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Fiji's policy response to COVID-19 and the integration of Indigenous voices

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ABSTRACT

Indigenous Peoples, such as Pacific Islanders have been identified as particularly vulnerable to the impacts of COVID-19. Past research has focused on Indigenous Peoples as minority populations with less known about countries like Fiji where the Indigenous population (*iTaukei*) are the majority. In this study we sought to assess the inclusion of the Indigeneity (i.e., culture, traditions, Indigenous knowledge, worldview, values) of *iTaukei* in COVID-19 policies through the following steps: 1) identify key policy responses to COVID-19 in Fiji, 2) document how these policies evolved over the pandemic, and 3) assess if and how *iTaukei* were considered in these responses and the impact of these policies on their lives. Drawing on an analysis of policy documents (n = 74), interviews (n = 11), and a focus group (n = 22), we characterized 11 key policy responses by the Government of Fiji: i) containment measures, ii) economic support, iii) prevention measures, iv) vaccinations, v) medical assistance, vi) food security, vii) COVID-19 testing, viii) education, ix) worker safety, x) disaster management, and xi) enforcement. The nature of these responses altered in response to positive case numbers and vaccinations. There is no evidence the dimensions of *iTaukei* Indigeneity were included in the policy process highlighting the need to examine underlying political and power structures that may be silencing the voices of *iTaukei*.

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1. Introduction

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic, in response countries began to implement a range of interventions to contain the virus including closing borders, curfews, lockdowns, shutting schools, and limiting social gatherings (Haug et al., 2020). These strategies impacted populations differently, with Indigenous Peoples identified as particularly vulnerable. For example, by May 18, 2020, the Navajo Nation had the highest COVID-19 infection rate in the United States (U.S.) (Silverman, 2020). In other countries movement restrictions constrained food foraging practices causing food insecurity for the Batwa in Uganda (Ford et al., 2022; Zavaleta, 2020), the Qom/Toba people in Argentina (Haas et al., 2021), and the Terena communities in Brazil (Ribeiro and Morato, 2020). In Tamil Nadu, India movement restrictions prevented tribal people from going to local markets to sell their produce, their only source of income (Kasi and Saha, 2021). Additionally, gathering restrictions caused social isolation and prevented many Indigenous communities from participating in cultural practices, with implications for mental health and well-being. In Canada, a higher proportion of Indigenous participants reported poor mental health than non-Indigenous participants (38% compared to 23%) (Government of Canada, 2020).

Most government responses to assist Indigenous Peoples during the pandemic were reactive and inadequate (Pickering et al., 2023). For example, in Ecuador (Tuaza Castro, 2020), Peru (Reinders et al., 2020), and Bolivia (Kaplan, 2020) during the initial lockdowns between March and May of 2020, governments provided intermittent and insufficient food rations and vouchers. Meanwhile, in the U.S. and Brazil, the governments were ordered by their respective supreme courts to provide resources to their Indigenous populations (Charlier and Varison, 2020; Yellow Horse et al., 2021). Likewise in Sri Lanka, a review of 110 government policy documents found no evidence the Indigenous Peoples (Vedda) were involved in COVID-19 policy responses (Galappaththi et al., 2023). However, in Peru, Indigenous representatives were included in health interventions, but a lack of funding severely limited their participation (Chicmana-Zapata, 2023).

The term Indigenous is contested (United Nations Permanent Forum on Indigenous Issues (UNPFII), 2009). Scholars argue the concept was constructed by colonial settlers and began to be used as early as the 1640s to create a distinction between themselves as non-Indigenous and 'others' as 'Indigenous' (Peters and Mika, 2017). This separation supported settlers' perception of themselves as more developed and progressive reinforcing a perceived right to hold power and privilege over Indigenous Peoples, a situation that continues today (Alfred and Cornstassel, 2005; Howitt, 2020; Merlan, 2009; Peters and Mika, 2017; Radcliffe, 2017). Debate continues over defining indigeneity, who is included, and under what criteria. Some definitions have focused on colonization while others have emphasized the ancestral connection to land (Benjamin, 2016; Cunningham and Stanley, 2003; Merlan, 2009; Thornberry, 2013). For example, the UNPFII, (2009) understands Indigenous based on: self-identification as Indigenous, a pre-settler society, distinct social systems, distinct language, minority population, and environmental stewardship of ancestor lands. Internationally the concept has been used by the political rights movement to gain recognition of Indigenous Peoples rights through mechanisms such as the UN Declaration on the Rights of Indigenous Peoples supporting the reclaiming of land rights in countries including New Zealand, Australia, and Canada. Additionally, the concept homogenizes Indigenous Peoples as one group, yet they live in 90 countries and speak over 4000 languages (UNPFII, 2009). After years of debate, the Working Group on Indigenous Populations concluded they could not offer a universal definition that included one group without excluding another and concluded Indigenous Peoples themselves must self-identify as Indigenous (Kuper, 2005; Peters and Mika, 2017; UNPFII, 2009). For example, some Indigenous Peoples experienced colonization by European forces but not in all for example China, North Korea, Butan and Tonga were

never colonized. In some countries after colonization, the Indigenous population became a minority but in many Pacific Island Countries (PICs) such as Fiji, Samoa, and the Solomon Islands the Indigenous population remains the majority. It is argued framing Indigenous Peoples as a minority overlooks the complex power dynamics and historical legacies that shape their contemporary realities. Within academic disciplines such as Indigenous studies, scholars have critically examined and deconstructed the concept of "minority" as it applies to Indigenous Peoples and argue for alternative frameworks that center Indigenous perspectives and prioritize Indigenous rights, sovereignty, and self-determination (Alfred, 2009; Anaya, 2004; Coulthard, 2014; Simpson, 2021; Smith, 1999). Within the United Nations and international law, the rights of Indigenous Peoples are a specific category distinct from minorities (Kugelmann, 2007). The UNPFII (2009) identifies that "Indigenous peoples are the holders of unique languages, knowledge systems and beliefs and possess invaluable knowledge of practices for the sustainable management of natural resources. They have a special relation to and use of their traditional land. Their ancestral land has a fundamental importance for their collective physical and cultural survival as peoples. Indigenous peoples hold their own diverse concepts of development, based on their traditional values, visions, needs, and priorities", we use to define indigeneity.

Additionally, the word "People" is also critiqued for undermining Indigenous sovereignty by directing focus to the individual, not the larger and more powerful "Nation" (Hipwell, 2019; Simon and Mona, 2023). For example, in Taiwan, a court ruling protected the rights of individual Indigenous hunters but did not recognize their collective rights (Simon and Mona, 2023). The word "Peoples" is used in recognition that there is more than one distinct group.

The Indigenous Peoples of Fiji have self-identified themselves in the four constitutions since gaining independence in 1970. In 2010, the Government of Fiji replaced the English words "Fijian", "Indigenous" and "Indigenous Fijian" with the Fijian word "*iTaukei*" meaning original settlers and people of the land (Eräsaari, 2015; Nabobo-Baba, 2006). Having self-identified as Indigenous in this study we understand *iTaukei* as the Indigenous Peoples of Fiji and we use this term referring to the "Nation" not the "individual" unless specified.

The Special Rapporteur on the Rights of Indigenous People José Francisco Calí Tzay called for the inclusion of Indigenous Peoples in policy development during the COVID-19 pandemic and in the post-pandemic recovery (United Nations Human Rights Office of the High Commissioner, 2021). However, there are few examples of such inclusion, and this may be partly due to their minority status in many countries such as Peru, Brazil, and Mexico. There is an assumption that if they were a majority population with political power, they would be involved in policymaking. As such they would include dimensions of their indigeneity, or what it means to be *iTaukei* i.e., culture, traditions, traditional knowledge, worldview, and values. Hence, we sought to examine in Fiji, a country that has endorsed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), where *iTaukei* are a majority, and have political power -for example, the Prime Minister was *iTaukei*, if COVID-19 policies integrated the voices of *iTaukei*. We investigated this through three lines of inquiry: i) identifying key policy responses to COVID-19 in Fiji; ii) examining how these policies evolved over the pandemic; iii) and assessing if and how *iTaukei* were considered in these responses and the impact of these policies on their lives. The article begins with a brief overview of Fiji including *iTaukei* culture and governance structure, followed by the methodology, data collection, and analysis. The results are then given via the three COVID-19 waves Fiji experienced. The following discussion examines the results considering other PICs and Indigenous Peoples.

This study comes from the COVID-19 Observatories Project, a group of Indigenous (*iTaukei*) and non-Indigenous policymakers and scholars, that documented the lived experiences, perceptions, and responses of Indigenous communities across 12 countries during and after the COVID-19 pandemic. Through this international collaboration, we have

conducted studies focused on COVID-19 policy responses in Sri Lanka and Peru, and now we are focusing on Fiji. In writing this paper, we acknowledge that our positionality affects our analysis and interpretation of the literature. To mitigate potential biases in this study author KP, who is not *iTaukei*, worked with authors LM and EDX who are *iTaukei* to conduct interviews, identify and analyze relevant policies, and contextualize the results.

2. Methods

2.1. Indigenous in Fiji

Fiji is an archipelago of 332 islands in the South Pacific Ocean. The islands are mostly volcanic with high mountain peaks covered in dense tropical forests. Viti Levu and Vanua Levu are the two largest islands making up over 80% of the total land mass (Fiji Bureau of Statistics, 2020). The highest point is Mt. Victoria, 1323 m, on Viti Levu (Country Reports, 2024). Vegetation on the windward side of the islands is dense tropical forests while grasslands prevail on the drier leeward sides. There are few sealed roads so most agricultural land and towns are near the sea or along river valleys (Country Reports, 2024). There is a wet season from December to April and a dry season from May to November. The main climate drivers affecting Fiji are the South Pacific Convergence Zone, Monsoonal Trough, Trade Winds, and the El Niño Southern Oscillation giving rise to tropical cyclones, floods, and droughts (Kumar and Vuniyayawa, 2013). Viti Levu is the largest island and home to 70% of the 889,953 population (Fiji Bureau of Statistics, 2020). There are 14

provinces, Nadroga Navosa Province where this research is based is the fifth largest and contains two main tourist destinations, the Coral Coast and the Sigatoka Sand Dunes (Fig. 1 Map).

The *iTaukei* are of Melanesian descent and arrived in Fiji about 3100 years ago (Nunn and Matararaba, 2008). Outside cities and towns, *iTaukei* live in villages where life is communal and centers around family, culture, and Christian faith (65% population) (Fiji Bureau of Statistics, 2020). A central concept for *iTaukei* is the *Vanua*, the land, and the people, it dictates the ground rules of relationships and most other things, including the natural environment, social bonds, kinship ties, ways of being and knowing, spirituality, and stewardship (Nabobo-Baba, 2008; Yee et al., 2022). Villages are typically made up of several *mataqali* or *Yavusa* (clans and tribes) and each is comprised of several *tokatoka* (family units). Each village has a hereditary chief who presides over customary events and an elected headman (*turaga ni koro*), an administrative position created when the country was under British rule for communication between the village and government agencies, aid organizations, and Non-Governmental Organizations (NGOs). Decisions concerning the village are generally made during a monthly village meeting where adult members discuss issues and the chief makes the final decision. Once a decision is made there is no further discussion, doing so is considered disrespectful and undermines the power of the chief. There is great reverence placed on the traditional chiefly structure of governance and *iTaukei* rely on the leadership of the Great Council of Chiefs to have the final say on government issues such as land and customs (Vitusagavulu, 2013).

Fiji's colonial past has caused ethno-political divisions. From

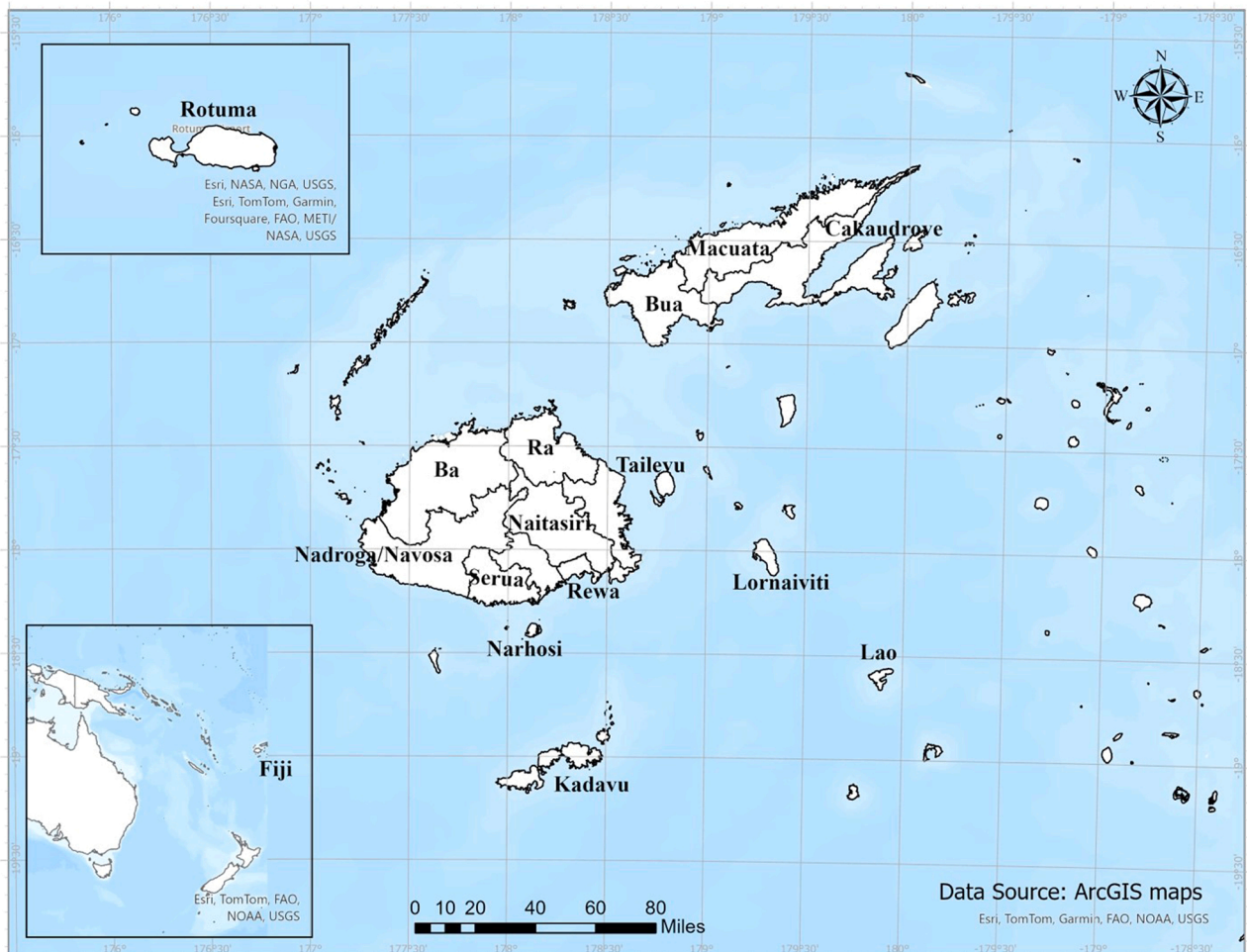


Fig. 1. Provincial boundaries in Fiji.

1874–1970 Fiji was a British colony. From 1879–1916 the British government brought over 60,000 indentured workers from India (Indo-Fijians) to work in the various sugarcane and coconut plantations (Lal, 2012). This created a three-tier ethnic structure separating political powers along the following ethnic lines, the British were the elite controlling commerce and the economy, the *iTaukei* were landowners, and the Indo-Fijians were a source of cheap labor (Ramesh, 2019). After Fiji gained independence in 1970 the conflict between *iTaukei* and Indo-Fijian intensified (Banivanua-Mar, 2016). There have been four *iTaukei* led coups, the last in 2006, carried out by Commodore Frank Bainimarama, Commander of the Republic of Fiji Military who remained in power and was elected Prime Minister in 2014 and again in 2018. He led the country through the COVID-19 pandemic until December 2022 when he was not re-elected. Currently, 62% of the population are *iTaukei* and they hold 89% of the land rights (Fiji Bureau of Statistics, 2020). Indo-Fijians make up 34% of the population and lease land from *iTaukei* for farming and housing (Fiji Bureau of Statistics, 2020). Fiji is a developing country that continues to experience neo-colonialism from developed countries including Australia, New Zealand, and the United States. For example, since independence, Fiji has become increasingly dependent on tourism as a source of revenue and has relied on foreign investment from these countries to build the industry, this has created a trade imbalance and greater reliance on foreign aid (Kundra, 2017).

Health care and pharmaceuticals are free for the citizens of Fiji. There are three main public hospitals, one in Suva, Lautoka, and Labasa, and 18 smaller hospitals (Ministry of Health and Medical Services, 2023). Health care for village members is provided by a network of 84 health centers and 98 nursing stations (Ministry of Health and Medical Services, 2023). Each village is assigned a Registered Nurse (zone nurse) who visits monthly or as needed providing treatment, monitoring, and giving health education. Villages also have a village nurse who is educated in first aid and communicates with the zone nurse. The allocation of zone nurses, nursing stations, and health centers remained unchanged during the pandemic.

Fiji, like many PICs, has been considered successful in containing the spread of COVID-19. By March 2023, Fiji had experienced 98.50 deaths per 100,000 population (100/K pop.) compared to Peru with 665.84/100 K pop. and the U.S. 341.11/100 K pop. (John Hopkins University and Medicine, 2023). The government closed the international borders on March 26, 2020, to reduce the risk of COVID-19 spreading and overwhelming an underfunded health system that is heavily reliant on international aid (Islands Business, 2021). The rates of COVID-19 remained low and confined to quarantine centers until April 2021, when community transmission of the Delta variant saw case numbers and death rates climb. In July/August 2021, Fiji was among the countries with the highest number of new COVID-19 infections per one million population (Weber et al., 2022). Like many Small Island Developing States (SIDS) isolation came with economic repercussions, in Fiji the tourism sector makes up 40% of the GDP and supports over 118,000 jobs (Campbell and Connell, 2021; McComb, 2020). Resorts, hotels, and businesses suddenly closed forcing workers, many of whom were *iTaukei* to return to their villages where living was cheaper - no rent, and food is considered free if you fish or farm. In the rural sector subsistence farming and fishing are the main occupations and sources of income however, as the climate changes causing rising sea levels, coral bleaching, and intensifying extreme weather events, subsistence lifestyles and food security are becoming increasingly unpredictable (Mycoo et al., 2022).

2.2. Conceptual framework

The rights of Indigenous Peoples are recognized internationally, yet they are often not translated into policies (Tomasevli, 2017). When Indigenous Peoples are excluded from decision-making their rights to self-determination, justice, and equity are undermined. Hence, the co-authors developed a conceptual framework to assess justice and

equity indicators in government responses. The justice indicators developed by Byskov et al., (2021) and Satyal et al., (2021) are incorporated and examine dimensions of distributive and procedural justice. Indigenous participation was assessed with indicators developed by David-Chavez and Gavin (2018). The same framework and approach were applied in other regions by members of the COVID-19 Observatories Project including Peru, and Sri Lanka (Chicmana-Zapata, 2023; Galappaththi et al., 2023). The framework includes two coding stages, i.e., descriptive and evaluative.

First, the policy response data was assessed against the two components of descriptive coding and its characteristics: government (e.g., the scale of the policy instruments target) and response (e.g., the scope of the response and target group). If the answer to the question of considering Indigenous Peoples for the policy response was “yes,” the policy continued for evaluative coding. The evaluative coding consisted of two justice indicators: procedural (i.e., fairness of procedures for decision-making) and distributive (i.e., the outcomes of transformation and its benefits, burdens, and risks). Lastly, we analyzed the policy response against the question “How could this response have been delivered better?”

(Reproduced with permission from Galappaththi et al., 2023)

2.3. Data collection and analysis

To assess COVID-19 policy responses, data were collected by reviewing policy documents (n = 74), conducting in-person semi-structured interviews with policymakers (n = 6), village members (n = 5), and having a focus group (n = 22) in June 2022. Four steps were followed to assess the COVID-19 policy responses (Fig. 2). They were: 1) policy document review, 2) interviews with policymakers, and village members, and conducting a focus group, 3) comparison of policy categories identified in policy documents, interviews, and the focus group, 4) prioritization of responses. Fig. 3

Step 1: Policy document review.

Policy documents were collected from January 1, 2020, to March 30, 2022, from the official website of the Fijian Government and the Ministry of Health and Medical Services (MOH), these two websites were selected as they published the most updated COVID-19 policy documents. Information collected from these documents included the objectives of the policy and the roles and responsibilities of the policy-implementing institutions. Policy documents were analyzed using the framework described in Galappaththi et al. (2023). Policy documents underwent descriptive and evaluative coding in Microsoft (MS) Excel® (Table 1). “Texts and Phrases,” which explain the descriptive coding given in the coding criteria, were extracted from policy documents and pasted into the respective cells in an MS Excel® spreadsheet. Policy documents were then categorized by applying manifest content analysis (Neuendorf, 2017). Keywords and phrases used to explain the broader categories/objectives of the policy document were recorded and counted. Policy documents with common keywords and phrases were included in the same category. Six policies covered multiple topics (lockdowns, medical services, food security measures) and were coded under more than one category. In total, 11 distinct categories were identified (SM Table 1).

Step 2 Interviews and a focus group

Ethics was granted by The University of Northern British Columbia, Canada, in November 2020 (E2020.1126.058.00) and a Fiji Research permit was granted in June 2022 (PSR02218151). Informed consent was obtained before the interviews and the focus group. Interviews were conducted in English since interviewees were bilingual, English and Fijian. Interviews lasted from 30 to 60 minutes, they were audio recorded, and later transcribed.

Semi-structured interviews were conducted with policymakers (SM Table 2). We defined policymakers as people who were involved in policymaking and implementation. Participants were selected through purposeful sampling, those who were employed by a government body,

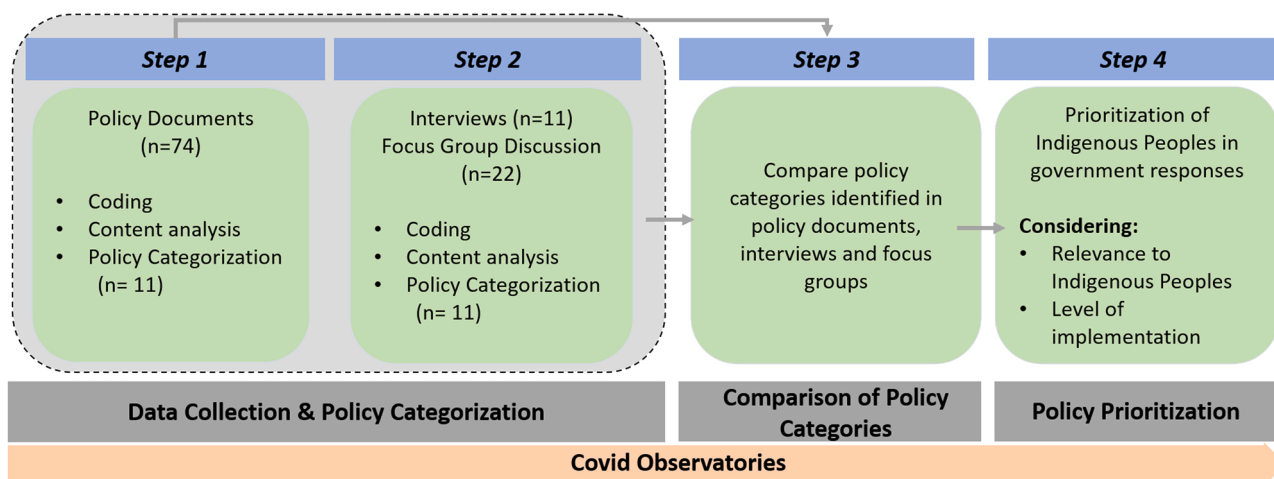


Fig. 2. Flow diagram to illustrate data collection methods and analysis.

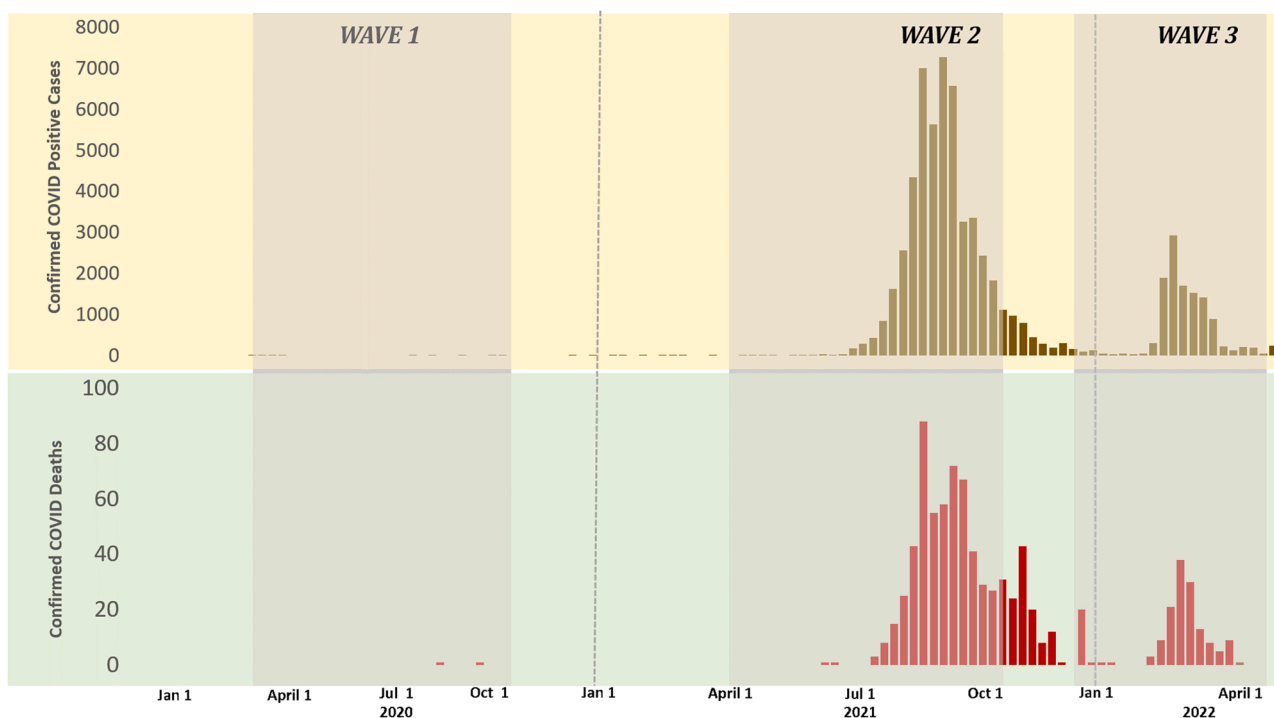


Fig. 3. Waves of COVID-19 in Fiji from 2020 to 2022.

had been in the position for more than two years, and had a role in COVID-19 policy formulation (i.e. decision-making, policy documentation or dissemination of policy documents). Interviews were conducted with representatives from the Ministry of Health and Medical Services, Police Commission, Ministry of Labour, Ministry of Education, Ministry of Women, Children and Poverty Reduction, and members of the Provincial Council which works closely with *iTaukei*. Interviews were transcribed and coded in an MS Excel® spreadsheet. Participant identifiers were removed to anonymize data. Manifest content analysis with a deductive approach was used in analyzing the interview data (Neuendorf, 2017). Structured codes from the policy analysis were used to categorize the interview data. The interview data were then coded and categorized under each policy, and the frequency of interviewees who indicated a policy was counted and recorded (SM Table 2).

Interviews with village members and the focus group provided examples of how the policies impacted the lives of *iTaukei*. Open-ended

interviews were conducted with village members in Narewa, Naidiri, and Vunavutu. Convenience sampling was used to find participants who were willing to talk with us and be involved in the research. Interviews lasted from 30 to 60 minutes and were audio recorded for later transcription. The open interviews underwent the same manifest content analysis, coding, and categorization as the interviews with policymakers.

The focus group was held on June 16, 2022, in Volivoli village. A verbal request for volunteers to attend the focus group was sent to Volivoli village, Nasama village, Vunavutu village, and Sigatoka village. The focus group began with a traditional blessing given by an elder to welcome the participants. Then the lead author explained the purpose of the research and focus group. A discussion followed where participants' questions were answered, and verbal consent was granted by each participant. Participants were then asked to divide themselves into four equal groups and to write down on paper how the COVID-19 pandemic

Table 1
Justice-based conceptual framework building on (Byskov et al., 2021; Coggins et al., 2021; David-Chavez and Gavin, 2018; Satyal et al., 2021).

Type of coding	Conceptual framework		
	Component/ Justice indicator	Characteristics	Descriptions
Descriptive coding	Government descriptive	Level of the government response: Scale of the policy instrument's target (local, intermediary, or national) Administrative responsibility (government unit responsible for implementation)	This explains the scale of the policy instrument's target i. e., local, intermediary, or national. The government/non-government entity with the responsibility of implementing the response.
	Response descriptive	Nature and response of the response	I. What is the nature/ scope of the government response? What broader areas (e. g., mobility, religious activities) does the response cover? II. What is the strategic goal of the government response? The specific means by which the goals of the response will be implemented.
		Target group of the government response	Does this government response explicitly consider Indigenous Peoples?
		Associated costs and expenses	What are the set expenditures/ impositions of the government response?
		Monitoring and evaluation	Is there a specific monitoring process for the government response? If "yes", which entity/person is responsible for it?
	If "yes" to the consideration of Indigenous Peoples above, what is the nature of this inclusion/engagement?		
Evaluative coding	Procedural justice (Byskov et al., 2021)	Fairness of procedures for decision-making, inclusiveness, and levels of participation in the government response	<u>I. Recognition:</u> To what extent are Indigenous Peoples' needs, perspectives, and knowledge systems recognized within the government response? <u>II. Representation:</u> To what extent are Indigenous Peoples represented within the government bodies designing and implementing the response? (i.e., interest organizations, elected officials, chosen representatives). <u>III. Participation:</u> To what extent do, and could, local communities participate in the government response? Levels of participation in the government response (David-Chavez and Gavin, 2018)

Table 1 (continued)

Type of coding	Conceptual framework		
	Component/ Justice indicator	Characteristics	Descriptions
			Passive Recipients: Indigenous Peoples were not included in the design of the response or in the implementation, just as receivers of government action. Consultative: Indigenous Peoples were consulted in the design of the response. Collaborative: Are Indigenous Peoples intended to work together with the government to implement the response? Collegial: Are Indigenous Peoples intended to collaborate and provide feedback on the implementation of the response? <u>IV. Indigenous:</u> The government response is centred in Indigenous value systems and historical context; community members have authority over the entire process of the response (e.g., self-governance in the Indigenous government context).
	Distributive justice (Byskov et al., 2021)	How the outcomes of transformation and its benefits, burdens, and risks are distributed	<u>I. Services and resources:</u> To what extent does this government response enable fair and equal distribution of goods and resources required for Indigenous Peoples to survive during the COVID-19 pandemic (e.g., adequate housing, potable water, health care, food, education)? <u>II. Capabilities:</u> To what extent does this government response enable Indigenous Peoples to convert services and resources into opportunities to survive during the COVID-19 pandemic?
			How could this response have been better delivered?

had affected them. After 40 minutes each group had written all they wished so the groups came together and presented what they had written. This was followed by a 60-minute discussion of the issues and benefits each group had identified. The focus group was held in English as all participants were bilingual (English and Fijian). The group lists were transcribed into an MS Excel® spreadsheet and underwent the same manifest content analysis with a deductive approach used in analyzing the interview data (Neuendorf, 2017). Structured codes from

Table 2
Policy categories, their target areas, keywords, and the number of policies per wave.

Areas covered by policy document	Keywords or phrases	The category to which the policy belongs	Number of policy documents developed in each wave			Number of policy documents in the same category
			1	2	3	
Measures to contain COVID-19	Containment, lockdown, 24-hour curfew, movement restrictions, quarantine, limited number of people at social, cultural, or religious gatherings, no sharing kava bowl, contact tracing	Containment	9	21	1	31
Policies provides access to cash at all levels	Economic support, economic recovery, subsidy recovery plan, stimulus packages, national budgets,	Economic	5	4	1	10
Behaviours to prevent the spread of COVID-19	Hand hygiene, wearing masks, two meter physical distancing between people	Prevention measures	5	2	2	9
Groups vaccinations were available and the roll out	Vaccine, frontline workers, COVID-19 Vaccines Global Access (COVAX), types of vaccinations (Astra Zeneca, Moderna)	Vaccinations	1	6	2	9
Agricultural and aid to support food security	Food rations, seeds, supplying food and supporting local production, local markets, market vendors, farmers	Food security	1	7	0	8
Alternative medical services and other disease management	Private General Physician (GP), Fiji Emergency Medical Assistance Team (FEMAT), Leptospirosis, dengue fever, measles, Non-Communicable Diseases (NCDs)	Medical services	1	4	0	5
Opening and closing school	Schools closed, school holidays, Walesi (a Fijian government initiative delivering free television to all Fijians), online learning	Education	2	0	1	3
Managing tropical cyclones and other natural disasters	Tropical cyclones, storms, Tsunami	Disaster management	1	0	1	2
Testing facilities	Fever clinics, hospital, Ministry of Health and Medical Services staff, screening	Testing	1	0	1	2
Health and safety of workers during the pandemic	Occupational health and safety, businesses adhering to COVID-19 precautions	Worker safety	2	0	0	2
Police would be enforcing policy	Police, fines, tickets	Enforcement	0	1	0	1
Total			28	45	9	82

the policy analysis were used to categorize the focus group data. The focus group data were then coded and categorized under each policy.

Step 3: Comparison

The responses identified through the policy documents (Step 1) were compared to the policy information collected through the interviews and focus group (Step 2) to identify if there were any further policies to be added. The policy responses identified from the initial policy coding and categorization, and those identified from the interviews and focus group were the same. For example, all identified containment measures such as border closures, curfews, and lockdowns. Hence the study moved forward with the original 11 categorizations.

Step 4: Prioritization of responses

The prioritization of Indigenous Peoples in government policy responses was adapted from Galappaththi et al. (2023). It involved two areas: i) relevance to Indigenous Peoples, and ii) level of implementation of the policy response. To determine the relevance to Indigenous Peoples, patterns of Indigenous community engagement were analyzed to assess Indigenous community participation and decision-making processes. Five questions were asked of each policy (see Table 1): i) were Indigenous Peoples included in the design of the response or the implementation, or just as receivers of government action? ii) were Indigenous Peoples consulted in the design of the response? iii) were Indigenous Peoples intended to work together with the government to implement the response? iv) were Indigenous Peoples intended to collaborate and provide feedback on the implementation of the response? and v) did the government response center on Indigenous value systems and historical context; do community members have authority over the entire process of the response?

The second area sought to analyze the effectiveness of the level of implementation of the policy response. The aim was to relate policy to practice and performance. The three principles of the framework used were: a) the relevant policy measures to address a specific issue should be able to address its *purpose*, b) the policy should be implemented using appropriate *practices*, and c) the policy should deliver its expected outcome in the considered context (*performance*). To capture these

principles of policy implementation, we asked five questions: i) was the policy implemented according to its requirement, in the context of Indigenous Peoples? [purpose]; ii) did Indigenous Peoples follow the policy? [practice]; iii) were Indigenous Peoples involved in the implementation of the policy? [practice]; iv) did Indigenous Peoples volunteer in the policy implementation? [practice]; and v) did the activities result in anticipated outcomes? [performance]. (SM Table 4)

During the analysis, it became clear that different policies coincided with different outbreaks (waves) and lag periods indicating a temporal dimension was having an impact. Temporal boundaries were established to distinguish the different waves. Criteria included, a) the number of positive cases reported, b) the nature and origin of the cluster, c) lag phases, and d) quotes from the Fiji Government confirming the presence of each wave (Fig. 2). Since the WHO declared COVID-19 a pandemic, Fiji experienced three distinct waves during the study period. The first wave began on March 19, 2020, when the first positive test was confirmed, and finished on June 21, 2020, when the government announced the relaxation of COVID-19 restrictions. A lag period followed from June 21, 2020, until March 31, 2021, which is marked by low positive case numbers. The second wave was from April 1, 2021, until October 31, 2021. This wave is dominated by community transmission of the Delta variant leading to the highest number of positive cases and deaths in Fiji during the pandemic (World Health Organization, 2021). This wave ended when the government met its goal of vaccinating 90% of the adult population, and positive case numbers declined. The third wave began on December 7, 2021, when the first two cases of the Omicron variant were confirmed (Babitu, 2022). At this time youth and children were eligible to be vaccinated, schools reopened along with international borders and tourists began to return.

3. Results

The results of the policy analysis found that 74 policies were created related to COVID-19 by the Fiji government. These policies were divided into 11 categories, six of the policies fall into two or more categories

(Table 2). Overall, policies related to reducing the spread of COVID-19 through containment activities (31) were the most prominent; this included closing provincial and international borders, lockdowns, curfews, and limiting social gatherings. These were the first policies created and the last to be removed. The high number of policies is not unexpected as the government responded to the changing situation, for example imposing lockdowns in response to rising positive cases and then removing lockdown restrictions when cases reduced. The next most frequent type of policy was economic (10), which gave the government power to provide economic assistance to businesses, individuals, and households. Prevention measures (9) and vaccination (9) policies were the next most common followed by food security strategies (8) then alternative medical service providers (5). There were fewer policies on enforcement (1), disaster management (2), and worker safety (2), but it is likely each Ministerial department developed and executed its own policies, and these were not published on the main government website.

3.1. Wave 1: initial lockdown, low COVID-19 positive cases

The results obtained through the interviews revealed that the MOH had been alerted to the potential for a pandemic by the WHO in December 2019. Since then, the MOH worked with the WHO to develop a range of policies that could be implemented under different scenarios. At the same time, Fiji was also managing a measles outbreak and policies were being developed and operationalized to contain its spread and to vaccinate children and adults. Our analysis showed policies created in the first wave of the pandemic focused on preventing the transmission of the COVID-19 virus. A total of 28 policies were created during this time and half of these focused on containment (9), preventing community transmission (5), and testing facilities (1) (Table 2). Containment policies included national and local lockdowns, national and local curfews, movement restrictions, quarantine measures, contact tracing, and limits on social gatherings. On June 21, 2020, the government released the careFIJI phone application to increase contact tracing capacity. By May 23, 2021, over 300,000, a third of the population had downloaded the app (Boila, 2021). Prevention measures focused on personal hygiene behaviors such as hand washing, sneezing into the elbow, wearing a mask, and keeping a 2-meter physical distance from those outside your household. These measures were effective in keeping case numbers low (49 mostly from quarantine facilities) and by the end of 2020, there were only two COVID-19 deaths.

Containment policies created economic and social hardship for individuals and families. On March 26, 2020, when the government closed all international air and sea borders the tourism sector effectively shut down affecting the livelihoods of over 150,000 people. Many of these workers supported families back in the village, the sudden loss of employment left them and their families without an income and forced them to return to their villages where it was cheaper to live. On the same day, the government announced its first economic stimulus policy, the COVID-19 Response Budget. The budget allocated money for workers in the formal sector but not those in the informal sector, such as subsistence farmers and fishers, the main occupations for *iTaukei* outside urban centres. Of the 258,053 people in Fiji living in poverty, 75% are *iTaukei*, these households live hand to mouth with little or no savings (Fiji Bureau of Statistics, 2020). Intensifying the economic vulnerability of *iTaukei* is the customary practice of sharing food, clothes, tools, money, etc. with family and village members in need. Hence few *iTaukei* outside urban centers have much in the way of savings and rely on selling produce to purchase food on a day-to-day basis. Therefore, farmers had no choice but to keep farming and selling crops to buy food and other goods. However, the curfews shortened the time they could work on the farm. The curfews also created unsafe conditions for their wives who sold the produce at markets, as the curfew hours meant they could not always get back to the village in time forcing some to sleep under their tables at the market.

The findings from the interviewees and the focus group revealed that

the sudden loss of income, and the return of workers created economic hardship. With no income and extra people to feed, women struggled to source enough food to feed everyone. They managed by cooking mostly crops from the farm and fish from the sea. Farmers and returning workers immediately began working together on farms to increase farm production and within 3–6 months they harvested their first crops. The increase in farming activity led to a glut of produce at local markets reducing their price. Additionally, with so many people now growing their food, there was less demand. With less money to buy imported food staples such as flour, rice, and sugar, households went without these foods undermining their food security. A focus group participant explained:

“When the workers came back we had no money to buy rice, flour, and sugar but there is always food on the farm and in the sea, so we ate from there. Everyone helped and we grew more so there was enough for everyone. When we couldn’t sell, we couldn’t buy so we only ate from the farm and sea, it’s free.” (50 year old female, Vunavutu village).

Results from the prioritization analysis found that *iTaukei* were not included in developing these policies. However, *iTaukei* Affairs and Provincial Councils were expected to assist with their implementation. A Provincial Council interviewee described employing a cultural lens to explain policies that did not align with traditional practices, such as no social gatherings or ceremonies. He explained the mission statement of the *iTaukei* Affairs Board (under which the Provincial Council sits) is, “A transformed *iTaukei* family for a better Fiji”. The goal is for *iTaukei* to put their own needs ahead of the extended family or village. Once they have met their own needs then they can help others. In meeting their own needs first, it is expected each family will become stronger, and it will give a more stable foundation to help others in the extended family and village. However, this goal contrasts with the traditional communal values of *iTaukei* which is to put the village first.

At the local scale, villages autonomously implemented strategies for containment and prevention measures. This included setting up checkpoints and roadblocks to monitor and prevent visitors from coming into the village. In the villages, masks were not worn but hand hygiene was widely performed. Participants also said they began to take traditional herbs to build their immunity to prevent catching the virus, a practice that lasted throughout the pandemic.

3.2. Wave 2: delta variant, high case numbers, vaccinations began

Wave 2 of the pandemic is marked by two significant events. First, community transmission of the virus began after an infected woman attended an *iTaukei* funeral; second, vaccinations became available. To respond to these developments 45 policies were created, the most amongst the three Waves. Almost half (21) of these policies were on containment, largely lockdowns in hotspot areas, closing provincial borders, and curfews to reduce transmission. With restricted movement, the flow of food and goods was affected and consequently maintaining food security became a priority. Seven policies to support food security were implemented. These included supplying food rations and agriculture starter kits for families returning to rural farming. Containment measures such as lockdowns prevented people from going to work hence four consequential economic policies were enacted and implemented to provide money for workers who became unemployed or had reduced hours. A one-time, \$50 cash allowance was given to all those over 18 years, living on Viti Levu, and affected by the pandemic. This was the first time the informal sector received assistance. As COVID-19 case numbers rose and overwhelmed healthcare facilities, policies were created to provide medical assistance for non-COVID-19 patients.

During wave 2 positive cases began to occur in the villages. Interviewees described positive cases being moved from the village to government quarantine facilities, and the remaining household members being quarantined in their homes for two weeks. The health of these people was monitored by the zone nurse who also dropped off food

rations (rice, flour, sugar, canned fish). Village members said they also left food including cooked meals, cassava, sweet potato, and fish for these households.

Vaccinations began on March 10, 2021, the government had already laid out its COVID-19 vaccination policy in the Fiji COVID Safe Economic Recovery Framework 2020 to have 90% of the adult (18 yr+) population fully vaccinated by November 1, 2021. Six policies outlined vaccination eligibility. To incentivize/coerce people to get vaccinated the government created a 'No Jab, No Job' policy, this applied to all workers including government, private, and market vendors who had to be vaccinated to work. To incentivize Fijians 18 years or older and living on Viti Levu to get vaccinated the government paid them \$360 per vaccination they received (up to two) by October 31, 2021. The government reached its vaccination goal of 90% suggesting the policies were effective although as Weber et al., (2022) documented the "No Jab, No Job" policy violated people's rights and caused over 250 medical staff, police, and teachers to lose their jobs because they refused to be vaccinated.

iTaukei frequently use traditional herbs and practices to treat ailments. Many participants identified using medicinal plants to build up their immunity to prevent getting COVID-19. These same participants used traditional plants and practices to treat themselves and family members when they were ill with COVID-19. However, the use of traditional medicine was not supported or recognized in any government policy. An interviewee explained the government did not want people to use traditional medicine but to get vaccinated. He described going to gather some medicinal plants one day but when he got to the location all the plants had been cut down, a relative told him the army had come one night and cut them down. He explained this was how the government forced *iTaukei* to do what it wanted. Human Rights abuses have been documented by the government most recently in 2022 (Amnesty International, 2024).

Focus group participants and interviewees identified the sudden closure of provincial borders caused families to be separated and all described this as the most difficult period of the pandemic. Some participants described hiring taxis to go to the provincial border to give sacks of produce (e.g., cassava, cabbages, sweet potatoes) to family members but having to stay 2- meters away, no touching or hugging a rule enforced by the police. Tables were set up for the sacks of food to be disinfected by public health officers and then passed to the waiting family members. The closure of borders was stressful and frightening, people had to remain where they were and rely on family and village members to help them. A female participant tells of her experience,

"I was here (in the village) alone. My husband, son, and in-laws were locked in Lautoka, they came back in June. For three months I was alone and pregnant. It affected us (iTaukei) mentally. We don't know what is going on, we don't know what will happen. We need to be together." (32-year female, Naidiri).

Our analysis found *iTaukei* were not included in policy development in wave 2. Interviews with members of the Provincial Council found the government reactively consulted with *iTaukei* chiefs after they protested about using local resorts to quarantine COVID-19 cases from Suva. The chiefs granted permission after meeting with the MOH. Similarly, as in the village, when a chief makes a decision, it is accepted; everyone is expected to abide by the decision and there is no further discussion or challenging of the decision. Hence when the COVID-19 cases were moved by bus into these facilities, there were no further discussions, protests, or complaints, *iTaukei* accepted the decision.

3.3. Wave 3: international borders open, increasing food and fuel prices,

Wave 3 was dominated by the Omicron variant which caused positive case numbers to begin to rise. However, following the Fiji COVID Safe Economic Recovery Framework 2020, the high vaccination rate of adults and the rollout of youth and child vaccinations supported the

government reopening its international borders for tourists expecting positive cases would not overwhelm the health care system. Nine policies were created focusing on reducing containment activities, lessening testing requirements, and extending vaccination eligibility to youth and children. As Fiji opened its borders tourists slowly began to return, workers began to return to hotels and resorts, schools re-opened, and money began to flow back into the country and people's pockets. Focus group participants expressed relief as workers returned to the resorts and hotels but they were worried about the tourists bringing in new COVID-19 variants and workers bringing it home and family members getting sick. They also worried about going out to places where tourists were such as the supermarket and catching the virus, saying they felt safer when the international borders were closed and it was only Fijians.

Focus group participants and interviewees said they continued to struggle financially as the price of imported store foods and fuel had risen so much they were often unaffordable. Supply chain disruptions and shortages due to COVID-19 restrictions, Tropical Cyclones Yasa and Ana, and the Russian invasion of Ukraine led to a 24.5% increase in food and fuel prices (Narayan, 2023). In response, households continued to meet food needs by continuing to rely on the farm and sea for most of their food and reducing costs where they could. For example, a participant explained how she saved money by using firewood to cook although it is more time-consuming than using a kerosene stove:

"The price of kerosene has gone up, it is too much for us, so I go and get wood from the forest and cook over the fire, it takes longer but it's free." (24-year-old female Narewa).

Our policy analysis did not find any government financial assistance or involvement of *iTaukei* during the reopening phase. The government focused on reviving the tourism sector for economic recovery and growth. An interviewee from the NNPC explained the government was following the Fiji COVID Safe Economic Recovery Framework 2020 it had created and this laid out all the conditions for moving forward with opening borders.

4. Discussion

4.1. Controlling borders and vaccinations

In this study, we sought to understand the extent to which the Fiji Government included *iTaukei* in the policies it created during the COVID-19 pandemic. Overall, the policies implemented by the Fiji government were effective, of 238 countries Fiji holds 89th for the lowest number of cases per million population (WHO, 2023). The key policy responses we identified in Fiji have been documented in other countries including those of other PICs. For instance, international border shutdowns and strict travel restrictions were implemented in most Island states including Samoa, Kiribati, Vanuatu, the Solomon Islands, and Tonga, and were credited with keeping case numbers low in the first year of the pandemic (Dierra et al., 2021). Similarly, in Jamaica travel bans were put in place causing cruise ships carrying symptomatic passengers to be refused entry, and by December 2020 Jamaica had one of the lowest infection and death rates in the world (Tufton, 2021). In New Zealand, a nationwide lockdown in the first year of the pandemic successfully curtailed community spread (Baker et al., 2020). Being an island was a positive attribute when countries could control their borders, however, islands that lacked political independence did not fare as well. For example, Guam had to abide by U.S. law and allow U.S. military personnel entry and by the end of 2020 recorded one of the highest mortality rates of any SIDS (Campbell and Connell, 2021).

Policy responses in Fiji changed over the pandemic in response to positive case numbers, outbreak locations, and vaccination availability. Other countries also reacted to contain the virus by creating local lockdown areas. For example, as positive case numbers rose in Melbourne, Australia the State and municipal governments imposed lockdowns for areas within the city but these were not extended across the

state where positive cases were largely absent (Australian Government, 2021). As vaccinations became available in Fiji, policies were created to vaccinate targeted specific groups of the population. A study by Cameron-Blake et al., (2023) found in 185 countries COVID-19 vaccination policies either sought to eliminate the virus by preventing entry into the country or to mitigate the impacts of the virus. Island countries including Fiji, Tonga, Solomon Islands, and New Zealand sought to eliminate the virus and prioritized the vaccination of border workers and those in the economic sector. In contrast, countries that pursued mitigation, such as Brazil and Morocco, prioritized the vaccination of the elderly and the health care sector. Weber et al., (2022) document the vaccination rollout in Fiji was delayed and disorganized ending up with a “first-come approach” which increased the risk for the elderly and those with comorbidities who were afraid to go to crowded vaccination centers delaying or preventing them from getting vaccinated. Additionally, Fiji was not alone in mandating vaccinations for workers, Cameron-Blake et al., (2023) found 55 countries mandated this for workers while other countries were more severe such as the Federation of Micronesia and Indonesia mandated vaccinations for the general population.

4.2. Cultural inclusion and compliance

Scholars advocate that including Indigenous Peoples in policy decisions will create better outcomes for them (Zavaleta, 2020). These recommendations come from countries where Indigenous Peoples are a minority and experience greater social disadvantage than the general population. For example, in Brazil the government has implemented policies that deny Indigenous Peoples their rights (Ferrante and Fearnside, 2020). Our analysis showed dimensions of *iTaukei* indigeneity (cultural, worldview, values) were not included in policies supporting an environment of non-compliance with health implications. For example, *iTaukei* made up the majority of people not complying with curfew and social gathering restrictions increasing the risk of exposure. The Deputy Director for the Legal Aid Commission believed this was because “they did not realize the seriousness of the situation” (Danford, 2021). In a 2020 study Vave, (2021) identified 95% of *iTaukei* attending funerals during the pandemic in 2020 did not comply with social gathering restrictions as they conflicted with their values and behaviors that place greater emphasis on the well-being of the group than the individual. He warned the government needed to utilize a social lens that incorporated etic and emic differences in culture and include community leaders to enhance compliance by *iTaukei*. However, this never occurred and in April 2021 an *iTaukei* funeral became the ‘super-spreader’ event for wave 2 (Movono, 2021). By mid-November 696 people had died from COVID-19, *iTaukei* accounted for 75.6% of those deaths (Sharma et al., 2022). If these statistics are not to be repeated in future pandemics, mechanisms to include Indigenous Peoples need to be in place whether the Indigenous population is a majority or minority. For example, Fiji and other PICs could follow the example by the Federated States of Micronesia which meets the needs of its Indigenous Peoples by employing a community-based planning platform allowing communities to create context-specific strategies for health interventions (World Health Organization, 2020). This bottom-up approach allows cultural elements to be included and satisfies the right to self-govern.

In Fiji, the government only met with traditional leaders when it was unavoidable. A report by the National Democratic Institute & United States Agency for International Development, (2021) documents a lack of inclusion of civil society in government responses in PICs including Fiji, Kiribati, Nauru, Palau, Papa New Guinea, and Samoa. The report concludes collaboration between governments and civil society would build greater resilience in COVID-19 recovery and for future events. Some countries did involve traditional leaders. For example, the Federated States of Micronesia used a community-based health planning platform that includes traditional community leaders to facilitate

communities in developing their own COVID-19 action plans (World Health Organization, 2020). In New South Wales, Australia First Nations staff and community members actively participated in strategic and operational decision-making in public health minimizing COVID-19 related risks (Crooks et al., 2023). These bottom-up approaches tailor solutions to the local context, unlike the one-size-fits-all approach to policies that are not context-specific resulting in less non-compliance.

The policies created during the COVID-19 pandemic impacted the livelihoods of *iTaukei*. In peri-urban and rural areas *iTaukei* are mostly farmers, the agricultural sector is essential to the economy yet received little assistance during and none post-pandemic. Farmers rely on selling produce for income, but the higher local production has reduced prices and local market demand. Farmers in Tonga and Samoa are also struggling to sell their produce affecting their income (Underhill et al., 2023). The inclusion of farmers in policymaking may have provided solutions to improve their current situation.

Policies are context-specific, and Fiji has a history of racial tension that could cause the exclusion of *iTaukei* from policies. In 2013 the government changed the Fiji Constitution to create greater equity between *iTaukei* and Indo-Fijian by removing language referring to ethnicities and collectively calling all citizens Fijians (Department of Foreign Affairs and Trade (DFAT), 2022). Yet ethnic divisions continue for example, there is a Ministry of *iTaukei* Affairs focused on the well-being of *iTaukei* but there is no specific ministry for other ethnicities including Indo-Fijians. Given past frictions between *iTaukei* and Indo-Fijians, and with *iTaukei* being the majority of the population this may have prevented their inclusion as this could have increased racial tension during the pandemic. However, there is no evidence the government consulted with any traditional leaders or the general public when developing the policies which reinforces the need to include cultural leaders from both ethnicities when forming policies and this may in turn build stronger unity between these two groups. However, such engagement must be meaningful in its co-production of knowledge to influence outcomes. Guidelines are available to assist practitioners and researchers in these areas (Hill et al., 2020; Tengö et al., 2017). For example, the Inuit Circumpolar Council, (2021) has published a report documenting the rules, guidelines, protocols, and values when engaging with Inuit communities. David-Chavez and Gavin, (2018) reported that projects that reported higher proportions of responsible community engagement indicators (including positive actions, changes, or products that directly benefitted Indigenous Peoples) were also those that engaged Indigenous community members from the beginning or were in mutual agreement with the community indicating meaningful engagement.

4.3. Governance style

Another explanation for the lack of *iTaukei* engagement could be the reliance by Fiji on the WHO and past policies that did not include cultural dimensions. The WHO COVID-19 guidelines do not specify cultural considerations leaving this to each country to operationalize as it sees fit. In addition, in December 2019 Fiji worked with the WHO to successfully manage a measles outbreak and those policies became a base for COVID-19 policies. Cultural contexts were absent in these policies and perhaps in the urgent need to develop COVID-19 policies they were forgotten. If so, this provides an opportunity to improve future policies for the WHO to direct countries to include traditional leaders. Alternatively, the lack of engagement with *iTaukei* may be related to the style of governance. Prime Minister Frank Bainimarama led the 2006 coup which left him in power (Vitusagavulu, 2013). Amnesty International documents his dictatorship continued the suppression of freedom and expression, violations of workers’ rights, and the use of torture by his government (Amnesty International, 2014).

4.4. Neo-colonial constraints

Broader geopolitical forces constrained how the government of Fiji and other PICs responded to the pandemic through access to funds and vaccinations. Fiji like many PICs including Vanuatu, Tonga, and Papua New Guinea sought assistance from partner countries and international agencies including New Zealand (Government of New Zealand, 2021), Australia, the United States, China, United Nations International Children's Emergency Fund (US Agency for International Development & UNICEF, 2022), the European Commission (European Commission, 2023), the International Monetary Fund and the World Bank (Craymer 2023a). Funds came with conditions giving the government limited control if it perceived its priorities were different. For example, money was available to purchase health care equipment such as vaccine refrigerators, personal protective equipment, and ventilators and provide seeds to households as part of the Home Gardening Project. The government like many PICs and developing countries also had little control over when and which vaccinations they would receive being at the mercy of donor countries and the COVID-19 Vaccine Access (COVAX) program. This situation highlighted how neocolonialism continued to function during a pandemic with wealthy countries having early access to vaccinations and poorer countries waiting (Olla, 2021). This reliance on international aid and the restrictions it brought limited the flexibility of the government to respond and tailor policies to the local context. These aid structures have been described as a form of neo-colonialism controlling the actions of many PICs keeping them poor in debt repayment. For example, in May 2023 the World Bank listed six PICs experiencing high debt distress from COVID-19-related spending (Craymer, 2023b). The case is worse in Fiji where the debt burden in April 2023 was 90% of the gross domestic product (Craymer, 2023a). There is no quick way out for Fiji or the other PICs only more loans and a continuation of the cycle limiting their control in a system where culture is ignored.

This study makes three significant new contributions to existing literature on policy responses to the COVID-19 pandemic. First, it documents a lack of inclusion of the Indigeneity of Indigenous Peoples in formulating policy responses in Fiji. The implication of this finding is we cannot assume because an Indigenous population is the majority their cultural practices, knowledge, and beliefs will be included in government policy. Identifying the factors that motivate or hinder their participation in policymaking offers a chance to address these issues and consequently enhance the fairness and equity of policies in terms of representation, distribution, and procedural justice.

Second, the study adds new knowledge of the experience of Indigenous Peoples in PICs during the pandemic. While our study focuses on *iTaukei* in Fiji and these results provide value at the local level, Indigenous research in other PICs and globally can also benefit from the broader insights this study creates. Finally, this study investigates policy responses to COVID-19 over two years and multiple waves increasing our knowledge of ways to manage multiple stressors in times of uncertainty and complexity.

4.5. Limitations

This study was limited from two perspectives. First, due to travel restrictions, we could not conduct interviews during the pandemic so the interviews and focus group information rely on personal memory which can be biased to some extent (Moreno-Serra et al., 2022). However, the constant identification of specific policies and repetition of experiences from interviews and focus group participants indicated we had reached a level of saturation indicating internal consistency of the most impactful policies and experiences were captured. Second, the policy documents we collected and analyzed are not exhaustive. We selected those policies from the Government of Fiji website and the MOH because these were the two sites publishing policies to the public and we acknowledge other Ministries have also created their policies.

5. Conclusion

Indigenous Peoples were disproportionately impacted by government policies during the COVID-19 pandemic, and their participation in developing policies is crucial. In Fiji, we found although individuals of *iTaukei* ethnicity were involved in developing COVID-19 policies their cultural voices were absent. While we have discussed several rationales for this absence further exploration of the underlying political and power structures is needed which will likely highlight areas where changes can occur to support the voice of *iTaukei*. Such findings are important for the global Indigenous communities and the global research community.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data Availability

The authors do not have permission to share data.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.envsci.2024.103791](https://doi.org/10.1016/j.envsci.2024.103791).

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