VANUATU
National Cervical Cancer Elimination Strategy 2026 – 2035

Ministry of Health
Vanuatu Government
Republic of Vanuatu

VANUATU
National Cervical Cancer Elimination Strategy 2026 – 2035

Ministry of Health
Vanuatu Government
Republic of Vanuatu

Acknowledgements

The Vanuatu Ministry of Health convened the National Cervical Cancer Elimination Project Working Group to develop this strategy in line with the WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem and the Strategic framework for the comprehensive prevention and control of cervical cancer in the Western Pacific Region 2023-2030.

Technical support for Strategy development was provided by the Cancer Elimination Collaboration at the University of Sydney and partner organisations, including the Kirby Institute, UNSW Sydney.

Funding support for Strategy development was provided by the WHO Vanuatu Office, with additional support from the Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) Program, funded by the Australian Government and Minderoo Foundation and the Advancing Cervical Cancer Elimination in the Pacific (AdvanCE) program, funded by the Swire Group.

The Working Group gratefully acknowledges the contributions of all individuals and organisations who provided technical expertise, guidance, funding and support during the development of this Strategy.

Contents

Foreword

This strategy reaffirms our collective promise to our women and girls: that their health, dignity, and future will remain at the heart of our national effort.

Cervical cancer remains one of the leading causes of death for women in Vanuatu, yet it is entirely preventable through vaccination, screening and early treatment. Vanuatu is committed to working towards the elimination of cervical cancer as a public health program aligned with the global call for action to eliminate cervical cancer. The country has already made significant progress on this pathway, and has conducted cervical screening over the past decade, with national Human Papillomavirus (HPV)-based screening and a national HPV vaccination program in place. The 'Vanuatu National Cervical Cancer Elimination Strategy 2025 -2035' presents a road map to strengthen and sustain those efforts.

As we endorse this document, we acknowledge the journey of women and families affected, and the persistence, advocacy, and hard work of health workers to reduce the preventable burden, incidence, illness, and death caused by cervical cancer. Continued coordinated efforts across sectors and disciplines will put Vanuatu on the path to eliminate cervical cancer.

We commit to ensuring that no woman is left unseen, no girl unprotected, and no life lost to a preventable disease.

Honourable Robert Bohn, MP
Minster for Health
The Ministry of Health — Vanuatu

Executive Summary

The Vanuatu National Cervical Cancer Elimination Strategy aligns with the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem and its 90-70-90 targets:

- 90% of girls fully vaccinated with HPV by age 15
- 70% of women screened with a high-performance test by ages 35 and 45
- 90% of women with pre-cancer treated and women with invasive cancer appropriately managed

The Government of Vanuatu has reaffirmed its commitment to attaining these goals by 2035. Developed through extensive consultation with government stakeholders, civil society organisations, development partners, and communities, the Strategy provides a roadmap to strengthen cervical cancer prevention, early detection, treatment, and palliative care.

The table below presents the core elements of the Strategy:

Vision
To eliminate cervical cancer as a public health problem in Vanuatu.
Mission
To reduce the preventable burden, incidence, illness, and death caused by cervical cancer through coordinated efforts and disciplines, ensuring that women in Vanuatu attain the highest possible standards of reproductive health throughout their lives.
Key Policy Areas
Vaccination
Screening
Treatment
Cross Cutting Areas
Leadership and Governance
Priority Populations
Sustainability

In summary, the 18 strategic objectives were developed to support the 3 pillars of elimination:

Key Policy Area 1: Vaccination

1.1 Improve community engagement and demand generation for vaccination
1.2 Strengthen recording and reporting systems for vaccine delivery
1.3 Improve financial planning and resource flow for vaccination activities
1.4 Strengthen microplanning and outreach for improved vaccine coverage
1.5 Build capacity and accountability in service delivery
1.6 Ensure reliable supply and distribution of vaccines

Key Policy Area 2: Screening

2.1 Build local capacity for community-led education and support
2.2 Strengthen health information systems and data collection, management and reporting
2.3 Secure sustainable financing for cervical screening services
2.4 Expand equitable access to screening services, including the integration of cervical screening services with other health outreach programs
2.5 Increase capacity of health workforce available to deliver screening and treatment services
2.6 Prioritise continuity of essential technologies and supplies, such as HPV tests and thermal ablation devices

Key Policy Area 3: Treatment

3.1 Strengthen community awareness and engagement in cervical cancer treatment and palliative care
3.2 Establish robust data systems for cancer and palliative care planning and monitoring
3.3 Secure sustainable financing and infrastructure for treatment and palliative services
3.4 Improve availability and coordination of multidisciplinary cancer and palliative care services
3.5 Build a skilled and adequately trained cancer treatment and palliative care workforce
3.6 Improve access to essential medicines for cancer and palliative care, including opioid

Abbreviations

ADB	Asian Development Bank
DHIS2	District Health Information Software
DNA	Deoxyribonucleic acid
ECCWP	Elimination of Cervical Cancer in the Western Pacific
FIGO	Federation of Gynaecology and Obstetrics
HPV	Human Papilloma Virus
HSS	Health Sector Strategy
IARC	International Agency for Research on Cancer
LLETZ	Large loop excision of the transformation zone
M&E	Monitoring and Evaluation
PALM	Pacific Australia Labour Mobility
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
STI	Sexually Transmitted Infections
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
VHFA	Vanuatu Family Health Association
WHO	World Health Organization

Context Analysis

Geography and Population

Vanuatu is a Pacific island nation consisting of 83 islands spread over 1,000 kilometres from north to south, situated between the equator and the Tropic of Capricorn. As of 2022, Vanuatu's population is estimated at 326,740, with Port Vila, on Efate Island, serving as the capital.

Incidence and Mortality of cervical cancer

In Vanuatu, cervical cancer is the second most common cancer among women in Vanuatu, including those aged 15 to 44 years. Current estimates indicate that approximately 22 women are diagnosed with cervical cancer each year, with 19 related deaths, most likely due to late-stage diagnosis.[3,4] High -risk types of the human papillomavirus (HPV) can cause cancer and types 16 and 18 are the most frequent cause of HPV-related cancers and account for over a third of women who test positive in Vanuatu. Furthermore, in Melanesia, HPV 16 and 18 accounts for about 82.9% of cervical cancer cases in the region.[1]

Risk Factors of cervical cancer

In 2023, a total of 19,922 individuals underwent testing for sexually transmitted infections (STIs), and 1,617 were diagnosed with an STI. HIV rates remain relatively low, with only 9 people reported to be living with HIV, all currently receiving treatment. HIV awareness is also reported to be low, with approximately one-third of young people reporting limited knowledge about topics such as family planning and STIs.[5,6,7,8] Tobacco use is prevalent, around 5% of women and 49% of men over the age of 15 reported using tobacco. Notably, tobacco use is higher among teenagers than adult women, with 19.5% of girls and 31.1% of boys aged 13-17 reporting the use of tobacco products.[7]

Challenges affecting uptake of cervical cancer care services

In Vanuatu, geographical remoteness is a key challenge to health service delivery. Women living on remote islands often have to travel long distances to access screening and treatment services or wait for outreach HPV-based screen-and-treat services[4]. Other barriers include cultural beliefs, a lack of health education, and financial constraints related with treatment costs. Stigma and embarrassment have also been reported as major barriers, with 36.7% of women citing embarrassment as a reason for avoiding screening.[9]

Policy and Programmatic Landscape

This strategy is aligned with the Vanuatu Health Sector Strategy 2021-2030.[12] The health sector strategy places strong emphasis on preventing premature deaths associated with cancers through early clinical identification and management. It also highlights the importance of strengthening legislation to protect the population from risk factors for cancer. The Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy, Strategy and Implementation Plan 2021-2025 recognises cervical cancer as a key policy area and proposes prioritisation of health sector resources towards interventions which have existing momentum to reduce the incidence, morbidity and mortality rates of cervical cancer in Vanuatu, including health worker training, continued investment and expansion of HPV vaccine coverage, investment in expansion of cervical screening services and obstetrics and gynaecology, oncology and secondary cancer treatment services, and establishment of a national cancer registry.[10]

The Vanuatu Non-Communicable Disease Policy and Strategic Plan 2021-2023 also recognises the WHO cervical cancer elimination initiative and recommended strategies for cervical cancer

control including; building capacity of national staff to run HPV tests and cervical cytology; deploying government staff and the IKKANA Foundation to deliver cervical and breast cancer awareness outreach; and providing support for Essential Programme on Immunisation (EPI) and RMNCAH to organise cervical screening and preventative measures to improve their skills on cancer surveillance.[11]

Vision

To eliminate cervical cancer as a public health problem in Vanuatu

Mission

To reduce the preventable burden, incidence, illness, and death caused by cervical cancer through coordinated and disciplines, ensuring that women in Vanuatu attain the highest possible standards of reproductive health throughout their lives.

Guiding Principles

The strategy is underpinned by the following guiding themes, which ensure an inclusive, effective, and sustainable approach to cervical cancer elimination. The strategic objectives of each key policy area are organised according to the following 6 themes:

People focuses on ensuring equity and inclusivity in cervical cancer care. It encompasses identifying priority populations, addressing barriers and gaps in access to care, and considering cultural and social determinants of health. It also includes strategies for community engagement, co-design of services, and advocacy planning to strengthen participation, equity, and access across all levels of the health system.

Data & Communication relates to the systems and mechanisms required to generate, manage, and use data effectively. It includes the development of data collection mechanisms and the capture of core data elements, and disaggregation by priority populations. It also involves disease coding and strengthening linkages between health information systems.

Finance addresses the financial resources needed to implement cervical cancer elimination strategies. It includes current and projected costs for activities across the elimination pillars, and financing mechanisms.

Service Availability examines the extent and distribution of services available for cervical cancer across the elimination pillars, identifying gaps and inequities by geographic location and highlighting areas for improvement.

Health Workforce focuses on the availability, capacity, and readiness of the health workforce required to deliver cervical cancer services. It involves assessing current workforce numbers, skills, and distribution, and identifying gaps and challenges.

Essential Medicines and Technology highlight the critical role of essential medicines, technologies, and supply systems in cervical cancer prevention, diagnosis, and treatment.

These themes are largely adapted from the WHO's 6 health system building blocks, which provide a framework for strengthening health systems in a comprehensive and sustainable manner.[13] Within this framework, the themes have been mapped against the 3 pillars of elimination (vaccination, screening, and treatment and care), ensuring alignment with global strategies while tailoring them to national policy areas.[1]

In addition to these 6 core themes, broader cross-cutting themes are also recognised. These include **governance and leadership**, which provide direction and accountability across all levels of the system; **priority populations**, which ensure that vulnerable or underserved groups are not left behind; and **sustainability**, which emphasises the importance of embedding sustainable interventions into long-term national systems and budgets. These cross-cutting elements are not tied to a single pillar but are instead intended to strengthen the overall approach to cervical cancer elimination, providing the necessary enabling environment for the 3 key policy areas to be implemented effectively and equitably.

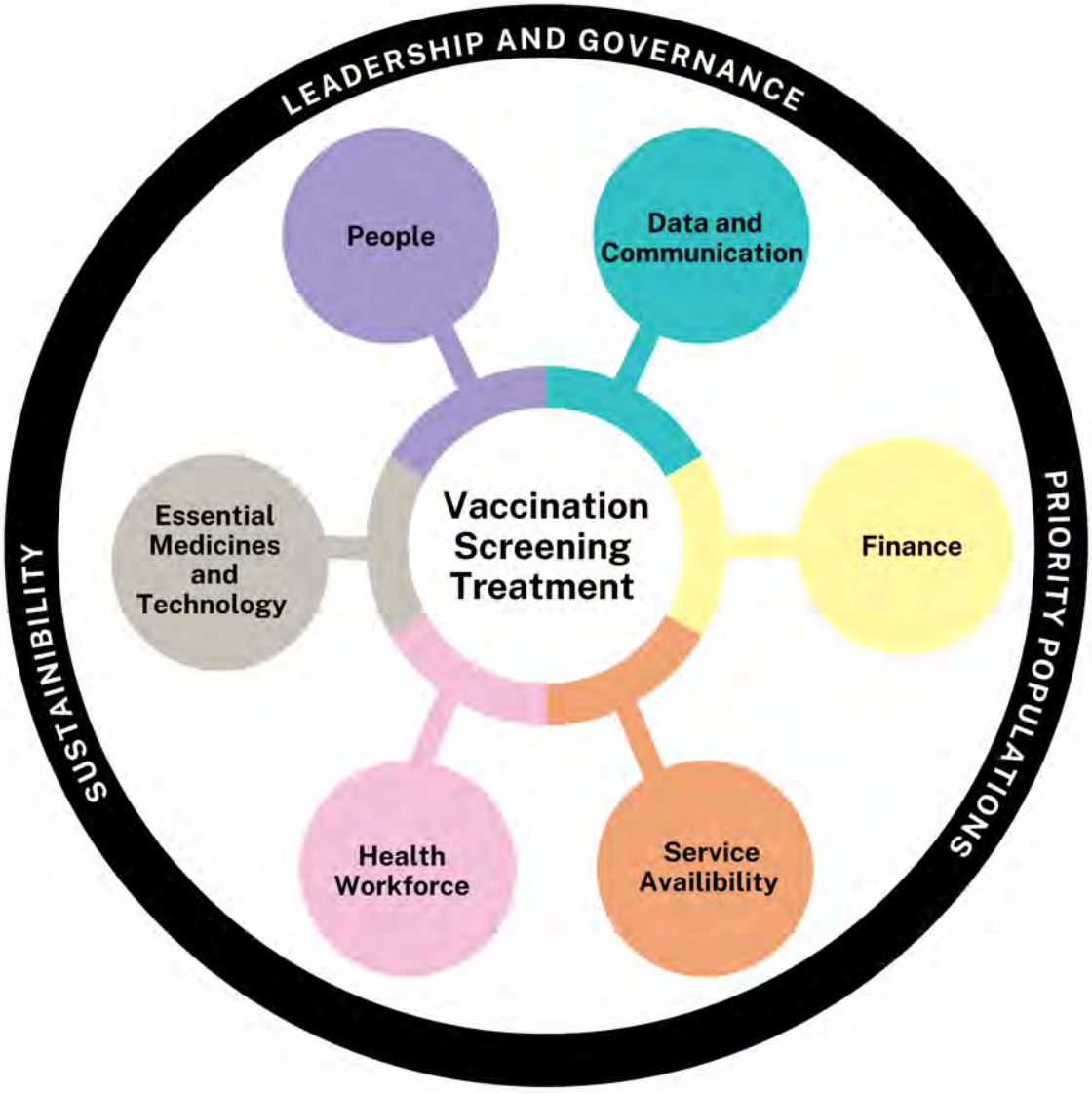

Figure 1. This figure illustrates the structures governing the strategy, which are organised into 3 levels: **Key Policy Areas, Strategic Objective themes, and Cross-Cutting themes**. The Key Policy Areas include *vaccination, screening, and treatment*. The Strategic Objective themes encompass *people, data and communication, finance, service availability, health workforce, and essential medicines and technology*. Cross-Cutting themes, which underpin all areas of the strategy, include *governance and leadership, priority populations, and sustainability.*

Introduction

Vanuatu is committed to working towards the elimination of cervical cancer as a public health threat aligned with the global call for action to eliminate cervical cancer[1]. The country has already made significant progress on this pathway, and has conducted cervical screening over the past decade, with a national Human Papilloma Virus (HPV)-based screening program beginning in 2022. A national HPV vaccination program began in 2023. In 2024 the Vanuatu Ministry of Health proposed a National Strategy for the Elimination of Cervical Cancer in Vanuatu be developed for the country.

To eliminate cervical cancer, countries must reach and maintain an incidence rate of below 4 per 100 000 women. The Global Strategy to Accelerate the Elimination of Cervical Cancer has outlined that the pathway to achieving that goal rests on implementation of health initiatives across 3 key pillars — vaccination, screening and treatment, and their corresponding targets:

- **Vaccination**: 90% of girls fully vaccinated with the HPV vaccine by the age of 15
- **Screening**: 70% of women screened using HPV Deoxyribonucleic acid (DNA) Testing by the age of 35, and again by the age of 45
- **Treatment**: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.

Each country should meet the 90-70-90 targets by 2030 to get on the path to eliminate cervical cancer within the next century.

Vanuatu's efforts also seek to align with global human rights principles and the recognition of health as a fundamental right. It supports the 2030 Agenda for Sustainable Development and its overarching principle of leaving no one behind[2]. This strategy aims to contribute to multiple Sustainable Development Goals, including those on health, gender equality, and reduced inequalities. The overarching goal is to ensure that women and girls in Vanuatu have access to healthy lives, to reduce premature mortality from preventable diseases, and to empower affected populations.

The strategy prioritises primary health care, public health approaches, and people-centred service delivery and is tailored to the Vanuatu context, identifying structural gaps and priority populations and considering social and cultural determinants of health that affect cervical cancer prevention and treatment.

Implementation will need to be driven through engagement with key stakeholders, including government, the private sector, civil society, and affected communities. Sustained progress will require long-term, sustainable financing. The Government of Vanuatu is committed to seek measures to ensure that activities are adequately funded and maintained over time.

Current practices across the 3 pillars of elimination in Vanuatu

Vanuatu has been actively addressing cervical cancer and the current service status across the 3 elimination pillars are outlined below:

Vaccination
The Vanuatu Ministry of Health has approved a single-dose HPV vaccination. At the time of introduction in 2023, a multi-age cohort approach was used. From 2025 onwards, the program focuses on vaccinating Class 4 girls (age 9) in schools, while continuing to reach out-of-school girls aged 9-14 years. By the end of 2024, approximately 43% of the 19,076 eligible girls, equivalent to around 8,198, had received one dose. The national HPV vaccination program, implemented across all 6 provinces, adopts a school-based delivery and facility based (for out-of -school girls) model using a bivalent vaccine. The program is co-funded by both Asian Development Bank (ADB) and the Vanuatu Government, but from the end of 2026, it is expected to transition to full government funding.

Screening
In Vanuatu, 17,540 women had been screened under the national HPV-based screening program between September 2022 and February 2026, representing 47% of the approximately 37,000 eligible women aged 30-54 years. HPV-based screen and treat services have been available at Vila Central Hospital since October 2022 and Northern Provincial Hospital since March 2023. Screening has also been delivered via outreach services in all 6 provinces. In Vanuatu, cervical cancer screening follows an age-specific approach, with HPV testing the primary method of screening for women aged 30-54 years, and pap smears recommended for women aged 25-29 and those over 54 years.

Treatment and Diagnosis
Currently, in the HPV-based screen and treat approach, women who test positive are offered a visual assessment to determine eligibility for treatment of pre-invasive disease with thermal ablation, and if eligible and they provide consent, they are treated with thermal ablation on the same day. Women who are not eligible are referred for further gynaecological review.

Large loop excision of the transformation zone (LLETZ) continues to be used, where indicated, for the treatment of preinvasive cervical lesions as part of the cervical screening program. Cervical cancer diagnosis, on the other hand, relies on biopsy of visible clinical lesions or colposcopically directed biopsy. Histopathological assessment following LLETZ can also provide diagnostic information in cases where lesions are not clearly visible. Federation of Gynaecology and Obstetrics (FIGO) staging is used for confirmed invasive disease. Although clinical guidelines for diagnosis exist, they are not always well understood or consistently followed in practice.

Currently histopathology samples are sent to Australia, New Zealand, or Fiji, for processing often leading to significant delays - diagnosis confirmation can take 3 to 6 months, and the interval between diagnosis and treatment may stretch from 1 to 6 months. Only 2 hospitals in the country, Port Vila and Santo, are equipped to facilitate diagnosis. Treatment services remain limited, with only surgery for FIGO Stage 1A available in country, and no facilities for chemotherapy or radiotherapy. Women with later stage disease must self-fund treatment overseas, and those unable to afford it typically receive only basic palliative care. There is minimal formal palliative care infrastructure, though hospitals provide some supportive care such as pain relief and blood transfusions. Cultural barriers, such as stigma and associations with witchcraft with the diagnosis of cervical cancer, also hinder timely diagnosis and treatment.

Palliative Care

Palliative care services in Vanuatu are extremely limited across all levels of the health system and at the moment there is no specific training curricula for palliative care. Access to care is minimal at the community, primary, and hospital levels, with pain relief limited to paracetamol and ibuprofen. Community-based care is usually provided informally by family members without training or support from health facilities. Most women with cancer die at home or are rushed to hospital in critical stages, typically surrounded by family. Pain management at home is not practised, and formal bereavement or grief support services are absent. Grieving is managed informally through families, churches, and community networks.

Key Policy Areas

The following section outlines stakeholder perspectives on the key challenges currently affecting the programs across the cervical cancer care continuum in Vanuatu. These perspectives have been used to guide the development of strategic objectives, with careful consideration of how they align with existing practices, available health system resources, and areas requiring integration or embedding of new approaches. This includes recognition of practices that are not yet in place but are essential to strengthen program implementation and sustainability.

Key Policy Area 1: Vaccination

1. People
Reaching target coverage of girls in class 4 and out-of-school girls in the community (age 9-14) remains a considerable challenge, with vaccine hesitancy and refusal further limiting uptake, particularly in provinces where influential community leaders oppose vaccination. Low levels of community awareness about HPV vaccination, compounded by widespread misinformation, continue to shape decision-making.

2. Data & Communication
HPV vaccination recording and reporting at health facilities remains largely paper-based, causing delays in transmitting data to provincial and national levels that use DHIS2 systems. These delays hinder timely monitoring and decision-making. The planned introduction of District Health Information Software (DHIS) 2, along with Starlink to strengthen connectivity, is expected to improve reporting processes in the future. However, variations in school-based monitoring systems continue to limit standardisation across provinces.

3. Finance
Currently, the Government covers around 60% of HPV vaccine costs, with United Nations International Children's Emergency Fund (UNICEF) managing procurement and the ADB project covering the balance until the end of 2026. Beyond this, the Government will take on financial responsibility, requiring reliable annual budget allocations. There is concern that delays in the release of funds from both government and donors may interrupt vaccine procurement and service delivery.

4. Service Availability
Microplanning has been completed in all 6 provinces to define catchment areas, now aligned with area councils following decentralisation. In some areas, the absence of nurses for HPV vaccination leads to children missing out on doses. Additionally, limited transport and resources continue to hinder regular outreach, even though mechanisms for provincial planning and resource-sharing are in place. Service continuity is further disrupted by delays in vaccine delivery to remote areas, compounded by challenges with flights and shipping.

5. Health Workforce
Nurses remain central to vaccination efforts, but stakeholders highlighted that nurses face constraints such as limited transport, inadequate logistical support and appropriate supervision to guide activities. Strengthening supervision, accountability, and resource provision at provincial and area council levels is essential to improve outreach.

6. Essential Medicines
The cost of distributing vaccines in remote areas pose to be a challenge at the provincial levels due to cost of the transportation required to distribute the vaccines at the rural areas (equity issues). Cold-chain infrastructure requires regular updates given Vanuatu's disaster-prone context, and contingency plans for replacement need to be consistently maintained. At present, MSupply is only used at the national level, limiting oversight of vaccine stocks at provincial and facility levels.

STRATEGIC OBJECTIVES

1.1 People:
Improve community engagement and demand generation for vaccination.

1.2 Data & Communication:
Strengthen recording and reporting systems for vaccine delivery.

1.3 Finance:
Improve financial planning and resource flow for vaccination activities.

1.4 Service Availability:
Strengthen microplanning and outreach for improved vaccine coverage.

1.5 Health Workforce:
Expand capacity and accountability in service delivery planning.

1.6 Essential Medicines:
Ensure reliable supply and distribution of vaccines.

Key Policy Area 1 Action Table

Action Items	Indicators	Responsible Agencies
People 1.1 Improve community engagement and demand generation for vaccination.		
• Engage village health workers to provide education on HPV vaccination and support referral of out-of-school girls for vaccination. • Advocate with key stakeholders including provincial government and authorities, teachers, parents, community leader, church and village leaders. • Strengthen collaboration and foster a sense of ownership among schools to support the program. • Strengthen communication efforts by enhancing skills within existing health promotion systems, tailoring messages to community-specific concerns, and actively monitoring and addressing misinformation on social media. • Strengthen relationships and support for Non-Government Organisations and Community Based Organisations, for example, IKKANA, Red Cross and VFHA.	• Number of village health workers trained and engaged in HPV vaccination outreach. • Number of advocacy sessions held with teachers, parents, and community leaders. • Number of community education sessions conducted. • Number of misinformation posts identified and addressed on social media. • % increase in vaccination uptake among out-of-school girls.	• Ministry of Health (Health Promotion Team) • Department of local authorities • IKKANA Cancer Foundation • Ministry of Education • Vanuatu Family Health Association (VFHA) • HELPR-1 • UNICEF
Data and Communication 1.2 Strengthen recording and reporting systems.		
• Provide continuous supervision to ensure consistent use of the current recording and monitoring system. • Transition to DHIS2 to improve timeliness of data collection, data accuracy and data accessibility at health facility level. • Strengthen the estimation of the target population by collaborating with the Ministry of Education to obtain enrolment data. • Strengthen the timeliness of reporting from the provincial level (a key challenge to this is low internet connection which impacts the use of DHIS2). • Support the strengthening of access to internet.	• % of facilities using the digital registry. • Number of supervision visits conducted. • Completeness and timeliness of vaccination reporting across facilities. Improvement in data quality and fewer missing records.	• Ministry of Health (Health Information System) • WHO • UNICEF • Ministry of Education • Provincial government
Finance 1.3 Improve financial planning and resource flow for vaccination activities.		
• Develop a 5-year cost projection which accounts for target population estimates to improve budget allocation timelines, streamline payment processes and enhance procurement efficiency. • Include HPV Vaccines in the national corporate plan.	• 5-year cost projection developed and used in planning (e.g. inclusion in corporate plan • Budget allocated for HPV vaccination in annual health plan • Reduced time from budget approval to procurement/ disbursement. • Procurement conducted within planned timelines. • HPV Vaccines included in the. National corporate plan.	• Ministry of Health (Vaccine-Preventable Diseases and Immunisation Unit [VDI], Corporate and Finance Team and Central Medical Supply • UNICEF • Ministry of Finance

Key Policy Area 1 Action Table *(continued)*

Action Items	Indicators	Responsible Agencies
Service Availability 1.4 Strengthen microplanning and outreach for improved vaccine coverage.		
• Identify girls who have missed a dose or require catch up dose. • Area nurses supported to produce community profile and microplanning. • Engage provincial government and authorities to collaborate and share resources for outreach. • Strengthen collaboration and foster a sense of ownership among schools to support in term of yearly planning.	• Number of facilities with micro plans. • % of communities with revisit strategies implemented. • Number of outreach strategies co-designed with community leaders. • % increase in coverage following implementation of revised outreach. • Number of schools in which vaccination was provided.	• Ministry of Health (EPI and Health Provincial Teams) • WHO • UNICEF • Provincial Health • Management Teams
Health Workforce 1.5 Strengthen support and supervision to improve capacity and accountability in service delivery planning.		
• Strengthen periodic supervision of key performance indicators for nurses to conduct vaccine delivery / outreach. • Identify underserved area councils or provinces needing additional human resource support and assess nearby health facilities that could extend services to areas with limited health workforce resources. • Empower management teams to identify coverage gaps using data available and delegating responsibilities for expanding school outreach for girls in the community.	• Monitoring of key performance indicators for nurses. • Number of outreaches conducted in area councils or provinces needing additional human resource support • Number of outreaches for catch-ups of vaccination amongst out of school girls.	• Provincial Health Management Teams
Access to Essential Medicines 1.6 Ensure reliable supply and distribution of vaccines.		
• Strengthen planning of distribution of vaccines at the provincial levels to increase access of vaccines in remote areas. • Strengthen contingency planning for cold chain breakdowns (timely reporting and repair of faulty cold chains).	• Number of repaired cold chains by province. • No stockouts at provincial and health facility level.	• Ministry of Health (VDI and Health Information Systems Unit and Central Medical Stores and Pharmacist) • Provincial Health Management Teams

Key Policy Area 2: Screening

1. People

Gender, disability, and social issues may present barriers to care and contribute to challenges with loss to follow-up after screening. Availability of same-day screen and treat has shown higher rates of treatment completion. Women may delay or not complete treatment if thermal ablation is not available on the same day they test positive, or if their knowledge of the reasons for treatment is inadequate, or if they need to seek permission from family members. Loss to follow up of women required to be rescreened 12 months after completing thermal ablation treatment is also an issue.

2. Data & Communication

Fragmentation of data systems makes patient tracking across the continuum of care difficult. For example, information is dispersed across multiple platforms, including canSCREEN, DHIS2, paper-based gynaecology clinic records, laboratory records and separate HPV vaccination records. This lack of integration hinders continuity of care and effective monitoring.

3. Finance

The program is currently supported through philanthropic assistance through to 2030, with expected increasing contributions from the Ministry of Health during this period. Planning for long-term sustainability and stronger national financing commitments will be required.

4. Service Availability

Fixed clinics are only available on Efate and Santo, with access for women living in other provinces currently only available via outreach which is dependent on funding, coordination and availability of human resources. The same-day HPV screen and treat model of care ensures the majority of women are able to access treatment for precancer. However, those that require gynaecological review or overseas referral for cervical cancer are likely to face inequities in access, increasing the risk of women being lost to follow-up.

5. Health Workforce

There is a general lack of awareness within the broader healthcare workforce regarding cervical screening services and the capacity of the health promotion workforce within the Ministry of Health is limited. Education is required on why screening and treatment is important and how women can access services. Further training for provincial doctors, nurses and midwives in the delivery of Large Loop Excision of the Transformation Zone (LLETZ) should be considered to expand the availability of LLETZ across the provinces.

6. Essential Medicines

Consumables for screening are currently procured/administered on a project basis, rather than through the Ministry of Health supply chain. Planning for long-term sustainability will need to occur.

STRATEGIC OBJECTIVES

2.1 People:
Build local capacity for community-led education and support.

2.2 Data & Communication:
Strengthen health information systems and data collection, management and reporting.

2.3 Finance:
Secure sustainable financing for cervical screening services.

2.4 Service Availability:
Expand equitable access to screening services, including the integration of cervical screening services with other health outreach programs.

2.5 Health Workforce:
Increase capacity of health workforce available to deliver screening and treatment services.

2.6 Access to Essential Technologies:
Prioritise continuity of essential technologies and supplies, such as HPV tests and thermal ablation devices.

Key Policy Area 2 Action Table

Action Items	Indicators	Responsible Agencies
People 2.1 Build local capacity for community-led education and support.		
• Increase awareness of community leaders and health care workers of HPV same-day screen and treat how to access it, the importance of treatment and what the clinical pathways are. Expand training of community champions and peer educators. • Collaborate with CSOs to support health promotion efforts. • Strengthen communication efforts by enhancing skills within existing health promotion systems, and tailoring messages to audience.	• Number of advocacy sessions held with community leaders and health care workers. • Number of community champions and peer educators trained. • Number of community education sessions conducted. • % of women who demonstrate awareness of cervical cancer and available screening services (measured through surveys). • Reduction in proportion of treatment refusal. • % increase in screening coverage in targeted underserved locations and / or populations.	• Ministry of Health (RMNCAH & Monitoring & Evaluation Unit) • VFHA • IKKANA Cancer Foundation • Wan Smol Bag • WHO
Data and Communication 2.2 Strengthen health information systems and data collection, management and reporting.		
• Conduct refresher trainings on canSCREEN. • Integrate canSCREEN with existing health information systems (e.g. DHIS2) and ensure the inclusion of disability-related data to strengthen equity monitoring.Link invasive disease diagnosis and treatment data to screening data.	• % of screening facilities actively using canSCREEN, with mechanisms in place to ensure data consistency and quality (e.g. quality framework and SOPs). • SOPs for data entry and screening distributed and implemented. • Number of facilities with linked screening data systems (e.g. to DHIS2). • Gynaecology services utilise canSCREEN to enable data linkage across the continuum of care.	• Ministry of Health (Health Information System & Monitoring & Evaluation Unit) • Australian Centre for the Prevention of Cervical Cancer
Finance 2.3 Secure sustainable financing for cervical screening services.		
• Confirm inclusion of cervical screening in the national corporate plan. • Develop an investment case. • Develop budget forecast and proposed donor/MoH split to incorporate the program into the national health budget	• Inclusion of cervical screening in national corporate plan. • Investment case developed and endorsed. • Budget line for cervical screening allocated in national budget from 2026, with coverage increasing over time towards full budget coverage in 2030.	• Ministry of Health (Corporate and Finance Unit) • VFHA / Kirby Institute

Key Policy Area 2 Action Table *(continued)*

Action Items	Indicators	Responsible Agencies
Service Availability 2.4 Expand equitable access to screening services, including the integration of cervical screening services into other health outreach programs.		
• Conduct feasibility study to utilise existing health facilities for additional fixed clinics in larger population centres. • Leverage outreach opportunities to integrate cervical cancer awareness, screening, and HPV vaccination outreach programs into a single service delivery package. • Explore the integration of clinical breast examinations and education on self-breast examination into outreach efforts, including linkages with other services such as sexual and reproductive health and family planning.	• Service delivery plan produced to increase access to screening from 2026-2030 outlining fixed clinics and outreach coverage. • Outreach schedule developed and shared quarterly to provincial authorities. • 70% screening targets reached across all provinces / area councils by 2030. • % of outreach activities delivering integrated screening, vaccination, and breast health services. • Plan for integrating cervical and breast cancer services within a single visit developed. • % of outreach activities delivering integrated screening, vaccination, and breast health services.	• Ministry of Health (RMNCAH, Department of Curative Health, Provincial Health Management Team) • VFHA / Kirby Institute • Vanuatu Nursing College • Vanuatu Nursing Council
Health Workforce 2.5 Increase capacity of health workforce available to deliver screening and treatment services capacity in all provinces.		
• Provide training for nurses and midwives to conduct screen and treat services via outreach and fixed clinics in all provinces. • Build capacity of provincial doctors, nurse and midwives in thermal ablation. • Strengthen quality assurance of screening and treatment services.	• % increase in health workers trained to deliver screening services • % of screen-positive women ineligible for thermal ablation receiving review/treatment within 3 months. • Number of trained/ credentialled providers for thermal ablation.	• Ministry of Health (RMNCAH) • VFHA • Vanuatu Nursing College
Access to Essential Technologies 2.6 Prioritise continuity of essential technologies and supplies, such as HPV tests and thermal ablation devices.		
• Develop a post-project plan for supply and procurement for HPV DNA Testing through the Ministry of Health. • Train relevant staff in the ongoing maintenance of GeneXpert equipment. • Explore opportunities for regional collaboration on bulk purchasing, price negotiations, and cross-Pacific procurement strategies.	• Continuity and procurement plan endorsed by MoH. • Number of staff trained on GeneXpert maintenance. • Development of a regional plan or coalition, led by an appropriate organisation, to guide joint procurement agreements or Memorandum of Understandings. • No stock-outs of HPV DNA testing supplies.	• Central Medical Stores • Pharmacist • Clinicians • Ministry of Health Corporate and Finance Unit • VFHA / Kirby Institute

Key Policy Area 3: Treatment

1. People

Equity in access to treatment and palliative care remains limited and women who reach treatment services are not consistently monitored across the care continuum, increasing the risk of being lost along the pathway. Out-of-pocket payments for overseas medical referrals also pose a great burden on patients. Civil society groups, such as the IKKANA Foundation, provide important support through patient education, community engagement, and travel funds, but systemic gaps persist.

2. Data and Communication

The absence of a national cancer registry limits the ability to monitor cancer outcomes and plan services. Existing health information systems, such as DHIS2, canSCREEN, and data from gynaecology and laboratory services are not yet integrated, resulting in an inability to review data across the continuum of care. The lack of regular multidisciplinary tumour board meetings also reduces opportunities for coordinated communication and decision-making between hospitals, which often operate in isolation.

3. Finance

Sustainable financing for cancer treatment and palliative care is inadequate. No dedicated budget line exists for cervical cancer treatment or palliative care, and future sustainability will require stronger Ministry of Health commitments to financing. Patient reliance on out-of-pocket payments further highlights the need for systemic financial support mechanisms.

4. Service Availability

Referral systems from secondary to tertiary care are inconsistently implemented, and continuity of care is not assured. Multidisciplinary management is largely absent, with limited coordination across hospitals. Surgical services require strengthening, and monitoring systems to track patients through their treatment journey are not yet in place.

5. Health Workforce

Significant capacity building is required in palliative care and cancer treatment. The absence of trained personnel in other provinces limits the delivery of comprehensive services. Without workforce strengthening, it will be difficult to provide equitable cancer care nationwide.

6. Essential Medicines and Technologies

Diagnostic and treatment technologies remain underdeveloped, and histopathology services require urgent investment, as their absence undermines the accuracy of cancer registries, multidisciplinary case discussions, treatment planning, and referral pathways. Furthermore, access to essential opioids for pain management is very limited, representing a critical gap in the provision of palliative care

STRATEGIC OBJECTIVES

3.1 People:
Strengthen community awareness and engagement in cervical cancer treatment and palliative care.

3.2 Data & Communication:
Establish robust data systems for cancer and palliative care planning and monitoring.

3.3 Finance:
Secure sustainable financing and infrastructure for treatment and palliative services.

3.4 Service Availability:
Improve availability and coordination of multidisciplinary cancer and palliative care services.

3.5 Health Workforce:
Build a skilled and adequately trained cancer treatment and palliative care workforce.

3.6 Access to Essential Medicines and Technologies:
Improve access to essential medicines for cancer and palliative care, including opioids.

Key Policy Area 3 Action Table

Action Items	Indicators	Responsible Agencies
People 3.1 Strengthen community awareness and engagement in cervical cancer treatment and palliative care.		
Treatment, including Palliative Care: Conduct advocacy and co-design workshops with health workers, church leaders, chiefs, traditional healers, and other community leaders to develop educational and awareness campaigns and identify ways to support patients.	• Number of advocacy and co-design workshops conducted with community stakeholders • Number of traditional and religious leaders engaged. • % of women diagnosed at an early stage versus late stage. • Existence of groups dedicated to promoting the rights of patients in need of palliative care, their families, their caregivers and disease survivors.	• Ministry of Health (Hospital, Health Promotion Team, Palliative Care Steering Committee and respective clinicians) • VFHA • IKKANA Cancer Foundation • Wan Smol Bag
Data and Communication 3.2 Establish robust data systems for cancer and palliative care planning and monitoring.		
Treatment: • Develop a national cancer registry linked to HIS, DHIS2, and canSCREEN. Ensure collection of a core dataset aligned with national policies. **Palliative Care**: • Include palliative data and benchmarks in the registry.	• A national cancer registry exists and linked with HIS/DHIS2/canSCREEN, alongside a plan for data quality monitoring to ensure consistency and reliability • Number of palliative care indicators integrated into national registry. • % of facilities reporting complete cancer and palliative care data.	• Ministry of Health (Health Information Unit) • International Agency for Research on Cancer • Palliative Care Steering Committee
Finance 3.3 Secure sustainable financing and infrastructure for treatment and palliative services.		
Treatment, including palliative care: • Advocate for inclusion of treatment infrastructure in national strategies and MoH plans. • Build and outline sustainable treatment pathways (local & overseas referral). **Palliative Care**: • Develop investment case showing cost-effectiveness. • Hire dedicated palliative care staff • Allocate dedicated ward and transport vehicle. • Secure funding for essential medicines and narcotics control.	• Cancer and palliative care reflected in national strategic and planning documents. • Investment case for palliative care developed and presented to MoH. • Number of dedicated palliative care staff hired • Number of facilities with dedicated palliative care ward and transport. • Annual budget allocation for essential medicines and narcotics.	• Ministry of Health (Corporate and Finance Unit, Department of Curative Services and respective hospital team) • Palliative Care Steering Committee
Service Availability 3.4 Improve availability and coordination of multidisciplinary cancer and palliative care services.		
Treatment, including palliative care: • Establish multidisciplinary teams (MDTs) including oncologists, gynaecologists, histopathologists, and palliative providers. • Development of National Guidelines. **Palliative Care**: • Integrate community and hospital-based palliative services. • Upskill staff in palliative care delivery.	• Number of functional multidisciplinary cancer teams (MDTs) established, frequency of MDT meetings, and number of patients discussed (with the aim of all cancer patients being reviewed by an MDT). • Number of hospitals providing integrated community and hospital-based palliative services. • Existence of a national palliative care plan, program, policy or strategy with defined implementation framework.	• Ministry of Health (Department of Curative Services and respective hospital team • Palliative Care Steering Committee • Vanuatu Nursing College • VFHA • IKKANA Cancer Foundation • Wan Smol Bag • Other Clinical Service Provider NGOs

Key Policy Area 3 Action Table *(continued)*

Action Items	Indicators	Responsible Agencies
Health Workforce 3.5 Build a skilled and adequately trained cancer treatment and palliative care workforce.		
Treatment: • Train clinicians to provide treatment (up to FIGO stage 1B). • Upskill gynaecologists, surgical nurses, and histopathology teams for staging and diagnosis. • Introduce standardised staging protocols and training. • Build capacity of provincial doctors in excisional procedures with competency-based training & credentialling (e.g. LLETZ / biopsy). **Palliative Care**: • Embed palliative modules in medical and nursing training, to support training of doctors and nurses. • Train village health workers, faith-based carers, ambulance drivers, and families under a national education framework.	• Number of clinicians trained for cancer stage 1B. • Number of staff trained in tissue processing and histopathology evaluation of cervical specimens, including pre-invasive disease. • Number of samples processed and analysed in-country and the presence of quality assurance mechanisms. • Number of colposcopy and pre-invasive treatment training completed. • % of suspected cases with confirmed histology within 4 weeks. • % staged according to FIGO. • % receiving surgical, radiotherapy, or chemotherapy treatment. • Availability of chemotherapy drugs (days/year in stock). • Median turnaround time for pathology reports. • % of nursing and medical curriculum delivering palliative care modules • Number of community-based providers (e.g. faith-based carers, families) and village health workers trained.	• Vanuatu Nursing College • Ministry of Health (Department of Curative Services) • International Gynaecologic Cancer Society
Access to Essential Medicines 3.6 Improve access to essential medicines for cervical cancer and palliative care, including opioids		
Treatment, including palliative care: • Ensure availability of essential medicines and technology as per national treatment guidelines. **Palliative Care**: • Improve access to a broader range of opioids for out-of-hospital use, aligned with WHO essential palliative care package.	• Availability of essential cancer medicines in national formulary • Number of opioids included in national essential medicines list. • Availability of essential medicines for pain and palliative care at all levels of care. • Benchmarking against WHO essential palliative care package completed. • Reported Opioid consumption, excluding methadone -in oral morphine equivalence (OME) per capita. • Procurement of Colposcope.	• Ministry of Health (Central Medical Stores, Corporate and Finance Unit, Department of Curative Services and Pharmacy)

Priority Populations

Achieving cervical cancer elimination requires deliberate attention to equity. Stakeholders highlighted that women and girls who are marginalised or face structural barriers must be prioritised to ensure no one is left behind. These populations require tailored strategies to guarantee equitable access to vaccination, screening, treatment, and care.

The priority populations identified are:

- **Out-of-school girls (ages 9-14):** Nurses and community health workers should be supported to develop community profiles and conduct outreach to identify and vaccinate out-of-school girls, without requiring them to present at health facilities.
- **Women and girls with disabilities:** Partnerships with disability associations are critical to ensuring accessible services and inclusive health communication.
- **Women and girls in remote communities, and those with low literacy or limited education:** Outreach services, simplified communication, and culturally adapted health promotion are required to overcome geographical and educational barriers.
- **Sex workers:** Existing initiatives which support this priority population could be leveraged to provide an entry point for offering screening and treatment services in a safe and supportive environment.
- **Incarcerated women:** Efforts can be made to facilitate screening and treatment services to be integrated into health services available within correctional facilities.
- **Seasonal and migrant workers (e.g. Pacific Australia Labour Mobility (PALM) scheme works):** Collaboration with the Labour Department and employers is needed to provide information, screening, and vaccination opportunities for women participating in overseas labour schemes.

Leadership and Governance

The governance of the cervical cancer elimination strategy will be anchored in a multi-level structure that ensures national leadership, provincial coordination, and community participation.

National Level: National oversight will be provided by a National Cervical Cancer Elimination Steering Committee, evolving from the existing Elimination of Cervical Cancer in the Western Pacific (ECCWP) Steering Committee, which will guide policy, monitor progress, and ensure multi-sectoral stakeholder representation. The Committee's Terms of Reference and membership will be reviewed and updated to reflect its expanded role and scope.

Provincial Level: At the provincial level, governance will be embedded within existing structures, including the Provincial Technical Advisory Committees. Each province will designate a focal point for cervical cancer elimination activities, working in coordination with provincial managers to approve and implement decisions.

Structured supervision: Structured oversight, guidance and key performance indicators are required from the national through to the provincial and area council level to ensure accountability for actions to be carried out to meet targets set forth by this strategy.

Communication and Community Mobilisation

Effective communication and community mobilisation are critical to the success of the national cervical cancer elimination strategy. Stakeholders emphasised that approaches must be community-driven, locally adapted, and culturally appropriate to ensure impact and sustainability.

Key strategies include:

1. **Strengthening capacity for communication** by equipping community health workers, nurses, nurse aides, volunteer health workers, and health committees with knowledge and skills to deliver clear, consistent messages on cervical cancer prevention, screening, and treatment.
2. **Engaging trusted community leaders**, including women's groups, chiefs, churches, and survivors, to ensure cultural and religious perspectives are reflected, and to use lived experiences to reduce stigma and empower women and girls.
3. **Ensuring consistency of messaging** by developing standard operating procedures, sharing health promotion materials across partners, and establishing a transparent national health communication plan.
4. **Tailoring communication** to specific groups, including people with disabilities, women in prisons, seasonal and migrant workers, men, and diverse age and cultural groups. Partnerships with disability organisations, the Ministry of Justice, and the Labour Department were identified as critical to reaching these populations.
5. **Building collaboration with provincial governance structures**, such as Provincial Technical Advisory Committees and area councils, to integrate cervical cancer messaging into broader health and development planning.
6. **Promoting survivor testimonies** to normalise prevention and treatment, emphasising the importance of protecting family wellbeing, and encouraging uptake of HPV vaccination and screening.
7. **Investing in digital systems and data-sharing platforms** to strengthen coordination and ensure real-time monitoring of communication and mobilisation efforts.

Sustainability Planning

The Government of Vanuatu is committed to ensuring the long-term sustainability of the cervical cancer elimination program by progressively embedding activities across the 3 pillars into national systems and budgets. To achieve this, several steps will be undertaken to create a roadmap towards sustainability.

Cervical cancer elimination is to be included in the Vanuatu Ministry of Health 5-year corporate plan, with costings required to inform a formal budget submission to the Parliament of Vanuatu to position cervical cancer elimination within the core health priorities of government.

Costing exercises will be supported by mathematical modelling exercises to provide detailed breakdown of the resources required across vaccination, screening, and treatment and care, and to demonstrate the potential health impact and quantify the benefits such as lives saved, reductions in cervical cancer incidence and mortality and return on investment to support financing solutions. Efforts will be made to ensure continuity of services while gradually reducing reliance on external funding.

Monitoring and Evaluation (M&E)

The M&E framework provides a structured approach to track progress across the 3 pillars of cervical cancer elimination. The accompanying table outlines the key indicators, data sources, and reporting mechanisms, demonstrating how national monitoring aligns with global frameworks such as the WHO 90-70-90 targets and related elimination benchmarks. Additionally, indicators were derived from the WHO's published set of actionable indicators, ensuring alignment with globally recognised standards.[15] In addition to this framework, each action table outlined above includes its own set of indicators. These indicators will support the measurement of individual action items and will be translated into detailed implementation plans, which will eventually supersede this strategy.

SECTION A — Indicators with Targets

Pillar	Indicators	Baseline	Targets	Data Collection Mechanism
Vaccination	HPV vaccination coverage for girls aged 9-10 years	HPV (Class 4) = 3557 HPV outside of school = 662*	2026 – 4500 2027 – 4500 2028 – 4500 2029 – 4500 2030 – 4500 (number of girls to receive HPV vaccination)	1. School health register / Vaccination Book (health facility) 2. Vanuatu Education (VEMIS) 3. DHIS2 (vaccination coverage at the provincial level) 4. National Electronic Immunization Registry (health facility level)
Screening	Screening coverage with a high-performance test of women aged 30–54 years	17,540 Eligible Women Screened Nationally (Feb, 2026)	2026 – 4500 2027 – 4500 2028 – 4500 2029 – 4500 2030 – 4500 (number of women to receive screening)	1. CanSCREEN – screening coverage at national and provincial level 2. Vanuatu Bureau of Statistics
Screening	% of women post treatment who undertake follow-up screening between 6–14 months	No baseline data available*	2026 – 90% 2027 – 90% 2028 – 90% 2029 – 90% 2030 – 90% (% of women to undertake post treatment screening in line with national guidelines)	CanSCREEN – screening coverage at national and provincial level
Treatment	% of women who test HPV positive who undergo treatment (e.g. thermal ablation or LLETZ)	Of the 3,523 women who tested HPV positive, 3,004 (85%) were either treated by thermal ablation or LLETZ (2,398 women received treatment with thermal ablation, 606 women received LLETZ).	2026 – 90% 2027 – 90% 2028 – 90% 2029 – 90% 2030 – 90% (% of women who test positive that receive treatment, aligned with the global WHO treatment targets)	1. CanSCREEN – screening coverage at national and provincial level 2. Data from Vila Central Hospital and Northern Provincial Hospital
	% women identified with invasive cancer managed	No baseline data available*		CanSCREEN – screening coverage at national and provincial level

SECTION B — Indicators for Monitoring Only (no targets set)

Pillar	Indicators	Baseline	Data Collection Mechanism
Screening	Screening test positivity rate	20% (3523 / 17540)	CanSCREEN – screening coverage at national and provincial level
Diagnosis	Stage at diagnosis	No baseline data available*	Pathology Records
Diagnosis	Histology diagnosis	No baseline data available*	Pathology Records
Diagnosis	Existence of cervical cancer management guidelines based on validated protocols	No	Document review (MoH guideline/policy records)
Treatment	Invasive cervical cancer treatment rates	No baseline data available*	Medical Records
Palliative Care	Women receiving palliative care	No baseline data available*	MSupply
Cross-cutting incidence and mortality	Cervical cancer incidence (ASR)	18.9 per 100, 000 women**	Baseline derived from secondary data (GLOBOCAN/IARC estimates) in the absence of a national registry. Routine M&E will transition to national cancer registry data as the primary source once established.
	Cervical cancer mortality (ASR)	14.7 per 100, 000 women**	Baseline derived from secondary data (GLOBOCAN/IARC estimates) in the absence of a national registry. Routine M&E will transition to national cancer registry data as the primary source once established.

** *Baseline data for this indicator have not been previously collected. Data collection will be incorporated into routine monitoring moving forward*
* *GLOBOCAN, 2024*

Reference List

1. World Health Organization. (2020). Global strategy to accelerate the elimination of cervical cancer as a public health problem. World Health Organization. creativecommons.org/licenses/by-nc-sa/3.0/igo
2. United Nations. (2025). The sustainable development goals report 2025. United Nations. unstats.un.org/sdgs/report/2025/The-Sustainable-Development-Goals-Report-2025.pdf
3. IARC Information Centre on HPV and Cancer. (2023). Vanuatu: Human papillomavirus and related cancers, fact sheet 2023. hpvcentre.net/statistics/reports/VUT_FS.pdf
4. Allanson, E. R., Velanova, V., Frazer, I. H., McAdam, M., Cervical Cancer Foundation (Logistics Support), Vanuatu Ministry of Health, Sullivan Nicolaides Pathology, & Frazer Family Foundation. (2021). An update on cervical cancer screening in Vanuatu. International Journal of Gynecological Cancer, 31(4), 631–632. doi.org/10.1136/ijgc-2020-002129
5. Vanuatu Daily Post. (2022, December 1). Vanuatu has low rate of HIV, high STIs and HB. Vanuatu Daily Post. www.dailypost.vu/news/vanuatu-has-low-rate-of-hiv-high-stis-and-hb/article_ccdf2ead-5d08-58d6-a740-b449abf29895.html
6. Vanuatu Daily Post. (2023, January 15). Citizens reminded about measures to combat increasing STIs. Retrieved from www.dailypost.vu/news/citizens-reminded-about-measures-to-combat-increasing-stis/article_6c611285-e5fa-5455-81ce-96ef066c254c.html
7. UN Women. (2022). Gender equality brief for Vanuatu. asiapacific.unwomen.org/sites/default/files/2022-12/UN_WOMEN_VANUATU.pdf
8. Kennedy, E. C., Bulu, S., Harris, J., Humphreys, D., Malverus, J., & Gray, N. J. (2014). “These issues aren’t talked about at home”: A qualitative study of the sexual and reproductive health information preferences of adolescents in Vanuatu. BMC Public Health, 14, 770. doi.org/10.1186/1471-2458-14-770
9. Fotinatos, N., Warmington, A., Walker, T., & Pilbeam, M. (2010). Knowledge and perceptions of cervical cancer and healthcare in Vanuatu. Health Promotion Journal of Australia, 21(2), 127–129. doi.org/10.1071/he10127
10. Vanuatu Ministry of Health. (2021). Reproductive, maternal, newborn, child & adolescent health (RMNCAH) policy, strategy & implementation plan 2021–2025.www.sistalibrary.com.vu/wp-content/uploads/2021/12/FINAL-RMNCAH-Policy-Strategy-Implementation-Plan-2021-2025.pdf
11. Vanuatu Ministry of Health. (2021). Vanuatu non-communicable disease policy & strategic plan 2021–2030. www.iccp-portal.org/system/files/plans/VUT_B3_s21_Final%20Draft%20NCD%20Policy%20and%20Strategic%20Plan%202021-2030_5.5.2021.pdf
12. Vanuatu Ministry of Health. (2021). Health sector strategy 2021–2030. moh.gov.vu/images/Strategic_Plan/Health_Sector_Strategy_HSS_2021-2030_.pdf
13. World Health Organization. (2015). Monitoring the building blocks of the health system. World Health Organization. iris.who.int/bitstream/handle/10665/258734/9789241564052-eng.pdf
14. World Health Organization. (2022). Assessing the development of palliative care worldwide: A set of actionable indicators. World Health Organization. iris.who.int/bitstream/handle/10665/345532/9789240033351-eng.pdf?sequence=1
15. World Health Organization. (2022). Framework for monitoring the implementation of the WHO global strategy to accelerate the elimination of cervical cancer as a public health problem: Including indicator metadata. World Health Organization. cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/cxca/220121-bls21466-who-cp-accompany-doc_v01-web_.pdf