



**VANUATU–WHO**

**Country Cooperation Strategy 2018–2022**



**World Health  
Organization**

Western Pacific Region

## OVERVIEW

Stretching over 1300 kilometres from north to south, Vanuatu comprises 83 main islands with a land area of approximately 12 300 square kilometres. Sixty-three of the islands are permanently inhabited. The country is divided into six provinces: Torba, Sanma, Penama, Malampa, Shefa and Tafea.

The population of Vanuatu is approximately 290 000 in 2016. Port Vila, the capital, is located on the most populous island of Efate in Shefa Province. The islands were under British and French protectorate from 1906 to 1980, at which time Vanuatu gained independence and a constitutional parliamentary governance system was established. The services sector continues to constitute the largest share of total gross domestic product, followed by agriculture, fishing and forestry industries.

## HEALTH AND DEVELOPMENT

The Government is the main service provider of health services. There is a small private sector that contributes to health care, principally in the two main urban centres. Support from nongovernmental organizations, faith-based organizations and community-based services supplement government services.

Vanuatu faces a triple public health burden of increasing rates of noncommunicable diseases (NCDs), emerging threats from climate change and death and illness from communicable diseases and conditions affecting mothers and children. NCDs, in particular diseases of the circulatory system, diabetes, cancers and chronic respiratory disease, are among the most common causes of adult morbidity and premature mortality. In children, respiratory infections, diarrhoeal disease and neonatal conditions continue to account for most childhood illnesses and under-five deaths. Despite some progress in neonatal, infant and child health, the decline in under-five mortality and infant mortality appears to have plateaued over the past 10 years. Undernutrition and stunting remain a concern. Neonatal and maternal health continue to pose major challenges as access to emergency obstetric and neonatal services remains limited. While the prevalence of malaria has declined remarkably, that of other communicable diseases such as tuberculosis (TB) and sexually transmitted infections (STIs) has not and the population is at risk from disease outbreaks such as dengue fever, measles and other vaccine-preventable diseases.

Health care and health programmes are primarily delivered by the Government with support from development partners, nongovernmental organizations, faith-based organizations and a small private sector. Funding comes predominantly from Government and donors. Patients pay modest contributions for inpatient care and outpatient services in public facilities. There are four basic levels of publicly operated health-care facility: hospitals, health centres, dispensaries; and community-supported aid posts. Recent efforts to improve financial management processes, health information systems and health planning cycles and to strengthen primary health care and immunization programmes are delivering results. Despite these successes, limited access to quality health services remains a challenge. Scattered populations, geographical isolation, poor infrastructure, costly transportation and logistics are major challenges in delivering essential health care. Increasing urbanization of the two major towns is causing urban overcrowding and creating environmental conditions that catalyse the emergence of disease and other health problems such as NCDs, STIs, unplanned pregnancies, childhood malnutrition and domestic violence. In addition, lack of an adequately skilled workforce, limited financial capacity and other health systems issues continue to hinder the delivery of quality services for all.

The World Health Organization (WHO), working with partners, will support the Government in pursuing its national strategic priorities. Each strategic activity is linked to at least one of the subregional focus areas that are detailed in the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

**1. To reduce morbidity and mortality from communicable diseases and continue to integrate disease-specific programmes into broader health system structures**

- 1.1 Continue the malaria elimination agenda through effective surveillance and information management systems and mobilization of resources to maintain the required coverage and quality of interventions.
- 1.2 Improve access to diagnostic facilities for TB among the outer islands populations; implement active case finding and contact tracing to increase TB case detection; improve referral systems for specimens, community directly observed treatment, short-course (DOTS) activities and follow-up among scattered populations; and improve engagement of civil society organizations in TB control as per the *National Strategic Plan for Tuberculosis 2016–2020*.
- 1.3 Reduce the burden of STIs and HIV through improved health promotion (particularly targeting high-risk populations), screening and patient services.
- 1.4 Reduce the burden of neglected tropical diseases (NTDs) and avoid the reintroduction of eliminated NTDs through: strengthened surveillance; case detection; care of affected people; preventative chemotherapy; water, sanitation and hygiene (WASH) initiatives; health promotion and integration of these services into the health system; and, in particular, strengthened dengue prevention and control.
- 1.5 Achieve and maintain high coverage of vaccination, fill immunity gaps through selective immunization activities or supplementary immunization activities, strengthen laboratory capacity, and improve the quality of surveillance and preparedness for outbreak response.

**2. To address NCDs, mental health and substance abuse, injury and violence, disability and rehabilitation, and nutrition by setting national targets, developing multisectoral policies and plans, reducing risk factors and enabling health systems to respond**

- 2.1 Provide essential services for prevention, screening and management of NCDs, implement the Healthy Islands initiative and expand primary health care services in alignment with the Vanuatu *Multi-sectoral NCD Policy and Strategic Plan 2016–2020*.
- 2.2 Conduct a STEPS survey and improve routine data collection of NCDs.
- 2.3 Decrease the service provision gap for mental health in alignment with the *Vanuatu Mental Health Policy and Strategic Plan 2016–2020*.
- 2.4 Prevent and respond to violence, road traffic accidents and injuries by supporting the development and implementation of evidence-based intersectoral action plans and programmes.
- 2.5 Increase access to health care for people with disabilities, strengthen rehabilitation and improve disability data collection.
- 2.6 Strengthen nutrition governance and coordination across sectors, improve delivery and coverage of quality nutrition services, strengthen interventions to reduce the risk of obesity and undernutrition; prevent and control iron deficiency anaemia, iodine deficiencies and other micronutrient deficiencies among vulnerable populations; and promote and sustain national and household food security.

### **3. To strengthen support for reproductive, maternal, newborn, child and adolescent health, older people and disability-related health programmes**

- 3.1 Eliminate preventable deaths of mothers and newborns, and preventable deaths and illness of children; reduce unintended pregnancies; strengthen preventive and curative health services for young people and healthy ageing; and reinforce health systems for RMNCAH.
- 3.2 Mainstream gender, equity and human rights.
- 3.3 Strengthen human resources and institutional capacity in environmental health risk assessment and management and establish improved multisectoral coordination mechanisms in water, sanitation and hygiene.

### **4. To strengthen the core components of the health system towards the achievement of universal health coverage, with an emphasis on primary health care**

- 4.1 Review, revise and update the health sector policy framework.
- 4.2 Implement the health information system strategic plan.
- 4.3 Review, revise and define the core service packages and delineate the roles of health institutions at different levels of the health system.
- 4.4 Improve sector coordination and enhance aid effectiveness through engagement with development partners, donors, private sector, civil society, nongovernmental organizations and multisectoral partners to optimize health services and the delivery of health programmes.
- 4.5 Develop the workforce by supporting professional development and education through Pacific Open Learning Health Net (POLHN) and facilitating the integration of foreign-trained medical, allied health, nursing and public graduates into national health services.
- 4.6 Strengthen workforce management in collaboration with key stakeholders such as professional associations.
- 4.7 Improve access to services by rolling out primary health care interventions in all provinces and building a more responsive health system.

### **5. To build capacities in responding to and mitigating public health threats and risks posed by emergencies and disasters by strengthening the capacity to respond to emerging diseases and public health events, humanitarian emergencies and health risks associated with climate change and by improving food safety and the nutritional aspects of food security**

- 5.1 Review, develop and update legislation, policies and guidelines in accordance with International Health Regulations, or IHR (2005).
- 5.2 Coordinate national health clusters in emergencies and strengthen response, recovery, and preparedness plans and procedures.
- 5.3 Strengthen surveillance systems and border control in alignment with IHR (2005).
- 5.4 Strengthen infection control procedures in hospitals and health facilities.
- 5.5 Build resilience to climate change within the health system through adaptation projects.

## NATIONAL HEALTH POLICY

Health sector development is guided by an overarching *National Sustainable Development Plan 2016–2030*, which outlines the overall national development priorities. Society Goal 3 of the Sustainable Development Plan addresses quality health care and aims for “a healthy population that enjoys a high quality of physical, mental, spiritual and social well-being”.

### The four health policy objectives are:

1. ensure that the population of Vanuatu has equitable access to affordable, quality health care through the fair distribution of facilities that are suitably resourced and equipped;
2. reduce the incidence of communicable and noncommunicable diseases;
3. promote healthy lifestyle choices and health-seeking behaviour to improve population health and well-being; and
4. build health sector management capacity and systems to ensure the effective and efficient delivery of quality services that are aligned with national directives.

The *National Health Sector Strategy 2017–2020* is in development and will align closely with the policy objectives of the Sustainable Development Plan. It will provide the strategic directions for health interventions for improved services that are accessible to all without financial hardship. Primary health care and strengthening the core components of the health system are key elements of the Ministry’s strategy to build a system that is resilient to the health consequences of climate change, the increasing burden of NCDs and the ongoing impact of communicable diseases.

## PARTNERS

In implementing this strategy, WHO and the Ministry of Health will work with other government ministries, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

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