

# Health Service Delivery Profile

---

## Vanuatu

2012



Developed in collaboration between  
WHO WPRO and Ministry of Health, Vanuatu

# Vanuatu Health Service Delivery Profile

## (1) Demography, Social Context and Health Profile

With a land mass of 12,190 square kilometers, the population of Vanuatu was recorded as 234,023 at the most recent census in November 2009 with Melanesians comprising 94% of the population, 3.5% over 65 years and 25.6% urban. There was a 2.3% population growth rate over the 10 years between census counts. The population is dispersed across 6 island provinces with 80 islands: the majority of the population is geographically isolated. Although the urban population is increasing, 75% of people live in rural areas.<sup>1</sup>

The sex ratio was 104 males to every 100 females and the dependency ratio (15 to 59 years) was 81%. 40% of the population is aged less than 15 years while at the same time, life expectancy is increasing, reaching 72 years in women and 69 years in men. The main religious denominations are Presbyterian (28%), Anglican (15%), Seventh Day Adventist (12%) and Catholic (12%). The largest portion of household income was derived from the sale of agricultural products (fish or crops) and salaries or wages. At an average of 6% between 2003 and 2008, the economic growth rate exceeded population growth, however, more work is needed to sustain growth, reduce poverty and ensure the entire population benefits from social and economic advancement<sup>2</sup>. Key development indicators are presented in Table 1.

**Table 1: Key Development Indicators, Vanuatu**

Indicators	Measure	Year
Human Development Index and (ranking)	0.617 (125 of 187)	2011
GDP per capita in PPP terms (constant 2005 international \$)	\$4,939	2011
Multidimensional Poverty Index (%)	0.129	2011
Proportion of population in severe poverty	6.5%	2011
Proportion of population vulnerable to poverty	35%	2011
Population Growth Rate	2.3%	2011
Life expectancy at birth	71	2011
Total fertility rate (shd be 4.1 as per 2009 census)	2.39	2011
Maternal mortality ratio (per 100,000 live births)	110	2010
Infant mortality ratio (per 1,000 live births)	25	2010

*Source: International Human Development Indicators Vanuatu Country Profile 2011, WPRO CHIPS 2011*

Disease patterns in Vanuatu are changing. In the past the main causes of illness and death were preventable or treatable conditions resulting from poor access to health services. This included problems such as: acute respiratory infection, pneumonia, gastrointestinal diseases, skin infections, parasitic infestation, and complications associated with pregnancy and birth. Increasingly, health issues now are related to lifestyle. Rural to urban migration is causing overcrowding in urban areas, especially Port Vila, and housing is often of poor quality. Water and sanitation are inadequate in some urban settlements. Urban living is too often associated with poor nutrition, increased consumption of alcohol, drug abuse and unprotected sexual activity and there are increases in non-communicable diseases including diabetes, hypertension and heart disease as well as STIs.<sup>3</sup> Since 2005, NCDs have been among the leading causes of mortality. Respiratory illnesses and neonatal deaths also accounted for a high percentage of deaths.

The most common reasons for hospital admission to in 2009 were childbirth followed by cardiovascular and respiratory illnesses, including pneumonia and asthma, diarrheal diseases. Other communicable diseases associated with poor sanitation continue to contribute significantly to disease burden.

## (2) Health Legislation, Strategies and Objectives

Many of Vanuatu's laws date back to the colonial days when the Westminster system was in place and have not been amended since. Laws that form the regulatory framework for the health system and public health in Vanuatu include:

- Constitution of The Republic Of Vanuatu, Act 10 of 1980, Act 15 of 1981, Act 20 of 1983
- Dangerous Drugs 1988
- Infantile Paralysis Precautions 1953 (Consolidation 2006)
- Control of Pharmacists 1953, revised 1954, 1966, 1983
- Sale of Medicines (Control) 1988
- Mental Hospital 1988
- Food Act 1994
- Public Health Act of 1994 gazetted 2001
- Nurses Act 20 of 2000
- Health Practitioners Act of 1983, amended 1985
- Health & Safety at Work 1988
- Health Committee Act 2003

The health sector has defined its mission, goals and objectives for 2010-2016<sup>4</sup>, in line with the Government of Vanuatu's Priority Action Agenda, the Millennium Development Goals, Healthy Islands declaration made by Pacific Ministers of Health, and other international obligations to which Vanuatu is a signatory. The Ministry of Health's mission is to protect and promote the health of all people of Vanuatu. The health sector's broad objectives are to:

- Improve the health status of the population,
- Ensure equitable access to health services at all levels of services,
- Improve the quality of services delivered at all levels, and
- Promote good management and effective and efficient use of resources.

In order to fulfill these objectives, and in line with government reforms, the Ministry of Health seeks to:

- Ensure that the whole population has access to a range of evidence-based and affordable health promotion and preventive services,
- Ensure universal equitable access to emergency, curative and rehabilitative services,
- Ensure that quality primary health care remains pre-eminent as the central strategic health priority for the country, and that this is reflected in the budget,
- Ensure that the health systems necessary to provide such services, which are accountable to clients and are cost effective, are developed and strengthened in line with international best practices,
- Actively engage in partnerships with donor agencies, private sectors, civil society groups and other development partners to assist in optimizing health service delivery.

Equity is enshrined in the *Health Sector Strategy 2010-2016* as one of its five core values. The Government of Vanuatu is committed to revitalizing primary health care in an effort to ensure equitable access to services at all levels for all. In 2011, the government endorsed a National Policy and Strategy for Healthy Islands that seeks to revitalize primary health care at all levels of the health system with engagement of other sectors and stakeholders.<sup>5</sup>

A set of indicators has been defined and will be used to review progress against goals and targets, published in each annual report (see Table 5).

### (3) Service Delivery Model and Provider Network

Government health services comprise a four-tier system including: referral hospitals, health centres, dispensaries; and community supported aid posts. The country is divided into the Northern and Southern Health Care Directorates. The Northern Health Care Directorate, based in Luganville, is responsible for the delivery of both curative and preventive health services in Torba, Sanma, Penama and Malampa Provinces. The Southern Health Care Directorate coordinates health services provided by the southern provinces of Shefa and Tafea.

Each province is made up of several islands which are then divided into zones. Health facilities are distributed among these zones. There is a referral hospital in each of the two Health Care Directorates. Community and preventive services include: malaria control, environmental health, immunizations, reproductive health, MCH/Reproductive Health/Family Planning, STIs and HIV/AIDS, TB/leprosy, IMCI, nutrition and health promotion programs.

Each province has a provincial administration including a rural health office that is responsible for the administration of health facilities in the province right down to dispensaries. The government is in the process of better defining the functions for each level of health facility and better corresponding resource packages to support the revitalization of primary health care. Table 2 describes the type of services provided at each level. The type and number of government-funded facilities in each province is shown in Table 3.

**Table 2: Health Services in Vanuatu (Level of Care, Facility and Description of Services)**

<b>Health Promotion and Disease Prevention</b>	
Village health workers are minimally trained to work with communities to promote hygiene, good sanitation and disease prevention. Each province has a health promotion officer. Health Promotion Unit in the Ministry of Health provides overall policy direction, coordination and support to provinces.	
UN agencies and other development partners support health promotion and community programs in water and sanitation, health literacy, HIV/AIDS, reproductive health, alcohol tobacco and other drugs.	
<b>Primary Care and Community Health Services</b>	
Aid Posts	Staffed by village health worker providing basic primary health care and referral to the nearest Dispensary or Health Centre. Services include dressings, malaria testing and treatment, family planning and community education. Under an MOU, the village health workers programme is outsourced to an international organization, Save the Children.
Dispensaries	Serving a population of up to 5,000 and staffed by a registered nurse and Nurse Aid providing essential primary health care through general outpatient consultations for common illnesses, MCH/RH services and with 2 to 4 inpatient beds. The main purpose of beds is for stabilization of patients before transfer to Provincial Hospital but also deliveries. Open from 8.00 am to 5.00 pm with staff living nearby and on-call 24 hours.
Health Centres	Serving a population of 5 to 8,000 and staffed by Nurse Practitioner, Midwife, Registered Nurse and Nurse Aid possibly with a driver and vehicle providing essential primary health care through outpatient consultations, MCH/RH services with 10-15 inpatient beds for paediatrics, medical and maternity patients. The most common reason for admission is delivery. Open from 8.00 am to 5.00 pm with staff living nearby and on-call 24 hours. No pharmacist or other support services so rely on provincial hospital.
Municipal Clinics	Primary and preventive care; coordination of hospital management for patients in urban catchment areas; family planning Run by the Urban Councils in Port Vila (5 Clinics) and Luganville (3 Clinics) on a semi-private basis. Staffed by Nurse Practitioner and a registered nurse.
Private clinics and services	Include 6 medical clinics, 4 private pharmacists, 1 physiotherapy clinic, 1 dental clinic, 1 laboratory and 4 counseling centres run by NGOs. In addition there are traditional medical practitioner

**Table 2: Health Services in Vanuatu (Level of Care, Facility and Description of Services)**

Private pharmacies	Five located in urban centres provide over the counter and prescription medicines. Procure own medicines and stock a broader range of medical supplies than government-run pharmacies but are more expensive.
<b>Secondary Care</b>	
Referral hospitals	Vila Central Hospital in Port Vila and Northern Provincial Hospital in Luganville are the two referral hospitals. Staffed by doctors, nurses and allied health professionals providing obstetric, medical, paediatric, surgical, inpatient and outpatient services and a range of specialist outpatient clinics. Open 24 hours. Inpatient services include: medical, surgical, maternity and neonatal, paediatric, infectious diseases, psychiatry, ear nose and throat, eye care. Allied health services include: laboratory, radiology, orthotics, nutrition, pharmacy, dental, physiotherapy. Patients referred overseas for services not available locally.
Provincial hospitals	Located in Torba (Torba mini-hospital), Penama (Lolowai Hospital), Malampa (Norsup Hospital) and Tafea (Lenakel Hospital) providing obstetric, medical, paediatric, surgical, inpatient and outpatient services. The only doctor at Lenakel is an expatriate Canadian doctor on a six-monthly rotation basis. Norsup Hospital has one recently graduated junior doctor while Lolowai Hospital and Torba Mini Hospital are yet to be assigned doctors. In this case, the health service team comprises a nurse practitioner, a nurse and a midwife form the f. Pharmacist is responsible for medical supplies at each hospital.
Private hospital	Vila Bay Health Centre is a private international health centre in Port Vila run by expatriates, offering primary and secondary care with capacity for medical evacuation and medical emergency.

Aid posts are community built and owned, with medicines and basic commodities supplied by government. Village health workers (VHW) are volunteers who have received three months training in primary and preventive care, primarily focusing on community education, treatment of minor ailments and prompt referrals. VHWs have limited training and may be presented with medical conditions that are beyond their level of expertise, so need to work closely with dispensaries and health centres to refer such cases. The Ministry of Health has a Memorandum of Understanding with Save the Children to manage VHW program, but faces a challenge to effectively link the out-sourced VHW program with the MOH primary care facilities – especially dispensaries and health centres – and to maintain the focus of VHW activities on preventive health care and community education for healthy lifestyles rather than clinical services.

**Table 3: Health Facilities by Provinces in Vanuatu, 2009**

Province	Hospitals	Health Centers	Dispensaries	Aid Posts	Total Facilities	Population	Facilities per 1,000 population
Torba	1	3	5	20	29	9,359	3.10
Sanma	1	11	12	56	80	45,860	1.74
Penama	1	6	20	36	63	30,819	2.04
Malampa	1	8	19	44	72	36,722	1.96
Shefa	1	3	23	42	69	78,723	0.88
Tafea	1	6	10	33	50	32,540	1.54
<b>Total</b>	<b>6</b>	<b>37</b>	<b>89</b>	<b>231</b>	<b>363</b>	<b>234,023</b>	<b>1.55</b>

Source: Department of Strategic Policy, Planning and Aid Coordination, 2010. *Sector Review of Programs and Activities of the Ministry of Health 2010: Working Paper*. Port Vila, Office of the Prime Minister.

The biggest province of Shefa has the lowest number of health facilities per 1,000 population (0.88) while the smallest, Torba, has more than 3 times as many (3.10) and 3 of the 6 provinces have more than the national average (1.55). A similar, basically equitable picture is shown for health staff in Table 4.

Traditional healers and traditional birth attendants are part of the informal private health sector in Vanuatu. Traditional medicine is an acceptable form of health care among local communities. The *Priority Action Agenda* for health includes strategies to encourage use of modern medicine and provide capacity building for traditional healers and traditional birth attendants to discourage harmful practices.<sup>6</sup> There are no set fees for traditional healers and payment may be in cash or in kind.<sup>7</sup> Some people prefer traditional healers because of accessibility and affordability. The promotion of scientifically unproven products perceived to improve general well-being is increasingly popular. Although the government promotes childbirth by trained skilled birth attendants, the reality is that the current health workforce and infrastructure are unable to meet this goal. In many situations, women are delivered at homes by traditional birth attendants and relatives because of remoteness and isolation from the nearest health facility or a skilled attendant.

Most tertiary health care services are not available in Vanuatu and patients requiring such treatment are usually referred to Australia or New Zealand. Over the 3 years 2005 to 2008, a total of 12 patients were referred from Vila Central Hospital for overseas treatment. By 2009, 12 patients were referred in just one year. Overseas treatment is funded by government and donor partners<sup>8</sup>.

Development partners support the primary health care approach and try to move away from vertical programs. This broader approach aims to use limited resources to reach a wider coverage of essential primary care services. Vanuatu has a well-functioning health partners group and a joint partners working group that facilitates regular dialogue with MOH about support for health priorities, distribution of resources and improved financing and management. It is also a mechanism for increasing aid effectiveness, in particular to align donor inputs to government priorities and harmonize donor processes in supporting service delivery.

### **3.1 Health Financing**

In 2010, Vanuatu spent US\$38 Million on health care which amounted to US\$157 per capita.<sup>9</sup> The allocation to health was 18% of government expenditure, and 5% of GDP, which is in the median range of countries in the Western Pacific Region. The majority of health expenditure is funded by government (63%) with some support from external donors (37% in 2012). The percentage of government resources allocated to health has been gradually increasing since 1995 but the proportionate benefit from recent growth in GDP has been greater to other sectors.<sup>10</sup> Since 2008, the government allocation to health has decreased by 4%. Also since 2008, the Ministry of Health and AusAID combined budget has decreased by 3% without taking into account inflation or population increases. These real fiscal decreases, together with increased utilization of health services place significant pressure on the delivery of health services.

Of the total funds spent on health in 2010, government expenditure accounted for 91% (US\$143 per capita) while household expenditure accounted for just 5% (US\$8 per capita).<sup>11</sup> Some out-of-pocket payments go on fees for hospital care but services at provincial hospitals are not charged, while fees for outpatient consultation at local clinics are Vt200 (about \$2). Private insurance plays a minor role in health financing, accounting for 3% of total health expenditure in 2007.<sup>12</sup> Three authorized private insurance companies cater mainly to expatriate residents.

The National Health Accounts for 2006-2007 show that public sector providers focusing on curative care are the major beneficiaries and users of health funds. Curative and rehabilitative care accounted for 60.1% of total health spending in 2007, pharmaceuticals and therapeutic goods accounted for 8.7% and prevention and public health programs accounted 16.8%. Expenditure on

hospital providers was 37.2% of total health expenditure, while 20.3% was spent on providers of ambulatory care and 16% on providers of public health program.

Donors and development partners contribute a significant proportion of health expenditure. In recent years donors have started working together under a Sector Wide Approach to support the *Health Sector Strategy 2010-2016*. A joint partnership agreement between development partners and the Government of Vanuatu was formulated in 2011.<sup>13</sup> In addition to financial contributions, donors also provide support through volunteer health professionals, pharmaceuticals and medical commodities, e.g. UNFPA has been donating contraceptive commodities for the past decade.

### 3.2 Human Resources

Information about the health workforce is incomplete making it difficult to forecast and properly plan for issues that may arise in the future. However, the health sector faces a critical shortage of human resources both in terms of numbers and skill mix. The estimated number of doctors, nurses and midwives in 2012 is 1.77 per 1,000 population. Neither is the workforce evenly distributed across provinces or population location. The majority of doctors work in urban areas where in 2010 the doctor to population ratio was 8/10 000 compared with 0.16/10 000 in rural areas. Shefa and Sanma are home to the two referral hospitals and have a disproportionately large number of doctors. There is a shortage of local specialist skills, with many of these specialist gaps filled by foreign workers. Table 4 shows estimated distribution of health care across the Provinces of Vanuatu in 2012.

**Table 4: Health Professionals per 1,000 population, by Provinces in Vanuatu, 2012**

<b>Cadre</b> (population)	<b>Total</b> (234,023)	<b>Malampa</b> (pop 36,722)	<b>Penama</b> (pop 30,819)	<b>Sanma</b> (pop 45,860)	<b>Shefa</b> (pop 78,723)	<b>Tafea</b> (pop 32,540)	<b>Torba</b> (pop 9,359)
Medical Practitioner	49	0.05	0.12	0.30	0.18	0.18	0.20
Graduate /Registered / Professional Nurse	344	1.21	0.56	0.81	0.38	0.08	0.91
Midwife	51	0.21	0.00	0.16	0.10	0.00	0.00
Nurse Aide	162	0.92	0.03	0.06	0.07	0.00	0.10
Dentistry Personnel	17	0.00	0.34	0.32	0.33	0.12	0.61
Pharmaceutical Personnel	12	0.03	0.34	0.18	0.25	0.48	0.71
Medical & Pathology Laboratory Technicians	76	0.26	0.00	0.02	0.02	0.00	0.00
Environment & public health workers	69	0.11	0.00	0.02	0.06	0.00	0.00
Community & traditional health workers	3	0.00	0.53	1.02	1.66	0.68	0.50
Other health workers	6	0.00	0.12	0.04	0.14	0.00	0.00
Health Management & support workers	263	0.58	0.96	1.04	0.43	0.80	2.52
Unidentified health workers	18	0.00	4.22	6.09	5.33	4.16	7.07
Village health workers	210	1.0	0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>1,280</b>	<b>4.36</b>	<b>4.22</b>	<b>6.09</b>	<b>5.33</b>	<b>4.16</b>	<b>7.07</b>

Source: World Bank 2012 and UNSW HRH Knowledge Hub

The health workforce is aging and many of its members are approaching retirement age. The most critical shortage is in the nursing profession: it is estimated that for every two retiring nurses there is only one new graduate. Various strategies are being implemented to increase the number of trained health professionals. Vanuatu School of Nursing Education provides training for nurses and nurse aids. The Vanuatu Health Training institute, located in Santo, provides postgraduate training for nurse practitioners and midwives. Due to limited classroom space and lack of supervisors in hospitals

there is an annual limit of 30 places for pre-service nurse training and 18 places for post-basic training. Although there is a high demand for nurse training places, only an estimated 60-80% of those who secure places would complete the courses successfully. All other types of health personnel currently train overseas, mainly in Fiji, PNG and Cuba, with government or donor supported scholarships. Through an arrangement with government, Cuba supports training for medical doctors, and 24 Cuban trained medical graduates are scheduled to return to Vanuatu by 2014-15 and join the health workforce. The graduation rate for health workers training overseas is low. One doctor, a pharmacist and dentist graduated from Fiji School of Medicine in 2008.

The governments of Canada, China and Cuba all provide medical doctors to Vanuatu. Under the Pacific Technical Assistance Mechanism program (PacTAM), AusAID meets the costs of international medical specialists to serve at Vila Central Hospital.

The Ministry of Health is in the process of developing a long-term human resources plan. A new structure with 1,983 established positions has been approved – this is an increase of 55% on the current 1,280 staff shown in Table 4. However, this proposal is yet to be financed. Human resource management needs strengthening in the areas of:

- Human resources for health information system to facilitate good policy development;
- Standardisation of employment conditions;
- Recruiting and promoting staff based on qualifications and merit;
- Improving salary scales and other remuneration, both fiscal and non-fiscal;
- Systematic supervision systems and support mechanisms; and
- Improving incentives for rural health worker.

### **3.3 Medicines and Therapeutic Goods**

The Ministry of Health uses a competitive tendering process for procurement of medicines, according to a standard list of essential medicines, through the International Development Agency which includes a quality assurance program. The annual budget for medicines has remained static at 115 million Vatu (about USD\$1 million) per year for the last ten years. Donors have provided an additional 100 million Vatu per annum over the last 4 -5 years but this funding does not guarantee for continuity. The budget for medical supplies is inadequate at approximately USD4.50 per head per year. The annual funding allocation for medicines is usually exhausted well before end of year. It is likely that costs will be significantly greater in the future to meet the needs of non-communicable diseases. Joint procurement with other Pacific Island Nations has been discussed as a way of achieving economies of scale but, to date, this has not been implemented.

Central Medical Stores manages purchase and supply of all medical supplies including pharmaceuticals, dressings, and medical sundries for Vanuatu. Medical supplies are then distributed via provincial pharmacies to all levels of health facility in rural and urban areas, but supplies often do not reach their final destination due to lack of or redirection of funds. Patients are meant to access medicines free of charge, but when public sources run dry, they have little option but to pay out of pocket costs from private suppliers.

Poor data collection impedes good management of pharmaceuticals.<sup>14</sup> This critical issue was demonstrated by the depletion of the government medical store's supplies of essential medicines at the end of 2010.<sup>15</sup> However, since that time better management systems have been implemented at least at national level, with a committee monitoring transparency and quality. The management of procurement and distribution of essential drugs to health facilities is in urgent need of strengthening, including support for the cold chain system to maintain the potency of vaccines at all levels.



## Referrals and Linkages through the Provider Network

In theory there should be referrals from lower to higher level facilities within the provider network. However, there is no clear or well-understood referral policy or protocol. The two referral hospitals receive referrals from provincial hospitals, health centres, dispensaries, aid posts and the community.<sup>16</sup> Health workers at the periphery may not be well-versed with referral procedures and this can delay the referral process to a higher level facility, such that cases have deteriorated and become emergencies by the time they are referred. The number of referrals to Vila Central Hospital and Northern Province Hospital were 590 and 189 respectively in 2009 and continue to increase. The lack of clear guidelines and understanding of good referral practices can result in unplanned emergency referrals, which incur a high cost to the health system and having to deal with more serious life-threatening conditions. Often times the delay in referral is due to shortage of government funds in establishing a centralized system to support emergency medical evacuation from the referral facility especially those that require urgent airlifting.

In rural areas aid posts are often the first point of contact of health services with communities because they are located in the community. Village health workers are often highly committed and have been trained to refer cases as quickly as possible, where appropriate. They are skilled in mobilizing community resources and transport, and known to physically carry sick people to the next level facility<sup>17</sup>. On the other hand, they are also often called upon to assist with conditions that are beyond their ability to manage, such as home deliveries and injuries. The larger health centres are responsible for providing supervision and support to dispensaries and aid posts. Despite the recognition of the value of good supervision, visits are often deferred or cancelled due to lack of funds or the sheer difficulty for provincial level personnel to access funds from national level. Travel within provinces and between islands is costly by land, sea and air. Therefore, it is difficult to conduct support supervision to remote areas and difficult-to-reach health facilities. Lack of supervision leads to poor motivation and low morale among peripheral health providers and potentially affects quality of service delivery in remote health facilities.

A good supervision program with regular visits to remote areas enhances provider capacity and builds motivation for staff working in these areas. Regular health service tours to provincial hospitals by medical staff from referral hospitals will also have the same effect and can reduce high referral costs by building capacity to detect and treat problem cases before they become critical. Coordination and communication at every level of service delivery need strengthening in order to establish an effective referral system and to deliver health services more efficiently. Reporting and feedback between hospital and rural health facilities is an example. Although agreements exist between MOH and NGOs that render civil society support for specific health services, there are opportunities to strengthen this relationship to produce maximum results.

## Quality

The Ministry of Health is committed to providing quality health services and has 'quality' as one of the core values in the current *Health Sector Strategy, 2010-2016*. The pursuit of high quality health outcomes is based on using safe and affordable interventions and the application of science and technology to maximize benefits to health while minimizing risks.<sup>18</sup>

Service quality in rural areas is poor due to weak institutional capacity at provincial, district and local levels<sup>19</sup>. In-service training for health professionals is conducted but the lack of supervision, funds and other resources compromise the ability to deliver quality services. Even if there are adequate technical skills for service delivery, the lack of basic equipment and supplies does not allow providers to delivery essential health services. A National Health Advisory Council is in the process of being established. The Council will deal with complaints relating to personnel, administration, health care professions, thus helping to improve and strengthen health care services delivery.<sup>20</sup>

## Equity

While equity is one of the core values of the Ministry of Health, population dispersion and the geography of Vanuatu pose significant challenges to equitable delivery of services. Data on access indicate high overall utilization of health services: approximately 80% of pregnant women attend at least one antenatal visit and are attended by a skilled birth attendant during delivery; 62% of children with acute respiratory infection attend a health facility; and, on average people have 2 outpatient visits per year.<sup>21</sup> However there are differences in utilization between provinces and between urban and rural. For example, in 2005, per capita outpatient visits ranged from 1.4 in Tafea to 2.1 in Penama and 87% of births in urban areas was attended by a skilled birth attendants compared with 72% in rural areas. People who must traverse mountainous terrain or require boat transport to get to the nearest health centre are at a disadvantage in terms of ease, time and cost for accessing basic health services. Difficulty in accessing health services is a major factor in drawback in improved service utilization and many people resort to traditional birth attendants and traditional healers for health services.

## Demands and Constraints on Service Delivery

Rapid population growth, rural to urban drift, geographic isolation and dispersion pose challenges for the delivery of health services in Vanuatu. With half the population aged less than 20 and an increasing life expectancy, disease patterns and demands on the health system are changing.<sup>22</sup> Vanuatu faces a 'double burden of disease' with communicable diseases not completely under control and an increasing incidence of non-communicable diseases. With increasing urban population associated public health issues associated with urban lifestyle also increase. These conditions are related to poor sanitation, housing, nutrition, environment health, sexual behavior, drugs and other factors, placing increased risks to health and well-being, particularly for young people.

Although greater utilization of preventive and primary care services could help to alleviate many of these issues people are inclined to bypass their local health facility to seek services in hospitals. Factors that contribute to this service utilization pattern include: lack of community education including about the services available at each type of facility and the benefit of seeking treatment locally; disparity in fees charged for outpatient consultation at local clinics (Vt200) and hospitals (no charge); variety of services in urban areas making it possible to conduct a range of activities/business in one trip; and better trained staff at higher level facilities. Current service utilization patterns result in over-loading of outpatient departments in the higher level facilities.

Various other issues constrain the health system's ability to respond to these challenges:

- Shortage of health professionals,
- Under-supply of medical doctors in provincial hospitals and over-supply in the two referral hospitals,
- Inadequate recurrent budget allocation to meet the cost of providing health services,
- Inadequate health information system and lack of quality data to use for planning and decision-making
- Lack of leadership and management skills,
- Inefficient and weak human resource systems including: induction, in-service training and on-going staff development; performance appraisal and management,
- Cumbersome financial mechanisms and weak financial management skills resulting in delays and nonpayment of accounts,
- Natural disasters including cyclones and earthquakes that occur with some frequency.

A key issue is the lack of an effective and functioning health information system. The current monthly reporting of health facility data is cumbersome and time-consuming for busy staff resulting

in incomplete and inaccurate data from most health facilities. Health information is not being used to inform planning and decision-making; there are no regular management reports generated; no quality annual report produced; and no information fed back to providers of data - hospitals, health centres or dispensaries. Neither is disaggregated data on core indicators available that would provide information about health equity and gender issues across a range of social dimensions. Both the Ministry of Health and development partners recognize the need to strengthen the health information system and have made investment in this area.

### Indicators of Progress

The Ministry of Health has selected a set of indicators to measure progress against their stated goals and objectives (Table 5). The indicators are sector-wide and have multiple contributing causes thereby providing a measure of development in the health sector as a whole and are grouped under the three main strategies of the *Health Sector Strategy 2010-2016*.<sup>23</sup>

**Table 5: Key Health Sector Strategy 2010-2016 indicators for Vanuatu**

Output/Outcome	Indicator	Baseline (year)	2016 Target
<b>Health outcome or impact indicators relating to improving health status</b>			
Reduce child mortality (MDG 4)	Under-five mortality rate	30/1000 (MICs, 2007)	25/1000
	Infant mortality rate	25 (MICs, 2007)	20/1000
Improve maternal health (MDG 5)	Maternal mortality rate	68/100,000	50/100,000
	Ratio of maternal deaths to population by province	11/100,000	9/100,000
	Proportion of deliveries attended by SBA	74%	90%
<b>Health services output indicators relating to equitable access and quality</b>			
Access to services	Health centre and home visits per capita of population covered	NA	1.5
	Number of referrals from primary care to hospitals	600	300
	Number of inpatient admissions	24,000	15,000
Key health professionals	Doctors / 1000 population	1/30,000	1/15,000
	Nurses / 1000 population	1/600	1/200
	Allied workers / 1000 population	1/60,000	1/7,500
	Public health officers / 1000 population	1/30,000	1/20,000
Access to safe water (MDG 7)	Proportion of people with access to safe water	85%	90%
Access to improved sanitation (MDG 7)	Proportion of people with access to improved sanitation facilities	64%	80%
<b>Organizational and management indicators relating to Health Sector Strategy implementation</b>			
Restructuring and strengthening	Provincial roles and mechanisms defined		2010
	Provinces planning and managing		2012
Better coordination with partners	SWAp convened		2010
	MOU agreed		2010
Planning process	Meetings held / agencies participating		Quarterly
	Corporate Plan agreed at SWAp		Annual update
	Annual Business Plans produced on time		1 per year
M&E	Progress on HIS		2011
	Quarterly and Annual Reports produced		2010 onwards

Source: Government of the Republic of Vanuatu, 2010. *Health Sector Strategy 2010-2016 Moving Health Forward*

Despite the many challenges facing service delivery, there have been recent gains in health indicators including: reduced infant and maternal mortality rates, improved immunization coverage,

and reduced incidence of malaria and TB. This is attributed to improved delivery of health services, particularly primary health care, in both urban and rural areas. (See Table 6)

**Table 6: Trends on selected health indicators in Vanuatu, 1989 to 2009**

Indicator	1989	1990	1991	1998	1999	2007	2009
Under 5 mortality (per 1000 live births)	58					30	
Infant mortality (per 1000 live births)	42					25	
1 year olds immunized against measles (%)	66						97
Maternal mortality rate(per 100 000 live births)				96		86	
Contraceptive prevalence rate (%)			15			38	
Adolescent birth rate (per 1 000 women 15-19 yrs)					92		64
Malaria Annual Parasitic Incidence (per 1000)		198					16

Source: MDG country report, 2010

Between 1989 and 2007, under 5 mortality decreased from 58 to 30 per 1000 live births and Vanuatu is potentially able to achieve further reductions to meet its MDG target by 2015.<sup>24</sup> Improvements are attributed to better antenatal care, increased proportion of deliveries attended by skilled birth attendants and in health facilities and better referral procedures for accessing emergency obstetric care. Beyond the neonatal period, improvements have been attributed to effective public health interventions. Under 5 mortality rates are higher in rural areas than in urban areas.

Vanuatu can potentially meet the MDG target for maternal mortality although universal access to reproductive health care by 2015 is unlikely. The lack of access to emergency obstetric care in rural and remote areas pose extreme difficulty in providing optimum care for mothers and newborns when faced with life-threatening situations. However, if efficient and effective referral systems are in place, achieving better care is possible for this target group.

There have been 5 confirmed HIV cases and 2 AIDS related deaths, however, STIs are fairly common in the country, particularly chlamydia. Condom use is generally low. The government has made a concerted effort to control malaria heading towards elimination. The MOH implements a comprehensive malaria program with significant financial, technical and material support provided by Global Fund, AusAID and WHO. The program has included distribution of bed nets to all households, promotion and supply of rapid test kits and more effective anti-malarial medicine. The malaria program is part of a global initiative and has been one of the main foci of Ministry of Health activities. The success of the malaria program has led to the approach being replicated to control both filariasis and yaws, however these programs are resource intensive and disease specific and their success may compromise other programs that are not so well supported. Vanuatu has improved TB case management and is likely to meet its MDG target by 2015. NCDs are highly prevalent. The national NCD STEPS surveys in 2011 showed 30% and 20% of people have hypertension and diabetes, respectively.

While Vanuatu is potentially able to meet most of the health-related millennium development goals by 2015, doing so will require maintenance of existing services, scaling up and revitalization of primary health care. More funds, technical support and resources are needed to redress health systems issues, in particular human resources shortages in order to improve health services at all levels, especially remote and rural areas.

- 
- <sup>1</sup> Vanuatu National Statistics Office, Ministry of Finance and Economic Management, 2009. *National Census of Population and Housing Summary Release*. ([http://www.vnso.gov.vu/images/stories/2009\\_Census\\_Summary\\_release\\_final.pdf](http://www.vnso.gov.vu/images/stories/2009_Census_Summary_release_final.pdf) accessed July 2012)
- <sup>2</sup> Asian Development Bank, 2009. *Vanuatu Economic Report 2009 Accelerating Reform Executive Summary*. Philippines, Asian Development Bank
- <sup>3</sup> Asian Development Bank, 2009. *Vanuatu: Country Partnership Strategy 2010-2014 Economic Report 2009: Accelerating Reform*. ADB TA6463-Reg: Vanuatu Pier.
- <sup>4</sup> Government of the Republic of Vanuatu, 2010. *Health Sector Strategy 2010-2016 Moving Health Forward*. (<http://www.usaid.gov/development/economic/countries/pacific/vanuatu/Documents/health-sector-strategy-2010-2016.pdf> accessed July 2012)
- <sup>5</sup> Ministry of Health 2011, *National Policy and Strategy for Healthy Islands*. ([http://healthyislandsvanuatu.files.wordpress.com/2011/08/policy\\_healthy-islands\\_final\\_web.pdf](http://healthyislandsvanuatu.files.wordpress.com/2011/08/policy_healthy-islands_final_web.pdf) accessed July 2012)
- <sup>6</sup> PAA Action Plan 2011-2015 National Strategic Priority No 5: Provision of Better Health Services, especially in Rural Areas.
- <sup>7</sup> Ministry of Health, 2010. *Vanuatu National Health Accounts 2007*. Port Vila, Ministry of Health
- <sup>8</sup> Ministry of Health. *Ministry of Health 2009. Annual Report*. Port Vila, Government of the Republic of Vanuatu.
- <sup>9</sup> World Health Organization, 2010. *Health System Financing Country Profile; Vanuatu, 2010*. ([http://apps.who.int/nha/database/StandardReport.aspx?ID=REPORT\\_COUNTRY\\_PROFILE](http://apps.who.int/nha/database/StandardReport.aspx?ID=REPORT_COUNTRY_PROFILE) accessed Aug 2012)
- <sup>10</sup> Ministry of Health, 2010. *Vanuatu National Health Accounts 2007*. Port Vila, Ministry of Health
- <sup>11</sup> A fee of Vt200 is charged for outpatient consultations at public hospitals, dispensaries and health centres.
- <sup>12</sup> Ministry of Health, 2010. *Vanuatu National Health Accounts 2007*. Port Vila, Ministry of Health
- <sup>13</sup> AusAID, *Joint Partnership Arrangement between The Government of Vanuatu and Development Partners in relation to the delivery of the Vanuatu Health Sector Strategy 2010-2016*. (<http://www.usaid.gov/development/economic/countries/pacific/vanuatu/Documents/2011-01-25-final-health-joint-partnership-arrangement.pdf> accessed July 2012)
- <sup>14</sup> Ministry of Health. *Ministry of Health 2009. Annual Report*. Port Vila, Government of the Republic of Vanuatu.
- <sup>15</sup> PAA Review Health Sector. 9 April 2011.
- <sup>16</sup> Ministry of Health. *Ministry of Health 2009. Annual Report*. Port Vila, Government of the Republic of Vanuatu.
- <sup>17</sup> Save the Children Australia. *Vanuatu village health worker Program*. (<http://www.savethechildren.org.au/where-we-work/pacific-islands/vanuatu/village-health-worker-program> accessed July 2012)
- <sup>18</sup> Government of the Republic of Vanuatu, 2010. *Health Sector Strategy 2010-2016 Moving Health Forward*. (<http://www.usaid.gov/development/economic/countries/pacific/vanuatu/Documents/health-sector-strategy-2010-2016.pdf> accessed July 2012)
- <sup>19</sup> Asian Development Bank, 2009. *Vanuatu Economic Report 2009 Accelerating Reform Executive Summary*. Philippines, Asian Development Bank
- <sup>20</sup> Department of Strategic Policy, Planning and Aid Coordination, 2010. *Sector Review of Programs and Activities of the Ministry of Health 2010: Working Paper*. Port Vila, Office of the Prime Minister.
- <sup>21</sup> AusAID Office of Development Effectiveness, 2009. *Working Paper 3: Vanuatu Country Report*. ([http://www.ode.usaid.gov/development/economic/countries/pacific/vanuatu/Documents/working\\_paper\\_3\\_vanuatu.pdf](http://www.ode.usaid.gov/development/economic/countries/pacific/vanuatu/Documents/working_paper_3_vanuatu.pdf) accessed July 2012)
- <sup>22</sup> Asian Development Bank, 2009. *Vanuatu Economic Report 2009 Accelerating Reform Executive Summary*. Philippines, Asian Development Bank
- <sup>23</sup> Government of the Republic of Vanuatu, 2010. *Health Sector Strategy 2010-2016 Moving Health Forward*. (<http://www.usaid.gov/development/economic/countries/pacific/vanuatu/Documents/health-sector-strategy-2010-2016.pdf> accessed July 2012)
- <sup>24</sup> Prime Minister's Office, 2010. *Millennium Development Goals 2010 Report for Vanuatu*. Port Vila, Government of the Republic of Vanuatu.