

VANUATU

1. CONTEXT

1.1 Demographics

The 2009 National Census of Population and Housing reported the population of Vanuatu to be 234 023, with a growth rate of 2.3% per annum. Life expectancy at birth is 69 for males and 72 for females, and 3.5% of the population is over 65 years of age.

The 2011 estimated crude birth rate was 31.1 per 1000 population and the estimated crude death rate was 5.3. The infant mortality rate was 27 per 1000 live births in 2008.

According to the last national census, the urban population accounted for 25.6% of the total population in 2010. Urban migration is increasing at an alarming rate, particularly from rural islands to Port Vila and Luganville, as people seek employment or education. Most of the population are employed in subsistence agriculture, the rest being in government departments, private companies and other employment sectors.

1.2 Political situation

On 30 July 2010, Vanuatu celebrated 30 years of independence.

The country has a republican political system headed by a President who has primarily ceremonial powers. The President is elected for a five-year term by a two-thirds majority in the Electoral College, consisting of Members of Parliament and the presidents of regional councils. The Prime Minister, who is the head of the Government, is elected by a majority vote by a three-fourths quorum of Parliament. The Prime Minister appoints the Council of Ministers, whose number may not exceed one-fourth of parliamentary representatives. The Prime Minister and the Council of Ministers constitute the Executive Government. The Parliament has 52 members who are elected every four years by popular vote. The legal system of the country is based on English common law.

Vanuatu has had a relatively prolonged period of political stability. Prime Minister Edward Nipake Natapei has been in office since September 2008. Moses Kahu has been Minister of Health since July 2009.

1.3 Socioeconomic situation

Per capita gross domestic product (GDP) was US\$ 2685.10 in 2009. As part of plans to improve the economic status of the country, the Government has introduced a priority action agenda, a long-term investment plan to expand the economy and improve the living standards of the people. The agenda relies mainly on foreign aid for investment, with Australia, China, the European Union, Japan, Malaysia and New Zealand being the main donors.

Besides direct foreign investment, other mainstays of the economy are construction, tourism retail and wholesale trade and, to a lesser extent, agriculture. Economic development is hindered by dependence on relatively few commodity exports, vulnerability to natural disasters and the long distances from main markets.

The traditional economic staples, such as copra, cocoa and kava, are not likely to sustain economic growth into the future. The Government currently subsidizes copra and demand is not increasing to meet production. Kava (*Rhizoma Piperis Methystici*) has been subjected to investigations into its possible detrimental effect on health, specifically liver toxicity. Cocoa could be an important export if sufficient quantities could be produced. The economy is moving towards complete dependence on the tourism industry, which will not be sustainable for economic development. Very few new jobs are created annually in all sectors of the economy, especially for returned trainees and graduates.

1.4 Risks, vulnerabilities and hazards

Vanuatu is highly vulnerable to natural disasters as the country is in an earthquake zone. Volcanic eruptions, earthquakes, tsunamis and cyclones are the main culprits damaging the country. Most of the islands of Vanuatu are mountainous and of volcanic origin. The danger of a major eruption is always present due to several active volcanoes, including several under water. Cyclones, drought, flooding and other weather events also occur.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

Malaria is the major public health problem in the country, other communicable disease concerns being tuberculosis; sexually transmitted infections; acute respiratory tract infections, including pneumonia; diarrhoeal diseases; viral hepatitis; typhoid fever; and measles.

In 2008, the rapid diagnostic test for malaria was progressively introduced in all health facilities. Annual parasite incidence (API) decreased from a baseline of 73.9 positive cases per 1000 inhabitants to 23.3 per 1000 in 2007, 15.6 per 1000 in 2008, and 13.3 per 1000 in 2009. This remarkable decline has opened up the prospect of further reduction and eventual elimination of malaria. The Ministry of Health has introduced long-lasting, insecticide-treated nets, using funding from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. The use of bednets now seems to be widespread, with 85% of children sleeping under nets in 2009. Nevertheless, concentrated efforts are still needed to achieve the elimination target.

Tuberculosis (TB) is a national concern in both urban and rural settings. From 2000 to 2007, the average annual prevalence rate was six cases per 10 000 inhabitants, which corresponds to 120 TB cases a year. The Ministry of Health implements the directly observed treatment, short-course (DOTS) strategy. The case detection rate was 78% in 2009 and the treatment success rate was 91% in 2008. The programme is now concentrating on quality, consistency and sustainability issues.

Dengue fever, dengue haemorrhagic fever and filariasis are also very significant communicable diseases, and the Directorate of Public Health has implemented an extensive vectorborne-disease control programme over the past 20 years. The five rounds of mass drug administration against filariasis have been completed and the programme is now in an evaluation and surveillance phase.

Sexually transmitted infections (STI) have always been suspected of being highly prevalent, and data from health facilities indicate high prevalence and incidence rates. Azythromycin-based presumptive treatment for pregnant women has been ongoing at Vila Central Hospital since January 2001. In 2000, a survey of women visiting the antenatal clinic at the hospital showed incidence rates of 27.5% for *Trichomonas vaginalis* and 21.5% for *Chlamydia trachomatis*. However, the results of a cervical cancer screening project carried out in 2007 in 500 women in Efate found chlamydial infection in only 2% of the sample. On the other hand, the survey revealed that 9% of the sample had cervical pre-cancer or cancer lesions. A number of STI were also identified, such as syphilis in 4% of the sample.

Vanuatu officially reported its first HIV infection on 25 September 2002. There was considerable public interest in the case, giving impetus to health service improvements in the areas of counselling, blood safety and testing. There has been an increase in the number of people requesting HIV tests. Three confirmed HIV infections have been reported to date, with one AIDS-related death in 2006 and one in 2007.

Other major health concerns are acute respiratory infections (ARI) and diarrhoeal diseases, which contribute significantly to the morbidity burden. Children under two years of age account for about 50% of all hospital admissions for ARI. The introduction of the integrated management of childhood illness (IMCI) strategy and the support for integrated health services may reduce the burden on the health system caused by advanced cases of ARI and diarrhoeal disease.

Noncommunicable diseases, especially diabetes and hypertension, have come to the attention of the Ministry of Health in the last few years; in 2006, diabetes was the eighth leading cause of morbidity (inpatient care) and hypertension the 10th leading cause. Lifestyle changes and the growing urban population appear to be the main causes.

2.2 Outbreaks of communicable diseases

The country needs to develop a good disease surveillance system for early reporting of disease incidence in order to respond to outbreaks properly. During 2006, there was an outbreak of typhoid fever on the island of Tanna, which was successfully controlled by the Southern Health Care Directorate. There were also sporadic outbreaks of

diarrhoeal diseases. In June 2008, a workshop on the International Health Regulations (IHR 2005) was organized and a national surveillance action plan has been developed. During the H1N1 outbreak, Vanuatu implemented a very comprehensive disease surveillance programme.

2.3 Leading causes of mortality and morbidity

The 10 leading causes of morbidity (inpatient) during 2006 were: acute respiratory infection, including pneumonia; cutaneous abscess; malaria; asthma; diarrhoea; injuries; food poisoning; diabetes; chronic obstructive pulmonary disease; and hypertension. The quality of diagnosis is often hampered by inadequate laboratory facilities for investigation and is mainly based on clinical judgement.

The leading causes of mortality reported in 2006 were: heart disease, cancer, asthma, stroke, pneumonia, liver disease, neonatal death, diabetes mellitus, septicaemia, and hypertension. The mortality pattern over the years shows a clearly increasing trend towards noncommunicable diseases becoming the leading cause of mortality in the country.

2.4 Maternal, child and infant diseases

The Maternal and Child Health (MCH) Programme conducts clinics for antenatal mothers, child immunizations and family planning. In addition to care, it offers support, information and advice regarding parenting, child health and development, maternal health and well-being, child safety, immunization, breastfeeding, nutrition and birth spacing.

During 2006, the five hospitals in the country treated 168 maternity cases: 109 for abortions, 7 for eclampsia, 11 for haemorrhage, 33 for obstructed labour and 8 for sepsis. There were six maternal deaths reported during the year.

A total of 8567 births were reported for 2006: 2507 (29%) were delivered in hospitals; 5296 (61%) were delivered in health centres; 156 (2%) were delivered outside health facilities, assisted by skilled health personnel; and 608 (7%) were delivered by traditional birth attendants (TBA). Of the total births reported, 92.9% were attended by skilled health personnel, and 95.5% of the newborn babies weighed more than 2500g.

In 2010, 87.6% of pregnant women received a second dose of tetanus toxoid (TT2). Coverage for DTP3 was 93%, while the POL3, BCG and hepatitis B III coverage rates were 90% in 2010.

2.5 Burden of disease

With an annual population growth rate of 2.3%, the population is expected to continue to grow, with higher numbers of births every year. At the same time, life expectancy at birth is also increasing. This will lead to a double burden of disease: childhood diseases will continue in importance while, at the same time, diseases of the elderly will rise. Hypertension and its complications, heart disease, cancer, diabetes and injuries are the diseases that will place a serious burden on the health services in coming years.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

The vision of the Ministry of Health is to protect and promote the health of all people living in Vanuatu. The Ministry's mission is to establish an integrated and decentralized health system to promote effective, efficient and equitable development and services for the well-being of all people across the country, based on the following values:

Customer focus: Customers are the first priority and concern in the provision of quality care and access, while respecting their geographic situation, economic circumstances, and social and cultural beliefs and values.

Equity: In cultural, ethnic, religious and political diversity, and irrespective of disability, gender and age, fairness, respect and honesty must prevail in all dealings.

Quality: High quality outcomes will be pursued using safe and affordable interventions, and science and technology will be applied to maximize benefits, while minimizing risks in all facets of activities.

Integrity: The health system will strive for improvement and will commit to the highest ethical standards in all that is done in providing quality care in Vanuatu.

The objectives are:

- to restructure the Ministry to ensure effective, efficient and responsive service delivery;
- to strengthen health partnerships to ensure effective, efficient and coordinated service delivery;
- to plan and provide equitable service delivery for the people of Vanuatu;
- to further develop a range of public health programmes and initiatives, including programmes for tuberculosis, leprosy, malaria and HIV/AIDS;
- to provide and promote effective and efficient reproductive health services;
- to improve and strengthen the drug and medical supply system;
- to plan new primary health care facilities based on population numbers;
- to review and develop the patient referral system;
- to develop hospital service standards, policy and regulations to assure quality and customer-focused services;
- to strengthen the national health information system to support planning, management and effective service delivery to patients and customers; and
- to further develop human resource management and development to achieve a well-managed and well-trained workforce.

3.2 Organization of health services and delivery systems

The Ministry of Health is responsible for the provision of curative and preventive health services. The Ministry formulates national health policies, coordinates the development and planning of public health sectors, and regulates health standards.

The five public and one private hospital provide inpatient and specialist outpatient services. Of the five hospitals, there are two tertiary referral public hospitals located in both Port Vila and Luganville. Specialized tertiary services are not available in Vanuatu and are referred for overseas treatment, mainly to Australia and New Zealand.

There are 27 health centres, about four in each province. They provide outpatient and inpatient services (mostly prescription of drugs and deliveries), health promotion and preventive health services, such as immunization. Each health centre is staffed by a nurse practitioner, who is also the manager, a midwife and a general nurse. The health centres are the referral centres for dispensaries (referred to as PHC centres in the health databank) and aid posts. There are 97 active dispensaries providing primary care. All the islands have at least one dispensary, which is usually staffed by a general nurse.

Aid posts have been established in most villages and are funded by the community, while the Ministry of Health provides basic medicine and training for the staff. There are about 231 aid posts in the country, each staffed by a village health worker.

The support services for hospitals and primary health care programmes include pharmaceutical, blood-transfusion and laboratory services.

The five public hospitals in the country have a total of 390 beds, the health centres having fewer beds. In 2006, 14 856 inpatients and 356 236 outpatients attended clinics. Thus, the bed occupancy rate was 2.1 per 1000 population and there were 1.5 outpatient visits per person.

3.3 Health policy, planning and regulatory framework

Based on an overarching primary health care philosophy, the policy objectives for the health sector are:

- to improve the health status of the people;
- to improve access to services;
- to improve the quality of the services delivered; and
- to make more effective use of resources

The strategies to achieve these objectives are as follows:

- Base health services delivery on a primary health care approach to ensure access to sustainable provincial services, including strong links with provincial governments.
- Improve the health status of the people by:
 - reducing illness and death in children under five years of age;
 - promoting birth spacing and reducing teenage pregnancies; and
 - reducing disability and deaths among productive adults.
- Improve access to services through:
 - adoption of the role-delineation tool to distribute resources more fairly, based on community health needs;
 - implementation of mechanisms to evaluate tertiary services and provide guidance for their access both within Vanuatu and beyond;
 - development of an integrated primary health care strategy and public health care strategy for Vanuatu; and
 - giving a higher priority to improving transportation and communication to (1) improve access for patients, (2) reduce the isolation of health workers, and (3) improve and strengthen partnerships for and ownership of health programmes through the coordination of donors, NGOs, other sectors of Government, chiefs, churches, etc.
- Improve the quality of services delivered through:
 - implementation of a comprehensive hospital and health service quality and safety standards programme; and
 - recognition of the potential for a key role to be played by health professionals in providing leadership and ensuring there is continued skills-base development and retention in the workforce.
- Make more effective use of resources by:
 - improving the collection of data to enable monitoring of health status and support health planning and management; and
 - adopting only those health initiatives that are cost-effective and proven in the South Pacific, and continuing to roll out the planning process to include high-priority services and new programmes.

The Ministry of Health's Sector Strategy 2010-2016 contains strategies, targets and performance indicators to measure progress in the priority areas. Performance indicators to reflect overall progress in the sector include those on:

- infant and child mortality;
- maternal mortality;
- births attended by trained health personnel;
- immunization coverage;
- contraceptive prevalence;
- malaria, TB and noncommunicable disease incidence; and
- availability of timely and accurate health statistics.

3.4 Health care financing

Until 2005, Vanuatu had one financing scheme represented by national health services operated and funded by the Government and under the supervision of the Ministry of Health. The major sources of funding for the health sector were the government budget and donor contributions. Household contributions consisted of in-kind payments to traditional healers and fees-for-services at government facilities.

The fees-for-service scheme, a Ministry of Health cost-recovery scheme, realized the reasonable amount of 10 to 12 million Vatu (US\$ 95 000 to US\$ 114 000) between 2002 and 2005, representing 1% to 2% of the Ministry's executed budget. Unfortunately, these funds are not added to the Ministry of Health budget, but are treated as state revenue and go into the Ministry of Finance account.

National Health Account (NHA 2007) results found that, in 2005, almost 100% of inpatient and 60% of outpatient services were provided by Ministry of Health facilities. Recently, however, private sector health services have started up. New private polyclinics have been established in the capital city of Port Vila and the major city of Luganville, and a private hospital (Vila Bay Hospital) was established in Port Vila in 2006. The private insurance market in the country is utilized mainly by the large number of expatriates residing in the two major cities. Private insurance companies represented 3% of total health expenditure in 2005.

National health expenditure in 2009 was estimated at Vatu 2692 million (US\$ 25.22 million), representing 3.9% of GDP. Almost 81.9% of total health expenditure was from public sources and 18.1% from private funds.

To date, there has been no social health insurance scheme based on the principles of mandatory contribution, risk-sharing and fund-pooling, but such a scheme is now being seriously considered.

3.5 Human resources for health

The Ministry of Health is responsible for development of the human resources required to provide health services in the country. A comprehensive Human Resource Development Plan has been prepared by the Ministry and is being implemented with the assistance of WHO and other donors.

There have been developments in the management of human resources in the Ministry of Health towards rationalization of salary levels and a review of career options for health workers. Currently, only clinicians have an established career path, but the Ministry is working towards establishing career paths for technical categories. Salary and career advancement will be tied to the new performance appraisal system and the new structure.

The major challenge facing Vanuatu in the development and employment of its human resources for health is staff shortages. Almost 90% of the health workforce is made up of nursing staff that perform both clinical and community health roles, as well as most management roles. The Vanuatu Centre for Nursing Education (VCNE) graduated 21 nurses in 2007 and an intake of 25 nurses will graduate in 2010. However, these graduates will hardly compensate for the 40 or 50 nurses who are due to retire in the next few years.

3.6 Partnerships

The Government and the Ministry of Health work very closely with partners. While WHO is the Ministry's main technical assistance partner, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the Japan International Cooperation Agency (JICA), the Australian Agency for International Development (AusAID), the New Zealand Agency for International Development (NZAID), the Asian Development Bank (ADB) and the Global Fund are the main development partners in the health sector. The Secretariat of the Pacific Community (SPC) and the Pacific Island Forum also assist the country in health sector development programmes.

3.7 Challenges to health system strengthening

Vanuatu faces major challenges in the development and delivery of health services. Its citizens are spread over 80 islands, and it is a huge task for the Ministry of Health to provide health services to such a dispersed population.

The Government also has to face challenges due to the rapid growth of the population. The number of people will have doubled by 2030 and the population base will keep expanding, resulting in a very young population. As a result, health services will have to provide more and more services in the areas of antenatal, natal and postnatal care, as well as neonatal care. Diseases of childhood will continue and more and more paediatric and obstetric care services will be required. At the same time, the elderly population will also keep increasing due to longer life expectancy, and the diseases of the elderly will be another serious problem.

With urbanization and changing lifestyles, the incidence of chronic diseases, such as diabetes, hypertension and stroke, are increasing. To address these issues properly, the health services need human resources trained in both the clinical and preventive health fields that are adequate in terms of both numbers and quality. Further, proper equipment is needed for good diagnosis, treatment and rehabilitation. Production of sufficient human resources for health will be a major challenge to be addressed in the near future.

4. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

<i>Title 1</i>	:	<i>2009 Vanuatu national population and housing census</i>
<i>Operator</i>	:	National Statistics Office
<i>Specification</i>	:	Include information on population structure & dynamics, social profile, educational characteristic, household characteristic and economic activity
<i>Title 2</i>	:	<i>Vanuatu health situation report 2006</i>
<i>Operator</i>	:	HIS Unit/ Ministry of Health
<i>Specification</i>	:	Nationwide data compilation, as reported by health centres, dispensaries and hospitals
<i>Comments</i>	:	20 to 30% of health facilities don't send in their monthly report, hence total are not accurate but gives the general trend.
<i>Title 3</i>	:	<i>Statistical summary 2010</i>
<i>Operator</i>	:	Secretariat of the Pacific Community, Noumea, New Caledonia
<i>Web address</i>	:	http://www.spc.int/prisim/demog/
<i>Title 4</i>	:	<i>Multiple cluster sampling survey (MIC) 2007, Vanuatu</i>
<i>Web address</i>	:	www.unicef.org/pacificislands/
<i>Title 5</i>	:	<i>Vanuatu national health accounts 2009</i>
<i>Operator</i>	:	Vanuatu NHA team, Finance unit/ Ministry of Health
<i>Web address</i>	:	www.who.int/nha/country/vut/en/
<i>Title 6</i>	:	<i>Republic of Vanuatu Master Health Service Plan (2004-2009)</i>
<i>Operator</i>	:	Ministry of Health
<i>Title 7</i>	:	<i>WHO Global Health Observatory</i>
<i>Web address</i>	:	http://apps.who.int/ghodata/
<i>Title 8</i>	:	<i>Millennium Development Goals Report 2010 Report for Vanuatu</i>
<i>Operator</i>	:	Prime Minister's Office
<i>Web address</i>	:	http://www.governmentofvanuatu.gov.vu/index.php?option=com_phocadownload&view=sections&Itemid=41

5. ADDRESSES

MINISTRY OF HEALTH

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<i>Office Hours</i>	:	7.30 am to 11.30 am and 1.15pm to 4.30pm

WHO COUNTRY LIAISON OFFICER IN VANUATU

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6. ORGANIZATIONAL CHART: Ministry of Health

