based transmission risk.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
84	Persons suffering from venereal disease to be treated until cured	Not amended	A person who knows or has reason to believe that he is suffering from a venereal disease must consult a medical practitioner and place himself under treatment, or attend treatment at a hospital or other treatment place. The person must continue treatment until cured or free from the disease in communicable form. Failure to comply is an offence.	No direct amendment.	The individual treatment duty continues unchanged.	This Section is medically focused and it is appropriate that medical practitioner treatment remains centra However, **the wording is old**, gendered, and uses 'venereal disease' rather than contemporary terminology such as 'sexually transmissible infections'. It also does not reflect modern confidentiality, counselling, partner notification, consent, stigma reduction or rights-based disease control.	**Recommend modernising the language** while retaining medical treatment control. Replace gendered wording with neutral wording. **Consider** whether 'venereal disease' should be replaced or supplemented with 'sexually transmissible infection'. Add or cross-reference safeguards for confidentiality, counselling, partner notification and respectful treatment.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
85	Compulsory examination and treatment of venereal disease	Amended	A medical officer of health can order a person suffering or suspected to be suffering from venereal disease to attend hospital or a registered medical practitioner for examination and treatment, order detention in hospital until discharged by a medical officer of health, and direct a sanitary inspector or Board officer to remove a non-compliant person to hospital. A sanitary inspector or Board officer can use necessary force to remove and convey the person. Obstruction or disobedience attracts a fine up to $40. False information about a suspected source attracts a fine up to $50 or imprisonment up to three months.	Replaces 'sanitary inspector' with 'environmental health practitioner' in Subsections 85(1)(c) and 85(2). Increases the penalty in Subsection 85(3) from $40 to $1,000 and in Subsection 85(5) from $50 to $1,000.	The Bill gives EHPs the operational role previously given to sanitary inspectors in removing a non-compliant person to hospital, and significantly increases penalties.	This is a sensitive coercive power.= It is medically led, which is appropriate, but it authorises EHP involvement in forced removal to hospital. This must be handled carefully because it affects bodily autonomy, privacy, stigma, confidentiality and potential use of force. The Bill updates the officer title and penalties, but does not modernise safeguards, consent principles, review rights, police/medical support, records, confidentiality or human rights protections.	Retain medical leadership for compulsory examination and treatment decisions, but add **safeguards before EHPs** are used in removal and conveyance. The Section should clarify that EHP involvement is limited to authorised operational support under a medical officer or court / authorised order, with written authority, reasonable force limits, privacy protection, confidentiality, gender and cultural sensitivity, record-keeping, and review/appeal rights.
86	Duties of parents or guardians of infected children	Not amended	A parent or guardian who knows or has reason to believe that a child or young person is suffering from venereal disease must ensure treatment by a medical practitioner until cured or free from the disease in communicable form. Failure or neglect is an offence.	No direct amendment.	The parental/guardian treatment duty continues.	The Section remains medically and child-protection relevant, but the **wording is old and narrow**. It does not address safeguarding, mandatory reporting, sexual abuse concerns, confidentiality, child consent, adolescent health rights, referral processes or coordination with child protection services.	**Recommend modernising** this Section carefully. Retain the duty to secure treatment, but include safeguards and referral processes where a child or young person has a sexually transmissible infection. The Section should **align** with child protection, clinical confidentiality and safeguarding requirements.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
87	Infection by employees	Not amended	A person with venereal disease in communicable form commits an offence if they accept or continue employment in a dairy, factory, shop, hotel, restaurant, house or other place where the role involves care of children or handling food or food utensils. An employer also commits an offence unless lack of knowledge or suspicion is proved.	No direct amendment.	The employment restriction continues unchanged.	This Section is outdated and potentially problematic. It links venereal disease broadly to food handling and care of children, but the actual transmission pathways of sexually transmissible infections do not generally align with ordinary food handling. The provision risks stigma and discrimination if not tightly framed around real transmission risk. It also does not align with modern occupational health, confidentiality, non-discrimination and workplace rights.	**Recommend** reviewing whether this Section should remain in its current form. Any employment restriction should be evidence-based, limited to actual transmission risk, medically certified, confidential and proportionate. It should not create broad exclusion from food work or child-care-related work unless there is a clear, clinically justified transmission risk.
88	Conveyance of infection an offence	Not amended	A person who wilfully or by culpable negligence infects another person with venereal disease, or permits or suffers an act likely to lead to infection, commits an offence.	No direct amendment.	The offence remains unchanged.	This Section addresses deliberate or negligent transmission However, the wording is old and broad. It does not define culpable negligence, disclosure, consent, prevention measures, treatment status, or evidentiary thresholds.	**Recommend reviewing** the Section for modern legal and clinical standards. Any offence should be clear, evidence-based, proportionate, and should not discourage testing, treatment or disclosure.
89	Penalty	Amended	A person guilty of an offence against Part VIII where no specific penalty is provided is liable to a fine up to $20.	Increases the general penalty from $20 to $2,000.	The general penalty becomes much stronger.	The increased penalty is consistent with the Bill's broader compliance approach, but Part VIII contains sensitive offences involving disease status, treatment, employment and transmission. Penalties should not be increased without also modernising safeguards and rights protections.	Support review of outdated penalties, but **recommend** that penalty increases in Part VIII be accompanied by modernised safeguards for privacy, confidentiality, clinical judgement, proportionality, non-discrimination, appeal / review and child protection where relevant.

PART XI: OFFENSIVE TRADES

Part IX is partly updated by the Bill. The increase in the continuing penalty under Section 90 strengthens deterrence where an offensive trade is carried on without Board consent, and the expansion of Schedule 2 usefully adds further activities such as asphalt plants, automotive repair workshops, recyclers, fibreglass manufacturing, kava pounding, ore extraction and quarrying. However, the Part still needs more modernisation. Section 90 appears to leave the initial offence penalty at $100 while increasing the daily continuing penalty to $500, which creates an uneven penalty structure. Section 91 also continues to refer only to safeguarding public health, whereas offensive trades raise broader Environmental Health concerns, including emissions, wastewater, odour, noise, solid waste, hazardous substances, vector risks, land contamination, worker conditions, neighbouring premises and ecosystem effects. The Act should therefore modernise the consent and regulation framework for offensive trades, including risk-based siting, operating conditions, monitoring, EHP inspection, community complaints, renewal, suspension, cancellation and appeal rights.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
90	Permission by Board to carry on offensive trades	Amended	No person can establish or carry on an offensive trade within the district of a local authority except with the written consent of the Board. A person who establishes or carries on an offensive trade without consent is liable to a fine not exceeding $100 and a further fine not exceeding $10 for every day the trade continues.	Section 90(2) is amended by replacing the fine of $10 with $500.	The daily continuing penalty increases from $10 to $500. This creates a stronger deterrent against continuing an offensive trade without Board consent.	This is useful, but the main offence penalty remains $100 unless only the daily penalty is intended to be changed. That creates an **imbalance**: the continuing daily penalty becomes much higher than the initial offence penalty. The Section also does not set out consent criteria, application process, conditions, renewal, monitoring, suspension, cancellation, appeal, or EHP inspection role.	Support increased continuing penalties, but **recommend reviewing the whole Section.** The initial offence penalty should be modernised as well. The Act should set out, or allow regulations to set out, consent criteria, conditions, duration, renewal, monitoring, suspension, cancellation, appeal rights and EHP inspection powers.
91	Regulations for offensive trades	Not amended	The Board, with Minister approval, can make regulations for offensive trades that are lawfully established, including conditions and areas where they can operate, to prevent or reduce offensiveness and safeguard public health.	No direct amendment.	The Board's regulation-making power over offensive trades continues.	The Section remains important but narrow. It refers to safeguarding public health, but the Bill's wider direction is public and environmental health. Offensive trades can affect air, water, land, noise, odour, waste, workers, neighbours, ecosystems and community amenity.	**Recommend amending Section 91** so offensive trade regulations protect public and **environmental health**, not only public health. Regulations should cover risk assessment, siting, waste, emissions, odour, wastewater, noise, vector risk, monitoring, reporting, community complaints, EHP inspection and enforcement.

Link to Schedule 2

Schedule item	Bill status	Practical effect	Consultation issue	Suggested comment
Second Schedule	Amended	Expands the list of offensive trades to include additional modern or locally relevant activities.	Useful expansion, but the list remains activity-based rather than **risk-based**. Some listed activities vary greatly in risk depending on scale, siting, controls, waste, emissions, water use, noise and surrounding receptors.	Support updating Schedule 2, but **recommend adding a risk-based mechanism** so activities can be regulated according to scale, location, emissions, waste streams, nuisance potential and public and environmental health risk.

PART X: COMMON LODGING-HOUSES AND HOUSES LET AS LODGINGS

Part X is partly updated by the Bill through stronger registration documentation, higher penalties and updated sanitation terminology. This is a positive step, especially because common lodging-houses and houses let as lodgings can create significant Environmental Health risks through overcrowding, inadequate ventilation, unsafe water, insufficient sanitation, poor waste storage, pests, dampness, mould and infectious disease transmission. However, the Part is not modernised consistently. Section 92 requires tax, business, ownership and waste management documentation, but does not clearly require EHP inspection or approval against Environmental Health standards. Sections 94, 95, 98, 101 and 102 should be updated to align with the new definitions of common lodging house and house let as lodging, and to cover modern lodging arrangements such as shared accommodation, worker accommodation, dormitories, short-stay letting and informal multi-occupancy housing. The Part should also replace outdated wording and add clearer provisions for occupancy limits, water, sanitation, waste, ventilation, pest control, dampness and mould, inspection, suspension, cancellation, appeal rights and urgent intervention where resident health or Environmental Health protection is at risk.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
92	Register of common lodging-houses	Amended	Every local authority must keep a register of the keepers of all common lodging-houses in its district, including the location and number of authorised lodgers. A certified copy of an entry is admissible in court as evidence.	Inserts new Subsection 92(1A), requiring a person seeking registration to operate a common lodging house to provide proof of tax registration, proof of business registration, proof of property ownership, a waste management plan, and any other document required by the local authority. The Bill also deletes the heading 'Evidence' before Subsection 92(2).	Strengthens registration by requiring documentary proof and a waste management plan before registration.	Positive direction, but the documentation list **is incomplete** for EH purposes. It does not clearly require an EHP inspection report, occupancy limit assessment, water supply check, sanitation adequacy, ventilation, waste storage, fire / safety clearance, drainage, pest control Also, requiring 'proof of ownership' could be too narrow where premises are leased, managed or lawfully operated by someone other than the owner.	Support stronger registration requirements, but **recommend** adding Environmental Health prerequisites. Registration should require EHP inspection and approval, occupancy limit, safe water supply, sanitary facilities, waste storage and collection arrangements, ventilation, drainage, pest control, and emergency/contact details. Replace or expand 'proof of ownership' with 'proof of ownership, lease, management authority or other lawful right to operate the premises'.
93	Lodging-house not to be occupied unless registered	Not amended	A person must not keep a common lodging-house or receive a lodger unless the house and keeper/owner are registered. If registered keeper dies, widow or family member keeps the house for up to four weeks without being registered.	No direct amendment.	The core registration requirement continues.	The Section **contains outdated and gendered wording**. It refers to 'his name', 'his widow' and family continuation after death. It does not align with modern gender-neutral drafting or business continuity arrangements.	**Recommend updating this Section to gender-neutral wording** and clarifying temporary continuation rights after death, incapacity or transfer of the registered operator.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
94	Premises to be inspected before registration	Not amended	A house cannot be registered as a common lodging-house until it has been inspected and approved by the local authority.	No direct amendment.	Inspection before registration continues.	This is **important but too brief**. It does not say who inspects, what standards apply, whether an EHP must inspect, what records are required, or how approval links to the new documentation requirements in Section 92(1A).	**Recommend amending Section 94** so inspection and approval must include an EHP assessment against prescribed Environmental Health standards.
95	Local authority to have free access	Amended	The keeper and any person managing the common lodging-house must give an officer of the local authority free access to the house or any part when required. Refusal attracts a fine not exceeding $10.	Increases the fine from $10 to $5,000.	Stronger penalty for refusing access.	The penalty increase is strong, but the Section **still refers generally** to 'an officer of the local authority'. It does not expressly mention EHPs, authorised officers, identification, reasonable time, emergency entry, records or scope of inspection.	Support increased penalty. **Recommend clarifying** that access includes EHPs and authorised local authority officers, on presentation of identification, for inspection, monitoring, complaint investigation, sampling where relevant and checking compliance with registration conditions.
96	Penalty for using unregistered premises	Amended	A keeper who receives a lodger without registering the common lodging-house is liable to a fine up to $10 and, for a continuing offence, $4 per day after conviction.	Increases the fine from $10 to $1,000 and the continuing daily fine from $4 to $100.	Stronger deterrent against operating unregistered common lodging-houses.	Penalties are strengthened, but the Section still focuses only on common lodging-houses. **It does not clearly address modern** short-stay, boarding, shared rental, worker accommodation, dormitory-style accommodation or informal lodging arrangements, unless captured by the amended definitions.	Support penalty increase. **Recommend ensuring** the definitions and registration provisions clearly cover modern affordable accommodation, shared accommodation, worker lodging, dormitories, short-stay lodging and similar high-occupancy premises where EH risks are posed.
97	Burden of proof as to persons being of same family	Not amended	Where inmates allege they are members of the same family in proceedings relating to common lodging-houses, they carry the burden of proving that claim.	No direct amendment.	The burden of proof rule continues.	This provision may be difficult and intrusive in modern accommodation contexts. It could raise privacy, family definition, cultural household and human rights concerns. It also uses 'inmates', which is outdated and inappropriate for lodging residents.	**Recommend reviewing this** Section. Replace 'inmates' with 'residents' or 'occupants'. Clarify whether the family distinction is still necessary, and ensure any burden of proof is reasonable, culturally appropriate and privacy-respecting.
98	Regulations for common lodging-houses	Amended	The Board can make regulations for common lodging-houses, including lodger numbers, separation of sexes, cleanliness, ventilation, water supply, privy, washing, drainage and dustbin accommodation, infectious disease precautions, inspection, refuse collection, wall treatment, drains and sanitary arrangements.	In paragraph (c), replaces 'privy' with 'sanitary facilities' and 'dustbin' with 'wastebin'.	Updates sanitation and waste terminology in one regulation-making paragraph.	Useful, **but incomplete modernisation**. The Section still contains old concepts such as separation of sexes and painting/white-washing/colour-washing, and does not clearly include waste management plans, occupancy density, water safety, ventilation standards, dampness/mould, pest control, fire/safety interface, infectious disease preparedness, complaint handling, monitoring, or EHP inspection.	Support terminology update, but **recommend broader modernisation** of Section 98. Regulations should cover occupancy limits, floor area, ventilation, water, sanitation, waste, wastewater, pest control, dampness and mould, food preparation areas, disease prevention, emergency management, EHP inspection, record keeping and complaint response.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
99	Default in complying with regulations	Not amended	If a common lodging-house defaults on regulations, the local authority can require the keeper or owner to remedy the default. If not remedied within 28 days, the local authority can do the work and recover expenses from the keeper.	No direct amendment.	Existing remedy and cost-recovery pathway continues.	Useful, **but not aligned** with the Bill's stronger penalty and abatement framework. It also does not provide for urgent intervention where conditions create immediate Environmental Health risk.	**Recommend adding** urgent intervention powers where conditions pose immediate risk to residents, neighbours or public and environmental health. Also **align** cost recovery with broader cost-recovery provisions in Sections 64 and 130.
100	Cancelling of registration	Not amended	The local authority can cancel registration if it considers the registered keeper is not a fit person.	No direct amendment.	Local authority retains cancellation power.	The **'fit person' test is vague**. The Section does not specify grounds, notice, reasons, appeal, temporary suspension, urgent closure, or reapplication conditions.	**Recommend** specifying grounds for suspension and cancellation, including serious EH non-compliance, overcrowding, unsafe sanitation, repeated obstruction, disease risk, unsafe waste management or failure to comply with registration conditions. Add notice, reasons and appeal rights, with urgent suspension where needed.
101	Register of houses let as lodgings	Not amended	Every local authority must keep a register of owners, lessees and tenancy holders of all houses let as lodgings within its district.	No direct amendment.	Register for houses let as lodgings continues.	The Bill amends the definition of 'house let as lodging' in Section 2 to include a hotel and residential property where an individual room or space is rented out, offering accommodation to multiple people. **This broadens or modernises the concept, but Section 101** itself is not updated to explain what information must be registered for modern lodging arrangements.	**Recommend updating** Section 101 to align with the new definition, including short-stay accommodation, room rental, shared houses, worker lodging and multi-occupancy residential properties where EH risks arise.
102	Regulations for houses let as lodgings	Not amended	The Board can make regulations for houses let as lodgings, including occupancy numbers, registration and inspection, drains, cleanliness and ventilation, lighting, closet accommodation, water supply, washing, food storage/preparation/cooking, stairs, fire safety, cleansing, paving/surfacing, handrails, and infectious disease notices and precautions.	No direct amendment.	Existing broad regulation-making power continues.	This is a strong provision and already covers many built environment health matters. However**, it is not modernised** for dampness/mould, indoor air quality, waste storage, pest control, overcrowding standards, vulnerable residents, short-stay accommodation, informal lodging, worker housing or EHP inspection.	**Recommend modernising Section 102** regulations to align with healthy built environment principles and the amended definition of houses let as lodging. Include occupancy density, ventilation, dampness/mould, indoor smoke, safe water, sanitation, waste storage, wastewater, pests, food preparation, fire/safety interface, complaints, inspections and enforcement.

PART XI: MOSQUITOES

Part XI is usefully strengthened by the Bill. The most important improvement is the shift from waiting until immature mosquito stages are found, to recognising receptacles and conditions that pose a risk of becoming mosquito breeding grounds. This supports preventive Environmental Health intervention, especially for dengue control. The Bill also correctly strengthens the EHP role, updates the measurement in Section 105, adds boreholes and screening requirements for water-storage systems in Section 106, and increases the Part XI penalty to $1,000. However, several drafting and implementation issues need attention. The Bill should provide clearer criteria for assessing mosquito breeding risk, update the Section 107 heading because the new wording is about preventing stagnant water rather than perforating gutters, and check Sections 108 and 109 because the amendments appear to refer to wording that does not match the current Act text available for review. Section 111 should also be aligned with Section 5C so registered EHPs lead mosquito-control enforcement while authorised support staff can still undertake defined vector-control tasks under EHP supervision.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
103	Breeding places of mosquitoes to be nuisances	Amended	Collections of water in wells, pools, gutters, channels, depressions, excavations, barrels, tubs, buckets or other articles, and any cesspit, latrine, urinal, dung-pit or ash-pit, are treated as nuisances when they are found to contain immature mosquito stages.	Replaces the requirement that immature mosquito stages be found with wording that the place or article poses a risk of becoming a breeding ground. Also replaces the final wording with 'are considered a nuisance'.	This is a useful preventive shift. EHPs do not have to wait until larvae are present before treating a place as a nuisance.	Positive in principle, but the phrase 'pose a risk of becoming breeding grounds' needs evidence and judgement guidance. Otherwise, it could be applied unevenly. The Section should also align with the broader nuisance process in Part VI.	Support the preventive shift. Recommend adding guidance or regulations on how EHPs assess mosquito breeding risk, including water-holding capacity, persistence, shade, organic matter, rainfall, container type, access for inspection, and history of breeding or dengue risk.
104	Premises to be kept free from bottles etc.	Amended	Owners or occupiers must keep premises free from bottles, tins, boxes, coconut husks, earthenware vessels, shells and other articles kept so that they are likely to retain water.	Heading changes from 'bottles etc' to 'receptacles retaining water'. After 'water', the Bill inserts 'and become potential breeding grounds for mosquitoes'.	Modernises the heading and makes the mosquito breeding purpose clearer.	Good change, but the Section still lists older examples and does not expressly cover tyres, plastic containers, drums, roof gutters, discarded appliances, construction materials, boats/canoes, tarpaulins, blocked drains and other common water-holding items.	Support the heading change. Recommend broadening examples to include modern and common water-holding items, especially tyres, plastic containers, drums, discarded appliances, construction materials, blocked gutters, blocked drains, boats/canoes and tarpaulins.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
105	Premises to be kept free from bush and long grass	Amended	In urban sanitary districts, owners or occupiers must not allow premises or land to become overgrown with bush, weeds or long grass likely to harbour mosquitoes in the opinion of the medical officer of health or sanitary inspector. In rural sanitary districts, the rule applies within 20 yards of dwellings or public buildings. Medical officer of health can clear unoccupied land and recover expenses.	Replaces medical officer of health / sanitary inspector with EHP. Changes 20 yards to 20 metres. Replaces medical officer of health with EHP in Subsection 105(3).	Updates authority to EHPs and metric measurement.	Positive update, but the Section still treats bush and long grass as a mosquito issue in a broad way. For dengue vectors, the more important breeding sites are often artificial containers and water-holding items close to dwellings, not long grass itself. Long grass can still affect access, harbourage and some vector habitats, but the risk logic should be precise.	Support EHP authority and metric conversion. **Recommend wording** or guidance that distinguishes mosquito breeding sites from vegetation that obstructs inspection, harbours pests, hides containers, or contributes to unmanaged premises. This keeps the mosquito control approach technically sound.
106	Wells etc. to be covered	Amended	Wells, barrels, tubs, tanks and other water-storage vessels must be covered and protected or screened to the satisfaction of the medical officer of health or sanitary inspector to prevent mosquito entry.	Adds boreholes to the heading. Renumbers Section 106 as Subsection 106(1). Replaces medical officer / sanitary inspector with EHP. Inserts new Subsection 106(2), requiring inlet and outlet pipes of water tanks and other water-storage vessels to be fitted with durable, corrosion-resistant mesh or other suitable screening material fine enough to prevent entry of dirt, debris and mosquitoes.	Strong and practical improvement. It recognises boreholes and strengthens water-storage screening.	Positive, but it **should also connect to water safety**. Mesh and screening must prevent mosquito entry without compromising water quality, maintenance, overflow function or safe cleaning.	Support this amendment**. Recommend** specifying standards for screens, covers, overflows and maintenance of household and institutional water-storage systems. The provision should link mosquito prevention with safe drinking-water storage and contamination prevention.
107	Gutters may be required to be perforated	Replaced	The medical officer of health can require gutters, pipes, grooves or waterways to be perforated every two feet to prevent water accumulation. Failure to comply is an offence.	Replaces Section 107. The EHP can require the occupier or owner to construct gutters, pipes, grooves or waterways in a manner that prevents water stagnation and mosquito harbouring. Failure to comply within the specified time is an offence.	This is a good modernisation. It avoids the old fixed requirement of perforating gutters every two feet and instead focuses on preventing stagnation.	Positive, but the heading still says 'Gutters may be required to be perforated', even though the new text **is broader and does not require perforation**. The phrase 'he or she' also appears and can be replaced by neutral wording.	**Recommend changing** the heading to 'Gutters and roof drainage to prevent stagnant water'. **Replace** gendered wording with neutral wording, for example 'the person commits an offence'.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
108	Larvae may be destroyed	Amended	Where immature mosquito stages are found on premises or in water-holding places, the medical officer of health or sanitary inspector can destroy them and take steps to prevent recurrence.	Replaces 'Divisional Director for Health Services' with 'environmental health practitioner'.	Gives EHPs the direct power to destroy larvae and prevent recurrence.	**Check the amendment wording** carefully against the Act text. The current Act text refers to the medical officer of health or sanitary inspector, while the Bill says it deletes 'Divisional Director for Health Services'. This looks like a **possible mismatch between text in the Bill and the current Act**.	**Recommend verifying** the authoritative consolidated Act before enactment. If the current legal text says medical officer of health or sanitary inspector, the Bill should amend those words directly to EHP.
109	Mere presence of mosquito larvae an offence	Amended	Occupier, owner or person in charge commits an offence if water on premises or in articles is found by the medical officer of health or sanitary inspector to contain immature mosquito stages.	Replaces 'Divisional Director for Health Services' with 'environmental health practitioner'.	Intended to place the offence assessment with EHPs.	Same **drafting concern** as Section 108. The current Act text refers to medical officer of health or sanitary inspector, not Divisional Director for Health Services. A possible source-text **mismatch**.	**Recommend checking** the latest authoritative Act. If the Act still refers to medical officer of health or sanitary inspector, the Bill should replace those terms directly. Also consider whether the offence should be linked to breeding risk, consistent with Section 103, rather than only actual larvae.
110	Penalty	Amended	A person guilty of an offence under Part XI is liable to a fine not exceeding $10.	Increases the fine to $1,000.	Substantially strengthens mosquito-control enforcement.	The penalty increase is useful, especially for dengue prevention. However, enforcement should be paired with education, notices and practical support, especially in villages, informal settlements and low-resource households.	Support the penalty increase, but **recommend a staged compliance approach** where appropriate: education, notice, re-check, then penalty for non-compliance or repeated risk. Immediate penalties should remain available for serious or repeated mosquito-breeding risks.
111	Powers of sanitary inspector exercised by authorised person	Amended	Powers exercisable by a sanitary inspector under Part XI can be exercised by any person authorised in writing by a local authority.	Replaces 'any sanitary inspector' with 'an environmental health practitioner'.	Updates the professional title.	This needs careful checking with Section 5C. If only registered EHPs can perform EHP functions for local authorities, then Part XI should clarify whether other authorised persons can still perform limited mosquito-control tasks under EHP supervision.	Recommend aligning Section 111 with Section 5C. Allow registered EHPs to lead mosquito-control enforcement, while permitting authorised assistants, vector-control workers or local authority staff to perform defined tasks under EHP supervision where needed.

PART XII: SHIPS

Part XII is usefully strengthened by the insertion of Section 112A, which gives authorised EHPs a routine ship sanitation inspection role covering vermin, vectors, blackwater and waste discharge, waste storage, potable water, food areas and sanitary facilities. This is a positive Environmental Health addition. However, the rest of Part XII is not aligned with this new approach. Sections 113 to 116 still use older terms such as 'privy accommodation', 'medical officer of health' and 'sanitary inspector'. Section 112A also appears to contain drafting issues: 'portable water' should be 'potable water', 'sufficient ratio of waste bins' should be clearer, and EHPs should 'assess whether' sanitation conditions comply rather than personally 'ensure' the ship is compliant. Section 117 should clarify who ascertains a nuisance and how abatement notices operate, and Section 118 should be fully redrafted to allow authorised EHPs, with necessary authorised assistance, to remedy ship nuisances safely and recover costs. The Part should also clarify coordination with local authorities, the Fiji Marine Board, port authorities, maritime regulators and ship masters, and should frame ship sanitation as a matter of public and environmental health, not only passenger and crew health.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
112	Interpretation	Not amended	Defines 'ship' broadly as any ship, boat or vessel, with exclusions for Royal Navy and foreign government vessels. Defines 'nuisance' as any matter or circumstance rendering a ship or part of a ship injurious to public health or to the health of passengers or crew.	No direct amendment.	The existing ship and nuisance definitions continue.	The definition of ship is broad and useful, but the definition of nuisance remains limited to public health and passenger/crew health. It does not refer to public and environmental health, environmental contamination, wastewater discharge, blackwater, waste, vectors, water contamination or harbour/foreshore impacts.	**Recommend updating the definition** of ship-related nuisance so it includes risks to public and environmental health, including blackwater, wastewater, solid waste, vectors, contaminated water supply, food contamination, odour, vermin, and discharges affecting harbours, rivers, foreshores or neighbouring premises.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
112A	General ship sanitation inspection	Inserted	No equivalent Section in the current Act.	Inserts a new Section allowing an EHP, duly authorised by the Divisional Director for Health Services, to conduct routine sanitary inspection of any ship. During inspection, the EHP must ensure the ship is free of vermin including rats, mosquitoes and other medically important vectors; has no seepage or direct discharge of blackwater or waste from holding tanks; has a sufficient ratio of waste bins; has adequate waste collection, storage and disposal; has potable water supply free from contamination; has kitchen, cooking and dining areas free from contamination; and has sanitary facilities in good working condition.	This is a strong and useful modernisation. It creates routine ship sanitation inspection and gives EHPs a clear role in maritime Environmental Health.	Positive, but several drafting issues need attention. It says 'portable water' in the Bill text, which appears to mean 'potable water'. It also says 'sufficient ratio of waste bins', which is unclear. The Section uses 'must ensure' during inspection, but an EHP can inspect, assess, require correction and enforce**, not personally ensure the ship's condition**. It also does not clarify inspection frequency, inspection standards, records, certificates, notices, enforcement, links with ports / maritime authorities or international ship sanitation requirements.	Support insertion of Section 112A, but **recommend revising wording**. > Replace 'portable water' with 'potable water'. > Replace 'sufficient ratio of waste bins' with 'sufficient number, type and capacity of wastebins for the ship's use and occupancy'. > Replace 'must ensure' with wording such as 'must assess whether'. > Add regulation-making provisions or standards for inspection frequency, checklists, records, notices, reinspection, certification, enforcement and coordination with maritime and port authorities.
113	Sanitary accommodation on passenger vessels	Not amended	Passenger vessels must provide privy accommodation when required by the Fiji Marine Board, to the satisfaction of the local authority. Failure by the owner or master to provide and maintain such accommodation attracts a fine up to $100 and forfeiture of the ship's certificate.	No direct amendment.	Existing passenger vessel sanitation duty continues.	This Section **remains outdated**. It still uses 'privy accommodation' while the Bill elsewhere replaces this with 'sanitary facility'. It also refers to the Fiji Marine Board, while the new Section 112A gives EHPs ship sanitation inspection powers. The fine is low compared with new Section 117 penalties.	**Recommend replacing** 'privy accommodation' with 'sanitary facilities'. Clarify the relationship between the Fiji Marine Board, local authority and EHPs. Review the penalty and ensure passenger vessel sanitation requirements align with Section 112A.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
114	Power to enter and inspect ships	Not amended	Between 9 am and 6 pm, the medical officer of health or sanitary inspector of the district can enter and inspect ships in relevant waters. If admission is refused, reasonable force can be used. Refusal or obstruction by the master attracts a fine up to $10.	No direct amendment.	Existing inspection power remains, but with old officer titles and low penalty.	**This is a major inconsistency**. The Bill inserts Section 112A giving authorised EHPs routine ship inspection power, but does not update Section 114. Section 114 **still refers to medical officer of health and sanitary inspector**, and limits inspection to 9 am to 6 pm. It also allows reasonable force without modern safeguards.	Recommend amending Section 114 to align with Section 112A. Replace medical officer of health/sanitary inspector with EHP or authorised officer where appropriate. Clarify routine and urgent inspection times, identification, reasonable grounds, force limits, records, obstruction penalty and coordination with port/maritime authorities.
115	Removal of nuisance	Not amended	A medical officer of health or sanitary inspector who is satisfied that a nuisance exists can make a written order requiring the master of the ship to remove or discontinue the nuisance within a reasonable time.	No direct amendment.	Existing ship nuisance order power continues.	Terminology and role inconsistency. Section 112A gives EHPs routine inspection powers, but Section 115 still gives nuisance order power to **the medical officer of health or sanitary inspector.**	**Recommend amending Section 115** so authorised EHPs can issue ship nuisance abatement orders, with clear notice content, timeframe, service, appeal/review and reinspection provisions.
116	What the order can require	Not amended	A nuisance order can require works or acts needed to remove the nuisance, and where recurrence is likely, can prohibit recurrence and direct necessary works to prevent recurrence.	No direct amendment.	Existing content of ship nuisance orders remains.	The Section is useful but **should align with modern ship sanitation risks and EHP inspection powers**. It still refers to the medical officer or sanitary inspector's opinion.	**Recommend updating Section 116** to refer to an authorised EHP or authorised officer. Clarify that orders can require correction of blackwater, wastewater, waste storage, vermin, vectors, water contamination, food contamination, sanitary facilities and other ship sanitation risks.
117	Penalty / abatement notice for nuisance by ships	Replaced	If a ship nuisance order is not complied with to the satisfaction of the medical officer of health or sanitary inspector within the time limited, the person subject to the order is liable to a fine up to $2 for each day of non-compliance.	Replaces Section 117. The new heading is 'Abatement notice for nuisance by ships'. The master or owner of a ship commits an offence upon the existence of a nuisance being ascertained and is liable to a fine of $200 and an abatement notice requiring the nuisance to be rectified. Failure to comply with the abatement notice within the specified time is a further offence, with fine of $1,000 or imprisonment up to 6 months, or both.	Stronger ship nuisance enforcement. It introduces an abatement notice framework and a much higher penalty for non-compliance.	Positive**, but the drafting needs tightening.** It says the master or owner commits an offence 'upon the existence of a nuisance being ascertained', but it does not say who ascertains it. It also appears to impose both a fine and an abatement notice immediately, without clarifying evidence, notice, timeframe, review, or whether minor nuisance conditions first receive a rectification notice.	**Recommend specifying that a nuisance** is ascertained by an authorised EHP or authorised officer. Clarify the abatement notice process, including content, time for compliance, service, reinspection, review/appeal and urgent-risk exceptions. Consider whether the initial $200 fine should be discretionary or reserved for serious, repeated or unrectified nuisance.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
118	Power to implement ship nuisance order	Amended	In case of non-compliance, the medical officer of health or sanitary inspector, with assistants, workmen and servants and force if needed, can enter the ship, remove or remedy the nuisance, prevent continuation, and recover expenses from the master or owner.	Deletes 'with all proper assistants, workmen and servants from time to time and forcibly if need be' and substitutes ', and any authorised environmental health practitioner'.	Inserts authorised EHPs into implementation of ship nuisance orders, but appears to remove older wording about assistants, workers and force.	The amendment is awkward. It does not fully replace the old structure with clear modern wording. It will create uncertainty about whether EHPs can be assisted by technical workers, port officers, waste contractors, police or maritime officers when remedying a nuisance. It also should avoid the old force wording unless safeguards are stated.	Recommend redrafting Section 118 fully. It should state that an authorised EHP, with necessary authorised assistance, can enter a ship and take reasonable steps to remove or remedy a nuisance after non-compliance with an abatement notice or order, subject to safety, records and cost recovery.
119	Application of Parts VII and VIII to ships	Not amended	For infectious disease and venereal disease provisions, any ship lying in waters within or adjoining a local authority district is subject to that local authority's jurisdiction as if it were a house or building in the district. The master is deemed to be the occupier.	No direct amendment.	Infectious disease and venereal disease provisions continue to apply to ships.	Useful, but not modernised. It refers to Parts VII and VIII but **not to the new Section 112A** ship sanitation inspection or broader public and environmental health ship risks. It also does not clearly cover aircraft or conveyances, although the Bill adds conveyance-related language elsewhere.	**Recommend retaining** Section 119 but reviewing whether ship sanitation, infectious disease, water, waste and vector provisions are fully aligned. The master as occupier is useful and should be retained, but responsibilities under Section 112A and Section 117 should also be clear.

PART XIII - WATER SUPPLY

Part XIII is one of the most substantially improved parts of the Bill. The insertion of Sections 120A to 120E moves the Act beyond the older requirement that buildings have 'wholesome water' and introduces water quality monitoring, sanitary surveys, responses to contamination at source and point of consumption, prevention of future water-supply risk, and stronger water pollution controls. This is a positive and necessary Environmental Health modernisation. However, the Part needs careful drafting refinement. 'Portable water' should be corrected to 'potable water'. Water quality standards, sampling frequency, test parameters, sanitary survey methods, reporting and public notification need to be prescribed. The exclusion of private wells and boreholes should be reviewed because private supplies can still pose significant household, rental, institutional or community risk. Section 120C should better distinguish point-of-consumption contamination from source contamination. Section 124's 50 metre sanitary facility separation rule is useful but should be a minimum supported by site-specific risk assessment. Section 120E also overlaps with unchanged Section 126, so the Act should retain one clear water pollution offence rather than two inconsistent provisions.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
120	Houses to be supplied with water supply	Not amended	Every building intended for human habitation must have a proper and sufficient supply of wholesome water for domestic use to the satisfaction of the local authority.	No direct amendment.	The basic duty to provide wholesome domestic water remains.	This is still useful, but it is **old and narrow**. It applies to buildings intended for human habitation and focuses on 'wholesome water', but does not specify water quality standards, continuity of supply, quantity, accessibility, reliability, climate / disaster resilience, or responsibility where water is supplied through communal, rural, village, rainwater or informal systems.	**Recommend retaining** Section 120 but modernising it to align with the new Sections 120A to 120E. It should refer to safe and sufficient water for drinking and domestic use, and should connect to prescribed water quality standards, minimum quantity, reliability, accessibility and monitoring.
120A	Water quality standards and monitoring	Inserted	No equivalent Section in the current Act.	The Board requires local authorities to establish routine sampling programmes and conduct tests as considered necessary to ensure water for drinking or domestic purposes is free from contaminants that pose a health risk. Sanitary surveys must be carried out for all water sources available to the public, and results must be promptly communicated to those responsible for protection and distribution of water.	This is a major improvement. It moves Part XIII from a simple water provision duty to active monitoring, testing and sanitary survey.	**Positive, but incomplete**. The Section does not specify water quality standards, sampling frequency, parameters, responsible laboratory, reporting format, public notification, EHP role, funding, or how monitoring applies in villages, rural schemes, schools, health facilities, private suppliers, rainwater systems and informal supply.	Support insertion of Section 120A. **Recommend regulations or schedules** specifying water quality standards, routine sampling frequency, minimum parameters, sanitary survey method, laboratory requirements, data reporting, public notification, EHP responsibilities, and roles of local authorities, the Board and water-supply operators.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
120B	Presence of contaminant at source of drinking water supply	Inserted	No equivalent Section in the current Act.	Where the Board determines after testing, or believes on reasonable or probable grounds, that water in a well, borehole, public water supply system or water supply system, except a private well or private borehole, poses a significant health risk because of contamination at the source, the Board must require the local authority to take appropriate steps. These include closing or barring access to the source, providing alternate 'portable' water, and formal estimation of health risk. The Board can also serve notice on the owner to install a new permanent well or alternate source, or take further measures.	Creates a formal response mechanism for contaminated source water.	Strong and important, **but several wording issues need attention**. 'Portable water' should be 'potable water'. **The exclusion of private wells and private boreholes** needs careful policy review, because private sources can still create household or community EH risk. The Section also needs clear triggers, standards, timelines, EHP role, public notice, appeal/review and emergency powers.	Support source-contamination response powers. **Recommend** replacing 'portable water' with 'potable water'. Clarify whether and how private wells and boreholes are covered when they supply households, tenants, workers, schools, food premises, lodging houses or communities. Add criteria for significant health risk, public notification, emergency response, timeframes, EHP investigation, alternative water standards and review rights.
120C	Presence of contaminant at point of consumption	Inserted	No equivalent Section in the current Act.	Where the Board determines after testing, or believes on reasonable or probable grounds, that water in a well, public water supply system or water supply system, except a private well or private borehole, poses a significant health risk because of contamination at the point of consumption, the Board must require local authority intervention. The Section includes closing or barring access to the source, temporary or permanent provision of water, elimination of the significant health risk where possible, and notices to owners to warn consumers, provide safe water, install a new permanent well or alternate source, and take further measures.	Recognises that contamination can occur not only at source, but also at point of consumption. This is very important for household storage, shared supply points, communal taps and distribution systems.	**Positive, but drafting is uneven**. Point-of-consumption contamination does not always require closing the source; the source can be safe while storage, distribution, handling or household containers are unsafe. The Section again excludes private wells and boreholes. It also says the Board 'must require' local authority intervention but then says the Board 'may serve notice' in the same structure, which needs clearer sequencing.	Support the point-of-consumption provision, but **recommend refining** it so the response matches the actual contamination pathway. Where contamination is at storage, distribution, household container, tap, vessel or point of use, interventions **should target those points** rather than automatically close the source. Include EHP investigation, consumer notification, household safe storage, treatment advice, re-sampling and re-checks.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
120D	Future health risk at source or point of consumption	Inserted	No equivalent Section in the current Act.	If the Board determines on testing, or believes on reasonable and probable grounds, that water in a well, public water supply system or water supply system, except a private well or private borehole, could pose a significant health risk in the future, the Board can take measures to prevent, eliminate, minimise or otherwise deal with the possible future risk and improve water quality.	Creates preventive authority where water supply risk is foreseeable, not only after contamination is confirmed.	Very useful preventive stipulation, but it **needs clearer criteria**. The phrase 'may in the circumstances pose a significant health risk in the future' is broad. Without criteria, it could be inconsistently applied. The Section also contains drafting errors, including 'reasonable and probable ground' and missing wording in the final phrase.	Support preventive water-supply risk powers. **Recommend adding** criteria for future risk, including sanitary survey findings, catchment hazards, flood risk, drought, nearby sanitation, animal access, distribution failure, turbidity, treatment failure, storage conditions and previous contamination. **Correct grammar** and clarify Board/local authority/EHP responsibilities.
120E	Penalty for polluting water supply	Inserted	Existing Section 126 already provides a penalty where a person defiles or pollutes, or permits or suffers drainage or refuse from land to flow into or be deposited in a watercourse, stream, lake, pond or reservoir forming part of a district water supply.	Inserts a new offence for defiling or polluting, or permitting/suffering drainage or refuse from land to flow into or be deposited in a water source, stream, lake, pond or reservoir forming part of the water supply of a local authority district, village or settlement. Penalty is up to $1,000 or imprisonment up to three months, or both. It also allows the local authority to issue written notices requiring specified prevention steps or requiring a person to desist from the activity. Failure to comply attracts the same penalty.	Strengthens water source protection and extends wording to villages and settlements. It also adds preventive notices where an activity could pollute a water supply.	Strong in principle, but it **overlaps with existing Section 126**, which is not deleted or amended. This creates duplication and possible confusion. The wording also contains drafting issues, including 'permits or sufferers' and 'in any way water source'. It should also align with Section 66, which separately criminalises activities that contaminate water supply or water source.	**Recommend either replacing** Section 126 with Section 120E or amending Section 126 to avoid duplication. Section 120E should be redrafted for grammar and clarity. It should define water source protection duties, notice procedure, responsible person, EHP investigation, local authority powers, timeframes, appeal/review and cost recovery.
121	Local authority may enforce provision of water supply	Amended	If a building intended for human habitation appears to the local authority, by report of a medical officer of health or sanitary inspector, to lack proper and sufficient wholesome water, the local authority must require the owner or occupier to provide it.	Replaces 'medical officer of health or sanitary inspector' with 'environmental health practitioner'.	Gives EHPs the professional reporting role for water-supply inadequacy.	Positive and consistent with EH practice. However, **the Section still focuses on buildings intended for human habitation and does not expressly include** schools, workplaces, health facilities, lodging houses, food premises or other premises where safe water is essential.	Support EHP reporting authority. **Recommend broadening** the provision or linking it to other Parts so safe and sufficient water applies to relevant occupied premises, not only human habitation buildings.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
122	In default local authority may order building not occupied	Not amended	If the Section 121 notice is not complied with, the local authority can direct that the building must not be occupied after a specified time until the notice is complied with.	No direct amendment.	Existing occupancy control continues.	**Useful, but narrow**. It applies to buildings without proper water supply, but it does not include graduated risk-based responses, temporary water supply, vulnerable residents, rental premises, schools or health facilities.	Recommend retaining the occupation restriction as a serious remedy, but adding risk-based alternatives such as temporary safe water, emergency supply, repair timelines, and protection of vulnerable occupiers.
123	Penalty	Amended	A person who fails to comply with a written notice under Section 121 commits an offence and is liable to a fine up to $10 and a continuing fine of $4 per day after conviction.	Increases the fine from $10 to $200 and the continuing fine from $4 to $20.	Penalty increases, but remains modest compared with many other Bill penalties.	The increase is useful **but relatively low, given the importance of safe water**. It is lower than many nuisance, lodging house and general penalty increases.	**Recommend reviewing whether the penalty is proportionate** to the risk of failing to provide safe water. Consider higher penalties for repeated, commercial, rental, institutional or intentional non-compliance.
124	Well to be fitted with raised parapet etc.	Amended	A well used or likely to be used for drinking, domestic purposes or manufacturing drink must have a raised parapet and properly fitting cover, and, if required by medical officer of health or sanitary inspector, a lining or pump.	Heading adds 'borehole'. Section is renumbered as Subsection 124(1). 'Well' is changed to 'well or borehole' wherever it appears. Medical officer/sanitary inspector is replaced with EHP. New Subsection 124(2) states sanitary facilities must be at least 50 metres from the nearest well or borehole and not uphill from a watercourse, stream, lake, pond or reservoir forming part of the water supply. New Subsection 124(3) makes construction of a sanitary facility within 50 metres from a well or borehole an offence, with fine up to $5,000 or imprisonment up to six months, or both.	This is a major water source protection amendment. It updates wells to include boreholes and introduces a minimum separation distance from sanitary facilities.	Strong and important, **but needs technical refinement.** A fixed 50 metre distance is useful as a minimum, but safe separation depends on soil, slope, groundwater flow, flood risk, aquifer type, sanitation type and construction quality. The wording 'not to be constructed uphill' is **grammatically awkward** and should probably refer to sanitary facilities not being located upslope where drainage or seepage can contaminate water sources. It also says 'part of a the water supply'.	Support minimum separation requirements**, but recommend technical drafting.** Keep 50 metres as a minimum unless a qualified EHP or engineer determines greater separation is needed. Include hydrogeology, slope, flood risk, soil permeability and sanitation type. Correct grammar and clarify whether existing facilities must be upgraded, relocated or risk-assessed.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
125	Tank etc. to be kept clean	Amended	A tank, cistern or other water-storage receptacle used or likely to be used for drinking or domestic purposes or drink manufacture must be kept clean and protected from contamination to the satisfaction of the medical officer of health or sanitary inspector.	Replaces 'medical officer of health or sanitary inspector' with 'environmental health practitioner'.	Gives EHPs authority over cleanliness and contamination protection of water-storage tanks and receptacles.	Positive, **but the Section is still brief**. It does not specify cleaning frequency, covers, screens, first-flush devices, animal access prevention, overflow protection, sampling, household safe storage, or post-disaster cleaning.	Support EHP authority. **Recommend regulations or guidance on safe water-storage design**, cleaning, inspection, screening, overflow protection, first-flush systems for rainwater tanks, household containers, and post-flood or cyclone re-checks.
126	Penalty for polluting water supply	Not amended	A person who defiles or pollutes, or permits or suffers drainage or refuse from land to flow into or be deposited in a watercourse, stream, lake, pond or reservoir forming part of a district water supply is liable to a fine up to $20.	No direct amendment.	The old pollution penalty remains alongside new Section 120E.	**This is a clear duplication and inconsistency issue**. Section 126 is not repealed, but new Section 120E covers very similar conduct with a much higher penalty and broader village/settlement wording. Keeping both could confuse enforcement.	**Recommend deleting Section 126 or replacing it with the new Section 120E framework**. The Act should have one coherent water pollution offence with clear penalties, notice powers, EHP/local authority roles and cost recovery.

PART XIV: LAUNDRIES

Part XIV is only minimally amended by the Bill. The addition of 'safe storage of solid waste' to Section 127 is useful, but laundry regulation needs broader modernisation. Laundries raise Environmental Health issues beyond solid waste, including water supply, wastewater, drainage, chemical and detergent storage, contaminated linen, infection control, ventilation, heat, moisture, mould, odour, pest control and high-risk linen from healthcare, hospitality and shipping. The amendment is also placed awkwardly in the paragraph dealing with water supply and drainage. Section 127 should be restructured so that solid waste is addressed clearly, and regulations should expressly cover wastewater, chemicals, contaminated linen, infection control, ventilation, moisture and mould, EHP inspection, monitoring and enforcement.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
127	Regulations for laundries	Amended	The Board, with Minister approval, can make regulations for registration of laundries, water supply and drainage of laundries, and the structure, ventilation and sanitary conditions of any building or part of a building used as a laundry.	Inserts 'safe storage of solid waste' after 'supply' in paragraph (b). The regulation-making power therefore covers registration, water supply, safe storage of solid waste, drainage, structure, ventilation and sanitary conditions.	This broadens the laundry regulation-making power to include solid waste storage. It recognises that laundries can generate waste that needs safe storage before collection or disposal.	The amendment is **useful but narrow**. Laundries pose much wider Environmental Health risks than solid waste alone, including wastewater quality and discharge, chemicals and detergents, contaminated linen, infection control, worker safety, ventilation, moisture, mould, heat, drainage, vector risk, odour, greywater reuse, and links with healthcare, hospitality and shipping linen. The amendment also inserts solid waste into paragraph (b), which currently concerns water supply and drainage, so the structure of the paragraph could be clearer.	Support adding solid waste storage, but recommend modernising the whole laundry regulation-making provision. Regulations should cover water supply, wastewater, chemical storage, detergent and disinfectant handling, contaminated linen, infection control, ventilation, heat and moisture, mould prevention, drainage, pest control, odour, solid waste, healthcare or high-risk linen, monitoring, EHP inspection and enforcement. Consider restructuring Section 127 so solid waste is its own paragraph rather than being inserted into the water supply and drainage paragraph.

PART XV: BY-LAWS AND REGULATIONS

Part XV is amended only by increasing the penalty ceilings for offences under by-laws and regulations. This is useful and aligns with the Bill's stronger compliance approach. However, the Part should also be viewed in light of the wider consultation point that an Act should not carry excessive technical detail. The Act should provide clear authority for regulations, by-laws, standards, codes and approved guidelines to specify the necessary technical requirements for water quality, waste, sanitation, mosquito control, ship sanitation, built environment conditions, laundry controls, lodging houses, offensive trades and EHP registration. Section 129 should continue to provide Ministerial oversight, but regulations and by-laws affecting Environmental Health Practices and Services should be technically informed by the Board and EHPs, and model by-laws or standard regulatory instruments should be considered to support consistent implementation across local authorities.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
128	Penalties for breaches of by-laws and regulations	Amended	Except where the Act provides otherwise, by-laws or regulations made under the Act can impose fines up to $200 for each offence and, for continuing offences, a further fine up to $4 per day after conviction.	Increases the maximum fine from $200 to $2,000, and the continuing daily fine from $4 to $100.	Strengthens the penalty ceiling for offences created under by-laws and regulations. This supports the Bill's broader compliance direction.	The increase is useful, **but the Section remains a penalty ceiling only.** It does not help ensure that future regulations are modern, risk-based, consistent or proportionate. It also does not deal with fixed penalties, infringement notices, administrative notices, continuing nuisance, cost recovery, or graduated compliance pathways.	Support the penalty increase, **but recommend that regulations and by-laws made under the Act use proportionate, risk-based penalty structures**. The Act should provide sufficient authority for regulations to include notices, fixed penalties, reinspection, cost recovery, suspension, cancellation, record-keeping and appeal/review mechanisms, where appropriate.
129	Confirmation of by-laws and regulations	Not amended	Except where the Act provides otherwise, by-laws or regulations made under the Act do not take effect unless submitted to and confirmed by the Minister.	No direct amendment.	Ministerial confirmation requirement continues.	This provides central oversight, but it can also slow local Environmental Health responses if not managed efficiently. The Bill expands whole-of-Fiji and Environmental Health responsibilities, so the process for approving regulations and by-laws should be clear, timely and technically informed.	Recommend retaining Ministerial confirmation, but **ensure the process** includes technical input from the Board and EHPs where by-laws or regulations affect Environmental Health services, nuisance, water, sanitation, waste, mosquitoes, built environment, food premises, ship sanitation or offensive trades. Consider timeframes or standard model by-laws to support local authorities.

PART XVI: LEGAL PROCEEDINGS

Part XVI is important because it determines how the amended Act will be enforced in practice. The replacement of Section 130 modernises cost recovery, and the increase in Section 141 updates the general penalty. However, the Part needs closer alignment with the wider Bill. Section 132 appears to intend that EHPs can appear or act in legal proceedings, but the drafting contains serious wording and spelling errors and should be corrected. Section 134 should be modernised because the Bill creates many new notices, orders, abatement notices and fixed penalty processes that need reliable service and proof of service. Section 138 should be expanded or supported by regulations so that administrative decisions, including fixed penalties, abatement notices, EHP orders, Board approvals, revocations, registration decisions and cost recovery notices, have clear review or appeal pathways. The deletion of Section 140 is one of the most significant changes in the Bill because, read with new Section 1A, it brings traditional villages within the Act's general application. This is supportable in principle for whole-of-Fiji Environmental Health protection, but it requires clear implementation provisions for local authority responsibility, village leadership engagement, iTaukei governance coordination, EHP roles, resourcing, education-first compliance where appropriate, and staged enforcement.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
130	Recovery of costs and expenses	Replaced	Where a local authority has incurred expenses for which the owner of premises is liable under the Act or an agreement, those expenses can be recovered with interest up to 5% per annum from the owner when the works are completed. Until recovered, the expenses and interest are a charge on the premises.	Replaces Section 130. Where a local authority has spent funds for which the property owner is legally responsible under the Act or a contractual agreement, it can recover those funds plus interest up to 5% per annum from the date of formal notice of demand until full payment. Recovery can be pursued against the legal title holder at the time the improvements or services were completed. Until full payment, a statutory lien can be placed on the property.	Modernises cost recovery and makes the charge/lien language clearer. It strengthens the local authority's ability to recover funds spent on required works or services.	Positive, but the **wording needs care**. It refers to 'improvements or services', which could be broader than the Act's usual nuisance, sanitation and EH works. It also needs alignment with other cost recovery Sections, including Sections 64, 99, 118 and 120E. The process for notice, dispute, appeal, lien registration and release is not specified.	Support modernising cost recovery, but **recommend adding or enabling regulations** for notice of demand, evidence of costs, right to object or appeal, lien registration, lien discharge, interest calculation, and recovery where responsibility is shared by owner, occupier, operator or polluter. Cross-check with other cost recovery provisions to avoid inconsistency.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
131	Recovery of penalties	Not amended	Proceedings to recover any fine under the Act can be instituted and carried on by an aggrieved party, the Board, or the local authority of the district where the offence is committed.	No direct amendment.	Existing penalty recovery pathway continues.	This remains useful, but it **does not expressly include EHPs** or authorised officers initiating or supporting proceedings, despite the Bill giving EHPs stronger enforcement roles.	Recommend retaining Section 131 **but clarifying**, either here or through Section 132 and regulations, how EHPs and authorised officers initiate, support or give evidence in proceedings on behalf of the Board or local authority.
132	Appearance of local authority in legal proceedings	Replaced	The Board or local authority can appear in court or legal proceedings by its clerk, or by an officer or member authorised by resolution. That person can institute and carry on proceedings the Board or local authority is authorised to institute under Section 131.	Replaces Section 132. The new text says the Board of any local authority can appear by an 'environment health pratiioner' or by any officer or member authorised by resolution. The same authorised person can institute and carry on proceedings under Section 131.	Intended to allow EHPs to appear and act in legal proceedings for the Board or local authority.	**Important but poorly drafted**. 'The Board of any local authority' is unclear. 'Environment health pratiioner' contains spelling and terminology errors and should be 'environmental health practitioner'. The relationship between EHP authority and legal representation needs care, especially where legal practitioners are required.	Support enabling EHPs to institute and carry on EH proceedings where appropriate, **but redraft Section 132.** Suggested wording should refer to 'The Board or a local authority' and 'an environmental health practitioner or other officer or member authorised by resolution'. Correct spelling and clarify that this does not displace the role of legal practitioners where legal representation is required.
133	Fines recovered by city or town council	Not amended	Fines, penalties and forfeitures recovered under the Act by or on behalf of a city or town council are paid into that council's general revenue.	No direct amendment.	Existing revenue allocation continues.	This is unchanged, but the Bill now applies the Act to the whole of Fiji and increases many penalties**. It does not say how fines recovered by or on behalf** of rural local authorities, the Board, Ministry-led local authority functions or village-related enforcement are allocated.	**Recommend reviewing** fine revenue allocation under the expanded whole-of-Fiji application. The Act should clarify how penalties are allocated for rural, village, Board-led or Ministry-led enforcement, and whether funds support EH service delivery.
134	Service of notices and orders	Not amended	Notices and orders can be served by delivery to the person addressed, or where addressed to two or more persons, by delivery to one of them or their residence. Notices to owners can also be served by delivery to a person on the premises or by fixing the notice on a conspicuous part of the premises.	No direct amendment.	Existing service methods continue.	This Section is important because the Bill introduces many notices, abatement notices, orders and penalties. However, **service methods are old and do not cover modern communication**, corporate owners, absent landlords, informal settlements, electronic service, registered mail, email, mobile messaging, or proof of service.	Recommend **modernising service provisions** or enabling regulations for service by registered post, electronic means, corporate service, agent service, occupier service, conspicuous posting, and record of service. This is especially important for abatement notices, water notices, lodging house notices and enforcement notices.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
135	Nuisance caused by or existing on premises of two or more owners	Replaced	Where a nuisance is caused by the joint act or default of two or more persons or exists on premises of two or more owners, proceedings can be brought against one or more of them without proceeding against all. Persons proceeded against can recover contribution from others where legally entitled.	Replaces Section 135 with updated wording. Where a nuisance arises from combined action or negligence of multiple parties, or from properties under shared ownership, legal action can be initiated against one or more parties without requiring proceedings against all. Named parties can seek contribution from other liable parties where available under law.	Modernises multi-party nuisance liability and preserves contribution rights.	Positive, but **it should align with broader EH realities:** nuisances and water/waste problems can arise from owner, occupier, operator, contractor, tenant, body corporate, company, village/community arrangement or shared infrastructure.	Support replacement of Section 135. **Recommend ensuring 'multiple parties'** is broad enough to include owners, occupiers, operators, contractors, companies, body corporates, service providers and persons controlling premises or activities.
136	Proceedings not to abate by reason of death	Not amended	Proceedings against several persons do not abate because one person dies, and can continue against the survivors as if the deceased had not been included.	No direct amendment.	Existing continuation rule remains.	No major issue.	No comment needed, except to retain consistency with updated multi-party liability wording in Section 135.
137	Owner of premises need not be further designated	Not amended	In proceedings, it is sufficient to refer to the owner of premises as 'the owner' without name or further description.	No direct amendment.	Existing procedural simplification continues.	Useful, especially where ownership is unclear. However, the Bill's broader occupier definition and cost recovery provisions may require clearer identification of owner, occupier, operator or person in control.	Recommend retaining Section 137, but ensure notices and proceedings can also refer to occupiers, operators, persons in control, and persons responsible for activities where relevant.
138	Right of appeal	Not amended	A person aggrieved by a conviction or order made by a magistrates' court under the Act can appeal to the Supreme Court unless the Act provides otherwise.	No direct amendment.	Existing appeal right continues.	This is important. However, the Bill creates or strengthens administrative notices, fixed penalties, abatement notices, EHP orders, Board orders and design approvals/revocations. Not all of these go through a magistrates' court first. Appeal or review rights for administrative decisions are not always clear.	Recommend retaining Section 138 but **adding clear review/appeal mechanisms** for administrative notices, fixed penalty notices, EHP orders, Board design approvals, revocations, abatement notices, registration decisions and cost recovery decisions.
139	Forms and fees	Not amended	The Minister can make regulations prescribing forms used under the Act and fees to be paid.	No direct amendment.	Existing forms and fees regulation power continues.	**This Section becomes more important because the Bill creates many new processes**: EHP registration, Board approvals, water monitoring, abatement notices, ship sanitation inspections, lodging house documentation, fixed penalties and cost recovery.	**Recommend using Section 139,** or an expanded regulation-making provision, to prescribe modern forms and fees for notices, approvals, registration, inspections, certificates, fixed penalties, appeals and reporting.

Section	Act descriptor	Bill status	Current Act	Proposed Bill changes	Practical effect	Consultation alert	Comment / Recommendation
140	Act not to apply to Fijian villages	Deleted	The Act does not apply to Fijian villages, except that after consultation with the Fijian Affairs Board, the Minister can apply any Part or provision to such villages by order. The Act notes that Part VII was applied to all Fijian villages from 15 November 1966.	Deletes Section 140.	This is a major change. Read with new Section 1A, the Act applies to the whole of Fiji, including traditional villages.	Strong policy direction, **but implementation is not clearly set out.** The Act currently has city/town local authorities and rural arrangements, with traditional villages historically excluded unless provisions are applied. Deleting Section 140 brings villages into the Act, but the Bill must clarify who is responsible, how enforcement works, how village leadership and iTaukei governance structures are engaged, how local authorities and MoH officers interact, and how resourcing works.	Support whole-of-Fiji EH protection in principle, but **recommend transitional and implementation provisions**. The Bill should clarify responsible authority, consultation with village leadership and iTaukei institutions, EHP role, education-first compliance where appropriate, enforcement pathway, funding, and staged implementation for village settings.
141	General penalty	Amended	A person who contravenes or fails to comply with any Act provision, regulation, by-law, order or notice, where no specific penalty is provided, is liable to a fine up to $10, or for continuing offence $4 per day after conviction, and imprisonment up to one month in default of payment.	Increases the general fine from $10 to $5,000 and the continuing daily fine from $4 to $500.	Substantially strengthens the default penalty across the Act.	The penalty increase supports compliance, **but it is very large compared w**ith the old Act and could apply broadly where no specific penalty is provided. This is significant in rural, low-income and village settings now brought within the Act. It needs proportionality, discretion and clear enforcement guidance.	Support updating the general penalty, but **recommend proportionality safeguards and enforcement guidelines** The Act or regulations should support graduated enforcement where appropriate, including advice, notice, re-check, abatement, fixed penalty and prosecution, while retaining strong penalties for serious, intentional, repeated or high-risk non-compliance.

[VERBATIM REPORT]

STANDING COMMITTEE ON SOCIAL AFFAIRS

PUBLIC HEALTH (AMENDMENT) BILL 2026

SUBMITTEE: **Ministry of iTaukei Affairs and iTaukei Affairs Board, Ministry of Health and Medical Services, Ministry of Rural, Maritime & National Disaster Management**

VENUE: **Big Committee Room, Suva**

DATE: **Tuesday, 2nd June, 2026**

VERBATIM NOTES OF THE MEETING OF THE STANDING COMMITTEE ON SOCIAL AFFAIRS HELD AT THE BIG COMMITTEE ROOM, PARLIAMENT PRECINCTS, GOVERNMENT BUILDINGS, ON TUESDAY, 2ND JUNE, 2026 AT 9.19 A.M.

Interviewee/Submittee : Ministry of iTaukei Affairs and iTaukei Affairs Board
Ministry of Health and Medical Services
Ministry of Rural, Maritime & National Disaster Management

In Attendance:

1. Mr. Paula Tuione - Acting Permanent Secretary
2. Ms. Venina Moce - Acting Director Development Services
3. Ms. Talei Kocovanua - iTaukei Affairs Board
4. Ms. Sova Nagatalevu - iTaukei Affairs Board

Ministry of Health and Medical Services

1. Mr. Luke Vonotabua - Acting Chief Health Inspector
2. Mr. Toga Vosataki - National WASH Coordinator

MR. CHAIRMAN.- Honourable Members, members of the public, Secretariat staff, dear viewers, ladies and gentlemen, a very good morning to all. It is a pleasure to welcome everyone who is here in this room today, especially the viewers who are watching this public hearing session live. At the outset, for information purposes, pursuant to Standing Order 111 of the Standing Orders of Parliament, all Committee meetings are to be open to the public. Therefore, please note that this submission is open to the public and the media, and is also being aired via the *Walesi* platform and streamed live on Parliament's website and social media platforms.

For any sensitive information, honourable Members and our guests here this morning, concerning the matter before us that cannot be disclosed in public, this can be provided to the Committee either in private or in writing. However, please be advised that Standing Order 111 permits non-disclosure in the following circumstances:

1. National security matters;
2. Third-party confidential information;
3. Personnel or human resources matters; and
4. Committee deliberations and the development of the Committee's recommendations, as well as the report before us.

This is a parliamentary meeting, and all information gathered is covered under the Parliamentary Powers and Privileges Act 1965. However, please bear in mind that we do not condone slander or libel of any sort, and any information brought before this Committee should be based on facts. In terms of the protocol for this Committee meeting, please minimise the use of mobile phones. All mobile phones are to be on silent mode while the meeting is in progress. I wish to remind honourable Members and our guests that all questions are to be addressed through the Chairperson. I would now like the honourable Members of the Committee to introduce themselves.

(Introduction of Committee Members)

Today, the Committee will be hearing submissions from the Ministry of iTaukei Affairs and the iTaukei Affairs Board. This is in relation to the Public Health (Amendment) Bill 2026, Bill No. 4 of 2026.

Before us, we have representatives from the Ministry, and I would like to thank them for availing themselves to appear at this hearing. Due to time constraints, you may give a brief presentation, and the

honourable Members will intervene with supplementary questions during your presentation. I now invite the officials from the Ministry to introduce themselves and then begin their presentation.

(Introduction of the Ministry of iTaukei Affairs and iTaukei Affairs Board officials)

MR. P. TUIONE.- Firstly, we acknowledge the opportunity given to the Ministry of iTaukei Affairs and the iTaukei Affairs Board to be part of this consultation on this very important Bill, which we believe is aligned with how best we can address the well-being of our iTaukei communities and their needs in that regard. I think the governance structure is such that we really need the Bill in place so that we can better address their well-being. Mr. Chairman, we have submitted our written submission to the Secretariat, and I will briefly touch on some of our comments in regard to this draft. Overall, Mr. Chairman and honourable Members, we support it.

HON. P.K. BALA.- Mr. Chairman, may I intervene? The Acting Permanent Secretary has just stated that he has provided a written submission. We have not received it.

MR. P. TUIONE.- Mr. Chairman, just this morning we have submitted a written submission. We have already emailed it to the Secretariat, and I think you will have time to review it. I will, however, briefly take the Committee through our written submission.

MR. CHAIRMAN.- Have you received that, Secretariat?

SECRETARIAT.- Yes, Sir.

MR. CHAIRMAN.- Okay, we have not had access to that for the time being. Just give us a brief. If anything comes up on the screen, it will be sufficient for us.

MR. P. TUIONE.- Noted, Mr. Chairman. Overall, the Ministry supports the amendment of the Bill. The Bill highlights very important governance on how best we can look into public health in the rural sector in regard to iTaukei communities. We also note that the Bill recommends penalties that will assist our communities in complying with standards on how they manage public health in a holistic approach. Therefore, we support the Bill. However, there are a few matters that we would like to highlight this morning.

First is the clear definition of the boundary. The Bill refers to sanitary districts. The iTaukei governance structure has clear provincial boundaries that extend down to districts and villages. We would just like clarification on the definition of the boundary, as this would answer whether the Bill also includes villages. The reason being that we also have current regulations that clearly demarcate the public health component under the iTaukei regulations of 1996. These are some of the matters we would first like to highlight, and we would appreciate clarification if this can be clearly stated in the Bill.

Second to that, there are some mentions of the local authorities...

MR. CHAIRMAN.- Acting Permanent Secretary, what do you recommend for us to address as we move along in relation to the question raised by the Ministry?

MR. P. TUIONE.- Yes, I would prefer that they be addressed before we move to the next part, Mr. Chairman.

MR. CHAIRMAN.- Thank you very much, honourable Members. I believe that is a very important area that needs to be addressed. Remember they have their own by-laws in terms of how they

look at the structure of each village, in terms of the regulations that are covered in their own Bill, which they have already stated. On that note, honourable Members, if there is any query on that, the technical team will sum it up for us.

HON. P.K. BALA.- Mr. Chairman, I think the answer will come from our good friend from the Ministry of Health. However, I just want to know, as a matter of interest, the Acting Permanent Secretary has just mentioned that they have the 1996 regulations, which include the health aspect of it. I just want to know whether you had a look at those regulations before doing this amendment?

HON. A. BIA.- Mr. Chairman, through you. A good point is being raised by the Acting Permanent Secretary, because in the Bill it talks about the power of entry. Does it mean that, when considering boundaries and the power of entry, it also includes villages?

MR. L. VUNITABUA.- Mr. Chairman and honourable Members, and the team from *iTaukei* Affairs. In terms of the boundaries in the current Act and also in the Bill, it is clearly stated that there is a Rural Local Authority and also an Urban Local Authority. The Urban Local Authority refers to municipal councils that look after ratepayers, and outside the urban area is the Rural Senatorial District. Those who do not pay town rates fall under the services provided under this Act by the Ministry of Health and Medical Services.

In the principal Act, the current Act that we have, Section 140 clearly states that the Public Health Act shall not be applied in *iTaukei* villages. That is Section 140. In the proposed Bill, we are proposing that the Act be applied to the whole of Fiji. That will also include *iTaukei* villages. This is the Public Health Act 1935 that we are seeking to review. In past experience, we have seen that we cannot enforce the Public Health Act in *iTaukei* villages. Although we receive a number of public health complaints from villages, we cannot enforce the Act because Section 140 does not allow the Act to be applied to *iTaukei* villages.

We also observe that many health issues arise from *iTaukei* communities, including animal keeping, cleanliness of villages, wastewater disposal, sanitary conditions in some villages, and mosquito breeding. These are the issues, and we also conduct monthly disease surveillance. You will note that a significant number of cases are coming from the *iTaukei* population compared to other populations. Leptospirosis cases are about 70 percent *iTaukei*, and dengue fever cases are also about 70 percent *iTaukei*. These are the challenges we are facing, and that is why we have proposed, in the interpretation part of the proposed Bill, that the Act be applied to the whole of Fiji.

MR. CHAIRMAN.- Acting Permanent Secretary, does that answer your question, or do you have any further explanation on that?

MR. P. TUIONE.- Mr. Chairman, we appreciate the explanation from the team from Health. We also understand the issues that have been highlighted. It is a reality in some villages. However, we would suggest, as clearly stated by the honourable Member on Section 16, that the Head of Environment Health has the power to enter any premises. If it could be considered, for example, through consultation, because we have provisional regulations that state that for anyone to enter any villages, it needs to go through the Provincial Office and the *Turaga ni Koro*. If this could be considered in consultation with the Provincial Office, as there is existing legislation in place that may guide the matter, rather than allowing anyone to enter, as Section 16 states on powers to enter any premises and inspect, it would be good to consider that.

MR. CHAIRMAN.- Thank you, Acting Permanent Secretary. That area is noted by the team here with us. We will try to incorporate it as we proceed and will consult with honourable Members as well as our technical team from the Ministry of Health. It is well noted, and we will consider it.

MR. P. TUIONE.- Mr. Chairman and honourable Members, the second matter we would like to raise this morning is the clear definition of the word "obstruction" as highlighted in the compliance provisions. If this could be clearly defined in that context, it would assist understanding the current status of our villages. I think we need to clearly define this in order to understand what constitutes obstruction, and when a person may be considered to be in breach of compliance under this Act. Therefore, we would like to request that there be a clear definition of "obstruction."

MR. CHAIRMANI.- I believe the answer to that question will come from the Ministry's technical team who are present here with us this morning. If they can further deliberate on the importance of the subject matter, which is the obstruction area, the floor is open to you, Ministry of Health.

MR. P. TUIONE.- Section 16(a) page 9(c)

MR. T. VOSATAKI.- Mr. Chairman and honourable Members of the Committee, and members of the Ministry of iTaukei Affairs and the iTaukei Affairs Board. "Obstruction of duties" is something that is present in all sections of the Act. Simply, it is anything that may deny or prevent officers of the Board from carrying out their duties. This may take many forms, including refusal to permit entry into premises and refusal to allow officers of the Board to carry out any aspect of their duties as prescribed by the Board. These all constitute obstruction under the Public Health Act. For assistance, in terms of the submission today, this could also be included in the preliminary section of the Act, to assist anyone who seeks to clarify what is meant by "obstruction" in the Public Health Act.

MR. CHAIRMAN.- Honourable Members, any supplementary questions?

HON. A. BIA.- I think the obstruction correlates very well with the power of entry. I am just putting forward an idea, and I think the Ministry of Health would also assist on this. In relation to the power of entry, with this Bill, I believe the Ministry respects the legislation and the laws that are already in place for villages as well as provincial councils. However, this is critical in the context of health emergencies, for example, COVID-19. What the Ministry of Health experienced during COVID-19 was the need to go through all procedures, even in an emergency situation, when accessing villages. I think this Bill will assist in enabling the Ministry of Health to respond more quickly in critical emergencies or health crises, should they occur again, so that we are better prepared.

MR. CHAIRMAN.- Thank you very much, Sir, for that. I believe the point is becoming clearer to everyone now. Acting Permanent Secretary, you may continue.

HON. P.K. BALA.- Mr. Chairman, may I intervene? I just want to know from the Acting Permanent Secretary what some of the major concerns are that you wish to highlight in relation to this "obstruction" provision, because the honourable colleague here has clearly stated the reason behind including this in the Amendment Bill. He has also given an example of COVID-19 and what staff went through.

MR. P. TUIONE.- Mr. Chairman, I think the explanation from the Ministry of Health and also from the honourable Member is now clearly stated. Section 16(c) states obstruction of the Head of Environment Health and officers. Although it is not clearly defined in that section, it is now well clarified. In any emergency, including a COVID-19 outbreak or any disease outbreak, I think that is now well defined. We are raising this point because the penalty is $500. It does not clearly state the circumstances, particularly in emergencies, and I think that is very important for us to note.

MR. CHAIRMAN.- It is well noted, Acting Permanent Secretary. We are still having preliminary discussions at this stage. This is assisting both us and the Ministry before we compile the report back to Parliament. This is an area that we need to address from both sides.

MR. P. TUIONE.- Mr. Chairman and honourable Members, I think lastly, to conclude what we have found in our submission this morning, and from hearing from the team from Health, the Act will be including villagers and *iTaukei* communities. We appreciate that, in the sense that it also addresses some of the fundamental public health issues. However, we would like to also highlight that it is important to note that the Bill will be geared towards a community-centred health approach, where the people will be a very important component in this, especially in relation to our traditional *iTaukei* knowledge. There is knowledge within our practices that can assist the team from Health in relation to this Act.

Secondly, we appreciate the idea that consultation will be more inclusive across all communities. We would also like to highlight that. We are willing to say that you will be able to consider our Act as well, as well as the Regulations of 1996. We are willing to discuss further how we can synergise the two in order to achieve the objective of keeping our people healthy and resilient as we move towards the various challenges emerging in our villages, including health and other socio-economic factors.

Lastly, we would also like to highlight environmental stewardship. If the Ministry of Health can also consider this from the perspective of *iTaukei* culture, emphasising stewardship of land and sea resources, and how best the Board will be able to deliver the implementation of this Bill, considering these important resources that *iTaukei* people are blessed to own. We also wish to recognise customs and official programmes for sustainable health outcomes, if that can also be considered. In the legislative review, we also note cultural sensitivities; however, we believe this Bill is very important, and we would like to highlight that these aspects be considered moving forward.

In conclusion, this Bill would take a more holistic approach, where people will be committed to taking ownership of it and implementing it with a good heart, and with an understanding of its importance. This also extends to capacity building in villages. If there is a possibility for this to be translated into *iTaukei*, and for thorough consultations to be undertaken to raise awareness, that would be appreciated. We understand that the consultation programme we received was about one day in each province, and we hope that our health inspectors and specialists, with the assistance of the Roko Tui, will assist in improving awareness of this very important Bill, so that ultimately people will take ownership and be willing to implement it.

Mr. Chairman and honourable Members, I think that concludes our submission this morning. We would be willing to assist and may come back at a later date to submit our written submission again, if that can be allowed. We need to consult our team, provincial officers, and council members, and then we will submit another written submission in about two weeks' time. Mr. Chairman and honourable Members, we thank you again for this opportunity. This is all from the Ministry of iTaukei Affairs and the iTaukei Affairs Board.

MR. CHAIRMAN.- I believe what you have alluded to, in terms of the interpretation of the Bill in the three languages, was part of our request to the Ministry of Health. Maybe they are considering that as part of how best we can communicate with the public in those three languages. We were mindful, before going out to conduct consultations throughout Fiji, to have those versions readily available.

Ministry of Health, can you comment on that, particularly on getting that organised in the three languages before we go out, especially *iTaukei*, Hindi and English? Currently, it is in English, which we all agree on, but the other language versions also need to be available so that people can be fully aware during our consultations with the public.

MR. L. VONOTABUA.- The proposed amendments in the Bill have already been translated into the iTaukei and Hindi languages. We are ready to circulate them when we conduct the consultations.

MR. CHAIRMAN.- By looking at the Bill and the presentation this morning, I believe they have covered all the key critical areas that need to be addressed in consultation with the Ministry of Health, apart from their own legislation, which they have already discussed with us. On that note, if there are any supplementary questions, they need to be raised now. They have already advised us that they will be submitting their written submission to us.

HON. V. PILLAY.- Acting Permanent Secretary and the team, the current law under the Act was not applied to villages. Once this amendment is passed and comes into force, it will now be applied in villages. You have mentioned obstruction and nuisance. The Bill also addresses some structures, particularly those we see in villages and rural areas, where structures may not have been constructed in accordance with the requirements of the relevant authority. Residents may also be required to vacate such structures, and these structures may be demolished. The penalties have also increased significantly under the proposed changes. What is your view on that?

MR. P. TUIONE.- What I have stated earlier is how best the two will work together. Our current public health penalties are not as high as those proposed in the revised legislation. Secondly, the structures in our villages are communal rather than individual. In that sense, we need to consider how some of these penalties will be addressed when looking at communal systems, such as drainage systems that are communally owned by the village. As rightly stated by the honourable Member, that is why I am requesting thorough awareness in this regard. If not, honestly speaking, more than 50 percent of our villages could be penalised. While that may be fair in some cases, some people may end up facing imprisonment or having to pay thousands of dollars in penalties. I am therefore requesting that thorough consultation and awareness be carried out before this is put into practice.

HON. V. PILLAY.- These penalties will be charged individually per home, not on a communal system. As soon as this law is passed, we can expect a number of complaints to be made to the relevant authorities. The law is very good, and everyone needs to be looked after in regard to public health. However, it is the manner in which it will be applied, and how people will be penalised, including the amounts stated in each instance, that is of concern, as they are quite significant.

MR. CHAIRMAN.- Ministry of Health, can you please enlighten us on what has been discussed so far, particularly on some of the important areas raised?

MR. T. VOSATAKI.- Mr. Chairman, certainly this is something that the iTaukei community will need to take on through advocacy. During the sessions that we will conduct prior to the actual rollout of enforcement, it may take one to two years, focusing on advocacy within the iTaukei settings that currently exist—through the Bose Vakoro, Bose ni Tikina, and Bose ni Yasana — ensuring that everyone is fully aware of the implications of the legislative changes.

I think the concern from the Ministry is well noted, as well as the concern from the honourable Member, that the community needs to have an understanding that once enacted and awareness is carried out, iTaukei communities will need to understand that certain matters now fall under a legal framework, rather than what previously existed under traditional arrangements. Mr. Chairman, any form of non-compliance will result in hefty fines, as described by the honourable Member—fines that are intended not to punish, but to deter such practices. On that note, I would also suggest to the Ministry and the Board, in their submissions over the next fortnight, that they look into what already exists under the iTaukei

Affairs Act, which they feel is not adequately covered in the Public Health Act, and perhaps make a submission to align the two.

One area in particular that stands out is the keeping of animals. In the Public Health Act, which applies to areas outside iTaukei communities, there is a standard of 200 feet, which is about 80 metres from the nearest structure—any house, church, mosque, garage, or school should be about 200 feet (80 metres) away. However, under the iTaukei Affairs by-laws, it clearly states that there should be no rearing of animals within Fijian or iTaukei villages. If they feel it would be better incorporated into the Public Health Act, then we would accept that submission to come through. Otherwise, this is taken into consideration by the team. Awareness and advocacy will certainly be one of the main priorities moving forward.

HON. V. PILLAY.- Mr. Chairman, as you have mentioned in regard to animals, we have been to many villages, and the Ministry of iTaukei Affairs will agree that we have seen piggery sheds located right beside houses. We have also seen cattle within close proximity to residential boundaries, and the Ministry of iTaukei Affairs will be aware of the land sizes and boundaries involved. We also see water catchments where cattle are present in the surrounding areas. All these matters will need to be addressed once this Bill comes into force, as there are fines and other enforcement measures associated with non-compliance.

HON. A. BIA.- Mr. Chairman, through you, again to the Permanent Secretary and the team from the Ministry of iTaukei Affairs and the iTaukei Affairs Board, I guess now the onus is on you to re-look at the Bill and try to correlate it with what the Health officials have said regarding the current legislation, Acts, and processes that are in place. For example, this Bill, if passed, calls for a review in terms of the Integrated Village Development Plan (IVDP) and the village by-laws. All of this needs to incorporate many of the matters that have been raised here, which directly impact the lives of villages and communities in rural and maritime areas.

HON. V. PILLAY.- Mr. Chairman, I see this Bill as very important. The laws are very important and should be applied to all. However, those are some of the issues we have observed currently happening, as I have stated, including matters relating to the penalties.

HON. P.K. BALA.- Mr. Chairman, we have gone through this. What this amendment does is safeguard the health and safety of all citizens so that no one is left behind. The basic issue here is our approach. As you have stated, you will provide a written submission, and we would like to know in detail the difference between your regulation and the amendment that has been proposed. When this was first tabled, we were all concerned that villages had now been included. We shared that sentiment at the time. However, after reviewing this and considering what we have experienced in this country, it is good to have laws in place.

That said, it is the approach and the fines that we need to revisit. Mr. Chairman, through you, we are very much willing to work with the Ministry to find ways and means. We do not want to impose something directly on the villages. As you mentioned 50 percent, I would say it is closer to 80 percent. So, we need to be very careful in what we do. We look forward to the submission you have assured us of, and then we will move forward.

MR. P. TUIONE.- Mr. Chairman and honourable Members of this forum, all the comments are noted. We will work with the Ministry of Health regarding our current bylaws that are in place. We agree on the importance of this Bill for the well-being of our people, especially our rural *iTaukei* communities. We also agree on the need to improve the approach to implementing this Bill. Our current Bill, just for

the forum's understanding, clearly states the issues that have been highlighted: rearing of animals, maintaining cleanliness, drainage, and so forth.

However, the penalties were not significant. Monitoring was usually carried out by our offices, the Roko Tui, together with inspections by inspectors. I believe the current Bill will strengthen monitoring and introduce higher penalties, which will assist greatly, but we must prepare our people well. We agree that awareness is essential. There will also be a need for Government to ensure that waterways and agriculture contribute to improving the main drainage systems.

Drainage is very important. It is one of the main issues, as these areas are breeding grounds for mosquitoes, which lead to diseases. I hope that, holistically, the Government, the Ministry, our provincial councils, and corporate companies will work together with the councils to achieve the intent of this Bill. Once again, *vinaka vakalevu* for this opportunity.

MR. CHAIRMAN.- Thank you very much, Acting Permanent Secretary. Any last comments from the Ministry? That brings us to the wrap-up of our session this morning on the Public Health (Amendment) Bill before us. There is just one more area that needs to be addressed while the Ministry is still here. I believe our Secretariats have been communicating with you regarding public consultation timelines and the areas we need to visit.

Looking at the stakeholders involved, we currently have over 30 stakeholders. In that regard, I believe the Ministry of iTaukei Affairs plays a very critical role in ensuring our reach during public consultations. Hopefully, the Ministry has taken note of our timelines as we prepare to engage with the respective areas under the Ministry of iTaukei Affairs, particularly the provincial offices and district levels, right down to the advisory councils.

At this juncture, I sincerely thank you all for availing yourselves for this public hearing session. We appreciate your time and hope you will be available for any further queries the Committee may have on today's submission. On that note, honourable Members and our guests this morning, including representatives from both Ministries, I declare this meeting closed.

The Committee adjourned at 10.00 a.m.

The Committee resumed at 10.28 p.m.

Submittee - Ministry of Rural, Maritime & National Disaster Management

Attendance

1. Mr. Josefa Navuku - Deputy Secretary

MR. CHAIRMAN.- Honourable Members, members of the public, Secretariat staff, dear viewers, ladies and gentlemen, a very good morning to all. It is a pleasure to welcome everyone who is here in this room today, especially the viewers who are watching this public hearing session live.

At the outset, for information purposes, pursuant to Standing Order 111 of the Standing Orders of Parliament, all Committee meetings are to be open to the public. Therefore, please note that this submission is open to the public and media, and is also being aired via the *Walesi* platform and streamed live on Parliament's website and social media platforms.

For any sensitive information, honourable Members and our guests here this morning, concerning the matter before us that cannot be disclosed in public, this can be provided to the Committee either in private or in writing. However, please be advised that Standing Order 111, in the following circumstances, permits non-disclosure of the following:

- National security matters;
- Third-party confidential information;
- Personnel or human resources matters; and
- Committee deliberations and the development of the Committee's recommendations and report.

This is a parliamentary meeting, and all information gathered is covered under the Parliamentary Powers and Privileges Act 1965. Moving forward, please bear in mind that we do not condone slander or libel of any sort. Any information brought before this Committee should be based on facts. In terms of the protocol for this Committee meeting, please minimise the use of mobile phones, and all mobile phones are to be on silent mode while the meeting is in progress. I wish to also remind honourable Members and our guests that all questions are to be addressed through the Chairperson. I would now like the Members of the Committee to introduce themselves.

(Introduction of Members of the Standing Committee on Social Affairs)

MR. CHAIRMAN.- I would also ask the members of the submittees to introduce themselves.

(Introduction of team Health and team from Ministry of Rural and Maritime & Disaster Management)

MR. CHAIRMAN.- Today the Committee will be hearing submissions from the Ministry of Rural and Maritime and Natural Disaster Management. This is in relation to the Public Health (Amendment) Bill No. 4 of 2026. Before us, we have a representative from the Ministry, and I would like to thank him for availing himself to appear before us at this hearing. Due to the exigencies of time, you may give a brief response, and Members will intervene with supplementary questions.

MR. J. NAVUKU.- Mr. Chairman and honourable Members, senior advisors from the Ministry of Health, and officials of Parliament, I bring greetings from the Ministry of Rural and Maritime and Disaster Management. My name is Mr. Josefa Navuku, currently the Acting Deputy Secretary for the Ministry since December 2025, and my substantive post is Divisional Commissioner Central. At the outset, I would like to take this opportunity, Mr. Chairman, to thank the Committee for the opportunity to participate in making submissions to the Public Health (Amendment) Bill No. 4 of 2026. We thank you for this opportunity to be part of this transformation initiative.

As you are aware, this initiative is part of modernising and transforming legislation that was enacted 90 years ago. Speaking to the advisors on what is being proposed in the Bill, I am sure most advocates and rural development actors will look forward to participating in providing their suggestions to this transformation initiative. However, the Ministry kindly requests that our formal and detailed submission be provided within a fortnight, as we are currently in the process of consolidating comments from our four Divisional Commissioners and 14 Provincial Offices.

Given the importance of this Bill, it is only fair that each stakeholder, including our Ministry, provides detailed responses based on observations and experiences over time. We kindly request the Committee to bear with us while we provide our comments within the next fortnight. However, we will make a few brief comments today, and we would be grateful if these are taken on board and considered when the formal submission is received.

Mr. Chairman, we would also like to acknowledge the support from Team Health in the past. We are partners in working in the rural space, not only during normal times when we provide collective efforts in accessing essential services and basic needs for our fellow Fijians, but also during emergencies. We acknowledge Team Health for the support provided in such circumstances. We value these contributions, particularly in the rural space and in the context of this transformation of a key parent Act.

Allow me, Mr. Chairman, to highlight a few matters for the Committee's consideration. First and foremost, we emphasise the importance of the Bill and the proposed amendments that will be made over the next three to six months during the finalisation process. We respectfully request that the Bill be aligned with the National Disaster Risk Management Act 2024, as this is a new Act that provides guidance not only for natural disasters but also national disasters. We believe it is important that its spirit and provisions are taken into account during these amendments.

Second, Mr. Chairman and honourable Members, we acknowledge the importance of this Bill to the Ministry, particularly in the rural development space. The Ministry is currently undergoing a change management process under the rural development policy. The proposed amendments have a bearing on key programmes such as the High Risk Water and Sanitation programme and the Rural Housing Programme. These programmes have been returned to the Ministry in the last three years, and improvements are being made to their design. We respectfully request that any changes to the Rural

Housing Programme be aligned and harmonised with the Public Health Act amendments, so that improvements under the Bill are reflected in our programme design and parameters.

Third, Mr. Chairman, we wish to highlight the Ministry's ongoing change management process, which includes the development of the first-ever National Rural Development Policy. In the past, rural development has largely been based on goodwill and practice. Most line agencies, including Team Health, have their own Acts and provide interventions in the rural space. We would kindly request that, in discussing the amendments, Team Health also be invited to contribute to the ongoing development of the National Rural Development Policy. We look forward to incorporating improvements from the Public Health (Amendment) Bill into that policy framework.

Fourth, Mr. Chairman and honourable Members, public health in the rural space remains a critical platform for development, both in normal times and during emergencies. We suggest consideration be given for representation from our Ministry in coordination mechanisms proposed under the Bill, at both national and sub-national levels. We note ongoing discussions on strengthening coordination through central public health and local authority structures. Given our network at divisional and provincial levels, including our coordination with District Advisory Councils, Provincial and Divisional Heads of Departments, as well as support in Bose ni Tikina and Bose ni Yasana forums, we respectfully request inclusion in these coordination mechanisms.

Mr. Chairman and honourable Members, as stated earlier, our formal and detailed submission will be provided within a fortnight. This will incorporate experiences and observations from our 14 Provincial Offices. We also stand ready to assist the Committee and Parliament during the consultation phase across the 14 provinces. Please do not hesitate to engage our Divisional Commissioners and Head Office to support logistics, venues, and participation, given our existing network.

To conclude, Mr. Chairman and honourable Members, we thank you for the opportunity to participate in this transformation initiative this morning. We confirm that our detailed submission will be provided within the next fortnight.

MR. CHAIRMAN.- In summary, honourable Members, I believe there were four major areas of concern that need to be addressed. Apart from that, they have already given us the green light that they will go back within two weeks' time to submit their written submission to the Committee. The floor is now open, honourable Members. Are there any further supplementary questions based on the four subject areas we have discussed?

HON. A. BIA.- Mr. Chairman, through you, just for confirmation or clarification, will the National Rural Development Policy (NRDP) replace the Integrated Rural Development Framework of 2009?

MR. J. NAVUKU.- Thank you, honourable Member, for the question. The National Rural Development Policy is currently being developed based on the findings of the review of the Integrated Rural Development (IRD) Framework. As honourable Members are aware, the IRD Framework was introduced in 2009 to assist in coordinating rural development. We engaged a consultant under the Ministry's guidance and undertook a change management process. Part of this included reviewing the IRD Framework with stakeholders, including Team Health. Based on those findings and with the approval of Cabinet, we are currently in the process of developing the Rural Development Policy.

HON. A. BIA.- Mr. Chairman, through you, just a supplementary question to that. Why I ask this is because, as you have mentioned, the current Bill before the Committee, the Public Health (Amendment) Bill, directly correlates with the policy and the framework that are in place. My suggestion

would be to wait for the Bill to be passed and integrate it with the new policies and the framework and regulations that will be implemented by the Ministry of Rural and Maritime Development to cater for rural communities, including those in the maritime islands as well.

MR. CHAIRMAN.- Just one area of concern from my side is the National Disaster Risk Management (Amendment) Act, which we believe is already in force. Can the Ministry of Health provide some further explanation on how it overlaps or collaborates with the current Public Health Act?

MR. T. VOSATAKI.- The National Disaster Risk Management Act 2024 has a significant bearing on health emergencies. One of the greatest health emergencies the country has experienced is COVID-19, and through this we gained important lessons in incorporating health emergencies into the current framework under the National Disaster Risk Management Office.

Post-COVID-19, there were extensive consultations between the two Ministries to align the Incident Management Team within the Ministry of Health with the national framework, which addresses not only natural disasters but also other disasters and emergencies, as clearly outlined by the representative. This is something we will continue to look at moving forward, particularly in terms of how it can support and empower the public health sector during health emergencies. One of the key gaps identified during COVID-19 was the lack of coverage in empowering Divisional Commissioners to mobilise resources and manpower during health emergencies, compared to natural disasters.

This was a key area discussed between the two Ministries, and the objective is to align public health emergency response under the National Disaster Risk Management Framework. This would empower coordinated support in the implementation of the Public Health Act, particularly the amendments relating to infectious diseases, which were central to the COVID-19 response. If that answers the question, Mr. Chairman.

MR. L. VONOTABUA.- In addition to that, under the National Disaster Risk Management framework, the Ministry of Health and Medical Services leads two of the clusters: the Health and Nutrition Cluster and the WASH Cluster under the cluster system. Also, in terms of coordination mechanisms, just to clarify for the honourable Member from the Ministry of Rural and Maritime, there are proposals for Provincial Administrators to be members of the Local Authority and for the Chair of the District Advisory Council to be included. These are new proposals that have been made through the Committee's recommendations.

In all Local Authorities in Fiji, when this is brought back, the Provincial Administrators, the Roko Tui, and the Chair of the District Advisory Council will be members. This assists in strengthening coordination mechanisms at both the national level and the sub-national or district level.

MR. CHAIRMAN.- I thank you very much, honourable Members and our guests, especially our team from the Ministry of Health who are present here this morning. At this juncture, I wish to sincerely thank you all for availing yourselves for this public hearing session. We thank you for your time and hope that you will be available for any further queries that the Committee may have arising from today's submission.

Before I close this important meeting this morning, as our Acting Permanent Secretary is still here with us, I believe coordination is happening between the Secretariat of the Parliament and your Ministry on how best we can proceed with public consultation and public submissions. While noting what you have outlined this morning, I hope there is a combination of resources that will need to be addressed.

You hold a very important role when going out to the rural areas under your Ministry Act and the policies being implemented, and hopefully that will support us in meeting the timelines and deadlines set by Parliament in consultation with the Ministry. On that note, I declare this meeting closed.

The Committee adjourned at 10.51 a.m.

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12 August 2026

The Honourable Iliesa Vanawalu
The Chairperson
Standing Committee on Social Affairs
Parliament of the Republic of Fiji
Government Buildings
SUVA

Dear Sir,

RE: CAAF'S SUBMISSION TO THE PUBLIC HEALTH (AMENDMENT) BILL (NO. 4 OF 2026)

On behalf of the Civil Aviation Authority of Fiji (CAAF), we would like to acknowledge and thank the Standing Committee on Social Affairs for inviting CAAF to the consultation held on the 18 June 2026 at the Nadi Police Station Conference Room.

During the consultation, the Honourable Chairperson of the Parliamentary Standing Committee on Social Affairs, Mr. Iliesa Vanawalu, advised stakeholders that a period of three (3) months would be provided for the submission of written comments.

Accordingly, and further to the oral submission made by the CAAF on 18 June 2026, we are pleased to submit CAAF's written submission on the Public Health (Amendment) Bill 2026 (No. 4 of 2026) below:

CLAUSE(S)	CAAF'S COMMENTS
5	As currently drafted, clause 5B(1) allows the Board to delegate any of its powers or functions, which is very broad and could potentially include powers that should remain with the Board itself. Examples include: (a) the Board's power to report and advise the Minister under section 5A; (b) the power to recommend legislative changes under section 5A(c); (c) the power to consider and report on regulations under section 5A(d); (d) the Board's power to delegate under section 5B (1); and (e) any quasi-policy decisions that are intended to be exercised by the Board collectively. We recommend amending the proposed new section 5B (1) of the Bill to read as follows: *Delegation of powers of Board*

	5B.—(1) The Board may, by instrument in writing, delegate any of its powers or functions under this Act except for the following powers: (a) the Board's power to report and advise the Minister under section 5A; (b) the power to recommend legislative changes under section 5A(c); (c) the power to consider and report on regulations under section 5A(d); (d) the Board's power to delegate under section 5B (1); and (e) any quasi-policy decisions that are intended to be exercised by the Board collectively.
	The proposed new section 5B (2) in our view raises governance concerns, as it may be interpreted as authorising three different office holders to exercise the Board's functions in its absence. This may result in unclear accountability, inconsistent decision-making, and an increased risk of misuse. It is therefore recommended that the provision designate only one office holder to temporarily perform the Board's functions until the Board is duly constituted.
14 & 33	The proposed new sections 16A and 69 empower the Head of Environmental Health and environmental health practitioners to enter and inspect premises. Where these powers are exercised within a security-restricted area (whether inside or outside the vicinity of an airport), they should be expressly subject to the Civil Aviation (Security) Act and its regulations (see regulation 16 (2) of the Civil Aviation (Security) Regulations 1994), including when entering or inspecting: ✓ airport terminals; ✓ cargo facilities; ✓ operational buildings; ✓ airline and ground-handling facilities; and ✓ aircraft in relation to public health measures. On a strict reading, the Bill appears to allow such access unless otherwise clarified. This creates potential risks of: ✓ a breach of the Civil Aviation (Security) Act and its regulations; ✓ uncoordinated access into security-restricted areas; ✓ disruption to aircraft operations and turnaround processes; and ✓ conflicting directives between public health authorities and CAAF/airport operators. While the intent of the Bill is supported, CAAF's main concern is that it grants very broad enforcement powers over aircraft, airports and aviation facilities without recognising existing aviation regulatory controls or operational constraints. As Fiji is a Contracting State to the Convention on International Civil Aviation (Chicago Convention), it is important that the provisions of the Bill are aligned with Fiji's international obligations and the Standards and Recommended Practices (SARPs) adopted by the International Civil Aviation Organization (ICAO). In this regard, we recommend that the Bill is aligned with the relevant standards contained in Chapters 8 and 10 of ICAO Annex 9 (Facilitation), as these SARPs relate to the facilitation of international air transport and the efficient processing of passengers, crew, baggage and cargo while maintaining appropriate security, public health and border control measures. The relevant ICAO SARPs for alignment within the Bill include:

	✓ standard 8.8 - Contracting States shall ensure that personnel and carry-on baggage, hold baggage, cargo and other goods arriving on relief flights referred to in 8.7 are cleared without delay; ✓ standard 8.10 - Contracting States should ensure that personnel and carry-on baggage, hold baggage, cargo and other goods arriving on repatriation flights are cleared without delay; ✓ standard 8.14 - Contracting States are required to adopt all practicable measures to facilitate the movement of aircraft, crews, passengers, cargo, mail and stores, by removing unnecessary obstacles and delays; and ✓ Chapter 10 - Contracting States compliance with international health regulations and related measures. We recommend to insert a new section 119A to the Bill which will be reflected in the row below under 'New Amendment'.
26	The amended section 56 (l) may contradict regulation 137 of the Air Navigation Regulations 1981 which states that no person shall operate an aircraft into or out of any aerodrome in Fiji in international air navigation, whether or not for public transport, unless in compliance with ICAO Annex 16 Noise Standards. We recommend amending the proposed amended section 56 of the Bill by inserting a new subsection 2 to read as follows: (2) An aircraft emitting noise under subsection (1) shall not be regarded as causing a nuisance if the aircraft complies with regulation 137 of the Air Navigation Regulations 1981.
New Amendments	Many countries do not treat powerful laser pointers as just an aviation problem. They also treat them as a public health and safety issue because lasers can permanently damage people's eyes. Examples include: ✓ **New Zealand** controls powerful laser pointers under its health laws. You generally cannot import, buy, or sell a high-powered laser without approval. ✓ **Sweden** restricts or bans powerful lasers in public places because of the risk of eye injury. ✓ The **European Union** has limited consumer laser products to lower-power lasers (up to 1 mW) to reduce the risk of harming eyesight. ✓ **Canada** regulates lasers near airports for aviation safety, but health authorities also discourage people from buying high-powered lasers. ✓ The **United Kingdom** uses product safety and health and safety laws to keep stronger lasers away from the public. If Fiji wants to regulate laser pointers, it does not have to rely only on aviation laws. Powerful laser pointers can also be regulated under public health laws because they are capable of causing serious eye injuries. Since laser strikes can: ✓ Blind or injure people, ✓ Endanger aircraft and pilots, the issue crosses both: ✓ Public health and radiation safety, and ✓ Aviation safety and security. Therefore, a Fijian regulatory framework could involve both the: ✓ Public Health Act (to control possession, importation, sale, and use of high-powered lasers for health reasons); and

- ✓ Civil Aviation legislation (to address aircraft-targeting offences and airport safety).

Instead of creating an entirely new law, Fiji could potentially use the existing Public Health Act to make regulations restricting the importation, sale, possession, or use of high-powered laser pointers because they pose a risk to public health.

We recommend to insert a new Part 12A to read as:

PART 12A – AIRCRAFT

Application of Act to aircraft and aviation facilities

119A. For the purposes of this Act, where the Head of Environmental Health, an environmental health practitioner or any authorised officer exercises or proposes to exercise any power in relation to any aircraft, airport, aerodrome or aviation facility/premises—

(a) he or she must, where reasonably practicable, consult the Civil Aviation Authority of Fiji and have regard to any safety, security and operational requirements identified by the Authority; and

(b) such power must be exercised subject to any applicable law relating to civil aviation and in a manner that does not unnecessarily impede the safe, secure and orderly operation of civil aviation.

Restriction on high-power laser pointers

119B (1) *Interpretation*

119B.—(1) In this section, unless the context otherwise requires—

"laser classification" means the classification of laser products under IEC 60825-1 (Classes 1, 2, 3R, 3B, and 4); and

"laser pointer" means any portable, battery-operated device that emits a laser beam, primarily designed for pointing, signalling, or aiming, excluding devices used solely for medical, scientific, industrial, or surveying purposes under licence.

(2) No person shall import, manufacture, sell, supply, possess, or use a laser pointer exceeding Class 2 (output power greater than 1 milliwatt) except under a permit issued by the Permanent Secretary for Health.

(3) An application for a permit under subsection (1) shall specify the intended use, classification, and output power of the device, and may be granted to astronomers, surveyors, researchers, or other persons demonstrating legitimate professional need.

(4) Nothing in this regulation restricts the use of laser devices by the Republic of Fiji Military Forces, Fiji Police Force, or persons acting under their direction in the lawful performance of their duties.

(5) No person shall direct, aim, or shine a laser pointer of any classification at an aircraft in flight, an aircraft on the ground, or any air traffic control facility, whether or not the device is otherwise lawfully possessed under regulation 2.

(6) The Permanent Secretary for Health or his or her authorised officer may seize any laser pointer reasonably believed to be possessed, used, or imported in contravention of this Act.

(7) A person who contravenes this section commits an offence and is liable, upon

	conviction, to a fine not exceeding $10,000, or imprisonment for a term not exceeding 2 years, or both; and, in the case of a body corporate, a fine not exceeding $50,000.

We appreciate the opportunity to contribute to the consultation process and hope our input proves useful to the Standing Committee on Social Affairs.

We are happy to provide further clarification or discuss our submissions in more detail should you require.

Yours faithfully,



.....
Florence Takinana
Manager Legal & Enforcement
for **CIVIL AVIATION AUTHORITY OF FIJI**

CIVIL AVIATION AUTHORITY OF FIJI

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The University of Fiji
Valid 03/2023 – 03/2028

REVIEW OF PUBLIC HEALTH (AMENDMENT) BILL 2026

BILL NO. 4 OF 2026

Contributors:

The Vice Chancellor, Professor Shaista Shameem FRSA, SJD, PhD, LLM, MA, LLB, BA

with the University of Fiji Legal Team: Manager Legal Office of the Vice Chancellor, Ms. Alishah Ali; Legal Officer of the Vice Chancellor, Ms. Natalie Raikadroka and Legal and Research Assistant Office of the Vice Chancellor, Mr. Alsheik Ashad Ali; and in consultation with:

Umanand Prasad School of Medicine & Health Sciences, Dr. Abhijit Gogoi; Acting Dean of UPSM, Dr. Samuela Korovou; Head of Department & Senior Lecturer in Community Medicine (UPSM), Dr. Sakiusa Wainimalalala; Lecturer (UPSM) and Dr. Akisi Nailaba Kasami Ravono; Associate Professor, School of Nursing.

Introduction:

The **Public Health (Amendment) Bill 2026** is an important opportunity to modernize Fiji's public health laws. A modern Public Health Act should do more than respond to disease outbreaks. It should provide a clear legal framework to protect public health, promote healthy communities, strengthen environmental health, support emergency preparedness, and respond to emerging challenges such as climate change.

The Bill introduces significant changes to the **Public Health Act 1935**, including new governance arrangements, broader enforcement powers, and expanded responsibilities for public health authorities. While many of these reforms are positive, the Bill must also ensure that powers are clearly defined, supported by appropriate safeguards, and exercised in a fair, transparent and accountable manner.

Strong public health laws are built on clear legislative purpose, good governance and evidence-based decision-making. They should encourage cooperation between government agencies, local authorities, health professionals, universities, communities and the private sector. They should also support decentralised public health services so that prevention, surveillance and response can be delivered effectively throughout Fiji, including rural and maritime communities.

A modern Public Health Act should also recognize the changing nature of public health. Climate change, environmental pollution, unsafe water and sanitation, emerging diseases, domestic violence and child protection all have significant impacts on health and require coordinated public health responses. The law should also recognize the needs of vulnerable groups, particularly children, whose health and wellbeing should remain a central public health priority. Safety and security of all the communities of Fiji should be the broad purpose of any Public Health Bill.

This review supports the objective of strengthening Fiji's public health system. However, it also identifies areas where the Bill can be improved. The recommendations focus on strengthening governance, clarifying institutional roles and responsibilities, improving legislative drafting, ensuring that enforcement powers are proportionate and supported by appropriate safeguards, avoiding overlap with existing legislation, and promoting a modern, practical and future-focused public health framework for Fiji.

Review of the Public Health (Amendment) Bill 2026

Key

Column 1: Current provisions of the Public Health Act 1935 (black text)

Column 2: Amendments as they appear in the Public Health (Amendment) Bill 2026 (**red text**).

Column 3: University of Fiji's review, comments and recommendations (blue text).

Current Sections:	**AMENDMENT**	**UOF Recommendations/ Comments**
Public Health Act 1935: AN ACT RELATING TO PUBLIC HEALTH **PART 1 PRELIMINARY [ss 1, 2]** **[PHA 1] Short title**	**PUBLIC HEALTH (AMENDMENT) BILL 2026** FOR AN ACT TO AMEND THE PUBLIC HEALTH ACT 1935 Short Title and commencement	

1 This Act may be cited as the Public Health Act 1935.	1) This Act may be cited as the Public Health (Amendment) Act 2026 2) This Act comes into force on a date or dates appointed by the Minister by notice in the Gazette. 3) In this Act, the Public Health Act 1935 is referred to as the "Principal Act"	
	Section 1A inserted The Principal Act is amended after section 1 by inserting the following new section ***Application*** ***1A This Act applies to the whole of Fiji***	
[PHA 2] Interpretation **2** In this Act, unless the context otherwise requires— **animal** includes any bird horse, mare, gelding, ass, mule, bull, cow, ox, steer, swine, goat or sheep and the young thereof;	Section 2 amended 3. Section 2 of the Principal Act is amended by- a) in the definition of "animal", inserting "bird", before "horse" b) deleting the definition of "bakehouse"	

"birds" means domestic and wild fowl such as chickens, ducks, geese, turkeys, guinea fowl, pigeons and any other avian species kept of bred for food, sport, ornamental purposes, or as pets **Board** means the Central Board of Health constituted under this Act; **cattle** means bovine cattle and includes goats; **cesspit** means any receptacle for night soil or for offensive matter; **common lodging house** means a form of affordable accommodation in the inhabitants who are not members of one family are lodged together in the same room or rooms for the purposes of eating or sleeping"	c) after the definition of "bakehouse", inserting the following new definition "birds" means domestic and wild fowl such as chickens, ducks, geese, turkeys, guinea fowl, pigeons and any other avian species kept of bred for food, sport, ornamental purposes, or as pets d) deleting the definition of "common lodging house" and substituting the following- "common lodging house" means a form of affordable accommodation in the inhabitants who are not members of one family are lodged together in the same room or rooms for the purposes of eating or sleeping"	

“convenience” means essential infrastructure and sanitation facility designed to promote public health and hygiene which includes a water supply system, latrine, sanitary facility, surface and subsurface drainage system and any other installation or structure intended to prevent the accumulation of waste and ensure sanitary conditions; “conveyance” means a vehicle, vessel, or other means of transport, whether mechanical or otherwise, used or capable of being used for the carriage of a person, animal, or goof from one place to another”	e) deleting the definition of “conveniences” and inserting the following definitions “convenience” means essential infrastructure and sanitation facility designed to promote public health and hygiene which includes a water supply system, latrine, sanitary facility, surface and subsurface drainage system and any other installation or structure intended to prevent the accumulation of waste and ensure sanitary conditions; “conveyance” means a vehicle, vessel, or other means of transport, whether mechanical or otherwise, used or capable of being used for the carriage of a person, animal, or goof from one place to another”	

district means a geographically defined area of jurisdiction and administrative responsibility assigned to a specific local authority" **Divisional Director for Health Services** , means the person appointed to such position to perform the functions specified for such position; [def insrt Act 22 of 2002 Sch 1, effective 15 November 2005] **drain** means a drain used solely in connection with any building or premises within the same curtilage and **main drain** means every other drain; **employed** as applied to any person includes any person working in a bakehouse whether he or she receives wages or not; [def subst Ordinance 27 of 1947 s 2, effective 3 December 1947]	f) deleting the definition of "district" and substituting the following- "district" means a geographically defined area of jurisdiction and administrative responsibility assigned to a specific local authority"	

"**food**" means every article which is used for food or drink by a human, or which enters into or is used in the composition or preparation of any such article, and includes flavouring matters, colouring matters, essences, condiments, spices, confectionery, ice and ice cream; **house** , **dwelling-house** or **building** respectively include the curtilage of a house, dwelling-house or building; **house let as lodgings** means a hotel and residential property where an individual room or space is rented out, offering accommodation to multiple people" [def subst Ordinance 14 of 1939 s 2, effective 20 September 1939] **infectious disease** means any disease enumerated in the Schedule 1 and any other disease which the Minister may declare temporarily or permanently to be an infectious disease within the meaning of this Act; **injurious**	g) deleting the definition of "food" h) deleting the definition of "house let as lodgings" and substituting the following: "house let as lodging" means a hotel and residential property where an individual room or space is rented out, offering accommodation to multiple people"	**Definition of food is deleted in the Bill but still reflected in section 69?**

includes dangerous; **launderer** means any person working in connection with a laundry and includes any person conveying to and from a laundry articles to be laundered or which have been laundered; **laundry** means any room or rooms in which wearing apparel, household and domestic linen and linen from shipping or similar things are laundered **local authority** means a local authority constituted under this Act; **medical officer of health** includes any person duly authorised temporarily to act as medical officer of health; **medical practitioner** means a person registered as a medical practitioner under the provisions of the Medical and Dental Practitioner Act 2010; [def subst Ordinance 37 of 1966 s 36, effective 13 January 1967; am Act 14 of 1975 s 23, effective 30	i) In the definition of "laundry" deleting "for profit" j) in the definition of "medical officer of health", deleting "of health"	**Refer to our comments in section 7 below**

May 1975; Act 31 of 2016 s 175, effective 1 December 2016] **occupier** includes- a) A person who is in a physical possession of a premises b) A person who has responsibility for and control over the condition of the premises or any activity carried on in it, or control over any allowed to enter the premises; or c) A person who, for the time being receives rent of the premises whether as a principal or as an agent or trustee for another person, or receives	k) deleting the definition of "occupier" and substituting the following- "occupier" includes- a.A person who is in a physical possession of a premises b.A person who has responsibility for and control over the condition of the premises or any activity carried on in it, or control over any allowed to enter the premises; or c.A person who, for the time being receives rent of the premises whether as a principal or as an agent or trustee for another person, or receives	
offensive trade means any trade specified in the Schedule 2 or which may from time to time be added to that Schedule by resolution of the Board and published in the Gazette; **owner** applies to every person in possession of or in receipt either of the whole or of any part of the		**Definition of "nuisance" and "ships" not defined in the interpretation clause, but appears in s56 and s112.**

rents or profits of any land or tenement or in the occupation of that land or tenement other than as a tenant from year to year or for any less term or as a tenant at will; **Permanent Secretary** means the permanent secretary responsible for health; **personal effects, goods, premises, drains, vehicles and local vessels subject to isolation** means personal effects, goods, premises, drains, vehicles and local vessels which in the opinion of the Permanent Secretary medical practitioner or of a medical officer of health have been contaminated by any person subject to isolation or by anything infected with the virus of an infectious disease; **persons subject to isolation** means persons suffering or suspected to be suffering from any infectious disease or who may otherwise in the opinion of the Permanent Secretary medical practitioner or of a medical	l) in the definition of "personal effects, goods, premises, drains, vehicles and local vessels subject to isolation" after "Permanent Secretary" insert "medical practitioner" m) in the definition of "persons subject to isolation" after "Permanent Secretary" insert "medical practitioner"	

officer of health be or become sources of infection with an infectious disease; **premises** 'includes messuages and buildings and lands, easements and hereditaments of any tenure, whether open or enclosed, whether built on or not, whether public or private, and whether maintained or not under statutory authority; **privy** includes earth-closet, water-closet, urinal and every place for the reception of faecal matter and includes septic tanks; **privy accommodation** means any privy or other sanitary convenience; **proprietor** means the owner or occupier as registered; **proprietor** means, in relation to a laundry, any person who owns, controls or manages a laundry; **to sell** includes to barter and also includes to offer or attempt to sell or receive for sale or have in possession for sale or expose for sale or send	n) in the definition of “privy accommodation”, deleting privy and substitution “sanitary facility”	

forward for sale or deliver for sale or cause or suffer or allow to be sold, offered or exposed for sale, but refers only to selling for consumption or use by man, and to sell food includes to supply meals at any hotel, restaurant or boarding-house; **street** means any highway and any public bridge, road, lane, footway, square, court, alley or passage, whether a thoroughfare or not; **venereal disease** means gonorrhoea, granuloma venereum, gonorrhoeal ophthalmia, lymphogranuloma inguinale, soft chancre, syphilis and venereal warts; and [def subst Ordinance 10 of 1964 s 2, effective 21 May 1964] **washing** means the washing and ironing of wearing apparel, household and domestic linen and linen from shipping and other textile fabrics and any process incidental thereto.	o) deleting the definition of "selling, sale, sold"	**The term "venereal disease" is outdated and no longer reflects contemporary medical terminology. Replace it with "sexually transmitted infection" (STI) or "sexually transmitted disease" (STD) and consequentially updating references throughout the Bill.**

	New section recommended by UOF	**Insert new section 2A: Very important.** **2A. Purpose of This Act** **The purpose of this Act is to promote, protect and improve the health and wellbeing of all persons and to provide a modern framework for the prevention, surveillance and control of public health risks and to promote the devolution of Public Health Services to all communities in Fiji.** **In pursuing this purpose, this Act seeks to—** **(a) decentralize public health services in Fiji;** **(b) protect communities from communicable diseases, environmental hazards and other threats to public health;** **(c) promote healthy environments, safe water, sanitation, waste management and healthy living conditions;** **(d) reduce preventable illness, injury, disability and premature death;** **(e) support equitable health outcomes for all persons and communities throughout Fiji, including rural, maritime and vulnerable populations;** **(f) strengthen preparedness for public health emergencies, outbreaks and emerging health threats;** **(g) ensure that public health powers are exercised in a manner that is lawful, proportionate, evidence-based and respectful of human rights and freedoms;** **(h) encourage cooperation between government agencies, local authorities, traditional communities, the private sector and the public in protecting public health; and** **(i) give effect to Fiji's national, regional and international public health obligations.**

[PHA 4] Members of the Board **[PHA 4] Members of the Board** **4.** (1) The Board shall consist of a Chairperson, who shall be the Permanent Secretary, and 6 other members appointed by the Minister of whom at least 4 shall not be public officers on the date of their appointment to the Board. (2) A quorum of the Board shall be 3 members. (3) At all meetings of the Board, the Chairperson, or in his or her absence such member as the other members present may elect, shall preside. (4) At all meetings of the Board, the decision of the majority of members present shall prevail. In the case of an equality of votes on any decision, the person presiding shall have a casting vote. *[subs (4) subst Ordinance 10 of 1964 s 3, effective 21 May 1964]*	The Principal Act is amended by deleting section 4 and substituting the following— 4.—(1) The Board consists of the Permanent Secretary as the chairperson and 7 other members as follows— (a) a person who is not a public officer, as appointed by the Minister; (b) a person who is qualified in or has extensive experience in public environmental health, as appointed by the Minister; (c) a licensed medical practitioner registered under the Medical and Dental Practitioner Act 2010, as appointed by the Minister; (d) a legal practitioner admitted and enrolled as a practitioner of the High Court of Fiji under the Legal Practitioners Act 2009, as appointed by the Minister; (e) a person qualified in construction and civil engineering, as appointed by the Minister; (f) the Chief Executive Officer of the Consumer Council of Fiji or his or her nominee; and (g) the Director responsible for local government or his or her nominee. (2) Subject to subsection (4), a member of the Board is appointed for a term of 3 years.	**Expand Membership of the Central Board of Health** **Insert a new paragraph providing for:** ***"two representatives nominated by Universities that offer nursing and medical qualifications"*** **The proposed Board includes regulatory and administrative expertise but lacks independent academic representation.** **Higher education institutions contribute significantly to research relating to epidemiological and disease surveillance research, climate and health research; public health policy development** **Including academic representatives would strengthen evidence-based decision-making and ensure that Board deliberations are informed by current research, emerging health risks and public health best practice.**

[PHA 5] Board to be a body corporate and to have a common seal **(1)** The Board shall be a body corporate with the name of the Central Board of Health and may sue and be sued under that name and shall have perpetual succession and a common seal. **(2)** All courts of law, Judges, justices of the peace and persons acting judicially shall take judicial notice of the common seal of the Board when affixed to any documents and shall presume that it was duly affixed.	Sections 5A, 5B, 5C, 5D and 5E inserted ***Functions of the Board*** 5A. The functions of the Board are to: a) Report on its own initiative or at the request of the Minister, on any matter relating to public and environmental health; b) Initiate, carry out or oversee programmes and activities designed to improve or promote public and environmental health; c) Keep the operation, administration and enforcement of this Act under review and to recommend to the Minister any Legislative or administrative change or considers appropriate; d) Consider and report to the Minister on regulations proposed to be made under this Act, and e) Carry out any other functions or duty assigned to it by the Minister or under this Act ***Delegation of Powers***	**Section 5 ss 5A** **Part (a) to include Pandemics and disaster preparedness.** **This will auger well with Amended Section 69 now in S33 part (d)**

	5B. (1) the Board may, by instrument in writing, delegate any of its powers or functions under this Act. (2) in the event of an absence or a delay in the appointment of the members of the Board, the Permanent Secretary or the National Health Advisor or Head of Environmental Health may temporarily perform the functions of the Board, until the time that the appointment of members are effected by the Minister. ***Appointment and registration of officers of Board*** 5C. (1) For the purpose of this Act, the Minister may appoint the Head to perform any functions and duties prescribed by this Act. (2) The Board is the registration authority of all environmental health practitioners and no person may perform the function of an environmental health practitioner for any local authority unless he or she has been duly registered by the Board.	***Section 5B(2)*- This provision is concerning as it allows a single public official to perform the functions of the entire Board during vacancies?** **Section 5C(1)- The role and powers of the "Head" are unclear. And confusing. It conflicts with role of the PS.**

	General powers of supervision of Board 5D. (1) Subject to this Act the Board has exercises the general powers of supervisions and inspection over all local authorities and may give directions and make orders for the due compliance with its directions as the Board sees fit. (2) The Board, on it being proved to its satisfaction that any local authority has made default in performing its duty under this Act with respect to the removal of any nuisance or sources of water , land , air, and noise pollution, or any complaints that are of public and environmental health in nature or the institution of any proceedings of the duty in the matter of the default, and in addition to Board may summon the local authority to carry out all the appropriate works or institute any proceedings that Board considers necessary. (3) If the duty referred to in subsection (2) in not performed within the time limit as prescribed nu the order, the Board, may appoint persons to perform any duty or may institute any proceedings and do any act which the local authority might have instituted or done for that purpose, and is entitled to recover from the local authority	***Section 5D(1)- National oversight of local authorities is appropriate; however, the power to issue directions is extremely broad.*** **Recommendation: Require written reasons, objective criteria and an opportunity for local authorities to respond before directions are issued.** **Section 5D(2)- The phrase "proved to its satisfaction" gives the Board a broad subjective discretion. Replace it with an objective test based on reasonable grounds and require written notice before intervention.** ***Section 5D – Lack of Timeframes and Emergency Intervention Powers*** **Section 5D(2) empowers the Board to direct a local authority to undertake works or institute proceedings where the local authority has failed to perform its duties relating to public and environmental health matters. However, the provision does**

	in default any expenses in and about the proceedings or act as the Board incurs and are not recovered from any other person and have not been incurred in any unsuccessful proceeding.	**not specify a timeframe within which the local authority must comply with the Board's direction.** **The absence of a prescribed timeframe may create uncertainty regarding enforcement and may delay action on matters that pose risks to public health.** **The Bill should require the Board to specify a reasonable compliance period when issuing a direction under section 5D(2), having regard to the nature and urgency of the public health risk.** **For example:** • **Minor public health matters – within 14 to 30 days;** • **Significant environmental or health risks – within 24 hours to 7 days;** • **Immediate threats to public health – immediate compliance.**

		Emergency Intervention Powers **The Bill also does not clearly address situations where a local authority fails to act during an emergency or where urgent intervention is required to prevent serious harm to public health.** **Examples may include:** • **Disease outbreaks;** • **Toxic spills;** • **Water contamination events;** • **Major sanitation failures;** • **Vector-borne disease emergencies.** **In such circumstances, waiting for ordinary compliance processes may not be appropriate.** **Consider inserting an emergency intervention provision allowing the Board, where it reasonably believes there is an immediate or serious threat to public health, to:** • **Undertake emergency works;**

		• **Direct emergency remedial action;** • **Engage contractors or other agencies to carry out necessary works;** • **Recover reasonable costs from the responsible local authority where appropriate.** **To ensure accountability, the exercise of emergency powers should be supported by written reasons and limited to circumstances where immediate action is necessary to protect public health.** **Section 5(D)(3)- The Board may undertake works and recover costs where a local authority fails to act.** **Recommendation: Recovery powers should be subject to notice requirements and a right for the local authority to challenge costs.**

	Board may exercise powers of local authority 5E. The Board kay, in addition to the powers and authorities conferred on it by this Act, exercise all the powers and authorities vested in a local authority by this Act within the district of that local authority.	**Section 5E – Board May Exercise Powers of Local Authority** **This is one of the broadest provisions in the Bill. It allows the Board to exercise all powers of a local authority without specifying any threshold, process or limitation.** **Limit the power to situations where:** 1. **A local authority has failed to perform a statutory duty;** 2. **Written notice has been issued;** 3. **A reasonable opportunity to comply has been provided; and** 4. **Intervention is necessary to protect public health.**
PHA 6] Regulations **6** The Board may from time to time make regulations as to its own proceedings under this Act and as to the performance by its officers of their duties and the carrying out of the powers vested in the Board by this Act or any by-laws or regulations made thereunder.	Section 6 of the Principal Act is amended by— (a) in the heading, deleting “Regulations” and substituting “Rules of procedure of the Board”; and (b) deleting “make regulations” and substituting “make rules”.	

[PHA 7] Medical Officers of Health **7** For the purposes of this Act, the Minister may appoint fit persons to be medical officers of health who shall have such functions and duties as are prescribed by this Act or by by-laws or regulations made thereunder.	Section 7 amended 7. Section 7 of the Principal Act is amended by deleting “officers of health” and substituting “practitioners”.	**Section 7 – Medical Practitioner Definition** **The Bill amends section 7 by replacing "Medical Officers of Health" with "practitioners" and defines a "medical practitioner" as a person registered as a medical practitioner under the Medical and Dental Practitioners Act 2010.** **However, the Medical and Dental Practitioners Act 2010 distinguishes between a "medical practitioner" and a "registered medical practitioner". A medical practitioner is a person who holds a recognized medical qualification, while a registered medical practitioner is a person who is entered on the general medical register.** **The Bill's definition appears to combine these two separate concepts, which may create inconsistency between the Public Health Act and the Medical and Dental Practitioners Act.** **Recommendation** **For consistency across legislation, the Bill should either:** • **adopt the existing definitions used in the Medical and Dental Practitioners Act 2010; or**

		• **expressly state why a different definition is required for the purposes of the Public Health Act.** **The terminology should also be applied consistently throughout the Act to avoid uncertainty regarding who may exercise statutory powers and functions.**
[PHA 8] Secretary and officers of Board **8** The Minister may from time to time appoint a secretary to the Board and such officers and servants as may be necessary.	Section 8 Amended Section 8 of the Principal Act is amended by deleting "may from time to time appoint a secretary to the Board and any officers and servants as may be necessary" and substituting "must appoint the Head of Environmental Health as the secretary to the Board and any other officer to assist the Head of Environmental Health in the discharge of his or her duties". Sections 8A and 8B inserted The Principal Act is amended after section 8 by inserting the following new sections— "Role of secretary to Board 8A. The secretary to the Board is responsible for providing administrative support to the Board and carrying out any function assigned by the Board. Role of chairperson of local authority 8B.—	**Who is "Head of Environmental Health"?** **The Bill confers significant statutory powers on the Head of Environmental Health, including powers relating to inspections, public health orders, medical examinations and enforcement.** **However, it is unclear how the position is established, appointed or defined under the Act. The Bill should clearly identify the office, appointment process and qualifications required for the position to ensure legal certainty and accountability.** **Consider including a definition of "Head of Environmental Health" and specifying the appointment authority, qualifications and functions of the office.**

	(1) The chairperson of the local authority is to ensure that resolutions of the local authority are carried into effect. (2) If, in the interest of the public health, it is necessary that any notice be served or any action taken which the local authority is authorised to take under the Act, and it is impracticable to call a meeting of the local authority, a notice may be served or action taken by the chairperson of the local authority for and on behalf of the local authority, provided that such action is reported to the local authority at the next meeting, but no subsequent resolution of the local authority may invalidate any prior action taken by the chairperson for and on behalf of the local authority.".	**Comparable public health legislation in Australia and New Zealand generally confers significant powers on clearly defined statutory offices such as Chief Health Officers, Medical Officers of Health or authorized officers.** **Section 8 – Head of Environmental Health as Secretary to the Board** **The Bill requires the Head of Environmental Health to serve as Secretary to the Board while also exercising significant enforcement powers under sections 16A and 16B.** **While this may improve coordination and administrative efficiency, the Bill concentrates governance, advisory and enforcement functions within the same office. The role and reporting arrangements of the Head of Environmental Health are not clearly set out.** **Clarify the role, responsibilities and reporting arrangements of the Head of Environmental Health and consider whether additional accountability mechanisms are required to support transparency and effective oversight.**
[PHA 10] Local authorities	Section 10(1) of the Principal Act is amended by— *(a)* deleting paragraph *(b)* and substituting the following—	

(1) The following shall be local authorities for the purposes of this Act— • (a)in a city or town, the city or town council; and • (b). • (c)[Repealed] [subs (1) am Ordinance 9 of 1948 s 2, effective 29 September 1948; Ordinance 9 of 1955 s 13, effective 15 April 1955; Act 14 of 1975 s 23, effective 30 May 1975; Act 31 of 2018 s 2, effective 1 August 2018] **(2)** All references in this Act to a local authority are made to the local authority of the district in which the subject-matter of the particular reference arises or occurs.	"*(b)* in rural districts, any person or body may appoint;"; and *(b)* after paragraph *(c)*, inserting the following new paragraphs— "*(d)* for any part of Fiji which is not included in either an urban or rural sanitary district the Board is the local authority for that part; and *(e)* the subdivisional Environmental Health Managers are the Secretary to the rural local authority.".	
[PHA 11] Powers of local authorities **(1)** The local authority in every district shall, subject to the approval of the Board, appoint such sanitary inspectors as may be necessary. **(2)** The local authority in every district may frame regulations for submission to the Board and for the approval of the Minister in accordance with this Act.	**S11 amended** Section 11 of the Principal Act is amended by— (a) in subsection (1), deleting "sanitary inspectors" and substituting "environmental health practitioners"; and b) deleting subsection (3) and substituting the following— "(3) A quorum of a local authority, unless otherwise provided for, consists	**Definition of "*medical officer of health*" has been amended to "*medical officer*", ensure that definition is consistently applied throughout the Bill**

(3) A quorum of a local authority shall, unless otherwise provided for, consist of 3 members of the local authority. Where a medical officer of health or a sanitary inspector is a member of the local authority, one of the members forming the quorum aforesaid shall be either a medical officer of health or a sanitary inspector. [subs (3) subst Ordinance 4 of 1954 s 2, effective 15 July 1954]	of at least 5 members of the local authority provided that where a medical practitioner or an environmental health practitioner is a member of the local authority, one of the members forming the quorum must be either a medical practitioner or an environmental health practitioner."	
[PHA 12] General powers of supervision **(1)** Subject to the provisions of this Act and of the regulations and by-laws made thereunder the Board shall have and exercise general powers of supervision and inspection over the several local authorities and may from time to time give such directions and make such orders for the due compliance with its directions as may from time to time to the Board seem fit. a) **(2)** The Board, on its being proved to its satisfaction that any local authority has made default in doing its duty under this Act with respect to the removal of any nuisance, the	Section 12 of the Principal Act is amended by deleting subsection (2) and inserting the following— "(2) Where the Board is satisfied that a local authority has defaulted on its duties under this Act regarding the removal of any nuisance or source of pollution or concerning any public and environmental health complaint, or the institution of any proceeding or enforcement of any regulation or by-law, the Board may— (a) issue an order setting a deadline for the performance of that duty; and (b) summon the local authority to a hearing to show cause why it should not be directed to carry out any necessary work or institute any proceeding the Board deems appropriate. (3) Where the local authority fails to perform the duty outlined in subsection (2) within	**Consider:** • **requiring the Board to provide written reasons for its decision;** • **introducing a review or appeal mechanism for local authorities affected by an order;** • **clarifying the circumstances in which the Board may intervene; and** • **including a separate emergency intervention provision for situations involving an immediate or serious threat to public health.** **Question: are the remedies provided for in 12(2), practical in situations of emergency?**

institution of any proceedings or the enforcement of any regulation or by-law, shall make an order limiting the time for the performance of the duty in the matter of the default. If the duty is not performed within the time limited, the Board may appoint some person to perform it or may institute any proceedings and do any act which the local authority might have instituted or done for that purpose, and shall be entitled to recover from the local authority in default such expenses in and about the said proceedings or act as the Board shall incur and are not recovered from any other person and have not been incurred in any unsuccessful proceeding.	the time specified, the Board may— (a) appoint a person to perform the duty; (b) institute proceedings or take any action the local authority could have taken under this Act; and (c) recover from the local authority any expenses incurred in doing so, provided the expense is not recovered from another party or spent on an unsuccessful proceeding.”.	
[PHA 16] Power to inspect water and sewerage works **(1)** The Board, whenever it deems it necessary in the interests of the public health or the health of any persons, may, on giving due notice, enter any premises vested in or under the control of any local authority or of any other person for the purposes of water supply or sewerage or the disposal of sewage and inspect the	Section 16 of the Principal Act is amended after subsection (2) by inserting the following new subsections— “(3) The Board must scrutinize any design for the purpose of water supply or sewerage or the disposal of sewage during normal times or as a measure of emergency. (4) The Board must issue an approval or temporary approval for the design for the purpose of water supply or sewerage or the disposal of sewage during any normal time or as	

same and any works thereon or therein constructed or used for the said purposes. [subs (1) am 37 of 1966 s 36, effective 13 January 1967] **(2)** Any local authority or person aforesaid on receiving the notice aforesaid shall instruct its officers and servants to aid and assist the Board in making the inspection and shall permit the Board to inspect any apparatus and things used in connection with any works of water supply or sewerage or the disposal of sewage of the local authority or person and any records, books or plans relating to those works or to any works connected therewith. [subs (2) am Ordinance 37 of 1966 s 36, effective 13 January 1967]	a measure of emergency. (5) The Board has the power to— (a) recommend and approve the design of a new water and sewerage system that must be adopted in the interest of public health, provided that any approval granted under this subsection is valid for a period of 3 years and must be renewed on expiry; b) revoke the use and design of water and sewerage work if the continued use presents a risk of becoming a nuisance; and (c) issue a fixed penalty notice to any person who designs and installs water and sewerage work that present a risk to public health.”. **Sections 16A, 16B and 16C inserted 14.** The Principal Act is amended after section 16 by inserting the following new sections— “Powers of Head of Environmental Health 16A. For the purposes of enforcing this Act and the regulations and any bylaw of the local authority relating to public and environmental health, the Head of Environmental Health on presentation of a means of identification may, at any reasonable time— (a) enter any place or premises and inspect the same; (b) take a sample of any water, beverage, clothing, or bedding, for the purpose of conducting any test or analysis to determine whether it constitute, creates, or contributes to, an insanitary condition; (c) order any person he or she has reason to believe suffers from a communicable disease to submit for a medical examination by a duly qualified medical officer of health	

	or medical practitioner; (d) in the case of an epidemic or a threat of an epidemic of a communicable disease, order any person he or she has reason to believe has or is likely to contract the communicable disease to be examined, vaccinated, inoculated, or immunised, or to take any prophylactic or curative medical treatment or measure; (e) order an insanitary condition on, or in connection with, any premises to be abated by the owner or occupant or both within a time as may be specified in the order; (f) order any premises that constitutes an insanitary condition to be vacated; and (g) order any structure or building that is or constitutes an unsanitary condition that cannot be abated, or, after an order made under paragraph (f), is not abated within the time specified in the order, to be demolished. Powers of environmental health practitioner	**Section 16A(d) – Compulsory Medical Examination and Treatment?** **Section 16A(d) empowers the Head of Environmental Health to order a person to undergo examination, vaccination, immunization or medical treatment where he or she has reason to believe the person has or is likely to contract a communicable disease.** **While public health authorities require powers to respond to serious disease outbreaks, this provision is broad and may affect individual rights relating to personal liberty, privacy and bodily autonomy. The threshold for exercising the power is also unclear, particularly where a person is considered "likely to contract" a communicable disease.** **The Bill does not specify the circumstances in which such powers may be exercised, nor does it provide safeguards such as written reasons, independent review, appeal rights or requirements that the measures be necessary and proportionate.**

		Recommendation **Consider limiting the exercise of these powers to situations involving a declared public health risk or emergency and requiring that any order be based on reasonable medical evidence, be necessary and proportionate to the risk, and be subject to review or appeal.** **Australia and New Zealand Comparison - Comparable powers exist in Australia and New Zealand; however, they are generally accompanied by clearer statutory safeguards, review mechanisms and proportionality requirements than those currently provided in the Bill.** **Section 16B- The ability to delegate powers to environmental health practitioners supports efficient administration.** **However, the Bill permits delegation of any power under section 16A, including powers relating to medical examinations, treatment orders, evacuation and demolition.** **Consider limiting delegation of significant coercive powers and reserving those powers to senior authorized officers.**

	16B. The Head of Environmental Health may, by written instrument, delegate any of the powers vested in him or her under section 16A to any environmental health practitioner and any such delegation may be general or limited to a specific purpose and may be revoked at any time	
[PHA 18] Building lots to be filled in and drained 18 No dwelling-house or building for business purposes shall be erected on any area of land unless and until the owner or lessee thereof has filled in and levelled the area to the satisfaction of the local authority and taken such measures for the general drainage of the area as may be required by the local authority.	Section 18 of the Principal Act is amended by deleting "erected" and substituting "constructed".	
[PHA 19] Notice to be given and plan furnished 19 Every owner or lessee intending to utilise any area of land for the erection of a dwelling-house or building for business purposes shall give notice accordingly in writing to the local authority and shall together with	The Principal Act is amended by deleting section 19 and substituting the following— "Notice to be given and plan furnished 19. An owner or lessee who intends to utilise any area of land for the construction of a dwelling house or building for business	**Potential Duplication with the Town Planning Act 1946** **Section 19 requires a person intending to construct a dwelling house or business premises to comply with section 7 of the**

the notice, furnish a plan of the site showing the access thereto and the course of the proposed drainage for the approval of the local authority.	purposes must— (a) comply with the provisions under section 7 of the Town Planning Act 1946 and its regulations; and (b) give notice in writing to the local authority and must together with the notice, furnish a plan of the site showing the access thereto and the course of the proposed drainage for the approval of the local authority.".	**Town Planning Act 1946 and also provide notice and site drainage plans to the local authority for approval.** **As section 7 of the Town Planning Act already requires development approval from the local authority, it is unclear whether section 19 establishes an additional approval process or forms part of the existing planning approval framework.** **This may create duplication, administrative burden and uncertainty for applicants and local authorities.** **Recommendation** **Clarify the relationship between section 19 and the Town Planning Act 1946, including whether drainage and public health requirements are intended to form part of a single approval process rather than a separate approval pathway.**
[PHA 21] Closing orders **(1)** Where a medical officer of health, assistant medical officer of health or any officer of the Board or of the local authority serves notice in writing on the local authority that any house or other building within its area is unfit or unsafe for human habitation or	s21 amended Section 21 of the Principal Act is amended by deleting "medical officer of health, assistant medical officer of health" and substituting "environmental health practitioner".	**Clarify the qualifications and authority of Environmental Health Practitioners in relation to closing orders and consider whether review or appeal mechanisms should be available where a dwelling is declared unfit for habitation.**

occupation, such local authority may by an order in writing, hereinafter referred to as a closing order, declare that such house or building or any part thereof if not fit for human habitation or occupation and direct that such house or building or part thereof shall not after the time specified in such order be inhabited or occupied by any person. **(2)** Such order may provide that such direction shall not have effect if the repairs or alterations specified therein are made in the house or building so as to render it fit for human habitation or occupation to the satisfaction of the local authority or of the Board. **(3)** Such order shall be served on the owner or occupier of the house or building or, if neither the occupier nor the owner can be found, such service may be effected by affixing a copy of such order on a conspicuous part of such house or building.		
[PHA 23] Notice of closing order **23** Where a closing order has been made in respect of a building, the local authority or the Board shall serve a notice of the order on every occupying tenant of the	S23 amended Section 23 of the Principal Act is amended by deleting "$2" and substituting "$50".	

building and within such period as is specified in the notice, not being less than 7 days after the service of the notice, the order shall be obeyed by him or her and he or she and his or her family shall cease to inhabit the building, and in default he or she shall be liable to a fine not exceeding $2 a day during his or her disobedience to the order.		
[PHA 30] Existing buildings to be provided with sanitary facility etc **30** (1) Every building intended for human occupation shall be provided with a sufficient privy and wastebin and with proper drains for the efficient carrying off of storm and slop water to the satisfaction of the local authority, provided always that if in the opinion of the local authority, having regard to the number and description of the persons occupying or using such building, more than one such privy or wastebin shall be provided, the local authority may by written notice require the owner or occupier of the building within a	s30 amended Section 30 of the Principal Act is amended by— (a) in the heading, deleting "privies" and substituting "sanitary facility"; (b) renumbering section 30 as section 30 (1); (c) in subsection (1)— (i) deleting "dustbin" wherever it appears and substituting "wastebin"; and (ii) deleting "dustbins" and substituting "wastebins"; and (d) after subsection (1), inserting the following new subsection— "(2) Any building used as a health care facility must be equipped with a healthcare waste management plan."	

reasonable time therein specified to provide such additional number of privies and wastebin or either of them as the case may require. (2) Any buildings used as a health care facility must be quipped with a healthcare waste management plan		
[PHA 31] New buildings to be provided with privies etc **31** Every such building erected or re-built or any building converted into a dwelling-house shall be provided with a sufficient privy and dustbin and with proper drains for the efficient carrying off of storm water and slop water to the satisfaction of the local authority.	s31 amended Section 31 of the Principal Act is amended by— (a) in the heading, deleting "privies" and substituting "sanitary facilities"; and b) deleting "privy and dustbin" and substituting "sanitary facility and wastebin".	
PHA 32] When privy or dustbin sufficient **32** A privy or dustbin shall not be deemed to be sufficient within the meaning of this Act unless it be of such type or description and be furnished with such coverings, fittings and connections as may be required by regulations made under this Act.	Section 32 of the Principal Act is amended by— *(a)* in the heading, deleting "privy or dustbin" and substituting "sanitary facility or wastebin"; and *(b)* deleting "privy or dustbin" and substituting "sanitary facility or wastebin".	**Privy has been deleted and replaced it with sanitary facilities. Ensure definition is consistently applied throughout the Bill.**

[PHA 35] Public privies and dustbins **35** The local authority may, and when so directed by the Board shall, provide and maintain in proper and convenient situations in its district sufficient privies dustbins for the public use.	Section 35 of the Principal Act is amended by— (a) in the heading, deleting “privies and dustbins” and substituting “sanitary facility and wastebin”; and (b) deleting “privies and dustbins” and substituting “sanitary facility and wastebin”.	
[PHA 36] Local authority may enforce provision of privy accommodation **(1)** If a house or building within the district of a local authority appears to that authority by the report of a medical officer of health or sanitary inspector to be without a sufficient privy and dustbin furnished with proper doors and coverings respectively, the local authority shall by written notice require the owner or occupier of the house or building within a reasonable time therein specified to provide a sufficient privy and dustbin furnished as aforesaid or either of them as the case may require. **(2)** In default of compliance with the notice the local authority may at the expiration of the time specified in the notice do the work thereby required to be done and		**Section 36 continues to refer to a "medical officer of health" and "sanitary inspector", despite other amendments in the Bill replacing similar terminology with "medical practitioner", "practitioner" or "environmental health practitioner".** **Review section 36 and other related provisions to ensure that terminology is applied consistently throughout the Act**

may recover from the owner the expenses incurred by it in so doing. [subs (2) am Ordinance 2 of 1945 s 103, effective 1 May 1945] **(3)** Provided that where a privy has been and is used in common by the inmates of 2 or more houses and if in the opinion of the local authority a privy may be so used it need not require the same to be provided for each house.		
[PHA 37] Provision for filling up of cesspits **(1)** If it shall appear to a medical officer of health or sanitary inspector that any cesspit or other receptacle used or formerly used as a receptacle for excreta or other offensive matter or for the whole or any part of the drainage of a house or building or any dustbin or any well or disused well belonging to a house or building or part of a house or building is prejudicial to health or otherwise objectionable for sanitary reasons and that it is desirable that the same should be filled up or removed or so altered as to take away its objectionable character, the medical officer of health or sanitary inspector may, if he or she thinks fit, by	s37 amended Section 37 of the Principal Act is amended by— (a) in the heading, deleting "cesspits" and substituting "septic tank"; (b) deleting "medical officer of health or sanitary inspector" wherever it appears and substituting "environmental health practitioner"; (c) deleting "cesspit" wherever it appears and substituting "septic tank"; and (d) deleting "dustbin" wherever it appears and substituting "wastebin".	**The Bill should ensure that Environmental Health Practitioners possess appropriate qualifications and are subject to clear accountability and oversight arrangements when exercising enforcement powers affecting private property.**

notice in writing require the owner or occupier of that house or building or part of a house or building within a reasonable time to be specified in the notice to cause the cesspool, receptacle, dustbin or well to be filled up or removed and any drain communicating therewith to be effectually disconnected, destroyed or removed or to cause the cesspit, receptacle, dustbin or well to be so altered as to take away its objectionable character. [subs (1) am Ordinance 17 of 1942 s 2, effective 7 December 1942] **(2)** Where it appears that the cesspit, receptacle, dustbin or well aforesaid is used in common by the occupants of 2 or more houses or buildings or parts of houses or buildings, the notice for filling up or removal of the cesspit, receptacle, dustbin or well may be served on any one or more of the owners or occupiers of those houses or buildings and it shall not be necessary to serve the notice on all the owners or occupiers. **(3)** If default is made in complying with the requisition of a notice under this section the local authority may itself carry out the requisition and may		

recover the expenses incurred by it in so doing from the owners or occupiers in default. [subs (3) am 2 of 1945 s 103, effective 1 May 1945]		
[PHA 39] Regulations **(1)** The Minster may, in consultation with the Board and the Minister responsible for local goverment from time to time make regulations under this Part which may be applicable to the whole of Fiji or any defined part of Fiji in respect of— • (a)the type, position, construction and maintenance of privies and the number of privies to be provided in respect of any particular class of buildings; • (b)the construction of buildings including the sites, plans, building lines, air space, drainage, access, materials, workmanship, ventilation, over-crowding, maintenance and occupation thereof, and such matters relating to buildings as the Board may consider necessary. **(2)** The Towns (Building) Regulations 1935 made under the Towns Ordinance 1935 and continued in force by the Towns Ordinance 1948 and by the Local	s39 amended Section 39(1) of the Principal Act is amended by deleting "Board may, with the approval of the Minister," and substituting "Minister may, in consultation with the Board and the Minister responsible for local government".	

Government Act 1972 shall be deemed to have been made under the powers contained in this section. [subs (2) insrt Act 13 of 1977 s 10, effective 1 July 1977]		
[PHA 55] Penalty for certain nuisances about premises **55** The occupier of any premises shall be deemed to have committed a nuisance and shall be liable to a fine not exceeding $20 for creating the nuisance and also to a further fine not exceeding $1 for every day on which the nuisance continues unabated after a conviction under this section in any case where— (a)any waste, stagnant or slop water or any accumulation or deposit of filth or other offensive matter is allowed to remain in, under or near a dwelling-house or building for 12 hours after a medical officer of health or sanitary inspector has required the occupier to remove the same; or	Section 55 of the Principal Act is amended by— (a) in the chapeau— (i) deleting "$20" and substituting "$1,000"; and (ii) deleting "also to a further fine not exceeding $1" and substituting "an abatement notice will be issued for rectification of any nuisance under this section where a failure to comply with the abatement notice served will incur a further fine of $1,000"; (b) in paragraph (a)— (i) deleting "medical officer of health or sanitary inspector" and substituting "environmental health practitioner"; and (ii) in paragraph (a), after "same;", deleting "or"; (c) in paragraph (b), deleting " . " and substituting " ; or"; and (d) after paragraph (b), inserting the following new paragraph— "(c) there is an accumulation of stagnant or slop water under or near a dwelling-house or building for at least 12 hours after an environmental health practitioner has required the occupier to remove the same."	

(b)the contents of a privy or drain belonging to a dwelling-house or building are permitted to overflow or escape. [s 55 am Ordinance 14 of 1939 s 7, effective 29 September 1939 ; Ordinance 2 of 1945 s 103, effective 1 May 1945]		
[PHA 56] Certain nuisances may be abated summarily **56** For the purposes of this Act, but without limiting the meaning of the term "nuisance"— (a)any premises or part thereof of such construction or in such a state as to be a nuisance or injurious to health; (b)any street, pool, ditch, gutter, eaves gutter, pipe, watercourse, cess-pool, drain, ashpit, refuse pit, privy, dustbin, washing place, well, water tank, barrel, sink, collection of sullage water, receptacle containing stagnant water, so foul or in such a state or so situated as to be a nuisance or injurious to health; (c)any stable, cowshed or other building in which any animals or birds are kept in such a manner or in such numbers as to be a nuisance or injurious to health;	**56 amended** Certain nuisances may be abated summarily 56. For the purposes of this Act, but without limiting the generality of the term, each of the following is taken to be "nuisance"— (a) any premises, in the opinion of the environmental health practitioner, is in a state as to be injurious or prejudicial to public and environmental health; (b) any waste, stagnant water, sullage, water from a drain or any accumulation or deposit of filth or other offensive matter; (c) the contents of a sanitary facility or drain belonging to a dwelling house or building that is permitted to escape; (d) a swamp, pool, ditch, gutter, eaves gutter, pipe, septic tank, drain, ash pit, refuse pit, sanitary facility, garbage bin, washing place, well, watercourse, water, tank, barrel, sink, sanitary convenience, collection of sullage water, receptacle containing stagnant water, or other accumulation of water, in a state as to be— (i) injurious or prejudicial to public	✓ **No definition of "public health" or "environmental health". These terms are used throughout the Bill but are not defined, which may create uncertainty in interpretation and enforcement.** **The New Zealand Public Health and Disability Act 2000 defines "public health" as:** ***"the health of all of the people of New Zealand, or a community or section of such people."*** ✓ **Potential overlap between paragraphs (j) and (o). Both provisions appear to regulate offensive trades or businesses and may duplicate each other.** ✓ **Heavy reliance on the opinion of the Environmental Health Practitioner. Several nuisance provisions**

(d)any animal or bird so kept as to be a nuisance or injurious to health; (e)any accumulation or deposit of any material wherever situated which is offensive to the public or injurious to health; (f)any work, manufactory, trade or business injurious to the health of the neighbourhood or so conducted as to be injurious to health or offensive to the public; (g)any house or any part of a house so overcrowded as to be injurious to the health of the inmates, whether or not members of the same family; (h)any school-house, workroom, shop, office, factory, warehouse or other place of business— (i)so unclean as to be offensive to the public or injurious to health; (ii)not so ventilated as to render harmless as far as practicable all gases, vapours, dust or other impurities generated in the course of the work carried on therein that are a nuisance or injurious to health; or (iii)so overcrowded as to be injurious to the health of the persons therein employed; or (iv)not provided with sufficient privy accommodation;	and environmental health; or (ii) a breeding ground for mosquitoes or disease-bearing insects; (e) any premises or part of a construction or in a state as to be injurious to public and environmental health; (f) stable, cowshed or other building in which any animals or birds are kept in a manner or in numbers as to be injurious or prejudicial to public and environmental health; (g) keeping or rearing animal or bird of any description so kept as to be injurious to public and environmental health; (h) an accumulation or deposit that is injurious or prejudicial to public and environmental health; (i) any house or part of a house or premises whose residents are provided with less than 4.8 square metres of unobstructed floor space, and that in the opinion of the environmental health officer the premises has become overcrowded and dangerous or injurious or prejudicial to the health of the residents whether or not of the same family; (j) any work, trade or business that in the opinion of the environmental health practitioner is offensive to the public; (k) any schoolhouse, school dormitories, workplace, shop, office, factory, warehouse or other place of business— (i) that is unclean as to be offensive to the public or injurious to health; (ii) that is not ventilated in a way that renders harmless, so far as practicable, any gases, vapours, dust or other impurities— (A) that are generated in the course of the work carried on in the workplace; (B) that are injurious or prejudicial to public and environmental health; or (C)	**depend on subjective assessment without clear statutory criteria or guidance.** ✓ **Broad nuisance powers without objective standards. The Bill does not specify factors to be considered when determining whether a condition is injurious or prejudicial to public and environmental health.** ✓ **Unclear basis for overcrowding standard in paragraph (i). The Bill prescribes a minimum floor space requirement but does not explain whether it is based on recognised public health standards.** ✓ **No review or appeal mechanism for nuisance determinations. The Bill does not clearly provide a process for challenging decisions that premises or activities constitute a nuisance.** ✓ **Inconsistent terminology. Section 56 refers to both "environmental health practitioner" and "environmental health officer", which may create uncertainty unless both terms are defined.** ✓ **Potentially broad scope of nuisance definition. The inclusion of "any other matter or thing" may give rise to uncertainty regarding the limits of the provision.** ✓ **No guidance on enforcement priorities. The Bill does not distinguish between minor nuisances and serious**

(i)any offensive trade or business so carried on as to be injurious to health or unnecessarily offensive to the public; (j)any noxious matter or water flowing or discharged from any premises into any public street or into any gutter or side channel of any street, or the drainage of any town, village or building falling into any harbour, river, pond or ditch or upon any foreshore so as to be offensive to the public or injurious to health; (k)any churchyard, cemetery or place of sepulture so situated or crowded or otherwise so conducted as to be offensive or injurious to health; (l)any well or water supply injurious to health; (m)any chimney emitting black smoke in such quantity as to be a nuisance; (n)any premises which contain rat holes or rat runs or which are infested with rats or in which the ventilating openings are not protected by gratings in such a manner as to exclude rats therefrom, shall be deemed to be nuisances liable to be dealt with summarily in manner provided by this Act, provided that—	that is so overcrowded while work is carried on that it is dangerous or injurious or prejudicial to the health of persons employed in the workplace; and (iii) that is not provided with sufficient approved sanitary facilities; (l) any building, or premises emitting noise in a way as to be a nuisance; (m) a chimney emitting smoke in a way as to be a nuisance; (n) the infestation of any place or premises by—(i) rats, mice or vermin; or (ii) any form of insect life declared by regulation to be injurious or prejudicial to public and environmental health; (o) any offensive trade or business carried on that is injurious to health or unnecessarily offensive to the public; (p) any noxious matter or water flowing or discharged from any premises into any public street or into any gutter or side channel of any street, or harbour, river, pond or ditch or upon any foreshore that is offensive to the public or injurious to health;(q) any churchyard, cemetery or place of sepulchre so situated or crowded or otherwise conducted to be offensive or injurious to public and environmental health; (r) any well or water source or water supply system constructed or maintained in a manner injurious to health; or (s) any other matter or thing, activities, discharges, or premises, that in the opinion of the Board should be prescribed as being a nuisance.”.	**public health risks, which may lead to inconsistent enforcement.** **Section 56(j) refers to:** **"any work, trade or business that in the opinion of the environmental health practitioner is offensive to the public"** **while section 56(o) refers to:** **"any offensive trade or business carried on that is injurious to health or unnecessarily offensive to the public."** **The two provisions appear to regulate substantially similar conduct and may create uncertainty regarding their respective application. Review paragraphs (j) and (o) to determine whether both provisions are required or whether they can be consolidated into a single provision to improve clarity and avoid overlap.**

(i)any accumulation or deposit necessary for the effectual carrying out of any business or manufacture shall not be punishable as a nuisance under this section if it is proved to the satisfaction of the High Court that the accumulation or deposit has not been kept longer than is necessary for the purpose of business or manufacture and that the best available means have been taken for preventing injury thereby to public health and that no serious danger to health exists and (ii)in the case of an alleged nuisance under paragraph (f) it shall be a sufficient defence if it is proved that the offensiveness is not greater than might reasonably be expected having regard to the nature of the trade and also that the best practicable means have been used to minimise the offensiveness and abate any nuisance and also that no serious danger to health exists. [s 56 am Ordinance 14 of 1939 s 8, effective 20 September 1939]		
[PHA 57] Notice requiring abatement of nuisance **(1)** On the receipt of any information respecting the existence of a nuisance liable to be dealt with	Section 57 of the Principal Act is amended by— (a) in subsection (1) after ", if satisfied of the existence of a nuisance,", inserting "issue fixed penalty of $1,000 and"; and (b) in subsection (4), deleting "$20" and substituting "$1,000".	

summarily under this Act the local authority shall, if satisfied of the existence of a nuisance, serve a notice on the person by whose act, default or sufferance the nuisance arises or continues or, if that person cannot be found, on the occupier or owner of the premises on which the nuisance arises, requiring him or her to abate the same within the time specified in the notice and to execute such works and do such things as may be necessary for that purpose and, if the local authority thinks it desirable (but not otherwise), specifying any works to be executed. **(2)** The local authority may also by the same or another notice served on such occupier, owner or person require him or her to do what is necessary for preventing the recurrence of the nuisance and, if it thinks it desirable, specify any works to be executed for that purpose, and may serve the notice notwithstanding that the nuisance may for the time have been abated if the local authority considers that it is likely to recur on the same premises. **(3)** Provided that— • (a)where the nuisance arises from a want or defect of a structural character or where the		

premises are unoccupied or are a common lodging house, the notice shall be served on the owner; and • (b)where the person causing the nuisance cannot be found and it is clear that the nuisance does not arise or continue by the act, default or sufferance of the occupier or owner of the premises, the local authority may itself abate the same and may do what is necessary to prevent the recurrence thereof. **(4)** Where a notice has been served on a person under this section and either— • (a)the nuisance arose from the willful act or default of the said person; or • (b)the said person makes default in complying with any of the requisitions of the notice within the time specified, he or she shall be liable to a fine not exceeding $20 for each offence. [subs (4) am Ordinance 2 of 1945 s 103, effective 1 May 1945]		

[PHA 59] Nuisance order **(1)** A nuisance order may be an abatement order, a prohibition order or a closing order or a combination of those orders. **(2)** An abatement order may require a person to comply with all or any of the requisitions of the notice or otherwise to abate the nuisance within the time specified in the order. **(3)** A prohibition order may prohibit the recurrence of a nuisance. **(4)** An abatement order or prohibition order shall, if the person on whom the order is made so requires or the Magistrate considers it desirable, specify the works to be executed by that person for the purpose of abating or preventing the recurrence of the nuisance. **(5)** A closing order may prohibit a building from being used for human occupation. **(6)** A closing order shall only be made where it is proved to the satisfaction of a Magistrate that by reason of a nuisance a building is unfit for human occupation and, if that be proved the Magistrate shall make a closing order and may impose a fine not exceeding $40.	Section 59 of the Principal Act is amended by— (a) in subsection (6), deleting “$40” and substituting “$1,000”; (b) in subsection (8), deleting “$20” and substituting “$100”; and (c) in subsection (9), deleting “$4” and substituting “$100”	

(7) A Magistrate, if and when he or she is satisfied that a building has been rendered fit for human occupation, may declare that he or she is so satisfied and cancel the closing order. **(8)** If a person fails to comply with the provisions of a nuisance order with respect to the abatement of a nuisance he or she shall, unless he or she satisfies the High Court that he or she has used all due diligence to carry out the order, be liable to a fine not exceeding $20 a day during his or her default. [subs (8) am Ordinance 2 of 1945 s 103, effective 1 May 1945] **(9)** If a person knowingly and wilfully acts contrary to a prohibition or closing order he or she shall be liable to a fine not exceeding $4 a day while he or she so acts, and in any case the local authority may enter the premises to which a nuisance order relates and abate or remove the nuisance and do whatever may be necessary in execution of the order. [subs (9) am Ordinance 2 of 1945 s 103, effective 1 May 1945]		

[PHA 60] Appeal against nuisance order **(1)** Where a person appeals to the High Court against a nuisance order, no liability to a penalty shall arise nor, save as in this section mentioned, shall any proceedings be taken or work done under the order until after the determination or abandonment of the appeal. **(2)** There shall be no appeal to the High Court against a nuisance order unless it is or includes a prohibition or closing order or requires the execution of structural works. **(3)** Where a nuisance order is made and a person does not comply with it but appeals against it to the High Court and the appeal is dismissed or is abandoned, the appellant shall be liable to a fine to be imposed by the High Court not exceeding $2 a day during the non-compliance with the order unless he or she satisfies the High Court that there was substantial ground for the appeal and that the appeal was not brought merely for the purpose of delay. **(4)** Where an appeal is made against a nuisance order and the High Court which made the order is of	s60 amended Section 60 of the Principal Act is amended in subsection (3) by deleting "$2" and substituting "$100".	

opinion that the continuance of the nuisance will be injurious to health and that the immediate abatement thereof will not cause any injury which cannot be compensated by damages, the High Court may authorise the local authority immediately to abate the nuisance, but the local authority, if it does so and the appeal is successful, shall pay the cost of the abatement and the damages, if any, sustained by the appellant by reason thereof but, if the appeal is dismissed or abandoned, the local authority may recover the cost of abatement from the appellant.		
[PHA 63] Power of entry **(1)** The local authority or any medical officer of health or sanitary inspector shall have the right to enter any premises— • (a)for the purpose of examining as to the existence thereon of any nuisance liable to be dealt with summarily under this Act (except the nuisance referred to in section 56(g) at any hour by day and, in the case of a nuisance referred to in section 56(g), at any hour by day or by night or, in the case of a nuisance arising in respect of	s63 amended Section 63 of the Principal Act is amended by— (a) in subsection (1)— (i) deleting “medical officer of health or sanitary inspector” and substituting “environmental health practitioner”; and (ii) in paragraph (a), deleting “section 56(g)” and substituting “section 56(i)”; and (b) in subsection (2), deleting “$40” and substituting “$500”	

any business, at any time when that business is in progress or is usually carried on; and • (b)where under this Act a nuisance has been ascertained to exist or a nuisance order has been made, at any such hour as aforesaid until the nuisance is abated or the works ordered to be done are completed or the closing order is cancelled as the case may be; and • (c)where a nuisance order has not been complied with or has been infringed, at all reasonable hours including all hours during which business therein is in progress or is usually carried on for the purpose of executing the order. [subs (1) am Ordinance 37 of 1966 s 36, effective 13 January 1967] **(2)** Any person who fails to give or refuses access to any officer, inspector or person mentioned in or authorised under the provisions of subsection (1) if such officer, inspector or person requests entrance on any land or premises, or obstructs or hinders him or her in the execution of his or her duties under this Part, shall be liable to a fine not exceeding $40.		

[subs (2) insrt Ordinance 14 of 1939 s 9, effective 20 September 1939 ; am Ordinance 2 of 1945 s 103, effective 1 May 1945]		
[PHA 64] Recovery of costs and expenses **(1)** All costs and expenses incurred in serving a notice, making a complaint or obtaining or carrying into effect a nuisance order or in abating or suppressing any nuisance shall be deemed to be money paid for the use and at the request of the person on whom the order is made or, if the order is made on the local authority or if no order is made but the nuisance is proved to have existed when the notice was served or the complaint made, of the person by whose act, default or sufferance the nuisance was caused. **(2)** In case of nuisances caused by the act or default of the owner of premises, the costs and expenses aforesaid may be recovered from any person who is for the time being owner of those premises.	Section 64 of the Principal Act is amended in subsection (2) by deleting “for the time being” and substituting “the current”.	
[PHA 66] Penalty for injuring drain etc so as to cause nuisance	The Principal Act is amended by deleting section 66 and substituting the following— “66. Any person who— (a) causes any	

66 If a person causes any drain, privy or dustbin to be a nuisance or injurious to health by wilfully destroying or damaging it or any water supply apparatus, pipe or work connected therewith or by otherwise wilfully stopping up or wilfully interfering with or improperly using it or the water supply apparatus, pipe or work connected therewith, he or she shall be liable to a fine not exceeding $10. [s 66 am Ordinance 2 of 1945 s 103, effective 1 May 1945]	drain, sanitary facility or wastebin to be a nuisance or injurious to health; (b) wilfully damages any water supply apparatus, pipe or work connected thereto; (c) wilfully impedes or wilfully interferes with the water supply; (d) improperly and unlawfully uses the water supply apparatus, pipe or work connected thereto; or (e) wilfully engages in rearing and grazing of animals, logging, farming, fishing activities which may contaminate any water supply or water source, commits an offence and liable on conviction to a fine not exceeding $500 or to imprisonment for a term not exceeding 3 months or both.".	
DIVISION 2 POWERS [ss 69–76] [PHA 69] Powers **69** For the purposes of preventing the occurrence or of checking the spread of any infectious disease in Fiji and generally for carrying out the provisions of this Part— **(1)** The Minister shall have power—	Section 69 of the Principal Act is amended by: *(a)* deleting the chapeau and substituting the following— "For the purposes of preventing the occurrence or of checking the spread of any infectious disease in Fiji and generally for carrying out the provisions of this Part, the Minister may exercise the power—" *(b)* deleting subsection (1); *(c)* in subsection (3)*(l)*, deleting " . " and substituting " ; and "; **Section 69 (Infectious Diseases)** **Proposed New Section 69A** **Insert a new section after section 69:** **"Public Health Emergency Declaration"** **A declaration should:** • **be published in the Gazette;** • **specify reasons;** • **specify duration;**	

(a)to cause to be provided in such parts of Fiji as he or she may deem fit permanent or temporary hospitals, camps and stations for— ○ (i)the isolation, treatment and disinfection of persons suffering from an infectious disease and of persons who, as a result of contact with infected persons or otherwise, may be or become a source of infection; ○ (ii)the isolation, cleansing and disinfection of infected articles and goods; (b)to expend from the public funds of Fiji such sums of money as in his or her opinion may be necessary; and (c)to do all such other things as the Minister may deem necessary for the protection of public health. **(2)** The Board shall have power— (a)to make recommendations in respect of any compensation claimed by or to be made to any person who suffers loss or damage by the	*(d)* after subsection (3)*(l)*, inserting the following new paragraph— "*(m)* to appoint Divisional Outbreak Response Teams (DORT) and Sub-Divisional Outbreak Response Teams (SDORT)."; *(e)* in subsection (4)— (i) deleting "Powers of local authorities"; and (ii) after "premises" wherever it appears, inserting "vessels, aircraft, conveyances,"; *(f)* in subsection (5)— (i) deleting "Duties and powers of a medical officer of health" and substituting "A medical practitioner has the following powers—"; (ii) in paragraph *(a)*, deleting "A medical officer of health shall advise", and substituting "advising"; (iii) in paragraph *(b)*, deleting "A medical officer of health or inspector authorised thereto in writing by a medical officer of health in any case"; (iv) in paragraph *(b)* deleting "medical officer of health or the inspector" and substituting "medical practitioner";	• **expire after 30 days unless renewed.** **Justification** **The Bill provides significant outbreak powers but does not establish a formal public health emergency framework.** **Fiji experienced significant legal challenges during COVID-19 because emergency powers were exercised through multiple legislative instruments.** **A dedicated emergency framework would improve certainty and accountability**

exercise of any of the powers conferred by the provisions of this Part, and in case of dispute the amount of such compensation shall be determined by a Resident Magistrate whose decision shall be final; and (b)to make recommendations from time to time in respect of the provision in governmental and other residential institutions of such accommodation as it considers necessary for the isolation or observation of cases or suspected cases of infectious disease. [subs (2) am Ordinance 9 of 1955 s 13, effective 15 April 1955] **(3)** The Permanent Secretary shall have power— (a)subject to the approval of the Minister— (i)to take temporary possession of and allow to be used such premises, vehicles and local vessels as in his or her opinion may be necessary for the accommodation, treatment and disinfection of persons and goods subject to isolation; (ii)for the like purpose to requisition in writing such medical stores, hospital and	(v) in paragraph (*c*), deleting "Whenever a medical officer of health" and substituting "where he or she"; (vi) in paragraph *(d)*, deleting "medical officer of health or any medical practitioner authorised in that behalf by a medical officer of health may" and substituting "to"; (vii) in paragraph *(e)*, deleting "medical officer of health and any inspector or other person authorised in that behalf by a medical officer of health may" and substituting "to"; (viii) in paragraph *(f)*, deleting "shall a medical officer of health or any inspector or assistant or other person" and substituting, "may a medical practitioner"; and (ix) in paragraph *(g)*, deleting "medical officer of health" and substituting "medical practitioner"; and *(g)* after subsection (5), inserting the following new subsections— "(6) An environmental health practitioner duly authorised by the Minister has the power to—	

camp equipment, articles of food and drink and such other things as he or she deems necessary; (iii)to appoint temporary medical and other officers, nurses and persons; (iv)to authorise officers and any temporary officers, nurses and persons appointed hereunder to exercise all or various of the powers and to perform any work or duty authorised in this Part; (v)to prohibit, order and regulate conditionally or unconditionally the movements of persons, animals, goods, vehicles and vessels on sea or on land, including the assembling together, whether habitual or occasional, of either adults or children; (vi)to order the demolition or structural alteration of or repairs to any insanitary or defective premises or drain, main or other work, or the removal of any nuisance or the execution of any work he or she may deem requisite at the charge of the public	*(a)* at any reasonable time enter or inspect premises and assess conditions that may contribute to disease transmission; *(b)* issue notices of non-compliance; *(c)* enforce quarantine and isolation measures, ensuring compliance with directives aimed at limiting disease transmission; *(d)* issue directions for the safe burial of persons who have died from an infectious disease; *(e)* direct safe management of infectious healthcare waste, ensuring proper handling, treatment and disposal to minimise contamination risks; *(f)* obtain environmental samples of food, water and swabs to determine sources of infection; *(g)* execute and monitor the closing and prohibition orders, ensuring that affected premises remain closed and prohibited activities as directed by the Permanent Secretary;	

revenue by any person whom the Minister may appoint for the purpose, and any expenses incurred under this paragraph for any work which any person, council, board or authority, is required to execute by this or any other Act shall be recoverable from such person or body; (b)to order the attendance for and the medical examination surveillance, restraint, isolation, removal and treatment of persons subject to isolation; (c)to order for the purposes of diagnosis or prevention of spread of infection the vaccination, inoculation or other recognised medical treatment of persons subject to isolation; (d)to order, when in the opinion of the Permanent Secretary the necessity arises, the vaccination or inoculation of unprotected persons; (e)to order the isolation, removal, cleansing, disinfection or destruction of personal effects,	*(h)* obtain information of infected persons through interviews, active surveillance and targeted screening programs; *(i)* locate and plot cases on the Quantum Geographical Information System (QGIS); and *(j)* cleanse or disinfect any premises or any article necessary from preventing the spread or limiting or eradicating the infection of any infectious disease or otherwise for preventing danger to health or rendering any premises fit for occupation. (7) Any person who wilfully disobeys an order issued under this section, or who obstructs, delays, or in any way interferes with its prompt execution, or who knowingly publishes or disseminates false information with the intention of causing others to disobey or fail to comply with the order, commits an offence and is liable to a fine not exceeding $10,000.”.	**The Bill refers to "the Quantum Geographical Information System (QGIS)" as though it is a specific system established by law. This creates several concerns:** • **Is the Bill referring specifically to the software known as QGIS?** • **Is Government using a customized GIS platform?** • **What happens if Government later changes software?** • **Is there any reason why a particular software platform is specified in legislation?** **Generally, legislation should be technology-neutral. Laws usually refer to:** • **"a geographic information system";** • **"an approved geographic information system"; or** • **"a geographic information system designated by the Permanent Secretary"** **rather than naming a specific software package.** **Section 69(6)(i) authorizes environmental health practitioners to locate and plot cases on the "Quantum Geographical Information System (QGIS)". While GIS-based disease surveillance is supported as a modern public health tool, the reference to a specific software platform may unnecessarily limit future technological flexibility and may create uncertainty if alternative systems are adopted.**

goods, premises, drains, vehicles and local vessels which are subject to isolation; (f)from time to time to exercise the following special powers— ○ (i)declare any land, building or thing insanitary and prohibit the use thereof for any special purpose; ○ (ii)cause any insanitary building to be pulled down; ○ (iii)cause insanitary things to be cleansed, rectified, destroyed or otherwise disposed of as he or she may think fit; (g)to forbid the discharge of sewage, drainage or unsanitary matter of any description into any watercourse, stream, lake or source of water supply; (h)to cause infected animals to be destroyed in such manner as he or she thinks fit; (i)to prohibit the keeping of animals, birds or poultry or any species thereof in any specified area; (j)to order a post-mortem examination on the body of a deceased person if the death of such		**Recommendation: Consider replacing "Quantum Geographical Information System (QGIS)" with "a geographic information system approved by the Permanent Secretary" or similar technology-neutral wording. Consider also introducing safeguards governing the collection, storage, use and disclosure of health and location data obtained through GIS-based surveillance activities.**

person is suspected to have been due to an infectious disease and the facts relating to the death cannot with certainty be ascertained without such examination or if it is desirable for preventing the occurrence or spread of an infectious disease that the facts relating to the death of any person should be ascertained; (k)to cause to be provided, equipped, maintained and staffed by town councils or otherwise— ○ (i)places for the reception of dead bodies (mortuaries) and the performance of post-mortem examinations; ○ (ii)disinfecting and cleansing stations for the cleansing of persons and the cleansing and disinfection of dirty, verminous or infected clothing, bedding and other articles, such mortuaries and disinfecting stations to be constructed according to plans and specifications approved by the Board; (l)to exempt any persons, animals, goods, vehicles and local vessels from any provision		

of this Part or to relax in their favour any prescribed procedure as he or she may think fit. [subs (3) am Ordinance 37 of 1966 s 36, effective 13 January 1967; Act 14 of 1975 s 23, effective 30 May 1975] **Powers of local authorities (4)** Local authorities shall have power, when of the opinion that the cleansing and disinfection of any premises or of any article therein is necessary for preventing the spread or limiting or eradicating the infection of any infectious disease to instruct any inspector, with or without assistants, to enter on such premises and to carry out such cleansing and disinfection. **Duties and powers of a medical officer of health (5)** • (a)A medical officer of health shall advise the Permanent Secretary as early as possible of any threatened or actual outbreak of infectious disease in his or her district, requesting authority to exercise all or such of the powers detailed in subsection (3) as he or she considers necessary, and pending receipt of such authority, a medical officer of health may provisionally exercise such powers, but their		

application shall only be valid for the period prior to the receipt of the Permanent Secretary's instructions in the matter in so far as the latter do not convey the authority asked for. • (b)A medical officer of health or inspector authorised thereto in writing by a medical officer of health in any case where in the interests of the public health he or she thinks it expedient so to do may make an order for the removal of any person suffering or suspected to be suffering from any infectious disease to a hospital or other place where such person can be effectually isolated and, if satisfied that the patient cannot without removal be effectually isolated or properly attended, the medical officer of health or the inspector shall make an order for his or her removal which may be effected if necessary with force. Every person who wilfully disobeys an order under this subsection or who obstructs or delays or in any way interferes with the prompt execution thereof commits an offence and shall be liable on conviction to a fine not exceeding		

$10,000 or imprisonment for a term not exceeding 5 years or both. • (c)Whenever a medical officer of health is of opinion that the cleansing or disinfection of any premises or of any article is necessary for preventing the spread or limiting or eradicating the infection of any infectious disease, or otherwise for preventing danger to health or for rendering any premises fit for occupation, he or she may authorise any inspector, with or without assistants, to enter on any premises and to carry out such disinfection and cleansing, and the costs of such disinfection or cleansing shall be recoverable from the local authority as a debt due to the State. • (d)A medical officer of health or any medical practitioner authorised in that behalf by a medical officer of health may at all reasonable times enter any premises in which he or she has reason to believe that there is or recently has been any person suffering from an infectious disease or otherwise subject to isolation and may medically examine any person on such		

premises for the purpose of ascertaining whether such person is suffering or has recently suffered from any such disease.
• (e)A medical officer of health and any inspector or other person authorised in that behalf by a medical officer of health may at any time, with or without assistants—
  ○ (i)enter on any premises or local vessels and inspect the same and all things thereon or therein;
  ○ (ii)do on any land or in any premises any sanitary or other work authorised or directed; and
  ○ (iii)may do with respect to persons, premises, ships, animals or things whatsoever in the opinion of the medical officer of health is necessary or expedient for the purpose of carrying out the provisions of this Part.
• (f)In no case shall a medical officer of health or any inspector or assistant or other person incur any personal liability by reason of
		Section 69(5)(e)(iii)
		
		The provision authorises a medical practitioner to do, in relation to persons, premises, ships, animals or things, whatever is considered necessary or expedient for carrying out the purposes of this Part. This is a broad discretionary power and does not specify any limits on its exercise or the factors to be considered when exercising it.
		
		Consider requiring that any action taken under this provision be reasonably necessary, proportionate to the public health risk, and limited to what is required to prevent, control or respond to an infectious disease.

anything lawfully done by him or her under the powers conferred by this Part.
• (g)A medical officer of health shall have power if in his or her opinion it is necessary for the protection of public health to—
  ○ (i)order the disposal of the body of a person who has died from an infectious disease within such time and subject to such conditions as he or she may think fit;
  ○ (ii)order the removal of such a body to a mortuary for the purpose of a post-mortem examination being made on it or for the purpose of its being thence buried or cremated.
[subs (5) insrt Ordinance 14 of 1939 s 10, effective 20 September 1939 ; am Ordinance 2 of 1945 s 103, effective 1 May 1945 ; Ordinance 9 of 1955 s 13, effective 15 April 1955 ; Ordinance 37 of 1966 s 36, effective 13 January 1967; Act 9 of 2020 s 2, effective 29 March 2020]		

[PHA 70] Penalty for obstructing Permanent Secretary etc	s70 amended	

Every person who in any way directly or indirectly by act or default— (a)obstructs or hinders the Permanent Secretary or a medical officer of health in the exercise of his or her functions and powers under the foregoing provisions of this Part or obstructs or hinders any inspectors or other person acting with the authority or by direction of the Permanent Secretary or a medical officer of health; or (b)does anything which the medical officer of health in the exercise of the aforesaid functions and powers forbids to be done; or (c)refuses, delays or neglects to comply with any direction or requirement of a medical officer of health or fails to afford reasonable assistance to a medical officer of health in the exercise of the aforesaid functions and powers,	Section 70 of the Principal Act is amended by deleting "medical officer of health" wherever it appears and substituting "environmental health practitioner".	

commits an offence and is liable on conviction to a fine not exceeding $10,000 or imprisonment for a term not exceeding 5 years or both. [s 70 am Ordinance 2 of 1945 s 103, effective 1 May 1945 ; Act 9 of 2020 s 3, effective 29 March 2020]		
[PHA 71] Notification of infectious diseases **(1)** When any person is suffering or has died from an infectious disease, any medical practitioner attending or called in to visit such person, on diagnosing that such person suffers or has died from an infectious disease, shall send at the prescribed times to the Permanent Secretary or to the medical officer of health of the Division where such person is residing or has died, a notice signed by him or her in the prescribed form containing such particulars as may be prescribed. [subs (1) subst Ordinance 10 of 1964 s 5, effective 21 May 1964] **(2)** Any medical practitioner required by this section to give a notice or certificate whether of sickness or of death or of both sickness and death who fails to give the same shall be liable on conviction to a fine not	s71 amended Section 71 of the Principal Act is amended in the heading by deleting “Notification” and substituting “Surveillance and notification”	**The amendment changes the heading of section 71 from "Notification of infectious diseases" to "Surveillance and notification". However, the substantive provisions of the section continue to deal solely with the notification of infectious diseases by medical practitioners and do not establish, define or regulate any surveillance functions. This may create uncertainty as to the intended scope of the provision.** **Recommendation: Consider either retaining the existing heading or introducing substantive provisions that clearly define the scope, purpose and operation of disease surveillance activities under the Act. If surveillance systems are intended, consideration should also be given to requiring that all disease surveillance systems comply with prescribed standards for data security, confidentiality and privacy.**

exceeding $10,000 or imprisonment for a term not exceeding 5 years or both. [subs (2) am Ordinance 2 of 1945 s 103, effective 1 May 1945 ; Ordinance 10 of 1964 s 5, effective 21 May 1964; Act 9 of 2020 s 4, effective 29 March 2020] **(3)** The Permanent Secretary may prescribe the form of the notice to be signed by a medical practitioner specified in subsection (2) and the particulars to be contained therein, by notice in the Gazette. [subs (3) subst Ordinance 10 of 1964 s 5, effective 21 May 1964]		
[PHA 78] Apprehension of person liable to isolation **78** Any authorized person may with or without warrant— (a)apprehend any person liable to isolation and any person who without authority has entered or left an isolation hospital, an isolation camp or an isolation station; and (b)detain, remove or isolate any article, goods, vehicle or vessel liable to isolation.	**s78 amended** Section 78 of the Principal Act is amended in the chapeau after "Any" by inserting "environmental health practitioner or"	

[PHA 79] Infected goods may be removed and dealt with **79** (2) Any goods or articles certified by a medical officer of health to have been exposed to infection with an infectious disease and to be liable to carry infection may be removed to an isolation station and there dealt with as is prescribed or as a medical officer of health may order.	s79 amended Section 79 of the Principal Act is amended by— (a) renumbering section 79 as section 79(1); and (b) after subsection (1), inserting the following new subsection— "(2) an environmental health practitioner must supervise and ensure the safe removal of any goods or articles referred to in subsection (1).".	
[PHA 85] Compulsory examination and treatment of venereal disease **(1)** A medical officer of health in any case where in the interests of public health he or she thinks expedient so to do, may, by order in writing— • (a)direct any person suffering or suspected to be suffering from any venereal disease to attend a hospital or registered medical practitioner for examination and treatment if necessary, and may specify the hospital or medical practitioner to be attended by such person;	Section 85 of the Principal Act is amended by— (a) in subsection (1)(c), deleting "sanitary inspector" and substituting "environmental health practitioner"; (b) in subsection (2), deleting "sanitary inspector" and substituting "environmental health practitioner"; (c) in subsection (3), deleting "$40" and substituting "$1,000"; and (d) in subsection (5), deleting "$50" and substituting "$1,000".	

• (b)direct that any such person who is found to be suffering from venereal disease be detained and remain in hospital until discharged therefrom by a medical officer of health; • (c)direct any sanitary inspector or any officer of the Board to remove to hospital any person failing to comply with an order made under the provisions of paragraphs (a) or (b). **(2)** Any sanitary inspector or officer of the Board authorised to remove any person to hospital under the provisions of subsection (1) may remove and convey such person to hospital, and for this purpose may use such degree of force as may be necessary. **(3)** Any person who wilfully disobeys an order under this section or who obstructs or delays or in any way interferes with the prompt execution thereof shall be guilty of an offence and shall be liable to a fine not exceeding $40. **(4)** If a patient found by a medical officer of health or medical practitioner to be suffering from a venereal disease gives to him or her information as to a person from whom the patient suspects that the disease was contracted, such information shall be deemed, for the		

purposes of the law relating to defamation, to have been communicated in pursuance of a statutory duty. **(5)** If, in furnishing any information as is mentioned in subsection (4), any person makes any statement which he or she knows to be false in a material particular, or recklessly makes any statement which is false in a material particular, he or she shall be guilty of an offence and shall be liable to a fine not exceeding $50 or to imprisonment for a term not exceeding 3 months. [subs (5) insrt Ordinance 2 of 1945 s 103, effective 1 May 1945 ; am Ordinance 37 of 1966 s 36, effective 13 January 1967]		
[PHA 89] Penalty **89** Any person guilty of an offence against this Part for which no penalty is otherwise expressly provided shall be liable to a fine not exceeding $20. [subs 89 am Ordinance 2 of 1945 s 103, effective 1 May 1945 ; Ordinance 37 of 1966 s 36, effective 13 January 1967]	Section 89 of the Principal Act is amended by deleting “$20” and substituting “$2,000”.	

PART 9 OFFENSIVE TRADES [ss 90, 91] **[PHA 90] Permission by Board to carry on offensive trades** **(1)** No person shall establish or carry on any offensive trade within the district of a local authority except with the consent in writing of the Board. **(2)** Every person who establishes or carries on an offensive trade in contravention of this section shall be liable to a fine not exceeding $10 and to a fine not exceeding $10 for every day on which he or she carries it on whether there has or has not been a conviction in respect of the establishing of the trade. [subs (2) am Ordinance 2 of 1945 s 103, effective 1 May 1945]	Section 90(2) of the Principal Act is amended by deleting "$10" and substituting "$500".	
PART 10 COMMON LODGING HOUSES AND HOUSES LET AS LODGINGS [ss 92–102] [PHA 92] Register of common lodging houses **(1)** Every local authority shall keep a register in which shall be entered the names and residences of the keepers of all common lodging houses within the	Section 92 of the Principal Act is amended by— (a) after subsection (1), inserting the following new subsection— "(1A) Pursuant to subsection (1), no person may be registered to operate a common lodging house without providing the following to the local authority— (a) proof of registration for tax purposes; (b) proof of registration of the common lodging business;	• **Amendment provides regulatory business compliance safeguards. Compliance with:**

district of that authority and the situation thereof and the number of lodgers authorised under this Act by that authority to be received therein. **Evidence (2)** A copy of any entry in the register aforesaid certified by an officer of the local authority to be a true copy shall be received in all courts on all occasions as evidence and shall be sufficient proof of the matter registered without production of the register or of any document or thing on which the entry is founded.	(c) proof of ownership of the property concerned; (d) waste management plan; and (e) any other document as may be required by the local authority from time to time." (b) in subsection (2), deleting "Evidence"	— **FRCS VAT laws,** — **Registrar of Companies (ROC) compliance,** — **Environmental Management (Waste Disposal) Regulations.**
[PHA 95] Local authority to have free access **95** The keeper of a common lodging house and every other person having or acting in the care or management thereof shall at all times when required by an officer of the local authority give him or her free access to the house or any part thereof, and any keeper, owner or person who refuses that access shall be liable to a fine not exceeding $10.	s95 amended Section 95 of the Principal Act is amended by deleting "$10" and substituting "$5,000".	

[s 95 am Ordinance 2 of 1945 s 103, effective 1 May 1945]		
PHA 96] Penalty for using unregistered premises **96** Any keeper of a common lodging house who receives any lodger therein without registering such lodging house under the provisions of this Act shall be liable to a fine not exceeding $10 and in the case of a continuing offence to a fine not exceeding $4 for every day during which the offence is continued after conviction under this section. [s 96 am Ordinance 2 of 1945 s 103, effective 1 May 1945]	**s96 amended** Section 96 of the Principal Act is amended by— (a) deleting "$10" and substituting "$1,000"; and (b) deleting "$4" and substituting "$100".	
[PHA 98] Regulations **98** The Board may from time to time make regulations, subject to the approval of the Minister, in relation to common lodging houses for— (a)the fixing and from time to time varying the number of persons who may be received as lodgers in each	**s98 amended** Section 98 of the Principal Act is amended in paragraph (c) by— (a) deleting "privy" and substituting "sanitary facilities"; and (b) deleting "dustbin" and substituting "wastebin".	

common lodging house and in each room thereof and the separation of the sexes therein; (b)the promoting of cleanliness and ventilation; (c)the sufficiency of the water supply and the privy, washing, drainage and dustbin accommodation and other appliances and means of cleanliness in proportion to the number of lodgers and occupiers; (d)the giving of notices and the taking of precautions in the case of any infectious disease; (e)the inspection of common lodging houses; (f)[Repealed] (g)the painting, white-washing or colour-washing of walls and buildings; (h)the keeping by the owner in proper condition of all drains and sanitary arrangements; and (i)generally the keeping and well-ordering of common lodging houses. [s 98 am Act 31 of 2018 s 7, effective 1 August 2018]		
PART 11 MOSQUITOES [ss 103–111] **[PHA 103] Breeding places of mosquitoes to be nuisances** **103**	s103 amended Section 103 of the Principal Act is amended by— (a) in paragraph (a), deleting “found to contain any of the immature stages of the	

For the purposes of this Part— (a)all collections of water in any well, pool, gutter, channel, depression, excavation, barrel, tub, bucket or any other article found to contain any of the immature stages of the mosquito; or (b)any cesspit, latrine, urinal, dung-pit or ash-pit found to contain any of the immature stages of the mosquito, shall be nuisances liable to be dealt with in the manner hereinbefore provided for the treatment of nuisances.	mosquito" and substituting "that pose a risk of becoming breeding grounds of mosquitoes"; (b) in paragraph (b), deleting "found to contain any of the immature stages of the mosquito" and substituting "that pose a risk of becoming breeding grounds for mosquitoes"; and (c) after paragraph (b), deleting "shall be nuisances liable to be dealt with in the manner hereinbefore provided for the treatment of nuisances" and substituting "are considered a nuisance".	
[PHA 104] Premises to be kept free from receptacles retaining water **104** The occupiers or owners of any premises shall keep such premises free from all bottles, whole or broken, whether fixed on walls or not, tins, boxes, coconut husks, earthenware vessels, shells or any other articles which are kept so that they are likely to retain water.	Section 104 of the Principal Act is amended by— (a) in the heading, deleting "bottles etc" and substituting "receptacles retaining water"; and (b) after "water" inserting "and become potential breeding grounds for mosquitoes".	
[PHA 105] Premises to be kept free from bush and long grass **(1)** No person shall within an urban sanitary district permit any premises or lands owned or occupied by him or her or over which he or she has control to become overgrown with bush, weeds or long grass of	Section 105 of the Principal Act is amended by— (a) in subsection (1), deleting "medical officer of health or sanitary inspector" and substituting "environmental health practitioner"; b) in subsection (2)— (i) deleting "20 yards" and substituting "20 metres"; and (ii) deleting "medical officer of health or sanitary	

such a nature as in the opinion of the medical officer of health or sanitary inspector to be likely to harbour mosquitoes. **(2)** No person shall within a rural sanitary district permit any premises or lands owned or occupied by him or her or over which he or she has control and which are situated within 20 yards of any dwelling or public building, school, store, workshop or workplace to become overgrown with bush, weeds or long grass of such a nature as in the opinion of the medical officer of health or sanitary inspector to be likely to harbour mosquitoes. **(3)** Where the premises or lands referred to in subsections (1) or (2) are unoccupied and the owner neglects to keep the same clean and clear from all bush, weeds, or long grass of such a nature as in the opinion of the medical officer of health to be likely to harbour mosquitoes, the medical officer of health may, with or without assistants, enter on such premises and make the same clean and clear from such bush, weeds or long grass, and any expenses incurred in so doing shall be recoverable from the owner.	inspector" and substituting "environmental health practitioner"; and (c) in subsection (3), deleting "medical officer of health" wherever it appears and substituting "environmental health practitioner".	

[subs (3) insrt Ordinance 14 of 1939 s 12, effective 20 September 1939]		
[PHA 106] Wells etc to be covered **106** (1) No person shall keep, nor shall the occupier or owner of any premises allow to be kept thereon, any collection of water in any well, barrel, tub, tank or other vessel intended for the storage of water unless such well, barrel, tub, tank or other vessel is fitted with a sufficient cover and is properly protected or screened to the satisfaction of the medical officer of health or sanitary inspector so as to prevent the ingress of mosquitoes into the same.	Section 106 of the Principal Act is amended by— (a) in the heading, after "Wells", inserting ", boreholes"; (b) renumbering section 106 as section 106 (1); (c) in subsection (1), deleting "medical officer of health or sanitary inspector" and substituting "environmental health practitioner"; (d) after subsection (1), inserting the following new subsection— "(2) Any inlet and outlet pipe of a water tank and any other waterstorage vessel must be fitted with a durable, corrosion-resistant mesh or other suitable screening material with apertures fine enough to prevent the entry of dirt, debris, and mosquitoes.".	
[PHA 107] Gutters may be required to be perforated **107** The Divisional Director for Health Services may by written notice require the occupier or owner of any premises upon or attached to which is any gutter, pipe, groove or water-way used or intended for carrying off	The Principal Act is amended by deleting section 107 and substituting the following— "Gutters may be required to be perforated 107. The environmental health practitioner may by written notice require the occupier or owner of any premises upon or attached to which is a gutter, pipe, groove or waterway used or intended for carrying off water from any roof or other place to cause the same to be constructed in a manner to prevent stagnation of	

water from any roof or other place to cause the same to be perforated by holes at least every 2 feet apart in such a manner as to prevent the collection or accumulation of water therein, and if any person duly served with such notice fails to comply with the provisions thereof within such time as may be specified therein he or she shall be guilty of an offence against this Part. [s 107 am Act 22 of 2002 Sch 1, effective 15 November 2005]	water and the harbouring of mosquitoes and if any person served with a notice fails to comply with the provisions within the time specified in the notice, he or she commits an offence under this Part.".	
[PHA 108] Larvae may be destroyed **108** Where any of the immature stages of the mosquito are found on any premises in any collection of water in any cesspit, well, pool, channel, barrel, tub, bucket, tank or any other vessel or in any bottle, whole or broken, whether fixed on a wall or not, tin, box, coconut husk, shell or any other article, the Divisional Director for Health Services may take immediate steps to destroy any such immature stages of the mosquito by the application of oil or larvicide or otherwise and may take such action as is necessary to prevent the	Section 108 of the Principal Act is amended by deleting "Divisional Director for Health Services" and substituting "environmental health practitioner".	

recurrence of the nuisance and to render any pools or collections of water unfit to become breeding places for mosquitoes. [s 108 am Act 22 of 2002 Sch 1, effective 15 November 2005]		
[PHA 109] Mere presence of mosquito larvae an offence **109** Notwithstanding any other provision of this Act, the occupier or owner of any house or premises or the owner or person having charge of any vessel, timber, cask or other article in or about which there is any collection of water found by the Divisional Director for Health Services to contain any of the immature stages of the mosquito shall be guilty of an offence against this Part. [s 109 am Act 22 of 2002 Sch 1, effective 15 November 2005]	Section 109 of the Principal Act is amended by deleting "Divisional Director for Health Services" and substituting "environmental health practitioner"	
[PHA 110] Penalty **110**	Section 110 of the Principal Act is amended by deleting "$10" and substituting "$1,000"	

Any person guilty of an offence against any of the provisions of this Part shall be liable to a fine not exceeding $10. [s 110 am Ordinance 2 of 1945 s 103, effective 1 May 1945]		
[PHA 111] Powers of sanitary inspector may be exercised by authorised person **111** The powers exercisable by any sanitary inspector under the provisions of this Part may be exercised by any person authorised in writing thereto by any local authority. [s 111 insrt Ordinance 2 of 1945 s 103, effective 1 May 1945]	Section 111 of the Principal Act is amended by deleting "any sanitary inspector" and substituting "an environmental health practitioner"	
PART 12 SHIPS [ss 112–119] **[PHA 112] Interpretation** **112** In this Part— **nuisance** means any matter or circumstances rendering any ship or part thereof injurious either to the public health or to the health of the passengers or crew of such ship; and	Section 112A inserted "General ship sanitation inspection 112A.—(1) Any environmental health practitioner, duly authorised by the Divisional Director for Health Services, may conduct routine sanitary inspection of any ship. (2) During routine inspection, the environmental health practitioner must ensure that— (a) the ship is	**S112A – Amend to align with Environment Management Act-** **Section 112A regulates ship sanitation and wastewater management but does not expressly address its relationship with environmental legislation governing marine pollution and waste discharge.**

ship means any ship, boat or other vessel of whatsoever description except a ship, boat or other vessel under the command or charge of any officer on the active list of the Republic of Fiji Naval Forces or a ship, boat or other vessel belonging to any foreign government.	free of vermin, including rats, mosquitoes or other vectors of medical importance; (b) there is no seepage or direct discharge of blackwater or waste from holding tanks; (c) there is sufficient ratio of waste bins; (d) there is an adequate system in place for collection, storage, and disposal of waste; (e) portable water supply is available and free from contamination; (f) any kitchen, cooking and dining area is free from contamination; and (g) any sanitary facility provided is of good working condition.".	**Consider clarifying that compliance with this Part does not remove the obligation to comply with applicable environmental laws and permitting requirements relating to waste discharge and pollution control.**
[PHA 117] Penalty 117 If such order be not complied with to the satisfaction of the Divisional Director of Health Services and within the time limited by such order, the person on whom such order shall have been made shall be liable for every such offence to a fine not exceeding $2 for every day during which such order shall not be complied with. [s 117 am Ordinance 2 of 1945 s 103, effective 1 May 1945 ; Act 22 of 2002 Sch 1, effective 15 November 2005]	Section 117 amended Abatement notice for nuisance by ships 117.—(1) The master or owner of a ship, upon the existence of a nuisance being ascertained commits an offence and is liable to a fine of $200 and an abatement notice requiring that such nuisance be rectified. (2) The master or owner of a ship that fails to comply with the abatement notice referred to in subsection (1) within the specified time commits a further offence and is liable on conviction to a fine of $1,000 or to imprisonment for a period not exceeding 6 months or both.".	
[PHA 118] Power of Divisional Director of Health Services to execute order **118**	Section 118 amended	

In any case of non-compliance with any such order it shall be lawful for the Divisional Director of Health Services with all proper assistants, workmen and servants from time to time and forcibly if need be to enter any ship in respect of which such order has been made and to remove or remedy the nuisance and to do whatever may be necessary in execution of such order for removing or remedying and the prevention of the continuance of such nuisance, and the Divisional Director of Health Services may recover from the master or owner of any such ship the expenses incurred by him or her in removing or remedying and in preventing the continuance of such nuisance. [s 118 am Ordinance 2 of 1945 s 103, effective 1 May 1945 ; Act 22 of 2002 Sch 1, effective 15 November 2005]	Section 118 of the Principal Act is amended by deleting "with all proper assistants, workmen and servants from time to time and forcibly if need be" and substituting ", and any authorised environmental health practitioner".	
PART 13 WATER SUPPLY [ss 120–126] **[PHA 120] Houses to be supplied with water supply** **120** Every building intended for human habitation shall be provided with a proper and sufficient supply of wholesome water for the domestic use of the inhabitants to the satisfaction of the local authority.	Sections 120A, 120B, 120C, 120D and 120E inserted **Water quality standards and monitoring** **120A.—(**1) To ensure that any water for drinking or domestic purposes is free from any contaminant that may pose a health risk, the Board must require any local authority to establish routine sampling programmes, and conduct any tests as it deems necessary. (2) Sanitary surveys must be carried out of all water sources available to the public as often as necessary, and the results of which	**Sections 120A–120E – Water Quality and Contaminated Water Supplies** **The introduction of water quality monitoring and contamination response provisions is supported and reflects modern public health practice.** ***a. Undefined "Significant Health Risk"*** **The Board to take action where water poses a "*significant health risk*". However, the Bill does not define this term or**

	must promptly be communicated to any person or establishment responsible for the protection and distribution of water to the public. **Presence of contaminant at source of drinking water supply** 120B. Upon the Board determining after testing, or believes on other reasonable or probable grounds, that water in a well, borehole, public water supply system, or water supply system, except a private well or private borehole, poses a significant health risk as a result of the presence of a contaminant in the water source, the Board— (a) must require the local authority of the district to take appropriate action as the local authority considers advisable and necessary in order to ensure that— (i) access to the source of the water is closed or barred, temporarily or permanently; (ii) alternate portable water is provided; and (iii) there is a formal estimation of the health risk to the public; (b) may serve notice on the owner of the well, public water supply system, or water supply system— (i) to install a new permanent well or to provide an alternate source that provides water of a quality at least equivalent to and that is as convenient as the water provided before the significant health risk occurred for all the customers of the water, if the Board is satisfied that it would be impossible or impracticable to eliminate the	**specify the standards, criteria or thresholds used to assess the level of risk.** **It is unclear:** • **who determines whether a health risk is significant;** • **what water quality standards apply;** • **what contaminant levels trigger intervention; and** • **whether any recognized national or international drinking water standards are to be used.** **Recommendation** **Define "significant health risk" and identify the applicable water quality standards, thresholds or guidelines to be used when assessing contamination and determining whether regulatory action is required.**

	significant health risk; and (ii) to take further measures as the Board considers advisable and necessary. **Presence of contaminant at point of consumption of drinking water** **120C**. If the Board determines after testing or believes on other reasonable or probable grounds, that water in a well, public water supply system, or water supply system, except a private well or private borehole, poses a significant health risk because of the presence of a contaminant in the water at the point of consumption, the Board must require the local authority of the district to take the appropriate action as the Board considers advisable and necessary in order to ensure that— (a) access to the source of the water is closed or barred, temporarily or permanently; (b) water is temporarily or permanently provided; (c) the significant health risk is eliminated, if the Board is satisfied, that it would be possible and practicable to do so; and (d) may serve notice on the owner of the well, public water supply system, or water supply system to— (i) give notice all consumers of the water of the significant health risk posed by it in accordance with directions set out in the notice within the time period stipulated in the said notice; (ii) provide safe water temporarily, at the owner's expense, to all consumers of the water in amounts sufficient to enable the consumers adequately to meet	***b. Coordination with the Department of Environment*** **The Bill establishes extensive water quality monitoring and enforcement functions but does not clarify how these functions will interact with the responsibilities of the Department of Environment under the Environment Management Act.** **Recommendation** **Consider requiring coordination, consultation or information-sharing between the Board and the Department of Environment to promote consistent water quality monitoring and avoid duplication of regulatory functions.** ***c. Relationship with the Water Authority of Fiji*** **The Bill grants the Board substantial powers relating to water quality management, source closure and alternative water supply arrangements. Clarification may be required regarding the respective responsibilities of the Board, local authorities and the Water Authority of Fiji.** **Recommendation**

	their requirements until the significant health risk is eliminated; (iii) install a new permanent well or to provide an alternate source that provides water of a quality and quantity at least equivalent to and that is as convenient as the water provided before the significant health risk occurred for all consumers of the water, if the Board is satisfied that it would be impossible or impracticable to eliminate the significant health risk; and (iv) take further measures as the Board considers advisable. **Board to take measures when water supply poses health risk at source and point of consumption** **120D**. If the Board determines upon testing, or believes, on other reasonable and probable ground, that water in a well, public water supply system or water supply system, except a private well or private borehole, may in the circumstances pose a significant health risk in the future— (a) at the source, the Board may take measures as it considers necessary in order to ensure that the possible future significant health risk is prevented, eliminated, minimised or otherwise appropriately dealt with and the quality of the water is improved if necessary; and (b) at the point of consumption, the board may take measures as the Board considers advisable and necessary in order to ensure that the	**Clarify the roles and responsibilities of relevant agencies to avoid regulatory overlap and uncertainty in implementation.** **s.**

	possible future significant health risk is prevented, eliminated, minimised or otherwise appropriately dealt with the quality of the water is improved necessary. **Penalty for polluting water supply** 120E.—(1) Any person who in any way defiles or pollutes or permits or sufferers drainage or refuse from his or her land to flow into or be deposited in any way water source, stream, lake, pond, or reservoir forming part of the water supply of the district of a local authority, or a village or settlement, is liable on conviction to a fine not exceeding $1000 or to a term of imprisonment not exceeding 3 months or to both. (2) Where the local authority is of the opinion that a water supply may become polluted in consequence of a particular activity, the local authority may by notice in writing addressed to the person responsible for the activity, require the person to— (a) take specified action to prevent pollution of the water supply within such time as the local authority specifies in the notice; or (b) desist from the activity. (3) Any person who fails to comply with a notice prescribed in subsection (2) commits an offence and is liable on conviction to a fine of $1,000 or to a term of imprisonment not exceeding 3 months or to both such fine and imprisonment.”.	**Section 120E introduces an offence for polluting a water supply, punishable by a fine of up to $1,000, imprisonment for up to 3 months, or both.** **While the introduction of the offence is supported, consideration should be given to whether the maximum penalty is sufficient to deter serious pollution incidents, particularly where the offender is a commercial or industrial operator.** **The Bill does not distinguish between individual offenders and corporate entities, nor does it provide for higher penalties where pollution causes significant environmental or public health harm.** **Recommendation** **Consider reviewing the penalty framework to ensure it is proportionate to the seriousness of the offence and provides an effective deterrent for both individuals and commercial operators.**

[PHA 121] Local authority may enforce provision of water supply **121** If a building intended for human habitation within the district of a local authority appears to that authority by the report of a medical officer of health or sanitary inspector to be without a proper and sufficient supply of wholesome water, the local authority shall by written notice require the owner or occupier of the building within a reasonable time therein specified to provide a proper and sufficient supply of wholesome water.	Section 121 amended Section 121 of the Principal Act is amended by deleting "medical officer of health or sanitary inspector" and substituting "environmental health practitioner".	
[PHA 123] Penalty **123** Notwithstanding anything contained in section 122, whosoever fails to comply with a written notice under section 121 shall be guilty of an offence and shall be liable to a fine not exceeding $10 and in the case of a continuing offence to a further fine not exceeding $4 for each day during which the offence continues after a conviction under this section. [s 123 am Ordinance 2 of 1945 s 103, effective 1 May 1945]	Section 123 amended Section 123 amended 59. Section 123 of the Principal Act is amended by— (a) deleting "$10" and substituting "$200"; and (b) deleting "$4" and substituting "$20"	

[PHA 124] Well to be fitted with raised parapet etc **124** Every owner or occupier of premises on which a well is situated from which the water is used or likely to be used by humans for drinking or domestic purposes or for manufacturing drink for the use of humans shall fit such well with a raised parapet and a properly fitting cover with lid securely attached to the satisfaction of the medical officer of health or the sanitary inspector and, if required by the medical officer of health or the sanitary inspector, shall also fit such well with a lining or pump or with both lining and pump to the satisfaction of the medical officer of health or the sanitary inspector.	Section 124 amended Section 124 of the Principal Act is amended by— (a) in the heading after "Well", inserting ", borehole"; (b) renumbering section 124 as section 124(1); (c) in subsection (1)— (i) after "well" wherever it appears, inserting "or borehole"; and (ii) deleting "medical officer of health or the sanitary inspector" wherever it appears and substituting "environmental health practitioner"; (d) after subsection (1), inserting the following new subsections— "(2) Sanitary facilities must— (a) be constructed not less than 50 metres away from the nearest well or borehole; and (b) not to be constructed uphill from any water course, stream, lake, pond or reservoir forming part of a the water supply of the district of the local authority. (3) Any person that constructs a sanitary facility within 50 metres from a well or borehole commits an offence and liable on conviction to fine not exceeding $5000 or imprisonment for a term not exceeding 6 months or both.".	
[PHA 125] Tank etc to be kept clean **125**	Section 125 of the Principal Act is amended by deleting "medical officer of health or sanitary inspector" and substituting "environmental health practitioner"	

Every occupier of premises on which is situated any tank, cistern or other receptacle for the collection or storage of water used or likely to be used by humans for drinking or domestic purposes or for manufacturing drink for the use of humans shall cause such tank, cistern or other receptacle to be maintained at all times in a clean condition and protected from contamination to the satisfaction of the medical officer of health or sanitary inspector.		
PART 14 LAUNDRIES [s 127] [PHA 127] Regulations **127** The Board may, with the approval of the Minister, make regulations in respect of— (a)the registration of laundries; (b)the water supply and drainage of laundries; and (c)the structure, ventilation and sanitary conditions of any building or part of a building used as a laundry.	Section 127 (b) of the Principal Act is amended after "supply" by inserting ", safe storage of solid waste,".	
PART 15 BY-LAWS AND REGULATIONS [ss 128, 129] •	Section 128 of the Principal Act is amended by— (a) deleting "$200" and substituting "$2,000"; and (b) deleting "$4" and substituting "$100".	

[PHA 128] Penalties for breaches of by-laws and regulations **128** Except in cases otherwise specially provided for by this Act, by-laws or regulations made under this Act may provide for the imposition on offenders against the same of fines not exceeding $200 for each offence and in the case of a continuing offence a further fine not exceeding $4 for each day during which the offence continues after a conviction thereunder. [s 128 am Ordinance 31 of 1961 s 2, effective 12 August 1961]		
PART 16 LEGAL PROCEEDINGS [ss 130–141] **[PHA 130] Recovery of costs and expenses** **130** Where any local authority has incurred expenses for the repayment whereof the owner of the premises for or in respect of which the same are incurred is made liable under this Act or by any agreement with the local authority, those expenses may be recovered, together with interest at a rate not exceeding 5% per	The Principal Act is amended by deleting section 130 and substituting the following— "Recovery of costs and expenses 130.—(1) Where a local authority has expended funds for which the property owner is legally responsible under this Act or any contractual agreement, the authority may seek recovery of those funds, plus accrued interest at a rate not exceeding 5% per annum, calculated from the date of formal notice of demand until full payment. (2) The recovery referred to in subsection (1) may be pursued against the individual or entity holding legal title to the property at the time the relevant improvements or services were	

annum from the date of service of a demand for the same until payment thereof, from any person who is the owner of the premises when the works are completed for which the expenses have been incurred, and until recovery of the expenses and interest the same shall be a charge on the premises in respect of which they were incurred.	completed whereupon until full satisfaction of the outstanding expenses and interest, a statutory lien may be placed on the property concerned.".	
PHA 132] Appearance of local authority in legal proceedings **132** The Board or any local authority may appear before any court or in any legal proceedings by its clerk or by any officer or member authorised generally or in respect of any special proceedings by resolution of such Board or local authority, and its clerk or any officer or member so authorised shall be at liberty to institute and carry on any proceeding which the Board or local authority is authorised to institute and carry on under section 131.	Section 132 amended The Principal Act is amended by deleting section 132 and substituting the following— "132. The Board of any local authority may appear before any court or in any legal proceedings by an environment health pratiioner or by any officer or member authorised generally or in respect of any special proceedings by resolution of such Board or local authority, and an environment health practitioner or any officer or member so authorised is at liberty to institute and carry on any proceeding which the Board or local authority is authorised to institute and carry on under section 131.".	**Drafting Comment- Spelling of practitioner is incorrect**
[PHA 135] Nuisance caused by or existing on premises of 2 or more owners	Section 135 amended	

135 When any nuisance is caused by the joint act or default of 2 or more persons or exists on the premises of 2 or more owners, it shall be sufficient to proceed against one or more of them without proceeding against the others or other of them, but nothing herein contained shall prevent the persons so proceeded against from recovering contribution in any case in which they would be entitled to contribution by law.	The Principal Act is amended by deleting section 135 and substituting the following— "Nuisance caused by existing on premises of 2 or more owners 135.—(1) In the instance where a nuisance arises from the combined action or negligence of multiple parties, or originates from properties under shared ownership, legal action may be initiated against one or more of those parties without requiring proceedings against all the parties. (2) Nothing contained in subsection (1) precludes the parties named in the proceedings from seeking contribution from any other liable parties, where such a right to contribution exists under applicable law.".	
[PHA 140] Act not to apply to iTaukei villages **140** This Act shall not apply to iTaukei villages, provided that, after consultation with the iTaukei Affairs Board, the Minister may, by order, apply any Part or provision to any of such villages. [s 140 am Ordinance 12 of 1966 s 2, effective 26 August 1966; Decree 31 of 2010 s 4, effective 2 July 2010]	Section 140 deleted	
[PHA 141] General penalty	Section 141 amended	

141 Any person who contravenes or fails to comply with any provision of this Act or any regulation, by-law, order or notice made or issued thereunder shall be guilty of an offence and shall, where no specific penalty is provided, be liable to a fine not exceeding $10 or in the case of a continuing offence to a fine not exceeding $4 a day for each day during which the offence continues after conviction and in default of payment of any penalty under this section to imprisonment for any period not exceeding one month. [s 141 am Ordinance 2 of 1945 s 103, effective 1 May 1945]	Section 141 of the Principal Act is amended by— (a) deleting "$10" and substituting "$5,000"; and (b) deleting "$4" and substituting "$500".	
Schedule 2 amended	Schedule 2 amended 69. Schedule 2 to the Principal Act is amended by— (a) after "Arsenic recovery works", inserting "Asphalt plant"; (b) after "Arsenic recovery works", inserting "Automotive repair workshop"; (c) after "Cattle and Pig yards and sale yards", inserting "Collection and storage of used bottles (Recyclers)"; (d) after "Fellmongery", inserting "Fibreglass manufacturing"; (e) after "Fish curing or cleaning", inserting "Flax pulping"; (f) after "Inflammable liquid factories", inserting "Kava pounding"; (g)	

	after “Nightsoil collection and disposal (sanitary depot)”, inserting “Ore Extraction”; (h) after “Nightsoil collection and disposal (sanitary depot)”, inserting “Quarry”; and (i) after “Sulphuric, nitric or hydrochloric acid works”, inserting “Tyre threading”	

Policy Considerations

The Bill should incorporate new clauses which addresses the following:

1. CLIMATE CRISIS

i. The University of Fiji notes that Fiji previously adopted a Climate Change and Health Strategic Action Plan (2016–2020), recognizing the significant health impacts of climate change. However, the Public Health (Amendment) Bill 2026 does not expressly recognize the climate crisis as a public health issue or require ongoing national climate-health planning.
ii. This is a significant omission. Climate change is increasing the risk of vector-borne diseases, flooding, water contamination, food insecurity, extreme weather events and climate-related displacement in Fiji.
iii. The University recommends inserting a provision requiring the Minister responsible for Health to maintain and periodically review a Climate Change and Health Strategic Action Plan.

Suggested provision:

Climate Change and Health Strategic Action Plan

i. The Minister must develop, maintain and implement a Climate Change and Health Strategic Action Plan.
ii. The Plan must identify climate-related health risks and measures for preparedness, adaptation and response.
iii. The Minister must consult relevant stakeholders in developing or reviewing the Plan.
iv. The Plan must be reviewed at least once every five years.
v. The Minister must publish the reviewed Plan and report on its implementation.

This amendment would place Fiji's existing climate-health commitments on a statutory footing and ensure that climate-related health risks are regularly reviewed and addressed through long-term public health planning.

2. DOMESTIC VIOLENCE AS A PUBLIC HEALTH ISSUE

The University of Fiji notes that domestic violence is not only a criminal justice issue but also a significant public health issue. Domestic violence is prevalent and pervasive, with profound impacts on physical health, mental health, wellbeing and community safety. It contributes to injury, chronic disease, depression, anxiety, substance abuse, adverse maternal and child health outcomes, and places considerable pressure on health services. As health professionals are often the first point of contact for victims, the health sector plays a critical role in prevention, early identification, treatment and referral.

Despite this, the Public Health (Amendment) Bill 2026 does not recognize domestic violence as a public health issue or establish a framework for the health sector's response. While the Domestic Violence Act 2009 provides legal protections for victims, it does not address the broader public health functions of prevention, surveillance, health system preparedness and coordinated service delivery.

The University recommends inserting a provision requiring the Minister to develop and maintain a Domestic Violence Prevention and Health Response Framework.

Suggested provision

Domestic Violence Prevention and Health Response

The Minister must develop, maintain and implement a Domestic Violence Prevention and Health Response Framework.

The Framework must provide for—
(a) prevention and public education;
(b) early identification and referral of victims;
(c) training for health professionals; and
(d) coordination with relevant government agencies and service providers.

The Minister must review the Framework at least once every five years and publish a report on its implementation.

3. POLICY CONSIDERATION – DOMESTIC VIOLENCE AND CHILD PROTECTION

The University of Fiji notes that domestic violence and violence against children are not only criminal justice and child welfare issues but also significant public health issues. Exposure to violence causes immediate and long-term physical, mental and developmental harm, increasing the risk of injury, chronic disease, mental illness, substance abuse and poor health outcomes throughout life. Children who experience or witness domestic violence are particularly vulnerable to lifelong adverse health and social consequences. As health professionals are often the first point of contact for victims and at-risk children, the health sector plays a critical role in prevention, early identification, reporting, treatment and referral.

Despite this, the **Public Health (Amendment) Bill 2026** does not recognize domestic violence or child protection as public health priorities or establish a framework for the health sector's response. While the **Domestic Violence Act 2009** and child protection laws provide legal safeguards, they do not establish a coordinated public health framework for prevention and early intervention.

The University recommends inserting a new provision requiring the Minister to develop and maintain a **Violence Prevention and Child Protection Health Framework**.

Suggested provision

Violence Prevention and Child Protection Health Framework

1. The Minister must develop, maintain and implement a Violence Prevention and Child Protection Health Framework.
2. The Framework must provide for—
   (a) prevention and public education;
   (b) early identification, assessment and referral of victims and children at risk;
   (c) training for health professionals;
   (d) coordination with relevant government agencies and service providers; and
   (e) collection and monitoring of public health data relating to domestic violence and child abuse.
3. The Minister must review the Framework at least once every five years and publish a report on its implementation.

This amendment would complement Fiji's existing legal framework by embedding prevention, early intervention and coordinated health responses within the public health system, recognizing that protecting women and children from violence is fundamental to improving population health.

CONCLUSION

The Public Health (Amendment) Bill 2026 represents a significant and welcome effort to modernize Fiji's public health legislative framework. The University of Fiji supports the Bill's overarching objective of strengthening public and environmental health governance, enhancing disease prevention and response capabilities, and improving the resilience of public institutions in the face of emerging health threats.

The need for reform is clear. Fiji faces increasingly complex public health challenges arising from climate change, environmental degradation, urbanization, population growth, emerging infectious diseases and the growing frequency of natural disasters. A modern public health framework must therefore be capable not only of responding to immediate health risks, but also of supporting long-term planning, preparedness, adaptation and resilience.

While the policy direction of the Bill is supported, effective legislation requires more than broad powers and expanded regulatory functions. It must also provide legal certainty, clearly defined institutional responsibilities, transparent decision-making processes, appropriate safeguards, and accountability mechanisms that promote public confidence in the exercise of public authority. Legislative clarity is particularly important where powers affect personal liberty, bodily autonomy, property rights, local government functions and the collection and use of personal health information.

The recommendations contained in this review are intended to strengthen, rather than impede, the objectives of the Bill. They seek to ensure that the proposed reforms are effective, proportionate, evidence-based and capable of practical implementation. In particular, they aim to improve legislative coherence, reduce regulatory uncertainty, strengthen oversight and governance arrangements, and support the development of a public health system that is responsive to both current and future challenges.

The University of Fiji respectfully submits that, with further refinement, including consideration of a clear statutory purpose, the Bill has the potential to establish a modern, accountable and resilient public health framework that protects communities, strengthens environmental health governance, advances climate change and health strategic planning, and promotes the long-term health and wellbeing of all people in Fiji.

Fiji Commerce & Employers Federation
THE VOICE OF THE PRIVATE SECTOR

FCEF/External/2026/252
28th July 2026

Honourable Iliesa Vanawalu
The Chairperson
The Standing Committee on Social Affairs
Government Buildings
Suva

FCEF Submission on the Review of the Public Health (Amendment) Bill 2026

Dear Hon. Vanawalu,

Greetings from the Fiji Commerce and Employers Federation!

Please find attached FCEF's submission on the Review of the Public Health (Amendment) Bill 2026 for your kind consideration.

The submission outlines the Federation's support for the modernisation of Fiji's public health legislation while highlighting key concerns from the private sector regarding governance, enforcement powers, compliance obligations, proportionality of penalties, protection of confidential information, and the practical implementation of the proposed amendments. It also provides recommendations to ensure the Bill achieves its public health objectives while supporting a fair, transparent and practical regulatory environment for businesses.

FCEF appreciates the opportunity to provide input into this important review and remains available to engage further with the Committee on the matters raised in our submission.

Should you require any further information or clarification, please do not hesitate to contact the undersigned.

Yours sincerely,

Mr. Edward Bernard
Chief Executive Officer



Fiji Commerce & Employers Federation

THE VOICE OF THE PRIVATE SECTOR

SUBMISSION TO THE STANDING COMMITTEE ON SOCIAL AFFAIRS ON THE PUBLIC HEALTH (AMENDMENT) BILL 2026

Bill No. 4 of 2026

Full Submission

28 July 2026

The Fiji Commerce & Employers Federation (FCEF) represents employers and enterprises across Fiji, from major national companies to micro, small and medium enterprises operating in urban centres, rural communities and maritime areas.

FCEF supports the modernisation of the Public Health Act 1935. Fiji needs a contemporary public-health framework that can respond effectively to infectious diseases, unsafe water, poor sanitation, mosquito breeding, pollution and other conditions that threaten workers, consumers and communities.

Our submission does not seek to weaken public-health protection. It asks Parliament to ensure that stronger enforcement is accompanied by clear legal standards, fair procedures, proportionate penalties, accessible review mechanisms and realistic implementation arrangements. Responsible businesses should be given certainty about what compliance requires and a practical opportunity to comply.

Why this Bill matters to the economy

The need for effective public-health regulation is demonstrated by recent experience. The Ministry of Health and Medical Services reported 11,599 dengue cases throughout Fiji between 1 January and 27 July 2025. The Ministry also reported site inspections, abatement notices and fines as part of the national dengue response. Workplaces, commercial properties and their surrounding environments therefore form an important part of public-health prevention.

The practical impact of the Bill must be considered in the context of Fiji's business landscape. The Fiji Bureau of Statistics recorded 18,120 active establishments in the 2024 Statistical Business Register. MSME Fiji notes that pre-COVID estimates placed MSMEs at over 18 per cent of GDP and approximately 60 per cent of Fiji's labour force. Many small enterprises have limited staff, cash flow and access to technical expertise, so implementation arrangements will directly affect jobs, business survival and formalisation.

The relationship between public health and economic resilience is equally clear. World Bank data show that Fiji's real GDP contracted by 17.0 per cent in 2020 and by a further 4.9 per cent in 2021. Public-health protection and economic resilience are not competing objectives; the Bill should be implemented in a way that protects both.

Priority concern 1: Governance and private-sector representation

Clause 4 replaces section 4 of the Principal Act. Proposed section 4(1)(a)-(g) establishes the Central Board of Health with public-health, medical, legal, construction and civil-engineering expertise, the Chief Executive Officer of the Consumer Council of Fiji or nominee, and the Director responsible for local government or nominee. Although proposed section 4(1)(a) permits the appointment of one person who is not a public officer, the Bill does not expressly reserve a place for an employer, industry or private-sector representative.

This omission is material because clause 5 inserts proposed sections 5A to 5E. Proposed section 5A(c)-(e) allows the Board to review administration and enforcement, recommend legislative or administrative changes and perform other assigned functions. Proposed section 5B allows delegation of Board powers; proposed section 5D gives the Board general supervision and inspection powers over local authorities; and proposed section 5E permits the Board to exercise all powers vested in a local authority within that authority's district.

FCEF recommends that proposed section 4(1) include one member nominated by FCEF and appointed by the Minister, subject to conflict-of-interest and recusal rules. This would not diminish the Board's independence. It would improve the practicality of its decisions by ensuring that compliance costs, workplace realities and implementation challenges are considered early.

Priority concern 2: Entry, inspection, vacation and demolition powers

Clause 14 inserts proposed sections 16A, 16B and 16C. Under proposed section 16A(a)-(g), the Head of Environmental Health may, on presentation of identification and at a reasonable time,

enter and inspect any place or premises, take specified samples, issue medical and remedial orders, require premises to be vacated and order the demolition of a structure or building that constitutes an insanitary condition that cannot be abated. Proposed section 16B permits these powers to be delegated to an environmental health practitioner, while proposed section 16C creates an obstruction offence punishable by a fine of $500, imprisonment for three months, or both.

FCEF recognises that decisive action is necessary where there is an immediate and serious threat to health. For ordinary or non-urgent matters, however, the legislation should require written reasons identifying the condition, the evidence relied upon, the work required and a reasonable rectification period. Vacation and demolition should be subject to an urgent review mechanism and appropriate court oversight, except where immediate action is necessary to prevent serious harm.

There is also a drafting issue in proposed section 16A(g). It refers to a condition not being abated within the time specified in an order under paragraph (f), but paragraph (f) is the vacation power and does not expressly provide for a rectification period. The Committee should recommend that this sequence and the applicable notice period be clarified.

The inspection framework should protect confidential information. Clauses 14 and 33 authorise sampling, interviews, surveillance and targeted screening that may involve employee health information and commercially sensitive material. The Act or regulations should restrict the collection, use and disclosure of that information to legitimate public-health purposes and require secure handling.

The Committee should recommend that the Bill clarify the three-year rule and associated transitional arrangements; complete the fixed-penalty framework; correct the reference in proposed section 16A(g) and clarify the notice sequence before demolition; require written reasons for enforcement action together with an expedited review process; and align vacation and demolition powers with existing procedural safeguards. Clinical orders should only be made by, or on the written advice of, a qualified medical practitioner, supported by clear statutory criteria, recognised exemptions and review mechanisms. The Bill should not permit unrestricted delegation of clinical decision-making powers to non-medical officers.

Priority concern 3: Expanded nuisance provisions, removed safeguards and immediate penalties

Clause 26 replaces section 56 of the Principal Act. Proposed section 56(a), (j), (k) and (l)-(s) covers premises considered prejudicial to public and environmental health; trades considered offensive in the opinion of an environmental health practitioner; unclean, inadequately ventilated or overcrowded workplaces; insufficient approved sanitary facilities; noise, smoke, vermin, harmful discharges and any other matter the Board considers should be prescribed as a nuisance. Several tests therefore depend on broad concepts or regulatory opinion and require objective national standards.

Clause 26 also does not reproduce two protections contained in the existing section 56. The current Act protects a necessary business or manufacturing accumulation where it has not been retained longer than necessary, the best available means have been used to prevent injury, and no serious danger to health exists. It also provides a defence for certain trades where the offensiveness is no greater than reasonably expected, the best practicable means have been used to minimise it, and no serious danger to health exists. FCEF recommends that these safeguards be retained and modernised rather than removed entirely.

Clause 27 amends section 57(1) so that, once satisfied that a nuisance exists, the local authority must issue a fixed penalty of $1,000 together with an abatement notice. As drafted, a responsible operator may therefore be fined before having a reasonable opportunity to correct a first, non-urgent breach. Clause 28 raises penalties under section 59, including a penalty of up to $1,000 and continuing penalties of up to $100 per day. For a first non-urgent breach, education, written notice and a reasonable opportunity to rectify should ordinarily precede a fixed penalty. Immediate

penalties should be reserved for deliberate conduct, repeat offending or a serious and imminent public-health risk. The Committee should recommend retaining and modernising the existing protections in section 56 while preserving the ability to take immediate action where there is a serious and imminent public-health risk. The Bill should require a graduated enforcement framework under which immediate action is reserved for serious and imminent danger, a first non-urgent breach attracts written notice, a reasonable period to rectify and reinspection, and deliberate, repeated or unremedied breaches are subject to graduated penalties. National inspection standards and measurable compliance checklists should be published before commencement, and the Act should clearly prescribe the requirements for notices, evidence, review, payment and prosecution.

FCEF acknowledges that existing section 60 provides a limited appeal to the Supreme Court against a nuisance order that includes a prohibition or closing order or requires structural works. The Bill should expressly connect clear and timely review rights to the new fixed penalties, vacation and demolition orders, water and infrastructure directions, cost-recovery decisions and statutory liens introduced or expanded by the Bill.

Priority concern 4: Infectious-disease powers and the workplace

Clause 33 amends section 69. Proposed section 69(6)(a)-(j) authorises environmental health practitioners to inspect premises, issue non-compliance notices, enforce quarantine and isolation, obtain environmental samples, execute and monitor closing and prohibition orders, obtain information through interviews, active surveillance and targeted screening, map cases and cleanse or disinfect premises. Proposed section 69(7) provides a fine of up to $10,000 for wilfully disobeying or interfering with an order or knowingly disseminating false information with the intention of causing non-compliance.

Strong outbreak powers may be necessary, but their exercise has direct consequences for employment, wages, leave, privacy, customer confidence and business continuity. FCEF recommends a national workplace protocol developed with Government, employers and workers. It should address communication of orders, testing and compliance costs, confidentiality of employee medical information, employer obligations during isolation or closure and the conditions for safely resuming operations.

Orders affecting an entire workplace should be written, time-limited, based on a documented risk assessment and no broader or longer than necessary. Where partial closure, remote work, restricted access or other controls can manage the risk, those options should be considered before complete shutdown.

Clause 14 / Section 16A. (c) & (d)

The proposed powers granted under sections 16A to 16D significantly expand the authority of the Head of Environmental Health and Environmental Health Practitioners, including powers to enter premises, compel medical examinations and treatment, order businesses or premises to be vacated, and direct the demolition of buildings. While FCEF recognises the importance of equipping public health authorities with effective enforcement powers to protect public health, these provisions engage fundamental constitutional rights, including the rights to privacy, property and procedural fairness. As currently drafted, the provisions do not expressly provide adequate safeguards such as objective thresholds for exercising these powers, written reasons, opportunities to rectify non-emergency breaches, or rights of review and appeal. The Bill also does not clearly specify how workplace-wide orders are to be assessed, communicated, reviewed or lifted, or how medical confidentiality, alternative control measures, compulsory costs, and the existing protections under sections 81 and 82 are intended to operate. The absence of these safeguards may create legal uncertainty for businesses and increase the risk of arbitrary or disproportionate enforcement.

FCEF supports strong public health enforcement powers where necessary to protect the community. However, because these provisions engage constitutionally protected rights relating to privacy, property, bodily integrity and procedural fairness, the Bill should incorporate appropriate safeguards to ensure that enforcement powers are exercised lawfully, proportionately and

transparently. These safeguards should include objective thresholds for intervention, written reasons for significant enforcement action, reasonable opportunities to rectify non-emergency breaches, and appropriate rights of review or appeal.

Priority concern 5: Water, infrastructure, property costs and liens

Clause 13 inserts proposed section 16(3)-(5). The Board must scrutinise and approve designs for water supply, sewerage and sewage disposal. Proposed section 16(5)(a) provides that an approval is valid for three years and must be renewed; paragraph (b) permits revocation where continued use presents a risk of becoming a nuisance; and paragraph (c) permits a fixed-penalty notice where water or sewerage works present a public-health risk. The Bill should clarify renewal criteria, notice, technical review and coordination with building, municipal, environmental and Water Authority processes.

Clause 57 inserts proposed sections 120A to 120E. Under proposed sections 120B to 120D, the Board may act after testing or on reasonable or probable grounds where a water source or supply poses, or may later pose, a significant health risk. Proposed section 120C may require the owner of a well or water-supply system to notify consumers, provide temporary safe water at the owner's expense, install a new permanent well or provide an alternative source. The term "significant health risk" should be defined, confirmatory testing should be available, and major costs should be linked to responsibility and causation.

Clause 60 inserts proposed section 124(2)-(3). It requires sanitary facilities to be constructed at least 50 metres from the nearest well or borehole and not uphill from specified water sources. The offence in proposed section 124(3) is framed in terms of a person who constructs a facility, which suggests prospective application, but the Bill should expressly confirm the position of existing lawful premises and allow risk-based technical alternatives where relocation is impracticable.

Clause 64 replaces section 130. Proposed section 130(1) allows a local authority to recover expenditure for which a property owner is legally responsible, with interest of up to 5 per cent per annum. Proposed section 130(2) allows a statutory lien to be placed on the property until full payment. FCEF recommends that, while the Bill should continue to permit urgent temporary protective action where necessary, cost recovery should only follow accredited or independently verifiable testing supported by a documented chain of custody, written reasons, identification of the probable source of contamination, an opportunity for independent retesting, an itemised statement of costs, and a fair dispute process before a statutory lien is registered. The proposed 50-metre rule should apply prospectively, with existing premises subject instead to risk-based remediation unless a current and demonstrable public-health danger is established..

Priority concern 6: MSMEs, lodging businesses, multiple-party liability and application throughout Fiji

Clause 3 / Section 2 (k)

Replaces the definition of "occupier" so that it may include a person in physical possession, a person controlling the premises or activities, a landlord, agent, trustee, rent receiver or person responsible for municipal tax, with more than one occupier possible. Clause 66 replaces section 135 and allows proceedings against one or more parties where a nuisance results from combined action, negligence or shared ownership.

Liability should be based on actual control, responsibility and causation, with a reasonable-steps defence for parties who could not prevent the breach.

Classe 3 / Section 2 (d) & (h)

Substitutes the definitions of “Common Lodging House” and “House let as Lodgings”. Align with definitions in Tourism Act 2026

Clause 5 / Section 5C (2)

Introduction of the Environmental Health Practitioner – clear definition of their role and responsibility.

Clause 41 inserts proposed section 92(1A), requiring tax registration, business registration, proof of property ownership, a waste-management plan and any other document required by the local authority for registration of a common lodging house. The Bill should recognise lawful tenants and authorised operators, prescribe the permitted document list and avoid open-ended documentation requirements. Clauses 42 and 43 increase the relevant penalties to $5,000 for obstruction and $1,000 plus $100 per continuing day for operating unregistered premises.

Clauses 45 to 52 broaden mosquito-control obligations from receptacles where immature mosquitoes are found to premises or receptacles that pose a risk of becoming breeding grounds. These provisions are justified but should be supported by a national checklist and advisory compliance visits, particularly for small operators managing tyres, tanks, gutters, vegetation, containers and drainage.

Clause 69 adds asphalt plants, automotive repair workshops, recyclers storing used bottles, fibreglass manufacturing, flax pulping, kava pounding, ore extraction, quarries and "tyre threading" to Schedule 2 as offensive trades. FCEF seeks clarification whether "tyre retreading" was intended. Before commencement, Government should publish risk categories, licensing criteria, model waste and sanitation plans and sector-specific transition arrangements.

Clause 2 inserts proposed section 1A, providing that the Act applies to the whole of Fiji. Clause 67 deletes existing section 140, titled "Act not to apply to iTaukei villages". The combined effect requires extensive consultation, awareness and implementation support for village-based enterprises, rural and maritime communities and informal operators. Clause 1(2), which permits commencement on a date or dates appointed by Gazette notice, provides a mechanism for staged implementation.

FCEF's recommendations to the Committee

FCEF respectfully asks the Standing Committee to recommend that the Bill proceed subject to the following safeguards:

1. Amend clause 4, proposed section 4(1), to include one representative nominated by Fiji's recognised national employers' organisation on the Central Board of Health.

2. Before the substantive business-facing provisions commence, publish regulations, measurable standards and national inspection checklists for clause 26, proposed section 56, and related nuisance, mosquito, water, lodging and offensive-trade requirements.

3. Retain and modernise the existing section 56 protections for necessary business or manufacturing activities that use the best available or best practicable means and do not create a serious danger to health.

4. Amend clause 14 to require written reasons, clear emergency thresholds, reasonable notice and rectification periods where practicable, confidentiality safeguards and an urgent review process for vacation and demolition orders. Correct the internal reference in proposed section 16A(g).

5. Amend clause 27 so that a warning and reasonable opportunity to rectify normally precede a fixed penalty for a first non-urgent breach. Reserve immediate penalties for serious, deliberate, repeated or imminent risks.

6. Provide express, accessible and timely review or appeal rights for fixed penalties, closure, vacation, demolition, infrastructure revocation, water directions, cost recovery and statutory-lien decisions.

7. Adopt graduated penalties that consider actual harm, seriousness, culpability, repeat offending, cooperation, prompt remediation and the capacity of the business.

8. Clarify responsibility among owners, landlords, tenants, occupiers, agents, property managers and employers by reference to actual control, responsibility and causation, and provide a reasonable-steps defence.

9. Develop a national infectious-disease workplace protocol under clause 33 covering written and time-limited orders, testing and compliance costs, employee privacy, employer duties, continuity options and safe reopening.

10. For clauses 13, 57, 60 and 64, define key risk thresholds, require verified or confirmatory testing where practicable, provide itemised costs and dispute rights, clarify prospective application of the 50-metre rule, and prevent registration of a lien before final determination.

11. Coordinate enforcement with occupational health and safety, environmental, municipal, town-planning, building, water and sector regulators to avoid duplicate approvals, inconsistent standards and multiple penalties for substantially the same conduct.

12. Use clause 1(2) to provide at least 12 months for general implementation, with longer or risk-based transition periods for capital works and existing lawful premises. During transition, provide guidance, templates, advisory inspections, awareness and technical assistance, particularly for MSMEs and rural, village and maritime communities.

Conclusion

FCEF supports the objective of a stronger and more modern public-health framework. Healthy workers, safe workplaces, reliable water and effective outbreak control are essential to productivity, public confidence and national resilience. Our concern is not whether Fiji should enforce public-health standards, but whether the law gives businesses clear rules, fair procedures and a realistic pathway to compliance.

The evidence demonstrates the balance Parliament must achieve. Fiji recorded 11,599 dengue cases in the first seven months of 2025, while the law will apply across an economy containing more than 18,000 active establishments and a large MSME workforce. Effective enforcement is necessary, but avoidable closure, uncertain standards and disproportionate penalties may also damage livelihoods and reduce voluntary compliance.

FCEF therefore respectfully asks the Committee to retain the Bill's strong public-health purpose while strengthening representation, legal certainty, proportionality, confidentiality, review rights and transitional support. FCEF is ready to work with Parliament, the Ministry of Health and Medical Services, local authorities, workers and industry groups on the regulations, inspection tools and employer guidance required for successful implementation.

Source notes

1. Public Health (Amendment) Bill 2026, Bill No. 4 of 2026, Parliament of the Republic of Fiji, including clauses 1-5, 13-14, 26-28, 33, 41-45, 52, 57, 60, 64, 66-69 and the proposed sections identified in this submission.

2. Public Health Act 1935, Laws of Fiji, including existing sections 56, 57, 59, 60 and 140, accessed for comparison with the proposed amendments.

3. Ministry of Health and Medical Services, press release declaring the end of the 2025 dengue outbreak, reporting 11,599 cases between 1 January and 27 July 2025.

4. Fiji Bureau of Statistics, Fiji's Experimental Statistical Business Register 2024, reporting 18,120 active establishments.

5. MSME Fiji, Ministry of Trade, Co-operatives, Small and Medium Enterprises and Communications, noting pre-COVID estimates of over 18 per cent of GDP and approximately 60 per cent of Fiji's labour force.

6. World Bank, World Development Indicators, real GDP growth for Fiji: -17.0 per cent in 2020 and -4.9 per cent in 2021.

- END OF SUBMISSION -

PUBLIC HEALTH (AMENDMENT) BILL 2026

What It Means for Chartered Engineers in Fiji

A briefing on new design-approval, setback, water-quality and enforcement provisions relevant to civil, environmental and construction engineering practice

Bill No. 4 of 2026 • Office of the Attorney-General, Suva

Feedback

- The Head of Environmental Health is given significant responsibility to implement the Act. What is the definition and/or qualification required for this individual?
- The Environmental Health Practitioner can have delegated powers from the Head of Environmental Health. What is the definition and/or qualification required to be a Health Practitioner.
- New Zealand no longer regulates drinking water through its general health legislation at all. The Water Services Act 2021 governs this. Should water be regulated under Water Authority of Fiji Promulgation 2007?
- Currently the Board will “scrutinise” and “approve” each design on its own judgment, with out setting out the technical standard that the design must meet. Can we consider adopting or referencing existing benchmarks such as Australian Drinking Water Guidelines, WHO Guidelines or a Fiji Specific Standard. This will provide Engineers specific guidance rather than discretionary sign-off that can vary between officers and over time.
- A “duly qualified person” concept. Registered Engineers recognised by the Engineer’s Fiji and the Government should be able to self certify the design for standard designs. Board approvals can be reserved for higher-risk or novel systems. This will reduce the administrative bottleneck for both the Board and practitioners. Like Cyclone Certificates currently issued by Registered Structural Engineers.

Feedback

- The Act does not provide an appeal or review pathway or compensation where a Board decision turns out to be wrong. Could we consider adding a review mechanism such as the Minister or Tribunal to consider a Board decision.
- Local Government responsibility vs Central Board Oversight. No clear demarcation on when the Board should intervene local authority's power. Perhaps the local authority can be the first responder, and the Board can be a review/appeals body. This will reduce duplication and confusion.
- Public Facing Transparency Mechanism – Can the Bill include a public register of approved designs, contaminated sources, non-compliant premises. This will allow Engineers to check compliance status independently of the Board.

- How does this bill corelate to the National Building Code of Fiji? Should this be under a separate ministry?
- Any design submitted must be guaranteed by a Chartered Engineer recognized by the Insurance Council of Fiji and Engineers Fiji to safeguard the public.
- We recommend the Central Board composition to include representatives from Engineers Fiji, Master Builders and Fiji Association of Architects.

Submission on the Public Health (Amendment) Bill

INTRODUCTION

My submission pertains to the interaction of small holder farmers with the public health system.

Small holder farmers are the heartbeat of the agricultural sector in Fiji. Individually, they may appear insignificant and weak; but collectively, however small their contributions, it comprised a significant percentage of Fiji's agricultural sector when combined. As a whole, our humble aim is to feed the nation.

Farming, by far is one of the most difficult and challenging professions in Fiji, in my humble opinion and more so for women.

The hours are long and it's a job requiring a 7day commitment. The environment is hash and tough and is said to get hasher and tougher through time. The seasons are changing rapidly as a result of climate change. The agricultural policies change to suit the political aspirations of the government in power which requires a lot of adapting on our part too. The markets are inaccessible and limiting, especially in Vanua Levu where we complain bitterly about the poverty of opportunity. Theft and arson attacks is rife and often, we are left to pick up the pieces and write it off as a normality in this sector. The world is getting smaller and with it the biological threats and risks posed on our ecosystem, deemed our workplace, has a direct bearing on our performance.

Yet, despite the many challenges, farmers plough on regardless, hoping that somewhere in the future, they will make a huge dent by way of contribution to Fiji's GDP and contribute to some of the health challenges seen in recent times such as NCDs or the increase in autoimmune diseases like Lupus.

FARMERS & THE PUBLIC HEALTH SYSTEM

Farmers are only interested in tilling the land or caring for their livestock. In general, most farmers only access the market once a week to trade their yields and stock up on supplies.

For at least 6 days a week, most farmers are working on their farms. However, their trading day at the market is often the only day of the working week, that most farmers interact with the Public Health system in Fiji; because their role switches from being a farmer to a trader selling to the general public.

In a given year, we are only at the market 52 times or less to trade.

When we trade at the market place as farmers, the Ministry of Health requirement is that if we sell our produce in its natural state, we don't require a Hawkers license. However, if a produce or livestock is processed (through cutting or cooking) thereby changing its natural state, we are required to hold a Hawkers License.

At most, farmers would like to trade their produce in its natural state, but to meet the pocket-power of the consumers, a farmer will process their produce to enable a sale. A pumpkin that would fetch $8 may not sell as compared to the same pumpkin cut in to four pieces and traded at $2/piece.

Hawkers License approvals are administered by the Ministry of Health. The current requirements required by the Ministry of Health in issuing of a Hawkers License is:

(1) A registered business
(2) FRCS clearance – a letter to state that your business is registered with them and that your income tax is cleared.
(3) Letter of endorsement from your Area Counselor or Turaga Ni Koro.
(4) It is normal practice that the Health Inspector will advise that they will visit your home to check on your kitchen.

Hawkers License are only issued to individuals, not a company or a cooperative. Therefore, a farmer must register a business as a sole trader to qualify for consideration of a Hawkers License.

Hawkers License are not issued to cover the entire country. It is issued and limited to a certain locality or a province. For example, trading in Dreketi market, would require approval from the Seaqaqa Health Inspector, not the Labasa Office. Similarly, I cannot hold a Hawkers License for Seaqaqa or Labasa under the same sole trader business registration. For every region, city, town, or trading port that I would like to sell, I need to register a sole trader business, and hold a Hawkers License for that particular area for the duration of a year.

In some instances, we have been told by the Health Inspectors that we would need the approval of the Market Master before they can issue us with a Hawkers License to sell at that market place.

THE CHALLENGES WITH THE CURRENT PUBLIC HEALTH ACT REQUIREMENTS

The current arrangements for obtaining a Hawkers License for farmers is cumbersome and tedious. Some of the challenges we face as farmers are as follows:

(1) The Public Health Act is not designed to cater for small holder farms.

    When we approach the Health Inspectors in our regions, we are measured against the benchmark designed for food outlets. This is reflected in the advice by the Health Inspectors that they would need to visit our home to check on our domestic kitchens to ensure that we are meeting industrial standards.

    Most farmers only process their crops at the market place to enable consumers to purchase our produce at a cost that they can afford. Most farmers are tilling the land for six days of the working week but only step into the market place to sell their produce, given the perishable nature of our crops, for a day.

No farmer cuts their crops at home and transports it to the market because of the perishable nature of our crops. Watermelon, if cut at home and transported to the market will have withered upon arrival due to the water content of the produce.

Yet, as farmers, we are required to keep our kitchen at home at the levels required of an industrial standard for food outlet to enable an inspection worthy of a Hawkers License approval.

An Industrial kitchen requires a higher standard of management. There is a requirement for a grease-trap, that personal working in the kitchen must wear gloves, must have their hair covered, they are required to wear the proper footwear, they must have proper garbage outlet that is environmentally safe.

There is no correlation between the way we manage our produce for sale at the local market-and- our need to keep our domestic kitchen at industrial standards.

It is unreasonable for Health Inspectors to apply food outlet standards to farmers who only handle produce (usually raw) for one day in the entire week at the public market space.

(2) The process to obtain a Hawkers license is tedious for farmers.

To trade just for one day in the working week, would require the establishment of a company as a sole trader.

If you own multiple small holder farms, that would require the establishment of multiple sole traders for each locality that you want to trade in.

There is no room for amalgamation of farms under one Hawkers License because it changes the nature of our production from farmers wanting to trade their produce once a week, to a processing center for sorting of produces for sale.

To register a sole trader business, the Registrar of Companies needs a locality as an official business address of your proposed business and the nature of the business, while the Ministry of Health Inspectors need to link the issuing of Hawkers License to that locality.

It is impractical for most farmers.

I have a farm in Macuata and I have been advised that the Ministry cannot issue me a Hawkers License that will cover Labasa, Seaqaqa, or Dreketi but rather, I must chose one farmers market. Dreketi was the best option for me. Although I have a second farm in Bua, I will have to make a separate application to Nabouwalu to trade out of the local market.

This limits the options given to us to feed the nation.

The system is no longer helping and assisting us but rather dictating to us where we can sell our produce and products which is limiting our capacity in a region rife with the poverty of opportunity.

(3) The requirement that we must obtain a letter of support from the Turaga Ni Koro or the Area Councillor is of little value.

These individuals have no influence in our ability to produce a good harvest, they don't invest in our progress as farmers, they have never been to our farms but they have a say on whether we are worth of holding a hawkers license. Without their letter of support, to verify that we live and farm in an area, we cannot obtain a Hawkers License.

Interestingly, the Ministry of Agriculture is left out of the process yet our farms are registered with them, they visit us on a regular basis, they provide technical support, and are best placed to issue us with a letter to verify our trade or whether we are still tilling the soil.

(4) Where farmers are producing home-made value-adding products, that there must be some flexibility provided by the Ministry of Health.

Farmers will only value-add to generate an income from a crop that is perishable so that they can get a return on their investment. For example, in the course of the week, if I am harvesting molikula to sell, I will turn the over-ripe or damaged crops into marmalade as this will extend the shelve-life and provide a return on my crop.

The number of marmalade jam that I produce is not that of a commercial volume that a jam-making company will produce but the standards applied to me is that same as any industrial factory.

Some examples of value-adding for small holder farms include coconut oil, pickle, chilli sauce, and ghee.

(5) Where a customer has a specific order, farmers should be given the flexibility to trade without having to fear that they are breaching public health. For example, my farm on the main Nabouwalu Highway get repeated requests to clean, and freeze an order for wild chicken (Jungli Murgi) so that the customer can uplift from my farm on their way to Nabouwalu to ferry back to their home in Viti Levu. This is a commercial transaction between two domestic kitchens. The customer trusts that I will not pose a risk to her food. The customer is not a personal acquittance but a random consumer who drove past my farm and spotted a sign that read "*live Jungli Murgi at $20/piece*" I reluctantly refuse their order because the Hawkers License is issued for a specific market (to sell at the market) and not for my home and I thereby forfeit an opportunity to make an income and also an opportunity to demonstrate the concept of farm-to-table.

Towards this end, it makes more sense for the Ministry of Health to draft a special regulation for farmers instead of expecting us to met industrial standards of the meat industry because these orders arrive on an ad hoc basis provide an opportunity for income generation for farmers.

RECOMMENDATIONS

Given the challenges faced by small holder farmers, my recommendations as are follows:

1. The amendment to the Public Health Act should not be limited to the inclusion of a Boards and the amendments to cover technic terms and fines but should include an overhaul of a system that was designed during the colonial era.

   Towards this end, that the issuing of Hawkers License to Farmers should be included in this the review because this is an opportunity for our law makers to address the public health sector in Fiji. For who knows when the next opportunity will arise.

2. In including the management of farmers in the review of Public Health regulation, that due care be given in establishing a Regulation specific to our needs.

   We are not food vendors who trade 7 days a week selling fast food to the consumers.

   In a given year, we only trade 52 times (once a week) or less.

   At least 90% of our professional time is spent working in an eco-system and only 10% in public interaction with the consumers.

   It is grossly unfair that we are lumped with food vendors who trade 100% of their time feeding consumers.

3. That farmers be omitted from the food preparation standards required for commercial food outlets.

   That our value-adding food output should be defined by the number that we can produce in a given year. Farmers tend to produce a low quantity of output. Homemade jam would sell between $3-$5 while store bought is traded between $5-$10 but our products are seasonal depending on the produce we harvest.

4. That the Ministry of Health consider issuing a Hawkers License that is global in nature to cover the entire Fiji group but only limited to farmers.

   That would cater for our need for mobility in market access.

   The registration of our business with the Registrar of companies will lock us down to the locality of our farms but, farmers need some flexibility to trade our produce or products throughout Fiji given that in a year, we only have 52 days to trade.

The possibility that having a general hawkers license that is not limited to the physical market place opens up a new market access for us, for a region that often complains from suffering from the poverty of opportunity.

Once a week, we can organize food-boxes from our farms in Vanua Levu, shipped overnight from Nabouwalu to Natovi or Ellington, to arrive at the doorstep of our customers in Viti Levu. With the recent food crisis in Taveuni, we would send produce from Loa landing in Cakaudrove to Matei to help meet demand.

Having a trading arrangement that has a global coverage for the Fiji group will in turn lift the market access standards across Fiji.

We are not at the mercy of the prices offered by the middleman and we can reach the consumers directly, therefore offering a better price for our produce and products.

5. That the Ministry of Health change their approach in managing farmers across Fiji, more so where the farm has been certified organic. Organic farmers and conventional farmers operate on different spectrums. An organic farmer is usually certified while a conventional farmer is not. An organic farmer does not apply synthetic chemicals while a conventional farmer is free to do what they wish.

   As an organic farmer, my main role is to remove contamination to the produce while in the soil and manage the risks during the duration of the growth of the produce. That role is extended during harvest which is to manage contamination associated with handling, through to transport, till it reaches the consumer.

   No organic farmer in Fiji will pose a risk to their farming process because of the stringent requirements set out by the different certifying bodies or the Pacific Organic Standards.

   Additionally, there is a lot riding on our reputation as organic farmers to produce clean food, that is free of contamination.

   On the island of Vanua Levu, Savusavu market is the best place to sell my organic produce at the price that is higher than that offered by conventional farmers due to the volume of expatriates on the island and the fact that there is a marina where yachts from all over the world dock, to refuel.

   However, the limitation of travelling to Savusavu is the Hawkers License for the Savusavu market. We can sell our produce at the market but we cannot process the produce by cutting it. If I have to travel from Bua to Caukaudrove to trade, a Hawkers License will provide me the leverage of flexibility to sell my organic produce or else it will be a wasted trip. If a conventional farmer is selling a piece of pumpkin for $2/piece, as an organic farmer, I want the flexibility to do the same for a few more dollars (the opportunity to cut the pumpkin). I spent 4 months as an organic farmer to guard the pumpkin from the risk of contamination in the soil and manage the same risk while

bringing it to the market, so selling a piece for $3-$4/ piece of clean food should not be a problem if the consumer is willing to purchase at that price, in Savusavu with their expatriate community and hotel outlets.

Having a Hawkers License to enables us to trade in any market across Fiji goes a long way in promoting the farm-to-table concept and it provides the consumers with a variety of crops on offer across Fiji in a given week.

6. As farmers we understand our role in the food industry and the need for the Ministry of Health to monitor our operations regularly. My submission is to request that instead of being lumped with food outlets, that we are given our own standards within the health regulations to enable us to trade with some flexibility given that we will only trade 52 times (one day per week) in a given year.

7. The Ministry of Agriculture should replace the need for approval from the Area Councilor or the Turage Ni Koro when applying for a Hawkers License. The business registration requirement, should suffice if backed by a letter from the Ministry of Agriculture as our line Ministry, of our locality. To safe guard our interest as farmers, that the Ministry should be represented in the proposed Public Health Board.

CONCLUSION

In conclusion, the review of the Public Health Act provides us an opportunity to highlight our challenges as small holder farms interacting with the health system in Fiji. For who knows when the next review will happen.

I pray that the amendment is not limited to the macro management of Fiji's health system but also to the impact of the standards on farmers across Fiji because we feed the nation three times a day where the standard of our work is reflected in the standards of health of all citizens across Fiji. Everything starts with us.

Laisa Bale (Ms)
Farmer/Cultivator
Vunibua Gan Batyah Organic Farm (Bua)/Bethsaida Organic Farm (Macuata)
District of Bua/District of Labasa
Province of Bua/ Province of Macuata
Vanua Levu.

LABASA TOWN COUNCIL

CIVIC CENTRE BUILDING

P.O.Box 92, LABASA, FIJI
PH: (679) 8811066/8811331
Fax: (679) 8813718

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IN REPLY Please Quote:
OUR REF: 11/1

6th July, 2026

The Chairperson
Standing Committee on Social Affairs
Parliament of the Republic of Fiji
P.O.Box 2352
Government Buildings
Suva

Attention: Hon. Iliesa Vanawalu

Dear Sir,

Re: LABASA TOWN COUCNIL SUBMISSION ON BILL NO. 4 – PUBLIC HEALTH (AMENDMENT) BILL 2026

I write on behalf of the Labasa Town Council, an established local authority under the provisions of the Public Health Act 1935. The Council has conducted a thorough and comprehensive legislative analysis of *Bill No. 4 Public Health (Amendment) Bill 2026* to evaluate its operational, financial, and strategic impacts on our municipality, residents and the ratepayers we serve.

While the Council strongly supports the Government's intent to modernize public health controls, scale up environmental compliance, and strengthen enforcement frameworks, we have identified several critical areas that require refinement to ensure the final Act is practically enforceable at the municipal level.

To assist the Standing Committee in its review, our specific concerns, arguments, and targeted recommendations have been synthesized into seven key issues outlined in the matrix below:

Summary Matrix of Municipal Issues and Recommendations

Issue No.	**Clause / Section Affected**	**Identified Public Health Issue / Argument**	**Council's Recommendation**
1	Sections 112A, 120A, 120C	**Operational Capacity Constraints:** New mandates for water testing, sanitary surveys, and ship sanitation inspections demand technical gear and personnel that regional councils currently lack.	Insert a statutory phased transition period and allocate a national capacity-building grant for training and equipment procurement.

LABASA TOWN COUNCIL

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IN REPLY Please Quote:
OUR REF: 11/1

Issue No.	**Clause / Section Affected**	**Identified Public Health Issue / Argument**	**Council's Recommendation**
2	Sections 5A–5E, 12, 19, 39	**Institutional Overlap:** Overlapping boundaries between the Central Board of Health and municipal local authorities risk administrative delays and conflict.	Formulate clear operational Standard Operating Procedures (SOPs) that explicitly define the "default" thresholds before override powers are triggered.
3	Section 130	**Financial & Cost Recovery:** The Council strongly welcomes the 5% interest rate and statutory lien options to combat negligent residents and ratepayers, but needs an efficient path to enforce them.	Endorse the section but add a mechanism establishing an accelerated administrative registration process directly with the Registrar of Titles.
4	Sections 55, 141 & Schedule 2	**Uneven Economic Penalties:** Massive flat-rate fine increases could financially devastate small vendors, residential tenants, and micro-businesses like kava pounders.	Introduce a scale-based penalty system that legally differentiates between corporate polluters and residential/micro-business entities.
5	Section 2 (Definitions)	**Omission of Domestic Canines:** While "birds" have been added, dogs remain excluded. Uncontrolled dogs are a major source of suburban noise and sanitation issues.	Explicitly include dogs under the definition of "animal" or insert a specific sub-clause recognizing them as potential sources of statutory nuisance.
6	Section 56, Part P	**Omission of Town Drainage Protection:** The phrase *"...or the drainage of any town..."* was omitted from the text, severely weakening municipal powers to penalize stormwater network pollution.	Restore the phrase *"...or the drainage of any town..."* back into Section 56(p) to protect urban drainage networks from illegal waste discharges.

LABASA TOWN COUNCIL

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Issue No.	**Clause / Section Affected**	**Identified Public Health Issue / Argument**	**Council's Recommendation**
7	Schedule 2	**Classification of Green Recycling:** Categorizing bottle collection and storage as an "offensive trade" conflict with circular economy principles and discourages eco-investments.	Establish objective statutory criteria or volume thresholds so that green recycling is only penalized if it creates actual environmental hazards.

The Labasa Town Council looks forward to presenting these matters further during the Committee's consultation phase. We are confident that integrating these practical, localized changes will result in an amendment bill that is robust, socially equitable, and highly functional for all municipalities across Fiji.

Thank you for your consideration.

Irfan Ali
Acting Chief Executive Officer

LABASA TOWN COUNCIL
CIVIC CENTRE BUILDING
JADURAM STREET
LABASA

Cc: Special Administrators – LTC appointed
File - LTC

27 May 2026

Hon. Iliesa Vanawalu
Chairperson
Standing Committee on Social Affairs
Parliament of the Republic of Fiji
P.O. Box 2352
Government Buildings
Suva

Dear Honourable Chairperson,

RE: Written Submission on the Public Health (Amendment) Bill (No. 4 of 2026)

I write in reference to your correspondence dated 14 May 2026 inviting the Land Transport Authority (LTA) to provide a written submission on the Public Health (Amendment) Bill (No. 4 of 2026).

The Authority sincerely appreciates the opportunity to contribute to the Standing Committee's review of this important Bill. We acknowledge the intent of the proposed amendments to strengthen Fiji's public health framework through improved enforcement, updated provisions, and enhanced oversight of environmental health matters.

The Land Transport Authority is supportive of the overall direction of the Bill. However, we respectfully wish to highlight certain areas where Land Transport-related considerations intersect with public health, but which are not expressly addressed in the current provisions.

In particular, while the Bill provides for general control of pollution across land, air, and water, there remain some gaps relevant to transport-related environmental health concerns:

a) **Tailpipe emissions:**
The Bill does not provide for specific standards or regulatory measures relating to vehicle emissions, which continue to be a notable source of air pollution.

b) **Noise pollution:**
While noise is recognised as a nuisance, there is limited guidance on the regulation and enforcement of transport-related noise from vehicles, road traffic, or the use of horns.

c) **Vehicle and transport-related nuisances:**
There are no clear provisions addressing matters such as prolonged vehicle idling, oil leakages, or other environmental hazards arising from vehicle operations.

d) **Derelict vehicles:**
The Bill does not specifically address the management or timely removal of derelict vehicles, which may pose environmental and public health risks, including serving as breeding grounds for pests.

e) **Hybrid and electric vehicle batteries:**
The safe handling and disposal of high-voltage batteries used in hybrid and electric vehicles is not addressed. These components may present environmental and health risks if not properly managed.

f) **End-of-life electric and hydrogen-powered vehicles:**
There are no provisions addressing the disposal or management of end-of-life alternative fuel vehicles. With the anticipated growth in such technologies, this will become an increasingly relevant area.

At the same time, the Authority recognises that the Bill provides a useful basis for collaboration and coordination across agencies. In particular:

i. **Shared focus on pollution control:**
The Bill's emphasis on environmental health supports broader efforts to address pollution, including those arising from transport activities.

ii. **Regulatory support and enforcement:**
The expanded role of environmental health practitioners may complement LTA's compliance and enforcement functions, particularly in areas such as monitoring and inspections.

iii. **Data sharing and reporting:**
The Bill's focus on surveillance and reporting offers opportunities for improved coordination and information sharing between relevant agencies.

The Authority also acknowledges that the Bill aligns with the objectives of the National Development Plan, particularly in promoting sustainable development, environmental resilience, and improved public health outcomes. Strengthening its provisions to address transport-related environmental impacts would further enhance this alignment.

In view of the above, the LTA respectfully submits that consideration be given to strengthening the Bill to address the identified transport-related matters, in order to ensure a more comprehensive and integrated approach to environmental health management.

The Authority remains committed to supporting the Committee and stands ready to provide any further clarification or assistance as may be required.

Thank you once again for the opportunity to make this submission.

Yours sincerely,

.....

Irimaia Rokosawa
Chief Executive Officer
Land Transport Authority of Fiji

27 May 2026

Hon. Iliesa Vanawalu
Chairperson
Standing Committee on Social Affairs
Parliament of the Republic of Fiji
P.O. Box 2352
Government Buildings
Suva

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Thank you once again for the opportunity to make this submission.

Yours sincerely,

.....

Irimaia Rokosawa
Chief Executive Officer
Land Transport Authority of Fiji

BILL NO.4 OF 2026

PUBLIC HEALTH (AMENDMENT) BILL 2026

Submission by the Ministry of Lands & Mineral Resources

No.	Clause/ Comments	Response
1.	**Clarification of Jurisdiction Overlap with Land Administration Legislation**	The Ministry of Lands and Mineral Resources ***(Ministry/ MLMR)*** notes that the Public Health (Amendment) Bill 2026 expands the powers of the Board of Health and Environmental Health Practitioners in relation to public health enforcement, including matters concerning land use, building construction and siting, nuisance abatement, demolition of structures, closure of premises, water and sanitation infrastructure, and access to land for inspection and enforcement purposes. While the Ministry supports the objectives of protecting public health, the proposed amendments may create jurisdictional overlap with existing legislation administered by the Ministry and other land-sector agencies. In particular, the Bill should ensure that the exercise of powers under the Public Health Act does not unintentionally override or conflict with statutory powers exercised under: • the State Lands Act 1945; • the Land Use Act 2010; • the Town Planning Act 1946; • subdivision and development approval processes; • land administration policies and procedures; and • conditions contained in leases, licences and permits issued by the Director of Lands. The Ministry is concerned that enforcement actions such as demolition orders, closure of premises, nuisance abatement requirements, infrastructure

		directives, and restrictions on land use may affect land tenure arrangements, leasehold interests, Government reserves, foreshore developments and other interests administered under separate statutory frameworks. Without clear legislative guidance, there is potential for duplication of authority, inconsistent decision-making, conflicting directives between agencies, and legal uncertainty regarding the respective powers of public health authorities and land administration authorities. **Ministry Recommendation** The Ministry recommends that the Bill expressly preserve the statutory functions and powers of the Director of Lands and other relevant land authorities.
2.	**Section 13 (3)(4)(5) – Role of the Board**	The Ministry requires clarification if this provision apply to all rural and maritime projects carried out by other ministries and organisations? Currently under the Rural Water and Sanitation Policy 2021, a Water Supply Management Plan (WSMP) is submitted to the Department of Water and Sewerage for approval of any water supply and sanitation infrastructure for rural and maritime areas before work can commence.
3.	**Section 14 - Powers of Head of Environmental Health**	While the Ministry supports the need for effective public health enforcement, the exercise of these powers may directly affect land and property interests administered by the Ministry or areas subject to statutory land management controls.

		The Bill should therefore provide for mandatory consultation with the Director of Lands before enforcement action is taken against premises located on State land or affecting State-administered interests. **Specific Actions Requiring Consultation** MLMR recommends that prior written consultation with the Director of Lands be required before: 1. issuing demolition orders affecting buildings on state land; 2. ordering the closure or vacation of leased state land; 3. taking enforcement action that may affect the continuation of a state lease; 4. undertaking enforcement within crown reserves or reserved lands; 5. issuing orders affecting foreshore leases, reclamation areas or coastal developments on state land; 6. undertaking enforcement actions within informal settlements located on state land; 7. undertaking enforcement that may affect reserve boundaries, surveyed boundaries or Government infrastructure corridors. In these circumstances, demolition or closure orders may have significant legal, administrative, financial and social implications beyond public health considerations.
		Emergency Exception To preserve public health powers in urgent situations, MLMR may support an emergency exception:

		"*Provided that where there exists an immediate and serious threat to public health requiring urgent intervention, action may be taken without prior consultation, but the Director of Lands must be notified as soon as reasonably practicable thereafter*"
		MLMR Position The Ministry supports the public health objectives of Clause 16A but recommends that the Bill incorporate a formal consultation mechanism with the Director of Lands whenever enforcement actions affect State land interests. Such a provision would ensure coordinated government action, protect lawful tenure rights, avoid jurisdictional conflicts, and promote sound land administration while maintaining the ability of health authorities to respond effectively to genuine public health risks.
4.	**Section 64 – Recovery of Costs and Expenses**	The Ministry notes that the proposed amendment to section 130 introduces a mechanism allowing a local authority to recover enforcement costs and place a statutory lien on property where public health works have been undertaken at the expense of the authority. While the Ministry supports the principle of cost recovery, the proposed provision raises significant issues relating to land title administration, security of tenure, registration of interests, and enforcement against different categories of land. The Bill should provide greater legal clarity to ensure that any lien created under the Act is enforceable and does not conflict with existing land registration laws

		Registration of the Statutory Lien The Bill does not specify: • whether the lien arises automatically upon expenditure by the local authority; • whether registration is required before the lien becomes enforceable; • the authority responsible f or registration; and • the form and evidentiary requirements for registration. **MLMR Recommendation** The Bill should provide that a statutory lien only becomes effective upon registration against the relevant title or lease record. **Suggested wording:** *"A statutory lien created under this section shall not take effect until it has been duly registered in accordance with the applicable land registration legislation."*
		Role of Registrar of Titles The Bill is silent on the role of the Registrar of Titles. Without a statutory notification process: • purchasers may not be aware of the liability; • mortgagees may not discover the encumbrance; • enforcement actions may be challenged.

		MLMR Recommendation A mandatory notice procedure should be included. **Suggested wording:** *"The local authority shall lodge notice of the lien with the Registrar of Titles, who shall record the lien against the relevant title or lease."*
		Priority of Lien The Bill does not specify whether the lien ranks: • ahead of registered mortgages; • behind registered mortgages; • equally with rates and taxes; • as an unsecured debt This creates legal uncertainty. **MLMR Recommendation** The legislation should expressly define the priority ranking of the lien. For example: *"A lien created under this section shall rank in priority after registered mortgages and prior registered encumbrances unless otherwise provided by law."* Alternatively, Government may decide to give it the same status as municipal rates, but this should be expressly stated.

		Discharge and Removal Process The Bill does not specify: • how the lien is discharged; • who authorizes discharge; • whether discharge must be registered; • the timeframe for removal after payment. Without a discharge mechanism, landowners may continue to face title restrictions after satisfying the debt. **MLMR Recommendation** A formal discharge process should be prescribed. **Suggested wording:** *"Upon payment in full of all outstanding costs, interest and charges, the local authority shall issue a certificate of discharge and lodge the same with the Registrar of Titles within 30 days."*
		Application to Different Land Tenureship The Bill does not distinguish between: • freehold land; • State leases; • State licences; • iTaukei leases; • native reserve land; • customary land. Each tenure category is administered under different legal frameworks.

		MLMR Recommendation The Ministry supports the recovery of public funds expended in addressing public health nuisances and environmental health risks. However, Clause 130 should be revised to provide a comprehensive framework governing: • creation of statutory liens; • registration requirements; • notification procedures; • priority of interests; • discharge and cancellation processes; and • application across different land tenure systems. Without these safeguards, the provision may create uncertainty in land administration and could be difficult to enforce in practice.
5.	**Section 32 (e) – Water contamination offences liable for conviction or fines**	The Ministry suggests encompassing additional activities that may lead to contamination of water sources. The additional activities to be included are: "*mining, quarrying and other development projects*".
6.	**Section 33 (g) (6) (i) - locate and plot cases on the Quantum Geographical Information System (QGIS)**	The Ministry suggests changes that would allow for mapping of cases using different geospatial technologies, software and methods that are available to the Ministry of Health instead of just one software. ***Recommend that it be re-worded to:*** *"Locate and map cases as geospatial data to support spatial analysis and decision-making"*

7.	**Section 57 – 120B (b), 120C, 120C (d) and 120D – Presence of contaminant at source of drinking water supply**	The Ministry suggest the inclusion of "boreholes" after well as part of water supply sources as this is widely used by rural and outer island communities. The inclusion of borehole is noted at initial 120B but not present thereafter.
8.	**Section 57 – 120C (d)(i) – Presence of contaminant at source of drinking water supply**	Inclusion of "to" after notice. Should read as *"give notice to all consumers of the water of the significant health risk ....."*
9.	**Section 57 – 120C (d)(ii) – Presence of contaminant at source of drinking water supply**	The Ministry assists with borehole water supply to communities that do not have access to a safe and sustainable water supply or to supplement their existing water source. The question is, who is liable if a member of the community intentionally contaminates the borehole source? or if the community builds an infrastructure like an ablution block close to the borehole even though the department has provided the necessary advice against it through technical reports and comprehensive awareness program.
10.	**Section 57 – 120E (1) Penalty for polluting water supply**	The Ministry suggest inclusion of "groundwater recharge zones" as this is a critical role in sustain freshwater resources. Should read as *"any person who in any way defiles or pollutes or permits or sufferers drainage or refuse from his or her land to flow into or be deposited n any way water source, stream, lake, pond, groundwater recharge zones or reservoir forming part of the water supply ....."*
11.	**Section 57 – 120E (3) Penalty for polluting water supply**	The suggested penalty of $1,000 is very little compared to the costs for the restoration of a surface water catchment and even a groundwater aquifer is significantly higher in order to mitigate any contamination situation.

12.	**Penalty Increases May Disproportionately Affect Rural Leaseholders**	The Bill raises many fines sharply (up to $5,000–$10,000). The Ministry of Lands and Mineral Resources believes that rural and agricultural lessees may struggle to comply due to infrastructure limitations beyond their control. Therefore, we suggest that; **1. Graduated Compliance Notices** The Bill should provide for a tiered enforcement process whereby an environmental health practitioner first issues a warning notice or improvement notice identifying the breach, required corrective actions, and a reasonable timeframe for compliance before a fixed penalty notice or prosecution is commenced. **Rationale:** • Promotes voluntary compliance. • Reduces unnecessary litigation and enforcement costs. • Ensures procedural fairness. • Recognizes that some breaches arise from lack of resources rather than deliberate non-compliance. **Remediation Periods** The Bill should prescribe reasonable remediation periods based on the nature and severity of the public health risk.

For example:

Type of Breach	Recommended Compliance Period
Minor sanitation defects	14 – 30 days
Waste management deficiencies	7 – 14 days
Drainage and stagnant water issues	48 hours – 7 days
Serious public health hazards	Immediate action

Rationale:

- Allows property owners, lessees and occupiers sufficient time to rectify issues.
- Prevents disproportionate penalties for minor or technical breaches.
- Supports consistency in enforcement across Fiji.

2. Technical Assistance Pathway before Penalties

The Bill should empower local authorities and environmental health practitioners to provide guidance and technical advice before enforcement action is taken, particularly where compliance requires specialized knowledge or infrastructure improvements.

This may include:

- Advice on septic tank construction and maintenance;
- Drainage improvement recommendations;

		• Waste management planning; • Water source protection measures; • Referral to relevant government agencies for assistance. **MLMR Position** The Ministry may support stronger penalties for serious public health risks but recommend that enforcement provisions balance deterrence with education, technical support, and reasonable opportunities to remedy non-compliance. This approach is particularly important in rural communities, agricultural lease areas, and informal settlements where infrastructure limitations may affect a person's ability to immediately comply with public health requirements
13.	**Informal Settlement Enforcement Requires Land Regularisation and Resettlement Coordination**	The Ministry notes that the Public Health (Amendment) Bill 2026 strengthens enforcement powers relating to insanitary premises, public health nuisances, unsafe structures, and non-compliant developments, including powers that may result in the vacation, closure, or demolition of premises. While the Ministry supports measures necessary to protect public health, particular consideration should be given to the application of these powers within informal settlements located on State land, where occupants may have longstanding residential arrangements and where Government is actively pursuing settlement upgrading, regularization, and resettlement initiatives. The Ministry is concerned that enforcement action undertaken without prior coordination may have significant social, economic, and legal implications for affected communities and may undermine ongoing Government policies relating to housing, land tenure regularization, and poverty alleviation.

MINISTRY OF ENVIRONMENT AND CLIMATE CHANGE

Levels 1, 2 & 5, Bali Tower, 318 Toorak Road
P. O. Box 2109, Government Buildings, Suva, Fiji

25 May 2026

Hon. Iliesa Vanawalu
Chairperson
Standing Committee on Social Affairs
Parliament of Fiji
By email: iliesa.vanawalu@edu.gov.fj / rishi.dutt@legislature.gov.fj

Dear Hon Vanawalu

Re: Ministry of Environment and Climate Change Submission on Public Health (Amendment) Bill (No 4 of 2026)

The Ministry of Environment and Climate Change ('Ministry') acknowledges the request for submission of feedback on the Public Health (Amendment) Bill (No 4 of 2026). The Ministry has reviewed the Bill and is pleased to provide the following feedback

1. Overall, the Ministry is supportive of the intent to modernize public health law and is highly supportive of the updated definitions, penalties, and revised institutional arrangements this Bill introduces. From a cross-sectoral regulatory perspective, the Bill represents a significant advancement in aligning Fiji's public health framework with its environmental and climate goals, particularly those established under the Environment Management Act (EMA) 2005 and the Climate Change Act (CCA) 2021.

2. The Ministry has identified specific areas where further amendments are recommended to reduce the risk of introducing provisions that overlap with and conflict with the EMA.

3. From the Ministry's perspective there are several provisions that create substantial jurisdictional ambiguity, overlap with existing environmental laws, and potentially exceed the relevant scope of the Health Act. The Bill substantially expands the powers of the Ministry of Health and environmental health practitioners into areas already regulated under EMA and the subsequent Regulations administered by the Ministry.

Jurisdictional and Governance Concerns

4. In Section 5D(2) states that the Board may give directions on 'water, land, air, and noise pollution' however these matters are given treatment within the EMA. The Ministry believes it is critical to clarify that the Board's powers in relation to pollution come into effect only when there is an imminent public health emergency associated with pollution. There should also be provisions that clarify the need for consultation with the Ministry to ensure alignment and complementarity between relevant agencies.

5. In section 12(2) and 12(3) it is stated that the Board can appoint persons to perform duties where a local authority defaults – including pollution control. The Ministry is of the view that this creates a parallel enforcement system and that this provision must clarify that pollution matters are primarily referred to the Ministry.

6. In section 56(p) it is stated that "Noxious matter or water flowing… into any harbour, river, pond or ditch or upon any foreshore" is a nuisance. This provision directly overlaps with section 5(1) of the Environment Management (Waste Disposal and Recycling) Regulations which already govern pollution control, waste discharge, disposal activities, and protection of water bodies and foreshores through established permitting, compliance, and enforcement mechanisms. As currently drafted, the provision may create duplication of enforcement powers, conflicting regulatory decisions, and uncertainty for regulated entities. The Ministry therefore recommends that section 56(p) be amended to exclude waters, foreshores, and pollution discharges already regulated under the EMA, or alternatively require mandatory consultation and joint approval between the Ministry of Health and the Ministry before enforcement action is taken in relation to matters already subject to environmental regulation under the EMA and its subsidiary regulations.

7. Section 56 also defines "nuisance" broadly. To strengthen enforcement, this section should explicitly include the illegal storage or discharge of "hazardous substances" as defined in EMA (toxic materials posing long-term risks to health). This can allow health practitioners to act against chemical risks to public health. Littering and pollution offences remain governed primarily by the Litter Act 2008.

8. Section 30(2) of the Bill requires healthcare facilities to have a healthcare waste management plan. The Environment Management (Waste Disposal and Recycling) Regulations 2007 already regulate waste management plans, including for healthcare facilities. The Bill risks creating separate waste management standards and inconsistent compliance requirements from different enforcement agencies. Additionally, this provision should require such plans comply with the National Solid Waste Management Strategy and the National Chemical Management Plan established under Section 14 of the Environment Management Act 2005. This ensures consistency in handling "special wastes".

9. Overall, MECC believes the Bill as drafted allows *the Central Board of Health* – whose members are not required to have environmental science or climate expertise – to override or duplicate environmental regulation and that further refinement and clarification of the role of this Board must be considered.

10. Furthermore, the Board composition excludes environmental expertise and at the very least there should be an addition to the composition stipulating that 'a person with expertise in environmental science' be nominated to the Board by the Ministry.

Definitional Issues

11. The term 'environmental health practitioner' is not defined in the Bill. This creates unhelpful ambiguity and introduces a risk of conflicting understanding of who this refers to. The definition needs to clarify if this refers to a person with public health or environmental health qualifications or a combination of both and how these practitioners are registered. It is not clear if these practitioners refer to individuals with formal training in environmental sampling and pollution control and how these practitioners differ to environmental inspectors mandated under the EMA.

12. To ensure legal consistency and enhance the enforcement capacity of environmental health practitioners, it is recommended that a standalone definition of "waste" be inserted into Section 2 of the Principal Act. Currently, while the Bill utilises the term "waste" in various contexts, such as defining "nuisances," "conveniences," and "healthcare waste management plans", it fails to provide a formal legal definition for the word itself. By amending the Bill to mirror the comprehensive definition found in Section 2 of the EMA, the Ministry can ensure that health practitioners have the explicit legal authority to regulate a broader and more relevant range of pollutants.

Technical Environmental Issues

13. Water supply and sanitary facility setback requirements in Section 124 require facilities to be constructed not less than 50 meters away from the nearest well or borehole. The Ministry requests clarification on the basis of this recommendation and its alignment with existing regulations and in some cases a 50-meter set back may be wholly insufficient as a means to prevent contamination. A minimum setback of 100m may offer higher protection and the provision could allow special approval to be granted by the board in special cases where achieving this minimum is not possible.

14. Subsection 2(b) stipulates that sanitary facilities must not be 'constructed uphill from any water course, stream, lack, pond or reservoir…', in the Ministry's view this should be amended to the following '…. Uphill from any water course, stream, lake, point or reservoir, or within any identified floodplain or groundwater recharge zone as designated by the Ministry of Environment'.

Offensive Trades in Schedule 2

15. The Bill adds several new activities to Schedule 2 (offensive trades requiring approval) however many of these activities are already subject to environmental impact assessment (EIA) requirements under EMA. As a result, the Bill creates a parallel approval pathway through local authorities and the Board without and provision citing EMA requirements in relation to EIA's and public consultation. The Ministry recommends that section 39 be amended to reflect existing law and legal requirements.

Climate Change Dimensions

16. In sections 103-107 the provisions related to mosquito-related nuisance should be amended to ensure the environmental health practitioner is required to consider projected climate impacts that may increase the risk of mosquito-borne disease.

17. The mesh requirement for water tank inlets / outlets in section 106(2) should specify mesh size and the requirement to replace the mesh after a specified timeframe.

18. The Bill does not make any mention of public health risks arising from flooding, storm surges, cyclones, heatwaves, or sea-level rise, etc. The Ministry suggests the introduction of a provision that requires the various implementing bodies mandated by the act to 'have regard to the health impacts of climate change and extreme weather events'.

19. The Bill would benefit from a provision that allows the Board to issue guidance or regulations to support climate-resilient public health infrastructure.

Enforcement

20. Under section 16(c) - the Board may issue a fixed penalty notice to "any person who designs and installs water and sewerage work that present a risk to public health." This provision could penalize designers or engineers who followed approved standards but face a situation where site conditions changed (e.g., flooding). Strict liability without a "reasonable diligence" defense is problematic. The Ministry suggests that after "any person" the words *"who knowingly or negligently"* be added to address this.

21. Section 66(e) makes it an offence to "willfully engage in… fishing activities which may contaminate any water supply or water source." The Ministry suggests a further qualification by amending this provision to read *"willfully engages in fishing, farming, logging, or grazing activities with the knowledge that such activities are likely to contaminate any water supply or water source…".*

The Ministry appreciates the opportunity to provide a submission on this important Bill and stands ready to further engage in support of the views presented in this submission.

The Ministry is willing to provide further information as required to improve the alignment of this Bill with the EMA and ensure the operational boundaries between the mandate and scope of relevant legislation is clarified and aligned.

Thank you.

Dr. Sivendra Michael
Permanent Secretary
Ministry of Environment and Climate Change

25/5/2026

Ministry of Local Government

FFA House - 4 Gladstone Road
Box 2131, Government Buildings, Suva, Fiji

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12 June 2026

Hon. Iliesa Vanawalu
Chair
Standing Committee on Social Affairs
Parliament Complex
Constitution Avenue
P. O. Box 2352
Government Building
Suva

Dear Chair

Submission on Public Health (Amendment) Bill (No 4 of 2026)

1. INTRODUCTION

The Ministry of Local Government appreciates the opportunity to provide comments on the Public Health (Amendment) Bill 2026.

The Ministry supports the overall intent of the Bill to modernise the Public Health Act 1935, strengthen environmental health controls, improve sanitation standards and enhance public health outcomes throughout Fiji.

Notwithstanding this support, the Ministry notes that several proposed amendments have direct implications for the administration of town planning, development control, municipal governance, building approvals and land use management currently administered under the Town Planning Act 1946, Local Government Act 1972 and associated regulations.

Accordingly, the Ministry respectfully submits the following comments and recommendations for the Committee's consideration.

2. ACCOMMODATION USES SHOULD BE CLEARLY DEFINED AND REGULATED

The Ministry recommends that the amended Act expressly recognise and define contemporary forms of accommodation and lodging uses, including:

- Homestays;
- Backpacker accommodation;
- Airbnb and similar short-term rental accommodation;
- Guest houses;
- Serviced apartments; and
- Other forms of short-term visitor accommodation.

Over recent years, these forms of accommodation have increased significantly throughout Fiji and are now operating in residential, commercial and tourism areas. While some operate

similarly to traditional hotels and lodging houses, many currently fall within uncertain regulatory classifications.

The Ministry considers that clear statutory definitions would assist in ensuring appropriate regulation of:

- Public health and sanitation standards;
- Waste management requirements;
- Occupancy controls;
- Drainage and environmental health requirements; and
- Fire and public safety considerations.

The Ministry further recommends that the legislation expressly clarify that registration, licensing or approval under the Public Health Act does not in itself authorise land use or development activity where such activity is inconsistent with:

- An approved town planning scheme;
- Zoning requirements;
- Development approvals;
- Building approvals; or
- Municipal regulations and by-laws.

Such clarification would avoid regulatory overlaps and ensure consistency with existing planning legislation.

3. EXPANSION OF SECTION 19 TO INCLUDE A BROADER CONCEPT OF DEVELOPMENT

The Ministry notes the proposed amendment to section 19 requiring compliance with the Town Planning Act prior to the construction of a dwelling house or building.

While the inclusion of the Town Planning Act is welcomed, the Ministry recommends that section 19 be expanded to apply to a broader range of development activities rather than being limited primarily to buildings and dwelling houses.

Many forms of development have significant public health implications despite not involving the construction of buildings.

The Ministry therefore recommends that the provision be expanded to include activities such as:

- Landfilling;
- Excavation and earthworks;
- Reclamation;
- Quarrying;
- Cutting and filling of land;
- Drainage alterations;
- Retaining structures;
- Site preparation works; and
- Other forms of land modification and development.

These activities can directly affect:

- Flooding and stormwater management;
- Erosion and sedimentation;
- Mosquito breeding;
- Wastewater flows;
- Slope stability;
- Environmental nuisance; and
- Community health outcomes.

Expanding the provision would strengthen coordination between planning authorities, local authorities and public health authorities and better align the Public Health Act with the broader concept of development recognised under the Town Planning Act.

4. ROLE OF CHAIRPERSON OF LOCAL AUTHORITY

It is noted that by definition in the principal Act, local authorities consist of both councils of towns and cities and rural local authorities. It is important to note that councils of towns and cities are statutory bodies that are formed under the provisions of the Local Government Act 1972. The administration of councils of towns and cities is the responsibility of the Chief Executive Officer. Hence, the new section 8B proposed in the Amendment Bill, should be titled ***Role of Head of local authorities***, rather than Role of Chairperson of local authorities. In the interpretation section there should be a definition of Head of local authorities, to read as follows:

Head of local authorities, means CEO for councils of towns and cities, and chairperson of rural local authorities and provincial councils.

5. CLARIFICATION ON SECTION 11 AMENDMENT

Section 11 of the principal Act is the powers of local authorities. And the amendment of section 11(3) mandates the quorum of a local authority.

It is assumed that the definition of principal Act of local authority is maintained, hence, will the councils of towns and cities be bound by this section. If that is not the case, then there needs to be a clear demarcation, that clearly states that the councils of towns and cities are not bound by this section.

The Ministry of Local Government will prefer that councils of towns and cities are not bound by this section, and it is explicitly mentioned. The principal Act and the Amendment Bill allows for delegation of responsibilities of the Head of Environmental Health to agencies, and that should be sufficient for councils of towns and cities to implement the relevant provisions of the Public Health Act.

6. CLARIFICATION OF THE ROLE OF LOCAL AUTHORITIES UNDER SECTION 19

The Ministry seeks clarification regarding the operational effect of the proposed amendment to section 19 and whether Local Authorities are intended to receive and assess plans under the Public Health Act as a separate approval process.

At present, development applications, building plans and subdivision applications are processed through integrated approval systems involved:

- Department of Town and Country Planning;
- Municipal Councils;
- Relevant infrastructure agencies; and
- Statutory referral authorities.

The Government is currently implementing reforms through the Building Permit Approval System (BPAS) to streamline and digitise development approvals.

The Ministry is concerned that the proposed amendment may unintentionally create:

- Duplicate submission pathways;
- Parallel approval systems;
- Overlapping responsibilities; or
- Uncertainty regarding approval authorities.

The Ministry therefore requests clarification regarding:

(a) Whether Local Authorities are intended to independently receive and process plans under the Public Health Act;
(b) Whether submissions under section 19 are intended to form part of the existing integrated approval process;
(c) The respective roles of Municipal Councils, DTCP and the Ministry of Health in the assessment process; and
(d) How the proposed amendment will integrate with BPAS and existing development approval procedures.

The Ministry is of the view that public health considerations should be incorporated into existing integrated development assessment processes rather than creating separate approval pathways.

5. SECTION 25 – FINES

Fines and penalties should be tiered by offence frequency (first, second, and subsequent offences), with separate penalty levels for individuals and companies.

6. SECTION 39 – CONSULTATION WITH THE MINISTER RESPONSIBLE FOR TOWN PLANNING

The Ministry notes and supports the proposed requirement under section 39 for consultation with the Minister responsible for Local Government in the making of regulations relating to buildings and associated public health matters.

However, the Ministry recommends that consultation also extend to the Minister responsible for Town Planning.

The regulations contemplated under this Part have direct implications for:

- Land use planning;
- Building construction;
- Site development;
- Infrastructure provision;
- Urban growth management; and

- Environmental protection.

Consultation with the Minister responsible for Town Planning would assist in ensuring:

(a) Consistency with national land use and urban development policies;
(b) Alignment with approved planning schemes and development control standards;
(c) Coordination of infrastructure planning, including drainage, access and utility services;
(d) Avoidance of regulatory duplication or conflict; and
(e) Integrated decision-making between public health and planning authorities.

The Ministry therefore recommends that clause 24 be amended to require consultation with both the Minister responsible for Local Government and the Minister responsible for Town Planning.

6. APPROVAL OF WATER SUPPLY AND SEWERAGE DESIGNS

The Ministry notes the proposed amendments to section 16 which provide the Board with powers to scrutinise and approve water supply, sewerage and sewage disposal designs.

While recognising the public health importance of such infrastructure, the Ministry recommends clarification regarding the relationship between these powers and existing approval responsibilities exercised by:

- Municipal Councils;
- Water Authority of Fiji;
- Planning Authorities; and
- Other infrastructure agencies.

The Ministry is concerned that multiple approval requirements may result in duplication, delays and uncertainty for developers and property owners.

Consideration should therefore be given to ensuring that public health approvals are integrated within existing approval processes rather than operating as a separate approval regime.

7. LOCAL GOVERNMENT GOVERNANCE AND OVERSIGHT

The Ministry notes the proposed insertion of sections 5D and 5E which confer extensive supervisory and intervention powers upon the Central Board of Health over Local Authorities.

While the Ministry supports appropriate oversight mechanisms where public health risks exist, consideration should be given to the potential implications for municipal governance and statutory responsibilities exercised under the Local Government Act 1972.

The Ministry recommends that any intervention powers exercised by the Board be undertaken in consultation with the Minister responsible for Local Government and after providing the relevant Local Authority with a reasonable opportunity to address identified concerns.

This would support cooperative governance while preserving effective public health oversight.

8. CONCLUSION

The Ministry reiterates its support for the objectives of the Public Health (Amendment) Bill 2026 and welcomes efforts to strengthen Fiji's public health and environmental health framework.

However, given the significant interaction between public health regulation, land use planning, development control and municipal administration, the Ministry respectfully recommends that the Committee consider the matters raised in this submission to ensure that the amended legislation operates harmoniously with existing planning and local government legislation.

The Ministry remains available to provide any further clarification or technical assistance that the Committee may require.

Yours sincerely

S Sharma.

Seema Sharma
Permanent Secretary for Local Government

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Public Health (Amendment) Bill 2026
National Fire Authority Submission

1. General Support for the Bill

The National Fire Authority (NFA) supports the overall objective of the Public Health (Amendment) Bill 2026, which seeks to modernise the Public Health Act 1935 through strengthened public health governance, environmental health management, nuisance control, water safety, disease prevention, and enforcement powers.

2. Representation on the Board of Health

Relevant Clause

Clause 4 – Amendment of Section 4 (Composition of the Board of Health).

Observation

The proposed Board includes representatives with expertise in environmental health, medicine, law, engineering, consumer protection, and local government. However, it does not include representation from emergency services or fire safety authorities.

NFA Recommendation

Amend Clause 4 to include:
"The Chief Executive Officer of the National Fire Authority or his/her nominee" as a member of the Board of Health.

Justification

Many public health matters involve fire and life-safety considerations, including:

- Healthcare facilities;
- Hazardous materials;
- Industrial premises;
- Emergency preparedness;
- Disaster response; and
- Community safety.

NFA representation would support integrated risk management and emergency planning.

3. Healthcare Waste Management

Relevant Clause

Clause 19 – Amendment of Section 30 requiring healthcare facilities to maintain a healthcare waste management plan.

Observation

Healthcare facilities contain:

- Medical gases;
- Oxygen cylinders;
- Flammable chemicals;

- Infectious waste;
- Electrical and mechanical systems.

These present both health and fire risks
.

NFA Recommendation

Amend Clause 19 to require healthcare waste management plans to include:

1. Fire prevention measures;
2. Emergency evacuation procedures;
3. Storage requirements for hazardous and combustible materials;
4. Fire emergency response protocols; and
5. Coordination with the National Fire Authority.

Justification

Healthcare waste management should address both public health and fire safety hazards.

Building Approvals and Public Safety

Relevant Clauses

- Clause 16 – Amendment of Section 19 (Building plans and approvals).
- Clause 13 – Amendment of Section 16 (Approval of water, sewerage and infrastructure designs).

Observation

The Bill requires submission of site plans, drainage plans and approval by local authorities but does not expressly require fire safety review.

NFA Recommendation

Insert a provision under Section 19 requiring:
Consultation with the National Fire Authority for developments involving hospitals, lodging houses, public buildings, industrial facilities, hazardous occupancies and high-risk premises.

Justification

This would ensure consistency with:

- National Building Code requirements;
- Fire safety standards;
- Means of escape provisions;
- Fire appliance access requirements.

4. <u>Offensive</u> <u>Trades and High-Risk Industries</u>

Relevant Clause

Clause 69 – Amendment of Schedule 2 adding:

- Asphalt plants;
- Automotive repair workshops;
- Fibreglass manufacturing;
- Ore extraction;
- Quarries;
- Tyre threading; and

- Other industrial activities.

Observation
These industries involve:
- Flammable liquids;
- Combustible materials;
- Fuel storage;
- Hazardous substances;
- Dust explosion risks.

NFA Recommendation
Amend Schedule 2 or insert a related requirement that:

1. A fire risk assessment is to be conducted before licensing;
2. Emergency response plans be approved;
3. Adequate fire protection systems be installed;
4. Water supplies for firefighting be provided; and
5. NFA be consulted prior to approval.

Justification
The inclusion of new offensive trades significantly increases fire risk exposure.

5. <u>Water Supply Protection</u>
Relevant Clauses
- **Clause 57** - New Sections 120A–120E (Water quality standards and monitoring).
- **Clause 13** - Water supply and sewerage approvals.

Observation
The Bill strengthens protection of drinking water sources and water infrastructure.
NFA Recommendation

Include provision requiring:
Consideration of firefighting water supply requirements in the approval of public water infrastructure.

Additional Measures
- Fire hydrant availability;
- Emergency water storage;
- Water access points for fire appliances;
- Protection of critical emergency water sources.

Justification
Water infrastructure serves both public health and firefighting functions.

6. <u>Emergency Powers and Disease Outbreak Response</u>
Relevant Clause
Clause 33 – Amendment of Section 69 establishing DORT and SDORT and expanding emergency powers.

Observation
The Bill creates Divisional Outbreak Response Teams and Sub-Divisional Outbreak Response Teams but does not identify emergency services as key partners.

NFA Recommendation
Insert a provision requiring representation or coordination with:
- National Fire Authority;
- Fiji Police Force;
- National Disaster Management Office;
- Water Authority of Fiji;
- Municipal Councils.

Justification
Public health emergencies frequently coincide with disaster and emergency response operations.

7. <u>Demolition of Unsafe Structures</u>

Relevant Clause
Clause 14 – New Section 16A(g) empowering the Head of Environmental Health to order demolition of insanitary structures.

Observation
Demolition activities may involve:
- Fire-damaged structures;
- Structural instability;
- Hazardous materials;
- Public safety risks.

NFA Recommendation
Insert a requirement that:
Prior to issuing a demolition order involving unsafe or fire-damaged structures, the Head of Environmental Health must consult the National Fire Authority.

Justification
NFA possesses expertise in:
- Structural fire damage assessment;
- Building safety;
- Hazardous materials incidents;
- Emergency response operations.

8. <u>Common Lodging Houses and Accommodation Facilities</u>

Relevant Clause
Clause 41 – Amendment of Section 92 requiring registration requirements for common lodging houses.

Observation
The Bill requires:
- Tax registration;
- Business registration;
- Proof of ownership;
- Waste management plans.

However, no fire safety documentation is required.

NFA Recommendation
Add an additional requirement under Section 92(1A):
Proof of compliance with National Fire Authority fire safety requirements.
This should include:

- Fire extinguishers;
- Smoke alarms;
- Emergency lighting;
- Means of escape;
- Evacuation plans.

Justification
Accommodation premises present high life-safety risks during fires.

9. Environmental Health Inspections

Relevant Clauses

- **Clause 14 – Sections 16A and 16B.**
- **Clause 33 – Section 69(6).**

NFA Recommendation
Include a provision that permits or requires Environmental Health Practitioners to notify NFA where inspections identify:

- Significant fire hazards;
- Hazardous substances;
- Unsafe storage of flammable materials;
- Obstructed exits;
- Dangerous building conditions.

Justification
Joint enforcement improves public safety outcomes and reduces duplication of inspections.

Conclusion
The National Fire Authority supports the Public Health (Amendment) Bill 2026. However, NFA recommends amendments to Clauses 4, 14, 16, 19, 33, 41, 57 and 69 to ensure the Bill fully recognises the relationship between public health, fire safety, hazardous materials management, emergency response and community resilience. These amendments would strengthen inter-agency coordination, improve life-safety protections, and support a more comprehensive national risk management framework.

Yours sincerely



Puamau T. Sowane (Mr.)
Chief Executive Officer
National Fire Authority

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11 June 2026

DWS 1/1/51 A

Standing Committee on Social Affairs,
Parliament Complex,
P.O. Box 2352,
Government Buildings,
Suva.

Dear Honourable Iliesa Vanawalu,

Re: Department of Water and Sewerage Response on the Public Health (Amendment) Bill 2026.

The Department of Water and Sewerage supports the objectives of the Public Health (Amendment) Bill 2026 in strengthening public health protection and safeguarding drinking water quality. However, the Department notes that no formal consultation or discussions were undertaken with the Department during the review and development of the Bill, despite several proposed provisions directly affecting the roles, responsibilities, and functions of the national water sector.

The Department is concerned that several provisions within the Bill extend beyond traditional public health functions and overlap with existing and proposed water sector regulatory responsibilities, technical approvals, water quality monitoring, borehole regulations, sewerage design, and national reporting functions. This may result in duplication of functions, regulatory uncertainty, fragmented oversight, and inefficient use of Government resources.

The Department's mandate and responsibilities are guided by the proposed Water and Sewerage Services Bill 2026, the National Water Resources Management and Sanitation Policy, and the Rural Water and Sanitation Policy, which collectively establish the Department as the lead agency responsible for water sector regulation, policy development, strategic planning, sector coordination, technical standards and guidelines, infrastructure oversight, water resources management coordination, national water quality monitoring coordination, sector performance monitoring and reporting, and the sustainable development and management of water supply and sanitation services throughout Fiji.

While the Ministry of Health and Medical Services has an important and legitimate role in protecting public health, including public health surveillance, disease prevention, health risk assessment, outbreak response, and enforcement of public health measures, the Department considers that the Bill should clearly distinguish these public health functions from water sector regulatory functions.

The current drafting of the Bill significantly expands the role of the Ministry of Health and Medical Services in areas relating to drinking water quality management, water source protection, water supply approvals, monitoring, and compliance. These are matters that overlap with the statutory and policy responsibilities of the Department of Water and Sewerage as the national lead agency for the water and sanitation sector.

The Department wishes to further emphasize that water and sewerage systems require specialized engineering, hydrological, hydrogeological, operational, asset management, and regulatory expertise beyond public health surveillance alone. The regulation of water supply and sewerage systems is not limited to testing water quality or the identification of public health risks. It involves a full technical service delivery chain, beginning from water source assessment, catchment protection, abstraction, treatment, storage, transmission, distribution, wastewater collection, treatment, disposal, operation, maintenance, asset renewal, and long-term service sustainability.

For this reason, approvals relating to water supply and sewerage systems should remain with the Department of Water and Sewerage as the national water sector regulator and technical authority. The Ministry of Health and Medical Services should continue to exercise its important role in public health protection, disease surveillance, health-risk assessment, public advisories, outbreak response, and enforcement of public health measures. However, decisions involving the design, approval, modification, closure, rehabilitation, or upgrading of water and sewerage infrastructure should be undertaken in close consultation with, and technically endorsed by the Department of Water and Sewerage and other relevant technical agencies such as the Water Authority of Fiji and the Mineral Resources Department where groundwater is involved.

The distinction is important because a water source or water system may present a health risk, but the appropriate response may require technical and operational assessments and expertise to diagnose before corrective action is directed. Similarly, the closure of a water source should not be treated solely as a public health enforcement matter. Closure may have significant consequences for water security, community access, schools, health centres, emergency water supply, drought resilience, and alternative water supply planning. Except in urgent public health emergencies, any decision to close a water source should be preceded by a joint risk assessment involving the Ministry of Health and Medical Services, Department of Water and Sewerage, WAF where applicable, and Mineral Resources Department for groundwater sources.

Accordingly, the Department recommends that the Bill be revised to explicitly recognise the Department of Water and Sewerage as the lead water sector regulator and coordinating authority for water supply and sanitation services, while preserving the Ministry of Health and Medical Services' mandate for public health protection and health-related enforcement. The legislation should establish clear institutional boundaries and mechanisms for collaboration, information sharing, and coordinated monitoring between the two agencies.

The Department of Water and Sewerage further recommends that the Bill adopt a coordinated regulatory model, where the Ministry of Health and Medical Services leads on public health surveillance and health risk responses, while the Department of Water and Sewerage leads on water sector regulation, technical standards, system approvals, infrastructure compliance, national monitoring coordination, and sector reporting. This will avoid duplication, prevent conflicting instructions to water service providers, promote efficient use of Government

resources, support the effective implementation of the proposed Water and Sewerage Services Bill 2026, the National Water Resources Management and Sanitation Policy, and the Rural Water and Sanitation Policy, and ensure that public health protection is supported by technically sound, sustainable, and climate-resilient water and sewerage infrastructure. Most importantly, it will ensure a coordinated and sustainable approach to protecting public health while strengthening the governance, regulation, and management of Fiji's water and sewerage sector.

The Department's feedback on respective sections of the amended Bill are tabulated below:

Bill Section	Proposed MOH Function	DWS Response	Justification
Board Membership (Section 4)	Central Board of Health oversight on matters including water and sanitation.	The Director of Water and Sewerage or his or her representative should be included to represent the interests of the Department of Water and Sewerage as a permanent member of the Board.	Water supply, sanitation, wastewater management, source protection and water quality are core water sector matters requiring technical input from the national regulator. Decisions affecting the sector should not be made without DWS representation.
Section 16 – Approval of Water Supply and Sewerage Designs	Board empowered to review and approve water and sewerage system designs.	DWS should be the technical approval authority.	Water supply and sewerage systems require specialised technical expertise that extends far beyond public health risk assessment. The responsibilities associated with these systems encompass the entire project lifecycle, including planning, feasibility assessments, water resource investigations, design, technical approvals, construction, implementation, monitoring, operation, maintenance, rehabilitation, upgrading, asset management, and long-term sustainability planning. As the national water sector regulator, the Department of Water and Sewerage possesses the technical mandate, institutional capacity, and sector expertise necessary to oversee and regulate these functions. DWS is responsible for developing and enforcing technical standards, policies, guidelines, strategies, and

Bill Section	Proposed MOH Function	DWS Response	Justification
			regulatory frameworks that govern the planning, implementation, operation, and management of water supply and sewerage infrastructure throughout Fiji. These responsibilities also include ensuring infrastructure sustainability, service reliability, climate resilience, water security, environmental protection, asset performance, and compliance with national standards. While the Ministry of Health and Medical Services (MOHMS) plays a critical role in protecting public health through drinking water quality surveillance, health risk assessments, disease monitoring, and public health enforcement, its core mandate and expertise do not extend to the technical planning, engineering design, implementation, operation, maintenance, and long-term management of water supply and sewerage infrastructure. Accordingly, the authority to review, approve, regulate, monitor, and oversee the implementation, operation, maintenance, rehabilitation, and upgrading of water supply and sewerage systems should remain with DWS. This will ensure that infrastructure investments are technically sound, sustainable, climate-resilient, operationally effective, and aligned with national water sector objectives. Duplicating or transferring these responsibilities to agencies without the requisite technical mandate and expertise may create regulatory overlaps, institutional inefficiencies, conflicting directives, and risks to the long-term sustainability of water and sanitation services.

Bill Section	Proposed MOH Function	DWS Response	Justification
			Technical approval must consider source capacity, water demand projections, system hydraulics, storage capacity, treatment process design, disinfection, climate resilience, constructability, O&M requirements, lifecycle cost, and asset sustainability which shows that design approval is much broader than public health risks assessment.
Section 16A – Water Sampling and Analysis	Local Authority authorised to undertake water sampling and testing.	DWS supports water quality monitoring but recommends establishment of a national coordinated monitoring framework.	Multiple agencies currently undertake water quality monitoring. A coordinated national framework will eliminate duplication, ensure data consistency, and support national reporting.
Sections 120A–120D – Drinking Water Safety and Monitoring	Local Authority empowered to conduct sampling programmes, sanitary surveys and remedial actions.	DWS supports MOH public health oversight but recommends DWS be recognised as the coordinating regulator for national water quality monitoring.	DWS is developing national water quality monitoring frameworks, standards and reporting systems. MOHMS should focus on health surveillance and health risk response.
Section 120A – Water Quality Standards	MOH may determine compliance and health risk status.	DWS should be recognised as the lead agency responsible for the development, coordination, and maintenance of national water sector standards.	National water quality standards impact water utilities, rural water systems and infrastructure planning and should be coordinated through the sector regulator.
Section 120B – Sanitary Surveys	Local Authority empowered to undertake sanitary inspections and surveys.	Joint implementation between MOHMS and DWS and WAF should be considered.	Sanitary surveys often involve technical assessments of infrastructure, source sustainability and operational performance that fall within DWS and WAF expertise. MOHMS can assess health risk, but DWS and WAF should assess infrastructure and operational risks.

Bill Section	Proposed MOH Function	DWS Response	Justification
Section 120C – Corrective Measures	Local Authority may direct remedial actions and infrastructure improvements.	DWS should provide technical advice and approve engineering related corrective measures.	Infrastructure modifications, treatment systems and source development require technical review by the responsible water sector authority in this case DWS and WAF. Corrective actions should not be directed without DWS technical endorsement. Some remedial measures may require design drawings, hydraulic checks, treatment process review, cost estimates, environmental approvals, procurement planning, and community O&M arrangements.
Section 120D – Closure of Water Sources	MOH may direct closure of unsafe water supplies.	DWS and WAF should be consulted prior to closure decisions except during emergencies.	Closure of a water source may affect water security, continuity of supply and alternative service arrangements which require sector planning considerations. Source closure should be a last resort except during emergencies. It should be supported by alternative supply planning, emergency water carting arrangements, interim treatment options, public communication, and assessment of impacts on vulnerable users such as schools, health centres, elderly persons, and persons with disabilities.
Section 120E – Pollution of Water Supply	Creation of offences relating to pollution of water supplies and sources.	DWS supports this provision, but proper consultations and awareness needs to be done with all stakeholders.	Strengthens protection of drinking water sources, catchments, groundwater and water infrastructure and supports national water resource management objectives.
Section 56 – Nuisance Provisions Affecting Water Sources	Unsafe water systems and polluted water sources may be declared nuisances.	DWS supports but should· provide technical assessment criteria. Proper consultations and awareness needs to be done with all stakeholders.	Technical guidance is required to determine infrastructure condition, contamination risks and appropriate remedial actions.

Bill Section	Proposed MOH Function	DWS Response	Justification
Section 60 (2) and (3)	Construction of Sanitation Facilities	The is not practically applicable. Fees and charges need to be reconsidered.	While the DWS supports measures to protect groundwater resources and prevent contamination of drinking water supplies, the proposed mandatory 50-metre separation distance between sanitation facilities and wells or boreholes may not be practical in many parts of Fiji. Rural and maritime communities often face significant land constraints due to customary land ownership arrangements, limited household lot sizes, topography, and existing settlement layouts. As a result, many households may be unable to comply with the requirement despite their willingness to do so, potentially leading to widespread non-compliance and the imposition of penalties on communities with limited alternatives. The proposed requirement may also have unintended consequences for water security and community cohesion. In many areas, wells and boreholes are the only reliable sources of water, particularly during droughts and on smaller islands. Requiring relocation of water sources or sanitation facilities where land is limited could reduce access to safe water and increase reliance on emergency water supply measures. Furthermore, compliance may require the use of neighbouring or communal land, potentially leading to disputes over land access and ownership. DWS therefore recommends a risk-based and site-specific approach that considers hydrogeological conditions, land availability,

Bill Section	Proposed MOH Function	DWS Response	Justification
			contamination risks, and local circumstances, rather than applying a blanket setback distance across all communities. In some rural and maritime areas, a fixed setback may be impossible and could unintentionally criminalize communities with limited land options.
Sections 106 and 124 – Boreholes, Wells and Water Protection	Regulation of wells, boreholes and setbacks from sanitation systems.	DWS and Mineral Resources Department should be recognised as technical agencies.	Groundwater development, borehole construction standards and source protection require specialised technical expertise which come under the technical roles of the MRD.The responsibilities of regulations of boreholes should be under MRD through their National Groundwater Development and Management Policy. DWS should then regulate how the groundwater source is incorporated into a public water supply system.
Water Quality Laboratories	MOH may rely on laboratory testing for regulatory decisions.	DWS recommends establishment of a National Water Quality Laboratory Network. MOHMS to focus on public health/surveillance aspects	Multiple Government laboratories currently undertake testing. A coordinated national framework would improve consistency, quality assurance, accreditation, and reporting.
Drinking Water Surveillance	Expanded monitoring and enforcement powers.	DWS supports surveillance but recommends clear distinction between surveillance and regulation.	MOHMS should undertake public health surveillance while DWS undertakes sector regulation, monitoring, compliance, and planning functions.
National Reporting	Monitoring and reporting obligations may be established under the Bill.	DWS should coordinate national water sector reporting.	DWS is responsible for national sector planning, information management systems, policy development and sector performance reporting. DWS will coordinate a national water quality and service performance database to avoid fragmented reporting. Data will

Bill Section	Proposed MOH Function	DWS Response	Justification
			support trend analysis, risk mapping, investment planning, rural water safety planning, compliance monitoring, and national reporting against water and sanitation sector indicators.
Source Water Protection	Expanded authority to protect water sources from contamination.	DWS supports the provision to protect water sources from contamination, and this should be coordinated with DWS and WAF.	Source protection is fundamental to water security, climate resilience and sustainable water resources management.
Emergency Water Quality Incidents	MOH may direct immediate public health interventions.	DWS supports MOHMS lead role for health emergencies.	MOH has primary responsibility for disease prevention and public health protection during outbreaks and contamination incidents.
Water and Sanitation Policy Development	Potential overlap through expanded regulatory powers.	DWS should retain exclusive responsibility for national water sector policy, strategies, guidelines and planning.	DWS is the designated sector lead agency responsible for developing national water and sanitation policies, plans, standards, guidelines and regulatory frameworks

Should you require further clarification, please do not hesitate to contact Mr. Mohammed Nistar Khan, Director of Water and Sewerage at mohammed.khan@mpwmst.gov.fj or on 9905183.

Yours sincerely,

M. BELENA
Acting Permanent Secretary

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FIJIAN COMPETITION & CONSUMER COMMISSION

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12 June 2026

Hon. Iliesa Vanawalu
Chairperson
Standing Committee on Social Affairs
Parliamentary of the Republic of Fiji
Constitution Avenue
Government Buildings
SUVA.

Dear Sir,

RE: FCCC Submission on the Public Health (Amendment) Bill No. 4 of 2026

Greetings from the Fijian Competition & Consumer Commission.

The Fijian Competition and Consumer Commission (FCCC) acknowledges and thanks the Standing Committee on Social Affairs for the opportunity to provide submissions on the Public Health (Amendment) Bill No. 4 of 2026 (Bill).

The FCCC recognises the importance of modernising the Public Health Act 1935 to address evolving public health challenges, strengthen environmental health governance, improve compliance mechanisms and enhance enforcement powers. The FCCC further acknowledges the efforts undertaken to update the legislative framework to better respond to issues affecting public health, environmental protection and community well being.

1. FCCC's General Position on the Bill

The FCCC generally supports the objectives of the Bill, particularly the strengthening of environmental health enforcement powers, the enhancement of water quality and sanitation management provisions, the clarification of responsibilities of public authorities and environmental health practitioners, and the revision of penalties to improve compliance and deter conduct that may adversely affect public health.

2. FCCC Comments on Proposed Penalty Increases

The FCCC notes the substantial increase in penalties and fixed penalty notices proposed throughout the Bill. The Commission supports proportionate penalties that serve as effective deterrents against conduct that may adversely affect public health, particularly in areas relating to sanitation, environmental health, water quality and disease prevention.

2.1 Consumer Protection Considerations

From a consumer protection perspective, the FCCC recognises the need for penalties to remain relevant and reflective of present-day public health risks. At the same time, the Commission is mindful that enforcement actions may have significant impacts on consumers, households, small businesses, landlords and service providers. As a consumer protection agency, the FCCC advocates for regulatory measures that are fair, proportionate and transparent, ensuring that penalties achieve their intended deterrent effect while maintaining public confidence in the regulatory framework.

The FCCC notes that some of the proposed increases are substantial. For example, section 89 of the Act proposes to increase the penalty for certain offences from $20 to $2,000. Similarly, section 96 proposes to increase the penalty for operating an unregistered premises from $10 to $1,000, while the continuing offence penalty is proposed to increase from $4 per day to $100 per day. Comparable increases are reflected throughout the Bill in relation to nuisance offences, lodging accommodation requirements and public health compliance obligations.

While the FCCC appreciates the need to modernise penalties that may no longer provide an effective deterrent, the Commission would appreciate further clarification on the methodology, policy considerations and evidence relied upon in determining the revised penalty amounts. Understanding the basis for these increases would assist stakeholders in assessing whether the penalties are proportionate to the nature and severity of the offences, consistent with contemporary enforcement objectives, and capable of achieving the intended deterrent effect while maintaining fairness, regulatory certainty and public confidence.

Further, in reviewing the Bill, the FCCC has identified certain provisions that intersect with its regulatory responsibilities and consumer protection mandate. In particular, the Commission's interest in the provisions relating to lodging accommodation arises from its role in administering and enforcing consumer protection measures relating to residential tenancy arrangements. Through its regulatory and complaints-handling functions, the FCCC regularly engages with landlords, tenants and property managers and has observed an increasing prevalence of shared accommodation arrangements involving university students, workers

and short-term occupants. The Commission has also encountered complaints and concerns relating to sanitation, maintenance, overcrowding and the general suitability of certain premises for residential occupation.

3. Definition of "Common Lodging House"

The proposed definition of "common lodging house" appears to be directed primarily towards traditional boarding houses, hostels and dormitory-style accommodation where occupants are lodged together in the same room or rooms. Whilst this may have reflected historical accommodation arrangements, the FCCC notes that accommodation models have evolved considerably over time.

In Fiji, it is increasingly common for university students and workers to collectively occupy residential dwellings under shared accommodation arrangements. In many instances, the occupants are unrelated persons who reside together for extended periods whilst sharing common facilities such as kitchens, bathrooms and living spaces. Although such premises may not fit within the traditional concept of a boarding house or hostel, they nevertheless present similar public health, sanitation, occupancy and waste management considerations.

The FCCC is of the view that the current definition may not adequately capture these contemporary accommodation arrangements and may inadvertently exclude premises that present substantially similar public health risks.

Accordingly, consideration may be given to broadening the definition to focus on the nature of the occupancy arrangement rather than the traditional form of the establishment. The FCCC recommends that the definition be amended as follows:

> *"Common Lodging House" means any premises used for the accommodation of persons who are not members of the same family and who reside, lodge or sleep therein, whether in the same room, separate rooms, shared accommodation, boarding arrangements, student accommodation, worker accommodation or any other similar arrangement."*

4. Definition of "House let as Lodging"

The FCCC notes that the explanatory note to the Bill indicates that Clause 41 is intended to require homeowners operating lodging businesses, including Airbnb-type accommodation, to register and comply with local authority requirements.

Whilst the policy intention appears clear, the FCCC considers that the proposed definition of "house let as lodging" may not fully achieve this objective.

The current proposed definition appears to be premised on traditional arrangements where individual rooms or spaces are rented to occupants. However, contemporary accommodation arrangements increasingly involve entire residential dwellings being occupied under shared tenancy arrangements or being offered as short-term accommodation through online booking platforms. In many instances, an entire house, apartment or dwelling is rented to a group of occupants rather than individual rooms being separately rented.

The FCCC further notes the increasing prevalence of short-term accommodation facilitated through digital platforms. Whilst such premises may not operate as conventional lodging establishments, they often accommodate unrelated persons, involve frequent occupant turnover and present similar public health considerations relating to sanitation, occupancy levels, waste management and hygiene standards.

From a public health perspective, the relevant consideration should be the manner in which the premises is occupied rather than the legal structure of the tenancy arrangement or booking model adopted. Similar public health risks should be subject to similar regulatory oversight.

Accordingly, consideration may be given to adopting a broader technology-neutral definition that captures contemporary accommodation models and future accommodation arrangements. FCCC recommends that the definition be amended as follows:

> *"House Let as Lodging" means any house, dwelling, apartment, residential property or part thereof that is used to provide accommodation, whether on a short-term, temporary or long-term basis, to persons who are not members of the same family or households, whether occupying the whole or part of the premises and whether or not accommodation is arranged through an online platform or other booking arrangement.*

5. Minimum Public Health Standards for Lodging Accommodation

While the Bill strengthens the registration and oversight framework for common lodging houses and other accommodation establishments, the FCCC notes that the Bill does not appear to prescribe minimum public health and sanitation standards applicable to premises used for rental accommodation.

This issue is particularly relevant given the increasing prevalence of shared accommodation arrangements involving university students, workers and short-term accommodation providers. Registration and inspection requirements alone may not provide sufficient clarity regarding the standards that such premises are expected to meet.

The FCCC's experience further indicates that issues relating to overcrowding, inadequate sanitation facilities, poor maintenance standards and unsuitable living conditions are more likely to arise in shared accommodation arrangements where multiple unrelated occupants reside within a single dwelling. Whilst the Bill introduces measures to address nuisances and overcrowding, consideration may be given to establishing a clearer baseline standard applicable to lodging accommodation.

The FCCC is of the view that consideration should be given to prescribing minimum public health standards applicable to premises used for lodging accommodation. Such standards may include requirements relating to occupancy levels, ventilation, lighting, sanitary facilities, waste management, portable water supply and general habitability.

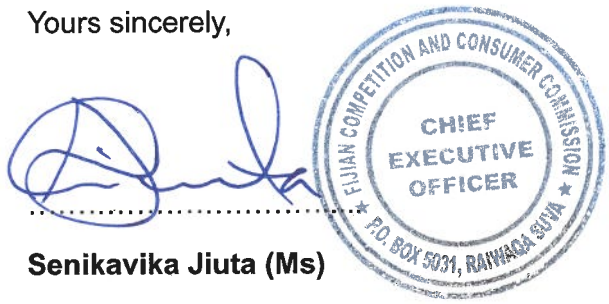
The introduction of minimum standards would provide greater certainty to property owners, occupants and enforcement authorities whilst promoting improved public health outcomes and ensuring consistency in the regulation of modern accommodation arrangements.

Conclusion

FCCC supports the overarching objectives of the Bill and commends the efforts undertaken to modernise Fiji's Public Health framework, The recommendations contained in this submission are intended to ensure that the proposed legislation remains responsive to contemporary accommodation arrangements and provides an effective framework for addressing the public health risks associated with shared and transient accommodation.

The FCCC trusts that the above comments will assist the Committee in its deliberations and remains available to provide further clarification should the Committee require additional information.

Yours sincerely,



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Senikavika Jiuta (Ms)

Chief Executive Officer

Submission on the Public Health Amendment Bill 2026
By The Fiji Women's Rights Movement (FWRM)

FWRM is a feminist organization committed to eliminating all forms of discrimination against women and girls. We advocate for gender equality and the protection of women's human rights across all sectors, ensuring that national frameworks, workplaces, and public systems are safe, inclusive, and gender responsive.

To ground its advocacy in evidence, FWRM undertakes rigorous research and analysis on structural issues impacting women. Notably, our landmark research, Balancing the Scales: Improving Fijian Women's Access to Justice, alongside our other studies on women's experiences during the COVID-19 pandemic, directly examines the systemic barriers women face when navigating essential services during crises. FWRM recognises that public health legislation is not gender responsive; health crises deeply compound gender-based violence and restrict women's access to vital medical services. Drawing from our extensive research on crisis-era institutional barriers. FWRM provides this analysis to ensure Fiji's primary health laws protect bodily autonomy, incorporate Gender Equality, Disability, and Social Inclusion (GEDSI) principles and safeguard the most vulnerable.

FWRM welcomes the opportunity to make a submission on the Public Health (Amendment) Bill 2026. This submission focuses on:

- Point 1: Non-inclusive language and omission of women and vulnerable groups
- Point 2: Collection of Sex Disaggregated Data
- Point 3: Limited women's representation in decision making
- Point 4: Constitutional and Human Rights Implications of Section 16
- Point 5: Infrastructure maintenance and adequate water supply

Menstrual Hygiene and Management (Menstruation and Menopause) as a public health issue

The 2013 Constitution guarantees every citizen the right to reproductive healthcare, which is interpreted to include menstrual hygiene and management (MHM). It states under section 38(1) that *The State must take reasonable measures within its available resources to achieve the progressive realisation of the right of every person to health, and to the conditions and facilities necessary to good health, and to health care services, including reproductive health care* [1].

Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) [2] states under general recommendation 24 that ''while biological differences between women and men may lead to differences in health status, there are societal factors that are determinative of the health status of women and men and can vary among women themselves. For that reason, special attention should be given to the health needs and rights of women belonging to

[1] https://www.laws.gov.fj/ResourceFile/Get/?fileName=2013%20Constitution%20of%20Fiji%20(English).pdf
[2] https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women

vulnerable and disadvantaged groups, such as migrant women, refugee and internally displaced women, the girl child and older women, women in prostitution, indigenous women and women with physical or mental disabilities''[3].While the International Covenant on Economic, Social and Cultural Rights (ICESCR) general comment 14 states that, "the Committee interprets the right to health, as defined in article 12.1, as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health''.[4]

Therefore, menstrual health is not a standalone right under international law; rather, it is essential to the realisation of multiple internationally recognised human rights, including the rights to health, education, water and sanitation, dignity, equality and freedom from discrimination.

Fiji's primary public health legislation is nearly a century old and fails to recognise the specific health, dignity and biological needs of women and girls, as it continues to view public health strictly through the narrow lens of basic sanitation. Because the Principal Act does not explicitly recognise menstrual hygiene as a core public health issue, it leaves a massive structural gap in our national infrastructure.

Women and girls make up 50% of the population in Fiji [5], which means that the current legislative framework effectively ignores the daily biological realities and human rights of half of our citizens. By treating MHM as a private matter rather than a public health priority, the law reinforces systemic inequalities that directly hinder women's and girls' education, health, economic participation and overall contribution to national development.

We must adapt to a more gender responsive or GEDSI/WASH (Water, Sanitation, and Hygiene) framework where infrastructure extends to include proper sanitation facilities for women and girls everywhere. These must include non-negotiable physical standards such as working locks in toilets, a water source, sanitary disposal bins and disability friendly washrooms. Achieving this requires shifting away from temporary, donor-funded initiatives and moving toward permanent, budgeted public infrastructure. The government must conduct a comprehensive national WASH audit to identify current structural gaps and allocate dedicated funding to upgrade and maintain these facilities. Treating a school, workplace or market without functioning, private and safe menstrual hygiene facilities as a serious public health violation is the only way to safeguard the health, dignity and economic participation of half of Fiji's population.

Point 1: Non-inclusive language and omission of women and vulnerable groups

While the 2026 Amendment Bill updates the Interpretation in Section 2 by providing a new definition for "conveniences," it critically fails to provide a distinct, standalone definition for "sanitary facilities". By burying the term sanitary facility as a sub-component under the definition of a "convenience", the legislation reduces vital public health infrastructure to basic waste management and drainage laws. This structural omission legally ignores non-negotiable public health necessities such as physical privacy, reliable water access and safe disposal systems leaving the biological and health realities of the 50% of the population that menstruates entirely unprotected by the law.

[3] https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GR24.pdf
[4] https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GC14.pdf
[5] https://www.statsfiji.gov.fj/statistics/social-statistics/population-and-demographic-indicators/

The term "WASH" is mentioned zero times across both the Principal Act and the 2026 Amendment Bill. By failing to adopt this internationally recognised, rights-based public health framework, the legislation continues to treat water systems, latrines and waste disposal as isolated plumbing structures rather than an integrated public health ecosystem. This gap disconnects Fiji's primary health legislation from modern sustainable development standards and prevents the implementation of enforceable, gender-responsive sanitation targets nationwide.

The language used throughout the Bill is gender-blind and fails to integrate essential GEDSI principles. The text completely omits explicit recognition of diverse demographics whose health outcomes are disproportionately impacted by public health measures, including women and girls, pregnant women, persons with disabilities, older persons, gender-diverse individuals and survivors of violence. By using gender-neutral terminology, the Bill fails to acknowledge that different groups experience public health challenges differently, thereby creating discriminatory gaps in national health protections and enforcement.

Recommendation:

FWRM recommends that the Bill separate "sanitary facilities" from the basic definition of conveniences to ensure they explicitly provide privacy, proper water supply and safe disposal systems for menstrual health. It should also adopt the international WASH framework so that water, infrastructure and hygiene are treated as a connected human right rather than just plumbing issues. Finally, the gender-blind language must be replaced with text that clearly protects and plans for the specific needs of women, girls, pregnant women, elderly individuals, and persons with disabilities.

Point 2: Collection of Sex Disaggregated Data

The bill in section 5 (a) to (e) improves health monitoring, yet it does not require the collection of sex disaggregated data. Without this, it is hard to see how health issues affect women and men differently. Sex disaggregated data allows the health system to clearly see how public health issues, risk and outcome affect women, men and different groups. Without this data breakdown, the Bills monitoring and decision-making process may overlook inequalities in access to service, disease impact or health outcomes. It also supports more effective public health responses by ensuring policies and emergency measures are based on accurate evidence about all groups. This ensures that responses are fair and inclusive.

Recommendation:

Require health data to be broken down by sex, gender, age, and disability so that all population groups are accurately counted. Making this data accessible to the public and civil society organisations will ensure better measurement of key indicators and targets, specifically supporting Fiji's commitments under CEDAW.

Point 3: Limited women's representation in decision making

Section 4 of the bill now clarifies who sits on the board, it relies entirely on technical roles appointed by the Minister. This concentrates power within a very narrow group and fails to require representation from broader civil society completely missing the vital, ground-level perspectives of CSOs, youth, women, older persons and persons with disabilities.

This closed appointment process ignores the fact that women are already severely sidelined in Fiji's leadership spaces, holding just 9% of seats in Parliament [6]. Historically, only two women have ever held the Minister for Health portfolio; leaving the Board's composition solely up to ministerial choice ensures public health policies will continue to be written without the equal leadership of women and girls.

Recommendation:

Include a requirement for gender balance in decision making bodies and ensure women's health and gender expertise is represented. Any committee established under the Bill should be inclusive and diverse including representation from civil society organisations, youth, women, persons with disabilities and older persons.

Point 4: Constitutional and Human Rights Implications of Section 16

Under Section 16 of the amendment, (a) during an actual or threatened epidemic of a communicable disease, the head of environmental health has the authority to enter and inspect any location. Additionally, (d) if they reasonably suspect someone has contracted or is likely to catch the disease, they can order that person to undergo a medical examination, receive a vaccination or immunisation, or take specific preventive or curative medical treatments.

The amendment vests sweeping, highly intrusive powers including mandated medical examinations and treatments directly in the Head of Environmental Health. Decisions that fundamentally infringe upon bodily autonomy and personal liberty are inherently unconstitutional. Such authority should remain subject to the direct oversight and political accountability of the Minister or Permanent Secretary.

Crises and emergencies drastically worsen gender-based violence in Fiji and severely disrupt women's access to healthcare. While reporting violence is already difficult for women during stable periods, these challenges become acute during crises like the COVID-19 pandemic, leaving vulnerable populations further isolated. It also highlighted the intense controversy and deep societal divisions caused by "No Jab, No Job Policy". Those measures were subjected to fierce public debate, legal challenges and policy scrutiny because they were implemented as *policies*. If Section 16 is approved these measures will be unconstitutional and without consent of an individual. This removes the necessity for the government to justify, debate or narrowly tailor public health policies in the future.

Recommendation:

FWRM demands the removal of all unconstitutional provisions from the amendment, particularly the power to force vaccinations on individuals without their consent based on subjective suspicion. FWRM also suggest that any extraordinary health powers must be held strictly by the Minister or Permanent Secretary to ensure political accountability.

Point 5: Infrastructure maintenance and adequate water supply

While the Bill addresses health infrastructure monitoring throughout, it fails to establish clear, enforceable response timelines or repair standards for public health utilities. Substandard infrastructure severely restricts healthcare access, a risk acutely felt by rural, maritime and

[6] https://data.ipu.org/parliament/FJ/FJ-LC01/data-on-women/

underserved communities in Fiji. Furthermore, the lack of a transparent public grievance mechanism leaves citizens without legal recourse when failing infrastructure cuts off their access to care.

While Section 120 of the Bill addresses water consumption and quality, it overlooks the critical issue of water security and availability. Many communities across Fiji, including essential health facilities and hospitals, suffer from chronic water shortages and frequent supply cuts. Public health legislation must explicitly safeguard the continuous, uninterrupted supply of water, as the lack of reliable water access directly undermines infection control and basic healthcare delivery.

Recommendation:

FWRM recommends including clear timelines and accountability measures for maintaining and repairing health infrastructure, especially in rural and underserved areas. The Bill should also include a complaints procedure for members of the public to report non-compliance by public health utilities and when the water supply puts community health at risk.

Ends.

If there are any further questions on the submission, we can be contacted on the following:

Fiji Women's Rights Movement Level 2,
TAF House 76 Gordon St, Suva
Email: *info@fwrm.org.fj*
Facebook: *www.facebook.com/fwrm1*
Instagram: *@fwrm1*
LinkedIn: *https://www.linkedin.com/company/7596711*
YouTube: *https://www.youtube.com/user/FWRM2011*

MARITIME SAFETY AUTHORITY OF FIJI

12th June 2026

Ref: MS 02/57/26

The Chairperson
Parliamentary Standing Committee on Social Affairs
Parliament Complex
Constitution Avenue
SUVA

(By email: rishi.dutt@legislature.gov.fj)

Dear Hon. Iliesa Vanawalu,

RE: Comments to the Public Health Bill – Bill No 4 of 2026

Greetings from the Maritime Safety Authority of Fiji (the Authority).

Reference is made to your letter dated 25th May 2026 seeking MSAF comments to the subject Bill.

Please find below is a preliminary list of observations for consideration after perusing the Bill:

Item	Bill Provision	Principal Act	Comments
1	Section 3	Section 2	Recommend introducing the definition of "vermin". Definition, including other pests and those pests that do not constitute "vectors of medical importance", to specifically include reference to cockroaches and bed bugs. This will support amendment to section 112 of the Principal Act under section 54 of the Bill where it proposes to introduce a new section 112A. Therein, the removal of vermin from ships is highlighted. Expand definition of premises to apply to ships where relevant.

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MARITIME SAFETY AUTHORITY OF FIJI

2	Section 54	Section 112	Recommend inclusion of additional clause within new section 112A(2) to ensure for sanitation and hygiene of crew and passenger living spaces, including medical facilities onboard. Additionally, consideration is sought toward a clause for health inspection after fumigation process, to ensure that all pests and its habitats onboard a ship have been properly eliminated post fumigation and prior to issue of fumigation certificate. Further, enforcing a timeframe for when passengers and crew may safely board the ship post fumigation.
3	Section 55	Section 117	Propose expanding penalty regime for non-compliance with abatement notice for nuisance on ships to not only include prosecution, but also infringement fines or spot fines for immediate deterrence value.
4	Section 57	Sections 120A, 120B, 120C & 120D	Recommend water testing for ships at source and point of consumption.

The above comments are kindly submitted for the Committee's consideration.

Any further queries may be directed to the Acting Chief Executive Officer on ceo@msaf.com.fj

Yours sincerely,

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SEREANA LALAKOBAU
ACTING CHIEF EXECUTIVE OFFICER

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25 June 2026.

The Chair,
Parliamentary Standing Committee on Social Affairs.
SUVA.

Dear Chairperson,

Subject: Public Health Bill 2026

We had perused the Public Health Bill 2026 and have noted a number of concerns that we would like to raise to the Committee. The following are some concerns that we need proper scrutiny before the Bill is presented in Parliament.

1. RTC do not agree with clause 5C(2) that the Council's Health Inspectors (HI) to be registered with the Board. Council's HI is an employee of the Council and does not need the approval of the Public Health Board (PHB) for a person to carry out the duties of HI in the Council.

   (2) The Board is the registration authority for all environmental health practitioners, and no person may perform the function of an environmental health practitioner for any local authority unless he or she has been duly registered by the Board.

2. RTC do not agree with clause 5D(1) that the PHB has general powers of supervision and inspection over all Councils. We don't need to take orders from PHB since the Council can make decisions on the Council boundary. RTC in 2022-2024 do not record any dengue cases. The Council's Disaster Management process activates in October where the HIs conducts House to House visit to advice the public the effects of heavy rain and flooding.

   5D.—(1) Subject to this Act the Board has and exercises the general powers of supervision and inspection over all local authorities and may give directions and make orders for the due compliance with its directions as the Board sees fit.

3. If their responsibility to appoint a person as HI, we do not support the idea of the PHB to recover from the local councils.

   (c) recover from the local authority any expenses incurred in doing so, provided the expense is not recovered from another party or spent on an unsuccessful proceeding.".

4. RTC do not agree with clause 5E as the provision is too broad. This provision will also allow the PHB to appoint and terminate anyone.

   Board may exercise powers of local authority

   5E. The Board may, in addition to the powers and authorities conferred on it by this Act, exercise all the powers and authorities vested in a local authority by this Act within the district of that local authority.".

5. RTC do not agree with clause 12 as there are instances where the owner of any property is not present and may have migrate or very ill resulting in the non-removal of public nuisance or pollution.

Section 12 amended

12. Section 12 of the Principal Act is amended by deleting subsection (2) and inserting the following—

"(2) Where the Board is satisfied that a local authority has defaulted on its duties under this Act regarding the removal of any nuisance or source of pollution or concerning any public and environmental health complaint, or the institution of any proceeding or enforcement of any regulation or by-law, the Board may—

(a) issue an order setting a deadline for the performance of that duty; and

(b) summon the local authority to a hearing to show cause why it should not be directed to carry out any necessary work or institute any proceeding the Board deems appropriate.

(3) Where the local authority fails to perform the duty outlined in subsection (2) within the time specified, the Board may—

(a) appoint a person to perform the duty;

(b) institute proceedings or take any action the local authority could have taken under this Act; and

(c) recover from the local authority any expenses incurred in doing so, provided the expense is not recovered from another party or spent on an unsuccessful proceeding.".

6. RTC do not agree to recover any incurred expenses from local council.

(c) recover from the local authority any expenses incurred in doing so, provided the expense is not recovered from another party or spent on an unsuccessful proceeding.".

7. RTC do not agree with clause14 that the Head of Environmental Health (HEH) can enter any property anytime. This authority can be abused. There should be a Court order to enter any premises.

"*Powers of Head of Environmental Health*

16A. For the purposes of enforcing this Act and the regulations and any by-law of the local authority relating to public and environmental health, the Head of Environmental Health on presentation of a means of identification may, at any reasonable time—

(a) enter any place or premises and inspect the same;

8. RTC do not agree with clause 56(i) the section will cause homeless and will increase street dwellers.

(i) any house or part of a house or premises whose residents are provided with less than 4.8 square metres of unobstructed floor space, and that in the opinion of the environmental health officer the premises has become overcrowded and dangerous or injurious or prejudicial to the health of the residents whether or not of the same family;

9. Clause 65(132) states that the Board of any local authority should be referred to as the Council.

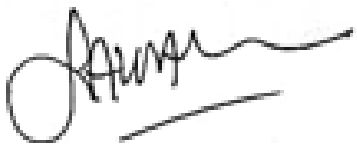
> "132. The Board of any local authority may appear before any court or in any legal proceedings by an environment health pratiioner or by any officer or member authorised generally or in respect of any special proceedings by resolution of such Board or local authority, and an environment health practitioner or any officer or member so authorised is at liberty to institute and carry on any proceeding which the Board or local authority is authorised to institute and carry on under section 131.".

10. RTC humbly request since Environment Health Practitioners from Council will be issuing the fixed penalty notice fine, we would be grateful if the revenue could be collected at the local Council.

In general, we are concern on the powers vested to the PHB with the revenue collected and hope that there are controls to ensure that powers vested are not abused and the Council's work is properly compensated.

The above views are respectfully submitted to draw attention on the RTC's concern on the Public Health Bill 4 of 2026.

Yours sincerely,



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Sailosi Sawana
Chief Executive Officer

[JUNE 2026]

SUBMISSION OF THE PACIFIC COMMUNITY (SPC)

PUBLIC HEALTH AMENDMENT BILL NO.4 OF 2026

Prepared by Public Health Division of the SPC

1. Introduction

This submission is provided in response to the Standing Committee on Social Affairs' invitation dated 25 May 2026 to comment on the Public Health (Amendment) Bill No. 4 of 2026.

SPC welcomes the opportunity to support Parliament's review of the Bill, noting the Committee's mandate to assess whether the amendments:

- update policy and procedures,
- improve compliance,
- strengthen institutional arrangements,
- enhance enforcement powers,
- increase penalties, and
- respond to evolving public health risks including disease outbreaks, environmental pollution, waste management, and water safety.

SPC provides this submission in its role as a technical public health organisation supporting Pacific Island Countries and Territories (PICTs) to modernise public health legislation and strengthen health systems.

A detailed technical analysis, including the full background and clause-by-clause commentary, is provided in **Annex 1.**

2. SPC's Overall Position on the Bill

SPC acknowledges the Bill's intent to strengthen environmental health enforcement, update definitions, and improve institutional arrangements. However, the Bill remains largely reactive and does not achieve the modernisation anticipated by Cabinet in 2025. Key public health functions including NCD prevention, climate resilience, anti-microbial resistance (AMR) surveillance, digital health, and International Health Regulations (IHR) implementation remain absent. SPC therefore recommends that the next Bill that will be produced in Parliament will be to revise and to ensure coherence with Fiji's current public health strategies and international obligations.

3. Assessment Against the Committee's Mandate

3.1 Updating Policy and Procedures

The Bill updates several definitions and clarifies some administrative processes. However, it does not update the Act to reflect the full scope of modern public health practice. Key omissions include:

- Non-communicable diseases (NCDs), which account for 80% of deaths in Fiji and cost the economy FJD 591 million annually. This should be explicitly recognised as a major public health risk under the Act. The Act should provide an enabling framework to support measures that promote healthy lifestyle changes, address the social

determinants of health, and facilitate evidence-based interventions including fiscal policies such as health taxes and other regulatory measures aimed at reducing NCD risk factors and improving population health outcomes.

- Climate-related health risks, including dengue, leptospirosis, typhoid, and heat-related NCD exacerbations. These are emerging and significant public health risks that should be explicitly recognised within the Act. The Act should provide a framework for the monitoring and surveillance of climate-sensitive diseases and heat-related illnesses, including mechanisms for early warning, risk assessment and coordinated public health responses. Consideration should also be given to measures that support climate-resilient and health-promoting environments, including the establishment and protection of green spaces to reduce heat exposure in communities. In addition, the Act could enable public health measures that protect workers exposed to extreme heat, including the use of appropriate personal protective equipment (PPE) and alignment with relevant provisions of the Occupational Health and Safety Act. The Amendment should also recognise and align with the obligations of the Ministry of Health and Medical Services under the Climate Change Act 2021, ensuring coherence between public health and climate change legislation and supporting a coordinated approach to addressing climate-related health risks.
- Digital health, despite Fiji's Digital Health Strategy 2023–2027.
- IHR core capacities, including designation of the National IHR Focal Point. This should be explicitly recognised within the Act and the Act should support the development, maintenance and strengthening of core capacities required under the IHR to enable the timely detection, assessment, reporting and response to emerging and re-emerging public health threats. This should include capacities for surveillance, laboratory systems, risk communication, emergency preparedness and response, and public health measures at points of entry (border health) to prevent and control the cross-border spread of diseases.
- Antimicrobial resistance (AMR) surveillance and regulation. The Act should provide a framework for the monitoring and surveillance of AMR, antimicrobial use, and antimicrobial stewardship across the human, animal, food, and environmental sectors. It should support a coordinated multisectoral and One Health approach to addressing AMR, including alignment with the National Antimicrobial Resistance Committee (NARC) regulation.
- Multisectoral governance, despite Fiji's NCD and Climate Change and Health strategies. The Act should provide a framework for coordinated national and multisectoral action to ensure Fiji remains compliant with its international obligations and is able to respond rapidly and effectively to public health emergencies.

The Bill therefore updates procedures only partially and does not modernise the Act.

3.2 Improving Compliance

The Bill increases penalties and clarifies some enforcement powers. However:

- Daily fines of $1,000 for failure to rectify a nuisance are excessive and may be inequitable.
- Drafting issues (e.g., "in the chapeau", deletion of subsections without replacement) may undermine legal certainty.
- Registration of environmental health practitioners by the Central Board of Health (CBH) is contradictory with the functions of the Board. The CBH is intended to serve as a clinical and technical regulatory body to deal with public health risks and management including environmental matters impacting public health issues. For

example, refer to the functions for CBH and composition suggests it is not a regulatory body for professionals. If there is a need to regulate or license the practice of environmental health officers, this could be addressed through the Allied Health Bill. The Environmental Health Association could also play a supporting role in this endeavor.

Compliance is strengthened in some areas but weakened in others.

3.3 Strengthening Institutional Arrangements

The Bill attempts to strengthen the Central Board of Health (CBH), but several issues arise:

- The composition of the Board does not reflect other public health needs (e.g., climate, AMR, digital health).
- The functions of the Board are broad and unclear, lacking explicit linkage to powers in the Act.
- Section 5B allows a single individual (Permanent Secretary, National Advisor, or Head of Environmental Health) to perform the functions of the Board, undermining governance, transparency, and collective decision-making.
- Registration of environmental health practitioners by the CBH creates a dual role (technical oversight + professional regulation) that is inconsistent with best practice. Refer to other best practice professional body legislations and its mechanisms such as the Legal Practitioners Act, Medical and Dental Practitioners Act, Nursing Act 2011 etc.

Institutional arrangements require further strengthening and clarification.

3.4 Enhancing Enforcement Powers

The Bill expands powers of the Head of Environmental Health, including:

- entry and inspection,
- sampling,
- abatement orders,
- demolition orders,
- compulsory medical examination,
- compulsory vaccination or prophylaxis.

However:

- Compulsory vaccination/prophylaxis is a clinical function and should rest with medical or nursing professionals unless environmental health officers receive expanded clinical training.
- Delegation mechanisms require clearer safeguards.
- The delineation relationship between environmental health powers (s.16A) and infectious disease powers (s.69) is unclear.
- Functions related to quarantine and isolation, contact tracing, and environmental impact assessments during public health emergencies should be clearly assigned. These functions were critical during the COVID-19 pandemic and should be explicitly provided for within the Act to ensure clarity of authority, coordination, and accountability during future public health emergencies.

3.5 Increasing Penalties

While penalties must reflect modern risks, some proposed increases:

- are disproportionate in some cases,
- may be punitive rather than corrective,
- risk inequitable impacts on low-income households,
- may undermine compliance rather than strengthen it.

3.6 Responding to Evolving Public Health Risks

The Bill does not address:

- climate-related health risks,
- NCDs (which account for 80% of deaths in Fiji),
- AMR,
- digital health,
- IHR core capacities,
- multisectoral governance.

These omissions limit the Bill's ability to respond to the evolving public health landscape.

Further elaboration on these issues is contained in **Annex 1**, which provides the full technical rational and examples drawn from the Bill.

4. Modern Public Health Act – Key Gaps Not Addressed in the Bill

The submission highlights several areas essential for a modern Public Health Act but missing from the Bill:

4.1 Multisectoral Governance

A modern Act should enable:

- multisectoral committees for NCDs, climate change, AMR, One Health, and emergencies;
- partnerships with NGOs, private sector, and faith-based organisations;
- alignment with Fiji's NCD Strategic Plan and Climate Change and Health Action Plan.

The Bill does not provide a legal framework for multisectoral coordination.

4.2 Non-Communicable Diseases (NCDs)

The Act does not recognise:

- NCD risk factors (unhealthy food, alcohol, air pollution),
- public health standards for prevention,
- the economic burden of NCDs (US$260m annually), and
- the need for regulatory tools to address NCD determinants.

The balance between communicable and non-communicable disease control remains uneven.

4.3 International Health Regulations (IHR)

The Act does not:

- designate the National IHR Focal Point,
- provide powers for IHR notification,
- support IHR core capacities,

- define a Public Health Emergency of International Concern (PHEIC) and the declaration of a public health emergency
- Isolation and contact tracing and infrastructure requirements for this during a pandemic

This is a significant gap given Fiji's obligations.

4.4 Climate Change and Natural Disasters

The Act does not reflect:

- climate-related disease patterns (dengue, leptospirosis, typhoid),
- disaster-related health vulnerabilities,
- Fiji's climate and health strategies,
- the need for climate-resilient public health systems,
- the statutory responsibilities of the Ministry of Health and Medical Services under the Climate Change Act 2021, resulting in limited integration between climate change adaptation, health resilience, and public health planning.

4.5 Antimicrobial Resistance (AMR)

The Act does not provide:

- AMR surveillance powers,
- regulation of antimicrobial residues in food,
- oversight of antimicrobial imports,
- powers to implement Fiji's AMR Action Plan.

4.6 Digital Health

The Act does not:

- recognise digital health systems,
- enable regulations for digital health implementation,
- align with the Fiji Digital Health Strategy 2023–2027.

The only reference to digital systems is QGIS in s.69, which is insufficient.

5. Clause-by-Clause Analysis of the Bill

A comprehensive clause-by-clause analysis is included in **Annex 1**. The key issues are summarised below for ease of reference.

Section 4 – Composition of the Central Board of Health

Issues:

- Membership does include representatives to assist the Board in making decisions on modern public health needs (AMR, climate, digital health).
- No representation from epidemiology, health systems, or disaster management.
- The list may be too narrow to address Fiji's full public health landscape.

Recommendation:

- Expand membership or allow the Minister to appoint additional experts as needed.

Section 5A – Functions of the Board

Issues:

- Functions are broad and unclear.
- No explicit linkage to powers in the Act.
- No reference to NCDs, climate change, AMR, digital health, or IHR.
- No requirement to report on the state of public health.

Recommendation:

- Adopt a clearer, prescriptive set of functions.

Section 5B – Delegation of Powers

Issues:

- Allowing a single individual to perform Board functions undermines governance.
- Board decisions require collective deliberation, voting, and transparency.
- This clause risks concentration of power.

Recommendation:

- Remove or significantly limit this provision.

Section 5C – Registration of Environmental Health Practitioners

Issues:

- CBH becomes both technical authority and professional regulator.
- No framework for certification, fees, standards, or discipline.
- Inconsistent with regulatory models for lawyers, doctors, dentists, engineers.

Recommendation:

- Develop separate legislation for environmental health practitioner registration.

Section 10 – Local Authorities

Issues:

- Terms “rural district”, “rural sanitary district”, and “rural local authority” are unclear.
- Unclear how informal settlements are categorised.
- Role of subdivisional Environmental Health Managers as “Secretary” requires clarification.

Recommendation:

- Harmonise terminology and clarify roles.

Section 16A – Powers of Head of Environmental Health

Issues:

- Power to order vaccination or prophylaxis is clinical.
- Environmental health officers may not be trained for these functions.
- Overlaps with medical practitioner powers under s.69.

Recommendation:

- Restrict clinical powers to medical/nursing professionals.

Section 19 – Notice and Plan Requirements

Issues:

- Section amended in 2025 and again in 2026.
- Need clarity on why previous amendment was insufficient.
- Current drafting may create confusion for landowners and local authorities.

Recommendation:

- Provide explanatory notes or consolidate amendments.

Section 55 – Penalties

Issues:

- "In the chapeau" appears to be a drafting error.
- Daily fines of $1,000 are excessive and may be inequitable.
- Administrative offences should not attract punitive daily fines.

Recommendation:

- Review penalty levels for proportionality.

Section 69 – Infectious Disease Powers

Issues:

- Deletion of subsection (1) without replacement creates uncertainty.
- Unclear what happens to subsection (2).
- The relationship between environmental health and medical practitioners' powers is unclear.

Recommendation:

- Redraft section 69 for clarity and coherence.

6. Priority Recommendations

SPC recommends that Parliament:

1. Expand the Bill to include modern public health functions (NCDs, climate, AMR, digital health, IHR);
2. Clarify the functions and composition of the Central Board of Health to reflect contemporary expertise;
3. Remove or revise s.5B to ensure Board functions cannot be performed by a single individual;
4. Address the registration and regulation of environmental health practitioners through the Allied Health Bill, rather than the Public Health Act;
5. Review excessive penalties to ensure fairness and proportionality;
6. Clarify drafting inconsistencies (e.g., "in the chapeau", deleted subsections);
7. Ensure alignment with Fiji's Health Sector Strategy and Digital Health Strategy; and
8. Strengthen multisectoral governance mechanisms within the Act.

7. Conclusion

SPC supports the intent of the Public Health (Amendment) Bill No. 4 of 2026 but recommends strengthening the Bill to ensure it delivers a modern, coherent, and future-focused public health law for Fiji.

SPC stands ready to provide further technical support to the Committee and the Ministry of Health and Medical Services.

ANNEX 1 – DETAILED BACKGROUND AND TECHNICAL ANALYSIS

Background

The Public Health Act 1935 (No. 29 of 1935) was enacted as an ordinance under British colonial rule before Fiji's independence in 1970. The Act has been in effect for the past 91 years and it is very outdated. The ordinance that was imposed on Fiji by the British addressed public health challenges and accepted communicable diseases in 19th century Britian, reflecting a 'drains and rodents' view of public health. This was irrelevant to the public health issues that Fiji was facing.

The Public Health Act has undergone 3 law revisions and 27 amendments to maintain its relevance to changing public health practice. Over the past 91 years, public health practice has evolved to address new and emerging risks, and the law must evolve accordingly. Public health law plays an important role in delivering essential public health functions. The law is now in jeopardy of losing respect because of inconsistencies, ineffectiveness, and obsolescence.

The 27 amendments to the Public Health Act have been very reactive to public health risks as they arose. For example, when COVID-19 emerged in 2020, the Act was amended to address COVID-19 concerns, including the establishment of isolation stations and the introduction of penalties to ensure effective service delivery in responding to COVID-19 as an infectious disease.

When Cabinet endorsed the review of the Public Health Act in 2025, it was anticipated that the review would not be another reactive exercise but a proactive, comprehensive review. The expectation was a modern public health law aligned with Fiji's current public health system and international public health standards. Several Pacific Island Countries and Territories are recognising that their public health Acts are outdated and are seeking modern laws that respond to contemporary public health practice.

Fiji's Public Health Act in its current form is not proactive but reactive, including this Bill. It was anticipated that a modernised Public Health Act would include provisions for:

- health service agreements or partnerships with non-government, faith based or private providers;
- inclusion of non-communicable diseases, water sanitation and hygiene (WASH), and public health plans and standards;
- provisions relating to climate change and health;
- recognition of the digital health space;
- a framework for multisectoral or One health approaches;
- collection, protection, disclosure, and use of health data;
- a pathway for public health risks from community level to serious, emergency and international pandemics;
- strengthened provisions for notifiable diseases, vaccine-preventable diseases, contact tracing, isolation orders and border health;

- expanded powers for notices, public health orders, public alerts and emergency responses; expanded regulation making powers.

The Public Health Act is a complex law, and clarity in legislation is essential to maintain order and justice in society. Clear legislation ensures that everyone affected by the law knows what is expected, enabling predictable behaviour and a stable legal environment. Adding another amendment to the current Act affects its clarity. Public health legislation should:

- use clear and plain language so that rights and obligations are easily understood. The Act still uses outdated English terms such as “common lodging houses” to refer to hotels or inns;
- explicitly reference public health risks and management, including non-communicable diseases, food insecurity, and WASH. The current Act focuses only on some diseases and does not reflect Fiji’s current public health risks and priorities;
- ensure better coordination with the Local Government Act, Quarantine Act, Burial and Cremation Act, Biosecurity Act, and other relevant laws. Health-led initiatives at the border or internally are established to meet obligations under the International Health Regulations (IHR), such as notifiable diseases. Reforms in other legislation that impact public health should also be considered.

For example, new section 112A introduces general ship sanitation inspections as routine inspections by environmental health inspectors to ensure ships are free of vermin, seepage, or discharge of backwater. These are normal quarantine functions undertaken under the Quarantine Act. Introducing these changes into the Public Health Act raises questions about coordination between the two Acts.

The Public Health Act is outdated and needs to be replaced with a modern, Fiji-specific law that better protects and promotes public health and provides forward-thinking legislation. There must be a clear link between the Public Health Act and the Ministry of Health and Medical Services’ public health strategies and policies, which outline Fiji’s public health system.

A full review to modernise the Act is vital to effectively coordinate the Ministry’s public health strategies. Below are areas where the Act is not modern, despite the proposed Public Health Amendment Bill, which does not address what should have been a comprehensive reform.

Multi sectorial approach

The Public Health Act should support a multisectoral approach by creating a legal framework that enables the convening of multisectoral committees to address public health risks and other matters in Fiji. There are various aspects that require a multisectoral approach to health security, emergencies, non-communicable diseases, antimicrobial resistance, climate change, and One Health.

The Public Health Act should allow the Ministry of Health to enter into partnerships with multiple sectors, organisations, and bodies to build and sustain capacity to promote public health and prevent disease, and to deal with other public health risks, and also to have effective health promotion and protection goals. The multisectoral strategies of the Ministry of Health, as recognised in the NCD Strategic Plan 2015 to 2019 and the Climate Change and Health Strategic Action Plan, should complement the Public Health Act.

Non-communicable disease

The Public Health Act covers various public health risks such as mosquitoes and vermin, protection of water supplies, sanitation, and waste disposal. However, the Act does not keep up with public health risks in Fiji that emerge from new diseases, climate change, and natural disasters. The Act has no inclusion of public health risks such as NCDs, hygiene (WASH), and modern public health issues that pose serious threats. The balance between Non-Communicable Disease and Communicable Disease is uneven.

The Act should include:

- A broader definition of public health risk, including present public health risks and non-communicable disease. This will ensure the prevention and management of modern public health risks in communicable diseases such as viruses, infected persons, and vectors; non-communicable disease risk factors such as unhealthy food, harmful use of alcohol, or air pollution; unsanitary environments such as polluted drinking water and unhygienic food businesses; and public health hazards arising from natural disasters.
- Public health standards under the Act to enable standards to be prescribed for health promotion and protecting communities from broader public health risks.

According to the World Bank, NCDs account for 80% of deaths in Fiji, and the crisis is costing Fiji around US$260 million (FJD 591 million) a year. This poses a risk to the country's economic achievements and ability to protect its population.

Natural Disaster and Climate Change

Emerging health security threats include natural disasters and climate change. Due to these factors, Pacific Island Countries like Fiji have become increasingly reliant on processed and unhealthy foods. This reliance has contributed to the rise of non-communicable diseases such as cardiovascular disease and diabetes, leading to premature deaths. The increase in NCDs in Fiji has placed significant strain on the health system.

Fiji is highly vulnerable to natural disasters and climate change, including cyclones and extreme weather events. These reinforce the need to strengthen Fiji's health system to withstand the impacts of climate change and natural disasters.

The Fiji Health Sector Strategy has been designed to be resilient to the impacts of natural disasters and climate change. The *Human Health Vulnerability to Climate Change in Fiji* report, published through collaboration between WHO, the Ministry of Health, GEF, and UNDP, highlights Fiji's vulnerability to adverse health impacts due to its small geographical size, exposure to extreme climate events, and an economy dependent on natural resources. The report shows historical climate variability and its impact on human health in Fiji. For example:

- dengue fever peaks during flooding;
- diarrhoea among infants is associated with both low and high rainfall and rising temperatures;
- typhoid and leptospirosis are linked to climate-related conditions;
- high temperatures reduce physical activity and contribute to high blood pressure.

While the Ministry of Health recognises these vulnerabilities and has adopted relevant strategies, the Public Health Act does not adequately reflect climate-related health risks. Furthermore, the Act does not adequately align with the Climate Change Act 2021, which establishes responsibilities for government agencies, including the Ministry of Health and Medical Services, in addressing climate change adaptation and resilience. Greater alignment between the Public Health Act and the Climate Change Act 2021 would help ensure a coordinated legal framework for addressing climate-related health risks and strengthening health system resilience.

The Public Health Act 1935 began with a British-style public health framework. Over time, amendments attempted to incorporate new public health thinking, including scientific advances, globalisation, population growth, and increasing complexity of Fiji's health system. The Act addresses some issues related to natural disasters and climate change (e.g., mosquitoes, vermin, water supply protection, waste disposal), but it does not address the full range of emerging risks.

Anti-microbial resistance (AMR)

Fiji's *Action Plan on Antimicrobial Resistance 2022–2025* identifies five key strategies:

- improving awareness and understanding of AMR through communication, education, and awareness;
- strengthening nationally coordinated surveillance systems;
- reducing the incidence of AMR in humans, animals, and the environment through improved infection prevention and control;
- optimising the use of antimicrobials in humans and animals;
- establishing governance, sustainable investment, innovation, and action to combat AMR through a One Health approach.

The Public Health Act should recognise AMR surveillance as part of its mandate. This includes preparing and implementing plans to address:

- antimicrobial residues in food;
- inspection of imported food for antimicrobial residues;
- supply and use of antimicrobials;
- reporting of AMR in Fiji;
- commercial imports of antimicrobial medicines for humans and animals.

The Act should also provide regulation-making powers to address AMR risks.

Digital Health

Digital health is defined in the WHO *Global Strategy on Digital Health 2020–2025* as "the field of knowledge and practice associated with the development and use of digital technologies to improve health."

Fiji's *Digital Health Strategy 2023–2027* notes that Fiji faces cost and demand pressures, a shortage of skilled health workers, and funding constraints for capital investments. Digital health can help address these challenges.

The Public Health Act should be forward-thinking and flexible. The Public Health Amendment Bill should include provisions enabling future regulations to support Fiji's transition to digital health.

Digital health encompasses a wide range of technologies, including:

- digital record-keeping;
- mobile phone applications;
- wearable devices;
- integrated surveillance systems;
- artificial intelligence applications.

The Ministry of Health recognises the importance of digital health through its Digital Health Strategy, which includes:

- developing robust architecture and infrastructure to support new systems;
- replacing PATISPLUS with a full electronic medical record system;
- integrating communicable disease surveillance systems;
- reducing reliance on paper-based systems.

Given these priorities, the Public Health Act should enable regulation-making powers to support digital health implementation. For example, the proposed amendment to section 69 mentions only one digital system (QGIS) but does not reflect the broader digital health ecosystem envisioned in the Digital Health Strategy.

The Public Health Amendment Bill 2026 is another reactive Bill that seeks to address current challenges faced by the regulator but does not take the proactive approach anticipated. While some issues raised above are partially reflected in the Bill, it does not fully address them. The following sections provide clarifications and corrections needed for better application of the Act.

Public Health Amendment Bill No.4 2026**Public health and environmental health**

The Bill uses the terms "public health" and "environmental health" as if they are separate concepts. In practice, environmental health is a core component of public health. Public health focuses on protecting and improving population health through policies, education, and disease prevention. Environmental health focuses on environmental factors such as air, water, and waste management that affect human health.

If the Bill intends to distinguish between these two areas, a clear definition is needed.

Section 4 amendment – Composition of the Central Board of Health

The Bill lists the eligible members of the Central Board of Health (CBH). This is the first time the Act specifies Board membership. The question is whether this list is sufficiently comprehensive to address all public health issues in Fiji. For example, can the listed members adequately address antimicrobial resistance or climate change?

New section 5A – Functions of Central Board of Health is unclear

The functions of the CBH are broad but unclear. The Bill does not specify which aspects of environmental and public health the CBH is responsible for. For example, the Board may report on matters related to environmental and public health, but it is unclear which matters fall within its mandate.

The CBH's functions should be prescriptive and linked to the powers in the Act. Suggested overarching functions include:

a. advising the Minister on protection and promotion of public health and strategic public health planning;
b. advising on whole-of-government strategies to improve health and wellbeing;
c. monitoring current and future threats to public health;
d. recommending strategies to mitigate climate-related health risks;
e. recommending strategies to reduce communicable and non-communicable disease burdens;
f. advising on matters referred by the Minister or determined by the Chairperson;
g. reporting to the Minister on the state of public health and administration of the Act.

There must be clear linkage between CBH functions and its powers to ensure transparency and accountability.

Section 5B amendment – Permanent Secretary or National Advisor of Health or Head of Environmental Health to temporarily perform the functions of the Board

Section 5B(2) allows the Permanent Secretary, National Advisor of Health, or Head of Environmental Health to temporarily perform the functions of the Board if appointments are delayed.

However, a single individual cannot effectively undertake the role of a multi-member Board. Board decision-making requires voting, transparency, balanced perspectives, and checks and balances. Allowing one person to exercise Board powers undermines governance principles.

Section 5C amendment – registration of environmental health practitioners

Section 5C (2) makes the CBH the registration authority for environmental health practitioners.

Comparisons with other professions highlight concerns:

- Lawyers are regulated under the Legal Practitioners Act 2009 by an independent body.
- Medical doctors and dentists are regulated under the Medical and Dental Practitioners Act by independent councils.
- Engineers are regulated under the Engineers Registration Act 1976.

These professions have:

- independent regulatory bodies;
- practising certificates;
- codes of ethics;
- professional standards;
- disciplinary processes.

If environmental health practitioners are to be registered, similar mechanisms are required. Questions include:

- Will practitioners receive certification?
- Will they be subject to accountability measures?
- Will fees be charged?
- Will regulations be developed for registration?

The CBH already has technical oversight of environmental health and communicable disease matters. Adding professional regulation creates a conflict of interest. If registration is desired, a separate Act should be considered.

Section 10 amendment – Who is the local authority under the Act

The amendment changes the definition of local authorities. However, terms such as "rural district", "rural sanitary district", and "rural local authority" require clarification. Section 9 of the Act refers only to "rural sanitary district".

Questions include:

- Are these terms referring to the same entity?
- Does section 10(c) apply to informal settlements?
- What is the purpose of appointing subdivisional Environmental Health Managers as Secretaries - does this make them a local authority?

Clarity is needed to avoid administrative confusion.

Section 16A amendment – Power of Head of Environmental Health

Section 16A(d) allows the Head of Environmental Health to order medical examination, vaccination, inoculation, immunisation, or prophylactic treatment during an epidemic or threat of an epidemic.

These are clinical functions typically performed by nurses or medical practitioners. Environmental health officers should only perform such functions if appropriately trained.

Section 19 amendment – Clarity on PH Amendment Act 2025 & Bill No. 4 2026

Before the Public Health (Amendment) Act 2025 of the section 19 text stated that the owner or lessee who intends to utilise any areas of land for erection of a dwelling house or for business has to give notice to the local authority and furnish a site plan showing access and course of proposed drainage on the land.

There was an amendment to section 19 under the Public Health (Amendment) Act 2025, which stated requirement for land development application to be made to the local authority has to comply with section 7 of the Town Country and Planning Act 1946 (notice to alter the boundaries of any town) and be accompanied with a site plan showing access and the course of proposed drainage on the land.

In this proposed Bill, the same section is amended again in this proposed Public Health (Amendment) Bill 2026 now changing it again to state that owner or lessee who intends to utilise any area of land for the construction of a dwelling house or for business has to comply with section 7 for the Town Country and Planning Act 1946 and give notice to the local authority and furnish a site plan showing access and course of proposed drainage on the land.

It is noted that section 7 was the new requirement in the Bill, but it is currently being practiced, although it was not in the law. However, this section 19 was amended in 2025 and is amended again in 2026. The 2025 amendment required applications to comply with section 7 of the Town and Country Planning Act 1946. The 2026 amendment changes the requirement from "application" to "notice".

It is unclear why the 2025 amendment is being revised. Clarification is needed.

Section 55 amendment – Exorbitant additional daily fines of $1000 per day

In the section 55 amendments, there are few clarifications and typos:

- Section 55 (a) amendment there is a word “in the chapeau” - is this a typo or a new word? This needs to be clear and is this a new drafting style for Fiji;
- deleting “$20” and substituting “$1000” which means that the penalty for nuisance is $1000.

Then there is another amendment in paragraph (ii) that suggests that if a person who does not rectify an abatement notice will incur a fine of $1000 per day. For example, if a person is the occupier of a premise and commits a nuisance, they are liable to pay $1000, and if an abatement notice is issued and the person doesn’t rectify, on top of that $1000 dollars, they will be paying **$1000 dollars per day** for failure to rectify. Is that a fair amount? It’s quite a substantial amount to be paying. If the person fails to rectify in 5 days that would amount to $5000.These are not prosecutorial offences but administrative offences. Daily fines of $1,000 may be excessive and inequitable.

Environmental health practitioner v authorized officer

Section 69 amendment

- In paragraph (a) it states that “deleting chapeau” - is that correct or a typo and what is it deleting? This needs to be clear and is this the new drafting style?
- In paragraph (b) it states “deleting subsection (1)” then it would read that Section 69 has only one paragraph and what happens to subsection “(2)”

In section 69 (5), the amendment has now specified that this particular section has removed the sanitary inspectors but has now focused on the duties and powers of the medical practitioner. Then the new subsection 6(6) has introduced the environmental health practitioners powers.

The relationship between environmental health and medical practitioner powers requires clarification.

Clarification

Section 69(5) in this amendment has removed reference to sanitary inspectors and now focuses on the duties and powers of medical practitioners. It now reads: “69(5) the medical practitioner has the following powers.” The paragraphs that follow list the powers of the medical practitioner.

- In paragraph (a), the medical practitioner will advise the Permanent Secretary on threats or actual outbreaks of infectious disease in his or her district. However, the text later states that “the medical officer of health may provisionally exercise such powers.” It is unclear who the “medical officer of health” refers to in this context, and whether this is intended to be the same person as the medical practitioner or a different role.
- In paragraph (c), the medical practitioner may request assistance for cleansing or disinfection of any premises or articles to prevent the spread or eradicate an infectious

disease. He or she may authorise “any inspector.” Given the terminology changes in Bill No. 4 of 2026, does “inspector” now refer to an environmental health practitioner?

- In paragraph (e), the medical practitioner has the power to enter any premises to inspect or take any action necessary to enforce his or her powers. This raises the same question as paragraph (a): who is the “medical officer of health” referred to in section 69(5)(iii)? Is this intended to be the same person as the medical practitioner?
- Section 69(5)(g) gives the medical practitioner the power, for the necessary protection of public health, to order the disposal of the body of a person who has died of an infectious disease as he or she thinks fit. However, section 69(6)(d) in the Bill also gives environmental health practitioners the power to issue directions for the safe burial of persons who have died of infectious disease. Under the current Public Health Act, this power is held only by medical practitioners under section 69(6)(g). The new amendments therefore give both medical practitioners and environmental health practitioners overlapping powers regarding disposal of bodies, which requires clarification.

Section 78 amendment

In the current section 78 of the Public Health Act, an authorised officer may apprehend a person liable for isolation. This section is read together with section 82A, where authorised officers are defined as police or any other person authorised by the Minister, and section 82B, which relates to the issuance of infringement notices.

In the new amendment, environmental health practitioners or authorised officers may apprehend a person liable for isolation. However, only authorised officers under section 82B may issue an infringement notice.

It is recommended that if the intention is to separate the powers of medical officers and environmental health practitioners under section 69, a thorough review of these amendments is needed to ensure clarity and consistency in terminology. This is a crucial section relating to communicable disease control.

Section 79 amendment

The current section 79 still refers to “medical officer of health,” whereas throughout the Public Health Amendment Bill No. 4 of 2026, “medical officer of health” has been replaced with “medical practitioner.” This inconsistency requires correction.

Conclusion

The Public Health Amendment Bill 2026 addresses challenges currently faced by the Environmental Health Unit within the Ministry of Health. The focus is on regulatory enforcement issues and does not address the full spectrum of public health risks faced by the Ministry of Health.

As a regional organisation for public health, SPC notes that while the Bill addresses certain challenges, it does not address the broader public health concerns outlined above. The 91-year-old Act has been in place since British rule. The Ministry of Health may still need to consider reviewing the entire Act and modernising it to suit current and future public health needs.